

**HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
WORK PLAN REPORT 2014/15**

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Health and Adult Social Care	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to note and consider the updated work plan report for 2014/2015.

EXEMPT INFORMATION

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to
 - i. Note the updated work plan for 2014/15 in Appendix A.
 - ii. Note the feedback and discuss the next steps for the Panel following the Joint Health and Adult Social Care Overview and Scrutiny and Health and Well-being Board Workshop that took place on the 10th October 2014. A feedback report has been attached in Appendix B
 - iii. Receive a verbal update for the Joint Health Overview and Scrutiny Committee review regarding the new Children’s Heart Disease (CHD) Review.
 - iv. Receive the response from the Executive regarding New Commissioning Model of Home Support to be known as Help to Live at Home in Doncaster in Appendix C.

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.

UPDATES SINCE THE LAST FORMAL MEETING OF THE PANEL HELD ON THE 29th SEPTEMBER 2014

Adults and Communities Overview and Scrutiny Workplan Update

6. Attached for the Panel's consideration at Appendix A is the updated work plan report. Any further updates since the publication of this report will be provided to the Panel at the meeting.
7. A response from the Executive regarding the Panel's letter in response to the New Commissioning Model of Home Support (to be known as Help to Live at Home in Doncaster) is attached in Appendix C.

JOINT HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL AND HEALTH AND WELLBEING BOARD WORKSHOP

8. On the 10TH October 2014, there was a Joint Health and Adult Social Care Overview and Scrutiny Panel and Health and Wellbeing Board Workshop which focused on the Quality of Care and Challenges at Doncaster Bassetlaw Hospitals Foundation Trust (DBHFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)
9. The workshop provided an opportunity for members of both the Health and Adult Social Care Overview and Scrutiny Panel and Health and Wellbeing Board to receive presentations from Doncaster NHS CCG/England, DBHFT and RDASH.
10. The Panel is asked to note the feedback and discuss any next steps. A feedback report is attached in Appendix B.

UPDATE ON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11. A verbal update will be provided to the Panel from Councillor Patricia Schofield, Vice Chair of the Panel on the Joint Health Overview and Scrutiny Committee and the New Congenital Heart Disease Review.

OPTIONS CONSIDERED

12. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2014/15.

REASONS FOR RECOMMENDED OPTION

13. This report provides the committee with an opportunity to develop a work plan for 2014/15.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Priority	Implications
1.	<p>We will support a strong economy where businesses can locate, grow and employ local people.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and 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.</p>
2.	<p>We will help people to live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
3.	<p>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing</i> 	

	<i>down the cost of living</i>	
4.	We will support all families to thrive. <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
5.	We will deliver modern value for money services.	
6.	We will provide strong leadership and governance, working in partnership.	

RISKS AND ASSUMPTIONS

14. 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

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

EQUALITY IMPLICATIONS

17. 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.

FINANCIAL IMPLICATIONS

18. The budget for the support of the Overview and Scrutiny function 2014/15 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.

CONSULTATION

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

BACKGROUND PAPERS

20. Council Report 6th March 2014 - Approval of the Joint Health Overview and Scrutiny Committee – Appendix C - Terms of Reference New Congenital Heart Disease Review Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) December 2013

REPORT AUTHOR & CONTRIBUTORS

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Appendix A

Health and Adult Social Care (H&ASC) Overview & Scrutiny Panel Workplan 2014/2015 (OCTOBER UPDATE) – Fixed Panel Meetings

Wednesday 2pm 30 July 2014	Monday 1:30pm 8 th September 2014 Informal	Wednesday 10am 29 September 2014	Friday 1pm 10 th October 2014 (Joint Workshop)	Wednesday 10am 26 November 2014	TBC December 2014 Informal	Tuesday 10am 27 January 2014	Tuesday 10am 24 March 2014
Overview of How the NHS works including roles of Public Health, CCG and NHS England - Integration	To consider the new Commissioning Model of Home Support	Better Care Fund - to consider extent to which it is meeting national and local challenges	Health and Well-Being Board and Health and Adult Social Care Scrutiny Care and Challenges RDASH/DRI and response to Francis Recommendations	Overview Children's Health issues – Presentations from <ul style="list-style-type: none"> • Doncaster NHS CCG • NHS England • DMBC Public Health • DMBC C&YP Services 	CQC	Loneliness	Holding to Account Public Health Protection Responsibilities
Health and Well Being Strategy – oversight and challenging progress	David Hamilton – introduction (TBC)	Adult Safeguarding Board Annual Report – Chair Roger Thompson attending		Local Account	Healthwatch		Update on progress in relation to improving dementia services in Doncaster and learning from the dementia joint commissioning pilot over the last 12 months.
				Health Improvement Framework	Example of safe discharge of patients from hospital under the Better Care Fund.		
				JSNA			

H&ASC Possible areas to be programmed: (The programme is flexible to cover call-ins and other issues that might be added during the year)

Other areas and spotlight reviews	
NHS England Call to Action – July to September	Telecare - update
5 Year Strategy for Specialised Services – July to September	Care homes – quality and standards
Influencing the independent sector to deliver high quality care for older people in residential homes	Direct Payments and personalisation
Modernisation and Peer Review Plan – tracking progress and challenge – New Director (Nov 2014 or Jan 2015)	Integration of Health Colleagues – what does this mean for Doncaster

**Joint Health and Adult Social Care Overview and Scrutiny Panel
and Health and Wellbeing Board Workshop held on 10th October 2014**

**Quality of Care and Challenges at
Doncaster Bassetlaw Hospitals Foundation Trust (DBHFT) and
Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)**

Background

Last year, it was agreed by the Chairs of the both the Health and Adult Social Care Overview and Scrutiny (H&ASC O&S) Panel and Health and Wellbeing Board (H&WB) to arrange a joint workshop to consider the quality and care issues at Doncaster NHS Foundation Trusts.

A joint workshop was therefore arranged for the 10th October 2014 that included presentations from key representatives from Doncaster NHS Clinical Commissioning Group, Doncaster NHS England, Bassetlaw Hospitals Financial Trust (DBHFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)

The presentations outlined the perspective of both the commissioners and providers on the quality of care and challenges at DBHFT and RDASH and highlighted what has been learnt from Francis, Keogh and Berwick inquiries and reviews.

The objectives of the workshop were agreed as follows: -

1. To raise awareness of the challenges and issues faced within the NHS sector around quality and the action following both Francis and Keogh reports.
2. To understand what lessons have been learnt from the Francis/Keogh Report
3. To identify how our partner agencies can improve future working across the whole health and social care system
4. To examine the challenges but also the opportunities for improved care particularly around partnership working.
5. To identify what regular performance information scrutiny/HWB should receive in order to be assured of safe systems and compliance?
6. To promote positive relationships and linkages between H&WBB and H&ASC O&S.

Presentations were received from: -

- Mary Shepherd - Chief Nurse, NHS Clinical Commissioning Group – on the NHS England/Doncaster NHS Clinical Commissioning Group Assurance Framework
- Richard Parker - Director of Nursing, Midwifery and Quality at DBHFT – on quality of care at DBHFT
- Helen Dabbs – Director of Nursing and Deputy Chief Executive at RDASH - on quality of care at RDASH

The workshop was well attended and 16 attendees including Councillors, Directors and Chief Executives came together to listen to three very informative presentations and take part in small discussion groups.

Four mixed groups considered the following four questions after the presentations: -

1. What does this information tell us?
2. Are any gaps how are they being addressed? What opportunities are there to work in partnership?
3. Do we understand how accountability works in the system?
4. Given plans for more integrated commissioning, how do we ensure that systems are safe? E.g. Better Care Fund

Feedback from the discussion groups

There was a great deal of information gathered from the groups.
The attached file contains a copy of the comments to the four questions.

Some of the key messages that came out of the discussions included: -

- The H&WB Board and Scrutiny Panel could be used to pull together information regarding quality and quality accountability to show good practice/areas of concern.
- Everyone acknowledged how complex the systems and data are and the importance of data sharing.
 - Interpretation and presentation of the information – needs to be made more accessible, meaningful and consistent; for example using figures rather than percentages and having the right balance of information for the audience.
- Working with partners to understand the overall needs in Doncaster particularly health and social care needs; then partners will be able to contribute better to provide those services by effective use of Better Care Fund to ensure best practice and avoid duplication.
- Recognition of the Better Care Fund as well as the integration of services and integrated commissioning in taking this agenda forward and how partners can work together to make the most of this opportunity.
- The link between accountability and quality and understanding the system approach to the health and social care system, not precluding the private and voluntary sectors from the system and how we can hold it all to account.
- The importance of 'quality' and how accountability could be made more effective – listening to and implementing the recommendations of the Francis Inquiry and ensuring robust scrutiny is taking place.

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1. What does this information tell us?

Group 1:	Group 2:	Group 3:	Group 4:
<p>No standard metrics – re pressure ulcers</p> <p>Standard CQC metrics. Tells us what we measure but not pt. info or staff</p> <p>Complex information</p> <p>How do you measure quality effectively?</p> <p>We can measure things but do something with it – how do we do this?</p> <p>In HWBB can we drive this and share and do this together?</p> <p>How do we bring all this info together?</p> <p>How statistically significant are the measures?</p> <p>Other bits of evidence</p>	<p>How much duplication is there in each of the speakers/group work and reports?</p> <p>Each organisation has its own accountability – this could be positive in any form of duplication.</p> <p>Where are we showing “Good value and successful for money” we don’t celebrate enough. S.Yorks and Bassetlaw – valued safe guarding focusing on working on one piece of work but sometimes it can’t be helped. Key thing – gathering info to public in an understandable format.</p> <p>Loads of information, lot to take in, no sense of how many people/patients etc. 90% harm free – what about the 10%? Blank number relates to people?</p> <p>Are we assured things on pulse – do we have confidence in figures, what do organisations do re; harm? Collate figures on key indicators which then relate to a “potential harm” “harm” is defined as an incident. All figures and info need to be related to public in and understandable format. General discussion on harm – where does it go? Acted on? Reported? Gathered slits on self- harm reported at hand level from selected process of questions.</p> <p>Separate monthly audit carried out by ward sister. Info collated and reported nationally.</p> <p>Could we have those statistics be reported in actual numbers not percentages?</p> <p>How do we share best practice? – Information and awareness needed.</p>	<ul style="list-style-type: none"> - Very complex systems; difficult to understand - Lots of challenges – staff stretched - Lose essence of what system is about - Complexity of data - Delivery quality to individual - How do we effectively share & scrutinising issue - Recognition of what needs to done next through joined up worthy <ul style="list-style-type: none"> -Adults -Children -Residential homes -In geographical area i.e. one team way - Got the right mechanisms in place to do this Challenges – using technology to move forward e.g. telehealth/assisted assisted care - Services & support matched to industry. 	<p>Needs to ensure that info is collected without too much overhead → i.e. collect info as part of potential area process</p> <p>Good relationship with CCG assets good into collection</p> <p>DBH talk to one another if necessary</p> <p style="text-align: center;">↓</p> <p>Also talk to network spine ↓</p> <p>Looking to get hospital to talk to hospital by IT</p>

2. Are there any gaps and how could they be addressed? What opportunities are there to work in partnership?

<u>Group 1:</u>	<u>Group 2:</u>	<u>Group 3:</u>	<u>Group 4:</u>
<p>Sharing more Better understanding How we measure – improve and report back</p> <p>Partnership – how we all work together. Can't do it all on our own</p> <p>Breakdown of progress, boundaries, model behaviours working differently</p> <p>Some element of checking but 'their' responsibility of quality – we can help them</p> <p>Multi – disciplinary working across organisations</p> <p>Integration of services</p> <p>Second CQC manager into DMBC to work together re quality</p>	<p>No joint delivering of information. Local level information in facts and figures</p> <p>Newsletter to disseminate info to public – libraries/schools/metre etc. use existing roads Age range and gender gaps identified no "job experience"</p> <p>There should be more on the job opportunities More health care assistants are now being seen General discussion on "old approach" to nursing/staffing/training. Need opportunity of training and awareness for more stable work force in the work place</p> <p>Are we satisfied with Adult Social Care? What are we doing around what is available now? Who are the partners working toward Adult Social Care? There appears to be areas recognised in respect of who are your partners? Is it easily accessible in respect of getting to know? Can wider partners be easily contacted?</p>	<p>Data sharing</p> <p>Better care fund – what it's about opportunity</p> <p>Don't underestimate what we've got</p> <p>H&WBB, CCG, O&S (new focus on health)</p> <p>Be efficient</p> <p>Patient ulcer partner – good example. Bespoke</p> <p>Dementia service</p> <p>Adolescence more from child to adults</p> <p>Danger of complacency</p>	<p>Need to have another providers under oversight by O&S</p> <ul style="list-style-type: none"> - Primary care - Ambulance services - Independent sector <p>Can DBH deliver on other sites:</p> <ul style="list-style-type: none"> - i.e. GP surgeries - mobile units <p>Yes, in some cases </p> <p>But travel costs in lost time can mitigate against this.</p> <p>Work is underway across health and social care to make best use of buildings</p> <p>Need to look still more at joint services</p>

3. Do we understand how accountability works in the system?

<u>Group 1:</u>	<u>Group 2:</u>	<u>Group 3:</u>	<u>Group 4:</u>
<p>CCG & NHSE – More complex</p> <p>Provider side very clear</p> <p>LA – not clear → social care have local account</p> <p>Specific → members, cabinet, mayor</p> <p>Board of governors hold foundation trusts to account and senitnise - some similarities to overview a scrutiny</p>	<p>To know system is there but how do we know where does the patient fit in?</p> <p>How is information fed back? What happens to information do public get access? Is it "real time" feed back</p> <p><u>Answer:</u> feedback is scored on numbers – comments are numbered All patients given form to be completed What information do we have on "food" in hospitals – how do we know all patients are given opportunity to fill form?</p> <p>Answer: monitoring response does highlight a level of responses from organisations which would be "picked up" i.e. 10 patients discharged should return 10 responses</p> <p>We should have a consistent level of service Are targets set? Is this a negative or positive for the reporting? How are they set? Are they correct? Targets have been set on savings historically which has had a bad affect, not positive Some areas with targets are good but in other areas will be seen as wrong Duplicated, lack of information treatment. Time lines should be more stringent in respect of treatment</p>	<p>No</p> <p>Very complex</p> <p>Scrutiny needs to be involved</p> <p>Lot of accountability in the system</p> <ul style="list-style-type: none"> - CQC - Healthwatch Donc/England - Monitor <p>Accountability to patients – whats happening here RD</p> <p>How to DBH directly learn from patients</p> <ul style="list-style-type: none"> - Friends & family - Face to face <p>Do the public understand? V-Complex Difficult to understand</p> <p>How do we know what info to trust Is there a need for more openness, transparency & scrutiny?</p>	<p>Integrated commissioning</p> <p>Our commissioning system is more fragmented than it has been for some time – need to start this ASAP</p> <p>To ensure safely, quality needs to be built into commissioning</p>

4. Given plans for more integrated commissioning, how do we ensure that systems are safe? E.g. Better Care Fund

<u>Group 1:</u>	<u>Group 2:</u>	<u>Group 3:</u>	<u>Group 4:</u>
<p>In an integrated commissioning may not provide.</p> <p>Assumption that safety will not be 'good' if commissioned together</p> <p>Should be about quality</p> <p>Disagree the question re safety</p>	<p>Safety net</p> <p>What is the aim of the Better Care Fund – joined working</p> <p>Pooling resources – working smarter</p> <p>Could be beneficial but only if worked/used properly</p> <p>More information needed and public awareness ever the better care fund</p> <p>It must fulfil the needs of Doncaster people – Total Transparency</p> <p>How do we ask the question? Answer; at the moment, this in now, embryonic</p>	<p>Health watch responsibility – sharing info</p> <p>Opportunities for engagement</p> <p>Showcasing; promoting good practice</p> <p>PALS</p> <p>Scrutiny – needs to come for comments – regulated</p> <p>Better care fund</p> <p>In principle, great needs independent monitory need to get foundations right</p> <p>Scrutiny needs to be more effective</p>	<p>Integrated commissioning</p> <p>Our commissioning system is more fragmented than it has been for some time – need to start this ASAP</p> <p>To ensure safely, quality needs to be built into commissioning</p>

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2nd October 2014

Dear Patricia

New Commissioning Model of Home Support to be known as Help to Live at Home in Doncaster

Thank you for your letter dated 12th September 2014, following the informal meeting of the Health and Adult Social Care Overview and Scrutiny Panel, where the members met to consider the commissioning of a new model of home support in Doncaster.

I am very pleased that Panel Members were supportive of the proposed model, and the more personalised approach to care. We have requested further detailed work is undertaken, prior to the actual commissioning, and have suggested that the four zones proposed may require increasing to a larger number.

Due to the recommendation of the Panel, and support from Councillor Knight, it is agreed that individuals who are currently receiving home support from the Council's framework arrangement will be informed by the two staged approach; firstly that written information should be conveyed individually and secondly that face-to-face meetings with individuals and their families will be arranged, where appropriate. An independent provider (i.e. a provider who does not provide home support in Doncaster), will be commissioned to carry out this work, and the engagement work should not take any longer than four months. The information and the face-to-face meetings will be an opportunity for individuals to make an informed choice about moving to the new Help to Live at Home Service, or taking a Direct Payment.

I have listed each of the other concerns raised by the Panel below with a response to each point:

- **Monitoring quality assurance of providers and ensuring a high standard of care is maintained.**

The specification for the new service will contain clear expectations of the provider to deliver a high quality service. This will be monitored in a number of ways; by annual quality assurance monitoring checks undertaken by the Contracts Team; monthly meetings will be held with the providers of the new service to discuss service delivery, the quality of service, finance and any other issues; regular reviews of people in receipt of the new service will be carried out by social care workers, who will check the quality

of the service from the individual's point of view; annual questionnaires asking people about the quality of the service they receive will be sent out to everyone who has received this service in the last year. In addition to this, the Care Quality Commission will carry out their assessments and checks in line with their statutory duties.

- **Individuals being supported and encouraged to use direct payments and that effective monitoring of these are in place.**

For all people who are in receipt of home support at the present time, they will have a clear and informed conversation with individuals (and their families where appropriate), about their options of either taking a Direct Payment, or moving to the new service. If they choose to take a Direct Payment, the Council will support people to do so. For all new people who require services, the social care worker will present them with a choice of different options, including the option of taking a Direct Payment, and will support individuals to do so.

- **The importance of the provision of long term support as well as short term care.**

The new service will provide an outcome-focused service for all, whether they have short term or long term care requirements. The aim going forward is to provide the appropriate amount of support to individuals, whether they require that support for a relatively short amount of time, or for many years. One of the aims of the new service is to reduce the unnecessary or early admission of individuals to residential care homes, therefore the service will have a crucial role to play in the provision of long term support to enable individuals to live independently at home for as long as they choose. Therefore, the new service will work closely with enablement and intermediate care services.

- **Whether the work can be undertaken within budget and if there will be sufficient staff in place to make it work.**

Careful and detailed financial modelling will be undertaken to ensure that the service works within the budget for this service. If the new service realises the true potential, and reduces unnecessary and early admissions to residential care, then the budgetary pressure will increase, however this should be offset by a significant reduction in the residential care budget. Other Local Authorities that have used a similar model have realised a number of savings, gained by a combination of individuals having more regular reviews and receiving the appropriate amount of support, offering a more personalised outcome-focused service, and a wider range of options that support people to remain independent for longer than traditional models of home support.

Formal care workers are not in short supply in Doncaster, and therefore it is not anticipated that the providers will have a shortfall in sufficient staff to make the model work. Providers who are successful in obtaining this contract will have a confirmed amount of work for their zone, due to the work completed by the face-to-face meetings with individuals who are currently in receipt of home support. DMBC also have looked at the numbers and hours of home support in each of the geographical zones that a provider will operate in to provide a forecast of the likely future demand. This will assist successful providers in employing sufficient staff to make the new service work.

- **Ensuring the quality of the support plans in place.**

The providers who wish to tender for this contract will be asked to submit a Support Plan from an Outcomes Assessment for an individual, as they would if they were successful in obtaining this contract. This will be a scored part of the evaluation process, and will be carefully scrutinised by social work colleagues who will be part of the panel. On a day to day basis, the support plans will be routinely shared with social care workers who will be assuring the quality of them. This will also be checked by Contracts Officers when they undertake monitoring visits.

- **Receiving input on the model from those with disabilities.**

Consultation has been held with a wide range of people, from those currently in receipt of home support from the Council, family carers and people living in the community. However, if there are any particular groups that the Scrutiny Panel would like to be consulted, then please contact Rosemary Leek, Commissioning Manager, on 01302 735485.

I trust the above responses adequately answer the concerns and issues raised by the Panel. I can confirm that regular updates will be provided to Scrutiny Panel, in the form of briefing notes, until the new service starts in the late spring/early summer. Once the service has commenced, the Panel will be provided with regular performance information updates.

The officers who met with the Scrutiny Panel were grateful for the opportunity to attend the meeting, and thank the members for their time and interest in the topic.

Kind regards.

Yours sincerely

Ros Jones
Mayor of Doncaster