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Doncaster
Metropolitan Borough Council

To all Members of the

DONCASTER
HEALTH AND WELLBEING BOARD

AGENDA

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

VENUE Rooms 007a and b – Civic Office, Waterdale, Doncaster, DN1 3BU
DATE: Thursday, 7th September, 2017
TIME: 9.30 a.m.

PLEASE NOTE VENUE FOR THIS MEETING

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

Jo Miller
Chief Executive

Issued on: Wednesday 30th August 2017

Governance Officer for this meeting: Jonathan Goodrum
01302 736709

6.	Minutes of the Meeting of the Health and Wellbeing Board held on 29th June 2017. *(Attached – pages 1 – 12)*	5 mins (Chair)
	Board Assurance	
7.	Update on Better Care Fund 2 Year Plan. *(Paper attached – pages 13 – 18)* [Note: The narrative for the BCF Plan is to follow]	20 mins (Dr Rupert Suckling)
8.	Healthwatch Doncaster Annual Report 2016-17. *(Paper attached – pages 19 – 48)*	20 mins (Steve Shore)
9.	Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust - Strategic Direction. *(Verbal Update)*	20 mins (Richard Parker)
	Developments and Risk Areas	
10.	Complex Lives Update. *(Paper attached – pages 49 – 72)*	30 mins (Chris Marsh)
11.	Children's Mental Health (Local Transformation Plan) Update. *(Paper attached – pages 73 – 104)*	30 mins (Lee Golze)
	Board Development	
12.	Report from HWB Steering Group and Forward Plan. *(Paper attached – pages 105 – 114)*	10 mins (Dr Rupert Suckling)

Date/time of next meeting: Thursday, 2 November 2017 at 9.30 a.m. at the Civic Office, Doncaster

Members of the Doncaster Health and Wellbeing Board

Chair – Councillor Rachael Blake – Portfolio Holder for Adult Social Care
Vice-Chair – Dr David Crichton, Chair of Doncaster Clinical Commissioning Group

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

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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 29TH JUNE, 2017

A MEETING of the HEALTH AND WELLBEING BOARD was held in Rooms 007A AND B - CIVIC OFFICE on THURSDAY, 29TH JUNE, 2017, at 2.00 p.m.

PRESENT: Chair – 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
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Joanne McDonough	Deputy Chief Operating Officer/Care Group Director, RDaSH, substituting for Kathryn Singh
Peter Dale	Director of Regeneration and Environment, DMBC
Richard Parker	Chief Executive, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Damian Allen	Director of People (DCS/DASS), DMBC
Pauline Turner	Director of Performance Quality and Innovation, Doncaster Children's Services Trust, substituting for Paul Moffat
Andrew Goodall	Chief Operating Officer, Healthwatch Doncaster, substituting for Steve Shore
Superintendent Dan Thorpe	South Yorkshire Police, substituting for Chief Superintendent Tim Innes
Paul Tanney	Chief Executive, St Leger Homes of Doncaster
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue

Also in attendance:

Allan Wiltshire, Head of Performance and Data, DMBC
Patrick Birch, Director of Improvement, DMBC
Councillor Andrea Robinson, Chair of Health and Adult Social Care Overview and Scrutiny Panel (Observer)

1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Kathryn Singh (Joanne McDonough deputised), Steve Shore (Andrew Goodall deputised), David Crichton, Jackie Pederson, Karen Curran, Chief Superintendent Tim Innes (Superintendent Dan Thorpe deputised) and Paul Moffat (Pauline Turner deputised).

The Chair, Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture, introduced himself to the Board, along with the other new Board Member, Councillor Rachael Blake, Cabinet Member for Adult Social Care.

2 APPOINTMENT OF VICE-CHAIR

It was proposed by Councillor Rachael Blake and seconded by Damian Allen that Dr David Crichton be appointed as Vice-Chair of the Board for the 2017/18 Municipal Year.

Upon being put to a vote, it was unanimously

RESOLVED that Dr David Crichton be appointed as Vice-Chair of the Doncaster Health and Wellbeing Board for the 2017/18 Municipal Year.

3 CHAIR'S ANNOUNCEMENTS

There were no announcements by the Chair.

4 PUBLIC QUESTIONS

Mr Doug Wright addressed the Board on a range of issues including:-

- Suggesting that, given the significant amount of work in the pipeline, the Board might wish to review the frequency of its meetings so that it met more often than at present;

- In highlighting the representation by the CCG on the HWB, Mr Wright expressed the view that, conversely, there should be DMBC representation on the CCG's Board;

- Whether the Board could give consideration to moving the order of business on future agendas so that the agenda item in relation to public questions was the last item, as was the practice at CCG meetings. Mr Wright felt that this would enable the public to comment on what had been said in any debates;

- Concern was expressed that the HWB might be 'swallowed up' and become a sub-committee of a larger body, if NHS mergers were pursued in the future;

- Mr Wright also expressed concern that there were still no answers as to how the projected funding shortfall identified in the STP would be met.

- Mr Wright asked the Board to consider making an additional seat available on its membership to allow a campaign group to be represented, which would give NHS users and the general public a voice on the Board.

In response, the Chair thanked Mr Wright for addressing the Board and he stated that his points would be given serious consideration.

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Mr Tim Brown read out the following statement to the Board:-

"Chair, thank you for allowing me to address the HWB and its distinguished members. This is a very nerve wracking moment.
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What I have to say may get uncomfortable. I intend to speak truth to power.

It is simply impossible to talk about the roles that racism and discrimination play in the health of Black and Minority Ethnic communities in Doncaster without taking a hard look inward—without asking Doncaster HWB members to think about the ways that they and Team Doncaster perpetuate racism and bias.

The past remains the present in Doncaster. Issues of racism have been documented prior to the Professor Gus John Report Tired of Fighting report; and more recently by Former DMBC Chef Officers , including the highly respected Former Director of Adult Care. And yet , the substantive issues of racial inequality and injustice remains stagnant across what is called the wider determinants of health.

Buried within the BME Health Needs Assessment is the HWB Members' responses to the survey **on 'common issues' or areas for attention for improving services for multi-ethnic populations. Only 40% of the HWB member organisation bothered to respond.**

- Respondents were asked about activities to address minority ethnic needs such as outreach, awareness raising, monitoring referrals by ethnicity and monitoring DNA rates by ethnicity. The majority of respondents did not undertake this type of work.

Chair, it is really disheartening that the majority of Doncaster HWB membership are clearly indifferent towards its moral and legal responsibilities towards race equality and Health Equity.

Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially dis-advantaged).

Interestingly, Dr Habib Naqvi when setting up the NHS EDS system put at its core one question "how do those who share protected characteristics compare to those who don't"?

The point is this and was referenced by Dr Crichton in his recent column that there is a plethora of research that identifies specific health disparities from cancer, stroke, Heart Disease, maternity, perinatal care, suicide rates, diabetes etc. that are particularly pertinent to BME citizens.

Chair , and with respect if this HWB was fit for purpose and compliant with its moral obligations then surely such substantive issues such as Cancer be reflected as a priority within the BME HNA and action plan. It cannot be too difficult to assess a methodology that scopes these specific health disparities in terms of evidence etc. This will lend itself to setting:

A) the priority and B) the target and C) proportionate resources etc.

I would argue how does a monoculture governance structure such as this Health and Wellbeing Board that has abused and ignored the needs of BME Communities for more than a decade suddenly give itself the moral authority to somehow act in the best interest of all BME citizens?

The situation is so bleak that those amongst us who have served the NHS and across the public sector with distinction over many years are humiliated in having to ask for our rights only to be fobbed off Year on Year by those with the power to perpetuate racism and racial inequality in Doncaster.

The BME infrastructure was dismantled to ensure that BME citizens had no effective voice or influence around the Team Doncaster and strategic partnership arrangement. This then made it easier to neglect BME needs and ignore addressing racial inequality.

With little or no BME collaboration, innovation and challenge, BME engagement is more of an afterthought and BME tick box exercise involving the use of survey monkey placed on websites sites that are unfamiliar to BME citizens.

Chair, I cannot adequately put into words the sense of racial injustice when responding to the superficial imposition of a partially developed BME Health Needs Assessment and Action Plan.

The action plan is silent on the health and wellbeing needs of the BME community, including my father's generation.

And whilst I accept that in all likelihood the BME HNA and Action Plan will be rubber stamped by Health and Wellbeing Board members of whom many are non-compliant with the Public Sector Equality Duty, EDS2 and Workforce Race Equality Standards, we cannot ignore the fact that the biggest threat to health and wellbeing of BME citizens are preventable diseases.

The root causes of many of these morbidities are inextricably linked to the social determinants of health and the conditions that shape a person’s opportunity to attain good health and adopt healthy behaviours.

These social determinants include access to safe housing, good jobs with living wages, quality education, good health care, healthy food, and safe places to be physically active. They also include racism, discrimination, and bias.

It is easy to see how the continuation of the acknowledged racism and blatant racist acts that also featured within Professor Gus John Tired of Fighting report (2002) have made it virtually impossible for BME citizens in Doncaster to achieve optimal health.

Today, I am calling upon Team Doncaster and the HWB to start the process of dismantling the deep rooted racism and blatant racist by allowing credible people to undertake a Health Equity Audit and establish as a matter of urgency whether the out of date HNA and action plans including the disclosure that HWB members are not delivering activities to address BME needs is having a negative or positive an impact on the mortality and morbidity rates of BME citizens in Doncaster.”

The Chair thanked Mr Brown for his statement and confirmed that his points had been noted and would be taken into account by the Board.

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The following question was submitted by Andrew Goodall on behalf of Healthwatch Doncaster:-

"Healthwatch Doncaster would value an update on the Health Needs Assessment (HNA) for BME Communities specifically:

a) Publication of and access to the Health Needs Assessment for local people, communities, Provider organisation and Commissioners of services in Doncaster

b) Information about feedback and engagement with local communities about the Health Needs Assessment for BME communities – how can people get involved and engaged?

c) Practical next steps – what plans are in place to ensure that the outcomes of the Health Needs Assessment will influence service development and improvement in Doncaster?"

In reply, Dr Rupert Suckling explained that further information on the BME HNA would be provided later in the meeting under agenda item number 13 – Report from the HWB Steering Group. He confirmed, however, that the updated HNA had been received by the Board at its meeting in March and had been subsequently published on the HWB website. The HNA was also available via the Team Doncaster and Data Observatory websites. Dr Suckling added that the needs assessment approach and outcomes had been presented at the Inclusion and Fairness Forum in April and that the Action Plan which had now been drawn up would be widely disseminated. He highlighted that specific engagement for each action listed in the Action Plan had been identified.

In reply to a question, Dr Suckling indicated that he would be happy for Healthwatch Doncaster to share the HNA documentation on its website.

5 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

6 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 16TH MARCH 2017

RESOLVED that the minutes of the Health and Wellbeing Board held on 16th March 2017 be approved as a correct record and signed by the Chair.

7 PROPOSED REVISION TO THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE

Members considered a report which sought the Board's agreement to make a recommendation to Council that the Board's Terms of Reference be revised to enable the Cabinet Member whose portfolio includes Adult Social Care to Chair meetings of the Board, in addition to the portfolio holder with responsibility for Public Health.

RESOLVED:-

(1) to recommend to the Full Council that the Board's Terms of Reference be revised at paragraph 4.2 to enable the Cabinet Member whose portfolio includes Adult Social Care to Chair meetings of the Board, in addition to the portfolio holder with responsibility for Public Health; and;

(2) to note that the Council's Constitution will be updated to reflect the revised Terms of Reference following approval by Council.

8 HEALTH AND WELLBEING BOARD DISCUSSION PAPER: PERFORMANCE REPORTING AND OUTCOMES

The Board received a discussion paper, which outlined a proposal to monitor performance and outcomes for the Health and Wellbeing Board. In presenting the report, Allan Wiltshire explained that the proposal was to define a set of outcomes against two criteria so a matrix could be formed. Firstly, against a life course categorisation and secondly against a segmentation of care. Two draft matrices had been drafted using these criteria, one for outcome descriptions and one for indicators which were contained in Annex A to the report for discussion. He confirmed that this approach had been tested out by the Board's Steering Group and had seemed to work. He added that the new system would provide flexibility by enabling reporting in different ways and it would also provide the means of informing other strategic documentation, such as the Joint Strategic Needs Assessment. If the Board found this new approach acceptable, further work would be needed to develop the outcomes and indicators, and Members noted a suggestion that the Board might wish to dedicate some time to work through the matrices and decide on how reporting might be best configured so that future quarterly performance reports were effective and met the Board's requirements.

Discussion followed, during which Members made the following comments/observations on the proposed new methodology:-

- Dr Rupert Suckling felt that the new framework should give greater clarity by helping to define the Board's role and show how different work strands related to one another. He also pointed out that the previous performance monitoring system did not pick up areas such as protected characteristics, but this new approach would improve the ability to do this;

- In supporting the new approach, Damian Allen felt that there was a logic behind this model that made sense;

- Joanne McDonough stated that she supported the new approach, which she felt would provide areas of performance information which could be aligned with the priorities and outcomes in the Place Plan;

- Pauline Turner explained that the Doncaster Children's Services Trust had done similar work on outcomes for children;

- Andrew Goodall stated that he hoped that the outcomes would also be based on feedback from the public and service users on their experiences;

- Councillor Rachael Blake stressed the importance of capturing information on the health inequality aspect and also highlighted the need for the indicators to look at quality, and not just solely be concerned with numbers;

- Paul Tanney advised that he was keen to see how St Leger Homes could feed its Housing outcomes into the proposed framework and he would be discussing how this could be achieved with Allan Wiltshire.

It was then

RESOLVED:-

(1) to support the draft proposals on outcomes; and;

(2) to agree that the Board will dedicate time to review the outcomes and decide on how reporting might be best configured so that future quarterly performance reports are effective and meet the Board's expectations.

9 HEALTH AND SOCIAL CARE INTEGRATION

The Board noted an update by Dr Rupert Suckling on the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP), the Doncaster Place Plan and the Improved Better Care Fund (iBCF) spending plans for 2017-19.

Dr Rupert Suckling informed the Board that the new guidance on the Better Care Fund was still awaited from the Department of Health. He advised that the Improved Better Care Fund (iBCF) had now been launched, which was an additional element of funding available on a short term basis, starting in the 2017/18 financial year and running until 2019/20 and payable to the Council. Although the iBCF had a similar name and must be pooled together with the rest of the BCF, the criteria for spending it were different, and it could only be used for:

a. Meeting adult social care need;
b. Reducing pressure on NHS, including supporting more people to be discharged from hospital when ready; and
c. Ensuring local social care provider market is supported.

During discussion on the iBCF plans summarised in paragraph 18 of the report, Members acknowledged that the additional monies from the iBCF were very welcome and timely, and noted that the aim was to allocate the money where it would have the biggest impact, most quickly. In particular, the Board recognised the need to support the NHS in helping to alleviate winter pressures. Having endorsed the spending plans, Members noted that an update on these proposals would be brought back to the Board when there was more detail available and greater certainty about the figures.

In relation to the STP update, the Chair queried the reported funding gap of £571m regionally. In response, Dr Rupert Suckling explained that this was the projected deficit if the current levels of investment and rising pressures on services continued at

their present rates. Dr Suckling also undertook to feed back any questions from this Board to the STP Collaborative Partnership Board.

Richard Parker explained that the STP described the areas of joint work that partner organisations were currently considering. He stressed, in answer to the point raised earlier by Mr Wright, that at present there were no plans for any mergers within the NHS.

Damian Allen added that partners were all working together to maintain the maximum amount of resources in Doncaster, but the challenge was the fact that there were other acute services provided on a wider footing.

It was then

RESOLVED:-

(1) to note the update on the STP and Place Plan; and

(2) to approve the plans for 2017/18 and 2018/19 to spend the Improved Better Care Fund, as summarised in the report, and agree to monitor progress on the areas of investment.

10 UPDATE FROM HEALTHWATCH DONCASTER

The Board received a verbal update from Andrew Goodall on the STP 'Community Conversations' work that Healthwatch Doncaster had led on locally and across the STP footprint as part of the STP public consultation exercise, the details of which were as follows:-

Conversations around the STP in Doncaster

The Commissioners Working Together team were responsible for co-ordinating the STP. Discussions with their Director of Communications identified that local conversations with local communities would be an ideal approach to gathering more information about perceptions of and feelings towards the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.

The preferred vehicle for managing the local conversations was through local Healthwatch and Voluntary Action/CVS organisations.

In Doncaster there were **180 people** engaged in local conversations through **9 groups and 5 local public meetings.**

There were **872 people involved in conversations across the STP footprint** – **Doncaster represented 21%** of the conversations.

There was also an opportunity for people to take part in an online survey that was developed and hosted by the Commissioners Working Together team.

Responses across South Yorkshire

In total, there were **1056** responses to the online survey – 54.92% of which specified they were a member of staff and **45.08%** of the responses came from **members of the public.**

Total number of responses	1056
Total number of public responses	476
Total number of staff responses	580

Responses in Doncaster

Doncaster	52	18% of total responses

Conversations in Doncaster

In order to engage with as many people as possible, Healthwatch Doncaster used its networks and membership to arrange specific conversation sessions and focus groups with existing groups.

The conversation sessions with existing groups and networks proved to be the most successful vehicle for engaging with people although there are disadvantages linked to the fact that these groups are already engaged in some aspect of health or social care and are often populated by people who are not at work.

The conversational approach combined with accessing pre-existing groups and networks reached 180 people across Doncaster. This is not a representative sample from the local population but the individuals and groups that were involved are groups and individuals that have either decided to attend a conversation session or a group who have been willing to participate in a conversation session.

As with any conversation about change and especially conversation about change to the NHS there is always a high degree of emotion but the emotional investment in conversations demonstrates the strength of feeling and enthusiasm for on-going engagement and involvement.

The key themes that came out of the conversations were:

Service change – recognition that change is need and that change to the NHS could be a good thing if people are listened to. There were concerns that the proposed changes are the first sign of closing down services and privatisation.

Finance – there were many points raised around waste in the NHS and that this should be rectified to minimise the efficiency gap required. Conversations highlighted that there was a £571million shortfall and that this would have a significant impact on service provision.

Leadership – Young people expressed a desire to be more actively involved with the leaders of the NHS and the changes proposed. People in some groups stated that 'Leaders need to lead'.

Integration – Integration of health and social care services was recognised as a key area for development but there was also recognition that this had been talked about for nearly a decade and nothing had happened as yet. The journey between health and social care services needed to be made more easy and straightforward.

Engagement – There were concerns about the lack of engagement in the development of the Sustainability and Transformation Plan and the local Place Plans. The online survey and questionnaire were criticised for being too leading in the questioning style. People who attended the conversations and focus groups appreciated being involved and engaged but wanted more involvement as the Plans were put into place.

Healthwatch Doncaster were requesting the Health and Wellbeing Board to formally receive and acknowledge the reports, copies of which would be circulated to Board Members for their information outside of the meeting. Healthwatch Doncaster would also be sending copies of the reports to all local partners and these were also available on the Healthwatch Doncaster website.

After Andrew Goodall had answered a question regarding future plans for engagement/communication with service users, and the Chair had commended Healthwatch on their good work in leading the conversation sessions, it was

> RESOLVED to note the update on the STP 'Community Conversations' work undertaken by Healthwatch Doncaster and that copies of both the Doncaster and South Yorkshire & Bassetlaw Summary Reports be circulated to Board Members for their information outside of the meeting.

11 HOUSING AND HEALTH UPDATE

The Board received and noted a joint presentation by Paul Tanney and Peter Dale which provided an overview and update on the links between health and housing in Doncaster.

The presentation highlighted the links between key housing issues and health and social care, by using the lens of the Health and Wellbeing Strategy as a frame in looking specifically at:-

- Well-being;
- Reducing health inequalities;
- Health and Social Care integration;
- Areas of focus

Having outlined the Doncaster context in terms of population, health needs and the demands on the Housing system and impacts on health and wellbeing, the presentation gave an overview of the actions and initiatives being undertaken against

each of the HWB areas above, including supporting older people to remain in their own homes, tackling hazards in private sector properties, targeting and supporting activity to alleviate fuel poverty, and housing provision for vulnerable people.

During subsequent discussion, Damian Allen stated that it was encouraging to see the work being done in Doncaster in relation to housing needs analysis and added that performance indicators on Housing outcomes would be useful in the future. He also advised that discussions on a service model in respect of Complex Lives were due to commence soon and suggested that the Board might wish to look at this subject in more detail at some point in the future.

It was also agreed to receive a further Housing and Health Update from Paul and Peter in 6 months' time.

After Paul Tanney had briefed the Board on the work being carried out by St Leger Homes in conjunction with South Yorkshire Fire and Rescue to ensure that all of the Council's blocks of flats met the required fire safety standards in the light of the Grenfell Tower tragedy in London, it was

RESOLVED that:

(1) the issue of Complex Lives be considered in more detail by the Board at a future meeting; and

(2) that a further Housing and Health update be received by the Board in 6 months' time.

12 REPORT FROM THE HWB STEERING GROUP AND FORWARD PLAN

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

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

- Black and Minority Ethnic (BME) Health Needs Assessment, including a copy of the Action Plan attached at Appendix 1 to the report;
- Heatwave Planning;
- Children and Young People's Local Transformation Plan – Quarter 4 Progress;
- Suicide Prevention;
- Health-led Work and Health Unit trial;
- Doncaster Festival of Research 2017;
- Pharmaceutical Needs Assessment;
- Yorkshire and the Humber HWB Chairs' Event; and

- Forward Plan for the Board.

With regard to the Black and Minority Ethnic (BME) Health Needs Assessment (HNA), Dr Rupert Suckling summarised the key actions contained within the Action Plan as set out in Appendix 1 of the report. In referring to Mr Brown's earlier comments regarding the poor survey response, Dr Suckling advised that it was intended to carry out a further survey in the near future. During discussion, Board Members acknowledged that they all had a role to play in ensuring that there would be better engagement and improved response rates when the new survey was launched. Members also agreed to share relevant data to assess the health outcomes experienced by BME residents.

Arising from discussion on the Children and Young People's Local Transformation Plan Quarter 4 progress, Damian Allen highlighted that concerns had been expressed over referrals back to schools by GPs in some cases of young people suffering from lower levels of anxiety/mental health. Consequently, he suggested that this Board should request the Children, Young People and Families Board to look in more detail at this issue, with a particular focus on GP access and pathways. The Board supported this proposal.

RESOLVED to:

(1) receive and note the update from the HWB Steering Group;

(2) agree the proposed Forward Plan, as detailed in Appendix A to the report; and

(3) request the Children, Young People and Families Board to look into the issue of GP access and pathways for young people suffering from low level anxiety/mental health conditions.

CHAIR:_____ DATE:_____

Doncaster Metropolitan Borough Council

Doncaster Health and Wellbeing Board

Date: 7th September 2017

Subject: **Better Care Fund 2 Year Plan**

Presented by: **Rupert Suckling, Director of Public Health**

Purpose of bringing this report to the Board The purpose of this report is to update the Health and Wellbeing Board on the development of the Better Care Fund Plan for 2017 – 2019 and to ask the board to delegate sign off of the plan to the Chair of the Board and to bring the final version once assessed by NHS England to the Board thereafter for ratification. (Note: The narrative for the Better Care Fund two year plan (17/19) will be circulated to the Health and Wellbeing Board members prior to the meeting on 7th September.)	
Decision	Yes
Recommendation to Full Council	
Endorsement	Yes
Information	

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

How will this contribute to improving health and wellbeing in Doncaster? The contribution to improving health and wellbeing in Doncaster is through improved better care fund and the better care fund

Recommendation

The Board is asked to agree delegation of sign off of the plan to the Chair of the Board and to note that the final version once assessed by NHS England will be brought to the Board thereafter for ratification.

Better Care Fund and Improved Better Care Fund – Position statement August 2017

Better Care Fund

The Department of Health (DH) and the Department for Communities and Local Government (DCLG) published a detailed policy framework in March for the implementation of the Better Care Fund in 2017-18 and 2018-19, followed by the publication of the BCF template in July.

There are a number of changes to the policy framework when compared to that of previous years', these include a reduction in the number of national conditions from eight to four which local areas will need to meet through the planning process in order to access the funding. The four national conditions are:

- A requirement for plans to be developed for the two-year period 2017-2019, rather than a single year and to be approved by the HWB
- Real terms maintenance of transfer of funding from health to support adult social care
- Requirement to ring-fence a portion of the CCG minimum to invest in Out of Hospital services
- A requirement to implement the High Impact Change model (HIC) for managing transfers of care – this model sets out eight broad changes to help improve patient flow and processes for discharge, the changes cover:
    - early discharge planning
    - monitoring patient flow,
    - discharge to assess,
    - trusted assessor,
    - multi-disciplinary discharge support
    - seven day services
    - focus on choice
    - enhancing health in care homes.

The BCF narrative plan will set out our joint vision and approach for integration and will encompass the direction set in the NHS Five Year Forward View along with the development of the Sustainability and Transformation Partnership and how services will be transformed to meet the Government's vision to move towards integrated health and social care services by 2020, (namely the Place Plan) the requirements of the Care Act (2014) and the wider transformation of how the plans support a shift to a more community based, preventative approach to care along with an agreed approach to performance and risk management.

Specifically the planning template will capture:

- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
- A scheme-level spending plan demonstrating how the fund will be spent; and

- Quarterly plan figures for the national metrics.

The plan is underpinned by four national metrics for measuring progress of integration, in summary these are:

- Non-elective admissions (General and Acute);
- Admissions to residential and care homes
- Effectiveness of re-ablement;
- Delayed transfers of care;

Improved Better Care Fund

An additional £2 billion funding was also announced in the spring budget to support adult social care in England. This money is included in the IBCF grant to local authorities and has been included in our local BCF pooled funding and plans. This additional funding is provided for the purpose of:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready (DToC)
- that the local social care provider market is supported

DTOC

The NHS England Mandate for 2017-18 sets a target for reducing DToC nationally to 3.5% of occupied bed days by September 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults, equivalent to a DToC rate of 3.5%).

DMBC and DCCG are currently working together to agree a metric that includes specific ambitions to reduce delays attributable to the NHS and to social care, details of the target and trajectory will be presented to the Board on the 7th September, the targets must be firmed up for final submission to NHS England by 11th September 2017

Government will consider a review, in November, of 2018-19 allocations of the social care funding provided at Spring Budget 2017 for areas that are poorly performing against the DToC measure.

Approval of BCF Plans

The assurance of plans will be streamlined into one stage, with an assessment of whether a plan should be approved, not approved, or approved with conditions. Plans should be submitted by 11 September 2017, having been approved or set to be approved by the relevant HWB(s). All plans will be subject to regional assurance and moderation. Judgements on potential support needs through the planning process, will be ‘risk-based’.

Timeline

The table below details the timelines for reporting and submission of the BCF plan, along with timelines for assurance:

Action	Timeframe	Status
Publication of Government Policy Framework	31 March 2017	Complete
First Quarterly monitoring returns on use of IBCF funding from Local Authorities.	21 July 2017	Complete
Areas to confirm draft DToC metrics	BCST 21 July 2017	Complete
BCF Plan update submitted to Doncaster Health and Wellbeing Board	29th August	On track
BCF plan narrative circulated to Health and Wellbeing Board members	5th September	On track
BCF plan update considered at Doncaster Health and Wellbeing Board	7th September 2017	On track
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities).	11 September 2017	On track
Scrutiny of BCF plans by regional assurers	12 – 25 September 2017	
Regional moderation	w/c 25 September 2017	
Cross regional calibration	2nd October 2017	
Approval letters issued giving formal permission to spend	From 6 October 2017	
Escalation panels for plans rated as not approved	w/c 10th October 2017	
All section 75 agreements to be signed and in place	30th November 2017	
Consideration of a review of 2018/19 allocations of the social care funding provided at Spring Budget 2017 for areas that are poorly performing.	November 2017	

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AHWB Directorate
August 17

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healthwatch Doncaster

Healthwatch Doncaster

Annual Report 2016/17

Contents

Message from our Chair Steve Shore

Welcome to the Healthwatch Doncaster Annual Report for 2017. Although this report covers the period to 31 March 2017, I hope that you don't mind me writing about some things that have happened since then, as they will be old news by next year.

From my perspective, Healthwatch Doncaster has grown in effectiveness, size and reputation in the last 12 months. Having become an entirely independent Community Interest Company (CIC) in 2016, I am delighted that we have just been told by our primary commissioners, Doncaster Council, that we are the preferred bidder for the Healthwatch contract for the next three years, with options for two more years after that. I would like to put on record my thanks to everyone who has contributed to the successful bid, which was led by Andrew Goodall, Debbie Hilditch and Vic Holbrey.

Since the award of the contract, we have been working hard to put our plans for the future of Healthwatch Doncaster in place in order to deliver the best service we can for the citizens of Doncaster.

The last year has seen us deliver significant pieces of work for NHS Doncaster CCG and the Commissioners Working Together programme but we realise that our primary aim has to be connecting with the people who use health and social care services and ensure that their voices are heard in the delivery and commissioning of those services. We must be able to show that we've made a difference.

I am proud of the work we have done in so many areas, but we can and we will do more.

We can achieve nothing without you though and I would like to thank my fellow board members, the staff, our volunteers and you, our members and stakeholders for everything that you do to help us be the organisation we want to be.

Finally, I would like to offer my thanks to two board members who have left the organisation this year; Michelle Shore, who provided excellent support with the HR issues around the formation of the CIC, and the legend that is Sheila Barnes. Sheila was my predecessor as Chair and the first thing anyone from other organisations said to me when I met them was usually to tell me how great Sheila was. She set the bar very high and I only hope that I get near to her standards. She has been a stalwart member of the Healthwatch board and could always be relied upon to bring us back to what we are there for, if ever the discussions wandered off. She is an absolute credit to Doncaster and someone that I am proud to have worked with.

So, onward into the next year. It has stared well and we will try to make sure that we continue in an upward trajectory.

Message from our Chief Operating Officer Andrew Goodall

The last 12 months have seen a period of change and transformation for Healthwatch Doncaster. The creation of a new Community Interest Company (CIC), relocation to new premises and the appointment of a new Chief Operating Officer all took place within three months.

I was very lucky to take up the role of Chief Operating Officer at the same time that Healthwatch Doncaster became a stand-alone, independent organisation, given a clear remit by the Board to provide leadership and stability, as a new chapter in the story of Healthwatch Doncaster unfolded.

The freedom and flexibility of being an independent CIC has proved invaluable throughout 2016-17 and has enabled the Board and I to reaffirm our relationships with local people, community and key strategic partners.

So, what have Healthwatch Doncaster been concentrating on over the last 12 months? We have been focussing on engagement, enhancing and developing our digital footprint through social media, newsletters and our website. There are now over six Facebook, Twitter and Instagram accounts all centrally managed by the Healthwatch Doncaster team. The staff team are actively encouraged to share as much information as possible through social media.

Local partnerships have been created with Voiceability so that we are better able to work together to join up some of our services around Advocacy, signposting and information.

Engagement with local people, communities and groups has continued to be the heart and soul of the work that Healthwatch Doncaster has been doing. A research-led thematic analysis of stories (of which you can read more about on page 16) has enabled us to develop the SHARE tool – SHARE focusses on having better conversations to gather extended narratives.

As Healthwatch Doncaster moves forward into 2017-18, we will maintain our focus on engagement with local people to support them to share their stories and experiences with a commitment to using the common themes to influence commissioners and providers of local health and care services to make improvements and developments.

Highlights from our year

80 new members have joined Healthwatch to receive information or expressed an interest in volunteering

A new Healthwatch Doncaster Instagram account to snap pictures via outreach sessions across the Borough

28 Care Home visits across the Borough

21 Care Quality Commission communications to request feedback for services

90.9% increase in calls made to request Independent Complaints Advocacy Support

59 engagement outreach sessions across the Borough

Who we are

Healthwatch was created by the Government, through the Health and Social Care Act (2012).

The Act resulted in the creation of a national body, Healthwatch England, and required each local authority with social care responsibilities, to establish a local Healthwatch from April 2013 with initial funding from central government.

Healthwatch Doncaster will:

- **Gather views and understanding the experiences of people** who use services, carers and the wider community by taking a focused approach to engagement via a variety of ways to ensure that a wide cross-section of views from the local community are represented.
- **Make people's views known** by informing and influencing health, social care and public health providers and commissioners by communicating the local community's views in a constructive manner.
- **Promote and support people in the commissioning and provision of local care services** and how they are scrutinised by positively contributing to new or proposed services based on robust engagement and involvement of local people, specifically potential and current service users.
- **Recommend investigation or special review of services** via Healthwatch England or directly to the Care Quality Commission by continuously evaluating existing health and social care services and making recommendations for special reviews or investigations as appropriate
- **Provide advice and information signposting about access to services and support for making informed choices** by providing an advice and information signposting service to ensure that all sections of the local community have access to up to date, relevant, impartial and accurate information, advice relating to health and social care services available to them.
- **Make the views and experiences of people known to Healthwatch England** and providing a steer to help it carry out its role as national champion by ensuring that local intelligence gathering systems complement those established by Healthwatch England.

Your Healthwatch Team

Andrew Goodall

Chief Operating Officer

"As the Chief Operating Officer of Healthwatch Doncaster I am passionate about ensuring that people who use services and carers of people who use services can have their voices heard and that their experiences can be used to improve local health and social care services.

My skills and experience as a Commissioner of social care services in Doncaster for 6 years and over 12 years working in the local NHS managing strategic organisational reviews, Sure Start Children's Centres, Teenage Pregnancy and Public Health drive my enthusiasm for improving outcomes for patients, carers and service users.

Healthwatch Doncaster is a strong, independent voice for the people of Doncaster to improve the quality of local health and social care services.

I will lead the newly formed Healthwatch Doncaster Community Interest Company (CIC) to seek out and promote best practice in community engagement and patient participation, support the promotion of best practice in quality of service design and delivery, work in partnership to avoid duplication and provide a single point of contact for Commissioners and Providers."

Sandie Hodson

Community Engagement Officer

"I have experience in community engagement, management and training gained in both the voluntary and public sector (Public Health). My role currently involves all aspects of engagement and participation, including supporting volunteers and being responsible for some of the exciting project work that we are currently involved in."

Akhlaq Hanif

Administrator/ Signposting and Information Officer

"Having studied to University level and undertaken some voluntary work, I support my colleagues and assist members of the public with any advice, guidance or concerns they may have and providing them with the information; maintaining the website, social media and communication areas. Alongside these duties, I undertake day-to-day administrative duties for Healthwatch Doncaster."

Marion Boyd

Advocacy Worker

"I have considerable knowledge and experience around community regeneration, social inclusion, empowerment and Health and Wellbeing. Having worked and been based in communities within, both Sheffield and Rotherham, for the past 15 years, I am excited to now be working in Doncaster. My role is to support and empower individuals in order for them to have their voice heard."

Angela Barnes

Keeping Safe Forum Project Manager

"I have a strong background in community engagement having worked in Doncaster and Sheffield, where I worked for a national organisation supporting local community and voluntary services throughout England. I am pleased to be working with members of the Doncaster Keeping Safe forum to promote Keeping Safe in Doncaster."

Curtis Henry

Community Engagement Officer

I have a broad range of work experiences, branching from a background within social work, youth and community development work. I have over ten years' experience of working within the NHS as mental health inequalities worker and the equalities and public engagement lead officer.

The roles I've undertaken, have been predominantly focused on working with people deemed marginalised or disadvantaged in society to help address some of the inequalities faced by them.

I envisage my placement here at Healthwatch Doncaster will support me to continue to provide a platform for marginalised voices to be heard."

Emily Green

Business Administration Apprentice

"After leaving school with eight GCSE's, I joined Healthwatch as a Business Administration Apprentice in September 2016. I like the values of Healthwatch, such as helping the public with signposting; allowing them to have their say on their health and social care experiences and support with an NHS complaint. My role is varied from general administration duties to helping at outreach events gathering local people's feedback. Working with the team and our volunteers has been enjoyable."

A conversation with Healthwatch Doncaster's Business Apprentice

Emily Green joined Healthwatch Doncaster as a Business Apprentice in September 2016 after completing secondary school with 8 GCSE passes. Here is an opportunity to find out more about her…

What made you choose Healthwatch Doncaster ahead of other potential apprenticeship opportunities?

As one of my favourite subjects at school was Health and Social Care and after researching about Healthwatch, I immediately felt this would be the best place to start an apprenticeship after sensing a helpful environment during my interview.

Can you tell us what a normal working day is like?

I am in the office most days, carrying out a range of Business Administration duties; signposting members of the public to their required health services such as finding a new Dentist or GP, distributing documents and writing minutes/agendas for the Engagement Group, Digital and Media Group and the Keeping Safe Forum.

I assist with Healthwatch Doncaster's outreach engagements by helping on information stands with colleagues, to speak to members of the public and capture their stories.

What tasks do you enjoy in your role?

I enjoy signposting members of the public to a service that would be helpful for them; providing admin support for the Keeping Safe Forum, Engagement Group and work with different people in the community across Doncaster; participating in engagement work, which progresses my skills, confidence and independence; general business admin duties: filing, helping with finance, arranging venues and catering for events/ meetings such as the MacMillan Cancer morning in October 2016 (inset)

You've been supporting the team and volunteers on outreach for Healthwatch Doncaster and Keeping Safe Forum, what did you learn from those sessions?

I have learned new skills such as minute taking, and to engage with different

people whilst understanding their individual needs, building relationships with members of the Forum and volunteers.

You've been involved in Young Healthwatch as part of your role, what has it been like working within this group?

I have participated in Young Healthwatch meetings and taken notes. Me and my

colleague Sandie (Healthwatch Doncaster Engagement officer) supported an event organised by The LADDER Group, by having an information stand, and gave a presentation about Young Healthwatch.

How would you describe your work colleagues?

Lovely, helpful and supportive. Every one of my colleagues will go out of their way to help me if required. I feel very comfortable at work to ask them for help or support.

What do you know about Healthwatch that you didn't before you started?

We engage with many people throughout our community from different backgrounds, making sure we gather their experiences and allow them to have their voices heard. I learnt the lengths our Advocacy service goes to, supporting people not only through the NHS complaints process, but all the way to the Parliamentary Health Service Ombudsman.

How do you think your apprenticeship at Healthwatch Doncaster will help you in your professional life?

Healthwatch has increased my confidence by encouraging me to approach members of the public, as this is an important skill that will be useful throughout my professional career.

During my time at Healthwatch I have learnt how to deal with different situations over the phone, which has helped by me using my own initiative. I've used social media that is a growing opportunity for organisations and will benefit me going forward.

Mo Murphy, an Apprenticeship Tutor at YMCA Doncaster, shares her thoughts overseeing Emily's time at Healthwatch so far...

Emily has been mentored and guided by Healthwatch to have the knowledge and experience to be a successful administrator and to carry out her apprenticeship programme.

Healthwatch has given Emily a chance to start her career at a young age, enabling her to be part of the work based learning programme and carry out tasks within the working environment.

Healthwatch have helped Emily grow in confidence, giving her the significant coaching she requires.

In my experience Healthwatch have played an important part in Emily's progress and been a valuable employer to work with.

Our priorities

In April 2016, the Board of Healthwatch Doncaster approved a new engagement strategy which established the key priorities for the next 12 months and maximised resources in the development of new ways of working. These new areas of work included:

- The establishment of a digital footprint for Healthwatch Doncaster to support our face to face engagement programme.
- The development of a potentially new way of capturing patient stories through extended narrative (patient stories of more than 200 words) as well as designing a new questionnaire based on a thematic analysis approach.
- Continued development of Young Healthwatch with a focus on developing links with local schools and Doncaster College.
- Engagement with seldom heard/protected groups; wheelchair service users, Doncaster Communication College; veterans (via a Health Ambassador representative); lead engagement partner with Doncaster Council for the Health Needs Assessment for Black and Minority Ethnic Communities.
- Strategic partnership working; the Working Together Programme across South Yorkshire, Bassetlaw, North Derbyshire, Wakefield; South Yorkshire and Bassetlaw STP (our Chair is the South Yorkshire and Bassetlaw representative on the partnership board and our vice chair represents Healthwatch on the Joint CCG Commissioning Board). We have also chaired a public meeting on the consultation to maximise services across hyper acute stroke and children's anaesthesia and surgery.
- Support to local transformation programmes including intermediate care/out of hospital care (one of our Board members and the Chief Operating Officer are part of the transformation programme board); review of Dementia awareness across Doncaster; review of unscheduled care services (including the local hospital and out of hours providers).

The Board of Healthwatch Doncaster identified three core areas to underpin our strategic priorities:

Engagement – with individuals, communities and organisations to understand priorities for action and improvements across health and social care and co-produce solutions; to work with communities and empower them to use community assets to their full potential.

Information – signposting, gathering intelligence from individuals and communities and analysis of that information.

Influencing – working with individuals; communities and providers of health and social care (including third sector organisations) to influence commissioners of health and social care services; working with providers to improve and transform quality of services based on insights from

patients/service users, the public and carers; work with individuals and communities to manage expectations and empower them to take more control of their health and social care needs.

As Healthwatch Doncaster moves forward it will focus on the following priority areas of work:

- **Working with Communities and their partners** – (Place Plan) through existing relationships e.g. Patient Participation Groups supporting Primary Care; Young Healthwatch; Health Ambassadors; and the development of new relationships to identify the key priorities/health needs that are affecting people's health and wellbeing to influence improvement in quality of services; access and outcomes. Promoting peer support and community engagement will help develop sustainability in the local communities.
- **Develop interactive interest groups/volunteers** – through our membership to engage and inform individuals, groups and communities in their areas of "expertise". For example, this could be based on the three key areas of:
  1. **Health prevention and self-care** – working with public health, pharmacies, general practice, community groups to deliver key health promotion messages and signpost communities and individuals to services out of hospital and other formal providers.
  2. **Promoting independence** – working with people in local community groups and health and social care providers to deliver key messages regarding services which are available to maintain independence (social prescribing for example) and to provide feedback on the quality of services which are used appropriately (e.g. A&E, primary care, pharmacies).
  3. **Supporting recovery and rehabilitation** – work with health and social care providers and communities/service users and their families to identify how services can be improved and provide two-way communication for those who require hospital and community services to support their health and wellbeing (e.g. those with long term conditions, the elderly and infirm, those with Dementia and associated mental health conditions).
- **Thematic research and analysis** – patient stories are gathered through a range of different media including face to face, group feedback and complaints. To provide evidence of patient experience at a larger scale than the individual we will develop a systemised way within which patient stories can be "grouped" into themes and collected on a larger scale than at present. Extended stories (patient stories of more than 200 words) will also be collected and analysed (in some cases using services of others such as Care Opinion) to provide evidence to our key health and social care providers.
- **Signposting of key information** – through social media, focussed community events, public meetings and press management. Our digital footprint will be developed to ensure that key messages are systematically delivered across a wider footprint reaching varying sectors and individuals who can

promote the key messages we wish to deliver.

- **Working with commissioners and providers** – as a key strategic partner to influence and improve service delivery and quality including transformation across health and social care in line with the Doncaster Place Plan and SYB STP. This will include all members of the board being a proactive member in the development of key relationships across the Borough.

Our journey to independence

Carers Federation's Contracts Manager, Paul Ritchie, explains the road to independence

"The beginning of the reporting year saw a surge of activity within Healthwatch Doncaster. Carers Federation were responsible for supporting the Chair, Board and members of staff to manage the transition from being supported by the host provider into being their own self-governing, independent Community Interest Company (CIC) on 1 July 2016. The final few months was dedicated to:

✓ Negotiating with external contractors to develop and deliver Healthwatch infrastructure support such as ICT hardware and ongoing service support, Telecommunications, Accounting and Payroll.

✓ Agreeing governance arrangements for Healthwatch such as policies and procedures to manage the operations, meet due diligence requirements from Doncaster Metropolitan Borough Council (DMBC) commissioners and manage the Healthwatch Doncaster contract.

✓ Developing the business process and quality control documents to manage the NHS Independent Health Complaints Advocacy Service.

✓ Supporting the Board HR leads to undertake Transfer of Undertakings Protection of Employment (TUPE) and finalise contracts of employments, terms and conditions and transfer staff over to the CIC.

✓ Negotiating terms of contract transfer with DMBC commissioners and the Healthwatch Board which began July 2016.

✓ Moving the whole operations from Duke Street to Cavendish Court (right).

✓ Supporting the board to take on a Chief Officer and operational handover.

But this was all achieved due to the dedication, resilience and hard work of all the staff team, volunteers, Board members and Doncaster Council colleagues and I can't thank everyone involved enough for the support and hard work through a very pressured, sometimes stressful and challenging period.

I'm proud of what we have collectively achieved and I wish Healthwatch Doncaster all the best for its future as a truly independent voice in health and social care for Doncaster residents."

Your health, your care, your say

The use of Healthwatch Doncaster's Feedback Centre has allowed service users to leave their experiences of health and social care in an easy, accessible way. This, alongside continued outreach work by the Support Team and volunteers, has resulted in 638 stories captured over the last year.

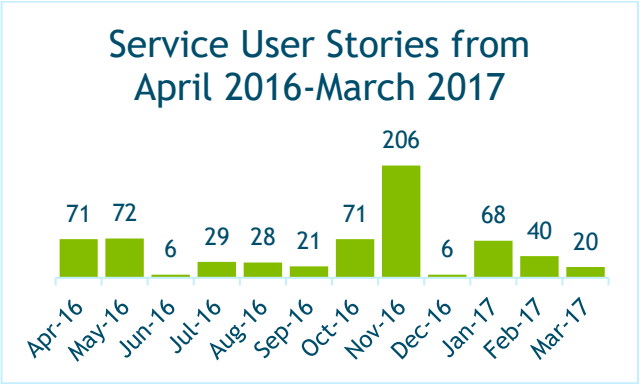


Figure 1

Additionally, focused engagement in partnership with stakeholders has resulted in prodigious numbers as shown in Figure 1. November 2016 saw extensive work with Doncaster Council to receive feedback from service users from Black, Minority and Ethnic (BME) communities relating to the BME Health Needs Assessment. Feedback given by local people has been fed into the Care Quality Commission (CQC) ahead of their inspections of health and social care services in the Borough.

Below is a quarterly breakdown of stories and experiences of health and social care services along with an insight into the stories gathered.

Quarter & no. of stories received	Positive (%)	Negative (%)	Neutral (%)
Quarter 1 - 149	53.7	32.2	14.1
Quarter 2 - 78	43.6	42.3	14.1
Quarter 3 - 283	68.9	15.5	15.5
Quarter 4 - 128	67.2	17.2	15.6

56 - Number of news articles published in 16/17

32 - Contact forms submitted via the website

31% - provider responses to comments left by service users

Thematic Analysis

My name is Mark Bright, and I began volunteering at Healthwatch Doncaster in August 2015. Equipped with a Ph.D. from Sheffield University, I was keen to deploy my research skills and knowledge toward the public good (in the area of patient experience).

During the past 12-months, I have analysed two distinct data-sets of patient stories. The aim was to see how taking a methodical approach to analysing such stories could assist service quality improvement, in future.

The first data-set occupied the majority of my time. An analysis of a cross- section of stories on the Care Opinion website was undertaken. Care Opinion is a repository of UK-wide healthcare accounts logged by patients telling of their experiences – essentially Trip Advisor on health-based matters. From approximately a thousand accounts relating to patients accessing services at Doncaster Royal Infirmary, I conducted a thematic analysis on a batch of 300 lengthy stories. A lot of these stories were in the 300 to 400 word range.

What is exciting about this is close analysis of 300 stories uncovered three central dimensions that members of the public of Doncaster consider to be priorities when it comes to hospital care. Quality of administered care, management of the treatment process and professionalism of medical and administrative staff are the three crucial dimensions. Thematic analysis reveals a variety of concepts subsumed within each dimension too.

This research project achieves three key outcomes:

1. Method

It has led to design of a method for analysing patient health and social care stories, covering a 10-year period, and representing experiences in the Doncaster locality. From the beginning of 2017, the method has been tested analysing a second data-set of around 850 stories. The second set of stories was gathered by Healthwatch Doncaster staff and volunteers over an 18-month period, logged on their on-line Feedback Centre;

2. Model

Using the 3-dimensioned model to analyse subsequent patient stories casts light on where areas for service improvement are most needed. How stories best serve to influence service change has been one of the challenges for Healthwatch branches across the UK;

3. Mechanism

Founded on a total evaluation of over 1,100 stories, Healthwatch Doncaster has been able to design a new story gathering instrument, so as to generate healthcare conversations with members of the public in more detail than has traditionally been the case. The greater number of stories (and greater detail in those stories) the better evidence base for analysis. A strong evidence base for analysis shows how service change and improvement may be better delivered through stories.

Engaging with the people of Doncaster

Engaging, informing and influencing is the heart of what we do here at Healthwatch. This year has been no exception and here is a flavour of some of the engagement activity that we have undertaken in the period covered in this report.

April 2016

Doncaster College Be Well Festival – We had a stand at the event for students and staff.

May 2016

Love Your Local Market Event – We had a stall on Doncaster market during this event to let local people know about Healthwatch and how they can get involved

July 2016

Healthwatch Doncaster attended the annual Town Fields Gala. A popular community event that attracts hundreds of people of all ages.

August 2016

Doncaster Ethnic Minorities Regeneration Partnership (DEMRP) Women's Event – Our Engagement Officer Sandie gave a presentation to 60 women at this event.

Elmfield Park Family Fun Day - Volunteers organised a very successful information stand, gathering lots of stories about people's experiences of using health and social care.

October 2016

A joint event in partnership with the

LADDER Group, Young Healthwatch members Daniel and Emily gave a presentation assisted by Sandie. Emily created a fantastic set of display boards.

November 2016

Doncaster Keeping Safe Event - The Doncaster Keeping Safe Forum hosted by Healthwatch Doncaster took part in the annual Keeping Safe in Doncaster Event held at Castle Park.

February 2017

Healthwatch volunteers took part in Patient Led Assessments of the Care Environment (PLACE) assessments with Doncaster and Bassetlaw Hospitals (DBH) and Rotherham Doncaster and South Humber (RDaSH) Trusts.

March 2017

Sustainability and Transformation Plan (STP) conversations with Doncaster Deaf Community – We kick started the STP conversations with local groups and communities this month with two sessions with members of Doncaster's deaf community.

Care Home Report

At the end of July 2016, Healthwatch Doncaster Engagement Worker Sandie Hodson and a group of trained volunteers began visiting care homes around the Borough. The purpose of these visits was to talk to residents, visitors, family and staff at the homes to find out more about their experiences of living in, visiting and working in the homes.

Why we did it…

- Primarily, it was to gain insight from an independent viewpoint about the standard of care being provided locally.
- We wanted to ensure that the views of people accessing the services were being heard. Although the Doncaster Council monitoring team conduct annual audits they do not always have sufficient time to sit and talk to people in the same way that our volunteers do. Also, it was felt that people may be more open when speaking to a representative from an independent organisation.

How we did it…

- Doncaster Council informed us when they were conducting their annual monitoring visits and we arranged to go in ahead of them.
- We visited the homes and talked to residents, visitors and staff.
- Following the visit a report was produced which included comments (anonymised) from the people we had spoken to and our general observations around care. This was not an inspection but an opportunity to have a conversation with people.
- The report was then forwarded to the home so that they could add any comments in response to our findings. These comments were added under a separate section of the report and no reports were altered as a result.
- The final documents were then forwarded to Doncaster Council's Monitoring Team so that they could form part of the overall assessment of the service.

A case study...

Between the end of July 2016 and the end of March 2017 we have conducted 28 care home visits. These included residential, nursing and EMI (Elderly Mentally Infirm) places. During these visits, we have met some lovely people and had some positive outcomes.

One example is when we visited a home and several people told us that since the Activities Co-ordinator had left they didn't feel well informed about activities taking place, this was highlighted in the report that we produced. The home hadn't realised that this was an issue for people and immediately made a change to their procedures to ensure that the issue was resolved.

Helping people get the information they need

After a change of premises in June 2016, Healthwatch Doncaster has continued to provide signposting and information to people in the Borough, across a range of communication methods.

With our new offices in Cavendish Court, there has been a slight decrease in total signposting (17.2%) since the previous year, however contact through our email and website has increased by 168.3% that highlights its visual interface and accessibility.

Day-to-day handling of signposting across telephone, email/website and face-to-face can range from requesting details of available dentistry and GP services in the Borough; support on taking forward an NHS complaint via Healthwatch Doncaster's Independent Complaints Advocacy service; or the Support Team obtaining details for local support groups and organisations.

Breakdown of mode:

Total for 16/17	Percentage increase/decrease from 15/16
Telephone – 328	13% decrease
In Person – 117	55.7% decrease
Email & Website – 110	168.3% increase
Total - 555	17.2% decrease

Breakdown of top 5 themes

Total for 16/17	Percentage increase/decrease from 15/16
Dentist – 162	32.8% increase
ICAS Advocacy – 210	90.9% increase
GP Surgery/Health Centre – 122	121.8% increase
Information and Advice – 24	29.4% decrease
HWD Volunteering – 12	61.2% decrease

The figures above show continuing awareness of Advocacy support that is available for service users to receive help with an NHS complaint, generated by close working with local stakeholders to provide leaflets and information. There is an increase on signposting about GP practices – this could range from helping to find a new practice or people wanting advice on an issue with their existing surgery.

Breakdown of top 5 final destinations for signposting queries:

Total for 16/17	Percentage increase/decrease from 15/16
NHS Choices - 162	25.6% increase
Healthwatch Doncaster - 138	11.3% increase
HWD ICAS - 184	64.3% increase
GP - 48	23.1% increase

E-bulletin updates:

To help raise awareness for local and national consultations; providing news and information on health and social care; events by other organisations and Healthwatch gatherings we've hosted, the e-bulletin has been distributed 28 times over the last year, plus further dissemination via social media.

Social media

Over the last year, Healthwatch Doncaster's Twitter page has:

- Sent out 1,350 tweets
- Received 17,550 views of its profile page
- 406 new followers with total followers at 1,270
- 4 signposting queries were received through Twitter

Our Facebook page has gained 36 new 'likes' and current total is 177. All users who like the page received updates, information and news relating to health and social care and they can leave feedback on health and social care services.

Additionally, 6 signposting requests were received through Facebook, varying from advice/support to requesting NHS advocacy help with a complaint.

In February 2017, we created an Instagram account to take photos at outreach events that might appeal to users of that platform.

It currently has 54 followers with the Support Team uploading 50 images.

Healthwatch Doncaster's YouTube and LinkedIn accounts are active, available to view via the website and updated as and when required.

Supporting local people with their NHS complaints

An aspect of Healthwatch Doncaster's role is offering a free, confidential, impartial Independent Health Complaints Advocacy Service that is delivered by qualified and experienced staff.

What is Healthwatch Doncaster's Independent Health Complaints Advocacy service?

The Independent Complaints Advocacy Service is there to work with service users to ensure they understand their options and help them to achieve the outcome they are seeking in relation to their NHS complaint by providing high-level support and information

Healthwatch Doncaster has produced a Self-Help Information Pack to help clients who feel confident about raising their concerns independently.

The self-help pack explains the variety of options for raising your concerns about the NHS, offering practical tips and things to think about when raising a complaint.

Current Advocacy case information

During the past financial year, the Independent Complaints Advocacy service has:

- Provided advocacy support to 163 people wanting help in making an NHS complaint
- 121 new cases were opened
- 119 have been closed and marked as resolved
- 44 currently remain open and are receiving Advocacy support

Client Satisfaction survey

When a case is closed, the Advocacy service asks for client feedback.

How easy was it to access the service?
From responses received, 93% stated that the service was a great experience; 7% stated it was OK

Did you feel your complaint/concerns were handled quickly by staff that had the right skills to support you?
100% response that the service was a great experience

What is your overall experience of the Independent NHS complaints Advocacy service and Healthwatch Doncaster?
93% stated that the service was a great experience; 7% stated that it was OK

Do you feel completing the NHS complaints procedure with Healthwatch Doncaster has made a difference to your life?
100% of service users said yes

Of those who responded, all said they would recommend Healthwatch Doncaster's NHS Advocacy to family and friends

Feedback on Healthwatch Doncaster's Independent Complaints Advocacy Service

Below are a number of comments left by service users who have completed their journey under Healthwatch Doncaster's Independent Health Complaints Advocacy Service:

'Marion helped me enormously when putting my complaint together. I feel she is an excellent member of your team and even though my complaint wasn't upheld, I feel I have achieved something by complaining about the Doctor concerned'

'I now feel more confident should I have to make a complaint in the future'

'It helped being able to discuss my concerns with an 'outsider' rather than family, someone who took on board what had happened and understood how I was feeling'.

'It has restored my faith in the system'

'Marion has great empathy, she mopped up my tears, made me a coffee and was so kind yet professional. I was kept up to date throughout and was never pushed into making decisions. I feel that the Trust has listened to me and made changes needed to insure what happened to me will not happen again. I hope so.'

'We know that someone out there listens and helps you through a traumatic time.'

Doncaster Keeping Safe Forum

Since 2015, The Doncaster Keeping Safe Forum has continued its approachable, open atmosphere of inclusivity that any adult in Doncaster can join.

Working in partnership with the Doncaster Safeguarding Adults Board (DSAB), the Forum supports Adults in Doncaster to keep safe from all types of abuse. It shares information on areas affecting communities in relation to Keeping Safe with DSAB.

Over the past year, the Forum has continued to:

Promote Keeping Safe in Doncaster

Over the course of 2016/17, on average, there were 24 attendees to the Keeping Safe Forum meetings in Doncaster. In discussion with the Forum, it was agreed meetings would be held every two months with a range of speakers on different and informative topics.

The Forum manager Angela Barnes attended a range of engagement activities and information days to promote safeguarding, including local libraries in Scawthorpe, Denaby, Woodlands and a presence at Cusworth Hall and Elmfield Park fun days plus Balby Street School's summer fayre.

To be inclusive:

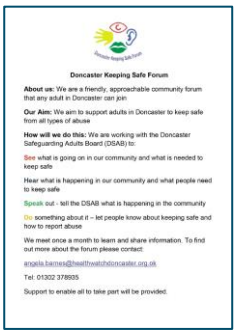
The Forum has welcomed 32 new members during 2016/17 and information about Keeping Safe is now distributed to 86 members, whilst promoting membership registration at meetings and events.

Discussions took place and ideas were shared at the Task and Finish group for the Keeping Safe event. Linked to this was involvement in preparing the booking information for the event and associated publicity.

Forum meetings continue to encourage everyone to become involved in sharing their views and information on Keeping Safe in a professional and personal capacity.

To provide information

At Keeping Safe Forum meetings guest speakers have given talks on Eat Well Live Well Project, Scam Awareness, Mental Health, Keep Warm Keep Well and Advocacy services in Doncaster.


Doncaster Keeping Safe Forum

About us: We are a friendly, approachable community forum that any adult in Doncaster can join

Our Aim: We aim to support adults in Doncaster to keep safe from all types of abuse

How will we do this: We are working with the Doncaster Safeguarding Adults Board (DSAB) to:

See what is going on in our community and what is needed to keep safe

Hear what is happening in our community and what people need to keep safe

Speak out - tell the DSAB what is happening in the community

Do something about it – let people know about keeping safe and how to report abuse

We meet once a month to learn and share information. To find out more about the forum please contact:

angela.barnes@healthwatchdoncaster.org.uk

Tel: 01302 378935

Support to enable all to take part will be provided.

Promoting Keeping Safe: distributing 288 flyers, 245 cards and 26 posters to a range of organisations.

We've used the Twitter feed @DoncasterKSF, that has 710 followers, to tweet about health and social care services' information; opportunities for people to share their views on local strategies/plans alongside information on Adult Safeguarding.

Previous meeting minutes/agenda plus any flyers/posters have been uploaded to the Doncaster Keeping Safe Forum section on the Healthwatch Doncaster website.

To represent the views of all in Doncaster

A consultation on the future of the Forum resulted in agreement for Healthwatch Doncaster to continue to support the group rather than become independent – this decision was relayed to the local authority.

The Forum gave feedback on an easy read leaflet (pictured, left) for Keeping Safe in Doncaster at one of its meetings

Forum members participated in discussions around the Sustainability and Transformation Plans (STP)

DSAB's annual report was published and promoted by the Forum, it includes a section on the work of the Forum in 2015/16, consultation with young people on the Keeping Safe campaign and who keeps their family safe.

To be reliable

The Forum continues to hold its meetings at venues in the Borough, providing attendees with all the relevant information such as agenda, meeting minutes and supporting documents via email/post

Reported on the work of the Forum to the Share & Engage Sub-group monthly meetings

To be the eyes, ears, voice and action for Keeping Safe

Forum agreed to support ChAD (Choice for All Doncaster) with their Safety in Doncaster awareness campaign

Feedback provided for the DSAB Communications Strategy that was launched at the 2016 Keeping Safe event.

2016/17 – Wordcloud from speakers at Keeping Safe Forum meetings

Involvement in other committees and groups

Alongside its day-to-day duties, Healthwatch Doncaster has a presence at local, regional and national meetings with stakeholders, and organisations.

These include:

- **Doncaster Metropolitan Borough Council:** Health and Wellbeing Board, Health and Wellbeing Board Officers Support Group
- **NHS Doncaster Clinical Commissioning Group:** Governing Body, Engagement & Experience Committee, Primary Care Commissioning Committee
- **Sustainability and Transformation Plan:** Collaborative Partnership Board
- **Commissioners Working Together (South & Mid Yorkshire, Bassetlaw and North Derbyshire)**: Joint Clinical Commissioning Group Committee
- Regional Healthwatch Lead Officers Group
- Quality Surveillance Group
- Yorkshire Ambulance Service
- Rotherham Doncaster & South Humber NHS Foundation Trust
- **Doncaster and Bassetlaw Hospitals NHS Foundation Trust**: Patient Engagement and Experience Committee
- South Yorkshire & Bassetlaw Patient Experience Forum
- Learning Disability & Autism Partnership Board
- Carers Forum
- NHS Complaints Advocacy Forum
- Inclusion & Fairness Forum
- South Yorkshire and Nottinghamshire Healthwatch working group

We also work with Healthwatch England, the Care Quality Commission, NHS England and the Parliamentary Health Service Ombudsman.

Involving local people in our work

As noted on Page 17, Healthwatch volunteers took part in Patient Led Assessments of the Care Environment (PLACE) assessments with Doncaster and Bassetlaw Hospitals (DBH) and Rotherham Doncaster and South Humber (RDaSH) Trusts.

Healthwatch Doncaster undertook Care Home visits ahead of Local Authority inspections, speaking to service users and their families. You can read more on this on Page 18 of the report.

Future Priorities

Over the next year, with the support of the Board, Support Team and our volunteers, Healthwatch Doncaster aims to focus on the priorities below

Working with Voluntary and Third Sector organisations

Healthwatch Doncaster's micro-grant scheme: Local organisations, community not-for-profit groups in the Borough will be empowered to become involved in supporting Healthwatch by gathering experiences of health and social care using innovative ideas. In return, Healthwatch will provide a grant of £500 to help them in this task. Support will be provided by Healthwatch to fully maximise returning reports of data.

Relative Poverty Project: Healthwatch Doncaster is keen to support new ways of looking at health and social care issues afflicting communities, and how they access services. That is why, we will support Les Monaghan's Relative Poverty project as he hosts exhibitions across Doncaster libraries showcasing his photographic documentary looking at the daily lives of three families – defined as destitute - in the Borough.

Working with Statutory Partners

As part of NHS Doncaster Clinical Commissioning Group's delivery of the Place Plan, a number of Delivery Groups have been established, engaging with statutory partners to consider how transformation of health and social care across Doncaster can be delivered. Healthwatch Doncaster, together with service users, will represent the voice of the public and patients ensuring engagement and communication is a fundamental part of the transformation programmes.

Working Together programme – across South Yorkshire and Bassetlaw Sustainability and Transformation Footprint, a number of meetings have been established, including a meeting in public of the Joint Clinical Commissioning Group Committee, at which Healthwatch Doncaster will be represented. The outcomes from the recent consultations on changes to Hyper Acute Stroke and Children's Surgery and Anaesthesia will be communicated to service users. Healthwatch Doncaster will ensure that changes to services are clearly understood and communicated to the public. During 2017/18 further engagement events will also involve Healthwatch Doncaster talking to local people and service users regarding potential transformation.

Health Ambassadors - from April 2017
Healthwatch Doncaster will deliver a project engaging with seldom heard groups following the award of a grant from Doncaster Clinical Commissioning Group. This is an exciting development for Healthwatch Doncaster and we look forward to working with the Health Ambassadors and associated volunteers.

Financial Information

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£242,670
Additional income	£25,928
Total income	£268,598
Expenditure	
Operational costs	£40,000
Staffing costs	£127,000
Office costs	£36,000
Research costs	£9,000
Micro-Grants Scheme	£7,500
Total expenditure	£219,500
Balance brought forward	£49,098

The table on the left outlines the basic financial information for Healthwatch Doncaster. Doncaster Healthwatch CIC starting operating on 1 July 2016 and the first year's full accounts are being prepared by our accountants for submission to Companies House.

Doncaster Healthwatch CIC is a new CIC that has started delivery of local Healthwatch services through the novation of an existing contract. Development of reserves will ensure that opportunities for additional value and resource allocation are maximised.

Contact us

Get in touch
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Phone number: 0808 801 0391 or 01302 965450
Email: info@healthwatchdoncaster.org.uk
Website: www.healthwatchdoncaster.org.uk
Twitter: @hwdoncaster
Facebook: /hwdoncaster
Instagram: /healthwatchdoncaster

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our Local Authority.

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

If you require this report in an alternative format please contact us at the address above.

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Instagram: /healthwatchdoncaster

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Doncaster
Metropolitan Borough Council

Doncaster Health and Wellbeing Board

7 September 2017

Subject: Complex Lives - Update

Presented by: Chris Marsh, Strategy & Performance Unit (lead on complex lives prototype)

Purpose of bringing this report to the Board: To ensure HWBB are fully updated on progress and have opportunity to comment and support direction.	
Decision	No
Recommendation to Full Council	No
Endorsement	Confirm HWBB support
Information	Note progress

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

How will this contribute to improving health and wellbeing in Doncaster?
The work outlined in this report seeks to address significant challenges faced by a cohort of Doncaster citizens who experience significant disadvantage and are isolated from economic and social inclusion in many ways. Specifically the work aims to tackle issues around substance misuse, mental ill health and poor physical health.

Recommendations

The Board is asked to:-

(i) Note progress in developing the Complex Lives Alliance and whole system model;
(ii) Confirm support for next steps in full mobilisation of the model in the context of the Place Plan;

Doncaster
Metropolitan Borough Council

Agenda Item No. 10
7 September 2017

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

COMPLEX LIVES – UPDATE

EXECUTIVE SUMMARY

1. This report updates the Health and Wellbeing Board on progress on work with people with complex lives, one of two pilots for developing new ways of working between partners in Doncaster. The report and appendix outline the creation of a 'Complex Lives Alliance', a whole system specification and on implementation of the key features of this model.

   This work is set in the context of the partnership governance and delivery arrangements now emerging through the Doncaster Place Plan, as one of two more advanced areas of opportunity (the other being Intermediate Care). In practice this means the Complex Lives work will be used to model how the Place Plan conceptual frameworks and agreements will be applied to improve outcomes and reduce demand and costs.

   This highlights that good progress and partner support has been achieved, and that a tight grip on mobilisation of the next phase of the work is now required. There are immediate short - term pressures to strengthen front line delivery to cope with demand and complexity of the cohort of people with complex lives and to ease access to accommodation and support.

   The Board is asked to note the progress and confirm support for the proposed direction of travel.

EXEMPT REPORT

2. This report is not considered exempt.

RECOMMENDATIONS

3. That the Board:-

   (i) Note progress in developing the Complex Lives Alliance and whole system model; and

   (ii) Confirm support for next steps in full mobilisation of the model in the context of the Place Plan.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Preventing and tackling homelessness and rough sleeping and related issues (including drug and alcohol misuse, mental ill - health, offending and anti - social behaviour, begging) is a growing challenge across the UK including in Doncaster.

The Complex Lives Alliance aims to provide a whole system, comprehensive and increasingly preventive approach that will improve quality of life for the individuals concerned and have wider community impacts.

BACKGROUND

5. New operating model for people with complex lives – 'Complex Lives Alliance'

Work with people with complex lives is one of the two prototypes for new operating models supported by Team Doncaster. The aim is to identify and create a new integrated approach that can meet changing demands, improve outcomes and respond to reducing public service budgets.

The development and prototype work has been under way since November 2016. This has aligned with the Homelessness summit (December 2016), a review of the homelessness pathways and very intensive case work over this period focused on Doncaster town centre. All of this work has evidenced the need for:-

- A stronger multi agency and proactive approach to preventing and managing homelessness and rough sleeping – at strategic and individual case level;
- Key workers to provide coordinated management of cases which require an integrated combination of support and services – including specialist support for very complex cases;
- Clearer routes into the homelessness and supported housing system pathways;
- More emphasis on supporting people to move – on to independent or 'next step' accommodation;
- Access to modest amounts of discretionary funding to remove barriers to progress for individuals;

In the prototype phase the complex lives work has adopted this approach by 'bending' existing resources from DMBC (in particular from the Communities Service), St Leger and other agencies to provide the intensive and wrap around support needed to manage cases.

6. Complex Lives Alliance – whole system specification

Alongside intensive delivery efforts in the prototype phase, strategic development work on Complex Lives has reached the point where partners have agreed a new whole system specification for a Doncaster Complex Lives Alliance. The latest draft of the specification is attached at Appendix 1.

The approach aims to provide a whole system and increasingly preventive approach. Central to this is the strengthening of joint commissioning, integrated case management and to tighten the relationship between accommodation and wrap around support. A wide range of partners is involved in the Alliance:-

Commissioning

- DMBC Adults (Hostels and Supported Housing, St Leger relationship management);
- DMBC Children's (DCST commissioning and links to preventive services e.g. PRU/Learning Centres);
- DMBC Public Health (drug and alcohol services);
- CCG (commissioning of RDaSH and DBH services and Primary Care link)

Provision

- DMBC (Adults Social Care, Mental Health and Communities Service);
- St Leger Homes (statutory responsibility for homelessness assessments and placing people in temporary accommodation and supported accommodation);
- RDaSH (drug and alcohol treatment, mental health and other health based treatment and support for homeless and rough sleepers);
- Doncaster Children's Services Trust (for care leavers);
- Doncaster & Bassetlaw Hospitals Trust
- South Yorkshire Police
- Other partners including Prisons/Probation/Community Rehabilitation.

The basic principle of a formal 'accountable care' Alliance is that a stronger and more accountable whole system partnership between these partners should provide appropriate accommodation and a secure support plan that can help people towards successful resettlement. It should also enable an increasing focus on secondary prevention work (e.g. with care leavers, prisoners, people at risk of homelessness).

At the core of the specification are an initial nine key operating features, which now need to be planned and delivered beyond the prototype model. These are:-

Operational Features	**Role**
Complex Lives Team	Intensive multi - disciplinary case management capacity
Assets Menu	Clear information and access to support services
Doncaster Housing Plus Pathway	Access to suitable accommodation pathway with secure wrap around support
Changing Lives/Innovation Fund	Access to small scale funds to remove barriers
Prevention & Demand Management	Shifts focus to secondary prevention in targeted areas
Support/enabling features	
Case Management model	Jointly agreed, consistent and effective approach to case management and ICT recording/access
Outcome framework and PMF	Clarifies individual and system level outcomes, metrics and monitoring and reporting model
Development, evaluation and learning	Action learning process including workforce development
Alliance Governance	Collective accountability and supporting agreements/MOU's between partners

For each of these features the specification sets out a long term vision and a 'day 1 mobilisation position', setting out an aim to establish each feature at an operational level by 1 October 2017.

7. Progress on implementation

Work is currently under way to progress each feature, using a structured project management approach. This is led and supported by a strategic group and nominations from across the Alliance partners to support technical development work.

At this stage key implementation updates and issues are:-

i) **Complex Lives Team:** Homelessness Support Grant funding is available for the Complex Lives Team. Partners are in discussion about pay and grading, recruitments, hosting and longer term funding. This will create additional capacity to meet caseload demands;

ii) **Assets Menu:** This can be created by building on an existing platform (Your Life Doncaster) established for adult health and social care if partners support this approach;

iii) **Doncaster Housing Plus:** Work is under way to create capacity to ensure ease of access to accommodation and to generate focus on move - on arrangements.

iv) **Innovation Fund:** Work is under way to adopt the Stronger Families Innovation Fund model to suit this purpose**.**

v) **Case Management model:** An interim case management approach is in place which will be enhanced through development work across partners. This may also require consolidation of existing processes and panels. Information Governance Board has agreed to prioritise creation of an interim ICT solution and work is progressing.

vi) **Outcome Framework:** A partner workshop has established a basic framework, and further work is planned to develop detail.

vii) **Development, evaluation and learning:** The Innovation Unit are supporting to establish an Action learning set approach and partners will meet in September to agree wider approach**.**

viii) **Alliance Governance:** Work is progressing through the Place Plan process to establish high level agreements and these will be interpreted for Complex Lives.

Clearly this is a significant system and technical development workload, and is indicative of the nature and scale of work likely to be required across other Place Plan areas of integration.

OPTIONS CONSIDERED

8. The broad options considered in developing the approach have been:-
   i) Continue with existing approach;;
   ii) Strengthen existing partnership networking arrangements
   iii) Create accountable care whole system collaboration model (selected option)

REASON FOR RECOMMENDED OPTION

9. The selected option is required to most effectively generate collaboration between key partners involved, and to tackle the wide range of system issues involved.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

10.

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The approach will work to integrate people with complex lives back in to the social and economic mainstream over time.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The approach will directly impact on the health and independence people with complex lives.
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	The approach will make a direct contribution the quality of the environment in the town centres.
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	The approach will connect to the operation of the Stronger Families model, which is the preventative level of work on complex lives.
	Council services are modern and value for money.	The approach will modernise and integrate the approach to supporting people with complex lives, reducing demand and costs of acute interventions.
	Working with our partners we will provide strong leadership and governance.	The approach will demonstrate the community leadership role of the council and stimulate a strong 'Team Doncaster' approach to commissioning and delivery.

RISKS AND ASSUMPTIONS

11. The key risks associated with the overall approach recommended in this report are:-

i) The risk of partners not effectively collaborating to deliver the joint case management approach.

Senior leadership commitment from the key partners has been secured and this will be mitigated through ongoing partnership work which builds on work to date on a joint delivery approach. It will also be managed through the joint commissioning approach, which will call for the demonstration of a collaborative, genuinely integrated delivery model.

ii) This risk of weak relationships between accommodation and support plans.

The approach seeks to minimize this risk, by ensuring that the design of the model tightens the relationship between accommodation and support.

iii) The risk of the approach not being sustained beyond the pump priming grant funded period.

This will be managed through the Alliance Governance and joint commissioning process, which will require specific commitments to mainstream the approach beyond the grant funded period.

LEGAL IMPLICATIONS

12. The development of a partnership delivery model through the Place Plan will eventually require the agreement of specific joint accountability mechanisms. The proposal relating to contract extensions has legal implications and risks and these will be reflected in the more detailed report back to Directors on this.

FINANCIAL IMPLICATIONS

13. There are possible financial implications arising from the short term plans to create additional capacity to manage demand – to be reported back to Directors as necessary. The proposed review of commissioning will assess financial implications including demand and cost reduction and how planned DMBC budget reductions can be addressed.

HUMAN RESOURCES IMPLICATIONS

14. There are no immediate human resources implications arising from this report. The arrangements for recruitment of the case management and other staff recommended are currently being determined through partner discussions.

TECHNOLOGY IMPLICATIONS

15. The case management feature of the model requires a suitable IT system to support the integrated approach. This has been supported by the DMBC Information Governance Board and work is under way to devise an interim solution.

EQUALITY IMPLICATIONS

16. The proposals in this report seek to address significant challenges faced by a cohort of Doncaster citizens who experience significant disadvantage and are isolated from economic and social inclusion in many ways.

CONSULTATION

17. Key stakeholders involved in this work have been fully engaged in the complex lives prototype and in the development of the proposals contained within this report. The development of the new operating model involved specific understanding of the experiences of people with complex lives, including in depth ethnographic studies to inform the design of the model.

There is no wider requirement for consultation at this stage.

BACKGROUND PAPERS

18. The key background document is the Complex Lives draft system specification – output of prototype work attached as Appendix 1.

REPORT AUTHOR & CONTRIBUTORS

Chris Marsh - Strategy & Performance Unit (lead on complex lives prototype)
Pat Hagan - Complex Lives and town centre programme delivery lead

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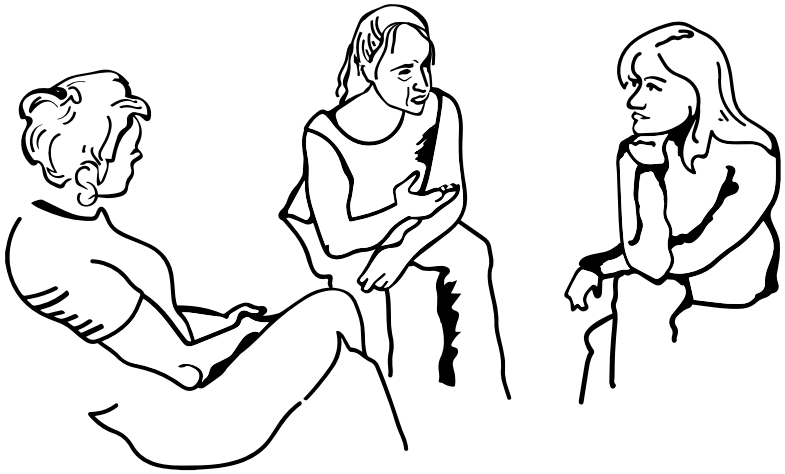
DRAFT FOR DISCUSSION



Team Doncaster

THE DONCASTER COMPLEX LIVES ALLIANCE

OUR VISION FOR A WHOLE SYSTEM, ACCOUNTABLE CARE PARTNERSHIP MODEL TO SUPPORT PEOPLE WITH COMPLEX LIVES

JUNE 2017

Innovation Unit

1. INTRODUCTION

OUR LONG TERM VISION AND THE PURPOSE OF THIS SPECIFICATION

This draft specification is designed to inform the next stage of work to support the recovery, resettlement and social inclusion of people in Doncaster living complex lives. These are people with a combination of mutually reinforcing challenges including homelessness, drug and alcohol misuse, offending behaviour, mental ill health, poor physical health, including sex workers. People in these situations have often experienced childhood trauma, family breakdown, domestic abuse and other major life changing events.

Our goal is transform outcomes for people with complex lives, for the families and communities in which they live and for Doncaster's Town Centre, which is affected by the issues surrounding this group. In doing so we expect to reduce the disproportionate demand and cost of public services which this relatively small group of people cause.

The specification sets out a 'whole - systems approach' to achieving these objectives through the development of an Accountable Care Partnership model, underpinned by an integrated, holistic service offer that is person centred and asset based, that emphasises prevention and early intervention, and that manages demand through proactively identifying, engaging, supporting, and accommodating people living complex lives, allowing them to integrate, over time, into mainstream society.

We have referred to this Accountable Care Partnership approach as the Doncaster Complex Lives Alliance, within which organisations have different but complementary roles, for some in strategic planning and commissioning, for some in operational delivery, and for others in community level voluntary and peer support.

The specification sets out:

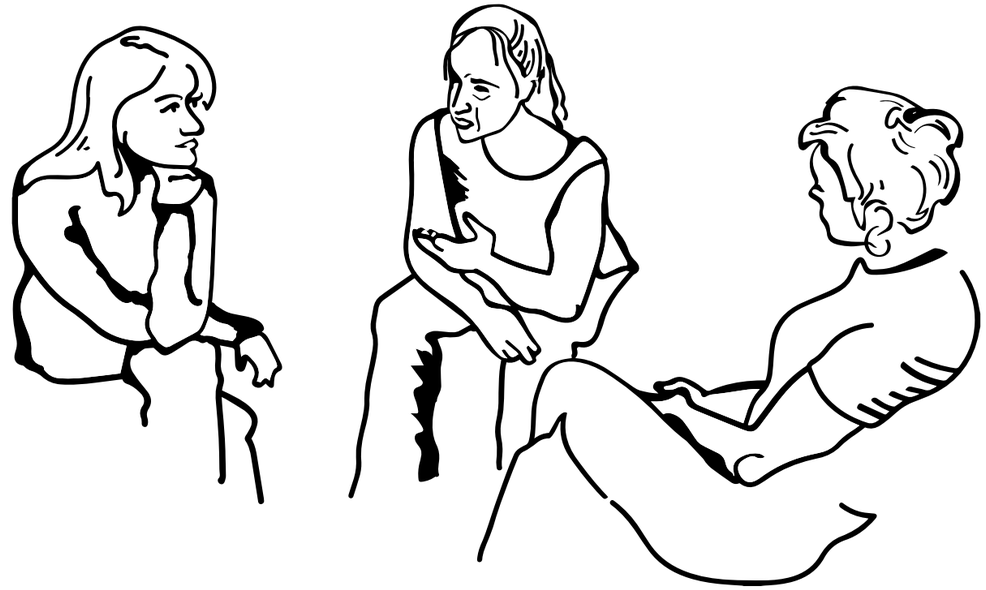
- THE JOURNEY SO FAR - Our work over the last 9 months to prototype a new complex lives service model, and where this has taken us.
- WHERE WE ARE GOING - Our vision for a whole systems approach underpinned by a person-centred, asset based service model:
    - Whole systems approach. An accountable care partnership model, delivered by the Doncaster Complex Lives Alliance.
    - Person centred, asset based service model. The service model the Doncaster Complex Lives Alliance will be asked to deliver, including the key operational and enabling features. The development of this model will occur over the medium term - two to three years. However we also suggest what 'getting started' should look like - with a set of proposed day 1 requirements for the key elements of the model - to enable momentum generated from prototyping work to continue, and to meet pressing needs.
- THE NEXT STEPS IN OUR JOURNEY - A forward look at how the model can develop to scale up the breadth and depth of joint commissioning and delivery over the next 2-3 years in managed phases.

What follows is not intended to be prescriptive - it does not set out a detailed blueprint for a new complex lives model that will need to be followed to the letter. Rather it represents an operating framework that members of the Complex Lives Alliance will work together to develop and deliver over the next months.

We are seeking feedback on our vision, both in relation to the accountable care partnership model (and the roles that partners are being asked to play within it), and the person-centred, asset based service model. We believe that the work we have started has the potential to transform the lives of the most vulnerable in our communities, and we believe that we can make progress fast if we all work together.

You can contribute in a number of ways:

- Help us to shape the whole system approach. We suggest a follow up conversation to work through the implications of a whole systems, accountable care partnership model.
- Help us to shape and refine the person centred asset based service model, and in particular the outcomes that this service model should be seeking to deliver. We will be holding a workshop to shape and refine the outcomes for the service. Please come along.
- Lend us your energy. We want as many people as possible to be engaged in driving forward this work. We will be convening a Doncaster Complex Lives Alliance workshop for all partners in the Autumn to kick off the next phase of the work. Get involved, and spread the word.



2. THE JOURNEY SO FAR

PROTOTYPING A NEW OPERATING MODEL FOR PEOPLE WITH COMPLEX LIVES

In September 2016, improving outcomes for people living complex lives was selected by Team Doncaster as the focus of prototype work to test new collaborative and citizen centric delivery models.

The prototype focused on charting the way for a new 'Team Doncaster' operating model. This work has certainly not been a theoretical drill. It has taken place in real time, as the challenge of managing street homelessness and related issues has intensified in Doncaster, making ever more clear the need and urgency of multi agency effort. It has confronted head on the need to disrupt 'business as usual', moving beyond our organisational and disciplinary silos.

A multi agency assertive outreach and engagement team was pulled together and work was taken forward through a highly collaborative effort, including front line outreach triage and case management, stakeholder workshops, and support for action learning and model design from the Innovation Unit. The team has worked tirelessly to generate a clear picture of the cohort, to understand their needs and back stories, and to manage the cases in a joined up way. Alongside this, the Innovation Unit provided support to produce a series of ethnographic profiles of service users. By working closely with agencies and volunteers involved, we started to build an honest picture of the system in which we were operating, as well as a clear sense of the kind of future system we wanted to build.

The process has generated a strong collective energy, enthusiasm and specific design ideas for a collaborative delivery system for people living complex lives. The service has so far achieved results with very complex cases where many other attempts have failed. It has changed many lives already, and delivered hope and inspiration for others.

However, there is a long journey still to travel. The next stage is intended to deal with the limitations of the prototype model and build on its strengths, but also to provide more support in key areas of the system that the prototype has not addressed, in particular the nature of accommodation and support options, and the focus on preventative work.

WHERE WE WERE	WHERE WE ARE NOW
"Every time you do an assessment you see a different person and you tell your story again and again."	People who lived very complex lives often slipped through the cracks in services. They saw different services at different moments and no one organisation or professional was clearly responsible for providing them with all of the the support they needed. In some cases inconsistency has bred a degree of mistrust and often prevented real engagement with services.
There is a single assertive outreach and case management team that has a firm grip of a large cohort of people with complex lives in Doncaster. They are building trusted relationships that get to the bottom of people's complex needs and help those who are currently sleeping rough to achieve a degree of stability. This is an interim measure and the team lacks both capacity, and the full range of resources and skills necessary to support people living complex lives over the longer term.	*"If it wasn't for the assertive outreach team, I would still be on heroin. But now I can see my kids. And I'm confident I will get a house of my own and my kids back."*
"If I can give anything back, I will...but you loose your identity, I don't know what my hobbies are - I haven't been myself for so long."	Support to people living complex lives was limited and difficult to access. It rarely focused on helping people to overcome their obstacles AND pursue their aspirations. It missed the things that people cared about most - connection with friends and family and work that provides purpose and meaning.
The assertive outreach and case management complex has limited options, both in terms of the support they can provide themselves and the support they can introduce their clients to. The support that is available is more often than not focused on the individual's needs, rather than their strengths or longer term aspirations.	*"We need services going out onto the streets - mental health, medical, drugs and rehab, counselling and recruitment, and drop-ins for doctors and dentists."*
"I don't want to be washing my hair under the sink when no-one's looking. I want somewhere... I dunno... clean, warm, happy, a good atmosphere, loving, warm and nicely decorated."	There was limited accommodation options available to people living complex lives. Accommodation that was available was sometimes unsuitable to their stage of recovery and did not always take into account either their longer term needs, or their short term preferences. The complexity of people's needs was not always able to be met by a coordinated offer between housing and other support services, like drugs and alcohol and mental health support.
There is better collaboration between the complex lives team, and supported housing providers, working with a range accommodation providers to make options available. The accommodation offer still needs development to meet changing demand and needs both in terms of short term hostels and supported accommodation, as well as longer term independent living options. This work has also generated a stronger focus on 'move - on' and worked to improve consistency and quality of joining up between services. This can be developed further to offer wrap around support in an accountable way to people with complex needs as standard across their accommodation situations	*"My keyworker took a step back, sat down with me, put things in the right order. He helped me to have this place!"*

WHERE WE WERE

There was no single approach to the management of cases of people with complex lives - information was spread across services and not pulled together or shared systematically. Organisations would identify data sharing constraints as a barrier.

WHERE WE ARE NOW

There is now a consolidated view of the cases of a cohort of around 80 people with complex lives, all held in one place, shared securely between partners using information sharing protocols. However there is no single IT case engagement system, which would help coordination and information flows.

> *“There’s no service that works with another service that will help you. I got all the help of out [my keyworker]. But services can’t provide her. It’s just impossible. She did it off her own back. Services can’t do it because of the red tape and that stuff…*

There are real barriers to people living complex lives moving on, many of which are practical - a bank account, a phone, a place to send your mail. Small things that to most people seem to be pretty insignificant can be the difference between recovery and relapse.

The assertive outreach and case management team has had to innovate and make use of various funding sources in order to enable practical barriers to be addressed. However these are not dedicated funds or easy to access, or at the scale required to deal with the level of needs.

> *“Because I’ adopted I had to buy a birth certificate from adoption register and you have to do it with a bank card. How many people do I know on the streets are homeless with a bank?!*

There are many people whose housing situation, employment or mental health are fragile and who are at risk of becoming homeless. These people are rarely on anyone’s radar, let alone receiving the support that might prevent them from slipping into crisis.

The assertive outreach and engagement team has its hands full working with those individuals who are in more chaotic situations often bouncing about between street homelessness and hostel accommodation. They don’t have the capacity to work with people whose needs are at risk of escalating. Across partners there is no joint approach to risk stratification that allows them to identify people who are most at risk.

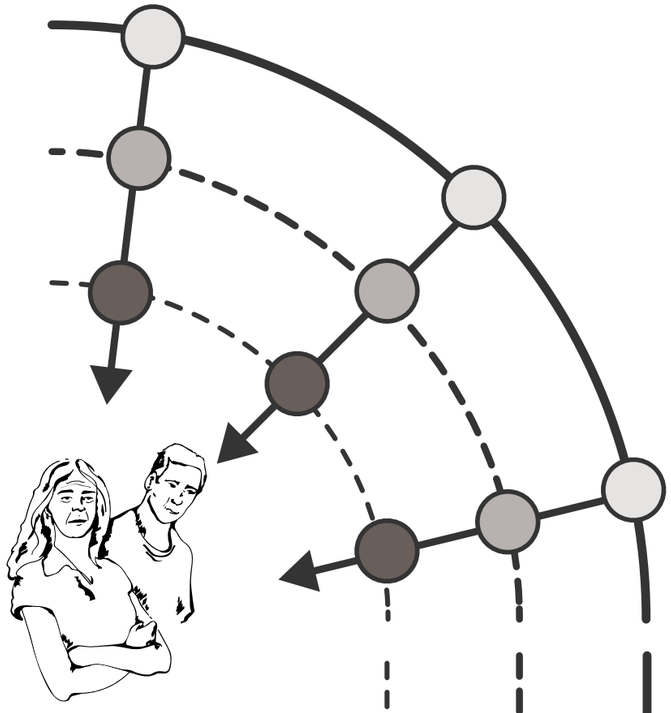
> *“My kids were taken away because they saw too much domestic violence towards me...I thought heroin would take away the pain. It didn’t, and then I got addicted too fast.*

3. WHERE WE ARE GOING

OUR VISION FOR A **WHOLE SYSTEMS APPROACH** UNDERPINNED BY A **PERSON-CENTRED, ASSET BASED SERVICE MODEL**

A WHOLE SYSTEMS APPROACH - The Doncaster Complex Lives Alliance represents those organisations who have played an active role in developing this vision. Currently the alliance is an informal collaborative of people and organisations committed to realising our collective vision for people in Doncaster living complex lives. It includes all of those organisations who have contributed time and effort to the last six months of prototyping.

As Team Doncaster progresses towards accountable care arrangements, we believe that the complex lives alliance is well placed to pave the way for other transformation programmes within the place plan, by making the transition from informal arrangement to accountable care partnership model:



COMMUNITY SUPPORT

A wider ecosystem of organisations and individuals providing support to people living complex lives. This support is both formal and informal, commissioned and emerging directly from the community. This ecosystem also creates present a platform for engagement with the views and experiences of people living complex lives.

OPERATIONAL DELIVERY

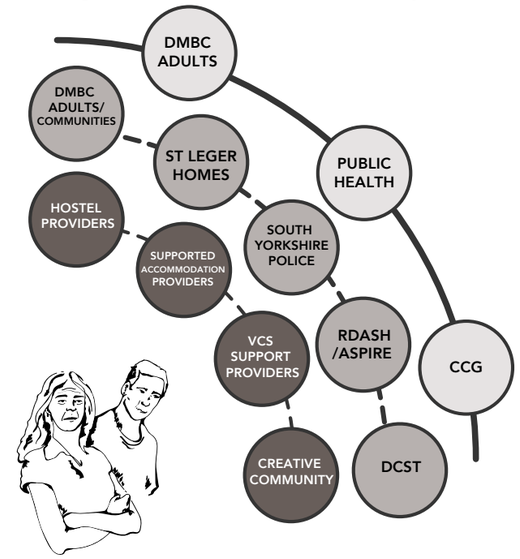
Integrated delivery by key organisations with joint responsibility for operationalising the whole systems specification, and delivering against the outcomes framework. Commissioned through a single contract that creates room for innovation whilst ensuring shared accountability.

STRATEGIC PLANNING AND COMMISSIONING

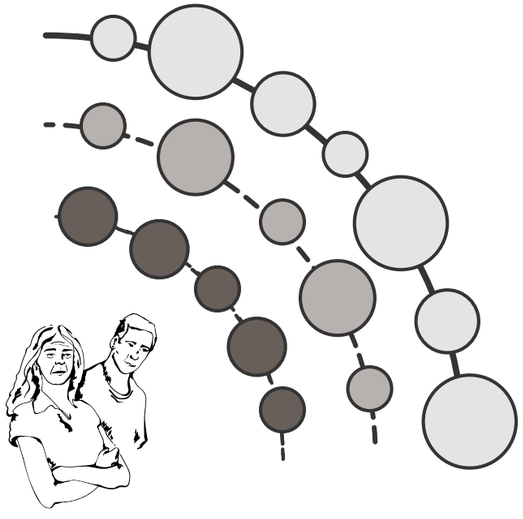
Joint investment in improving outcomes for people living complex lives, and those who are on the edge of complexity, whilst reducing demand on acute health and social care settings. Underpinned by a clear outcomes frame and a whole system operating model (both codesigned by the alliance itself).

The membership of the Doncaster Complex Lives Alliance is not fixed. Over time we expect membership to grow, at each of the three levels set out above. In the short term, the Alliance will be made up of a core group of organisations who have statutory responsibilities for the cohort and have been heavily involved in the prototype. As the Alliance develops its approach to working with people who are at risk of sliding into complexity - for example vulnerable care leavers and prison leavers - a wider group of organisations will be invited to contribute as both commissioners and providers.

These are the Alliance partners who will drive the development and launch of the joint commissioning and joint operational delivery in the next stage of the complex lives whole system model in 2017.

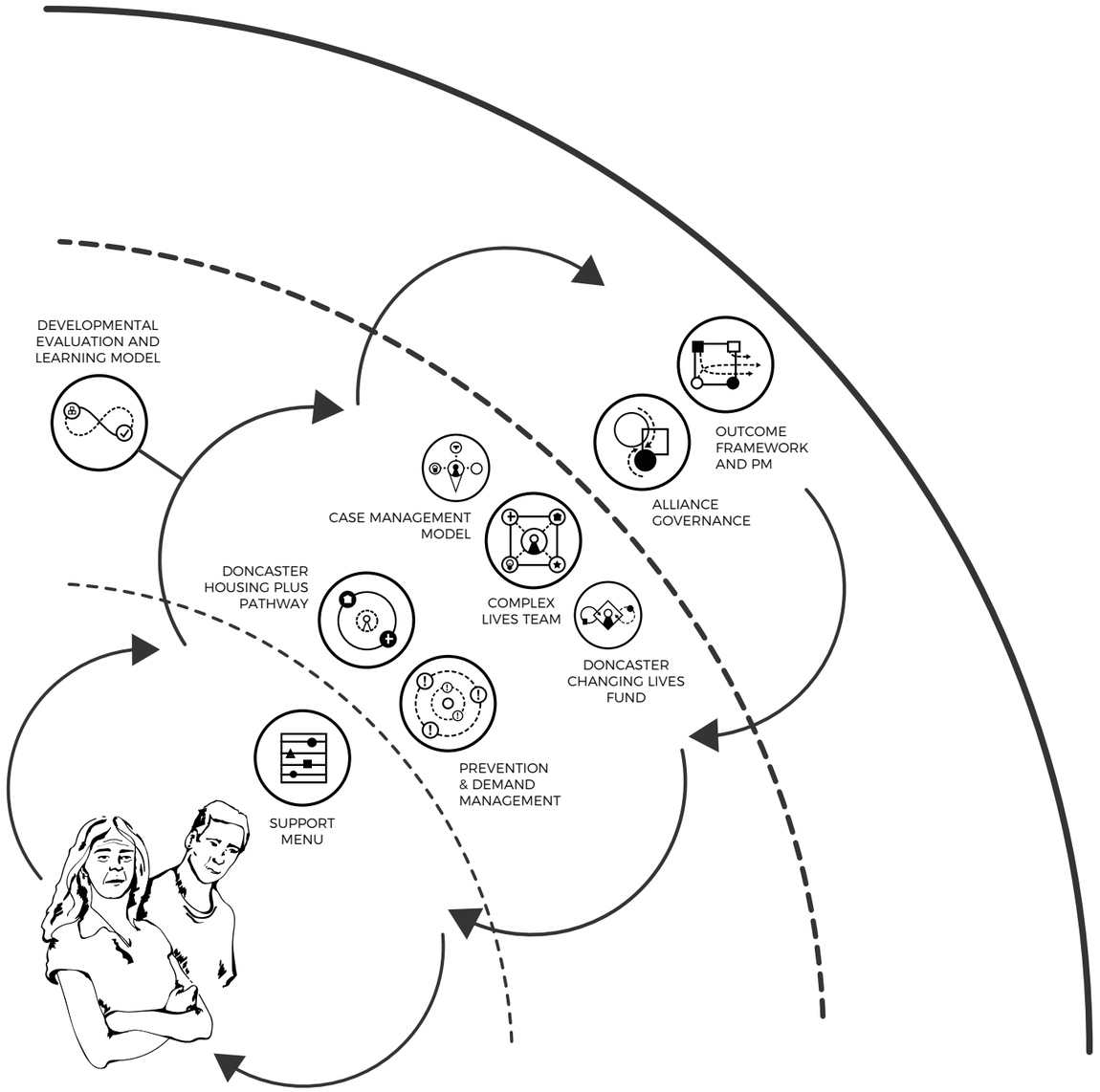


Membership is not fixed, and will change and grow over time



A PERSON CENTRED, ASSET BASED SERVICE MODEL

The following describes a set of core operational and support that features together make the most of the skills and experiences of partners across the Doncaster Complex Lives Alliance, as well as within the community. Critically, the model builds upon the progress that has already been made through the complex lives prototype, formalising delivery arrangements, whilst attempting to stretch the model such that it delivers on the long term ambitions of the alliance:



The tables that follow describe two things:

1. The long term vision for the complex lives service model, in relation to the core operational and support features set out below, and in the diagram to the left:

OPERATIONAL FEATURES	SUPPORT/ENABLING FEATURES
Complex Lives Team - case management capacity	Case Management model - process and ICT system
Complex Lives Asset Menu - support services	Outcome Framework and Performance Management
Doncaster Housing Plus Pathway - accommodation options	Developmental Evaluation and Learning model
Doncaster Changing Lives Fund - to remove barriers	Alliance Governance - to support collaboration
Prevention & Demand Management	

2. The version of the service model that the Doncaster Complex Lives Alliance will be asked to deliver from day one (beginning of October 2017).

COMPLEX LIVES TEAM:

A core of dedicated front line outreach and case workers, providing capacity to identify, engage, triage, and provide a strong accommodation and support plan for people living complex lives - focused on recovery, resettlement, empowerment and inclusion.

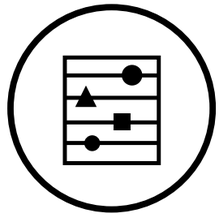
LONG TERM VISION

- The team will comprise a core group of staff who are responsible for outreach, engagement and the management and coordination of work with people living complex lives.
- They are 'all - rounders' - generalists with key skills in creating relationships and trust, with experience of managing interdependent issues like homelessness, drug and alcohol addiction, mental ill health, offending behaviour and the chaotic and complex lifestyle issues surrounding this.
- The team will have a core membership with a number of connected elements:-
    - Engagement and outreach - making connections with people on the streets or in vulnerable/unstable accommodation situations and supporting them to access services and support.
    - Making Every Adult Matter case - workers - managing and coordinating very complex cases, with small caseloads of approximately 5-7.
    - Navigators, managing and coordinating less complex cases, with larger caseloads of 15-20.
    - Amber workers - with a specialism is supporting sex workers (employed by Changing Lives).
- The core team will work with a wider group of associate specialist staff from other disciplines, for example drugs and alcohol, mental health, key workers in supported housing and floating support, welfare benefits and employment support - who will both deliver work directly to people living complex lives and act as consultants to case managers.
- The complex lives team will be the consistent point of contact for people living complex lives and their champion in co-defining their assets, needs and outcomes. They work flexibly and provide personalised responses to individual strengths and needs - a strongly asset based approach. They start by seeking stability, whilst trying to reconnect people into their networks (using the three conversations model), drawing upon an ecosystem of formal and informal support available in the community (see below).
- When crisis occurs the team manages step up into acute settings, ensuring the person maintains their connection into the community and is discharged as quickly as possible.
- They take a proactive approach, seeking to activate demand, meeting and working with people where they are. Their working hours go beyond a 9-5 window.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Shadow collaboration agreement in place to deliver service between a core group of delivery partners charged with delivering the service model - DMBC, St. Leger, RDaSH, Aspire (drug and alcohol services), Doncaster Children's Services Trust and South Yorkshire Police as the core front line partners.
- Multi - agency assertive outreach and engagement team in place with clear brief as part of wider team (already in place secured to 31/3/18).
- Funding in place to enable recruitment of MEAM workers (3) and Navigators (3) - (already secured via Homelessness support grants).
- MEAM workers and Navigators recruited, inducted and started in post.
- Amber project re-commissioned, delivered as part of the Complex Lives Team (Amber delivered by Changing lives).
- Associate membership identified, responsible managers confirm support, specialist staff briefed, communication lines and working protocols clear.
- Operational model and line management and accountability arrangements agreed between partners.



COMPLEX LIVES ASSETS MENU:

An ecosystem of formal and informal community and service based support, focused on helping people living complex lives to stabilise, resettle and recover. Support is focused on everything from reconnecting with friends and family (where appropriate), broader community support, and maintaining positive relationships, to employment training, building life skills and other activities and routines that can help stave off boredom and develop positive habits.

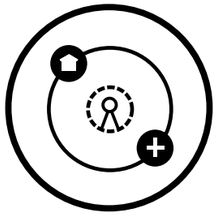
LONG TERM VISION

- There is a very clear menu of responsive and appropriate support options available to the Complex Lives Team.
- The menu is easily accessible, including an online directory/mobile accessible app format - includes access routes, key contacts.
- The menu includes a mixture of a) support commissioned directly by the Alliance from the VCS community, and b) peer and community led support for recovery, making direct use of the experience and perspective of people who themselves have experience of complexity. The latter might be commissioned by the Alliance but will also emerge directly from communities, supported by small grants from the changing lives fund (see below) and Team Doncaster's innovation hub (as referenced in the Doncaster Growing Together plan). The complex lives team will have a direct role in stimulating this sort of grassroots innovation.
- The Team are able to identify with their clients the right support among the wider web of services available and they have the right connections and influence to broker timely access to them. This support is geared towards stabilisation, resettlement, recovery and inclusion.
- Feedback from the the Complex Lives Team and current and former users of services will be able to directly influence commissioning and design of services.
- Through the adoption of a developmental evaluation and learning strategy (see below), the Complex Lives Alliance is able to constantly review gaps in this ecosystem and inform commissioning of support, working collaboratively with the VCS organisations and the rest of the community.
- Complex Lives Alliance will convene a summit focused on inviting the community and services to generate new ideas to enrich this menu of support in the Autumn.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Menu of mapped 'as - is' support services is available and easily accessible to the Complex Lives Team and key workers across support agencies.
- Support services aware and fully briefed on Complex Lives Alliance, objectives and requirements.
- Clear plan agreed to strengthen links between services, identify and fill most urgent gaps through development and commissioning activity.



DONCASTER HOUSING PLUS PATHWAY:

An accommodation and support pathway that builds from the needs and aspirations of people living complex lives, managed as a highly coordinated system directly by the Complex Lives Alliance, with a 'move in, move - on' culture.

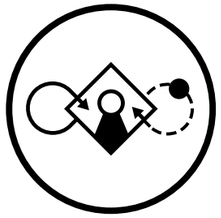
LONG TERM VISION

- Commissioned by the Alliance and designed to operate alongside and with the support of the Complex Lives Team, the model is a Doncaster adaptation of the Housing First model - which considers Housing as a basic human right, and provides wrap around support on a highly assertive but non-conditional basis.
- The Doncaster model will ensure a range of hostel, supported accommodation and move on options are in place to meet needs, managed as a pathway - with a single, coordinated point of access to ensure people are routed to appropriate support. More appropriate dispersed community based accommodation will be available with support services integrated by design.
- This will be a pathway of graded and flexible accommodation all with an assertive support offer, the goal of which is to move people into ever greater independence, but where accommodation is not conditional on take up of support (but is subject to general tenancy conditions).
- In all accommodation clients will work with their case manager from the Complex Lives Team or key workers around regular cycles of action and reflection in a consistent and quality controlled way. Once a person has achieved stability, they create their long term plan focussed on recovery and reintegration. Step up and step down are facilitated as necessary. This provides personalised responses rather than following standardised pathways.
- The pathway and its coordination will ensure that where street homelessness occurs a 'No Second Night Out' policy can be upheld, where a person is stable but still in need of intensive support the right supported accommodation is easily accessible, and where a person is ready for greater independence they and the complex lives team have options available in the community.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- An interim homelessness pathway is in place based on current services (Draft developed already by Homelessness Support Partnership work).
- A single point of access function is in place as an enhancement to the St Leger Housing options Service - routing people to appropriate accommodation and support (Funding agreed from Homelessness Support Grants).
- The current range of hostels and supported accommodation provided with clarity and stability about contract situations.
- Adequate provision of direct access beds, temporary accommodation and move - on accommodation is available to manage demand as cold weather approaches.
- Arrangements are in place with all providers to ensure that effective and consistent move on plans and procedures are working - including training and development support for providers where required.



DONCASTER CHANGING LIVES FUND:

A support fund that can enable rapid removal of practical barriers to progression for people living complex lives.

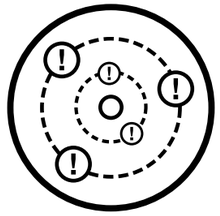
LONG TERM VISION

- The Fund operates as an easily accessible but accountable direct resource, available to people living complex lives supported by the Complex Lives Team and key workers acting in a support and advocacy role - i.e the initiative and commitment to resolve the issues concerned comes from the individual.
- It provides small amounts to deal with incidental items (phones, haircuts etc..) or mini - grants to help people with move on - i.e. furniture packs for people moving into independent accommodation or other individual requests for help.
- The Fund includes contributions from services and and also the direction of funds from the anti - begging campaign - positioned as an alternative to giving to people who beg.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Initial pump priming funding in place to make funds available to complex lives team operation (£15k for each of 2017/18 and 2018/19 already in place via DCLG rough sleepers grant)
- Collaboration agreed and in place with Changing Lives as neutral organisation to receive and distribute funds and manage accountability
- Changing Lives Fund established as designated route for giving as alternative to people who beg - includes collection points across town centre businesses
- Operating procedures and accountability arrangements in place - following Innovation Fund model from Stronger Families programme
- Fund existence, objectives and access routes communicated to accommodation providers, support services and relevant staff
- Quick win examples identified and publicised in soft launch of fund as illustrations of range and value of fund.



COMPLEX LIVES PREVENTION AND DEMAND MANAGEMENT:

The Alliance will over time shift the balance of its focus on tertiary prevention to secondary prevention and managing the flows of demand for acute services. This includes a proactive approach to engaging with latent demand in the system - 'opening - up' the system to demand at secondary prevention level, to prevent it escalating.

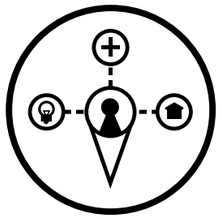
LONG TERM VISION

- The initial focus of the Complex Lives model is on tertiary prevention - ensuring effective resettlement of people living complex lives and reducing the likelihood of them re-entering the system on a revolving door basis.
- However, the Complex Lives Alliance model must place an increasing emphasis over time on secondary prevention and managing demand coming into the system - otherwise it will continually 'fill - up' at the acute end of services.
- This will focus on a number of dimensions of secondary prevention including:-
    - Work with individuals and families in unstable accommodation situations, with homelessness prevention work that follows the 'Doncaster Housing Plus' wrap around model;
    - Work with young people at risk of homelessness, including care leavers;
    - Pre-emptive work with Prison leavers;
    - A clear and effective approach with people newly arriving in Doncaster, with a focus on reconnecting people back with their networks and families, ensuring Doncaster does not act as a magnet for demand as a result of this model.
- The approach to managing demand should not be about limiting access to the system, but about finding ways to significantly open up and encourage people to self help and receive support at the secondary prevention level, taking an assertive approach. A separate short briefing, (developed by the Innovation Unit) is available explaining this approach in the context of the Doncaster Complex Lives Alliance.
- This work will include linking with others working with people at lower levels of need or key transition points - for example the Stronger Families Programme, DCST Leaving Care Team 18+ and prison release workers.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Clear operational and joint working/ referral links developed with Stronger Families Programme.
- Clear operational and joint working/ referral links developed with DCST Leaving Care 18+ Team.
- Connections and plan/protocol with prison release services established.
- Joint identification of at risk cohort across partners (e.g. people in particularly vulnerable/unstable accommodation).
- Joint Plan in place to engage in and support highest risk cases.



COMPLEX LIVES CASE MANAGEMENT MODEL:

A case management approach that enables an assertive, strengths based, multi - disciplinary approach to delivering impact with people, incorporating professional practices, processes and the information technology solution to enable this.

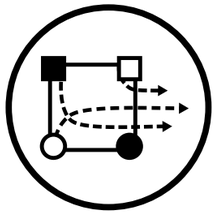
LONG TERM VISION

- An integrated case management process - covering engagement, triage, risk management, assessment, case allocation, case management, case reviews, risk management, step up and step down
- An approach based on identifying the assets and strengths of people with complex needs, as well as the issues that need to be addressed. This will use the 'three conversations' model embedded within plans for adult health and social care transformation - seeking first to reconnect people back to family and community support networks.
- A model that enables personalised rather than standardised pathways.
- A secure IT case management and communications system shared between the core team, partner agencies, peers and volunteers, providing a clear and up to date picture of a person's situation.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Partner agreement on single professional process of case management, with clear process maps showing how cases will be managed through stages of the journey (building on existing in place for prototype, based on Stronger Families programme).
- Agreed documentation to support management of process identification, initial 'rapid - review assessment'.
- Complex Lives Team case workers aware of and trained in use of assessment process and tools.
- Interim IT ICT case management solution agreed with clear short term timeline for its introduction.



OUTCOME FRAMEWORK AND PERFORMANCE MANAGEMENT SYSTEM:

A clear, quantifiable way of identifying and measuring progress and distance travelled by people with complex lives on the journey to resettlement and recovery.

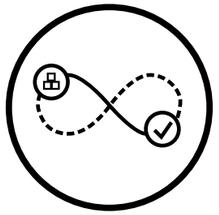
LONG TERM VISION

- A clear set of tangible, progress measures for people with complex lives that provides a clear set of outcomes reflecting the real lived experience of people with complex lives - set out in an outcomes framework.
- An outcomes framework for the whole system co - developed and owned by the whole Alliance membership - commissioners, providers, service users, community and voluntary organisations.
- Incentives within a performance management framework that encourage collaboration with a focus on prevention, engagement, 'move - in and move - on' and sustained stability and inclusion in society/ community life
- Clear and accessible performance dashboards and engaging methods of identifying and communicating key successes, challenges and issues to be addressed at whole system level and in component elements of the model

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Version 1 of a whole system outcomes framework for the Alliance, promoting collaboration and focus on prevention, engagement, 'move - in and move - on' and sustained stability and inclusion in society/community life
- Basis of measurement agreed and mobilised within performance management framework
- Agreed routines for progress reporting and problem solving through programme governance (see below)



DEVELOPMENTAL EVALUATION AND LEARNING STRATEGY:

An evaluation strategy that focuses on collecting regular cycles of feedback from people living complex lives, those who support them and the community more broadly, supporting the ongoing development of the model and ongoing case making.

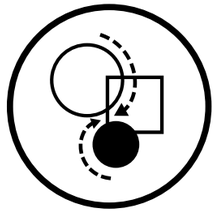
LONG TERM VISION

- Ongoing learning and reflection on both outcomes and process, supported by robust data collection through the information system and an action learning culture, striving to continuously iterate and improve the service.
- An evaluation strategy to monitor distance travelled, progress towards outcomes and user experience and to compile a cost benefit analysis that underpins the business case for the service.
- Ongoing action learning review and improvement of cross-agency collaborative working practices

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Cohort baseline (severity of need, track record of involvement with services, assets and aspirations).
- A learning and evaluation plan to monitor progress towards outcomes and develop a cost-benefit analysis for the service.
- Identification of service gaps, feeding into vision for a more holistic and integrated support offer in the next phase.
- Action learning methodology and routines for Complex Lives Team to review internal processes and effectiveness of collaboration with Team Doncaster partners.



ALLIANCE GOVERNANCE:

Robust and progressive multi partner governance arrangements for the Alliance and for specific functions (commissioning and provision)

LONG TERM VISION

- A wide Alliance of stakeholders (including commissioners, providers of statutory and non statutory services and representatives of the wider community) who share the ambition to transform the lives of people with complex multiple needs in Doncaster and collectively shape the development of the whole system complex lives model.
- A joint commissioning agreement and process, pooling resources together across different organisational budgets - extending beyond DMBC, CCG and Public Health to include criminal justice agencies and others where appropriate.
- A Delivery Partnership for the Complex Lives service underpinned by a solid governance and contractual model, which:
  - Enables meaningful collaboration across partners and with the wider ecosystem
  - Drives innovation and fresh thinking
  - Creates shared accountability towards the goals of the service
  - Allows providers to maintain their own unique identify
  - Values all partners equally, however big or small

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- An overarching agreement between partners to support the Accountable Care Model (through Place Plan process)
- A Programme Board to drive progress and accountability for mobilisation and delivery of the Complex Lives Alliance new delivery model and capabilities
- A shadow joint commissioning partnership and supporting governance between DMBC adults and DCST, Public Health, and the CCG to oversee and agree the specification and 'shadow contracting' between 1 Oct 2017 and 31 March 2018, and formal contracting beyond that
- A shadow agreement and supporting governance between strategic delivery partners (core of DMBC, St Leger Homes, RDaSH, Aspire, DCST and South Yorkshire Police) to support the mobilisation and operation and day 1 requirements and planning for formal contracted delivery beyond that.

4. THE NEXT STEPS IN OUR JOURNEY:

GROWING THE DONCASTER COMPLEX LIVES ALLIANCE (OUTLINE ROUTEMAP ONLY)

STAGE ONE - October 2017

- Delivery of day one arrangements set out in this specification by the Doncaster Complex Lives Alliance, made up of existing core partners - in shadow partnership forms for commissioning and delivery.
- Complex Lives Alliance, driven by commissioners, will kick off codesign of the longer term Housing Plus Pathways Offer, supported by Innovation Unit.
- Complex Lives Alliance will kick off codesign of community led responses to the needs and aspirations of people living complex lives, supported by Innovation Unit.

STAGE TWO - January 2018

- Complex Lives Alliance, driven by commissioners, starts developing a formal contractual joint commissioning of the Complex Lives Team and the Housing Plus offer.

STAGE THREE - April 2018

- Formal integrated commissioning and delivery of Complex Lives Team and Doncaster Housing Plus Pathways Offer by a range of partners to be established over the course of the next year.

- (Potentially) development progresses to commissioning of outcomes and direct commissioning of Housing Plus pathways offer and support services devolves to strategic provider partners

HOW CAN YOU GET INVOLVED?

- Help us to shape the whole system approach. We suggest a follow up conversation to work through the implications of a whole systems, accountable care partnership model.
- Help us to shape and refine the person centred asset based service model, and in particular the outcomes that this service model should be seeking to deliver. We will be holding a workshop to shape and refine the outcomes for the service. Please come along.
- Lend us your energy. We want as many people as possible to be engaged in driving forward this work. We will be convening a Doncaster Complex Lives Alliance workshop for all partners in the Autumn to kick off the next phase of the work. Get involved, and spread the word.

Team Doncaster

Innovation Unit

Doncaster Metropolitan Borough Council

Doncaster Health and Wellbeing Board

7 September 2017

Subject: Children's Mental Health: Doncaster's Local Transformation Plan

Presented by: Lee Golze

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

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

How will this contribute to improving health and wellbeing in Doncaster?
More Children and Young People (CYP) and their Families will resilient, happy, confident with better chances of success. More CYP with mental health problems will recover. CYP will have good mental health and emotional wellbeing.

Recommendation
The Board is asked to note the information and progression of the LTP to date.

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Promoting, protecting and improving our children and young people's emotional wellbeing and mental health

Doncaster's Local Transformation Plan

Quarter 1 Update – 2017/18

Contents

1.0 Executive Summary

The report provides an update on our Local Transformation Plan (LTP) at the end of Quarter one 2017/18, looking at each of the areas, outlining any impacts and offers a local progress rating. It also includes a finance summary detailing the quarterly spends against predicted and allocated spend.

We are delighted to update that we continue to make good progress against most areas of the LTP, and across each of the five themes. We have tried to capture the impact that the changes are having in each area, and it is pleasing to update that we are seeing positive impacts in a number of areas. Schools continue to be very much on board with Doncaster at the heart of piloting the new schools competency framework. There is real potential and scope for this competency framework to better equip schools in detailing with emotional wellbeing and mental health, it is really pleasing to see 20 Doncaster schools (nearly 50% of the total sample) involved.

The Consultation and Advice CAMHs workers continue to embed into the community with positive feedback from partners. We have seen for the first time since the introduction of the new model a reduction in the number of referrals into specialist CAMHs.

The work around crisis support continues to progress as does the development of the intensive home treatment service.

Feedback from NHS England as part of the Quarter four assurance process continues to be very positive, with the panel noting the positive work that has been undertaken. The three queries are resolved within the update.

On the whole progress continues to be made in-line with the predicted milestones, with many areas scoring positively, evidencing the continuing journey towards system transformation. The scale of the transformation continues to be a challenge but the partnership remains very motivated and focused on the delivery of the LTP and are confident that within 2017/18 we will start to see more achievements and improved outcomes for children and young people.

2.0 Finance Summary

The financial envelope for 2017/18 has been agreed by the strategy group and has funding contributions from the partnership including DCCG and the Local Authority. The envelope reflects the 2016/17 NHSE (LTP) funding contribution of £685k to the CCG at this stage. In terms of the financial uplifts identified in the mental health five-year forward view, internal processes are being concluded and there is an expectation that the uplifts will be added to the total financial envelope from quarter two. It is important to note that DCCG are providing funding above the NHSE funded level in particular around the TCP agenda (autism).

The total spend in this quarter is equal to the planned spend levels, with no areas for concern. The majority of this funding is in contract with the main provider (RDaSH). There is still a clear expectation that the remaining £65k will be spent on workforce training.

3.0 Progress to Date

It is worth noting that there is a clear implementation plan that underpins delivery.

3.1. Resilience, Prevention and Early Intervention for the Mental Well-Being of Children and Young People

Aim:
To act early to prevent harm by investing in universal services, supporting families and those who care for children, building resilience through to adulthood. We also want to develop and implement strategies that support self-care.

A local task and finish group has been set-up to lead on the implementation of this area of the LTP. Membership has been agreed and initial meetings held. Membership is at the right level and there is an underlying philosophy of accountability.

3.1.1 Support universal services

Why is this priority?
The lack of a co-ordinated early help offer has led to high levels of inappropriate referrals into CAMHs and therefore children and young people not being seen by the right person at the right time. There are gaps in universal service workforce expertise around mental health and wellbeing and significant variance in links between education and CAMHs and Primary Care and CAMHs. There is a single point of access into CAMHs but not to the wider mental health and wellbeing services.

How will we do this:

- Named mental health leads in schools/ academies
- Create a single point of access

Progress to Date:
There has been no further progress in this quarter in terms of schools nominating named champions.

North 23/35 - 66%
East 19/27 - 70%
South 31/37 - 84 %
Central 23/26 - 88%

101/ 125 schools in total
Response rate 81%

There has been no push to increase the number in this quarter due to the following reasons:

- Target of 75% has been achieved which is very positive
- Schools focussing on exam and year end
- Focus on encouraging schools to take part in the YH schools competency framework pilot

We are comfortable with the current position (81%) and delighted that 20 Doncaster schools have agreed to take part in the schools competency framework pilot. It is really encouraging that an idea that was identified in Doncaster has so much support from schools to pilot it. (see 3.5.1)

The workforce lead has met with a sample of the named mental health leads, to continue to assess their training needs against the competency framework and to further develop working relationships. Four of the named leads sit on the main task and finish group (chaired by the lead commissioner) and play an active role in LTP implementation.

There remains 1WTE presence in the Early Help Hub that continues to contribute to multi-disciplinary assessments and better joint working arrangements involving CAMHs. Feedback from a mum……

"I can't believe what a difference it has made having XXXXX and XXXXX come out together and explain like you did. My daughter is now feeling much better."

The new front door in Doncaster has now gone live, meaning referrals for both the Early Help hub and the multi-agency safeguarding hub go through one single point of access. This has and continues to be overseen by a governing body (LTP lead commissioner sits on this) who will closely monitor early progress. The CAMHs duty functions have now been moved into the same building as the new front door (albeit at this stage in a different room for practical reasons of space etc), which is a big step in terms of moving the functions together. The intention is to still look at full integration however there is a need to let the new front door be embedded before another layer of complexity is added.

The longer-term aims are to commission an integrated model based on measurable aims and the principles of accountable care systems. It is felt that a single point of access would be an ideal test area for a truly integrated service.

Impact

- Greater levels of awareness in schools
- Schools having a direct opportunity to shape future provision
- Children and Young People having clarity about where to go for support in schools
- Doncaster at the heart of shaping new competency framework
- More effective triage, assessment and joint working processes

Progress rating: Very Good

3.1.2 Apps and digital Tools

Why is this a priority?
We know that children and young people value digital support, but there is not a co-ordinated and validated offer locally. Currently support for mental health and wellbeing predominantly comes from CAMHs.

How will we do this:

- Work with local CYP to review existing tools and trial new ones.

Progress to Date:
Test log-ins have been requested and granted for 5 websites/ apps and are being 'live' tested by mental health champions (working with Young Minds). The champions will make recommendations to the strategy board in September when a final decision will be made.

Impact

- Effective on-line options for Children and Young People, which are secure and offer reliable advice and guidance.

Progress Rating: Satisfactory

3.1.3 Perinatal mental health

Why is this priority?
There are 1,256 women in Doncaster who are likely to suffer from some degree of mental illness during pregnancy or within one year of giving birth

How will we do this:

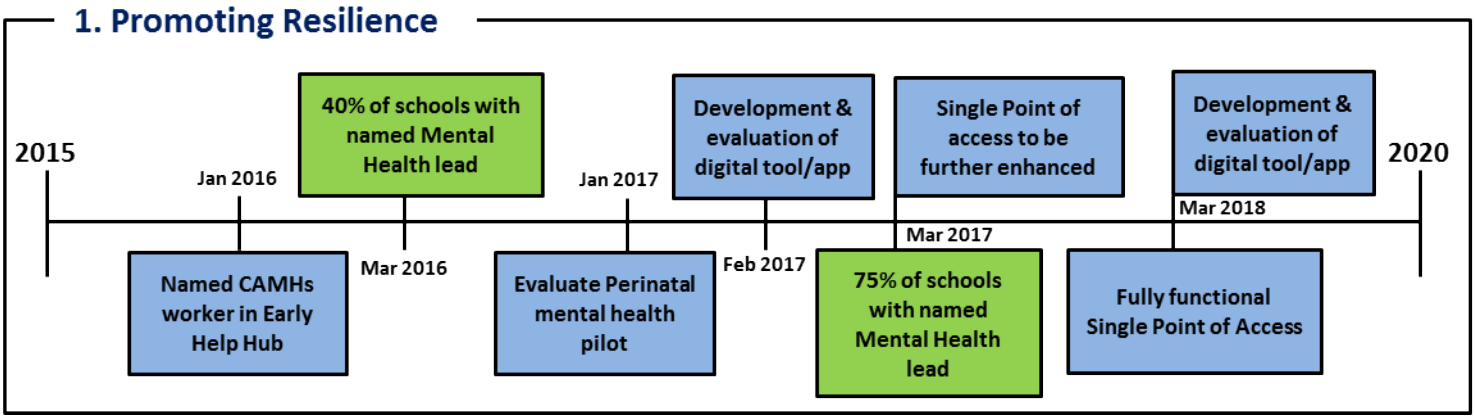
- By learning from a local pilot and national guidance.

Progress to Date:
We are working up a bid for wave two STF funding with partners across the STP footprint. We are confident the bid will be in on time and we have taken on board learning from previous successful bids. Perinatal mental health is one of the seven priority areas within the Local Maternity Offer which will be submitted in October 2017.

Impact

- None at this stage.

Progress Rating: In need of improvement



3.2 Improving Access to Effective Support

Aim:

To change how care is delievered and build it around the needs of children, young people and their families. We will move away from a system of care delievered in terms of what services, organisations provide, to ensure that children and young people have early access to the right support at the right time in the right place.
A local task and finish group has been set-up to lead on the implementation of this area of the LTP. Membership has been agreed and initial meetings held. Membership is at the right level and there is an underlying philosophy of accountability.

3.2.1 Move away from the current tiered system of mental health services.

Why is this priority?

There is variance in the skills and competencies of staff in universal services (including schools and Primary Care). There is very little consultation with CAMHs prior to referral and a high number of inappropriate referrals.

How we will do this:

- By having new CAMHs workers based within the community who act as dedicated named contact points for all schools and GP practices.
- Implementation of a consultation and advice CAMHs outreach service, called Consultation and Advice Service (CAS).

Progress to Date:

The consultation and advice service continues to be embedded into the local system and feedback from schools has been on the whole very positive.

"I feel that the meetings in school are very beneficial to the pupils that require support."

"I would like to (on behalf of school x, y & z) express our sincere gratitude for all the support, professional guidance and interventions."

A snapshot of the headline data is as follows:

Consultations	Apr 17	May 17	Total
	127	259	**386**
Primary Schools	*75*	*103*	***178***
Secondary Schools	*51*	*156*	***207***
Face to Face	*127*	*257*	***384***

Descriptor	Apr 17	May 17	Total
Referrals into specialist CAMHs	117	158	**275**

Demand for the service continues to be high with nearly 400 consultations made in the first two months of this quarter. It is useful to remember that there were approx. 542 consultation in the previous quarter (over a three month period). There continues to be a fairly even split between Primary and Secondary school, which shows equity of access.

There was a slight decrease in the number of referrals into specialist CAMHs of 3%, which is a change from last year when we saw an overall 5% increase. It is interesting to monitor the total number of referrals into specialist CAMHs over the next quarter to check the hypothesis of reduced referrals based on the impact of the CAS service.

The box below details the main presenting issues into the whole CAMHs service. This is reflective of the previous year. This information is being collated will shape the future workforce in terms of skills and competencies. It will also influence the training provided to the wider workforce.

Presenting Issues	Apr 17	May 17	Total
Anxiety	42	68	**110**
Low Mood	25	44	**69**
Attachment	23	57	**80**
Stress	41	39	**80**

The table below shows the movement between the Consultation and Advice Service (CAS) and specialist CAMHs service.

Descriptor	Apr 17	May 17	Total

Number of cases escalated to specialist CAMHs	2	4	**6**
Number stepped down from specialist CAMHs	8	11	**18**

Interestingly only 6 referrals have stepped up into specialist CAMHs and only 18 have stepped down. This seems low and will again be closely monitored. It may be linked to the evolution of practice and the change in working culture of CAMHs staff as we aspire to remove thresholds and tiers.

There are currently 7WTE in the CAS team and a further 1WTE post vacant. The lead commissioner has been working with the various collaboratives in Doncaster (a collaborative is a group of schools and children's centres) to explore the option of the collaboratives buying a CAS worker. Pleasingly we are in the latter stages of reaching an agreement for a further 1WTE CAS worker, with the aspiration to secure the provision of a further three funded by collaboratives.

The agreed CAS resource is 9WTE with the aspiration to take the total to 12, meaning three workers in each of the four locality areas. This would be sufficient to meet current demand.

The data continues to be collected manually at this stage. The service provider are building a new data warehouse for CAMHs in preparation for moving to a new clinical system early in the New Year. CAMHs are a priority within this.

Impact

- Children and Young People being identified earlier and provided support at an early stage.
- Children and Young People being supported by professionals they already have a relationship with, rather than a *hand-off* referral (as requested by CYP).
- Schools feel much more supported.
- Building of joint working relationships between schools and CAMHs.
- Slight reduction in referrals into specialist CAMHs.
- Increasing buy-in from schools.

Progress Rating: Very Good

3.2.2 Ensure the support and intervention for young people in the mental health concordat are implemented.

Why is this a priority?

Children and young people in Doncaster were admitted to hospital for attempted suicide and we have others in crisis. All elements of the crisis care concordat are not currently being implemented.

How will we do this:

- New 24/7 all age crisis telephone helpline.
- CAMHs interface and liaison nurse placed in acute hospital setting.
- Liaison and diversion service to be aware of CYP services.
- Explore options of regional section 136-suite and crisis accommodation.

Progress to Date:

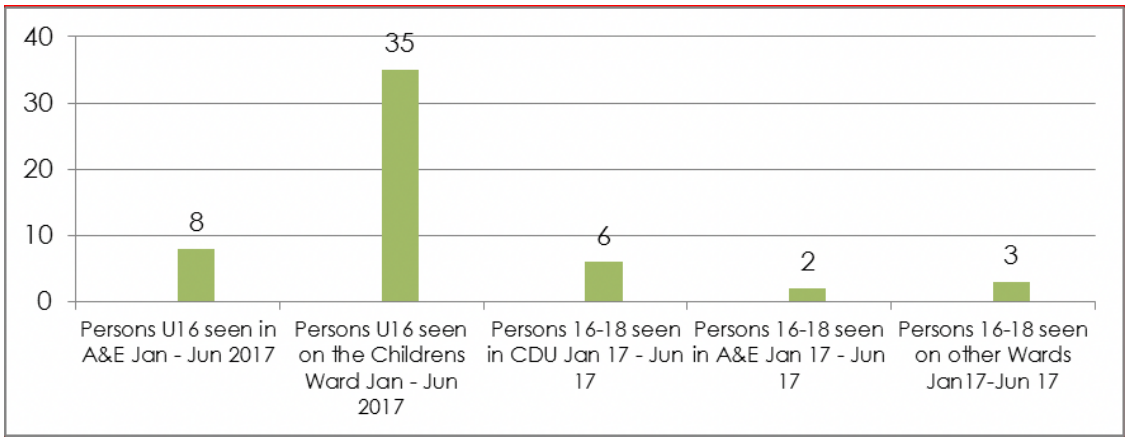
The 24/7 crisis support helpline went live in September and an audit was completed after one year to look at any issues. RDaSH as the provider of both services is currently looking at how it provides it's crisis and out of hours services for CYP and adults. The helpline is included in the review and there is an expectation that a report will be provided to commissioners before the end of Q2.

The mapping of current provision against each element/ standard within the crisis care concordat guidance has been completed. This work will sit within the existing task and finish group (that reports to the main strategy group) and an action plan will be developed to take this work forward. There has been a slight delay due to capacity.

The CAMHs interface and liaison function began at the end of the last quarter and continues to be embedded throughout this quarter. There have been some initial issues with adherence to the service specification but these have now been resolved and the service is becoming embedded with the acute settings. A review of the service was completed in June 2017 citing good progress being made and the nurse becoming more visible.

Descriptor	Apr 17	May 17	Total
Number seen on paediatric ward	6	7	**23**

The graph below shows the breakdown of where CYP have been seen (Jan to Jun 17).



Challenges have been identified and service development areas and these will be progressed over the next quarter.

The liaison and diversion service has identified gaps in their knowledge of Children and Young People services and a training plan has been agreed and is being facilitated. Training began in this quarter and is on-going with an expected completion date at the end of quarter two.

We have local systems in place that mean no Child or Young Person will be detained in a police cell as a place of safety from 1st January 2016. This has been communicated via regional meetings and the regional work will further enhance the local provision. No CYP were detained during this quarter.

Sheffield CCG are working with Sheffield Children's Hospital on the opening a child/ young person specific section 136 suite and indications are this will be open in August. There is an agreement in place that Doncaster can buy some beds in this suite and as such will have access to a specific suite, after a settling period for Sheffield. The STP region are looking at the option of putting a bid together to pump prime this option.

Funding has been agreed locally between the CCG and Children's Trust to commission an assertive integrated outreach, response and fostering service for the most vulnerable children and young people in Doncaster. From an emotional wellbeing and mental health perspective, this will mean ring fenced foster placements for children and young people who are in a period of crisis and are unable to return home. A workshop took place with key stakeholders agreeing pathways and local protocols. The protocols are now being developed alongside the recruitment of foster carer(s). We are aiming for an Oct 17 start date, which is later than we first anticipated, however it was felt we needed to ensure effective pathways and protocols are in place to reduce the risk of placement failure.

Impact

- Improved 24/7 crisis support for Children and Young People.
- Clarity of what needs to be done to ensure effective crisis support.
- Better understanding of Children and Young People services by the liaison and diversion service, meaning Children and Young People are better supported.
- Children and Young People better supported in the local General Hospital by the liaison nurse and wider acute paediatric workforce.
- Movement to a specific Children and Young People section 136 suite.
- Movement to a different offer (foster carer(s) foir Children and Young People in crisis.

Progress Rating: Good

3.2.3 Development of intensive home treatment provision.

Why is this priority?

We have high numbers of children and young people referred into inpatient services with an average length of stay of approximately 101 days. We are high when compared to our neighbours regionally and currently do not have an intensive home treatment service.

How will we do this:

- Developing and implementing a new intensive home treatment service to act as an alternative to tier 4 provision.

Progress to Date:

The service made a phased implementation from September 2016 and all posts were recruited to. Unfortunately there have been some issues with retaining staff and there are now vacancies back in the team. During this quarter the Lead Nurse, band 6 nurse post and Social Worker have been the only consistent staffing, meaning the service continued to carry three vacancies. To mitigate this there has been an increased focus by DCCG on this area and in response the provider has recruited to two of the three vacant posts, both will start in quarter two. This means that there will be a total resource of 5WTE and a clear expectation from the commissioner that from quarter two we will see significant improvements in the service.

There have also been some difficulties with the referral criteria and this is now being reviewed by the service and will be presented to the lead commissioner and stakeholders. A deadline of September has been set. The aim is to make the service more accessible and flexible in its approach.

This is the priority area of focus from the strategy group as there is an expectation that there will be improvements made to this service as a matter of urgency. The lead commissioner has asked for monthly reports on progress.

Caseload

During the quarter the caseload has been varied with the service team working with over 20 young people requiring intensive home treatment during the quarter. Therefore despite the service not being fully formed, positive work (in parts) is being achieved.

Admissions

There were seven young people admitted in this quarter, which is a 22% reduction on the same quarter last year.

Discharges

There have been five supported discharges from Tier 4 over this period.

Interventions

The service continues to base their interventions around the individual needs of the young person in conjunction with the wider Multi Disciplinary Team; particularly case managers. The caseload of those being managed in the community has risen to 13 and they are seen as often as is required based on individual need. This shows the

scope of what can be done and as such the need to get the service fully formed and functioning as soon as possible.

The data continues to be collected manually at this stage. The service provider are building a new data warehouse for CAMHs in preparation for moving to a new clinical system early in the New Year. CAMHs are a priority within this.

Impact

- Very limited at this stage, although there has been some improvements to the step down process from acute settings.

Progress Rating: In need of improvement

3.2.4 Promote best practice in transition

Why is this a priority?

Transition remains a problem for some young people; in particular it isn't started early enough.

How will we do this:

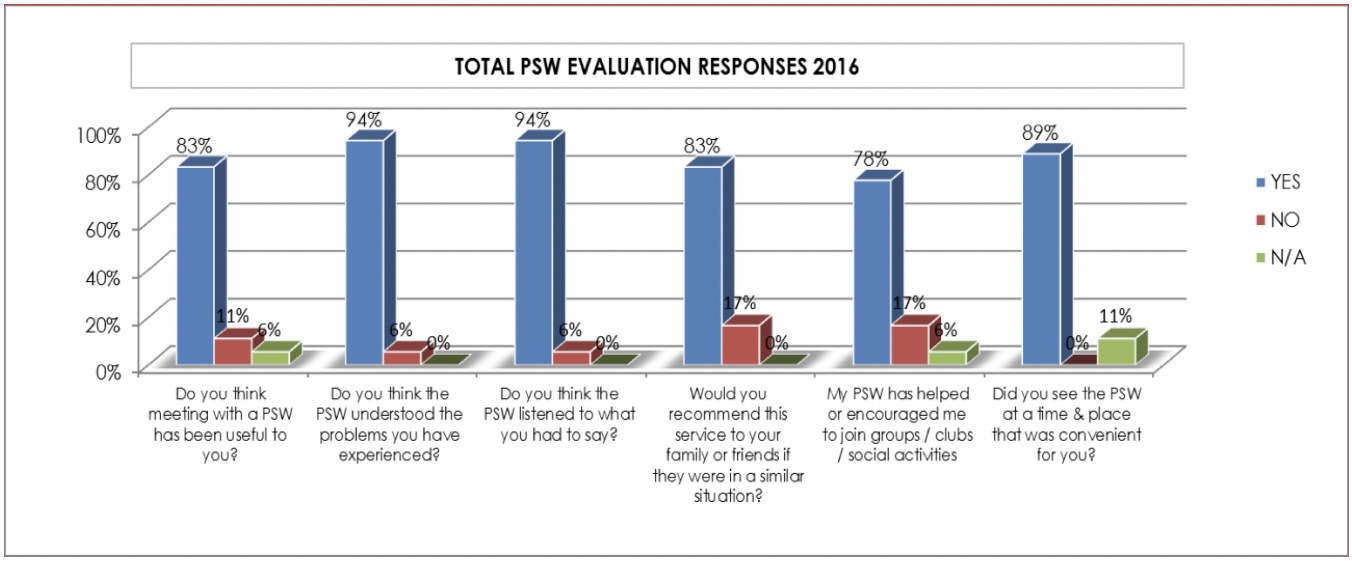
- Implementing model specification for transition.
- Work with YH SCN to develop guidance documents for transition.
- Add resource to peer mentoring service.

Progress to Date:

The model specification is being reviewed clinically with a view to including in contract next year, this is still the intention.

CAMHs completed a transition benchmarking exercise in Q4 2016/17, which has been reviewed and an action plan developed and agreed in May 2017. This will now be worked through with regular updates to the commissioner.

A review of the Peer support worker service was completed in May with a series of recommendations identified. These will sit within the contract and performance meetings between provider and commissioner, however on the whole the service has performed well with some good feedback. Headlines below.



Impact

- Children and Young People feel supported by the peer support workers through periods of transition.

Progress Rating: Good

3.2.5 Eating disorder community service

Why is this a priority?

There has been a year on year increase in referrals into CAMHs for eating disorders as well as an increase in those accessing inpatient services.

How will we do this:

- New community eating disorder service adhering to access and waiting time standards.
- Robustly evaluate the new model.

Progress to Date:

The three commissioners have agreed a local service specification based upon the *Access and Waiting Time Standard for Children and Young People with an Eating Disorder,* and contract and procurement routes have been agreed and established. Rotherham is the lead commissioner. The service specification has been agreed and there is a clear implementation plan to underpin delivery. Quarterly regional commissioner/ provider meetings take place and Doncaster has a steering group.

The phased delivery started on 1st March 2016 and initial feedback is positive. This will be clearer after the evaluation findings are published in Autumn 2017.

There continues to be a full team across the hub and spoke model and Doncaster, meaning full provision and support that is be actively promoted. The new service has been launched and we are closely monitoring demand.

Performance is very positive with all access and waiting time standards for Doncaster being achieved (as they have done since the implementation of the new service). As mentioned in the previous report (Q4) we are closely monitoring demand as SYEDA start to deliver more and more awareness raising sessions. It is interesting that demand in the first quarter remains low, albeit with a slight increase. Increasingly, locally we are thinking about what a community service should look like to ensure we are meeting the needs of the total population. The intention (not withstanding the evaluation findings) is to move to a 0-25yr old pathway and as such, the community eating disorder steering group has extended its membership to include adult representatives. This group has met twice now segued with a workshop that mapped out local provision for Children and adults. In Doncaster we are clear now on demand across all ages and also what resource is available. A request has been made to commissioning colleagues in Rotherham and North Lincs for clarity if they have an intention to move towards a 0-25yr old pathway. Ideally this will be the case so we

can move across the region. There is a strong feeling in Doncaster that there is sufficient capacity within the existing 0-19yr resource to extend to 0-25yr.

Descriptor	Apr 17	May 17	Total
Umber on caseload	16	21	37
Number of emergency cases received	0	0	0
Number of urgent cases received	0	1	1
Number of non-urgent cases received	3	4	7
Number of cases admitted into T4	2	0	2
Seen within access target	100%	100%	100%

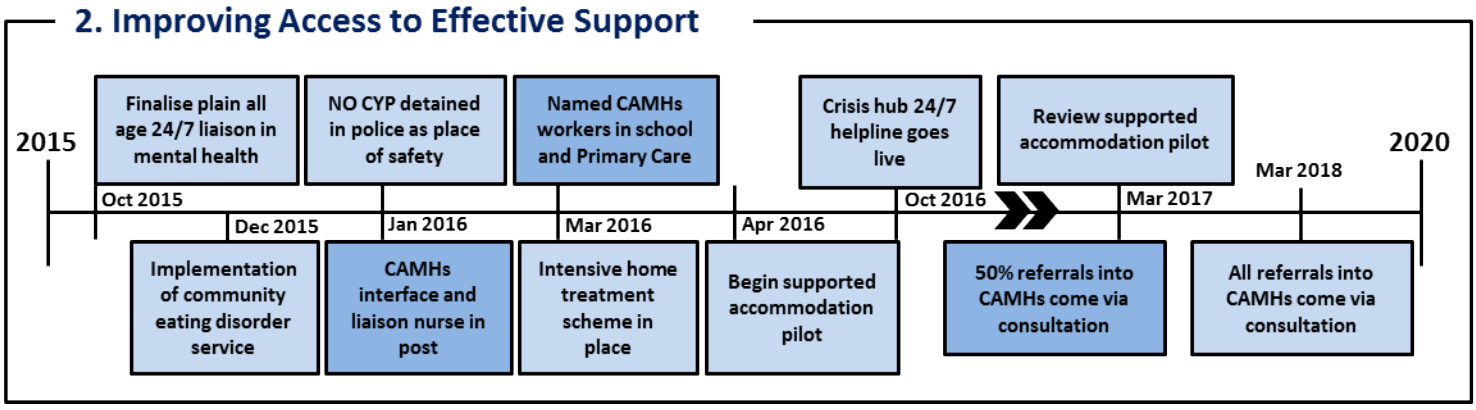
There was limited delivery from SYEDA in this quarter with 0 awareness raising sessions and only 78 participants attending education sessions. SYEDA have updated that there is a blockage in accessing some schools, which the strategy group are trying to unblock.

Data is currently being collected and provided manually with the same plan as the wider CAMHs service to build a new data warehouse in preparation for moving to a new clinical system early in the New Year.

Impact

- Children and Young People have better support around eating disorders.
- Reduction in the number of Children and Young People requiring acute mental health provision.
- Children and Young People have access support within agreed timeframes.
- There is an increase in awareness and education in Doncaster.
- Children and Young People have access to support within a community setting.

Progress Rating: Very Good



3.3 Caring for the most Vulnerable

Aim:

To dismantle barriers and reach out to children and young people in need, through a flexible integrated system that provides services in a way that they feel safe and are evidence based.

A local task and finish group has been set-up to lead on the implementation of this area of the LTP. Membership has been agreed and initial meetings held. Membership is at the right level and there is an underlying philosophy of accountability.

3.3.1 Trauma focussed care

Why is this a priority?
There is a need for greater awareness of the impact of trauma, abuse and or neglect on mental health. CAMHs assessments do not routinely include sensitive enquiry about the possibility of neglect and sexual abuse (including CSE). There is variance in staff's competencies in working with vulnerable children and young people.

How will we do this:
- Audit of current practice, skills and competencies
- Enhanced training package for staff working with vulnerable CYP.

Progress to Date:
An audit of current practice was completed and there were some recommendations, to be implemented by the provider. This was reviewed in June 2017 and all but one recommendation have been completed. The final recommendation is to complete a further six month dip sample audit to check compliance. There has been good progress made in this area.

There is still an intention to look at the provision of specialised psychology/psychiatry support for Children and Young People where there is suspected sexual abuse, this will happen in year three.

Impact
- CAMHs staff have a greater awareness of the impact of trauma, abuse and/ or neglect on mental health.

Progress Rating: Very Good

3.3.2 Make sure that children and young people or their parents who do not attend appointments are not discharged from services, rather actively followed up.

Why is this a priority?
DNA rates for 2014/15 were 9.5% and the current policy whilst robust needs modification so that no child or young person leaves service because of DNA's.

How will we do this:
- Build on current policy and ensure staff compliance

Progress to Date:
The DNA audit recommendations were reviewed as per the action plan (6mths after inception) and the report has outlined that there is still some actions outstanding. Lots of actions have been completed however there are still some outstanding. These include; review of delivery locations to allow maximum flexibility for clients, the finalising of the new policy and the use of admin for a call back service. New deadlines have been sought for the outstanding actions and this work will continue to be overseen by a task and finish group. A second routine audit of practice will be completed when outstanding actions have been completed.

Impact

- In this quarter 0 Children or Young People were discharged for not attending an appointment.
- Reduction in total DNA rates to 8.5% (target of 10%).

Progress rating: Good.

3.3.3 Develop multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. Improve the care of children and young people who are most excluded from society, i.e. those sexually exploited, homeless or in contact with the youth justice system.

Why is this a priority?
There is variance in the provision across services.

How will we do this:

- Build on multi-agency approach

Progress to Date:
The plan is to develop these teams by March 2019, so no work done on this to date.

Progress Rating: n/a

3.3.4 Learning Disability specialist provision:

Why is this a priority?
The care and treatment review guidance and policy are not currently being implemented locally.

How will we do this:

- Ensure we are CETR compliant
- Ensure Children and Young People are effectively included in the TCP agenda.
- Map out current provision
- Increase capacity

Progress to Date:
The new CETR policy has been understood in Doncaster and work is on-going locally to fully integrate the Children and Young People's agenda into the wider

Transforming Care Partnership (TCP). The lead commissioner has met regularly with the Children and Young People TCOP lead at NHSE and there is a clear focus and plan to do this. The lead commissioner for the LTP is the Children's lead for TCP across the footprint which ensures an excellent link between the two agenda's. There are plans in place to have Children and Young People fully integrated into the wider TCP agenda by the end of quarter three. The two key areas of focus are:

1. Development of the dynamic register to include Children and Young People and mechanisms to ensure regular discussions and updates across all ages.
2. Clarity on profile of need to allow for future commissioning decisions, with the aim of reducing numbers in acute settings.

One CETR was completed in this quarter and two reviews are due in quarter two. The completed CETR was extremely beneficial and resulted in the Young Person being kept out of an acute setting.

Doncaster has led on the development of a regional MOU to ensure that each area in Yorkshire has access to an independent clinical expert. This will be achieved through a like for like agreement on sharing this resource across the patch. This is in the later stages of being agreed and signed off.

A consultant is mapping out current provision and the first report will be submitted to the mental health and wellbeing strategy group on 21st September. The report will also include recommendations on proposed ways forward.

The increased capacity provided (using the additional NHSE funding from last year), will continue throughout this year to ensure an increased capacity and a drive towards reducing the waiting lists further.

The waiting list data is included in section 4.

Impact

- Improvements made to CETR process.
- Children and Young People getting timely access to effective CETR's when needed.
- One Young Person (through an effective CETR) given support in the community, which prevented an acute admission.
- Increased capacity within the pathway meaning Children and Young People have more timely access to support.

Progress Rating: Good

3.3.5 Looked after Children specialist provision:

Why is this a priority?

LAC are waiting longer for routine appointments than non-LAC

How will we do this:

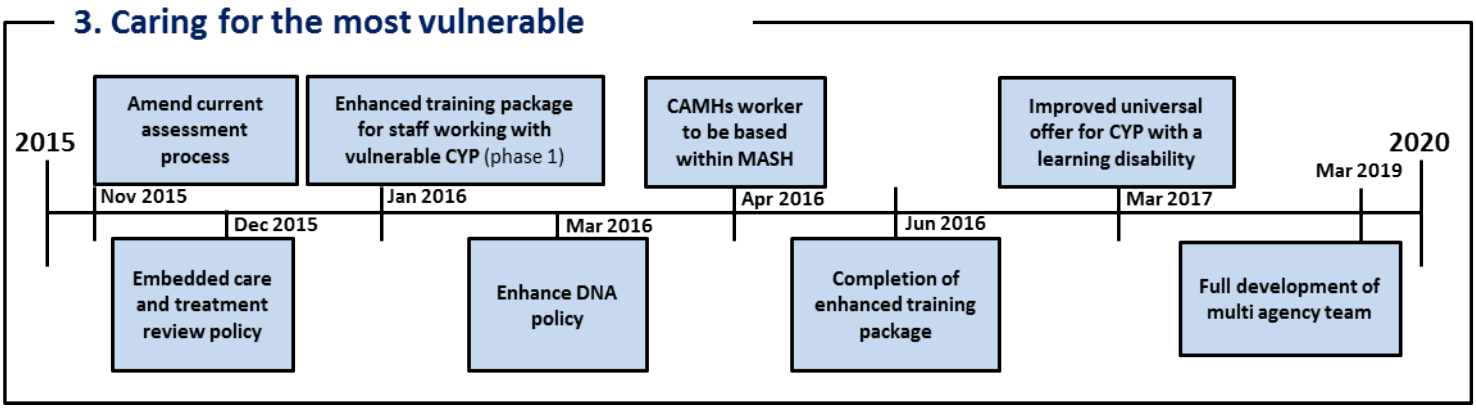
- Map out current pathway
- Increase capacity within the pathway

Progress to Date:
A consultant is mapping out current provision and the first report will be submitted to the mental health and wellbeing strategy group on 21st September. The report will also include recommendations on proposed ways forward.

The increased capacity provided (using the additional NHSE funding from last year), will continue throughout this year to ensure an increased capacity and a drive towards reducing the waiting lists further.

Impact

- Increased capacity within the pathway meaning Children and Young People have more timely access to support.



3.4 To be Accountable and Transparent

Aim:
To drive improvements in the delivery of care and standards of performance, to ensure we have a much better understanding of how we get the best outcomes for children, young people and their families.

3.4.1 Lead Commissioner arrangements

Why is this a priority?
To ensure we have a strategic lead and a figurehead to co-ordinate.

How will we do this:

- Designated lead commissioner.

Progress to Date:
The lead commissioner remains in place and the Mental Health and Wellbeing Strategy Group continue to have direct oversight of the LTP implementation, this

group is chaired by the chief of strategy (DCCG) so there is senior management buy-in. There has been local agreement to merge the two task and finish groups with membership refreshed and the action plan updated to reflect changes to the LTP. The lead commissioner chairs this meeting and feeds directly into the Strategy Group and Health and Wellbeing Board. There is good representation and accountability across partners.

The Mental Health and Wellbeing Strategy Group feeds directly into the Joint Executive Commissioning Group where all commissioning decisions are made. The ultimate accountable group is the Health and Wellbeing Board.

The lead commissioner is part of the Executive Children and Families Board (senior board for CYP locally), and is working with senior colleagues to scope out and plan how we move to a joint strategic commissioning framework, as part of the commitment to move to an accountable care system. We are testing this out in two areas, one being vulnerable adolescents which includes CYP in an acute setting including acute mental health. The aim being to make better use of the Doncaster pound.

Doncaster launched its new Children and Young People Plan (2017-20) in this quarter. Emotional wellbeing and mental health is one of the 12 priority areas.

http://www.doncaster.gov.uk/services/schools/children-and-young-people-s-plan

Therefore it can be summarised that emotional wellbeing and mental health for Children and Young People is very much on the agenda in Doncaster.

Impact

- Emotional wellbeing and mental health are well positioned strategically.
- There is high-level partnership buy-in.

Progress Rating: Very Good

3.4.2 Collaboration with specialist commissioners

Why is this a priority?

To reduce any duplication in commissioning and to ensure that services locally, regionally and nationally are commissioned to meet need.

How will we do this:

- Collaborative working.

Progress to Date:

The lead commissioner plays an active role in Yorkshire and Humber Clinical Network and has regular communication with regional specialised commissioners. This includes joint- chairing the mental health commissioners steering group. There is a direct link both ways and we are confident that there is strong and efficient

collaboration. An example of the close working is the transfer of Amber Lodge services from NHSE commissioning to South Yorkshire CCG commissioning.

Impact

- Effective mechanisms and relationship to jointly commission services.

Progress Rating: Very Good

3.4.3 Engagement

Why is this a priority?

This plan is for our children and young people, to improve their outcomes around mental health and wellbeing and as such we must provide the services they need. Only through effective sustained engagement can we provide the services they need in a way they want.

How will we do this:

- Giving Children, Young People and their families a voice.
- Commission organisation to lead on this piece of work.
- Develop sustainable model.

Progress to Date:

Young Minds continue to engage and work children, young people and families and have now developed a project participation strategy. The vision for the programme is to support the development of shared values, innovative and effective practice in participation at every level of the local system in Doncaster. Through this, the hope is that organisations are enabled to empower children and young people, parents, carers and front line practitioners to lead the way in transforming the mental health system. A set of principles has been agreed and will underpin all future work. An element of this work was to recruit 15 participation champions:

- Five young people
- Five parents/ carers
- Five professionals.

In total 61 people signed up to fulfil these roles, which is very positive. A core group of 15 participants has been established from the 61, with the others to be engaged digitally. On-going recruitment will be completed throughout the delivery of the programme to ensure that these numbers are maintained. This is the second year of the programme with a further three commissioned.

Members of the core group will begin to be directly involved in the commissioning cycle of services within the system. This work is on-going and we are very pleased with how it is progressing.

Impact

- Children and Young People have a real voice and opportunity to commission and shape how the system (and services) look in the future.

- Effective mechanisms in place to do this.

Progress Rating: Very Good

3.4.4 Local Offer

Why is this a priority?
To make sure every-one knows about the plan, it's aims, objectives and intentions.

How will we do this:
- Publish on a number of websites

Progress to Date:
The Local Transformation Plan was sensed checked locally and was felt to be Child and Young Person friendly, this was backed up by the Yorkshire and Humber Strategic Clinical Network. It and the data collection template were published on the following websites as per the mandate. Published on the following websites:
- Doncaster Clinical Commissioning Group – published 4th December 2016
- Doncaster Metropolitan Council – published 4th December 2016
- Doncaster Local Offer – published 11th December 2016
- Doncaster Council for Voluntary Services – published 11th December 2016

Progress Rating: Good

Impact
- The LTP is accessible and easy to find.

3.4.5 Commissioning and procurement

Why is this a priority?
To ensure we act within the regulations and to commission services compliant with Health and Social Care Act and Equality Act.

How will we do this:
- Adherence to NHS procurement regulation.
- Adherence to Equality Act.
- Adherence to Health and Social Care Act.

Progress to Date:
The plan continues to adhere to the above acts.

Impact
- Commissioning sits within legal frameworks.

Progress rating: Very Good

3.4.6 Development of Outcome Measures

Why is this a priority?

So we can measure performance and outcomes effectively. This underpins the Commissioning cycle.

How will we do this:

- Continue to up skill staff via CYP-IAPT programme.
- Express interest in becoming a pilot site for CORC.

Progress to Date:

There are currently 2 CAMHs practitioner completing CYP-IPAT courses; .IPT-A Interpersonal Psychotherapy for Adolescents and Learning Disability. The service will be submitting a request for a place on a therapy pathways course and up to two places on the EEBP course. The CCG will support this by covering the shortfall in funding.

DCCG commissioners are working with CAMHs to develop robust outcome measures. In addition DCCG commissioners (x2) are members of the Yorkshire and Humber Clinical Network Quality Data Dashboard task and finish group, which is aiming to develop a routine performance dashboard. This work is developing at pace and the current iteration was presented to the YH CYP Mental Health & Wellbeing Commissioners Forum. It was well received with discussions focussing around data collection and input. Commissioners across the region have been asked to feedback any further comments. Doncaster has played a central role in it's development.

Locally we have developed a dashboard (see appendix 5.1.3) that reflects the system rather than just CAMHs. This is a challenging piece of work, as it requires data to flow from various sources, meaning data sharing agreements and partnership compliance. For some outcomes there are currently data gaps that need a solution. There is a multi-agency group looking at this and this work is on-going. The initial meeting was very positive.

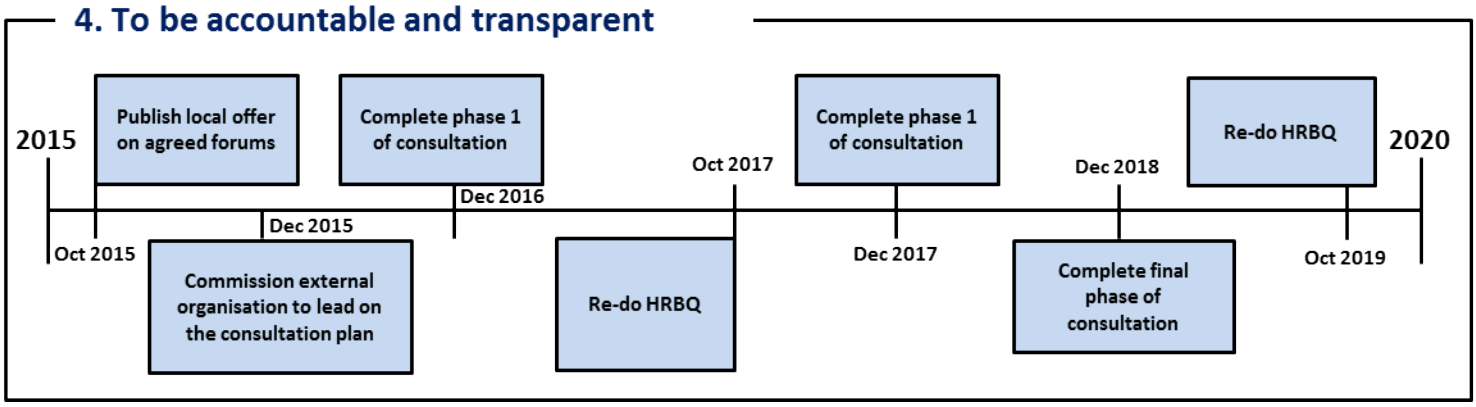
This work is happening simultaneous to the regional work being completed and there is the will locally to tie this together to use one dashboard. We are developing both though to mitigate any risk in the regional dashboard not being agreed by partners and implemented.

There is a requirement and expectation that the CAMHs service provider will adhere to the provision of the new mental health data set and data was successfully submitted to HSCIC for February 2016. We are waiting for the first published extract.

Impact

- Improved levels of expertise within CAMHs.
- Movement towards a regional dashboard that would facilitate benchmarking and discussions between areas, in terms of identifying and sharing best practice.

Progress Rating: Good



3.5 Developing the Workforce

Aim:
That every-one who works with children, young people and families are ambitious for every child or young person to achieve goals that are meaningful and achievable. They will be excellent in practice and able to deliver the best-evidenced care, be committed to partnership working and be respected and valued as professionals.

3.5.1 Universal services

Why is this a priority?
There is variance in the skills and competencies of staff in universal services and a lack of high level co-ordination of this.

How will we do this:

- Identify workforce lead.
- Workforce audit.
- Workforce strategy.

Progress to Date:
Progress continues to be slow against the 13 recommendations of the workforce audit, and a request has been made by the lead commissioner for some pace to be added to this. With regard to the training of the wider workforce we made a conscious decision locally to wait for the schools competency framework pilot, which starts in September. There are 20 schools in Doncaster and we will go out to tender for a training provider to train staff within these 20 schools to have the competencies to deliver against the framework. This will help to develop an evidence base which can be used regionally and nationally. Our plan is to then roll out this training and schools competency framework to all schools in Doncaster.

Impact

- Very little impact against the 13 recommendations.
- Potential to develop and embed evidence based competency framework.

Progress Rating: Satisfactory

3.5.2 Targeted and specialist services

Why is this a priority?
There is variance in the skills and competencies of staff in targeted and specialist services and a lack of high-level co-ordination of this

How will we do this:

- Training staff.

Progress to Date:
This relates to the 3. 5.1.

Progress Rating: Satisfactory

3.5.3 Future workforce

Why is this a priority?
To have a workforce that is able to deliver evidenced based interventions.

How will we do this:

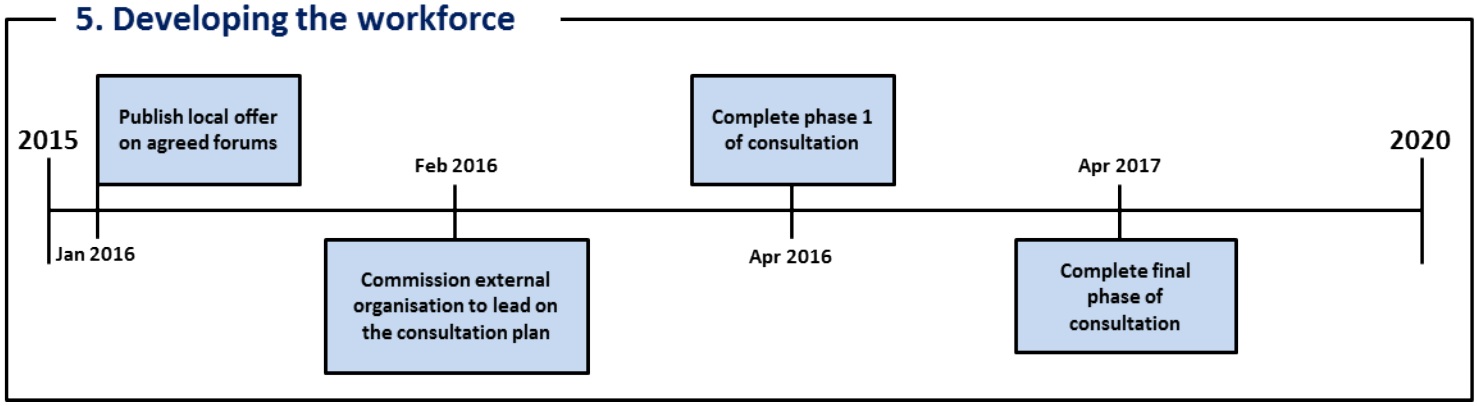
- By using the platform of the CYP-IAPT programme.

Progress to Date:
By using CYP-IAPT as a platform to embed evidence based interventions into CAMHs. There are currently 2 CAMHs practitioner completing CYP-IPAT courses; .IPT-A Interpersonal Psychotherapy for Adolescents and Learning Disability. The service will be submitting a request for a place on a therapy pathways course and up to two places on the EEBP course. The CCG will support this by covering the shortfall in funding.

Impact

- Improved levels of expertise within CAMHs.

Progress Rating: Good



4.0 Waiting Times

Specialist Core CAMHs

- There are 200 CYP waiting for treatment.
- Average waiting times are 44 days (6 weeks).
- The average waits are withinthe 56 days (8 weeks.) target.
- The focus of the LTP is to provide support at the earliest possible stage and as such reduce the number needing specialist core CAMHs, which in turn would free up capacity enabling further reductions in waiting times.

LD CAMHs

- There are two CYP waiting for treatment.
- Average waiting times are 158 days (22 weeks).
- The average waits are above the targets and as such continued focus is needed.
- The current mapping of provision against need and potential new models of care is on-going.
- The service is out to advert to recruit extra capacity within the LD CAMHs team.

LAC CAMHs

- There are two CYP waiting for treatment.
- Average waiting times are 53 days (7 weeks).
- The average waits are withint he 56 days (8 weeks.) target and significant improvements have been made. This is due to extra capacity which is continuing to be funded.
- The current mapping of provision against need and potential new models of care is on-going.

5.0 Local Priority Scheme Summary

Local Priority Scheme	Current Stage of Implementation
Establish named mental health and wellbeing leads in schools (internal)	81% positive response from schools/ academies. 20 Doncaster schools signed up to pilot schools competency framework.
Continuous consultation and engagement with children, young people and families	The vision has been agreed and a core group of 15 participation champions established. The remaining 46 participants (who had expressed an interest in joining a core group) will be engaged digitally.
Appointment of workforce development lead	Development lead in post.
Audit and rolling training programme	Training tender to be developed and put out the market to run alongside schools competency framework document.
Develop an 'innovation partnership' approach with a local university to deliver an accredited training programme with	Not intended for 2016/17 implementation.

nationally recognised modules	
CAMHs worker to be embedded in the Early Help Hub	The relationship between CAMHs and the Early Help Hub has been developed and continues to evolve. There is 1WTE in the hub on a weekly basis.
Named CAMHs leads in schools & Primary Care	There are currently 7WTE in post and a further 1WTE to be recruited. There have been approx. 400 consultations in Apr and May and we are exploring increasing capacity via collaborative funding. Anxiety remains the most prevalent issue.
Supporting self care	Youth champions have been given test login access to test the websites and aps. They will then make a recommendation to the strategy group.
Development of single point of access	The new front door has commenced and the CAMHs duty functions have moved into the same building. This could be a future ACS test area.
Further develop evidence base	Two CAMHs worker booked onto CYP-IAPT courses CAMHs submitted expression of interest for 2016/17 course(s)
Implement all areas of the crisis care concordat	24/7 crisis helpline went live in September 2016 and an audit completed with a series of recommendations. Report due in quarter two. Mapping of current provision against each element of the concordat has been completed and an action has been developed. CAMHs liaison and interface function is in post and has started to take referrals. Numbers are starting to increase with the majority seen on the paediatric ward. Liaison and diversion service is increasing it's understanding of CYP services. Police cell not to be used as a place of safety from 1st January 2016 and local system set-up. The mapping of all age psychiatry services has been completed. Working with Sheffield CCG around a regional CYP section 136 suite. Funding has been agreed too commission an assertive outreach, response and fostering service for the most vulnerable, protocols being developed. This service will provide support for CYP in a period of crisis as appropriate.
Intensive home treatment service to be provided	Key area of focus and a need to agree local threshold by September 2017. New posts to start in August and there is a clear expectation of improvement.
Expansion of peer mentoring service	Feedback of service is positive.
Enhance the current assessment process to include sensitive enquiries	The assessment process and practice has been changed as per the LTP requirements.
Enhance the current do not attend policy	The review was completed and there are some outstanding actions to be completed, which will be monitored. 0 CYP we re discharged because of DNA this quarter. DNA rate is reduced to 8.5% mainly due to the consultation and advice service providing greater support in the community.

Develop multi-agency teams	Not intended for 2016/17 implementation
Improved community paediatric services (inc ASD and ADHD)	Both are NICE compliant, however there have been resource issues that has led to an increase in the autism waiting list. A new community paediatric model has been agreed and financials redistributed to increase capacity within the autism pathway. This is currently being worked through. There are now two clinical psychologists in post with a further vacancy out to advert, this has increased capacity.
Development of domestic violence multi-agency teams	Multi-agency teams are in place
Provision of eating disorder community services	There is now a full team across the hub and spoke model meaning full provision and support. Launch held on 26th January 2017. 100% of CYP are meeting access and waiting time standards. Numbers accessing treatment and awareness sessions remains low.
Redeploy generic staff currently seeing ED cases now seen by community team to improve access to self harm and crisis and invest underspend from ED funds	Not intended for 2016/17 implementation

6.0 Appendices

5.1.1. Issues & Risks to Delivery

LTP Q1 risk template - 17.docx

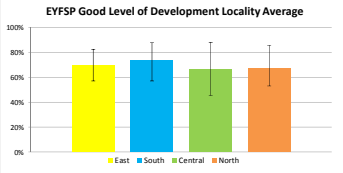
5.1.2. Spend & Activity Overview

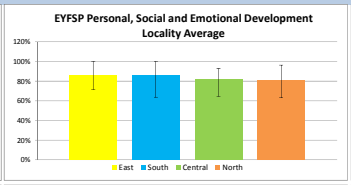
LTP Finance Tracker 2017-18.xlsx

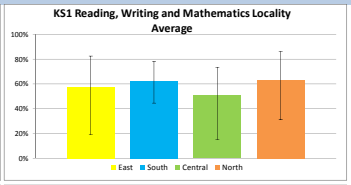
5.1.3. Local Systems Dashboard

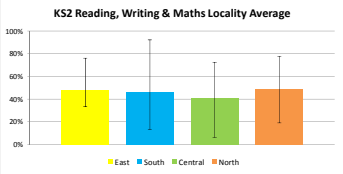
NHS Doncaster CCG Children & Maternity Delivery Plan

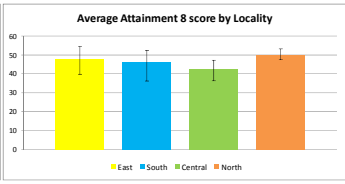
Outcome 1 - Better Educational Attendance and Attainment

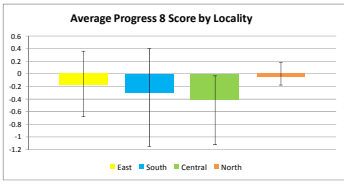




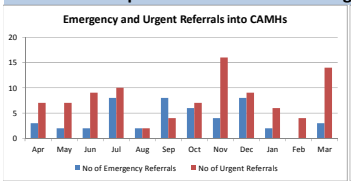


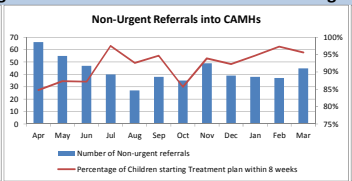


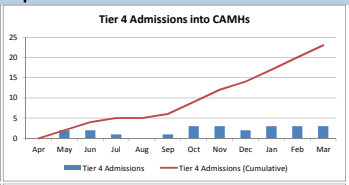


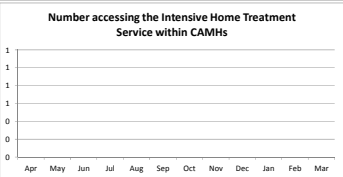


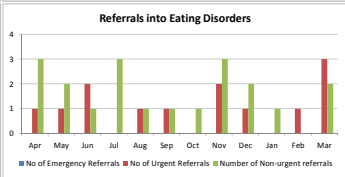
Outcome 2 - Improved Emotional Wellbeing and Mental Health of Children and Young People

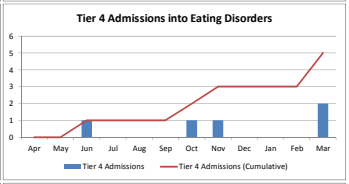


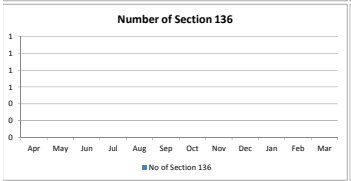


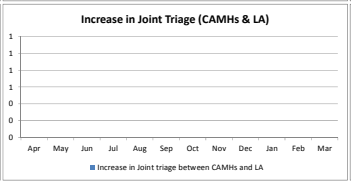


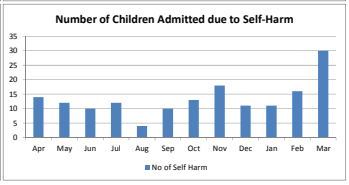












Doncaster
Metropolitan Borough Council

Doncaster Health and Wellbeing Board

7 September 2017

Subject: Report of the Steering Group and Forward plan

Presented by: Dr R Suckling

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

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

How will this contribute to improving health and wellbeing in Doncaster?
This report provides an update on the Health and Wellbeing Board outcome framework, the Doncaster Festival of Research 2017, antimicrobial resistance and the next Yorkshire and the Humber HWB chairs event.

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

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Doncaster
Metropolitan Borough Council

Agenda Item No. 12
7 September 2017

To the Chair and Members of the
HEALTH AND WELLBEING BOARD

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

EXECUTIVE SUMMARY

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

EXEMPT REPORT

3. N/A

RECOMMENDATIONS

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

PROGRESS

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

The Steering group has had two meetings since the last Board in June 2017 and can report the following:

- **Health and Wellbeing Board Outcome Framework**

The June Health and Wellbeing Board considered and approved an approach to monitor outcomes using a matrix across the life course and four key categories (Wellbeing, prevention, care, and support and dying well). It was acknowledged that the approach needs further work and some dedicated

time to work through the detail which will be undertaken by the Health and Well Being Steering group in September (14th), before forming part of a workshop for the board in October. The input derived from these sessions will inform a new report to the board at the November meeting which will include further detail and performance information for the board to consider and agree.

- **Doncaster Festival of Research 2017**

Doncaster's Festival of Research will take place in October (16th-20th). The main conference day will be Tuesday 17th October and will be themed around the HWB priorities. Our key note speaker is Professor Steve Peters author of the Chimp Paradox.

The idea behind the festival is to showcase Doncaster's research and attract more research to Doncaster as this is good for both Health and Wealth. This is also a chance to begin a conversation about why people do research and how they use the knowledge generated to underpin decisions. There will be a number of fringe events during the week which will aim to both engage and entertain people living and working in Doncaster. A call to run fringe events will be released shortly, but so far we have interest from Hatfield prison, South Yorkshire Fire and Rescue and Well Denaby. Funding has been secured from the clinical research network to support this work. This event is being jointly planned by DMBC, CCG, RDASH and DBTH.

- **Antimicrobial resistance**

In October 2017 Public Health England (PHE) will launch a national campaign across England to support efforts to reduce inappropriate prescribing for antibiotics. Health and Wellbeing Board partners are asked to support the campaign.

- **Yorkshire and the Humber HWB chairs event**

The next Yorkshire and the Humber HWB chairs event will take place Friday the 22nd of September 2017. Doncaster has 6 places and this is open to all Board members.

- **Forward Plan for the Board.**

This is attached at **Appendix A**.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

6.

	Outcome	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy.	The dimensions of Wellbeing in the Strategy should support this priority.

	• *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The Health and Wellbeing Board will contribute to this priority
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	The Health and Wellbeing Board will contribute to this priority
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	The Health and Wellbeing Board will contribute to this priority
	Council services are modern and value for money.	The Health and Wellbeing Board will contribute to this priority
	Working with our partners we will provide strong leadership and governance.	The Health and Wellbeing Board will contribute to this priority

RISKS AND ASSUMPTIONS

7. None.

LEGAL IMPLICATIONS

8. None.

FINANCIAL IMPLICATIONS

9. None

EQUALITY IMPLICATIONS

10. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the

Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The steering group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

CONSULTATION

11. None

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Dr Rupert Suckling
Director Public Health

APPENDIX A

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

Date	**Board Core Business**		**Partner Organisation and Partnership Issues**	**HWBB Steering Group Work plan**
	Meeting/Workshop	**Venue**		

5th October 2017	**Workshop**
	• Outcomes Framework TBC
	
	Interactive session to build on the proposed outcomes framework and finalise the outcomes and indicators
		Mary Woollett centre	• Plans and reports from
			  ○ CCG
			  ○ NHSE
			  ○ DMBC
			  ○ Health watch
			  ○ RDaSH
			  ○ DBH
			• Safeguarding reports
			• Better Care Fund
			• DPH annual report
			• Role in partnership stocktake
			• Wider stakeholder engagement and event
			• Relationship with Team Doncaster and other Theme Boards
			• Relationship with other key local partnerships
			• Health Improvement Framework
			• Health Protection Assurance Framework
			• Wellbeing and Recovery strategy
			• Adults and Social care Prevention Strategy
			• Housing
			• Environment
			• Regeneration
				• Areas of focus – schedule of reports and workshop plans
				• Integration of health and social care (BCF)) workshop plan
				• Other subgroups – schedule of reports
				• Communications strategy
				• Liaison with key local partnerships
				• Liaison with other Health and Wellbeing Boards (regional officers group)
				• Learning from Knowledge Hub

APPENDIX A

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

2nd November 2017	**Board meeting** • Performance Report • Health and Social Care Transformation /BCF update • Safeguarding Reports (Adults/Children's) • South Yorkshire Fire and Rescue update • HWBB Steering group update	Civic office 007a and 007b		
7th December 2017	**Workshop** • Topic TBC/ potentially culture and wellbeing	Mary Woollett centre		
11th January 2018	**Board meeting** • Performance Report • Health and Social Care /BCF Transformation update • Pharmaceutical Needs Assessment • Housing and Health update (6 months)	St Catherine's House		

APPENDIX A

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

	• Physical activity and sport strategy • HWBB Steering group Update			
February 2018	**Workshop** • Date/Topic TBC potentially Age-Friendly Doncaster	TBC		
15th March 2018	**Board meeting** • Performance Report • Health and social care/BCF update • Suicide Prevention update • HWBB Steering group update	Civic office 007a and 007b		

2017/18 Health and Wellbeing Board meetings

2 November 2017 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster – TBC)

11th January 2018 (Venue: St Catherine's House , Balby TBC)

15th March 2018 (Venue: Rooms 007a/00b, Civic Office, Waterdale, Doncaster)

Health and Wellbeing Workshop Dates – Topics to be confirmed (Mary Woollett centre 9am-1pm)

5th October 2017 9 – 1pm tbc

7th December 2017 9 – 1pm tbc

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