Doncaster Council

Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber, Civic Office, Waterdale, Doncaster

Date: Tuesday, 23rd January, 2018

Time: **10.00 am**

Items for Discussion:

Item

1. Apologies for Absence.
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any.
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 22nd November, 2017. *(Pages 1 - 12)*
5. Public Statements.

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

Jo Miller
Chief Executive

Issued on: 15th January, 2018

Governance Services Officer for this meeting Amber Torrington
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Doncaster Metropolitan Borough Council
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A. Items where the Public and Press may not be excluded. Time

6.	Doncaster Safeguarding Adults Annual Report 2016-17. *(Pages 13 - 58)*	10.00am
7.	Substantial Variation - Merger of the Phoenix Medical Practice and the Flying Scotsman Health Centre *(Pages 59 - 80)*	10.30am
8.	Transition from Children's to Adult Social Care. *(Pages 81 - 90)*	10.50am
9.	Health and Well Being Strategy Update - Outcomes Framework for Health and Well Being Board. *(Pages 91 - 100)*	11.30am
10.	The Inspection and Regulation of Adult Social Care - In House Community Services. *(Pages 101 - 120)*	11.45am
11.	Health and Adult Social Care Overview and Scrutiny Work Plan Report 2017/18 Update. *(Pages 121 - 146)*	12.25am

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

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

Councillors Linda Curran, George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

Invitees: Lorna Foster

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 22ND NOVEMBER, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007A AND B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 22ND NOVEMBER, 2017 at 10.00 AM

PRESENT:

Chair – Andrea Robinson
Vice Chair – Cynthia Robinson

Councillors George Derx, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith.

ALSO IN ATTENDANCE:

DMBC
Rupert Suckling - Director of Public Health
Karen Johnson - Interim Assistant Director of Adult Social Care
Patrick Birch – Programme Manager – Commissioning and Contracts
Howard Monk - Head of Service - Strategy and Performance
Ian Campbell - Head of Service - Commissioning
Helen Conroy - Public Health Specialist
Sarah Smith - Public Health Improvement Coordinator

Other
Councillor Kevin Rodgers – Chair of Overview and Scrutiny Management Committee.
Jackie Pederson – Chief Officer - Doncaster NHS CCG

		ACTION
52	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Councillors Sean Gibbons and Linda Curran.	
53	DECLARATIONS OF INTEREST, IF ANY	
	There were no declarations of interest made.	
54	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 20TH SEPTEMBER, 2017	

	The minutes of the Health and Adult Social Care Overview and Scrutiny held on 20th September 2017 was agreed as a true record.	
55	PUBLIC STATEMENTS	
	The Chair paraphrased a public statement issued from Doug Wright that had been circulated and read out the following; **MOU Concerns** In my statement I wish to raise and develop in particular two key concerns around the implications of the MOU. Firstly, around the governance implications for Doncaster Council, including having key responsibilities, but not being party to decision making. Secondly, some of the financial implications for the Council within the proposed SYB reduction budget. **Background** Mayor Jones said at the January Council meeting, 'I have significant concerns about the budget pressures which will have to be accommodated with that'. (referring to STP now ACS) On 21st September 2017, the Mayor at the Council meeting responded to my MOU/STP question by saying 'we do have concerns in relation to the projected funding gap £571 million within the plan over the next 5 years and the implications of this on the care, health and wellbeing of local people'. NB: Around £570 million will be required by 2020/21, not over the next five years. It was noted that the Memorandum of Understanding would be considered as part on the first item on the agenda and would address the issues raised in Mr Wright's statement.	
56	THE SOUTH YORKSHIRE AND BASSETLAW ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING.	
	Members were provided with a report that gave them the opportunity to discuss and comment upon the South Yorkshire and Bassetlaw (SYB) Accountable Care System (ACS) Memorandum of Understanding (MOU). It was clarified that the MOU was an agreement, not a plan or a legally binding contract. It did not replace the legal framework or responsibilities of statutory organisations, yet sat alongside to complement and enhance them. It was explained that 27 partners were supporting the direction of travel, that there were implications	

	around how those partners worked together and the agreement acted as a commitment to resolve some of the issues. It was stated that role of the NHS Clinical Commissioning Group's (NHS CCG) was to commission the right services at a high quality for people, something that they will continue to do. It was advised that resources would be used collectively for some services across that area, alongside the Place Plan in Doncaster. It was explained that South Yorkshire and Bassetlaw had agreed to work collectively to do things in a different way. It was added that with an increase in demand and ageing population there was expected to be a health and social care funding gap of around £140M for Doncaster by 20/21. It was outlined that the Accountable Care System (ACS) was the NHS England's current way of delivering improvements in care. Colleagues from the NHS were taking account of this new policy direction and were collectively taking precautionary and sensible steps to develop joint approaches to service delivery. It was noted that there has been no change in law and statutory responsibilities at an organisational level remain, therefore this is a coalition of the willing. It was shared that local authorities, without contribution or commitment had been invited to join the NHS as part of the journey, as what happens within the NHS impacts on local people and social care. **Governance** – It was explained that there were no governance implications for the Council who were only supporting the agreement. It was clarified that the MOU does not supersede any statutory or legal responsibility where the Council was commissioning or providing services. That any changes would need a decision by Cabinet and services changes would be considered by the Council's Health and Adult Social Care Overview and Scrutiny or by the regional Joint Health Overview and Scrutiny Committee. An example of recent service changes was a decision around hyper acute stroke services currently being considered by the regional health scrutiny group. The decision included a proposition that Doncaster became a hyper stroke service unit; one Member raised their own concerns about the impact from this on the overall availability of beds at Doncaster Royal Infirmary. It was explained that this this may mean an up to an additional 400 admissions and that work would be undertaken with the Trust to look at this. **Accountability** - It was shared that there was a huge commitment from all those involved, that a governance structure was in place providing the right level of oversight which meets on a regular basis. It was added that commissioners would seek assurances through NHS England and providers through NHS improvement. Members were informed that there may be opportunities to have one regulator for both	

	in the future and that this would be positive from a place perspective. **Timeline** – Members were informed that new governance arrangements would be in place from April 2018 with a firm change from April 2019 when the South Yorkshire and Bassetlaw Accountable Care System would be formally established. **Parties and Partners** - It was raised that under the list of Parties to this agreement as part of Section 2, there was no reference to any Arm's Length Bodies or commercial enterprises. Members were informed that this could be looked into and feedback would be provided. **Minor Injuries** – In respect of minor injuries, Members were informed that there would be a review of existing urgent care centres, minor injury and walk in services. The review would look to establish the baseline position and develop a plan to have a model for urgent treatment centres across the system. Reference was made to the independent review of hospital services which would look at the model across South Yorkshire and Bassetlaw. **Urgent And Emergency Care** - Members were informed that a programme of work was currently being developed to take account of national requirements. This involved delivery models developed at place with a joint focus on redesigning the urgent and emergency care system and developing out of hospital services to reduce demand on Accidents and Emergencies (A&E) and acute beds. It was explained that Accidents and Emergencies (A&E) all operated differently across the system. **Transformation Priority Workstreams** - In respect of Transformation Priority Workstreams listed under Section 8. It was advised that workstreams were in place, led by clinicians. It was clarified that the majority should be maintained and that it would just be those services where it made sense to work across regions. **Managing Demand and Optimising Care** – This covered the elective and diagnostic care workstream, responsible for the planning, oversight and governance of a regional or sub-regional elective and diagnostic care system. Concern was raised that that through focusing on the two priorities, by reducing system demand and improving efficiencies in delivering a service might in reality deter people from accessing services they really needed. It was explained that sometimes people accessed services that weren't needed at that time or would be better using alternative ones. Members were informed that it wasn't about deterring people, but more about ensuring that a consistent approach was being used. **Mental Health** - Concern was raised that learning disabilities was not being treated as a priority and a Member questioned whether it could	Chief Officer - Doncaster NHS CCG

	be separated from mental health. It was explained that the programme sat across South Yorkshire and Bassetlaw and Members were assured that the needs of people with a learning disability were considered to be as prominent as those of people with mental health disabilities. The Doncaster Clinical Commissioning Group Chief Officer offered to highlight it as a concern raised by the Panel. Members were reminded that local authorities were not being asked to delegate anything across South Yorkshire and Bassetlaw. It was explained that there was a joint committee consisting of NHS Clinical Commissioning Groups that worked across that area and had the delegated authority to make decisions on their behalf. It was shared that there was a real opportunity for Doncaster to work more in this way. It was added that with Sheffield and Doncaster were offering the two biggest sites and viewing it from a broader prospective, this could be seen as a potential opportunity for investment into Doncaster which may result in new jobs and better technology. Members were informed that there was a regular update received on the Accountable Care System that could be forwarded onto Members. RESOLVED that the Panel note the South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding.	Chief Officer - Doncaster NHS CCG
57	<u>DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS (SUSTAINABILITY AND TRANSFORMATION PLAN, PLACE PLAN, ADULTS HEALTH & WELLBEING TRANSFORMATION PROGRAMME).</u>	
	A presentation was made to the Panel around Doncaster's Strategic Health and Social Care. The Panel received a verbal update on progress made on the Councils' Adults Health and Wellbeing Transformation Programme alongside Quarter 2 of the 2017/18 performance information. Members were informed how the programme was about enabling people to stay independent through providing a very different and more personalised offer. It was explained that this was something that needed to be achieved through integrated services involving health colleagues, as well as building up additional community capacity. After consideration of the report and details presented, the following areas were highlighted; **<u>Day Care Services</u>** – It was outlined that this was about presenting a range of alternative community led day opportunities for people. It was stated that there needed to be best interest meetings starting with the individual, looking at their personal needs and that of the wider family to ensure the most appropriate offer.	

It was commented that previously there had been concerns about centres in Mexborough that provided a combined service to individuals with learning disabilities alongside the elderly. Members were also informed that there had been reservations around facilities available to support adult's with higher dependency needs.

A Member who had recently visited the centre, commended staff and expressed that there was real warmth present, with happy people being well supported by staff who had an enthusiasm and willingness to embrace change. The Member praised the community involvement, engagement and interaction that were taking place with local groups using the facilities. It was recognised that this had been a big change which had resulted in a highly regarded model, with users receiving a better and more personalised service.

Short Stay and Respite Care - Members were informed that a focus was being placed on preventing admissions and there was an opportunity for this within the Place Plan. Members were told how there were currently four different admission routes to Intermediate Care and how they could be brought together was being reviewed. It was stated that sometimes individuals were placed in hospitals when they didn't need to be. It was added that there should be more of a focus on the outcomes of people to receive the necessary care and respite before being moved on appropriately dependent upon their needs.

Concern was raised regarding those with dementia who had been left and had found themselves in the emergency ward alone. Members were informed that the Rapid Response Services offered a chaperone facility which provided a mechanism for those in hospital at risk of harming themselves. It was commented that an effective handover point could be when someone was being transported over.

Home Care – Members heard that this was an area of challenge, where contracts were being looked at to see whether the right provision was in place moving forward.

Supported Living – Members were told that steps were being taken to review the current Supported Living offer to develop a more effective demand management led approach. It was added that the Council was looking to re-procure this offer by next August and were considering new ways of doing this.

Learning Disabilities – Some expressed that there was a need for a Learning Disability and Autism Strategy. Members were informed that this needed to be procured in a way that enabled the strategy to be more flexible.

Veterans – Concern was raised that there had been no mention of

	Veterans, a group that was at particular risk of mental health problems. Members were informed that there was a specific action plan for veterans who were classed as an equality characteristic. **Carers** – Members were informed that significant pieces of work were being done around carers. **Your Life** - Reference was made to Your Life Doncaster, supporting a new approach to adult social care, through the development of a website which aimed to provide the necessary resources for Doncaster's residents to stay independent within their community. It was questioned whether this could be more localised and branded by town. Members were informed that powers of general competency would need to be used when the market failed to pick up certain areas. It was added that interest had been expressed by staff to look at social enterprise models offering an alternative delivery model to provide extra support for a voluntary and community model. Reference was made to voluntary and community organisations who currently did not charge for their services and it was questioned whether this could be done differently, for example, using direct payments. Members were informed that there was work being undertaken which could be brought back to the Panel in the future. **Performance Management** - A presentation was provided to the Panel setting out the latest progress on Adults Health and Wellbeing transformation and quarterly performance highlights for Quarter 2. Areas covered included: • Financial Position – projected Q2 overspend of £401K (£900k 2016/17, Q1 £469K) • Residential Care Places • Admissions To Residential Care (Over 65s) • Direct Payment Agreements • Staff Sickness • Contracts • Social Care Reviews Members were informed that there had been 30 positions that had been vacant within adult social care and as a result, systems had not been where they should have been. Members were assured that that situation had been addressed and wouldn't be allowed to happen again. **Delayed Transfer of Care** – Members considered information presented around delayed transfers of care where performance hadn't met set targets. Representatives from the NHS Clinical Commissioning Group commented that this was an issue that would be	

	looked at collectively. RESOLVED That the Panel; 1. Notes the information presented and that consideration should be given to; and That consideration be given to; A secondary cooperative being established to support voluntary groups with administration functions.	
58	<u>DONCASTER SUICIDE PREVENTION PLAN.</u>	
	A report was presented to the Committee around the Doncaster Suicide Prevention Plan. It was explained that Local Authorities had a responsibility to have local suicide prevention plans in place. The report provided an overview of local suicide data and provided Members with the Doncaster Suicide Prevention Plan for their consideration. In relation of the data provided in relation to local suicides, it was explained that Doncaster's prevalence was 10.1 per 100,000 compared with Yorkshire and Humber whose prevalence of 10.7 per 100,000 was higher. It was outlined that between the years of 2013 and 2015, 65 males had taken their own life by suicide compared to 16 females and it was recognised that men were more at risk. It was explained that Doncaster was not an outlier and that it was the national picture issue that presented concern to all of us and in particularly, males as a group. Members were informed that an action plan had been developed as the Public Health England (PHE) guidance made it clear that all Local Authorities required a local prevention plan. It was explained that the Suicide Prevention Plan contained a range of themed actions in accordance with national PHE guidance and that this contributed to the prevention of suicides in Doncaster as well as support for those affected. It was further explained that the new guidance challenged local partnerships about how they worked effectively together. It was added that the delivery of the plan was overseen by the multi-disciplinary Suicide Prevention Group which met bi-monthly and was chaired by Dr. Seddon from Doncaster NHS CCG with support from the Public Health team. It was outlined that in January 2017, a local conference had been held to refresh the local suicide prevention plan in accordance with the new Public Health England Guidance. Members were informed that over 80 professionals from a range of disciplines attended and workshops were conducted to define the actions for the refreshed plan in accordance with the nine themes of the national guidance, these	

	included; 1. Reducing risk in men. 2. Preventing and responding to self-harm. 3. Mental health of children and young people. 4. Treatment of depression in primary care. 5. Acute mental health care. 6. Tackling high frequency locations. 7. Reducing isolation. 8. Bereavement support. 9. Data and intelligence. Veterans – Concern was raised of what was in place for Veterans from this issue and that there were no figures within the report. Members were informed that this group was at risk and was classed as an equality characteristic. This group will therefore be audited and areas of concern picked up, in addition to that, real time data surveillance could be provided for the following year and this would allow for further investigation. It was also added that mortality data only presented information on the person's last occupation where for veterans, being a member of the armed services was often that person's first occupation and therefore that wouldn't have been picked up. In respect of the wider issues around Veterans, it was suggested that the Veterans plan should be added to the Panels workplan. Suicide Prevention – In terms of prevention, it was recognised that this issue was often triggered by a major event and questioned what was being done to prevent suicides happening. Members were informed about the future commissioning of dementia cafes that would take place in 2018. Members were made aware of a small pot of funding of £5,000 per year available for areas within the action plan such as training and awareness campaigns. Bereavement – Members were pleased to hear that further support would be made available for the bereavement service. A Member shared with the Panel that they had witnessed through their involvement with foodbanks, how individuals they engaged with were often at the end of their tether. For those individuals, bereavement was often raised as an issue and recognised as an unmet need. Members were informed that there was a procurement exercise/tender in place and that the Council would be involved in developing the specification to ensure that those effected by bereavement would access the right support. Members were informed that attempts had been made to engage with Emergency and Social Care services to ensure that those at high risk were appropriately referred. The Mental Health Challenge – Members were reminded of an email that had been recently circulated looking for Member Champions. It	Senior Governance Officer

	was explained that local authorities had been approached to take up The Mental Health Challenge as it was felt that they have a key role promoting wellbeing and improving mental health in their communities. Social Isolation – A Member raised concern that those who were based within rural areas were more prone to be socially isolated and therefore more affected by this issue. Data and Information – Members were informed that the current database was able to search by postcode and could pick up significant patterns. It was reported that since the last audit the information has got stronger for all those areas. In respect of data recorded, it was clarified that there was no specific data on attempts as opposed to suicide. It was explained that reviews of cases would be undertaken when a suicide occured and would be treated as a child's death and learn from those cases. It was suggested that the same should be applied for those deaths classed as a 'misadventure'. Children and Young People – A Member explained that in schools, where a child had responded that they had created a plan to take their own life, they could then be referred. It was explained that there was no evidence that suggested that there was any harm in asking. It was understood that asking this was intuitively very difficult. Members were told about PAPYRUS, a national UK charity dedicated to the prevention of young suicide. Members were informed that training had been commissioned through them called 'Safetalk' and that 300 professionals (including teachers) had been trained. It was added that schools had been targeted and four had been invited to recent training from each locality. It was questioned whether the training could be opened to Governors and Members before it ended in February 2018. It was added that this issue around Children and Young People was an area of focus at next prevention group meeting. Broader Context - Concern was raised that this issue was not reflected in broader plans and polices. It was felt that this issue should be fed back into all areas. RESOLVED that the Panel; 1. Note the data provided relating to local suicides, and assured of a robust Suicide Prevention Plan for Doncaster; and That consideration be given to; 2. Undertaking case reviews on those suicides and sudden deaths	

	registered as 'misadventures'; 3. Widening SAFETALK training currently available for both School Governors and Members; and 4. Further being done to explore what could be achieved across partnerships, picking up key plan and policies such as the Accountable Care Systems and mental health.	
59	<u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE.</u>	
	It was explained to Members that this was a regular item on the workplan. The report provided an update and summarised: • Key findings from CQC's ratings report on the state and quality of adult social care services as of August 2017. • Comparisons between the CQC's national, Yorkshire and Humber and South Yorkshire key findings as well as the local data and intelligence relating to provision of adult social care in the Doncaster district. • Contract monitoring, engagement and other improvement activity undertaken by commissioning staff to support and drive up standards and quality. • Recently announced programme of health and social care local system reviews to support those areas facing the greatest challenges to secure improvement. Members were reminded that the report applied information from a national report, localised it and considered lessons learnt. Members were informed that although there was some reliable data, work was being undertaken with the CQC on South Yorkshire wide information as further validation was required. It was clarified that the CQC was a national body who provide us with the data and that the methodology was to inspect less frequently with good providers although they do tend to re-inspect where there is evidence of poor providers. It was clarified that poor services were judged then re-judged. It was outlined that unannounced inspections took place at different times of day and where required an improvement plan with put in place with CQC in a supportive way. Concern was raised about care homes that were sold on or where management had changed. It was explained that when a company was sold, the CQC archived and removed the company's current rating. The rating was not given to the new owner but instead was earnt through having another inspection. Also, there was a dispensation for care homes that were in liquidation where administration came in to run that alongside authorities before selling it	

	on. It was explained that 3% of residential care homes in the South Yorkshire region were rated as 'inadequate' compared to 2% in Doncaster. It was outlined that whilst there were 2 inadequate care homes in Doncaster, one was inactive and the other had recently been inspected by CQC. Members were reminded of the strategy in place to enable people to remain in their own homes and that people were living longer with complex conditions. RESOLVED that the report is noted and that the outcomes of each CQC inspection rating going forward are notified to future meetings.	
60	<u>OVERVIEW AND SCRUTINY WORK PLAN 2017/18 - UPDATE</u>	
	The Panel received a report updating Members on the Panel work plan for 2017/18. A copy of the work plan was attached at Appendix A to the report taking account of issues considered at the Health and Adult Social Care Overview and Scrutiny meeting held on 21 June and OSMC meeting held on 29 June 2017. RESOLVED that; 1. The Health and Adult Social Care Overview and Scrutiny work plan for 2017/18 at Appendix A, be noted; and 2. That the following items should be added to the workplan for future consideration; • Continuing Health Panel • Clinical Waste – Environmental Health • Veteran's Plan	

Doncaster Council

Report

Date: 23rd January 2018

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

Doncaster Safeguarding Adults Annual Report 2016-17

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Rachael Blake Lead Councillor for Safeguarding Adults	All	No

EXECUTIVE SUMMARY

1. The Doncaster Safeguarding Adults Board's objective is to ensure that local safeguarding arrangements and partnerships act to support and protect adults at risk or experiencing abuse and / or neglect. It aims to achieve those objectives whilst empowering individuals to maintain control over their lives and to make informed choices without coercion or duress.

2. The Care Act 2014 requires the Board to publish an annual report detailing what the Safeguarding Adult Board has done during the year to achieve its main objective and implement its strategic plan and what each constituent has done to implement the strategy. The annual report will also set out the findings of any Safeguarding Adults Reviews completed during the year and the subsequent actions arising from the reviews. This is attached as Appendix A.

EXEMPT REPORT

3. The report is not exempt.

RECOMMENDATIONS

4. The Board receives and notes the progress achieved by the DSAB in relation to the Safeguarding Adults agenda and notes the information contained within it.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. The Care Act 2014 puts Safeguarding Adult Boards on a statutory footing as from 1st April 2015 and brings with it significant change for safeguarding adults practice. The Board and its partners have been working hard in Doncaster, alongside our regional partners to ensure systems, policies, procedures and assurance frameworks are aligned to the requirements of the Care Act so that adults at risk are safeguarded and receive the best service that is personal for them.

BACKGROUND

6. The Board has continued to pursue its engagement agenda with great focus through a 'Keeping Safe Campaign' helping communities to identify and respond to abuse and neglect. It has worked with the Doncaster Keeping Safe Forum, a community based forum that has been supported by the Board to grow in capacity and membership with the primary aim of getting the message out in Doncaster that abuse will not be tolerated.

7. During 2016 the Board requested a stocktake review be undertaken by Dr Adi Cooper from the Association of Directors of Adult Social Services to assess the Boards progress since the Peer Review undertaken in November 2015. The review proved positive overall with further recommendations identified to ensure the continuing development of the partnership.

8. The Board has continued to meet on a quarterly basis and has been well attended by a range of agencies with commitment to working in partnership to safeguard adults at risk. The Board held its annual away day in February to assess progress against its strategic objectives, refresh the strategic plan and revise the Board structure to ensure it is fit for the future. The day proved productive with a refreshed Strategic Plan 2016-19 outlining future direction.

9. The Board continues to pursue its strategic objectives through 2017-18 alongside the community of Doncaster to ensure that safeguarding is everyone's business.

OPTIONS CONSIDERED

10. No options considered.

REASONS FOR RECOMMENDED OPTION

11. No options considered

IMPACT ON THE COUNCIL'S KEY OUTCOMES

12.

	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*	
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Doncaster services safeguarding adults at risk to lead safe and independent lives through empowerment, protection and prevention of abuse or neglect.
	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*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Safeguarding Adult services considers a whole family approach to safeguarding situations.
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	Safeguarding adults is a multi-agency partnership led approach to seeking resolution and recovery for adults at risk.

RISKS AND ASSUMPTIONS

9. There are no specific risks or assumptions associated with this report.

LEGAL IMPLICATIONS

10. The Care Act places a duty on the Safeguarding Adult Board to publish an annual report detailing what it has done during the year to achieve its main objective, implement its strategic plan and set out what each member has done to implement the strategy. It should also give detail regarding the findings of any safeguarding adult reviews and any subsequent action taken.

FINANCIAL IMPLICATIONS

11. There are no financial implications as a result of the recommendation in this report. Details on the funding utilised in 2016/17 are provided in the Doncaster Safeguarding Adults Board Annual Report 2016-17.

HUMAN RESOURCES IMPLICATIONS

12. Staff will be required to attend the relevant training from the training programme of classroom and eLearning which is planned for 2017-18 and the programme planned for 2018-19. The workforce strategy is to be agreed at the next Board and then embedded throughout 2018 onwards which incorporates core principles for safeguarding across Safeguarding Adults, Safeguarding Children and Domestic Abuse.

TECHNOLOGY IMPLICATIONS

13. There are no technology implications with this decision.

EQUALITY IMPLICATIONS

14. The work of the Doncaster Safeguarding Adults Board needs to demonstrate due regard to all adults at risk across all groups in Doncaster through its Strategy.

CONSULTATION

15. Doncaster Safeguarding Adults Board members

BACKGROUND PAPERS

16. None

REPORT AUTHOR & CONTRIBUTORS

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Director of People (DCS/DASS)
Learning and Opportunities: Children and Young People/Adult Health & Wellbeing Directorates

Doncaster Safeguarding Adults Annual Report 2016/17

Contents
and Appendix

Independent Chairs
Foreword

I am pleased to introduce myself as the new Independent Chair of the Doncaster Safeguarding Adults Board. When I joined the Board in July 2016 I was delighted to find that there is a real enthusiasm and commitment to prevent the abuse of vulnerable adults. I have also learned that there is an absolute commitment to working with vulnerable adults and their communities as equal partners.

Whilst the environment in which we are working is challenging with all the partners facing financial constraints and many undergoing organisational change it is clear that we can deliver services and interventions that are increasingly effective, efficient and focused on the needs of the people that we serve.

The Board has continued with its engagement agenda reaching out deep into the community to raise awareness of safeguarding adults and identifying how to get help through the Keeping Safe Campaign. In addition the Keeping Safe Forum has continued to grow in capacity and membership getting the message out in Doncaster.

The Board requested a review of its progress against the recommendations from a Safeguarding Adults Peer Challenge that was undertaken in November 2015. The review confirmed that progress is being made by the Board and its partners and it identified further areas for development which have now been included in the partnership action plan.

In order to be effective the Board must have good support. One example of this is the improved information that has been provided to the Board. This has helped us have a better understanding of the effectiveness of our work. As a result of this information it has been highlighted that in many cases, although effective safeguarding action has taken place, the adult involved does not feel safer. Whilst further work to develop our understanding it is of the utmost importance that we use the vehicle of Making Safeguarding Personal to mitigate the impact of the emotional trauma for those suffering abuse or neglect.

The Board held its annual away day in February to assess progress against its strategic objectives, refresh the strategic plan and revise the Board structure to make sure it is fit for the future. The day was productive with a clear direction established and expressed in the new Strategic Plan 2016-19. We will continue to pursue our strategic objectives through 2017-18, and working in partnership with the community of Doncaster, to make sure that safeguarding is everyone's business.

Dr John Woodhouse
Independent Chair, Doncaster Safeguarding Adults Board

Membership of the board

Doncaster Metropolitan Borough Council, Adult Social Care

Doncaster Clinical Commissioning Group

South Yorkshire Police

St Leger Homes of Doncaster

Rotherham Doncaster and South Humber NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

NHS England

South Yorkshire Fire and Rescue

Doncaster Safeguarding Children's Board

Safer Stronger Doncaster Partnership

South Yorkshire Community Rehabilitation Service

Care Quality Commission (attends Board on annual basis by invitation)

Healthwatch Doncaster

SY National Probation Service

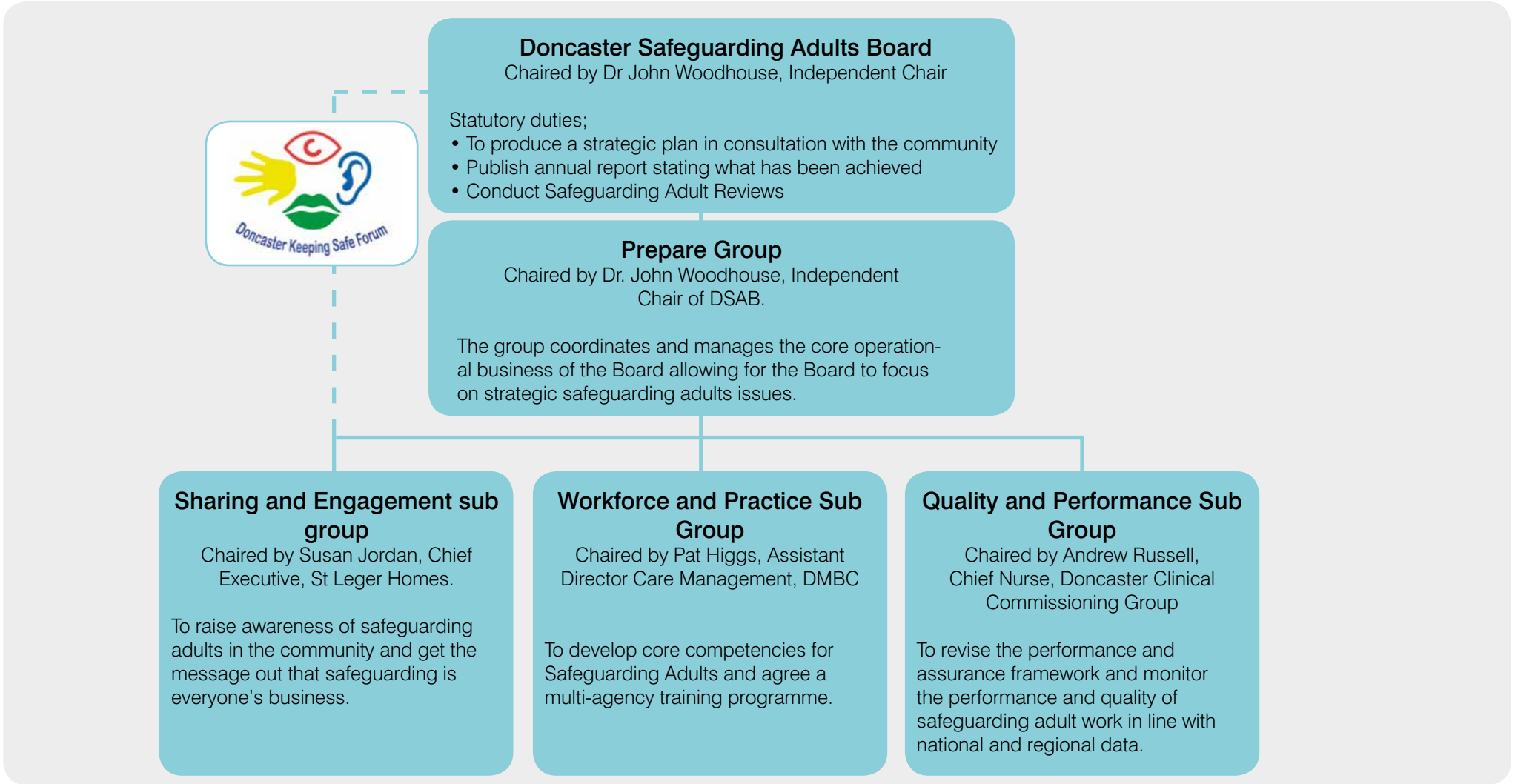
Yorkshire Ambulance Service represented by Doncaster Clinical Commissioning Group

Angela Barnes
Project Support Officer,
Doncaster Keeping Safe Forum
(attends Board on annual basis by invitation)

Governance 2016/17

Doncaster Safeguarding Adults Board Structure

The multi-agency Safeguarding Adults Board works to empower and protect adults at risk in Doncaster. It brings a range of agencies together from across the health and social care sector and holds them to account for the services they deliver The Board has met on four occasions; overall there has been good multi-agency attendance. For transparency the Board's annual reports, safeguarding adults reviews and Board minutes are publicly available and can be found at; www.doncaster.gov.uk/safeguardingadults



DSAB Key
Achievements 2016/17

What we said we'd do	What we have done	Still to do
1. Develop a Communication and Engagement Strategy alongside the community of Doncaster Lead -Share & Engage sub group	We have refreshed the Communication and Engagement Strategy in partnership with the Doncaster community and safeguarding workforce, this is now complete and was launched at the Keeping Safe Event, held on the 22 November 2016 and uploaded to the Boards website.	Implement the communication action plan
2. Inform people how to get help when abuse is identified Lead -Share & Engage sub group	The Keeping Safe event provided an opportunity to raise awareness, share information and consult with partners. As a result of the consultation activity at this event a Task and Finish Group has been established to work with the Keeping Safe Forum (a major vehicle for actioning this piece of work) to design new leaflets, posters and other ways to promote the Keeping Safe Campaign. The Task and Finish Group are also considering options to further develop the Safeguarding Adults website.	Implement the communication action plan
3. Provide information about what you can expect and how you can feedback Lead - Share & Engage sub group	Further consultation was completed at the Keeping Safe Event in November 2016.	Develop and embed a user feedback process.
4. Embed personalisation in safeguarding services (MSP) working towards achieving the agreed outcomes for adults at risk Lead – Workforce & Practice sub group	DSAB have developed and implemented a strategy to embed Making Safeguarding Personal in practice. • Phase 1 has been completed which includes embedding MSP across statutory health and social care services safeguarding policy and procedures. • hase 2 is now in progress which involves developing the wider independent workforce to undertake safeguarding enquiries in line with MSP and ensuring the system is robust to support this.	Continue with Phase 2 of the MSP strategy and evaluate the impact.
5. Embed the Safeguarding Adults Competency Framework in practice Lead –Workforce & Practice sub group	The Safeguarding Adults Competency Framework has been agreed in principle however there is a need to agree core competencies across Safeguarding Adults Boards, Children's Boards and the Community Safety Partnership.	Embed competencies and launch across Doncaster as part of the Workforce Strategy
6. Monitor outcomes for adults at risk Lead –Quality & Performance sub group	The Quality and Performance sub group meets on a quarterly basis to receive, analyse and discuss the safeguarding adults Performance summary (data set of info graphics) which is focused on outcomes for adults at risk. This provokes debate and identifies areas for further investigation and analysis.	In place and ongoing

What we said we'd do	What we have done	Still to do
7. Map responses to low level concerns across all partnership agencies and across the wider partnerships Lead –Workforce & Practice	Not progressed during 2016/17	To be carried forward to 2017/18 work plans
8. Raising awareness that abuse will not be tolerated and 'Safeguarding is everyone's business' Lead -Share & Engage sub group	The Keeping Safe Forum and annual Keeping Safe Event raise awareness of safeguarding adults across Doncaster. In addition committed multi-agency engagement represented at both the sub groups and task and finish group meetings continues to keep agencies focused on the safeguarding adults agenda.	Ongoing campaign message to be continued in line with the DSAB Communication and Engagement Strategy
9. Carry out Safeguarding Adults Reviews in line with the Care Act to learn lessons and prevent reoccurrence Lead – Safeguarding Adults Review Panel	1 Single Agency Review has been identified during 2016/17 and is in progress and is being led by Health. 2 further are reviews pending a decision subject to ongoing investigations.	Ongoing monitoring and coordination of the SAR/LLRs through the Prepare Group
10. Broaden the DSAB Performance framework to inform and assure the Board Lead – Quality & Performance	The Quality and Performance sub group developed and agreed a revised Performance Framework and data sets which are focused on outcomes for adults at risk and themed around the 6 safeguarding principles. The Board have agreed this in principle subject to ongoing development. First presentations of the Performance Summary have provoked debate at Board level which has led to positive challenge..	Performance Summary subject to ongoing development during 2017/18
11. Implement robust, open and honest challenge processes at Board level to hold agencies to account for effective safeguarding practice. Lead - Chair of the Board	The Board have worked jointly with the Safeguarding Children's Board to develop and embed a process that challenges agencies at Board level regarding their safeguarding arrangements. In addition to the Board has a challenge register for capturing areas of challenge raised and to record what impact this has had.	Challenge process to be repeated April 2017.
12. Implement recommendations from the Safeguarding Adults Peer Challenge Lead - PREPARE	The Peer Review Action Plan is now nearing completion. A Peer Review follow up undertaken by Dr Adi Cooper led to a further action plan including a gap identified in relation to a Policy for Self-neglect and Hoarding	Completion of Peer Review actions

Working together to
Safeguard Adults and Children

The Board have worked in partnership with Doncaster Safeguarding Children's Board to develop a joint safeguarding self-assessment and challenge process that will audit the effectiveness of safeguarding arrangements across partnership agencies. This provides an arena where partners will be held to account and challenged to provide evidence to support the information they have provided within their self-assessment. Where gaps are identified agencies will be asked to submit action plans to address.

The Board are also working jointly with Safeguarding Children's Board and the Community Safety Partnership Boards to develop core competencies regarding safeguarding and domestic abuse. This will strengthen and support the safeguarding workforce providing clear direction on the competencies required to identify and respond to abuse and neglect.

In addition the three Boards have coordinated joint training for Modern Slavery and Human Trafficking in line with the requirements of the Care Act 2014 and Modern Slavery Act 2015. This training was delivered by South Yorkshire Police to a range of staff across the multi-agency partnerships detailing how to identify Modern Slavery and respond appropriately. This has proved to be in high demand and more training is scheduled for 2017-18.

Implementing Making Safeguarding Personal in Doncaster

The Boards continues to implement its Strategy to embed Making Safeguarding Personal and seek assurance that practice is outcome focused. The strategy identifies a 2 phase approach to implementing the required changes, which is a shift from process to outcomes for adults at risk. The strategy focused on a number of areas including;

- Supporting the required culture change of the workforce through training and communication plans
- Revising documentation, systems, policies and procedures to focus on outcomes for adults at risk
- Widening the DSAB Performance framework to focus on outcomes
- Preparing wider independent providers of health and social care to undertake S42 enquiries in line with Making Safeguarding Personal
- Ensuring robust governance arrangements to drive the strategy through service delivery, inform the Board of progress, hold agencies to account and mitigate the risk of failure

Phase 1 of the strategy has focused on supporting statutory health and social care services, ensuring the adult at risk is asked what they want at the beginning of the safeguarding adult's process. Moving forward we will continue with Phase 2 of the strategy to ensure wider agencies are engaged and have the required skills to undertake Section 42 enquiries where appropriate.

The Board is now seeking assurance from agencies that Making Safeguarding Personal is being delivered in practice and making a difference to people's lives.

Front Door
Safeguard Adults Hub

The Safeguarding Adults Hub was created in April 2016 and brings together a range of agencies such as Social Workers, NHS Nursing Staff and trained Assessment Officers that are fully trained and competent in assessing and responding to safeguarding concerns. In addition the Police are co-located within the same building providing a fully multi-agency safeguarding function. Although in its infancy the Safeguarding Adults Hub has embedded the principles of Making Safeguarding Personal focusing on what the person wants from the beginning of the process and empowering adults at risk to achieve their outcomes.

During 2016/17 the Safeguarding Adults Hub received 2098 Safeguarding Concerns of which 676 (32%) progressed to a section 42 enquiry. 50% of enquires are concluded after a face to face meeting demonstrating a flexible and person centred response to the situation in line with the adults wishes. Leaving the more serious and complex safeguarding issues to be addressed through a thorough investigative enquiry process.

Proportionality is key when responding to safeguarding situations. The Hub identifies the most appropriate and proportionate response alongside the adult at risk or their representative often signposting to other services or processes where the adults outcomes will be better dealt with.

Safeguarding Adults Hub Case Study – Making Safeguarding Personal

The Safeguarding Adults Hub received a safeguarding concern about an elderly lady 'Eva' who lived in the community who was being neglected and at risk of financial abuse by her neighbour. This resulted in a section 42 enquiry and a member of the Hub arranged to visit Eva at her local GP practice where she felt safe and comfortable. Eva had capacity and was able to say what she wanted to happen.

Eva expressed the following outcomes during the face to face meeting;

1. To move house - this would place Eva away from her neighbour to reduce the risk of community harassment.
2. To access a care package - this would reduce Eva's reliance on her neighbour and the risk of financial abuse and neglect. This would ensure Eva's needs are met and so that she can retain her independence.
3. To have assistance with financial management - although Eva was physically unable to manage finances effectively, she had the mental capacity to request the involvement of a service to manage her finances as she felt that this would reduce /remove the risk of on-going financial abuse and address the debt issues caused by the source of harm's poor financial management.

All of Eva's outcomes expressed were achieved after the face to face meeting by the Safeguarding Adults Hub process. Eva received an assessment by a Social Care area team to access care and go on the housing register. In addition the Safeguarding Adults Personal Assets Team accepted and arranged to manage Eva's financial affairs.

Making a difference

The Hub empowers adults at risk to improve their lives as it puts service users and their families in the driving seat of the process and enables people to address concerns with the support of statutory services. It is a haven where people can access non-judgemental advice and support from professionals during some of the worst times of their lives, but in a proportionate way, at the service users pace.

Throughout 2016/17 the Safeguarding Adults Hub asked 80% of adults at risk what they wanted at the beginning of the safeguarding enquiry and in 94% of these cases the adult's outcomes were either fully or partially achieved.

80% of adults were asked what they wanted

94% of outcomes fully or partially met

Moving forwards

- We will review our systems and ways of working to improve services for adults at risk focusing on the timeliness of safeguarding enquiries and actions taken by our partner agencies.
- We will continue to work with our partners in the NHS, Police and Community Services to ensure the Hubs process is streamlined and service user friendly, so people only have to tell their story once.
- We will 'Make Safeguarding Personal' by holding meetings wherever the adult at risk feels comfortable - with the people the service user feels most comfortable with.
- We will empower people to resolve problems in their lives to help make them feel safer in their homes and communities.

Refer to back page for details of how to report a safeguarding adults concern.

Raising Awareness

Our Keeping Safe Campaign

The Share and Engage sub group have been working hard to refresh the Board's Communication and Engagement Strategy of which the Keeping Safe Campaign is a key part. In order to do this effectively consultations were carried out with staff and general public at the Keeping Safe Event held in November 2016, in addition a questionnaire was sent out to the public via St Leger Homes House Proud magazine.

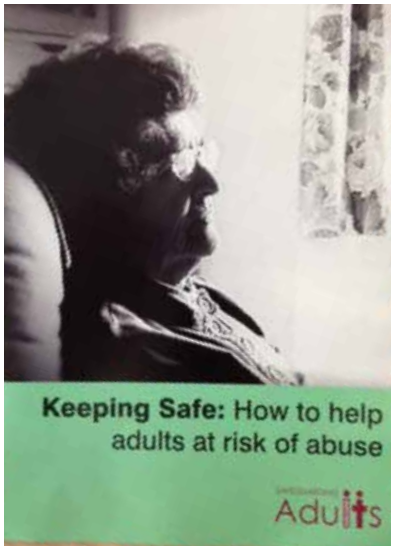
The consultations highlighted three themes;

- **Communication** – the need to reach the most vulnerable people not linked to existing services
- **Raising awareness and education** – the need to continue to deliver training around safeguarding adults and keeping safe across Doncaster, with a focus on educating young people
- **Empowerment** – supporting people to feel comfortable to report abuse through peer support, training and appropriate feedback

The key messages of the campaign are;

- Everyone has the right to be safe, to be respected, to be heard
- Everyone has a role to play to make this happen
- If you see something, say something (If you see, hear or suspect that someone is being abused, report it)

A number of methods have been used to support the campaign such as; consistent branding, marketing, press and public relations, social media, safeguarding film, leaflets, posters, banners and business cards, see below;



www.doncaster.gov.uk/safeguardingfilm

Moving forward the campaign action plan will be refreshed in line with the revised DSAB Communication and Engagement Strategy to ensure it continues to get the message out to the communities of Doncaster that safeguarding adults and keeping safe is everyone's business.

Keeping Safe
Event 2016

We held our annual event at the Doncaster Castle Park Rugby Stadium on November 22nd 2016 with 148 people attending with a mixture of professionals and members of the public. This is a slight decrease from last year where 162 people attended. The overall theme of the event was how we have communicated with people in Doncaster so far and where improvements are needed. The event consulted on what needs to be done to promote Keeping Safe in Doncaster and how we can improve this.

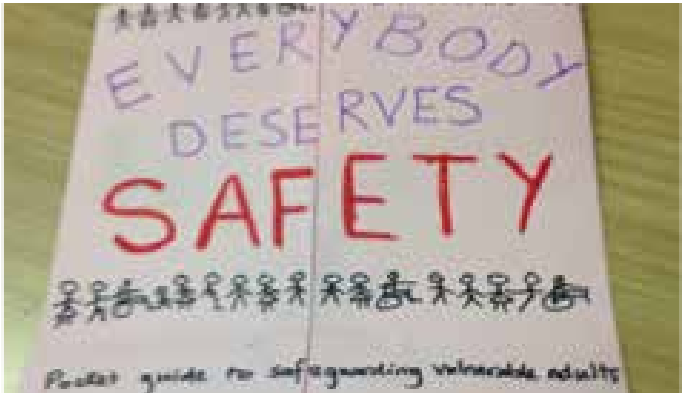
In order to achieve this, we held a consultation activity among attendees at the event which focused on;

- Leaflets and posters
- Safeguarding Adults Website
- Advertising across Doncaster
- Working with Young People

The event also aimed to engage with young people in Doncaster. Members of the task and finish group organising the event held a number of sessions with different groups to gather the views of young people on adult safeguarding. These views were displayed at the event.

The event achieved its objectives and evaluated well with a wide range of agencies and members of the public attending. The results of the consultations from this event will be used to redesign campaign materials and to update our website so that we can provide accessible information to the community of Doncaster and engage effectively. This event was possible thanks to the efforts of all our partners and members of staff. We would like to thank everyone for their contributions to making the 2016 Keeping Safe Event a success.

See the Keeping Safe Event film at http://youtube.be/Piq8FIV53CU



Safeguarding Adults
Peer review

The Board undertook a stock take of its progress against the peer review recommendations to ensure the actions were having the desired impact. Dr Adi Cooper, an expert in the Social Care sector was commissioned to undertake the stock take and visited Doncaster on 16th September 2016 to assess the progress made.

The stock take process included;
- Assessing a range of evidence
- Interviewing key strategic leads, partners and the independent chair
- Visiting the Safeguarding Adults Hub
- Discussions with team managers of Adult Social Care

The findings concluded that considerable progress had been made since the Peer Review with the following themes emerging;

- Impressed with openness and honesty of all Board partners
- Positive feedback regarding the Board Support Unit was expressed by all partners
- Gap in relation to a framework for self-neglect and hoarding was identified
- Revised Performance and Assurance Framework viewed as positive

The feedback from the stock take has been used to inform an action plan to strengthen further areas for development and will be implemented and monitored by the Board for governance purposes.

Safeguarding Adults Decision Support Guidance

The Guidance was developed in response to the Safeguarding Adults Peer Challenge findings, specifically in relation to the number of concerns being funnelled into the safeguarding adults system when other processes may have been more appropriate. It is intended to offer guidance for providers of health and social care services in making decisions with regard to safeguarding adults. The Guidance was developed to compliment provider internal incident and risk management procedures. This will help ensure the appropriateness of safeguarding adult's referrals to prioritise resources for those most in need.

Monitoring Outcomes for Adults at Risk

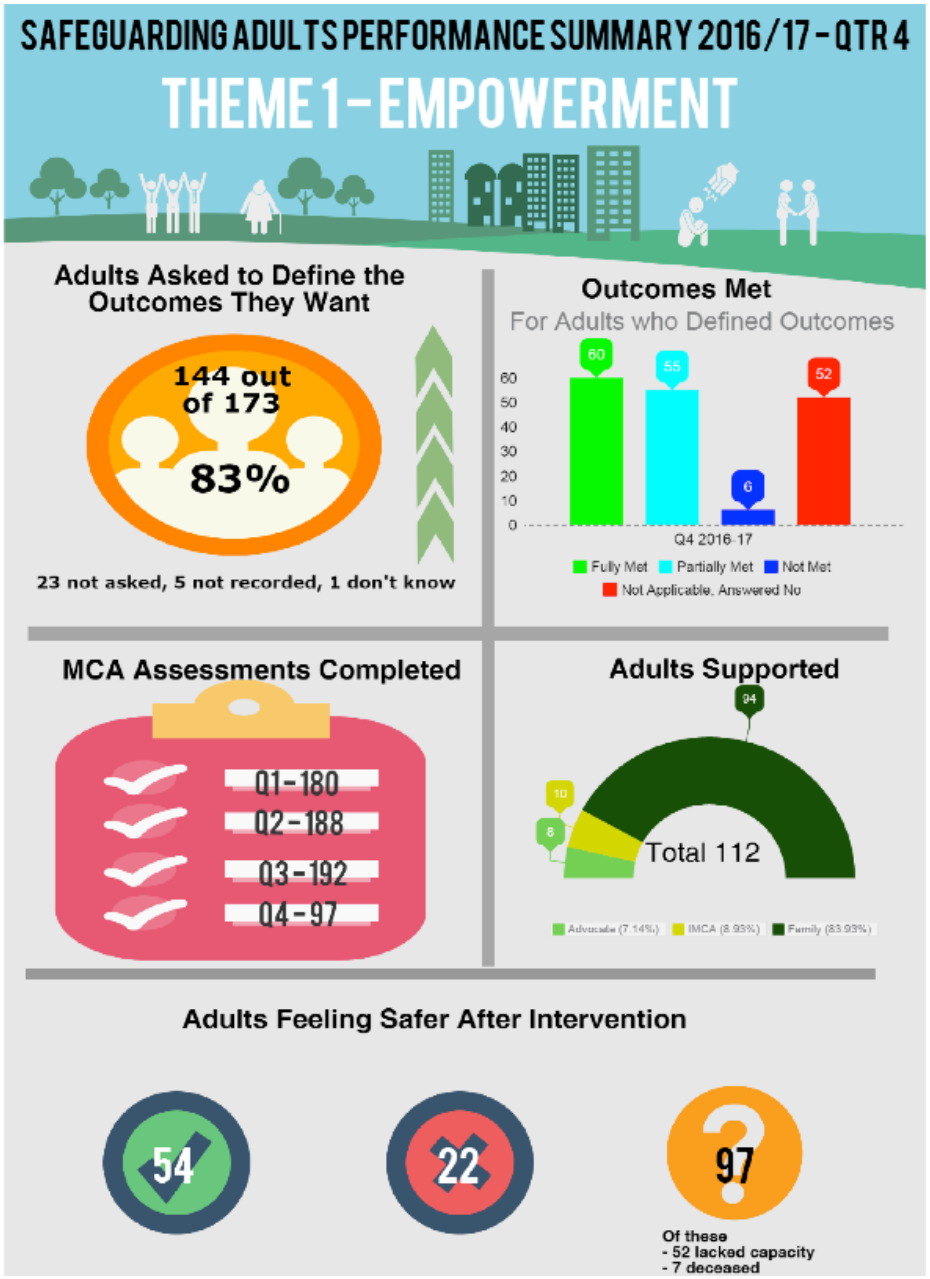
The Quality and Performance sub group have created a Framework modelled around Outcomes Based Accountability (OBA) methodology which identifies the end result (outcome) for the customer and then works backwards to identify the action needed that will make the difference. This process is designed to bring people together to share the responsibility of improving people's lives across the partnership.

The Framework will be used to continually improve the services that multi-agency partners deliver and to facilitate and provoke challenge and debate at both an operational and strategic level. The "Information Journey" as well as the governance and escalation routes are clearly laid out to show how performance data is fed through from the appropriate systems via the relevant sub groups for regular analysis and challenge by service experts, sub group and Board members. This, in turn, will allow issues as well as good practice to be highlighted and reported back to relevant managers and staff.

This revised Performance Framework includes a summary of infographics made up of multi-agency performance indicators. The Board receives this performance information on a quarterly basis along with a supporting narrative of analysis.

The dashboard has been positively received by the members of the Board as a clear and accessible method of receiving performance data and has provoked much challenge and debate, identifying areas for further exploration and investigation.

The Performance Summary Dashboard will continue to be refined throughout 2017/18 in line with the Boards steer.



Continuous Learning and Improvement

The Board has a statutory duty to undertake Safeguarding Adults Review when an adult at risk of abuse dies or has experienced abuse or neglect and there is a concern that partner agencies could have worked together more effectively to prevent that harm.

During 2016/17 1 Single Agency Review was identified and is currently being progressed by Health Services. In addition 1 Lessons Learned Review is in progress and a further Safeguarding Adults Review request is on hold pending the outcome of ongoing enquiries. Lessons learnt from reviews are fed into training and shared across the multi-agency partnership. The following lessons were learnt during 2016/17;

- Improving the application of the Mental Capacity Act to inform wider screening and health care interventions
- Recording and communicating effectively
- Timeliness in agreeing plans in relation to Adults health care needs

In addition good practice was also recognised and shared;

- Active management of the low Haemoglobin and risk of Urinary Tract Infections.
- The use of the Cardiff Tool to support annual assessments for people with Learning Disabilities (LD) and the fact that annual assessments were triggered and undertaken in line with the Royal College of Physicians recommendations.
- The use of the Mental Capacity Act 2005 following the diagnosis of cancer to support decision making in relation to treatment and care.
- The service and support provided by the Community Nurse (LD) service particularly post operatively.
- Clear use of the Mental Capacity Act 2005 when decisions were being made around treatment options for Adult F after the discovery of the cancer

The Board also learned lessons from a delayed review report and noted the detrimental impact on sharing learning across the partnership. The Board noted gaps in care may have already been considered and mitigated against due to overall changes in both the delivery of Health and Social Care. It was agreed that a short summary of the current position in relation to Pressure Ulcer Care and Prevention be presented to a future Board to assure the Board in relation to lessons learnt.

Moving forwards

Moving forward during the next twelve months, the Prepare Group will delegate the responsibilities for commissioning and undertaking Safeguarding Adults Review and Lessons Learned Reviews to a new Review and Learning Sub Group to strengthen the Boards approach to continuous learning and improvement. It will continue to develop the agenda to ensure sub groups are held to account for delivering the strategic objectives, core business and risks of the Board are managed as appropriate.

Our Priorities for 2017/18

Good progress has been made during 2016/17 against the Boards Strategic Plan demonstrating the commitment of partnership agencies during times of significant change in the architecture of public sector organisations, independent providers and increasing pressures due to budget restraints.

The Board held its annual away day in February 2017 to reflect and refresh its focus on a long term direction for the Board in line with the requirements of the Care Act 2014. In addition the findings from the 2016 Keeping Safe Event and local community consultation facilitated by Healthwatch were fed in to ensure priorities were in line with community expectations. The day resulted in a refreshed strategic plan for the Board and a revised sub structure that would support delivery of the 3 year Strategic Plan for 2016-19. Our aims moving forward are;

1.SHARING AND ENGAGING

"Sharing information and engaging with the people of Doncaster"

2.HELPING, EMPOWERING AND SUPPORTING

"Provide quality safeguarding services when abuse or neglect is identified and putting adults at risk at the centre of what we do"

3.PREVENTION

"Ensure agencies are working together to prevent abuse or neglect and take appropriate action when needed"

4.PREPARE

"Ensure the Board is fit for purpose through transformation and to ensure an effective response to safeguarding trends."

The draft Strategic Plan 2016-19 will be presented to the Board for approval and embedded across the partnership commencing April 2017 and will be available on the DSAB webpage www.doncaster.gov.uk/safeguardingadults

Doncaster Keeping Safe Forum

To promote Keeping Safe in Doncaster

The Forum meets every 2 months hearing from speakers on different and informative topics with an average of 24 members attending the Keeping Safe Forum meetings in 2016/17. In addition the Forum have attended engagement activities 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 fayer.

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. Open discussions and ideas 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

Guest speakers at the Forum meetings have given talks on the Eat Well Live Well Project, Scam Awareness, Mental Health, Keep Warm Keep Well and Advocacy services in Doncaster. We have used Twitter providing information to our 710 followers about health and social care services, opportunities for people to share their views on local strategies/plans alongside information on Adult Safeguarding, also distributing flyers, cards and posters to a range of organisations. Find the KSF agendas /minutes plus any flyers/posters on the Doncaster Keeping Safe Forum section on Healthwatch Doncaster website http://www.healthwatchdoncaster.org.uk/get-involved/doncaster-keeping-safe-forum/

To be reliable

The forum continues to hold its meetings at venues in the Borough, informing attendees with all the relevant information such as agenda, meeting minutes and supporting documents via email/post. All work of the Forum is reported to the Share and Engage Sub Group meetings

Eyes, ears, voice and action for Keeping Safe

The Forum agreed to support ChAD (Choice for all Doncaster) with their Safety in Doncaster awareness campaign and provided feedback on the DSAB Communication and Engagement Strategy that was launched at the 2016 Keeping Safe Event.

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. The Forum gave feedback on an easy read leaflet for Keeping Safe in Doncaster at one of its meetings and Forum members participated in discussions around the Sustainability and Transformation Plans (STP). In addition a consultation was undertaken with young people on the Keeping Safe campaign and who keeps their family safe.

Reports from Safeguarding

Adult Board Partners

Doncaster Council

Doncaster Metropolitan Borough Council has the lead responsibility for co-ordinating safeguarding adults as outlined under the Care Act 2014. During 2016/17 we have led on this by creating the Safeguarding Adults Hub, a specialist team resourced and trained to receive and respond to safeguarding adults concerns. The Hub is located at the Mary Woollett Centre which is co-located with other safeguarding teams such as Safeguarding Children, Police and Independent Domestic Violence Advocacy Service.

The focus of Adult Social Care is changing and transformation in Doncaster is now well underway and picking up speed. During 2016/17 Council has given great emphasis to supporting culture change to embed the principles of Making Safeguarding Personal, moving away from a process led system to an outcomes focused approach. This puts the adult at the centre of the process asking them what they want to achieve in response to a safeguarding concern allowing for early and proportionate resolution.

Governance

Damian Allen, Director of People is the designated lead responsible for Safeguarding Children and Adults across the whole of Doncaster Council supported by the Assistant Director, Adult Social Care and Safeguarding. In addition a Head of Service for Safeguarding and Specialist Teams and Operational Safeguarding Adults Hub Team Leader posts are designated professional leads within the organisation.

As a local authority Doncaster Council commission and provide care for vulnerable adults across Doncaster and are accountable for the quality of these services. Robust governance arrangements are in place to commission and monitor contracts to ensure high quality services are delivered and people are kept safe. Weekly multi-agency meetings are held to focus on providers and to target support early to prevent escalation of issues.

Safeguarding Adult Board Contribution

As the lead for Safeguarding Adults, Doncaster Council contributes both financially and with staff resource to the Doncaster Safeguarding Adults Board. All designated posts are actively involved in the work of Doncaster Safeguarding Adults Board to ensure the Council are represented fully at both strategic and operational levels including the Board, Prepare Group and all sub group meetings by the relevant senior or operational leads.

Prevention and Early Intervention

A number of services are provided by the Council to provide support in the community to proactively prevent issues escalating into safeguarding concerns.

- Safer communities - tackling anti-social behavior and lower level community safety issues within neighborhoods
- Well-being, early intervention and prevention service - a community and family approach to supporting people to live in their own homes and be supported within the community
- Stronger Families – works together with families on the things they want to change, offering support to the whole family to make their own decisions wherever possible.
- Community capacity and engagement - stimulating local community activity, increase volunteering and support communities to do more for themselves

Future Intentions

Moving forwards Doncaster Council will be building on this work to transform services in line with the Doncaster Place Plan alongside our partners to ensure safeguarding is at the forefront of what we do.

Care Quality Commission (CQC)

In our approach to regulating, inspecting and rating services our inspectors use their professional judgement, supported by objective measures and evidence, to assess services against our five key questions. Our approach includes our use of Intelligent Monitoring to decide when, where and what to inspect, methods for listening better to people's experiences of care, and using the best information across the system. We rate services to highlight where care is outstanding, good, requires improvement or inadequate and to help people compare them.

The five key questions we ask

To get to the heart of people's experiences of care, the focus of our inspections is on the quality and safety of services, based on the things that matter to people. We always ask the following five questions of services.

Are they safe?	By safe, we mean that people are protected from abuse and avoidable harm.
Are they effective?	By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is evidence-based where possible.
Are they caring?	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
Are they responsive to people's needs?	By responsive, we mean that services are organised so that they meet people's needs.
Are they well-led?	By well-led we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our approach was launched on 1 October 2014. This approach was developed over time and through testing and consultation with the public, people who use services, providers and organisations with an interest in our work. We will continue to learn and adapt how the approach is put into practice. However, the overall framework, including our five key questions, key lines of enquiry, characteristics of ratings and ratings principles will remain the same.

CQC role in safeguarding

As a regulator the main responsibility of the Care Quality Commission (CQC) is to ensure that all health and adult social care providers have clear and robust systems in place to keep people who use their services safe, that there is clear governance and oversight of those systems and that they employ staff who are suitably skilled and supported. The role and overarching objective of the CQC in safeguarding is to protect peoples' health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

As a regulator we are keen to work with local safeguarding teams and to establish effective working relationships and we see this as part of our function. These relationships help keep people safe.

We commit to CQC representation at a SAB meeting at least once per year in each local authority area. As a partner, as opposed to a member of the SAB, and a national regulator, the focus of our local inspection teams is on inspecting regulated services against our five key questions of safe, effective, caring, responsive and well–led. In doing this we work in partnership with local authorities and local CCGs to highlight areas of concern within regulated services. We will take regulatory action as appropriate.

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NHS England (Yorkshire and Humber)

NHS England responsibilities in relation to direct commissioned services

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken covering all 44 CCGs in the North region.

Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network meets on a quarterly basis throughout to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled for March 2017.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency. NHS England works in collaboration with CCG designated professionals to ensure recommendations from reviews are implemented.

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. The Regional Designated Nurses undertook the review which included all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's.

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last 2 years a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme was established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- "Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

LeDeR involves:

- Reviewing the deaths of all people aged 4 years and over
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.
- Identify variation in practice and best practice.
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. Good practice examples will be written up and shared nationally.

Prevent

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October on 'Exploitation, grooming and Radicalisation 'and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor. A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent . Feedback received supported that there was an overall improvement in understanding the requirements of health organisations e.g: CCGs under the new statutory duty.

Pressure Ulcers – "React to Red"

React to Red was launched on 01 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs: private organisations; secondary care; hospices; domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCG's and robust evaluation by NHS England North.

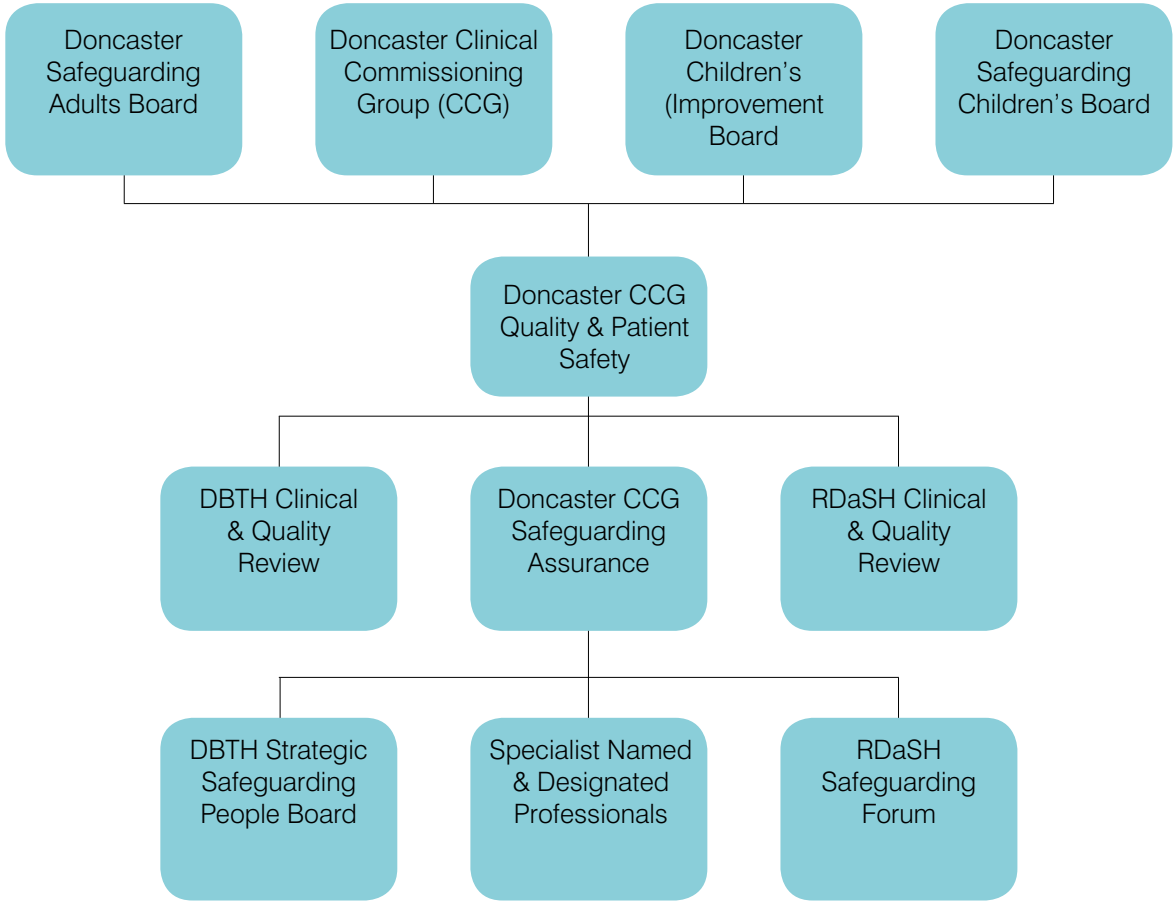
Doncaster Clinical Commissioning Group

As commissioners of high quality, safe healthcare, Doncaster Clinical Commissioning Group (DCCG) has responsibility for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through its commissioning arrangements and partnership working.

All healthcare providers commissioned by Doncaster CCG are accountable for the quality of the service they provide. The Doncaster CCG Safeguarding Assurance Group has the responsibility for Safeguarding within Doncaster and covers the commissioning responsibilities of the Doncaster CCG.

Governance

Doncaster CCG continues to monitor quality via the safeguarding standards and safeguarding annual declarations which are included within existing and new contracts. During 2016/17 Doncaster CCG has received quarterly safeguarding reports from both main provider organisations which have been discussed and reviewed by the Doncaster CCG Safeguarding Assurance Group.



Doncaster CCG is required to have a Lead Professionals for Safeguarding Adults and a Lead Professional for Mental Capacity. These roles are fulfilled by a single post holder. The Designated Nurse provides professional advice on safeguarding adults matters to the Doncaster CCG, health professionals, Local Authority and Doncaster Safeguarding Adults Board. Doncaster CCG continues to commission Strategic Leads and Lead Professionals in the main health providers to ensure:

- Accountability for safeguarding adults within their organisation.
- Provide representation at the Doncaster Safeguarding Adults Board at a strategic level.
- Robust and effective governance systems exist within their organisation.

Safeguarding Adult Board Contribution

Doncaster CCG contributes both financial and with resource to the Doncaster Safeguarding Adults Board. The CCG is represented at the Board, Business Coordination Group and Sub Group meetings by the Chief Nurse, Designated Nurse and/or the Named Nurse for Safeguarding Adults. Doncaster CCG supports all appropriate Safeguarding Adults work streams accordingly.

Health Support in the Safeguarding Adults Hub

The CCG has supported the provision of a Nurse into the Safeguarding Adults Hub. The post has enabled health expertise to become a central part of the evaluation process of the safeguarding process

Low Level Concerns

The low level concerns that are raised within Doncaster CCG relate the patients within a Care Home setting or patients receiving Domiciliary Care. These concerns are managed via the Weekly Risk Meeting which is attended by the Local Authority and Doncaster CCG. Clear escalation processes are in place to support the more complex issues.

Future Intentions

Doncaster CCG are currently developing their Safeguarding Work Programme for 2017/18, safeguarding adults will be a key focus within the Work Programme.

NHS Case Study – Making Safeguarding Personal

Mr A has Parkinson's Disease. His medication regime is very specific for him to maintain his independence and wellbeing. They continue to have a reasonable social life together within the confines of Mr A's capabilities. Mrs A is his main carer and manages his medication administration. In the summer of 2016 Mr A was admitted for a weeks respite in a care home to allow Mrs A to have a break with friends. Mr A went to the care home and during this time his condition deteriorated dramatically, he was telephoning his wife and wanting to go home. This caused distress to both Mr and Mrs A. When Mrs A collected him from the home she was shocked at how unwell Mr A was. She checked his medication and realised that Mr A had not received the correct regime.

Safeguarding Concern

Mrs A contacted Safeguarding Adult Hub and this concern was passed to Lead Nurse within the hub and a face to face meeting was arranged with Mr and Mrs A to explain the safeguarding process and identify what their outcomes were in line with the principles of Making Safeguarding Personal. Mr A was fully capacitated and was able to express his views although, his verbal communication was impeded and Mrs A provided support when he was recounting his experience. Mr A's outcomes were;

- No other resident should have to go through the experience he had.
- That care staff should have listened to his concerns regarding his medication
- Residents to be treated with dignity and respect as he felt the home was very institutionalised
- Improvement to moving and handling (he was not given opportunity to walk independently, he was put in a wheelchair)

Mr and Mrs A were asked if they wished to attend a planning meeting. The declined saying they wished to be informed of the progress and were happy to contribute in any way they could.

Safeguarding Enquiry

The Safeguarding Enquiry was conducted by the Enquirer and supported by the Lead Nurse

Outcomes for Mr and Mrs A

The outcomes from the enquiry were presented at the Outcomes meeting and all concerns were substantiated.

- The care home was supported by the Lead Nurse to implement changes to reduce the risk of similar concerns occurring.
- Mr A and Mrs A were able to have a single point of contact and felt empowered throughout the process and informed of process
- Mr and Mrs A were able to build a trusting relationship with the Lead Nurse and were confident in the enquiry
- Lead Nurse supported the Enquirer in regards to understanding the complexity of the medication regime for Parkinson's disease.

This case demonstrates that using the Making Safeguarding Personal Model enables the individual and their outcomes to be the central focal point of the safeguarding process. This is a critical development in the safeguarding process that provides practitioners with a unique learning opportunity that each case provides. Clearly there are still residual actions required to fully embed MSP by adapting the technology, this remains on-going.

Rotherham Doncaster and South Humber NHS Foundation Trust

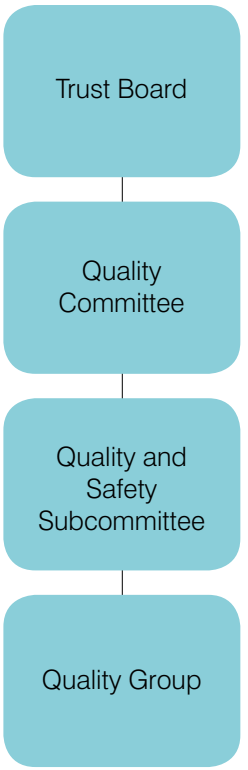
The Trust works closely with a wide range of agencies, carers and the wider community to ensure that the whole range of services provided have regard to the duty to protect human rights, safeguard against abuse, neglect, poor practice and ensure each person is treated with dignity and respect. There is always a balance between a person's rights and choices and the need to protect those at risk is acknowledged.

All safeguarding work undertaken is underpinned by the Trust values of providing services that are:

- Passionate
- Reliable
- Caring and safe
- Empowering and supportive staff
- Open, transparent and valued
- Progressive

In addition, all safeguarding developments and initiatives are aligned to the Trust's strategic goals:

- Continuously improve service quality (safety, effectiveness and patient experience) for our service users and carers
- Nurture the talent, commitment and ideas of our staff in order to deliver excellent services
- Ensure value for money and increased organisational efficiency whilst maintaining quality
- Adapt and deliver services to meet agreed commissioned needs through enhanced multi-agency partnerships
- Maintain excellent performance, governance and a strong market position, and improve further our reputation for quality



Safeguarding is a fundamental component of all the care provided by the Trust. RDaSH acknowledges and appreciates that safeguarding is everybody's responsibility and that regardless of what position we hold in the trust we all have a duty to protect those accessing our services from abuse and harm.

Embedding personalisation

A "Making Safeguarding Personal" approach has been adopted within any safeguarding enquiry that has been undertaken during this period. There has been a commitment to moving enquiries away from being process driven to experience which fully involve the adult at risk or their carer/advocate as appropriate

Accountability

Overall responsibility for safeguarding adults at risk within the organisation rests with the Board Executive Lead Dr Deborah Wildgoose and the Board Non Executive Lead Pete Vjestica.

Board Contribution

A financial contribution comes from Doncaster CCG on behalf of the Health Community. RDASH contribute through Board and Sub group membership and provide support to multi-agency training programme

Low level concerns

Low level concerns are managed through the organisations Incident Management Policy. These concerns are reviewed by the safeguarding adult leads and those identified as potential safeguarding adults concerns are reported as appropriate. Senior managers review all safeguarding adults concerns.

Future intentions

Moving forwards the Trust is looking to develop a joint safeguarding team including children's and adults services. In addition it will look to continue to provide health support to Safeguarding Adults Hub building on the positive work achieved throughout 2016/17.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

The Director of Nursing, Midwifery and Quality is the Trust Executive Lead for safeguarding and chairs the Trust Strategic Safeguarding People Board (SSPB), which oversees the safeguarding arrangements in the Trust. As well as safeguarding professionals the membership includes Care Group Heads of Nursing, Midwifery and Quality and Head of Therapy so that each Care Group has a representative that provides assurance to the Board. In addition, each Care Group has its own internal safeguarding arrangements.

The SSPB oversees the safeguarding arrangements in the trust. Its purpose is to:-

- Provide leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.
- Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.
- To receive feedback and assurance from the Care Groups

From April 2016, the Safeguarding Team underwent a review using the Calderdale Framework. Changes to the team structure were implemented. Building on progress from last year's key priorities "getting the 'safeguarding' message across to all staff" and "Visibility and accessibility of the safeguarding team" the safeguarding nurses now wear uniforms making them more visible to patients, staff and visitors while acknowledging their knowledge and expertise in their field. Regular drop–in sessions and ward rounds across the organisation make the nurses more approachable to staff and patients raising the profile of safeguarding. As an organisation who involve patients in making decisions about their care 'Making Safeguarding Personal' is not a new concept, however MSP has been incorporated into training to ensure our staff understand the importance of involving patients in safeguarding decisions as well as medical and nursing care.

The team held a safeguarding awareness week in December, holding stands across the organisations main 3 sites along with short teaching sessions. Seasonal safeguarding newsletters inform staff of hot topics and updates.

Audits have been undertaken in 2016/2017 by the Lead Professional and Specialist Nurse for Safeguarding Adults in relation to staff awareness of the MCA 2005 and compliance with DoLS. Currently there is another MCA and DoLS audit being carried out by internal auditors. Year by year we increase awareness, knowledge and compliance.

South Yorkshire Police

The Safeguarding Adults Teams (SAT) established in September 2015 are co- located with partners at the Mary Woollett Centre in Doncaster. The SAT is comprised of 2 Detective Sergeants supervising a mixture of experienced Detective and Police Constables, and Police Civilian Investigators. The department manages all cases of domestic abuse classified as high risk by the South Yorkshire Police Domestic Abuse Risk Assessment Unit. This includes evidence gathering, safeguarding of the victim, and processing of the suspect from arrest to final disposal at court. Further areas of responsibility managed by the SAT include serious sexual offences where the offender is known (domestic sexual abuse) and offences perpetrated against vulnerable adults as defined by the Care Act 2014.

Over the last 12 months professional relationships with practitioners from other members of the Safeguarding Adults Board have been forged in a drive to work more effectively in the response to protecting vulnerable people. The SAT has managed several high profile and resource intensive investigations to a successful conclusion. This has been achieved by collaboration with these practitioners through a joint approach.

Examples of work in practice include the death of an elderly resident at a local Care home. This brought together representatives from the Police, Adult Safeguarding, DMBC, CQC and HM coroner. The huge amount of work involved in this case could not realistically have been completed in a reasonable timescale by any single agency. As a result, vastly improved safeguarding measures have been implemented at the Care Home since this multi-agency-intervention.

A safeguarding referral made to SAT, of suspected sexual abuse of a vulnerable elderly lady by her son, required a comprehensive multi agency approach to manage the

subsequent investigation. The criminal aspect of the referral became the focus of by the SAT. The safeguarding, re housing and any subsequent needs of the victim were professionally managed by partner agencies. Ultimately, the sexual abuse case was unfounded. However, as a result of this intervention the lady now has a comprehensive respite care and support package. Her son, (the perceived source of harm) is also now subject of assessment to determine if he has care and support needs under the Care Act.

SAT staff attend the Keeping Safe and Growing Futures conferences and events, conducting presentations and raising awareness of the Police's roles, responsibilities and innovative ways to protect vulnerable people.

In January 2017 Police and Crime Commissioner (PCC) Dr Alan Billings visited the Mary Woollett Centre. He met staff and practitioners from across the spectrum of Doncaster Safeguarding and later made the following statement:
Dr Billings said: "The model that they have here in Doncaster to work closely together is obviously working very well. It was interesting to see how partners share information quickly and efficiently when working in person at the same location. This means they can utilise most of their time putting measures in place to keep people safe, rather than chasing up emails and administration.
"It is a difficult subject to discuss, as for each case the unit handles there is a potential risk to a person's safety. We should not forget the work the practitioners undertake on a daily basis, and I am very grateful for their professionalism and dedication in working so hard to address these issues that now present themselves not only in South Yorkshire, but across the country"

In March 2017 Dr Billings set out in his 4 year Police and Crime Plan. One of his 3 main priorities is 'Protecting Vulnerable People'. http://www.southyorkshire-pcc.gov.uk/About/Police-and-Crime-Plan.aspx. It is the intention of the SAT to continue working alongside partners to prevent abuse of vulnerable people using safeguarding and preventative measures. However, where suspected abuse has already occurred the SAT will be proactive in investigating, and ultimately prosecuting the perpetrators of abuse.

St Leger Homes

At St Leger Homes we have a comprehensive safeguarding approach embedded throughout our organisation which enables us to provide protection and support services to our most vulnerable and socially excluded individuals and families. We have established a single point of contact for all employees to report any concerns they have seen, heard or received from residents or other professionals whilst carrying out their day to day duties. Any actions arising from this are recorded and managed. St Leger Homes also works closely with partner agencies to take a proactive approach to safeguarding adults. We conduct courtesy visits and actively engage with our customers to identify issues, and then offer and arrange tailored support to meet their individual needs at an early stage.

Making Safeguarding Personal Principles

We have developed a strong safeguarding culture within the business that focuses on delivering the best personalised outcome for individuals with care and support needs. We place the adult at risk at the centre of all decision making to ensure that their desired goals and outcomes are recognised and achieved. Our safeguarding policy and procedure is underpinned by the six safeguarding principles; Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

Governance

Paul Tanney, Chief Executive of St Leger Homes, has overall responsibility for adults at risk and provides both strong leadership and a clear vision to St Leger Homes. Paul is a member of the DSAB and chairs the Sharing and Engagement sub group which delivers the DSAB Communication Plan. In addition, there is a Designated Safeguarding Lead Officer whose role is to ensure we fulfil our responsibilities and promote positive practice within our organisation. They are a member of several DSAB sub groups; and sit on the Safeguarding Adult Review and Domestic Homicide Panels as and when required.

Preventative Measures

At St Leger Homes we recognise the importance of people and organisations working together to prevent abuse and neglect. We identify, engage and empower individuals to make choices and support them in accessing a range of options for support to keep them safe from abuse and neglect, tailored to meet their personal needs, at an early stage. Other preventative measures include safe recruitment practices, effective safeguarding training for all staff, effective supervision arrangements and the identification of a named safeguarding lead. We have ensured that we have a robust safeguarding policy and procedure, and that staff know how to raise safeguarding concerns.

Performance Information and Activity

St Leger Homes deal with many calls for advice and support relating to both adults and children. During 2016/17 a total of 308 concerns were received which resulted in 495 referrals for varying support services. All safeguarding concerns received are treated as a high priority and visits are made to the individuals address within 24 hours. All concerns are case managed by an Estates Officer and through engagement with the individual the best support services are be identified, offered and arranged to meet their personal needs.

All low level concerns are dealt with through the organisations safeguarding arrangements. These concerns are reviewed by the safeguarding lead and those identified as potential safeguarding concerns are reported as appropriate.

Future intentions for Safeguarding Adults

St Leger Homes will continue to learn, develop and fulfil its safeguarding responsibilities to the highest standards by:-

- Continuing to build on our collaborative approach to safeguarding children and adults, and continue to be a key partner in delivering the vision for Doncaster.
- visible and influential in the delivery of Doncaster's approach to safeguarding through effective engagement with other multi agency partnerships, partner agencies, frontline practitioners and adults at risk.
- Continue to deliver our rolling programme of safeguarding training and refresh training, both for our own staff and partners through the Review and Learning Sub Group and the training pool.
- Continue as chair of the Share and Engage Subgroup to build on the successful launch of the Board's "Keeping Safe" campaign (via posters, leaflets, cards and visits to other agencies) to a wider audience.

South Yorkshire Fire and Rescue Service

Governance

In the last 12 months South Yorkshire Fire and Rescue have introduced an internal Safeguarding Executive Board and Reference Sub group. The purpose of these new arrangements, are to strengthen governance, through scrutiny and challenge across departments and to learn and improve in areas relating to multiagency working and information sharing.

Case Management and Policy

Safeguarding Concerns are triaged by the designated Safeguarding Advisor and out of hours by the Group Managers and data relating to this is published in the Prevention and Protection Quarterly report. The cases are predominantly related to self-neglect, often in association with fire risks and concerns about health and wellbeing. The High Risk Coordinators (2) manage the high fire risk cases locally. Policies, relating to Safeguarding, are updated annually together with an Equality Analysis and for adult safeguarding Making Safeguarding Personal is included and for child protection a Strengths Based Approach "Signs of Safety".

Contribution at Safeguarding Boards

South Yorkshire Fire and Rescue continues to be represented at both Local Authority Safeguarding Children and Safeguarding Adult Boards across the county (and SYP County Wide Safeguarding Board) and has contributed to a number of initiatives in policy development relating to self-neglect and hoarding.

Developments

In addition to the Fire Risk Assessment and Fire Safety advice given during the Home Safety Check, additional screening questions and signposting have been incorporated as a "Safe and Well Check". This now includes "Falls", "Crime Prevention" and "Sight testing" and has been piloted in Doncaster and is now being rolled out across South Yorkshire.

Doncaster College

The College has linked the 'Making Safeguarding Personal' principles into the curriculum for students on Health and Social Area Courses. Promotional materials have been utilised across the College and linked to the website: www.don.ac.uk.

The Assistant Principal Inclusion, Student Experience and Commercial Development, who is also a member of the College's Executive Team, has overall responsibility for safeguarding adults within the College. The College has 8 Safeguarding Designated Officers overall. Complex cases are discussed by at least 2 Designated Officers with oversight by the Senior Safeguarding Designated Officer (Assistant Principal Inclusion, Student Experience and Commercial Development). There is a Safeguarding Vulnerable Adults Policy which is reviewed annually in line with government legislation and guidance. The College has completed the following audits:

- Education and Standards Effectiveness Service Annual Safeguarding Audit/Report 2015-2016
- Doncaster Safeguarding Children and Adults Boards Audit of Strategic and Organisational Arrangements to Safeguard and Promote the Wellbeing of Children and Adults at Risk 2017
- Safeguarding Adults Performance Dashboard Data Collection (October 2016).

The College's Ofsted Inspection 2016 noted that:

- 'Safeguarding is highly effective, steered by a clear policy that includes the promotion of tolerance, democracy and respect. The college provides an inclusive, welcoming and respectful environment. Students feel safe and know how to keep themselves safe online.'
- 'Leaders, managers and staff promote an inclusive approach to education that includes developing students' understanding of the Prevent duty and British values.'
- 'Students and apprentices feel safe. They know how to seek help or raise concerns about incidents of bullying or unfair treatment and have confidence that managers and staff will respond quickly and effectively to resolve any concerns raised.'

The College has embedded safeguarding adults into the cross College Mandatory Safeguarding Training, which is updated by all staff every 3 years. The compliance rate as at 12th April is 91.46%. All 8 Safeguarding Designated Officers have attended the DSCB level 3 Training. 2 Safeguarding Officers have attended the Level 3 Safeguarding Adults Training. Designated Officers have attended DSAB sub group meetings and conferences. The College offers the Safeguarding Adults Board facilities for events and meetings.

Key Priorities for 2017/18:

- To embed safeguarding through online tutorial My SOLE using national noted dates and events as well as key themes in line with legislation.
- To facilitate staff training in British values and to ensure curriculum observation process takes account of this cross College.
- To undertake a cross College Prevent audit review – completed in September.
- To streamline the SC1 tracker to enable more specific detail of cases taken.
- To research online safeguarding tracking software.
- Two appointed safeguarding officers to undertake Mental Capacity Training to further enhance knowledge levels within DSO team.

National Probation Service – South Yorkshire

In terms of promoting and developing its role as a relevant partner in Adult Safeguarding, Her Majesty's Prison and Probation Service (HMPPS) formerly known as National Probation Service (NPS) continues on a journey to embed the safeguarding of adults into everyday practice and to improve co-operation with all relevant partner agencies.

At a national level, the recently published National Probation Service Policy Statement and associated Practice Guidance (Jan 2016) makes clear the NPS commitment to safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also identifies that Offenders in the community should experience the same level of care and support as the rest of the population and acknowledges the contribution NPS staff can make to the early identification of an offender who may have care and support needs, or of an offender who may benefit from preventative support to help prevent, reduce or delay needs for care and support. We are also aware of the NPS role with Victims under the Victims Charter and how they are often vulnerable adults.

In terms of the practical application of this policy statement, 2017 has seen the continuing programme of NPS mandatory e-learning training on adult safeguarding for all staff, followed by mandatory class room events for operational staff. The development of policy and guidance has been accompanied by the introduction of a new process mapping system (EQUIP) which provides front-line staff with easily accessible information on policies, processes and guidance around adult safeguarding. Each National Probation Service Division has a designated strategic lead for Adult Safeguarding. As part of the National Probation Service NE, the responsible strategic lead is Julie Allan, but our South Yorkshire Lead is Sally Adegbembo Head of Rotherham/Doncaster NPS Cluster .

It is explicitly recognised that Safeguarding is everyone's responsibility and that the need to promote individuals welfare and protect them from abuse, neglect and serious harm will apply at every point of an offender's journey. However, we recognise the importance of identifying at an early stage whether an offender has care and support needs, is a carer of a person with care and support needs, poses a risk of harm to adults at risk, and/or if they themselves are an adult at risk. There is a specific expectation that staff at pre-sentence report stage are pro-active in identifying adult safeguarding concerns. There is also a specific expectation that any identified offenders are appropriately 'flagged.'

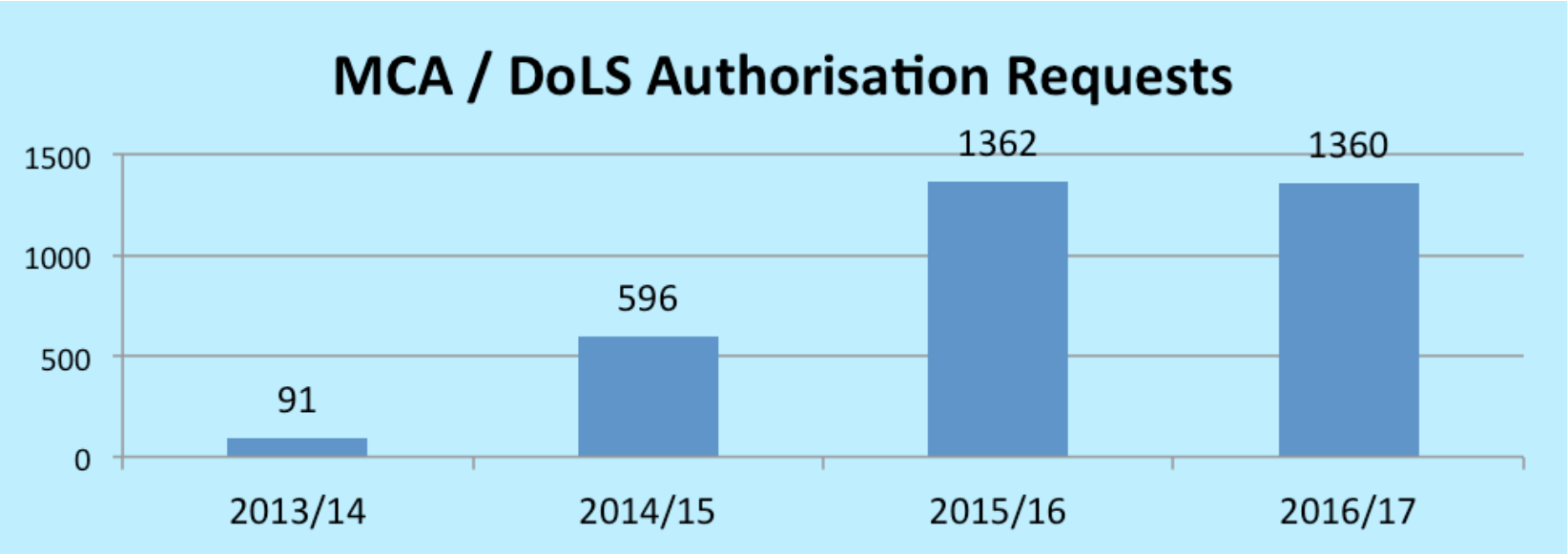
However, it is recognised that practice locally needs to be developed. From a strategic management perspective there is a continuing need to ensure that we get better at identifying and 'flagging' relevant cases, to help promote learning and improve service delivery. To ensure this is in place this year, as a priority, an audit of adult safeguarding cases will be performed on a six monthly basis alongside our child safeguarding audit which is already embedded in practice. From a frontline service perspective, we will continue to develop partnership working and to identify and promote those services which appear to be most effective, such as the close cooperation with social workers based within the South Yorkshire custodial estate. To help achieve this, Doncaster LDU have recently identified that Josie Turgoose , Senior Probation Officer/ Victims Team Manager , will have a specific responsibility for Adult Safeguarding in Doncaster.

Mental Capacity Act
Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007 became statutory from April 2009. On 19th March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic impact on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand. The safeguards are there to ensure;

- A deprivation of liberty is a last resort
- Their care and treatment is in their best interest and least restrictive
- They have someone appointed to represent them
- The person is given the right of appeal
- The arrangements are reviewed and not continued for longer than necessary

Over the period of April 2016 to end of March 2017 there have been 1360 requested authorisations to deprive individuals of their liberty, this is a similar number when compared with 2015/16 figures.



In response DMBC have continued to target resources to deal with the significant increase in DOLS requests. The Doncaster MCA / DoLS Team provides a single point of contact for organisations, professionals and the public in relation to Deprivation of Liberty issues. For further information visit http://www.doncaster.gov.uk/services/adult-social-care/raising-concerns or email dols@doncaster.gov.uk

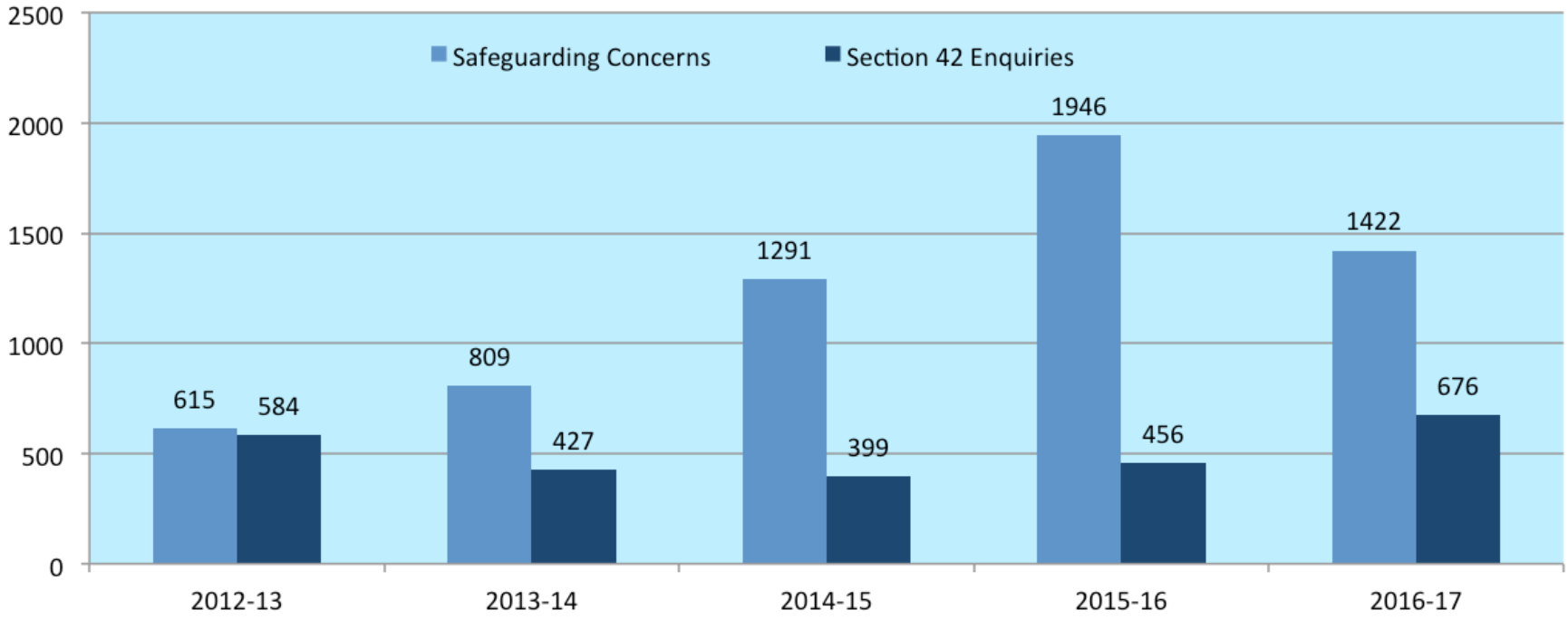
Monitoring Themes and Trends

Safeguarding Adults Activity 2016/17

The number of Safeguarding Concerns has reduced by 12.7% from 2402 in 2015-16 as compared to 2098 in 2016-17.

Despite this, there has been an increase in the proportion of concerns that convert into Section 42 Enquiries meaning that we are receiving more appropriate concerns about abuse or neglect that require further intervention. The introduction of the Care Act 2014 has seen a broadened definition of abuse and people defined as adults at risk, in addition people are becoming more aware of abuse and how to report safeguarding concerns. Moving forwards we need to use management information to target bespoke support and multi-agency training to those agencies/care providers who raise the highest number of concerns which do not lead to enquiries

Number of Safeguarding Concerns and Section 42 Enquiries



The data illustrated within the graph may include people who have been referred into the system more than once n=676

The Board published guidance in September 2016 to assist independent providers to identify appropriate safeguarding concerns and reduce the number of inappropriate safeguarding concerns being reported to the Safeguarding Adults Hub which could be dealt with through other processes. This guidance will be reviewed and re-launched during 2017/18 to ensure a consistent approached to identifying and preventing safeguarding concerns is applied within the independent sector.

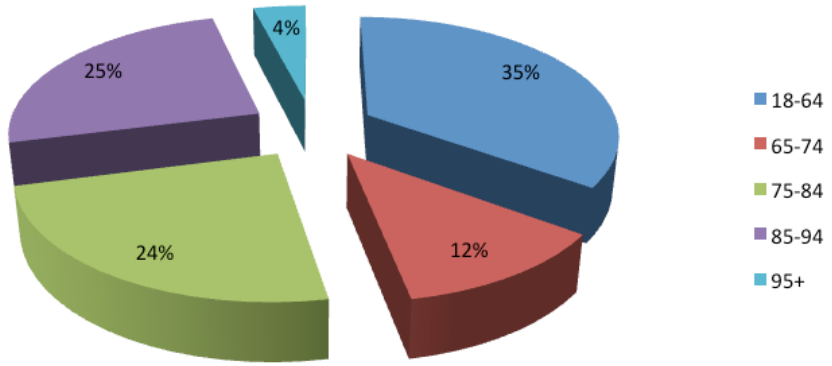
Safeguarding Concerns received by Source of Referral

Source of Referral	2015-16	2016-17
Voluntary	6	7
Police	67	63
Primary Health Care	122	127
Regulator	27	19
Relative / Family Carer	121	34
Community Health Care	55	19
Secondary Health Care	104	153
Social Care staff (statutory and independent)	1585	1261
Individual - Unknown / Stranger	15	77
Individual - Known but not related	47	6
Other private sector	253	332
Total number of concerns received	2402	2098

The above table considers all safeguarding concerns received by operational services including those that progress to a Section 42 enquiry, therefore the number is 2098.

The majority of concerns are received by care workers employed in the statutory and independent care sector. This demonstrates robust governance procedures in this sector indicating that care workers know how to identify abuse and respond to safeguarding issues

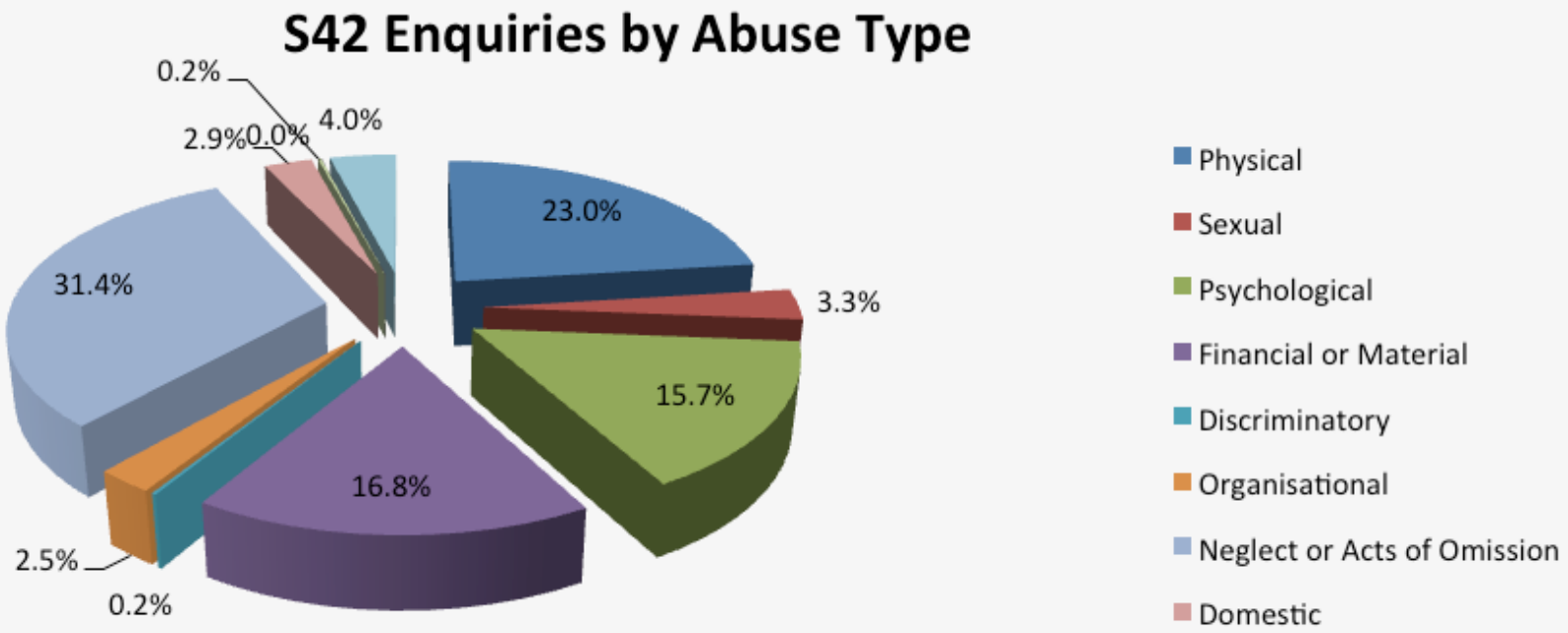
Section 42 Enquiries by Age Groups



35% of enquiries related to the under 65 age group this includes people who have learning or intellectual disabilities and who are more vulnerable to situations such as exploitation. This is closely followed by the 75–84 and 85-94 age groups as demonstrated in the table adjacent.

61% of enquiries received by the Safeguarding Adults Hub are related to females and 39% for males. 94% of enquiries were categorised as 'White' (NB – not solely White British). This reflects the total population of Doncaster that are categorised as such in the latest census return (March 2011). This notes a slight decrease (2%) in Black and Minority Ethnic groups accessing the safeguarding adult service. The largest proportion of safeguarding adults Section 42 enquiries relates to people with physical support needs at 42%.

For purposes required by the Safeguarding Adults Collection only 1 count is permitted per adult at risk therefore the number is 595



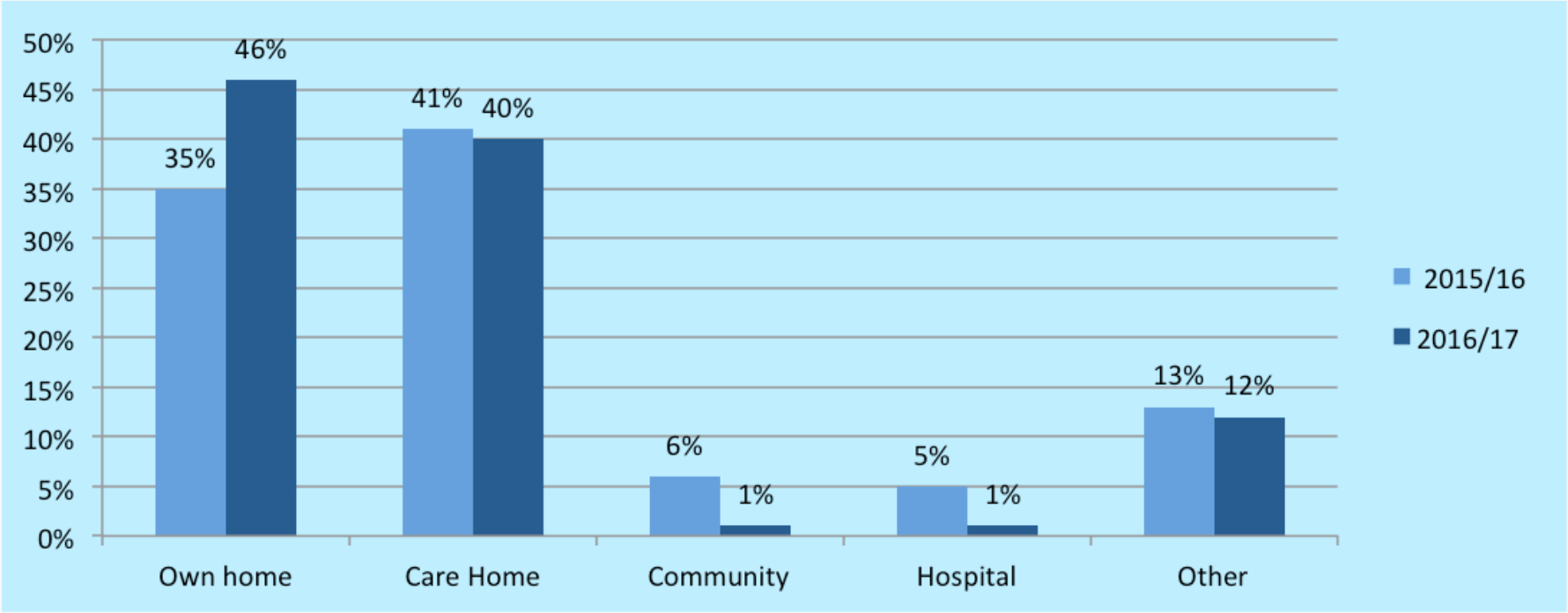
The data illustrated within the table may be subject to multiple entries per enquiry

Neglect (31%) and physical (23%) remain the most commonly reported typologies of abuse, followed by financial (16.8%) and psychological (15.7%) abuse. This is a slight shift when compared with last year's figures where financial abuse was the second most common type of abuse (21%) and physical third (19%). The Care Act 2014 introduced 4 more categories of abuse; domestic abuse, sexual exploitation, modern slavery and self-neglect. The Board is monitoring reporting of these new types of abuse to ensure awareness and reporting pathways are effective in these areas. To support with this a number of modern slavery training sessions have been delivered to staff across the multi-agency partnership with further training identified for 2017/18.

Issues relating to neglect and acts of omission most commonly relate to the independent care sector for example staffing levels, dependency of service users not assessed adequately to meet complex needs, lack of training for agency staff and a high turnover of staff.

Information continues to be shared at the multi-agency weekly risk meeting monitoring and escalating themes and trends across a range of commissioned services, to proactively improve quality, prevent abuse and respond appropriately and proportionately to safeguarding concerns within the independent care provider sector. Representation includes the Care Quality Commission, Health and Social Care Contract Monitoring Services, the Safeguarding Adults Board Support Unit and Operational Safeguarding Services. This model pools information on which to base sound and equitable decisions, also to identify support needed to improve quality.

Section 42 Enquiries by Location of Abuse



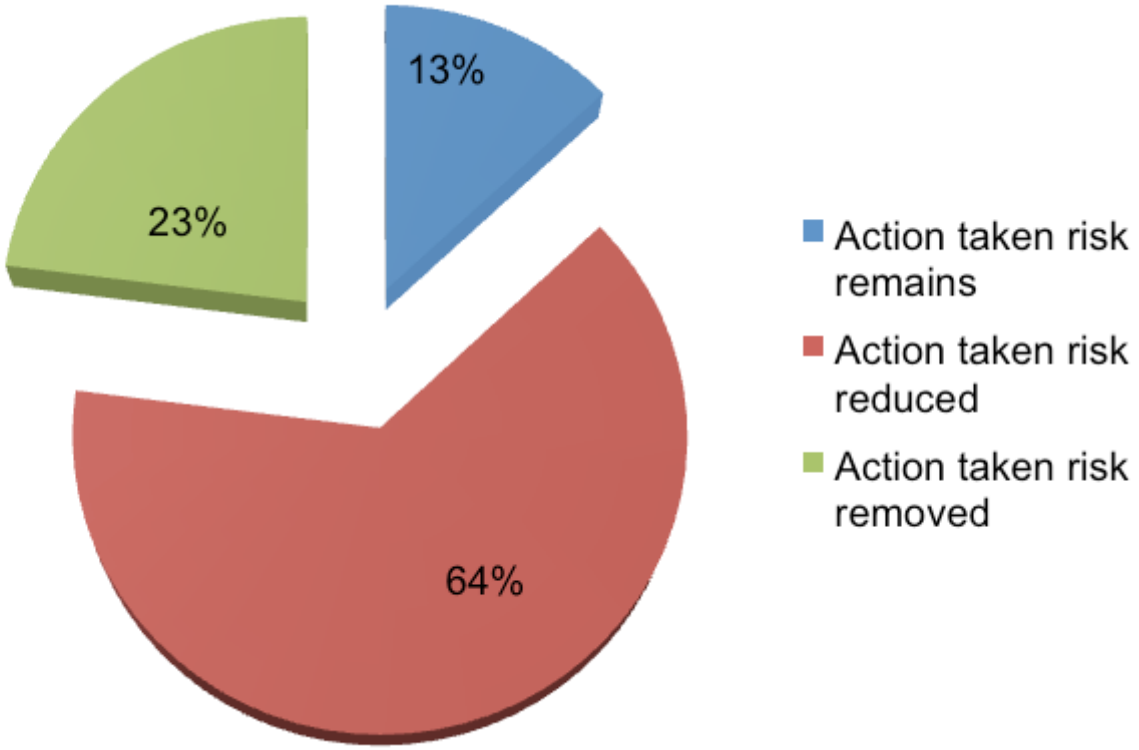
The most common locations of abuse are within an adults own home (46%) or within a Care Home (40%). The decrease in abuse occurring within a Care Home (40%) and increase in abuse with an adults own home (46%) marks a shift towards the national trend as Doncaster has been an outlier in this area previously. The reasons for this could be due to the following;

- The Board issued clear guidance to care homes to assist with identifying and reporting appropriate safeguarding concerns to reduce the number of inappropriate safeguarding enquiries in this location
- The Keeping Safe Campaign is being effective, getting the message out deep within the community of what abuse is and how to report it resulting in a rise in 'own home' enquiries

Section 42 enquiries relating to abuse occurring within hospitals has seen a decrease from 5% last year to 1% in 2016/17. The low number of cases from this area is consistent with both regional and national trends and appears to be linked to the use of more established mechanisms such as complaints, incident and serious incidents reporting frameworks.

The number of Section 42 enquiries relating to a Community Service has decreased from 6% during 2015/16 to 1% in 2016/17.

Section 42 Enquiries by Risk



While there has been an overall increase in the number of Section 42 enquiries the proportion of enquiries resulting in reduced risk has increased from 60% in 2015/16 to 64% in 2016/17. The percentage of enquiries where action was taken and the risk was removed has decreased during 2016/17 from 34% to 23%.

In 13% of cases the risk was reported as remaining. Safeguarding supports people in how they choose to live their lives in line with the wishes, feelings and identified outcomes of the adult at risk. As a person may decide not to accept support or to live in circumstances that place them at risk, safeguarding may not always be able to remove the risk. For example, a person may choose to live with a family member that has abused them. However, safeguarding will always look to empower people with options, that will help the person to be safe and in control of their own life.

Multi-Agency Safeguarding Adults
Learning and Development

Multi-Agency training courses are widely accessed by the workforce with attendance high demonstrating a demand for need. The training delivered over the year has had a real focus on embedding the Care Act 2014 and the principles of Making Safeguarding Personal. This has meant in a change in practice to focus on outcomes for adults at risk.

As we move forward we will continue to deliver training across Doncaster to ensure all agencies are equipped to undertake Section 42 Enquiries where appropriate. In addition a number of courses have been identified to address shortfalls in practice which have been identified through a training needs analysis. Below are attendance figures for 2016/17 for all Safeguarding Adults, MCA and DOLS courses.

Safeguarding Adults Courses - Overall attendance 669	DMBC	Independent/Voluntary	NHS/RDaSH	DCST	STLH	DCCG	Other
Safeguarding Adults – Enquirers Course	17	13	39	0	0	1	2
Safeguarding Adults – New Forms	0	0	10	0	0	0	0
Safeguarding Adults – Making Safeguarding Personal	21	7	6	0	0	0	0
Safeguarding Adults – Minute Taking	3	0	2	1	0	0	0
Safeguarding Adults – Raising Concerns	15	24	98	1	1	0	3
Safeguarding Adults – Chair Training	10	0	2	0	0	0	0
Safeguarding Adults – Manager Training	5	7	12	0	0	1	0
Safeguarding Adults – Level 2 Basic Awareness	107	210	31	2	0	0	10
Safeguarding Awareness for PA's	0	7	0	0	0	0	1
Modern Slavery and Human Trafficking Awareness Session	12	15	6	11	2	0	9
Total	190	283	206	15	3	2	25

MCA/DoLS Courses Overall attendance 301	DMBC	Independent/Voluntary	NHS/RDaSH
Assessing Capacity and Best Interest Decision Making	12	6	0
Complex decision making under the Mental Capacity Act	19	9	2
DOLS for Care Homes and Hospitals (Managing Authorities)	7	30	4
Introduction to DOLS – (Basic Awareness)	26	38	3
Judicial Deprivations of Liberty	4	1	2
Mental Capacity Act – Basic Awareness	45	67	1
Mental Capacity Assessments – Property and Affairs	24	0	1
Total	137	151	13

Single Agency
Training

Doncaster Council
Safeguarding Children and Adults Training sits in the mandatory training requirements for the Council. In addition safeguarding adults training is hosted and coordinated by the Council to ensure agencies across Doncaster can access high standard multi-agency training to support the safeguarding adults workforce and framework.

Souht Yorkshire Police
Safeguarding awareness training is mandatory on induction for all staff who will have contact with children, families and vulnerable adults. Staff have access to online learning and associated policies and guidance and all front line staff receive and input into safeguarding, this includes call handlers, crime recording bureau and front desk staff. The crime training department has developed an online package around abuse which is to be launched 2017. Training includes spotting the warning signs and indicators of abuse and the channels of referral. Staff members can recognise the abuse or neglect of children / vulnerable adults and make referrals as appropriate. Staff understand the importance of intervening early.

Training pathways / individual training plans are in place for those staff members who will have more in depth contact with children and vulnerable adults. Additional training is proportional and relevant. Police officers also have 2-year student training programme which addresses safeguarding issues. The Police training centre hosts CID Protecting Vulnerable People Masterclasses at intervals during the year to “top up” both staff and officer knowledge across all areas of Safeguarding. Training needs are reviewed during staff annual reviews as well as dynamically through supervisory observation and monitoring and auditing of the systems used by staff. Staff can at any time request relevant additional training via the internal training request process.

The Force plan is available on the front page of the intranet and sets out the strategic vision for SYP with Protecting Vulnerable People as a core focus for the force. Force Policies and Procedures are linked to National best practice and guidance and is available to support and guide officers. A Specialist Safeguarding Adult Investigators Development Programme is nearing completion with material from the College of Policing and we expect to deliver this in 2017. Additional staff have been employed to deliver training within PPU specialisms.

St Leger Homes
Safeguarding children and adults features in our induction training for all new employees, and staff undertake mandatory Safeguarding Awareness training as part of our rolling programme of safeguarding training. Dependant on role, our staff also complete training on various topics including Prevent, Child Sexual Exploitation, Domestic Abuse, Sexual Abuse, Modern Day Slavery and Human Trafficking, Child Protection, Signs of Safety, Early Help and Suicide Prevention. All training delivered has been quality assured by the safeguarding boards.

DBTH

The corporate safeguarding team have continued to deliver the trust training programme and demonstrate an improvement in practice. In January 2017 following a regional review of safeguarding training across the acute hospital Trusts a new shorter training has been designed and implemented. This new training has just received quality assurance by local safeguarding boards.

DCCG

Safeguarding Adults Training sits in the mandatory training requirements for the Clinical Commissioning Group and is required on an annual basis or induction by all Clinical Commissioning Group staff.

RDASH

Safeguarding adults training is embedded within the organisation through the Trust Safeguarding Adult Policy through;

- Multi agency training
- Single agency training
- Clinical supervision

In addition through raising awareness and understanding of safeguarding adults, proactive risk assessments and planning for individuals and services and reporting and review of incidents (IR1's).

South Yorkshire Fire and Rescue

The SYFR internal training programme includes a face to face Safeguarding Induction for all frontline staff (this includes volunteers) and then dependent on role and responsibility additional and bespoke Introductory and Refresher. The latter may be blended learning and/or external trainers are invited in for e.g. Domestic Abuse, Modern Slavery, Tele-care training. Community Safety Staff also attend Multi-agency training in their respective districts.

NHS England

It is mandatory for all NHS England staff to complete on line e-learning on Safeguarding Children and Adults every 3 years. Staff working within Safeguarding receive training appropriate to their level of work. Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region.

A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber attended by Bradford named GPs, it was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

Funding

Partner Agency Contributions For 2016/17	
DMBC – (Adult Social Care)	£111,660
CCG (including funding of Independent Chair)	£106,180
SY Police Crime Commissioner	£5,000
Total income	£222,840
Total Spend	£192,204
Total underspend	£70,114
Carry forward from 15/16	£39,478

Partners Attendance 2016/17

Board Attendance – 4 meetings held

Agency	Attendance
Independent Chair	100%
DMBC	100%
SYP	50%
DCCG	100%
Board Support Unit	100%
HMPS	25%
RDASH	100%
DBTH	100%
SYF&R	25%
St Leger Homes	100%
NHS England	50%

Prepare Group – 3 meetings held

Agency	Attendance
Independent Chair	100%
DMBC	66%
SYP	66%
DCCG	100%
Board Support Unit	100%
RDASH	33%
St Leger Homes	66%

Share and Engage sub group attendance - 6 meetings held

Agency	Attendance
Chair/Deputy	100%
DMBC	83%
SYP	0%
DCCG	0%
Board Support Unit	100%
RDASH	17%
SYF&R	0%
St Leger Homes	100%
Doncaster Advocacy	0%
DBTH	50%

Workforce and Practice sub group - 6 meetings held

Agency	Attendance
Chair	100%
DMBC	100%
SYP	0%
DCCG	100%
SAU	100%
RDASH	67%
DBTH	67%

Quality and Performance sub group - 6 meetings held

Agency	Attendance
Chair / Deputy	100%
DMBC	100%
SYP	0%
DCCG	100%
Board Support Unit	100%
RDASH	67%
DBTH	67%

To report a safeguarding adults concern

Adult Contact Team: 01302 737391 (option 3 for safeguarding)

Police: Non emergency 101 | Emergency 999

Care Quality Commission (CQC): 03000 616161

Emergency Out of Hours: 01302 796000
07786 220 022 (SMS) If you are deaf, hard of hearing or speech impaired

Deaf community: SMS text 07979 031116
(SMS) Police non emergency SMS 07786 220022

"If you see something, say something"

Doncaster Council

Date: 18th January, 2018

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

SUBSTANTIAL VARIATION – Merger of the Phoenix Medical Practice and the Flying Scotsman Health Centre

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care	Town	None

EXECUTIVE SUMMARY

1. The purpose of the report is for Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny Members to be consulted on the transitional merger of The Phoenix Medical Practice and The Flying Scotsman Health Centre.

EXEMPT REPORT

2. There is no exempt information contained in the report.

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy.

BACKGROUND

5. The CCG's Primary Care Commissioning Committee (the Committee) considered an options paper for the future of The Phoenix Medical Practice (TPMP).

6. TPMP approached the CCG in September requesting support for a contractual application to merge with The Flying Scotsman Health Centre (FSHC). The Committee considered this application and agreed that approving the application would be open to challenge and would pose a high financial risk to the CCG due to contracting arrangements with FSHC.

7. The Committee asked for a full options appraisal which was presented at November's Primary Care Commissioning Committee and option 6, 'transitional merger' was approved. Legal and procurement advice was sought by the CCG regarding the risks previously identified and influenced the options paper considered. The options appraisal that was discussed by the Committee is at Appendix A and the minute's extract of the Committee's discussion is at Appendix B for reference.

   The transitional merger is a stepped approach as follows:

   - Step one – the FSHC joins Dr Khan in his PMS Agreement for TPMP
   - Step two – Dr Khan resigns from the PMS Agreement for TPMP and is employed by the FSHC as a salaried GP
   - Step three – the FSHC request to close TPMP surgery and the PMS Agreement.

   All three steps will be undertaken in as short a timeframe as possible and each step is reliant on the previous step having been agreed and undertaken.

8. The overall risk to this stepped approach is the potential for consideration that the procurement regulations have been circumvented. However if it is deemed to be an acquisition then procurement safe harbour tests can be applied which significantly reduces the risk. The tests are:

   - The need for this modification has been brought about by circumstances which a diligent contracting authority could not have foreseen
   - The modification does not alter the overall nature of the contract
   - Any increase in price does not exceed 50% of the value of the original contract.

   These tests are applicable in this case.

9. The Practices involved started their patient and staff engagement when the initial application for contractual merger was submitted to the Committee in September 2017. Details of the patient, public and stakeholder engagement that the Practices have undertaken, including patient feedback, is at Appendix C.

REASONS FOR RECOMMENDED OPTION

10. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

11.

	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 work of Overview a Scrutiny has the potential to have an impact on all the Council's key objective
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
	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*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

12. The specific risks and assumptions relating to this issue are set out in the attached report.

LEGAL IMPLICATIONS

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

14. An application has been made to merge the Phoenix Medical Practice with the Flying Scotsman Health Centre. As part of the process for considering this application, the Council's overview and scrutiny panel for Health and Adult Social Care will be consulted.

15. Section 244 of the National Health Service Act 2006 sets out the functions of the overview and scrutiny committee within the Council. The overview and scrutiny committee may review and scrutinise the health service within its area; it may make reports and recommendations to local NHS bodies, the secretary of state and the regulator; and it may consider and consult on local NHS matters as well as requiring the local NHS body to attend committee to answer questions.

16. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (The Regulation's) places an obligation on the local NHS body to consult with the Overview and Scrutiny panel where they are considering any proposal for substantial developments or substantial variations to health services other than where a decision must be made as a result of the risk to safety or welfare of patients or staff.

17. Under the Regulation's, the Overview and Scrutiny panel may make comments and recommendations on the proposal consulted upon. If those comments and/or recommendations are not agreed with by the local NHS body, then both the Overview and Scrutiny panel and the local NHS body n have to try to reach a practicable agreement. If agreement cannot be reached then the Overview and Scrutiny panel can issue a report to the Secretary of State where:

    a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;

    b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or

    c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.

FINANCIAL IMPLICATIONS

18. The financial implications of the proposed merger are set out in the attached report. There are no direct financial implications for the Council from this report.

HUMAN RESOURCES IMPLICATIONS

19. Specific implications are referred to in the attached report.

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

CONSULTATION

22. Consultation is outlined in the attached report at pages 13 onwards. This is Overview and Scrutiny's opportunity to contribute to the proposed GP Practice closure.

BACKGROUND PAPERS

23. None

REPORT AUTHOR & CONTRIBUTORS

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Director of Public Health

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Doncaster CCG

Kayleigh Wastnage
Primary Care Manager
Doncaster CCG

Appendix A

Options Appraisal Submitted to CCG Primary Care Commissioning Committee in November 2017

	Primary Care Commissioning Committee
Meeting date	**9 November 2017**
Title of paper	**Future of Phoenix Medical Practice - Options**

Executive / Clinical Lead(s)	Anthony Fitzgerald, Director of Strategy and Delivery
Author(s)	Carolyn Ogle, Associate Director of Primary Care

Purpose of Paper - Executive Summary
The Primary Care Commissioning Committee considered a proposal at its October meeting for the Flying Scotsman Health Centre to acquire the Phoenix Medical Practice. The Committee felt that this was a significant risk due to the precedent being set and the level of financial risk to the CCG. The primary care team was therefore requested to consider the options for the future of this practice and the associated risks.

Recommendation(s)
Primary Care Commissioning Committee members are asked to: • Consider the options contained within this paper and make a decision as to which option to support

Impact analysis	
Quality Impact	Careful consideration of the options for the future of the Phoenix Practice will secure quality care for patients on a long term basis
Equality impact	There is a risk that the most vulnerable patients will be affected by a dispersal of patients as they are the least likely to reregister, the impact of relocation would also need to be considered carefully.
Sustainability impact	Careful consideration of the options for the future of the Phoenix Practice will secure care for patients on a long term basis
Financial implications	Included in the paper is an assessment of financial risk of each option
Legal implications	The legal implications of each option are detailed
Management of Conflicts of Interest	Conflict of interest with GP and LMC members of the Committee but each member has completed a conflicts of interest form.
Consultation / Engagement (internal depts.,	The level of engagement will depend upon the preferred option

clinical, stakeholder & public/patient)	
Report Previously Presented at	Merger application to PCCC on 14 September 17 in confidential session and acquisition paper to PCCC on 12 October in public
Risk Analysis	See paper
Assurance Framework	2.1,4.2,6.2

Primary Care Commissioning Committee

9 November 2017

The Future of Phoenix Medical Practice – Options

Introduction

The Contractor at the Phoenix Medical Practice applied to merge with the Flying Scotsman Health Centre on the basis that he would become a salaried GP at the Health Centre under an APMS contract and the contract at the Phoenix Medical Practice would be closed down. Following legal advice it became apparent that the request was not a merger as such as Dr Khan was not intending to join the APMS Contract as a partner.

The Primary Care Commissioning Committee felt unable to make a decision on this issue at the last meeting due to a number of potential risks and the options had not been explored fully. It was agreed therefore to provide the Committee with the options and a risk assessment. The options are detailed below.

The Committee should be aware that a decision regarding this contract is urgent from the Contractor's perspective as he is extremely concerned about the viability of the practice beyond the end of the calendar year. Due to nursing staff having moved on to other posts additional nursing capacity is being bought in from agencies which is putting further pressure on the Contractor financially. Staff are already being approached by other practices and being offered permanent roles. Support is being provided to the practice through the resilience programme for 2017/18 and the practice is included on the CCG's list of vulnerable practices requiring support.

Option One – Contract Termination

Under the requirements of the PMS contract Dr Khan would need to provide a minimum of six months' notice of termination. This would mean that the earliest the contract could come to an end would be May 2018.

Risks – Challenge by Dr Khan to the six month notice requirement given that his proposal to merge and the reasons for it have been made clear from the end of August 2017. He is likely to argue that he has already given three months' notice of his intention by the time a decision is made. The risk to the CCG is low as the termination notice would be served by the Contractor. There is also a risk that as

patients become aware of the termination notice having been served that they will begin to move practices making the contract less viable. There are no perceived financial risks to the CCG of this option in isolation. Staff resources will be required to develop the needs assessment and options appraisal referred to below.

For Dr Khan there will be financial risks as he will be liable for the redundancy of his staff. He will also remain liable for any premises issues and those contract clauses that are included in the survival of terms clauses of the PMS Agreement.

In the event that termination notice is served the CCG needs to undertake a needs assessment, an impact assessment and consider patient engagement which will inform an options appraisal as to whether a dispersal of the patient list or a re-procurement is required. It will also need to work with the practice on an exit plan.

The Needs Assessment will need to consider the following:

- Is there still a demand for this service in this locality and a requirement for it to continue? For example to reduce inequalities in access or health outcomes
- Does the contract specification still address current local priorities?
- Has the contract delivered on the expected outcomes?
- Has it provided added value to the local population and service provision?
- Have the potential service needs for any forthcoming new developments been considered?
- What is the capacity of other local providers and the market for other providers to deliver services?
- Consider any specialist service needs in the locality?
- Are there any needs not being met by the Contract which could be delivered?

The impact assessment will need to consider:

- Available outcome and delivery data held nationally and locally regarding the current service and impact on other providers
- Cost comparison of the current service against other providers while taking account of any differences in the scope of the services provided
- Is the current service still affordable?
- Has the contract delivered on the expected financial outcomes?
- What other objectives may be set?
- The potential impact on service users/patients
- The potential impact on other service providers e.g. GPs, pharmacy, local Trust, out of hours and community services
- The potential impact on the current provider
- Patient choice and equality
- Potential risks – reputational, adverse publicity, commissioner/provider relationship, market testing, timescales and financial

Patient engagement will need to consider

- Arrangements for the involvement of patients and the public
- Whether other local providers and interested parties have been engaged Including LMC, MP, OSC etc.

If the answer is no to any of these the CCG should be able to identify the grounds under which it felt engagement was unnecessary and this should be included in a report.

Conclusion of this work will provide all the information required to enable the CCG to make an informed commissioning decision on whether to re-commission, procure or allow the service to end. A report should be developed which shall demonstrate that the Commissioner has considered all possible options and the rationale behind the decision taken.

Option One A – Contract Termination and Dispersal of Patients

NHS England has a statutory duty to ensure continuity of provision of primary care services. Termination of existing service provision may result in some patients not being able to access primary care services. It is paramount therefore that the CCG considers how this duty will be discharged if the contract is terminated.

Patients have a right of choice and therefore the CCG must not simply transfer all of the registered patients to an alternative provider. Patients should be provided with a detailed list of other local practices that are currently accepting new patients and offered the opportunity to register with them.

Once it is agreed that the contract can terminate a letter is sent to all registered patients outlining practices in the vicinity that are taking on patients. Patients are at liberty to re-register with whomsoever they wish provided they live in the practice area and the list is not closed. However an assessment of practices ability to take on an influx of patients will need to be made.

The CCG should consider what steps will be taken in regard to patients who have not registered elsewhere at the end of the contract. It is often the case that the majority will voluntarily seek alternative registration; however there are usually a number of patients who do not, some may no longer be resident in the UK, not have changed their address at the practice or chosen an alternative provider, some may even have died. The CCG will need to be clear on the process for dispersal or allocation that they will follow in order to avoid the risk of challenge from other local providers. The dispersal of patients may require a significant number of staff hours to reach conclusion in terms of:

- Working with PCSE on patient registrations and transfer of records, retrieval of prescription pads and disposal of drugs and medicines
- Working with local practices on numbers of registrations they are able to accept
- Chasing patients who have not yet registered
- Ensuring vulnerable patients are followed up
- Management of the press
- Notification of contract end to relevant stakeholders

It is likely that, as patients are already aware of Dr Khan's intentions and the Flying Scotsman will be one of the options provided, that patients will move to the Flying Scotsman and re-register there. This will mean that the Flying Scotsman Health

Centre will have a significant increase in patients and therefore increase in costs to the CCG which funds the out of hours element of the contract at a premium.

Risk could be mitigated by renegotiating the Flying Scotsman contract extended hours element which expires 30th September 2018. Nine months' notice is required if the contract is to be extended beyond the end of September 2018.

Option One B – Contract Termination and Re-procurement

Once it is agreed that the contract can terminate a re-procurement process will need to be undertaken and must be in line with procurement law. Due to the timescales involved in procuring and mobilising a new provider to include any transfers under TUPE, the full six months' notice period is likely to be required. Timescales should provide sufficient time for market engagement to ensure the best possible response from the market. Once a preferred provider is established an operational management plan should be put in place that complements the exit plan from the outgoing contractor. This option will require a communication strategy to be developed for the management of the press and notification of contract change to relevant stakeholders as well as issue of a new contract, ensuring the operational management plan is implemented and relevant communications are undertaken. There will also need to be clarity on the arrangements for securing the premises and ensuring continued service provision. This option could however be combined with option 2 below and the re-procurement be to a relocated practice.
There are likely to be TUPE implications for staff that transfer to the new provider

Option Two – Relocation of the Phoenix Medical Practice

The Contractor has not agreed to a new lease at the current premises but continues to pay rent and premises charges. He has not been served with a section 21 which would provide him with two months' notice to vacate the premises. An alternative location is available at Devonshire House and therefore this option considers the relocation of the practice to another building within the same development.

The CCG will need to undertake an assessment of its duty to consult under section 14Z2 of the NHS Act (duty for public involvement and consultation) to consider the level of patient engagement required with the minor relocation (see engagement requirements included in option one above)

This option is unlikely to be supported by Dr Khan himself as he does not wish to continue to be under contract for the provision of primary medical services for the medium to long term future. Therefore this option can only be considered under a re-procurement and the financial assessment of this proposal will be key. There is low risk of any challenge as practices can relocate provided the obligations to engage/consult have been met.

Re-procurement of the practice will need to allow sufficient time in the project plan for mobilisation, patient engagement and TUPE

Option Three – Merger of the Phoenix Medical Practice with a GMS/PMS Practice

This option considers the merger of the Phoenix Practice with another GMS/PMS Practice. Primary Care Commissioning Committee is already aware of applications for three other mergers within Doncaster. NHS England policy book advocates that mergers should usually happen between like for like contracts i.e. GMS to GMS or PMS to PMS but noting that PMS have the right to request a GMS contract. There are examples of GMS and PMS practices having merged and given the similarities of the contracts this is not felt to be a risk.

There are two ways that practices can merge:

- Informal arrangements such as sharing staff which requires no contractual change, it is a private arrangement between the practices and therefore of no risk to the CCG
- By merging the contracts which can be done by
    - Each contractor becoming a party to the other contractor's contract through variations of the existing parties
    - Terminating one of the existing contracts, continuing the other contract but varying it to include the other contractor as a party to the contract
    - Terminating two existing contracts and creating a single organisation or partnership which will enter into one new contract – legal advice indicates that this option would present a greater procurement risk that retaining one contract and incorporating the list

If one or both contracts are terminated the relevant contractor must give notice to terminate (this is either three or six months depending on type of contractor and contract).

The issues for consideration are included in the application to merge. Dr Khan is unlikely to express an interest in informal arrangements with another practice or by becoming a party to another contract as he does not wish to continue as a contractor in the future. This would mean the only practical merger would be to terminate two existing contracts and create a single organisation or partnership. If this was undertaken with another practice there is the strong likelihood of a challenge made by the Practice PLC who runs the Flying Scotsman Health Centre. There would also be a procurement risk attached to this option and therefore a risk of challenge that the new contract should have been procured. There would be costs associated with any merger in terms of system migration which the CCG has funded for other merger requests.

There are minor financial risks with any merger as the merging of two practice lists can impact on the Carr Hill formula which adjusts the global sum payment for a number of local demographic and other factors which may affect a practice workload. Given the location of the practice in the town centre this risk is considered very low assuming the second practice is also in the town centre.

<u>Option Four – Novation of the Phoenix Medical Practice PMS Agreement to The Flying Scotsman Health Centre APMS Contract</u>

A contract novation is where one party to a contract proposes to completely remove itself from the contract to be replaced by a separate party. This is a transfer of rights

and obligations under the contract rather than a contract variation. This involves the termination of the existing contract and entering into a new contract on the same terms as the original contract but with the parties details changed. As part of this type of arrangement the incoming contractor agrees to take over the outgoing contractor's responsibilities along with any associated debts and obligations. There is no express right for a Contractor to novate a contract and as this results in the award of a new contract there will be procurement law implications.

This option is high risk as the Practice PLC would be granted an in perpetuity PMS Agreement which would be in breach of our obligations under the Delegation Agreement and the Public Contracts Regulation 2015; however they would inherit the premises and all associated liabilities.

Option Five – Do Nothing

The contract would remain as it is with a single handed contractor who has expressed concern about sustainability in the future. There are premises issues (no signed lease) and staffing capacity issues, particularly around nursing capacity which could ultimately lead to an impact on the quality of patient care. This is not a realistic option and the Committee has previously agreed to support the identified vulnerable practices, of which Phoenix Medical Practice is one.

Option Six – Transitional "Merger"

This option is the stepped approach put forward for consideration at the last meeting of the Primary Care Commissioning Committee and involves the following steps:
Step one – the Practice PLC joins Dr Khan in the PMS Agreement
Step two – Dr Khan resigns from the PMS Agreement and is employed by the Practice PLC as a salaried GP
Step three – The Practice PLC request to close the Phoenix Practice surgery and terminate the PMS Agreement.

All three steps to be undertaken in as short a timeframe as possible and each step is reliant on the previous step having been agreed and undertaken. This increases the risk of challenge. The legal advice received to date on this option considers the three steps as separate events separated by time.

Step one – involves the Practice PLC being added to Dr Khan's PMS Agreement. As the Contractor is currently an individual medical practitioner and they wish to have one or more individuals join them under the Agreement they must seek the Commissioner's consent in writing for any such variation to the contract. The Commissioner must consider any procurement implications along with any other influencing factors when considering such an application and confirm that the new addition to the contract meets the eligibility criteria for holding a PMS Agreement. A qualifying body can hold a PMS Agreement. A qualifying body is a company limited by shares all of which are both legally and beneficially owned by an NHS Trust, a GP, a health care professional, an individual providing services as defined or an NHS employee. This would be confirmed at the time of application to NHS England. The risk to this step in isolation from the others is fairly low as the outcome would be a contract with Dr Khan and the Practice PLC operating in partnership.

Step two – envisages Dr Khan resigning from the PMS Agreement. This constitutes a change in contractor as the Practice PLC becomes the sole contractor. The CCG will need to comply with NHS England policy which is for the Contractor to seek consent to this change in writing. The CCG must consider any procurement implications along with other influencing factors when considering such an application. The risk to this step is increased as the outcome would be an in-perpetuity contract with the Practice PLC operating as a single qualifying body and this could be open to challenge.

Step three – The Practice PLC would terminate the PMS Agreement, the list and contract value would be incorporated into the APMS Contract. The CCG would need to consider how the APMS contract value would be impacted. The Practice PLC would also seek to close the Phoenix Medical Centre site which would need to follow the branch closure process adopted previously and have significant implications for patient involvement and engagement, staff engagement and TUPE.

The overall risk to this stepped approach is the potential for consideration that the procurement regulations have been circumvented. However if it is deemed to be an acquisition then the safe harbour tests can be applied which significantly reduces the risk. The tests are:

- The need for this modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;
- The modification does not alter the overall nature of the contract
- Any increase in price does not exceed 50% of the value of the original contract

These tests would appear to be applicable in this case. There is significant financial risk due to the impact of the increased patient numbers on the out of hours element of the contract with the Practice PLC until October 2018.

Summary of Options

Option	Title	Legal Risk	Financial Risk	Comment
One	Contract Termination	Challenge to notice period	None identified	Strong likelihood of challenge to notice period given the time that has elapsed. Significant workload to undertake process within policy requirements
One A	Patient Dispersal	Lack of robust dispersal process	£112,074.76	Strong likelihood that patients will choose to transfer to The Flying Scotsman Health Centre increasing financial risk. Significant workload to undertake robust dispersal process
One B	Procurement	Very low risk of challenge	None identified	Lowest risk option however would need full notice period to enable robust procurement to be undertaken.
Two	Relocation	Consultation and engagement requirements checked Challenge from landlord?	Increase in reimburse-able premises	Not an option to relocate current contractor who would not agree to this. Possible option under procurement depending on financial analysis.
Three	Merger with GMS/PMS	Risk of challenge due to likely route of merger. Legal advice is that this is a greater procurement risk than retaining one contract and incorporating the list	Minimal, usual system migration costs	Dr Khan would not agree to merge with another practice therefore only option would be to terminate the two contracts and create a new contract putting CCG at significant risk of challenge.
Four	Novation	Significant risk of challenge under procurement law	None identified unless legal challenge	Strong likelihood that this would be challenged particularly as the Practice PLC is a relatively new organisation in Doncaster there could be a perception of a takeover.
Five	Do nothing	None	None	Does not resolve issue of sustainability of the practice
Six	Transitional merger	Risk of procurement challenge	£112,074.76	The likelihood of a challenge being brought will need to be gauged

Appendix B

Minutes Extract from Primary Care Commissioning Committee Meeting on 9th November 2017

The Phoenix Medical Practice and The Flying Scotsman Health Centre Options Appraisal

Mrs Ogle presented the Options Appraisal for the future of The Phoenix Medical Practice.

Six options were detailed in the paper; however Mrs Ogle advised the Committee that potentially only two of the options were viable, those were:

- Option 1 - A Contract Termination and Dispersal of Patients
- Option 6 - A Transitional "Merger".

The Committee discussed the potential risks of both option 1 and option 6, with regard to patient safety, viability of the practice and legal and financial risks for the CCG for both options. After careful consideration of all these factors, it was unanimously agreed that Option 6 was the preferred option.

Mrs Tingle advised the committee that the Contracting Team are in discussions with The Flying Scotsman Health Centre to negotiate the terms of their contract, on the assumption that more patients are likely to register at the Practice. The additional ("out of hours element") contract with The Flying Scotsman is due to expire October 2018.

Mrs Ogle discussed the stepped approach to the Transitional "Merger":

- Step 1 – The Practice PLC joins Dr Khan in the PMS Agreement.

Mrs Hilditch questioned whether this would require public engagement. The Committee was advised that as this would be a business decision, public engagement was not required in this instance.

- Step 2 – Dr Khan resigns from the PMS Agreement and is employed by the Practice PLC as a salaried GP.

- Step 3 – The Practice PLC would terminate the PMS Agreement.

Public engagement would need to take place in this instance, and the Committee would be required to review the public feedback.

The Committee agreed to Option 6, giving Mrs Tingle delegated authority to renegotiate the contract held with The Flying Scotsman.

Dr Eggitt and Mrs Hilditch left the Meeting.

Appendix C

Timeline of Public and Patient Engagement Undertaken by The Phoenix Medical Practice and The Flying Scotsman Health Centre

- November 2016 – February 2017

  Dr Khan approached five neighbouring GP Practices in addition to The Flying Scotsman Health Centre to discuss potential for contractual merger. Only the Flying Scotsman Health Centre showed any interest.

- 26 July 2017

  Dr Khan and The Practice Plc met with the CCG and NHS England to discuss the issues faced by The Phoenix Medical Practice and the potential options.

- 23 August 2017

  The Flying Scotsman Health Centre and The Phoenix Medical Practice discussed the merger proposal and feasibility to integrate/merge with the senior staff and Patient and Participation Group (PPG) at The Phoenix Medical Practice

- September 2017

  Letter of intent to merge and initial merger application considered by the CCG Primary Care Commissioning Committee.

  Dr Khan informed his staff of the application to merge and that he is investigating all his options for the practice.

  Posters and a patient suggestion box were put up in The Phoenix Medical Practice. Information of the proposed merger was also put on the Practices websites.

- October 2017

  Primary Care Commissioning Committee again considered the options for the Practices.

- November 2017

  Dr Khan and a member of The Phoenix Medical Practice PPG were interviewed by the Free Press. This interview was then published together with other GP Practice merger interviews and is below for information.

  Practice staff meeting at both Practices was undertaken updating on the progress to date.

  Update email sent to both practices PPG's inviting questions and comments on the proposed merger.

Updated notices were placed in both practices inviting patient and public comments and questions.

Primary Care Commissioning Committee considered a full options appraisal and approved the transitional merger option. HealthWatch, which are a member of the Primary Care Commissioning Committee, were asked to engage and support the Practices with.

- December 2017

Further PPG meeting for both Practice PPG's.

HealthWatch and Practices arranged a public meeting on the 13th December 2017 for all patients. This was advertised on notice boards, websites and by HealthWatch. As yet no objections to the merger have been raised. Minutes of the public meeting are below for information.

CCG has written to the Town Ward Councillors and Dame Rosie Winterton of the transitional merger on behalf of the Practices.

Free Press Article in November 2017

PHOENIX AND FLYING SCOTSMAN

Dr Mohammed Khan, of the Phoenix Practice near South Parade in the town centre, plans to close his current premises and move in to a merged practice with the Flying Scotsman Centre. He has 1,900 patients.

He has the backing of the Patient Participation Groups at both practices

Dr Khan said: "At the moment, the NHS is under a lot of pressure due to demand that has increased. We have to look very closely at how money is spent.

"Gone are the days we had small family GPs practices people always went to. There will be large GP practices where people consult with the GP who is available. Small practices are being squeezed so much it is virtually financially unviable to have a solo GP practice like mine.

"I've looked at all the options in how to maintain good services and spoken to neighbouring practices.

"I've had an association with the Flying Scotsman centre since its inception.

"I've done GP sessions there and mentored its doctors. It has grown very rapidly because it provides a unique 8am to 8pm, seven-days-a-week service.

"It ticks a lot of boxes.

"I'm used to working with the staff there and my patients will have access to more services and longer hours.

Dr Mohammed Khan of the Phoenix Practice, Doncaster, which could merge with the Flying Scotsman Centre, with patient participation group representative Ray Guffick

"It makes sense to shut this site at Cavendish Court. We need to share workforce and share buildings on one site. Also, the Flying Scotsman Centre is very close geographically, having been put where it was because it was a good transport hub.

"I would be leading the clinical team and would still have an overview of my patients. The Flying Scotsman Centre has a track record of providing good services.

"For the merger to happen, the CCG would have to be willing to approve it. But if I don't do something like this I will have to resign as I can't afford to run this facility on the budget I have.

"I acknowledge funds are limited and I have to make the best use of them. I think this is the best way to do it."

Ray Guffick, a representative of the Phoenix Medical Participation Group, backed the plan.

He said: "Phoenix may be a small practice but it's one of the best. We as patients don't want to phone up and see in two weeks' time, not knowing who we will see. If we're moving to the Flying Scotsman like this with Dr Khan's hand still on the tiller then I'm confident it will still be a good service. If Dr Khan resigned, his patient list would be dispersed and we don't know where we would end up."

Public Meeting Minutes 13.12.17

Patient Consultation – 13/12/17

Meeting started at 6pm at The Flying Scotsman Health Centre
Introductions

In attendance: Dr Khan, Helen Smith (Practice Manager TFS) Victoria Roberts (Regional Support Manager for TPG), Mr Ray Guffick (PPG Member Phoenix Practice), Mr Frank Cowell (PPG Member Flying Scotsman Health Centre), Nina Clements (Phoenix Practice), Anita Platten (Phoenix Practice), Andrew Goodhall (Healthwatch Doncaster), Angela Smart (Phoenix Practice)

Dr Khan started by explaining the reason behind wanting to merge his surgery with The Flying Scotsman; reduction in funding to PMS practices, surgery no longer sustainable, staff have left and feels no longer able to provide level of patient care previously provided

Dr Khan explained the steps he had taken prior to suggesting merge with TPG- spoken to local GP surgeries, looked at alternative location i.e. upstairs in The Flying Scotsman building. Federations in Doncaster are still in early stages therefore did not feel this was an option. Dr Khan explained his reasons for instigating discussions re merging with TFS- that he already works at TFS, there is a solid support structure and the surgery has capacity to expand and provide enhanced services to patients.
The building has 9 Clinical rooms plus 2 treatment rooms. These are not fully utilised at the moment so there is still capacity to increase the list at TFS.

Opening hours- The Flying Scotsman is the only surgery in Doncaster to open 8-8 7 days a week 365 days a year. Some discussion was had re the history of the surgery; that it used to have a walk in element which was removed when TPG took on the surgery a couple of years ago, so only registered patients are seen at the surgery now. The list size did used to grow at a quicker rate as often walk in patients would register at the surgery, however the list is still steadily growing.

Does TFS have minor surgery facilities?- Yes there is whole minor surgery suite upstairs which has never been used. Dr Khan mentioned he would like to use the minor surgery suite to provide additional services. HS confirmed this would not be in the near future as the suite is currently unavailable to us and there is nothing to suggest it will become available to us soon

Waiting times-
Will waiting times for appointments be increased at TFS?
Patients who are used to seeing D Khan and who want to continue only seeing Dr Khan may have to wait longer for an appointment with him, depending on which days he works. However the appointment system will remain primarily as a book on the day system, meaning patients should still be able to book an appointment for the same day if they call at 8am.

Will there be decreased availability of appointments for patients?

No- TPG uses a model that calculates number of sessions required based on number of patients. Therefore if TFS was to take on an additional circa 2000 patients, we would increase the number of GP sessions and waiting times for appointments. Dr Khan explained that other surgeries he had approached would not follow this model, therefore there was a concern that there would be an increase number of patients without increased resource

Continuity- patients would still be able to see Dr Khan, although this is not guaranteed for an urgent or on-the-day appointment and would be dependent on days and sessions worked by Dr Khan. There is a stable nursing and GP team at TFS therefore there is, and will continue to be continuity for all patients

The Flying Scotsman also uses Nurse Practitioners, as well as pharmacist, practice nurses and HCA's, therefore patients would have access to the same clinical staff groups plus more at TFS.

Location- it was agreed that the location was suitable for Dr Khans patients to travel to; in fact the location may be more convenient for some patients and the surgery has good transport links

Parking- there is adequate parking at TFS- 32 spaces + 6 disabled. This compares to 8 spaces at Cavendish

AG asked how the station development will affect list size at TFS? It is not anticipated to have an impact on list size as there are no limitations to patients accessing the surgery

Staff-
What will happen to the staff at Dr Khan's surgery? If the surgeries were to merge, staff would be consulted with and we would have a legal responsibility to TUPE staff to TPG. However it is difficult to comment as we do not have anything confirmed to say this will be happening.

The press release generated a lot of conversations with patients at Phoenix surgery. AG requested that these conversations could be captured and documented to demonstrate engagement with patients.

AG questioned whether the surgeries were willing to be open and transparent-VR assured the group that TPG have experience in mobilising new contracts, TUPE procedures etc and will follow all the correct processes to ensure we are open and transparent with staff and patients.

How would patients at TFS be informed? – Patients are not usually informed about growth in list size and it is unlikely we would send letters out to TFS patients explaining the merge, as it will not impact on the service available to them. However we would be happy to put posters in the waiting room and would provide further information for patients who wished to know more- open to discussion with CCG if required.

How would patients at Phoenix surgery be informed?- this would normally be via communication from the CCG, which would be discussed with the CCG if the merge was to happen.

Landlord- Dr Khan explained he is now out of contract with the landlord for his premises, although he is continuing to pay rent, there is pressure to commit to a further length of time occupying the premises.

Timeframes- The group were keen to know timeframes for any further action. It was explained we cannot provide timeframes as there is nothing confirmed.
Dr Khan explained process from now- consultation today, report from Healthwatch, overview and scrutiny board.

AG asked what would happen to the PPG's at both sites. HS explained that there is only one active member at the PPG and that this was due to the demographics of their patient list. There is an active PPG at Phoenix surgery. AG offered to provide support from Healthwatch if the merge took place, as it would provide an opportunity to reinvigorate the PPGs.

It was agreed a FAQ's sheet could be put together to answer any queries from patients.

The group were thanked for their time.

Comments Received from Patients:

"Joining forces is a sensible move in difficult times for GPs"

"I prefer the personal attention and seeing the same GP that I've received for years but if it's a choice between not seeing Dr Khan or sometimes seeing him and in a the same locality I'm all for it!"

"After the bad news of closure it was good to hear some positive news such as greater access, more services and extended hours"
"I've really appreciated and benefited from the care provided by Dr Khan and his team over the years and it was good to hear that he will still be available at the new practice albeit a little less frequently".

"I wish the NHS powers that be could have supported Dr Khan's surgery more but I'm sure if he is going to the new surgery then it can't be all bad"

"I can't understand why this merger is taking so long, I've been asking the staff for a time when it will happen but even they don't know… please get it over and done with asap because I'm fed up of the uncertainty and which doctor or nurse I'm going to be seeing".

Feedback from HealthWatch Doncaster

After a discussion at NHS Doncaster CCG's Primary Care Committee, it was suggested that the Phoenix Practice contact Healthwatch Doncaster for a discussion about the process they had gone through to engage with their practice population about the proposed merger of the Phoenix Practice and the Flying Scotsman Healthwatch.

Dr Khan from the Phoenix Practice contacted Healthwatch Doncaster and talked through what had already taken place – this included talking to patients of the Phoenix Practice and making them aware of the proposed merger and the reasons and rationale why the merger was being proposed. The Phoenix Practice have provided a process timeline of the engagement with their staff, their practice population and NHS Doncaster CCG. In September 2017 the Phoenix Practice shared information about the proposed merger in/around the waiting and consultation rooms. Information was also made available on their website.

In November 2017 an article about a number of GP Practice mergers was in the Doncaster Free Press – https://www.doncasterfreepress.co.uk/news/health/wave-of-gp-mergers-hits-doncaster-1-8841434 – the article talked about the Phoenix Practice merger along with photos of Dr Khan and the Chair of the Patient Participation Group from the Phoenix Practice.

Healthwatch Doncaster were invited to attend a public engagement meeting on 13 December 2017 at the Flying Scotsman Health Centre. The meeting was attended by the Chairs of the PPGs from both Practices. There was a presentation from Dr Khan and discussion about the reasons and rationale for the proposed merger. The meeting was advertised on fliers in each of the Practices and on the Phoenix Practice website. The Practices discussed that they would communicate the outcome of the decision on the proposed merger to the Practice populations once the decision had been finalised.

In the public meeting there were questions and discussions about availability of appointments, continuity of access to GPs, the impact of the redevelopment of Doncaster station on access to the Flying Scotsman Health Centre and continued support for the Patient Participation Groups (PPGs).

The local practice population have been informed about the proposed merger of the Phoenix Practice and the Flying Scotsman Health Centre. The information has been made available in a number of different ways – face to face, online and in print. Healthwatch Doncaster have offered continued support to the PPGs of both Practices so that they can be supported to grow and develop. This support will come though the PPG Network that is supported and facilitated by Healthwatch Doncaster.

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Doncaster Children's Services Trust

Report

Date: 23 January 2018

To the Chair and Members of the
HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Transition from Children's To Adult Social Care

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nuala Fennelly Portfolio Holder for Children, Young People and Schools Councillor Rachael Blake Portfolio Holder for Adult Social Care	All	No

EXECUTIVE SUMMARY

1. This report provides information from Doncaster Children's Services Trust and Doncaster Adult Social Care in relation to the processes by which young people with disabilities who are in receipt of a service from the Trust are supported on their journey to adulthood in partnership.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. That the Panel considers and notes the information provided within the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Children with disabilities and complex health needs are a vulnerable group whose rights are protected under legislation. Under the Children Act 1989 the Trust has a statutory duty to assess and provide services to meet need and to safeguard children and young people from harm arising through neglect, abuse or exploitation. Supporting these young people to move into adulthood safely and with the right support will improve their life chances, help them to reach their full potential and enable families to remain together.

BACKGROUND

The Children with Disabilities Team

5. The Children with Disabilities (CWD) social work team transferred to the Trust from DMBC in June 2016. Oaklands residential short breaks children's home transferred to the Trust in September 2016.

6. The CWD team hold case responsibility for 104 children and young people (as at 1 January 2018). These can be broken down as follows:

    - 28 children subject to a statutory needs assessment under S17 Children Act 1989;
    - 39 children who are receiving support under S17 Children Act 1989 as a "child in need";
    - 6 children who are subject to Child Protection Plans due to significant harm arising through abuse or neglect;
    - 31 children who are in the care of Doncaster Children's Services Trust (including a small number of children who are in care due to being in receipt of short breaks that include more than 75 overnight stays per year).

7. The team's primary purpose is to provide a social care service to children and young people with complex, multiple and enduring disabilities. As a result, the majority will require additional support when they reach adulthood.

8. Not all children with disabilities or additional needs who require social care support are supported through the CWD team. Those with lower levels of disability or need will be supported by social workers in other social work teams, by colleagues in early help or via universal services.

The Journey to Adulthood

9. The majority of the children and young people who receive a service from the CWD team will require additional support after they reach the age of eighteen, to an extent that reflects factors such as their own needs, their relationship with their birth family etc.

10. It is acknowledged that the transition process is a complex one and young people known to the CWDT will have different pathways to adulthood dependant on their circumstances and needs. For example the transition pathway for a child who is in care and will need to be provided with accommodation post-18 is likely to be different to a child who lives with their parents and who can remain with them after eighteen, with the provision of support services. Some young people will be eligible for Continuing Health Care Funding and/or will meet the criteria for support from adult social care services, whereas others will not but will be entitled to support under the Leaving Care Act.

11. The team currently supports 104 children of whom 14 are aged 16 or 17 and therefore require some element of transition planning. Of these:

    - 10 are children in care who will need provision of accommodation and support when they reach eighteen;

- 3 are children in need who will remain with their families when they reach eighteen but who will require additional support;

- 1 is having his needs assessed by a social worker.

12. The Trust has a policy of updating statutory assessments of need every six months which helps to ensure that there is an accurate and updated picture of current and future need.

13. Those that are in care will have a statutory Pathway Plan from the age of sixteen that helps to plan for their independence. They will become care leavers when they reach the age of eighteen and the majority will be entitled to a service under the Leaving Care Act which is provided by the Trust's Inspiring Futures Team. Arrangements are in place for Inspiring Futures personal assistants to work alongside Children with Disabilities Team social workers from sixteen to support the transition to adulthood.

14. However many young people in receipt of a service from the team will also require support from adult social care services if they are to reach their full potential and be able to live as independently as possible. It is essential that for these young people, the transition is as seamless as possible.

15. The Government's SEND reforms came into force in September 2014 and created the 0 – 25 Education, Health and Care Plan. The key principles that underpin these reforms and this protocol are:

    - That services are delivered based on up to date and where necessary, joint, assessments of need;

    - That services are delivered in a timely way with minimal disruption at the point of transition;

    - That there should be good planning for transition that commences when the young person becomes sixteen;

    - Families who are receiving a service should have access to a single, lead professional who can act as their single point of contact for all social care matters during the transition planning phase;

    - Responsibility for funding post-18 should be agreed early in the transition process.

16. In order to support good transition, the CWDT team employs two part time Transition Social Workers who can be allocated to work with young people from the age of sixteen onwards, in order to support the transition to adulthood. One of these workers also holds a post within the council's adult services Transition Team, enabling us to provide consistency given that the Children with Disabilities Team will end their involvement when a young person becomes eighteen. One of the main focusses of their work has been identifying those young people who are likely to meet the threshold criteria for adult services as well as attempting to identify the cohort of young people suitable for supported living projects.

17. Regular Joint Allocation Meetings (JAM Meetings) have been implemented to support transitions to adulthood for disabled children in receipt of a service. They are attended by CWD Team Manager, colleagues from adult social care, health, SEND Education and commissioning services. The JAM agrees pathways towards support in adulthood and identifies key roles and responsibilities. The meeting is both operational (setting

tasks to enable smooth transitions) and strategic looking at longer term needs of individuals and the cohort.

18. The JAM meeting will shortly be merged with the council's Preparing for Adulthood Pathway Group to avoid any potential duplication and to ensure a holistic discussion between all relevant partner agencies.

19. In some cases a young person will not reach the threshold for support by adult social care or Continuing Health Care. In such cases the team still has a responsibility to ensure that whatever support is needed post eighteen is identified and planned for prior to the young person reaching the age of eighteen, so that they and their family know what support will be available to them.

20. The most challenging aspect of transition to adulthood relates to the provision of accommodation post 18 particularly for young people who have been in care, cannot live with their birth family and who are unable to live independently when they become eighteen. It is, therefore, crucial that children's and adult services, as well as health partners, work collaboratively to ensure that plans are in place for when the young person reaches eighteen that will meet the young person's assessed needs. It is acknowledged that whilst many specialist residential placements for disabled children and young people are able to continue to look after them as young adults, this will be dependent on funding decisions based on assessment of need and therefore some young people may experience a change of accommodation when they reach the age of eighteen. Although this can be difficult for them, it is important that people are supported to live as independently as possible insofar as this is safe for them.

21. It is acknowledged that for a family with a disabled child the process of transition to adulthood can be an extremely complex process due to the involvement of education, health, children's social care and adult social care, all of which have their own eligibility criteria or thresholds, assessment frameworks and meetings. In addition, the complexity of funding arrangements and availability of suitable accommodation post 18 for young people who need it does mean that families and professionals will sometimes experience a period of uncertainty about the future arrangements.

22. As a result of this a piece of work is currently being undertaken led by the council to explore ways in which the "pathway" can be simplified for young people and their families. An initial multi-agency workshop was held on 12th December 2017 and this identified a number of key areas in which the system could be made more user-friendly. Further partnership work will now be undertaken.

23. The keys to a smooth transition from children's to adult services are:

- Early identification of children who are likely to require continuing health and social care support when they are eighteen (even if they have not required social care support before this time);
- Wherever possible joint assessment of current and future needs;
- The use of multi-agency groups to share assessments and develop plans alongside young people and parents;
- Early planning for adulthood, particularly where accommodation will be required.

Transition Team (Adult Social Care)

24. The Transition Team is a recently formed Team (2016) consisting of 2 full time Assessment Officer and 2.6 (fte) qualified Social Workers and 1 full-time Advanced Practitioner. There are also an extra 3 full time qualified workers which are currently working on an agency basis to enable project work to identify the optimum sized team required.

25. Much progress has been made in the work of the Transitions team, currently situated within Adult Social Care. Good links have been developed with the Children's teams within the trust as well as other partner organisations. Every young person 16 plus that is allocated to the Transitions team has an allocated worker.

26. Each Transition worker will have a lead on specific issues faced by young people and we currently have a lead on Autism, employment, benefits and social inclusion. Other leads will be decided at the project plans develop.

27. Negotiations have been held with health colleagues and all young people now have a Continuing Health Care Decision Support Tool completed by the age of 17.3 years to enable awareness of funding stream and give time to support plan effectively before they are 18.

28. Strong relationships have been established with the Children with Disabilities team and work is in progress to improve these, with one Social Worker working across both teams. Regular contact is maintained to ensure the young people due to transition into adult services are known to the teams, who work together to create an appropriate care and support plan in readiness for the move into adult services.

29. The appointment of a new manager in the Aiming High team has significantly improved the information flow between them so there are no surprises and plans can be put in place to ensure continuity of care for the young people involved in that service. The Transitions team is represented by the Advanced Practitioner at their short breaks panel which is enabling adult services to influence and promote a strengths based model for young people as they reach transitions.

30. A support group for young people exploring a move into independent living (TIS) has been developed to create the chance to meet likeminded peers and enable natural friendship groups to form. This now meets weekly with one week being a day time meet and one being a tea time meet to ensure it is open to as many people as possible.

31. A six-bed Transition supported living house, where the focus is on skills building and independent living has been sourced and developed working closely with the providers to enhance independent living skills. Four young people are now settled there with two others identified to move shortly once they are properly prepared.

32. Plans have recently been discussed with commissioners for a new build in Norton that may be ready early next year, consisting of 16 units. This will be a mixture of shared and single person accommodation for young people aged 18-25 offering the opportunity to place our young people who have complex needs and who currently end up out of borough.

33. It is intended to attach workers to schools who will offer a presence at least once weekly in the allocated school to enable the team to identify young people early and to work alongside schools/colleges to ensure both education and social care are considering the needs of young people in a holistic way. Workers will be attending team meetings of

area Children's teams to discuss the TIS group and to advise colleagues on when they should make referrals.

34. A working criteria has been created to enable better identification of the transitions cohort which has identified a significant increase in the number of Direct Payments provided to enable young people to have more choice and control over their lives:

- In 2016 – there were 173 young people allocated to the team and 36 in receipt of a direct payment

- In 2017 there were 129 young people allocated to the team with 64 being in receipt of a direct payment - almost 50% of our young people now receive a direct payment. Of the other 50% there will be a number of young people receiving no budget but will continue to receive professional support until they have transitioned out of education and into adult life.

35. Transitions staff are working alongside the Travel Training Team to enable young people to be upskilled prior to them leaving education and thus promoting and increasing independence.

36. The team's Advanced Practitioner attends the Joint Resource Panel and the SEND panel, which, along with the JAM meetings helps the identification of young people, making links and influencing decision making to avoid dependency and over-supporting.

37. The Team currently has a caseload of 142 young people. These referrals come from a variety of sources including but not exclusively the Children With Disabilities Team. The majority of the caseload will come from referrals made by Education colleagues including schools and SEN Officers.

38. The Transition Team work with young people who are in full time education and who have identified needs in line with the Care Act 2014 or if it is assumed that they will have such needs once reaching 18 years old.

39. The age group of the young people that the Transition team work with is 16-25 years old and the team will have full case and funding responsibility for young people following their 18th birthday. The team will work in an advisory capacity until such time to ensure a smooth transfer.

OPTIONS CONSIDERED

40. None. This report is for information.

REASONS FOR RECOMMENDED OPTION

41 None. This report is for information.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

42.

	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*	Good transition into adulthood will help to maximise the life changes of young people or adults with disabilities and help them to achieve their full potential including in respect of education and employment, thus helping them to make a contribution to the community and economy of Doncaster.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	A high quality transition from children's to adult services will mean that young disabled adults are safeguarded and protected as they enter adulthood. The care and support needs of young disabled adults and their families will be met. It will maximise life chances and help young people to move into adulthood in a way that helps them to achieve their full potential including education, employment etc.
	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*	A high quality transition from children's to adult services will mean that the care and support needs of young disabled adults and their families are met. It will maximise life chances and help young people to move into adulthood in a way that helps them to achieve their full potential including education, employment etc.
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	In providing social care services to disabled children, we are required to consider the impact on the whole family of looking after a child with additional needs. Some services, such as short breaks, are specifically designed to give carers a short break for caring responsibilities, whilst also providing children with a positive experience. A smooth transition to adult services with no delays in provision will inevitably have a positive impact on the whole family.
	Council services are modern and value for money.	Joined up working is crucial to avoid unnecessary duplication of work. Joined up assessment is also crucial because of the need for all planning decisions, including financial ones, to be based on up to date multi-agency assessment of need.
	Working with our partners we will provide strong leadership and governance.	High quality transition from children's to adult services is entirely dependent on strong partnership working both strategically and operationally. The current project on transition pathways will be the starting point for any future service developments.

RISKS AND ASSUMPTIONS

43. The primary risk is to disabled individuals and their families if they are left without appropriate support or safeguards when a disabled young person becomes an adult. In addition there are also risks in relation to adverse publicity, inspection outcomes, complaints and litigation in respect of a perceived failure to adhere to our statutory responsibilities.

LEGAL IMPLICATIONS

44 The statutory requirements in respect of the transition from children's to adult services are set out in statute in the Children Act 1989, The Care Act 2014 and the Children (Leaving Care) Act 2000.

FINANCIAL IMPLICATIONS

45. For children's social care and Doncaster Children's Services Trust the legislation and guidance in respect of transitions has no additional financial implications. At the current time, requirements can be met within the existing financial envelope that governs operating costs for the Children with Disabilities Team.

HUMAN RESOURCES IMPLICATIONS

46. None

TECHNOLOGY IMPLICATIONS

47. None

EQUALITY IMPLICATIONS

48. The vulnerable groups included within this report are protected from discrimination by virtue of the nine protected characteristics defined in the Equality Act 2010. It is expected that children's social workers and associated professionals such as foster carers and Independent Reviewing Officers will act as advocates for their young people and will take appropriate steps to challenge discrimination. In addition, young people who require or wish for an independent advocate are provided with one by Doncaster Children's Services Trust.

CONSULTATION

49. None

BACKGROUND PAPERS

50. None

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Doncaster Council

Report: Health and Well Being Strategy Update – Outcomes Framework for Health and Well Being Board

Date: 23 January 2018

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

Health and Well Being Strategy Update – Outcomes Framework for Health and Well Being Board

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr N Ball Cllr R Blake	All	No

EXECUTIVE SUMMARY

1. This paper gives an update to the Scrutiny Panel on the potential outcomes framework for the Health and Wellbeing Board. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on key information identified as important for the board. It will also allow the board to understand and delegate where appropriate to other parts of the Team Doncaster partnership leaving the board to focus on the key areas that don't have the same level of focus.
2. The outcomes framework has been developed with the Health and Wellbeing Board steering group and also discussed at a Health and Wellbeing Board workshop in October 2017.
3. The outcomes framework needs to connect to other parts of the Team Doncaster partnership to ensure there is no duplication but also to maximise the reach and impact the board can have on improving people's quality of life in Doncaster.

EXEMPT REPORT

4. NA

RECOMMENDATIONS

5. The Health and Adult Social Care Overview and Scrutiny Panel is asked to:-

    a) Note and comment upon the proposed Outcomes Framework 2018-2021 presented in this paper.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Good performance management arrangements of the priorities set out in the Health and Wellbeing Board outcomes framework will ensure services improve and peoples experience of the local health, care and wellbeing system is positive.

BACKGROUND

7. Regular performance reporting has outlined the position for the areas of focus identified in the Health and Wellbeing Strategy (HWS). This has given the board a good sense of progress in these areas over the previous 3 years but has not provided a good enough link across all the areas of focus nor towards the rest of the priorities identified in the HWS. The Health and Wellbeing Board agreed in September 2017 to use the matrix proposed in this paper as a way of monitoring outcomes and progress in the future, subject to further development work with the Health and Wellbeing board steering group and a board workshop.

8. The Health and Wellbeing Board workshop (Oct 2017) considered the required content and the presentation of any future outcomes framework at the board. The workshop, which was supported by the Health and Wellbeing Board steering group, ensured there will be wider buy in to the framework and that the measures and narrative reflect the key priorities of the Board.

MAKING CONNECTIONS

9. There is a need to monitor progress towards a wider set of outcomes across the health and care system allowing the Board to have a strategic understanding of current performance. There is also a need for the Board to make connections; vertically upwards to the wider Doncaster Growing Together (DGT) programme and South Yorkshire and Bassetlaw structures, downwards to the emerging Doncaster accountable care partnership and also horizontally to other Team Doncaster thematic partnerships. The outcomes framework needs to align with the policy context which will include the Doncaster Growing Together programme, the Health and Wellbeing Strategy and the Doncaster Place Plan.

10. The strategic plan for the borough, Doncaster Growing Together, has seen the development of an overall outcomes framework for the borough and development of key strategic programmes. The DGT outcomes framework will be measured by indicators which are 'whole population level[1]' across the four policy areas, working, caring, living and learning, which can be described as Tier 1 indicators. These population level indicators need to be incorporated where it covers key parts of the Health and Care system, but there will also be some population level indicators that are not included in DGT but are important to the Health and Wellbeing Board, which can be described as Tier 2 Indicators. Furthermore the outcomes framework that is being proposed for the board will influence and inform the creation of a set of key performance

[1] Whole Population level - measures that indicate how an entire population is performing as distinct to a 'Service level' which would measure how a particular organisation or service is performing.

measures for the Doncaster Accountable Care Partnership (ACP) which should concentrate on key service level measures that will contribute to the population measures but really measure the quality of the services we provide, which could be described as Tier 3 measures.

11. There are some clear areas of responsibility that can be covered by multiple theme boards i.e. the Children and Families Executive Group will cover young people's health issues, 'starting well' in this framework. Having a co-ordinated response to ensure we maximise the Board's focus on the issues that matter most will become increasingly important.

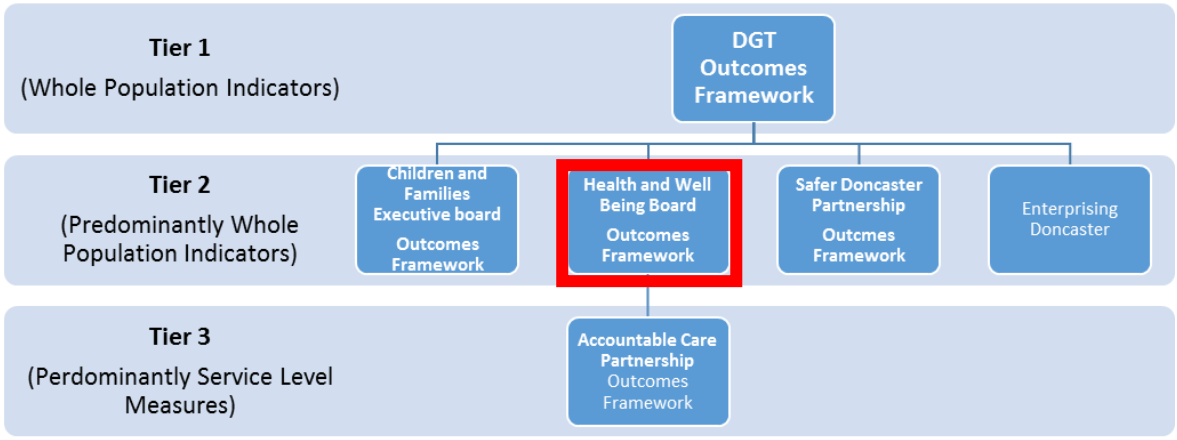

Figure 1: Outcome Framework Tiers and Connection to HWBB

Health and Wellbeing Board Outcomes Framework 2018-21

12. The framework is based upon two criteria so a matrix can be formed, firstly against a life course categorisation (All Age, Starting Well, Living Well and Ageing Well) and secondly against a segmentation of care (Wellbeing, Prevention, Care and Support). This is consistent with the current Doncaster Health and Wellbeing Strategy.

	All ages	Starting well (ages 0-17),	Living well (ages 18-64),	Ageing well (ages 65+),
Wellbeing				
Prevention				
Care				
Support				

Figure 2: HWB Outcomes Framework Matrix

13. There are two assumptions that can be made as we make links to other frameworks. Firstly that the starting well age categorisation will be delivered by the Children and Young People's plan outcomes framework that will be monitored by the Children and Families Executive Board. Secondly the Indicators that are currently in the Doncaster Growing Together outcomes framework will need to be monitored by the Health and Wellbeing Board.

14. A set of statements have been devised for each section of the matrix to be clear about what it is that the board is trying to achieve in each matrix cell i.e. what is important in the Prevention category and in the Ageing well life course category. These statements describe what each cell of the matrix means to Doncaster residents as well as the outcomes that will demonstrate success; a full list is included within **Appendix A**. Furthermore reporting against key

indicators against each cell of the matrix is important and an example of how this might look is included in **Appendix B,** as well as showing the range of indicators that will be used. A further detailed report for the different matrix cells will be produced.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

15.

	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 HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
	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*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

16. NA

LEGAL IMPLICATIONS

17. Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint statutory duties to prepare a Health and Wellbeing Strategy under powers outlined in the Local Government and Public Involvement in Health Act 2007 section 116A (as amended by the Health and Social Care Act 2012 section 193). There is no statutory requirement to have an outcomes frame work but it will assist in the Board in carrying out its role.

FINANCIAL IMPLICATIONS

18. There are no direct financial implications from this report. Actions arising from the framework will be subject to separate reports and those will consider any financial implications.

HUMAN RESOURCES IMPLICATIONS

19. There are no specific Human Resources implications in relation to this update.

TECHNOLOGY IMPLICATIONS

20. There are no anticipated technology implications in relation to this update paper. Where requirements for new, enhanced or replacement technology to support the Outcomes Framework are identified, these would need to be considered by the ICT Governance Board (IGB).

EQUALITY IMPLICATIONS

21. The theme of health inequalities was raised throughout the workshop session and has been identified as a key theme in the development of an outcomes framework for the board. Understanding inequalities in health and care outcomes and how we can measure that as part of the Outcomes Framework is a vital part of our success. As we develop the framework there may be a need to establish new flows of data and information to support a more sophisticated view of health inequalities in Doncaster. It may also guide how the Joint Strategic Needs Analysis (JSNA) may be developed in future years.

CONSULTATION

22. Identified previously in the paper as part of the background (Paragraph 8)

BACKGROUND PAPERS

23. There are not background papers.

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Health and Wellbeing Board 2018-21: Appendix A

Table 1: What this will mean Doncaster Residents

	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
Wellbeing	Focus on improving quality of life and healthy life expectancy for all, focussing especially in the most deprived areas and living conditions (housing, air quality) in a person and family centred way	Children will have the best start in life, being healthy and resilient Promote the mental wellbeing of children and families especially for older children and young adults.	Promote good economic growth, including living wage and sustainable and healthy employment	Support healthy aging across Doncaster, recognising that preventative approaches that reduce loneliness and social isolation or promote self-care and independence are important at every life stage
Prevention	Increase levels of physical activity especially in the most inactive as an effective preventative action at any age	Children and families will have access to the right services at the earliest opportunity. Improve outcomes especially for early years and teenagers through healthy lifestyles and good educational experiences.	Take a whole system approach to reducing smoking, alcohol consumption and obesity as the key causes of preventable ill health and early death	Aim to prevent and delay the need for care whilst responding to the complexity of need that older people with long term conditions may have i.e. falls
Care (Delivered by ACP)	Continue to integrate and improve care systems, especially minimising the use of unplanned hospital care and delays in leaving hospital	Ensure acute care needs of children and young people especially injuries, asthma and self harm are dealt with appropriately.	Improve the prevention, early detection and treatment of cancer (the major cause of early death) liver disease, diabetes and heart disease. Give equal weight to mental wellbeing as a key determinant of physical health and independence	Ensure services and housing are suitable for the changing needs of the ageing population and those with special needs
Support (Delivered by ACP)	Understand the size and needs of our vulnerable and at risk groups especially carers	Support and safeguard the most vulnerable children, young people and families especially those most at risk.	Support those with serious mental health conditions and learning disabilities to play an active role in Doncaster	Improve the identification and support available to those with dementia and their carers. Support people and their families to die well and in a place of their choosing

Table 2: How we will know we have succeeded (the outcomes we want to deliver)

	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
Wellbeing	• Healthy Life Expectancy increases • People's quality of life is good • There are more homes built and fewer people are homeless or in unsuitable accommodation	• More children and young people are healthy, have a sense of wellbeing and are resilient • More children have the best start in life	• More people are in Sustained work	• More people remain healthy and independent for longer with fewer people socially isolated

Prevention	• More people will be physically active
	• Fewer people will die early from causes considered preventable
		• More children and young people's development is underpinned through a healthy lifestyle
		• More children have access to the right services at the earliest opportunity
			• More people make healthy lifestyle choices relating to;
			  • smoking
			  • alcohol consumption
			  • healthy weight
			  • Diabetes
				• Fewer older people will have serious falls that require them to go to hospital
				• More people over 65 will access a flu vaccine

Care (Delivered by ACP)	• Fewer people require health and social care services and vulnerable people are safe • People are satisfied with their care • Fewer people are delayed from leaving hospital	• More children and young people are healthy, have a sense of wellbeing and are resilient	• Fewer people die from Cancer, liver disease, diabetes and heart disease.	• Fewer older people require health and social care services and vulnerable people are safe
Support (Delivered by ACP)	• Carers have as much social contact as they would like • Suitable Advice and Support is provided to Carers • Families who need support can access it	• No child suffers significant harm as a result of neglect	• People with Learning disabilities and people who access Mental health services live in stable accommodation	• More people are diagnosed with dementia • More people in end of life care are supported along with their families to die in a place of their choosing

	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
Well-being	T1:Healthy Life Expectancy at birth (years) Male	T2:Percentage (%) of children scoring themselves medium or high on the composite resilience score (Pupil Lifestyle Survey Q84/85)	T2:% point gap in the employment rate between those with a learning disability and the overall employment rate	T1:% of adult social care users who have as much social contact as they would like
	T1:Healthy Life Expectancy at birth (years) Female		T2:% point gap in the employment rate between those accessing mental health services and the overall employment rate	
	T1:Life Satisfaction Survey (ONS Well Being)			
Prevention	T1:% of population that achieve 150 mins Physical activity per week	T2:Percentage (%) of children born with a low birth weight	T2:Smoking Prevalence in Adults	T2:Emergency hospital admissions for injuries due to falls in persons aged 65+
	T1:% of people using outdoor space for exercise/health reasons	T2:Excess weight in childhood at 5 Years	T2:Hospital admissions for alcohol-related conditions	T2:% of eligible adults aged 65+ who have received the flu vaccine
	T1: Preventable deaths in local population (Mortality Rate per 100,000)	T2:Excess weight in childhood at 11 Years	T2:% of Adults Overweight or Obese	
Care (Delivered by ACP)	T1:Delayed Transfers of Care from Hospital (all) per 100,000 population per day	T2:Hospital Admissions for Self-harm (aged 10 - 24 rate per 100,000)	T2: Cancer mortality rate(<75)	T1:Emergency Hospital Admissions (65+) to Hospital
	T1: satisfaction with experience of care and support services.	T2:Inpatient Admissions rate: mental health disorders for 10-17 year olds (per 100,000)	T2: Cardiovascular disease Mortality Rate (<75)	T1:Rate of permanent admissions to Residential Care per 100,000 (65+)
	T1: The proportion of people still at home 91 days following a period of reablement		T2:Complications associated with diabetes	T1: Requests for Support for Adult Social Care (65+) per 100,000 population
Support (Delivered by ACP)	T2: Proportion of people who use services and carers who find it easy to find information about services	T3:Percentage (%) of children in care with an up to date health assessment	T2:Adults in contact with Mental health services who are living in stable and appropriate acoomodation	T2: % of people who have a terminal diagnosis have an End of Life plan
		T1:Proportion of Children in Need per 10,000 population		T2: Dementia diagnosis rate
		T1:Proportion of Children in Care per 10,000 population	T2:Adults with a learning disability who are living in appropriate accommodation	

Key

	No assessment against benchmarks
	Worse than national benchmarks
	Similar to national benchmarks
	better than national benchmarks

T1	Tier 1 Population indicator contained within the DGT Outcomes
T2	Tier 2 Population Level Indicator
T3	Tier 3 Service Level performance measure

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Doncaster Council

23 January 2018

To the Chair and Members of the Health and Adult Social Care Committee

The Inspection and Regulation of Adult Social Care – In House Community Services

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

EXECUTIVE SUMMARY

1. This report forms part of the standard reporting process to scrutiny on the Inspection and Regulation of Adult Social Care with a particular focus on Doncaster Council's In House Community Provision and summaries:-
    - Introduction to the inspection and regulation framework applied to In-House Community Provision.
    - Key findings from CQC's inspection reports on the compliance and quality of all services.
    - Key Findings from DMBC's Contract Monitoring Audit reports on the performance and quality of services.
    - Specific focus on the CQC Inspection report from September 2017 for Steps and Night Visiting Service.
    - Planning to secure continuous improvement

EXEMPT REPORT

2. This is not an exempt.

RECOMMENDATIONS

3. That the report is noted and that the outcomes of each inspection and rating going forward are considered and included as part of the overall inspection and compliance report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The CQC and Contract Monitoring ratings for In-House Provider Services demonstrate a largely positive picture with the inspection outcomes comparing well to the national and regional benchmarks.

BACKGROUND

5. At the Health & Adults Social Care Overview and Scrutiny Panel Meeting on the 22 November 2017 Members agreed as part of the standard reporting on inspection and Regulation to receive a report on the inspection, quality and performance of In-House Community Provision.

OPTIONS CONSIDERED

6. None applicable

REASONS FOR RECOMMENDED OPTION

7. None applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

8

	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*	Quality social care provision is a component of a thriving and resilient economy
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Quality social care provision promotes safeguarding and independence
	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*	Quality social care provision promotes a strong and consistent workforce, that results in a value service for the people of Doncaster
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Quality social care provision support families to thrive.

	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	The Council works well with CQC, CCG and other professional colleagues to promote and develop quality social care provision.

RISKS AND ASSUMPTIONS

9. The generally positive ratings for In-House Social Care Provision within the Doncaster Borough when compared with national and regional data derive from a pro-active management oversight and contract monitoring and management function within the Council. It is assumed that the Council will want to continue investing at current levels in view of the generally favorable outcomes achieved

LEGAL IMPLICATIONS

10. There are no specific legal implications associated with this report. The Council includes Contract Monitoring provisions within its adult social care services contracts and this service has a vital role to play in improving care standards of providers and ensuring that appropriate services are provided to Doncaster's service users

FINANCIAL IMPLICATIONS

11. There are no financial implications arising from this report, as it is essentially an update of Doncaster's CQC performance against comparators and work done within the Contracts Team.

HUMAN RESOURCES IMPLICATIONS

12. There are no Human Resources Implications contained within this report.

TECHNOLOGY IMPLICATIONS

13. There are no direct technology implications in relation to this report.

EQUALITY IMPLICATIONS

14. There are no specific equalities implications contained within this report.

CONSULTATION

15. Not applicable

BACKGROUND PAPERS

16. Appendix 1 – Presentation – Inspection of Adult Social Care – In-House

Community Provision.

Appendix 2 – Care Quality Commission (CQC) Inspection Summary Report STEPS and Night Visiting Team September 2017.

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Doncaster Council

Inspection of Adult Social Care

In-House Community Provision

Debbie John-Lewis

Date 23 January 2018

In-House Provision - Regulated Services

Include:-

- Amersall Court
- Hamilton Court
- Eden Lodge Respite Unit
- Wickett Hern Road Respite Unit
- Step's Re-ablement Service & Night Visiting
- Positive Step Assessment Unit

<u>Excluded from Regulatory Inspection</u>

- Adult Day Services

Who Inspects In-House Services

CQC Independent Regulator of Health & Social Care In England

Regulate Standards of Quality and Safety:

Their role is to:-

- Monitor
- Inspect
- Rate
- Publish Findings
- Take action if required
- Issue requirement and warning notices in areas of poor practice
- Place services into special measures

Cont:-

DMBC - Commissioning and Contracting Inspection Framework

The Performance and Quality Audit (PQ) is based on 5 key Quality Outcomes:-

1. Quality of life is maintained and enhanced for people who receive services
2. People who receive care feel safe and protected from abuse
3. Care is given in a kind, respectful, dignified and compassionate way.
4. People are in control of their care in a setting that ensures their opinions, rights and diverse needs are respected.
5. The quality of care provision is maintained and improved through robust leadership management and monitoring

Care Quality Commissioners (CQC) In–House Services - Inspection Results 2017

Ja

Establishment Name	Service Definition	Inspection Date Overall Rating	Safe	Effective	Caring	Responsive	Well-Led
Hamilton Court	Supported Living for Adults with Physical – Learning Disability	January 2017 Good	Good	Good	Good	Good	Good
Ammersal Court	Residential Care – Adults with a Physical – Learning Disability	February 2017 Good	Good	Good	Good	Good	Good
Eden Lodge	Respite Unit – Adults with a Learning Disability	March 2017 Good	Good	Good	Good	Good	Good
Wickett Hern Road	Respite Unit – Adults with a Learning Disability	April 2017 Good	Good	Good	Good	Good	Good
Steps	Home Services Reablement Team	October 2017 Good	Good	Good	Good	Outstanding	Good
Positive Steps	Social Care Assessment Unit	January 2017 Good	Good	Good	Good	Good	Good

DMBC - Contract Inspection Results 2017

Provider	Audit date	CMO initial rating	Action plan	CMO final rating
Amersall Court				
Care & welfare	28/04/17	Partially compliant	Yes	compliant
safeguarding	28/04/17	Partially compliant	Yes	compliant
staffing	28/04/17	Partially compliant	Yes	compliant
Personal monies	28/04/17	Partially compliant	Yes	compliant
Positive Step				
Outcome 1 – Quality of life	23/08/17	Good	Yes	Very good
Outcome 2 - Safeguarding	23/08/17	Good	Yes	Very good
Outcome 3 – Dignity & respect	23/08/17	Very Good	No	Very good
Outcome 4 – Rights, opinions & diversity	23/08/17	Very Good	No	Very good
Outcome 5 – Management & monitoring	23/08/17	Very Good	No	Very good
Steps				
This service has never been audited by ourselves.				
Eden Lodge & Wickett Hern Road				
Service User Involvement	17/01/17	Partially compliant	Yes	compliant
Care and Welfare	17/01/17	Partially compliant	Yes	compliant
Nutrition	17/01/17	Partially compliant	Yes	compliant
Environment	17/01/17	Partially compliant	Yes	compliant
Medication	17/01/17	Partially compliant	Yes	compliant
Staffing	17/01/17	Partially compliant	Yes	compliant
Quality Assurance	17/01/17	Partially compliant	Yes	compliant
Personal Monies	17/01/17	Partially compliant	Yes	compliant

Deep Dive - Steps Team CQC Inspection Report - October 2017

What the service offers:-

- The Steps Team provide care and support for up to six weeks, to people living in their own home
- The service aims to help people regain confidence and independence with daily living tasks such as personal care, medication management and meal preparation

Summary of Step's CQC Inspection Findings

- People experienced very positive outcomes as a result of the service they received
- People who used services gave outstanding positive feedback about their care and support
- The level of satisfaction did not vary, with everyone happy with the service they received – No one had any negative comments

I don't know what I would do without the Service

I am very happy

They gave me my confidence back

People told us they felt safe and staff enabled them to be independent

They are so Good

Summary of CQC – Inspection Outcomes

- The service managed risks to people well
- People are actively involved in their assessment
- People are regular reviewed – length of visits changed and responsive to changing needs
- Staff are recruited safely and trained to a good standard
- Staff are supported in their role through supervision and team meetings
- Staff recognise and respond well to abuse
- Equality, diversity and human rights were at the forefront of how support was provided.

Kindness, respect, compassion and dignity were all key principles on which the service was built and these values were reflected in the day to day practice of staff

Summary of CQC – Inspection Outcomes

- Effective processes In place to monitor quality and understand experiences of people who use the service
- People views were continuously sought, both while receiving and exiting the service, which helped to shape the service for the future

Next Steps – Planning for Improvement

- Draw out best practice and replicate across all services
- Expand the service user and carers quality assurance system – Publish results annually
- Embed the lessons learnt approach consistently from feedback and complaints received.
- Develop an operational action plan to achieve improved ratings from ‘good’ to ‘very Good’ and ‘outstanding’
- Identify key areas of risk
- Set up a peer audit group

QUESTIONS

CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

Doncaster Metropolitan Borough Council

STEPS and Night Visiting Team

Inspection summary

CQC carried out an inspection of this care service on 06 September 2017. This is a summary of what we found.

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

This was an announced inspection carried out on 6 September 2017. Our last inspection of the STEPS (Short Term Enablement Programme) team took place on 20, 21 and 23 July 2015. At that time the service was rated Good, including an Outstanding rating in the domain of Responsive.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'STEPS Team' on our website at www.cqc.org.uk'

Since the last inspection the service has had a name change, to the STEPS and Night Visiting Team. At this inspection we found the service had sustained this quality of service and remained Good, with an Outstanding rating in Responsive.

There was a registered manager who managed the service on a day to day basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

STEPS and the Night Visiting Team is located in Doncaster and provides care and support for up to six weeks, to people living in their own homes. The service aims to help people regain confidence and independence with daily living tasks such as, personal care, medication

management and meal preparation. At the time of this inspection there were 190 people using the service.

The service ensured that people received effective care that met their needs and wishes. People experienced very positive outcomes as a result of the service they received and gave us outstandingly positive feedback about their care and support.

The length of time people had received support from the service varied from five days to six weeks and the care received varied from one visit a day to four visits a day. However, the level of satisfaction people expressed with the service did not vary, with everybody happy with the care and support they received from the staff. People told us they felt safe and that staff enabled them to become independent again. For instance, one person who used the service told us, "I'm very happy. I don't know what I would do without them." Everybody found it easy to say something positive about the service and another person commented, "They gave me my confidence back. They are so, so good." Nobody we spoke with had any negative comments to make.

We also saw very high volumes of positive feedback people had given directly to the service, either in the form of thank you letters and cards, or in the questionnaires they had completed once the programme of re-enablement was completed.

The service managed risks to people well, acting on the information gained at people's assessment to ensure they were safe when they returned home. All staff were trained to undertake risk assessments which meant there was no delay in identifying equipment to help rehabilitate people who used the service.

The service actively involved people in their assessment which enabled them to make choices about the support they needed to help them back to independence. People were involved in updating their support plans regularly and they were written in a format that was suitable for people to understand.

A continual review of people's support meant that the service could change the length of the visits to enable people to reach their full level of independence. The service worked in partnership with other organisations, such as healthcare services, to make sure people received the care and support they needed. Staff were also able to signpost people to other agencies, if they felt a person needed ongoing support.

The service was very responsive to people's changing needs, adjusting visit times at very short notice for those people who required less or more time for each visit. Staff were able to build in 'quality time' into their working rota. This meant they could spend additional time with people who may have been socially isolated. The feedback we received from people regarding this was very positive.

Staff knew how to recognise and respond to abuse. Staff told us they felt supported, they could raise any concerns with the registered manager and felt that they were listened to.

People were supported to take their medication safely. The service ensured that priority was given to calls for people who had support with their medication.

Staff were recruited safely and trained to a particularly good standard. They received service specific training which enabled them to rehabilitate people back to their own level of independence. The agency enabled staff to undertake nationally recognised training to help them progress in their

work. Staff were actively encouraged to progress into more senior roles within the organisation.

Staff were supported in their roles and attended regular team meetings and staff events. Formal supervision and quality monitoring of their work performance meant staff worked to the values and expectations of the service.

Equality, diversity and human rights were at the forefront of how support was provided. The registered manager and all members of the team were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and these values were reflected in the day-to-day practice of staff.

People told us that staff were very professional and always respected their dignity when undertaking personal care tasks. Staff we spoke with were highly motivated to provide a good, personalised service to people they supported.

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and put people who used the service at the centre of everything they wanted to achieve.

People were actively encouraged to give their views and raise concerns or complaints. There was a clear, unambiguous complaints policy and procedure that was accessible to everyone. People who had raised concerns told us that they were dealt with swiftly and fairly.

There were effective processes in place to monitor quality and understand the experiences of people who used the service. Where improvements were needed, these were addressed. People's views were continuously sought, both while they are receiving support and again when they exited the programme. This helped to shape the service for the future.

There was strong emphasis on continual improvement and best practice, which benefited people who used the service and staff. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Feedback from people, whether positive or negative, and was used as an opportunity for improvement.

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Doncaster Council

Date: 23rd January, 2018

To the Chair and Members of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE

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

EXECUTIVE SUMMARY

1. The Panel is asked to consider its work plan report for 2017/2018.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to:

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

   ii. Note the correspondence made since the last meeting of the Committee to the Executive in Appendix B to E.

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

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

- Holding decision makers to account
- Policy development and review
- Monitoring performance (both financial and non-financial)
- Considering issues of wider public concern.

Health and Adult Social Care Overview and Scrutiny Workplan Update

6. Attached for the Panel's consideration at Appendix A is the work plan. This work plan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on 21st June 2017, and OSMC meeting held on 29th June, 2017. Any further updates since the publication of this report will be provided to the Panel at the meeting.

7. Commissioners Working Together – Joint Health Scrutiny Rotherham, Doncaster, Sheffield, Barnsley, Wakefield, Derbyshire and Nottinghamshire

   A meeting of the Joint Committee was programmed for Monday 11th December, but due to severe weather conditions the meeting was postponed to 29th January, 2018. The Committee is due to give consideration to receive an update on the Commissioners Working Together programme, the pre-consultation report and draft strategy and plans for children's surgery and anaesthesia and hyper acute stroke service

Correspondence with the Executive

8. Attached in Appendix B and C is correspondence that has made between the Committee and the Executive following the last Health and Adult Social Care Overview and Scrutiny Meeting. They include correspondence in relation to the Doncaster Suicide Prevention Plan and the Doncaster's Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan, Adults Health & Wellbeing Transformation Programme) in Appendices B to E.

Monitoring the Work Programme

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

OPTIONS CONSIDERED

10. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2017/18.

REASONS FOR RECOMMENDED OPTION

11. This report provides the Panel with an opportunity to develop a work plan for 2017/18.

IMPACT ON COUNCIL'S KEY OBJECTIVES

12.

	Outcomes	**Implications**
1.	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 Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the borough.
2.	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
3.	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*	
4.	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
5.	Council services are modern and value for money.	
6.	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS

14. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those references Overview and Scrutiny Management Committee will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).

15. Specific legal implications and advice will be given with any reports when Overview and Scrutiny have received them as items for consideration.

FINANCIAL IMPLICATIONS

16. The budget for the support of the Overview and Scrutiny function 2017/18 is not affected by this report however, the delivery of the work plan will need to take place within agreed budgets. There are no specific financial implications arising from the recommendations in this report. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES IMPLICATIONS

17. Where applicable HR will advise on any implications in respect of future reports to be presented in relation to the work plan.

TECHNOLOGY IMPLICATIONS

17. There are no specific technological implications resources issues associated with this report.

EQUALITY IMPLICATIONS

18. This report provides an overview on the work programme undertaken by Health

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

CONSULTATION

19. The work plan has been developed in consultation with Members and officers.

BACKGROUND PAPERS

20. None

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Adults Health and Wellbeing Directorates

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

OVERVIEW & SCRUTINY WORK PLAN 2017/18

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
June	**Tues, 6th June 2017, 11:30am – Rm 209 (CR)**	**21st June 2017, 11am – Rm 210 (CR)**	**Thurs 1st June 2017, 10 am Rm 008 (CR)**		**Fri, 16th June 2017, 9:00am, Rm 413 (CM)**
	• Work planning – OSMC • State of the Borough Assessment (Andy Pattinson) • Local Plan (Jeremy Johnson to inform Members prior to July meeting)	• Work planning – HASC O&S • State of the Borough Assessment (Andy Pattinson)	• Work Planning • State of the Borough Assessment (Andy Pattinson)		• C&E O&S Work planning • State of the Borough Assessment (Andy Pattinson)
	Fri, 16th June 2017, 12:30pm – Council Chamber (CM)				
	• Youth Justice Plan (Members Briefing - Community Engagement Framework briefing to follow the meeting)				
	Thurs, 29th June 2017, 10am – Council Chamber (CR)				
	• Updated Medium Term Financial Forecast 2017/18 • State of the Borough Assessment (Andy Pattinson) • O&S Draft Work Plans OSMC Evaluation – scoping following meeting				
	Thurs, 20th July 2017, 10am – Council Chamber (CM)	**5th July 2017 Leeds City Council (CM)**	**Wed, 5th July 2017, 10am – Rm 007b (CR)**	**Thurs, 20th July 2017, 4pm – Rm 210 (CM)**	
	• DCST Update (and DMBC action plan) • DMBC Finance & Performance - Qtr 4 – 16/17 • St Ledger Finance & Performance - Qtr 4 – 16/17	**Joint Health Overview and Scrutiny Committee (Chair Only)** • Congenital Heart Disease **Mon 31st July, 2017 3.30pm**	• Youth Council – from discussion raise possible review on children to adult services mental Health. • Doncaster Children's	• R&H O&S Work planning • State of the Borough Assessment	

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
July		**CCG, Jctn 1 Rotherham Jt Health O&S Committee (CR)** CWT (Commissioning Working Together) Hyper acute stroke services and children's surgery and anaesthesia services – final consideration	Trust Update following high level Challenge Meeting with DCST - Damian • Fostering • Children and Young People Plan (including Governance of the Children and Families Strategic Board) • Behaviour Inclusion Programme Overview (key programme that contributes to the state of the borough assessment) • Academies Overview – progress update on the current state of relationships and challenges		
Aug		**Mon 14th August, 2017, 2pm – Rm 007a&b (CM)** Standard Items • Substantial Variation GP Scawthorpe Surgery. • Doncaster Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan and Adults Health & Wellbeing Transformation Programme). • Inspection and Regulation • O&S Workplan			
	1st September 2017 (CR) • Doncaster Growing Together (Corporate Plan) **Thurs, 7th Sept 2017, 10am – Council Chamber (CM)/SM**	**Wed, 20th Sept. 2017, 10am – Council Chamber (CR)/AT** Standard Items: - Doncaster Strategic Health and Social Care Plans Other Items: -	**Tues, 12th Sept. 2017, 10am – Council Chamber (CM)** • Doncaster Children's Trust (split screen) Children's Trust and Damian		**Tues, 12th September, 2017, 8:45pm – Rm 409 (CR)** • Joint Waste strategy and update on new waste collection contract

FP – Forward Plan Decision

10th January 2018

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
Sept	• Finance & Performance - Qtr 1 17/18 • Equalities and Diversity Plan • O&S Workplan Report	• End of Life Care – CCG/Public Health – Non hospice care, sufficient nursing, pain relief • Carers Strategy – review impact and effectiveness (to invite CYP Scrutiny panel) • Intermediate care • O&S Workplan Report	• Education and Skills Overview (key programme that contribute to the state of the borough assessment) – to include post 6th form review • School Performance Tables • Annual Complaints • O&S Workplan Report		
	Mon 18th September, 2017 at 2pm – Council chamber	**Thursday 21st September - 1pm Room 210 (CM)**			
	• Scrutiny Evaluation (Scoping)	• Social Prescribing			
Oct	**Thurs, 5th Oct 2017 – 10am Council Chamber (CM)**		**31st October 2017, at 11am Hub, Mary Woollet Centre (TBC)**	**Mon, 16th Oct 2017 – 3:15 – Rm 209 (CM)**	**Wed 18th Oct 2017 – 10am Rm 413 (CM)**
	• Doncaster and North Lindsey College Merger		• Early Help; • Transferred family support workers; and • Front door pressure	• Economic Plan Refresh	• Community Engagement Framework
Nov	**Thurs, 9th Nov 2017, 10am – Council Chamber (CM/CR)**	**Wed, 22nd Nov 2017, 10am – Council Chamber (CM)**		**Wed, 29th Nov 2017, 3.30pm - Room 413 (CR)**	**Wed, 8th Nov, 2017, 9:45am Room 413 (CR)**
	• Scrutiny Evaluation (Stage 1 – Taking Stock)	Standard Items • Adult Transformation -		• Urban Centre Master	Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour to serious

FP – Forward Plan Decision

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation • Memorandum of Understanding (STP) - TBC Other Items: - • Suicide Safeguarding – (Assets Team to provide risks/update on number of cases) • O&S Workplan Report		Plan Overview and progress including what is happening in terms of delivery, implementation and priorities with regards to physical developments.	crime pathway – strategic overview and background • DMBC - overview • South Yorkshire Police (strategic and PCSOs) • Ward Councillors **Wed, 15th Nov, 2017, 8:30am Room 210 (CM)** Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour to serious crime pathway – perception • St Leger Homes • South Yorkshire Fire Service • Neighbourhood response team • Other community leaders **Wed, 29th Nov, 2017, 11am Room 110 (CM/CR)** Crime and Disorder Meeting – • Recommendations and Conclusions
Dec	**Thurs, 7th Dec 2017, 11am – Room 409 (CR/CM)** • Scrutiny Evaluation – Step 2 (Identifying What Scrutiny's Role Is) **Thurs, 14th Dec 2017, 1pm – Council Chamber (CR)** • 4 Year Financial Plan • Finance & Performance - Qtr 2 17/18 • O&S Workplan Report		**Tues, 5th Dec 2017, 10am - Council Chamber (CM)** • Doncaster Children's Trust Update following Directors Challenge Meeting with DCST - Damian • Annual Children's Safeguarding Report (including update on CSE) • Education and Skills Update (key programme that contribute to the state of the borough assessment) – to include		

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
			careers advice and guidance • Association of Directors of Children's services regional self-awareness 2017 • O&S Workplan Report		
Jan	**Thurs, 18th Jan 2018, 10am – Council Chamber (CM)**	**Tues, 23rd Jan 2018, 10am Council Chamber (CM)**		**Thurs, 11th Jan, 2018, 3.15pm - Room 413 (CR)**	**Jan 2018**
	• Budget (invite to Directors) • O&S Workplan Report Evaluation Meeting to follow OSMC - TBC	Standard Items • CQC report on Steps service Other Items: • Adult Safeguarding Board (Chair in attendance) • Transition from child to adult services (invite CYP O&S) • Health and Well-being Board Strategy update • GP Branch Merger • O&S Workplan Report		• Wool Market • Railway Station Forecourt • Options for the future provision of the central library/museum/ archives	Invite to H&ASC O&S re: "Transition from child to adult services" item.
	10th Jan 2018, 11am (CR)				
	• Scrutiny Evaluation – Visit to Rotherham MBC O&S Meeting				
Feb	**Thurs, 8th Feb 2018, 10am Council Chamber (CR)**				**Wed, 7th Feb 2018, 1.30pm Rm 409 (CR)**
	• DCST Update (and DMBC action plan) • Final Evaluation Meeting - ~~TBC				• Waste Collection
					Mon, 19th Feb 2018, 10am – Council Chamber (CR)
	Thurs, 22nd Feb 2018, 10am (CR)				Crime and Disorder meeting • Feedback from evidence gathered in the Autumn anti-social behaviour to serious crime pathway.

FP – Forward Plan Decision

10th January 2018

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	• Finance & Performance - Qtr 3 17/18 • O&S Workplan Report • Housing Allocations Policy – invite Regeneration and Housing Panel for this item				• Hate Crime Strategy. • Community Safety Strategy
Mar	**Thurs, 22nd March 2018, 10am Council Chamber (CR)**	**Wed, 14th March 2018, 10am Council Chamber (CM)**	**Mon, 5th March 2018, 10am Council Chamber (CR)**	**Tuesday 6th March 2018, 3.15pm – Room 210 (CR)**	
		Standard Items • Adult Transformation - Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation Other Items: - • Public Health Protection Assurance • Health inequalities – BME Health Needs Assessment – date to be confirmed • Annual report of the Joint Health Yorkshire and Humber Scrutiny Meeting • O&S Workplan Report	• Doncaster Children's Trust (split screen) Children's Trust and Damian • Education and Skills Update (key programme that contribute to the state of the borough assessment) • Behaviour Inclusion Programme update (key programme that contributes to the state of the borough assessment) • Strategies in place to improve schools. • O&S Workplan Report	• Housing Needs Analysis • Universal Credit Housing Allowance (impacts)	
	April 2018	**April 2018**	**April 2018**	**April 2018**	**April 2018 (TBC)**
April					Drainage Boards Following the floods where are we now, what has changed and future plans. Drainage Board Governance

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
					Invite to: • Environment Agenda and DMBC • Drainage Board Chairs
	May 2018	**May 2018**	**May 2018**	**May 2018**	**May 2018**
May			• Children and Young Peoples Plan - Annual Impact Report. • Child Poverty Overview with a view to possible in-depth review • Youth Parliament item (TBC) • Youth Parliament – piece of work from scrutiny to be identified (TBC)		
ISSUES FOR FUTURE CONSIDERATION					
	• OSMC Evaluation – currently in discussions with CfPS	• Air Quality – to be invited if considered by the Community and Environment Scrutiny Panel	• School transport for young people.	• Homelessness Recommendations Update – re: recs on update funding and legislation)	
	• Area Based Review – ward comparisons (Learning, Working, Living and Caring) – currently in discussions with CfPS	• STP update	• Emerging themes from Annual Impact Report (considered at the April 2018 meeting)	• Planning Enforcement – Is planning enforcement effective – raising awareness session	
	• Consultants – VFM – Overview and understanding				
	• Welfare Reform – Universal Credit and Sanctions on Benefits				
Moved For Consideration as part of O&S Draft Workplan 2018/2019					
	• Quarter 4 Performance –	• State of the Borough	• State of the Borough	• State of the Borough	• State of the Borough

FP – Forward Plan Decision

10th January 2018 ** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	15th June, 2018	Assessment	Assessment	Assessment	Assessment
		• Continuing Health Panel	• Invitation to children in care council to attend the panel next July 2018 (suggested at the CYP Panel 5th July)	• Economic Plan Refresh 2nd Meeting – June 2018	• Traffic Offences, town centre parking, parking on grass verges – available later on around autumn.
		• Veteran's Plan	• Child Poverty		
		• Clinical Waste – Environmental Health			

FP – Forward Plan Decision

Doncaster Council

www.doncaster.gov.uk

Councillor Andrea Robinson
Edenthorpe and Kirk Sandall Ward

Date: Thursday 7th December, 2017
Call: 01302 882625
Email: andrea.robinson@doncaster.gov.uk

Dear Ros,

Doncaster's Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan, Adults Health & Wellbeing Transformation Programme).

A presentation was made to the Health and Adults Social Care Panel around Doncaster's Strategic Health and Social Care Plans at its meeting on the 22nd November 2017. The Panel received a verbal update on progress made on the Councils' Adults Health and Wellbeing Transformation Programme alongside Quarter 2 2017/18 performance information.

Members were informed how the programme was about enabling people to stay independent through providing a very different and more personalised offer. It was explained that this was something that needed to be achieved through integrated services involving health colleagues, as well as building up additional community capacity.

After consideration of the report and details presented, Panel Members highlighted the following areas and have put forward a single recommendation.

Day Care Services – It was outlined that this was about presenting alternative opportunities for people. It was stated that there needed to be best interest meetings starting with the individual, looking at their needs and that of the family with a more appropriate offer.

It was commented that previously there had been concerns about centres in Mexborough where there were individuals with learning disabilities being cared and supported for alongside the elderly. Members were informed that there had been reservations around facilities in supporting the high dependency needs of the users. A Member who had recently visited the centre commended staff and expressed that there was real warmth present, with happy people being well supported by staff with an enthusiasm and willingness to embrace change.

The Member praised the community involvement and engagement taking place with local groups using the facilities. It was recognised that this had been a big change which had resulted in a highly regarded model, with users receiving a better and more personalised service.

Short Stay And Respite Care - Members were informed that a focus was being placed on preventing admissions and that there was an opportunity for this to be included within the Place Plan. Members were told how there were currently four different admission routes into Intermediate Care and how they could be brought together was currently being reviewed.

It was stated that sometimes individuals were placed in hospitals when they didn't need to be. It was added that there should be more of a focus on the outcomes of people to receive the necessary care and respite before being moved on appropriately dependent upon their needs.

Concern was raised regarding those with dementia who had been left and had found themselves in the emergency ward alone. Members were informed that the Rapid Response Services offered a chaperone facility which provided a mechanism for those in hospital at risk of harming themselves. It was commented that an effective handover point could be when someone was being transported over.

Home Care – Members heard that this was an area of challenge, where contracts were being looked at to see whether the right provision was in place moving forward.

Supported Living – Members were told that steps were being taken to review the current Supported Living offer to develop a more effective demand management led approach. It was added that the Council was looking to re-procure this offer by next August 2018 and were considering new ways of achieving this.

Learning Disabilities – A Member expressed that there was a need for a Learning Disability and Autism strategy. Members were informed that this needed to be procured in a way that enabled the strategy to be more flexible.

Veterans – Concern was raised that there had been no mention of veterans, a group that was at particular risk of mental health problems. Members were informed that there was a specific action plan for veterans who were classed as an equality characteristic.

Carers – Members were informed that significant pieces of work were being done around carers.

Your Life - Reference was made to Your Life Doncaster, supporting a new approach to adult social care through the development of a website, aimed to provide the necessary resources for Doncaster's residents to stay independent within their community. It was questioned whether this could be branded by town as some residents didn't feel that they live in Doncaster.

Members were informed that powers of general competency would need to be used when the market failed to pick up certain areas. It was added that interest had been expressed by staff to look at social enterprise models that offered an alternative delivery model to provide extra support for a voluntary and community model. Reference was made to voluntary and community organisation who did not charge for their services and it was questioned whether this could be done differently, for example, using direct payments. It was therefore recommended that consideration be given to;

A secondary cooperative being established to support voluntary groups with administration functions.

Members were informed that there was work being undertaken which could be brought back to the Panel in the future.

Delayed Transfer of Care – Members considered information around delayed transfers of care where performance hadn't met set targets. Representatives from the NHS Clinical Commissioning Group commented that this was an issue that would be looked at collectively.

Finally, I would also like to take this opportunity to thank all of those who attended, and responded to questions posed by the Panel. I would be grateful for a response by no later than the 7th January 2018.

Kind Regards

pp Councillor Andrea Robinson
Chair of the Health and Adult Social Care Overview and Scrutiny Panel

cc: Jo Miller, Chief Executive
Cabinet Members
OSMC
Simon Wiles, Director of Finance and Corporate Services
Rupert Suckling, Director of Public Health
Damian Allen, Learning and Opportunities
Patrick Birch, Programme Manager, Commissioning and Contracts

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Councillor Andrea Robinson
Edenthorpe and Kirk Sandall Ward
Tel: 01302 882625
Email: andrea.robinson@doncaster.gov.uk

Friday 1st December, 2017

Mayor Ros Jones
Doncaster Council
Floor 4
Civic Office
Waterdale
Doncaster
DN13BU

Dear Ros,

Doncaster Suicide Prevention Plan.

A report was presented to the Health and Adults Social Care Panel around the Doncaster Suicide Prevention Plan at its meeting on the 22nd November 2017. It was explained that Local Authorities have a responsibility to have local suicide prevention plans in place. The report provided an overview of local suicide data and provided Panel Members with the Doncaster Suicide Prevention Plan for their consideration.

During the meeting, the Panel noted the data provided relating to local suicides, and were assured of a robust Suicide Prevention Plan in place for Doncaster. It was explained that the Suicide Prevention Plan contained a range of themed actions in accordance with national Public Health England guidance, which contributed to the prevention of suicides in Doncaster and support for those affected. It was further explained that the new guidance challenged local partnership about how they work together effectively.

After consideration of the report and details presented, Panel Members highlighted the following areas with some recommendations.

Veterans – Concern was raised about what was in place for veterans who were at risk from this issue. Members were informed that this group was an equality characteristic which would be audited and picked up through that information. It was added that mortality data only provided information on an individual's last occupation, where for veterans their occupation was often their first (and therefore not picked up). In respect of the wider issues around veterans, it was suggested that the veterans plan should be added to the Panels workplan for future consideration.

Suicide Prevention – The Panel question what was being done to prevent suicides from reaching that stage. Members were informed about the future commissioning of dementia cafes that would be established in 2018. Members were made aware of a small pot of funding of £5,000 per year available for areas within the action plan for areas including training and awareness campaigns.

Bereavement – Members were pleased to hear that further support would be made available around the bereavement service. A Member shared with the Panel how they had witnessed through their involvement with foodbanks, a number of individuals who were severely affected by bereavement. It was stated that this issue was often raised and recognised as an unmet need. It was added that the Council would be involved in developing the specification to commission the additional services to ensure that those affected by bereavement accessed the right support.

Social Isolation – A Member raised concern that those who were based within rural areas were more prone to being socially isolated and therefore more at risk of this issue.

Data and Information – The Panel heard that the quality of data and information available presented the greatest challenge although it was reported that since the last audit, data and information had become stronger. In respect of data recorded, it was clarified that no specific data was held on suicide attempts as opposed to actually committing suicide. Members were also told that the current database was able to search by postcode and would be able to pick up any significant patterns.

It was explained that reviews of cases would be undertaken when a suicide occurred and would be treated as a child's death, so that more can be learnt from those cases. It was suggested that the same should be applied for those deaths classed as a 'misadventure'. It was therefore recommended that consideration be given to:

Undertaking case reviews on those suicides and sudden deaths registered as 'misadventures'.

Children and Young People – It was shared that within schools, a child or young person could be asked the question whether they had created a plan to take their own life. Where they had responded that they had created a plan, that child or young person could then be referred. It was explained that there was no evidence suggesting that asking in this way created any harm as it was better to ask than not. It was understood that asking this type of question was intuitively very difficult.

Members were told about PAPYRUS, a national UK charity dedicated to the prevention of suicide amongst young people. Members were informed that training had been commissioned through 'Safetalk' and that 300 professionals had been trained including teachers. It was added that schools had been targeted, and four of which had been invited to recent training from each locality. It was questioned whether the training could be opened to Governors and Members before it ended in 2018. It was therefore recommended that consideration be given to:

Widening SAFETALK training currently available for both School Governors and Members.

Wider Policies, Plans and Partnership Working - Concern was raised that this issue was not reflected within wider polices and plans and should be fed back into all relevant areas. Members were informed that attempts had been made to engage with certain partners and services such as Emergency and Social Care to ensure that those at high risk were being appropriately referred. It was therefore recommended that consideration be given to:

Further being done to explore what could be achieved across partnerships, picking this issue up within key plans and policies such as the Accountable Care Systems and mental health.

Finally, I would also like to take this opportunity to thank all of those who attended, and responded to questions posed by the Panel. I would be grateful for a response by no later than the 1st January 2017.

Kind regards,

pp

Councillor Andrea Robinson
Chair of the Health and Adult Social Care Overview and Scrutiny Panel

cc: Jo Miller, Chief Executive
Cabinet Members
OSMC
Simon Wiles, Director of Finance and Corporate Services
Rupert Suckling, Director of Public Health
Damian Allen, Learning and Opportunities

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Doncaster Council

Councillor Andrea Robinson
Chair of the Health and Adult Social Care Overview and Scrutiny Panel
c/o Scrutiny Office

Contact: Mayor Ros Jones
Tel: 01302 862225
E-Mail: ros.jones@doncaster.gov.uk
Website: www.doncaster.gov.uk

Date: 8th January 2018

Dear Andrea

Doncaster's Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan, Adults Health & Wellbeing Transformational Programme)

Thank you for your letter dated 7th December 2017 regarding the above, and for the Panel's consideration of the Transformation Programme.

These are very challenging times for health and social care services, with intense pressure on the Council and the NHS to continue to meet increasing demand, with less resources.

The Transformation Programme is a key part of the Council's wider plans, and is geared towards achieving the outcomes of the Doncaster Place Plan. It will result in more integrated services, increased community capacity and personalised care closer to home, leading to greater independence for individuals and better support for the people that need it most.

Delivering our plans will not be easy, but I know that by working together, our aims are achievable.

I am really encouraged by the Panel's feedback on a range of important initiatives that are currently being progressed. Recent work on improving day opportunities has been well received, intermediate care is becoming more effective and efficient, new Home Care contracts are in place, and more innovative ways of providing Supported Living are being developed.

Specific plans are in place for Doncaster's valued veterans and carers, and work is already underway with health colleagues to produce a new strategy for people with learning disabilities and autism.

Civic Office
Waterdale, Doncaster, South Yorkshire, DN1 3BU

I am particularly pleased that the Your Life Doncaster website is proving effective in providing people with the information, advice and guidance they need to help them to stay independent for longer. I can confirm that we are looking at whether or not it is feasible to brand the website by specific Doncaster towns.

The Panel's recommendation was for me to consider:

"A secondary cooperative being established to support voluntary groups with administration functions".

In view of the important role that voluntary groups will play in the development and provision of community-led support, I do feel that help with administrative functions, which can be quite challenging, would be useful. I therefore suggest that your proposal is taken forward as part of work that is currently progressing on a more strategic way forward for community engagement and engagement with the voluntary, community and faith sector. I will, of course, make sure that Overview and Scrutiny is fully involved in this work and that establishment of the cooperative is appropriately considered.

I trust the above is helpful and thank you once again for your contribution to the improvement of health and social care in Doncaster. Perhaps you would be good enough to provide me with further feedback and recommendations as the Transformation Programme gathers pace, and particularly when new and innovative initiatives are being put in place as part of the programme.

Kind regards.

Yours sincerely

Ros

Ros Jones
Mayor of Doncaster

Civic Office
Waterdale, Doncaster, South Yorkshire, DN1 3BU

Doncaster Council

Contact: Mayor Ros Jones
Tel: 01302 862225
E-Mail: ros.jones@doncaster.gov.uk
Website: www.doncaster.gov.uk
Our Ref:
Your Ref:
Date: 21st December 2017

Councillor Andrea Robinson
Chair
Health and Adult Social Care
Overview and Scrutiny Panel
Floor 2
Civic Office

Dear Andrea

Thank you for your letter dated 1st December 2017, regarding the Doncaster Suicide Prevention Plan. I also refer to the highlighted points made in your letter, and will respond to each in turn.

Veterans
The lead council officer for veterans will be included in future Suicide Prevention Group meetings to ensure that Veterans are always considered. The Council has added veterans to its protected characteristics, above the legal required characteristics, in all our strategies, policies and plans. There is outreach and dedicated on-line and personal support services available to veterans in Doncaster.

Suicide Prevention
The commissioning of a community-based crisis support service is to be underway during February 2018, as a way to improve mental health and suicide prevention across Doncaster.

Bereavement
The specification for the community based crisis support service includes the development of peer to peer support for those bereaved by suicide and will provide tailored support for those affected across Doncaster.

Social Isolation
There are a wide variety of community-based support systems across the Borough including:

- Social prescribing – offered across Doncaster on a GP/community referral basis

Various community and voluntary sector initiatives across the borough including:

- Age UK community circles
- Doncaster Live at Home scheme (1:1 and group support) in a number of areas
- B:friend across Denaby/Thorne/Rossington/town centre and other areas

Data and Information

Further work will be undertaken between Public Health, CCG and South Yorkshire Police on the data development section of the Suicide Prevention Plan, with the aim of identification and response to suicide attempts, as opposed to surveillance of data on actual suicides.

I fully agree with your recommendation that consideration be given to undertaking case reviews on those suicides and sudden deaths registered as' misadventures'.

Children and Young People

25 schools have been trained in 'Safe talk' (suicide alertness) and PAPYRUS will be delivering four 90 minute suicide awareness workshops targeting 300 safeguarding leads in educational establishments.

I am advised by Public Health that 'Safe talk' training will be made available to School Governors and Members.

Wider Policies, Plans and Partnership Working

I fully agree with your recommendation that consideration be given to further explore what could be achieved across partnerships, picking this up within key plans and policies, such as Accountable Care Systems and mental health, and anticipate that Public Health Officers will take this work forward as a key premise of suicide prevention work across the Doncaster area.

I trust the above is helpful.

Yours sincerely

Ros Jones
Mayor of Doncaster

Civic Office
Waterdale, Doncaster, South Yorkshire DN1 3BU