

To all Members of the

## HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

### AGENDA

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

**VENUE:** Council Chamber - Civic Office  
**DATE:** Wednesday, 29th July, 2015  
**TIME:** 2.00 pm

*Members of the public are welcome to attend*

#### Items for Discussion:

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 24th March, 2015 (Pages 1 - 8)

Jo Miller  
Chief Executive

If you require any information on how to get to the meeting by Public Transport, please contact  
(01709) 515151 – Calls at the local rate

Issued on: Date Not Specified

Senior Governance Officer  
for this meeting:

Christine Rothwell  
Tel: 01302 735682

5. Public Statements.

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

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

6. Presentation - Health and Social Care Transformation Programme Update. (*Pages 9 - 32*)
7. Refresh of Doncaster Health and Wellbeing Strategy 2015-20 (*Pages 33 - 44*)
8. Health and Adult Social Care Overview and Scrutiny Panel Work Plan Report 2015/16. (*Pages 45 - 52*)

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

Chair – Councillor Tony Revill  
Vice-Chair – Councillor Cynthia Ransome

Councillors Rachel Blake, Elsie Butler, Jessie Credland, Linda Curran, George Derx, Sean Gibbons and David Nevett.

Invitees:

Lorna Foster – Union Representative

## DONCASTER METROPOLITAN BOROUGH COUNCIL

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

24<sup>th</sup> March, 2015

A MEETING of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE, DONCASTER on WEDNESDAY, 24<sup>th</sup> MARCH, 2015 AT 10.00AM

#### PRESENT:

Chair – Councillor Tony Revill

Councillors Patricia Schofield (Vice-chair), Elsie Butler, Linda Curran, Alan Jones, Tracey Leyland-Jepson, Sue Phillips and John Sheppard

Also in attendance:

Shane Hayward-Giles, Assistant Director, Modernisation and Commissioning  
Chris Stainforth Chief Officer, Doncaster Clinical Commissioning Group  
Laura Sherburn Head of Partnerships Commissioning  
Lee Pawson Telecare Development Officer  
Victor Joseph Consultant in Public Health

#### APOLOGIES:

Apologies for absence had been received from Councillors Monty Cuthbert and Lorna Foster.

NOTE: Prior to the start of the meeting, the Chair recognised on behalf of the Panel the work Tony Baxter had undertaken whilst working at the Local Authority.

Prior to their retirement as Councillors, he also thanked Councillor Patricia Schofield Vice-Chair and Councillor Sheppard for their contribution to the Scrutiny process over the years.

		<u>ACTION</u>
21.	<u>DECLARATIONS OF INTEREST</u>	
	Councillor Alan Jones wished to highlight that he receives a small pension from a company that provided electronic equipment to people helping them to remain in their homes for a longer period.	All to note
22.	<u>MINUTES OF THE MEETING HELD ON 26<sup>th</sup> NOVEMBER, 2014</u>	
	<b>Resolved that:</b> the minutes of the meeting held on 26 <sup>th</sup> November, 2014 be agreed as a correct record	All to note

	and signed by the Vice Chair.	
23.	<u>PUBLIC STATEMENTS</u>	
	There were no public statements.	All to note
24.	<u>UNPLANNED CARE PROCUREMENT</u>	
	The Panel received a presentation by The Clinical Commissioning Group Chief Officer relating to unplanned care procurement.	
	Members noted that urgent care was fragile both nationally and locally and it was a priority to seek stability rather than risk major disruption ensuring it was developed to meet future needs.	
	The presentation addressed the unplanned care background, proposal, benefits and timeline.	
	The Panel thanked the Chief Officer for his presentation and addressed the following areas:	
	<ul style="list-style-type: none"> <li>• 8am to 8pm unregistered services being maintained;</li> <li>• New front door to Accident and emergency. E.g. quick clinical assessment, signposting and procurement of a new GP element to the service. Members appreciated the problem faced by Accident and Emergency having to deal with non-urgent care and hoped that a more assistive front door care system would not encourage more people to attend rather than waiting to see a doctor at an appropriate time. It was confirmed that there was not an increase in demand expected and provision would be based on existing figures. It was hoped that the facility would also be used as an educational element of when Accident and Emergency services should be used;</li> <li>• Members asked if it could be considered that a separate waiting area for children be provided, away from those people admitted with alcohol and drug issues.</li> </ul>	
	<b>Resolved that</b> the presentation be noted.	All to note

25.	<u>WORKING TOGETHER PROGRAMME</u>	
	<p>The Panel considered a report relating to NHS organisations across the region working together to ensure that hospital provision continued to provide high quality services to residents. It was noted that the eight Clinical Commissioning Groups and NHS England had established a collaborative under a “Working Together Programme”.</p> <p>It was recognised that health care services faced unprecedented challenges as a result of, aging population, rising demand, increasing expectations, clinical workforce challenges and budget constraints.</p> <p>Mechanisms proposed would lead to improvements in quality and sustainability of services and may result in changes to access to services.</p>	
	<p>In response to Members questions and concern the following areas were addressed:</p> <ul style="list-style-type: none"> <li>• Achievability - It was noted that there was a strong belief that challenges would be met, however there was no time limit.</li> <li>• Each CCG/NHS England organisation would have the responsibility for and be a specific lead for an aspect of health, rather than it being passed between areas to ensure ownership, continuity and better outcomes.</li> <li>• The four key clinical priorities currently being taken forward by the Working Together Programme were those that required immediate intervention, being: <ul style="list-style-type: none"> <li>Children’s Services;</li> <li>Cardiovascular Disease;</li> <li>Smaller Specialities e.g. ophthalmology and ear, nose and throat</li> </ul> </li> <li>• Out of Hospital (urgent care);</li> </ul> <p>Members noted that this report addressed only phase 1 of proposals.</p>	
	<b>Resolved that:</b> the Working Together Programme be supported.	All to note

26.	<u>TELECARE SERVICE UPDATE</u>	
	<p>The Panel received a presentation updating Members on how the Telecare service helped people to stay safe and independent at home, including the 4 key elements, being a lifeline unit, Telecare sensors, the Monitoring Centre and dedicated 24 hour response team.</p>	
	<p>The Panel addressed:</p> <p>Access to the service – Members were pleased to see there was an increase in service user numbers but concerned that not enough residents were aware of the scheme. It was stressed that there was capacity to support many more residents. A new leaflet to advertise the service had been developed and the pathway was being reviewed to ensure easier access. It was stressed that when a new service user accessed the system they were provided with a smoke alarm;</p> <p>Work with emergency services – when called out to non-emergency situations, they make referrals to the Local Authority for residents to be informed of the benefits of the service. It was noted that work was also undertaken with the CCG and doctors to highlight the service;</p> <p>Domestic violence – the use of equipment to aid victims was suggested and noted that it was an area that was being investigated;</p> <p>Response Centre – it was confirmed that future options to enhance the response centre service were currently being considered; and</p> <p>Modern equipment – Members were reassured that due to the vast range of technology on the market, including smartphone apps, future developments were investigate, with a learning disabilities smart phone “App” currently being tested. It was highlighted that it was important to consider what service users have an appetite for whilst keeping up to date with technology.</p> <p>To conclude the Panel thanked officers for the information provided and appreciated the work undertaken by staff to ensure that the environment was safe for our residents.</p>	

	<b>Resolved that:</b> the presentation and update be noted.	All to note
<b>NOTE</b>	At this point in the agenda and in accordance with Council Procedure Rules the Panel agreed item 10 be considered prior to agenda item 9	
27.	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2014/15</u>	
	<p>Members considered the second Annual Report on health protection assurance in Doncaster following Public Health moving from the NHS to the Local Authority. The detailed report included information based around the Centre for Public Scrutiny 10 questions for scrutinising health protection duties with an additional two questions addressing performance of health protection and the second relating to smoking.</p> <p>In response to Members questions the following areas were addressed:</p> <ul style="list-style-type: none"> <li>• Adverse reactions to injections - details of those that have adverse reactions were noted to learn for future inoculation programmes;</li> <li>• Benchmarking against national targets and the wish for Doncaster to strive to have one of the best public health organisations;</li> <li>• Licensing – how this could be used to address the sale and use of illegal tobacco. It was noted that a piece of work had been commissioned to ensure it was less accessible across South Yorkshire;</li> <li>• Flu jab – the numbers and effects of the flu jab were being monitored carefully. It was noted that local magazines to highlight awareness had been used. It was noted that Council staff received a free jab however uptake had been less than expected.</li> </ul>	
	<b>Resolved that:</b> the update be received and support the actions identified for development in 2015/16.	All to note
28.	<u>DEMENTIA FRIENDLY COMMUNITY – PROGRESS UPDATE</u>	
	Further to the Panel’s Scrutiny Dementia Friendly Communities Review a report was received detailing	

	<p>progress on each recommendation made to the Executive.</p> <p>Members noted the significant achievements towards ensuring Doncaster was dementia friendly, including 4,500 dementia friends and increasing, improved and increased diagnosis, 56 dementia champions from a cross section of the alliance. There had been a recent strategic launch covering the next 2 years, with large investment and acknowledgement that more awareness work was required with the private sector.</p> <p>In response to Members questions it was explained that preventative measures including keeping the brain active was a protective factor. With regard to the use of identification bangles/cards by dementia sufferers, it was noted that the Executive was giving consideration to the issue. Members opinions were that it could help quickly locate a family member who had wandered away from home without anyone being aware.</p> <p>The Panel stressed that they would be delighted to see a single point of contact telephone number developed, as they saw this as an area that would make a significant difference to assist families with signposting, and recognised that work was being undertaken to try and address the issue.</p> <p>It was stressed that people suffering with dementia was now accepted and normalised with people talking more openly and freely about the condition. Due to such openness, there was an increase in people receiving early help. The Panel noted that diagnosis did differ between GP practices however NICE guidance was followed ensuring accuracy. It was stressed that the CCG was working with GP's to develop and use a standard pathway tool. Members were made aware that the diagnostic rate, set at 67%, with Doncaster just short at 61%, was influenced by Central Government, as part of the Prime Minister's 2020 Challenge. Members stressed that once diagnosed it was important to ensure the correct help and support was put in place.</p>	
	<p><b>Resolved that:</b> the Cabinet support and investigate the use of identification bangles/cards and an update on Doncaster being a Dementia Friendly Community be provided in 12 to 18 months time.</p>	<p>Integrated Dementia Lead for Doncaster</p>



29.	<u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2013/14</u>	
	The Senior Governance Officer highlighted progress with the work plan and outlined the recommendations that required ratifying from the Loneliness Scrutiny Review.	
	<p><b>Resolved that:</b> the report be noted and the following Loneliness review recommendations be ratified and forwarded to the Executive for consideration:</p> <ol style="list-style-type: none"> <li>1. That consideration be provided for a single directory of borough-wide community services and activities to be made available in an appropriate and accessible format;</li> <li>2. That future schemes within the Neighbourhoods address both rural and urban areas through a stronger more cohesive approach;</li> <li>3. To review schemes available where possible, to ensure that they target areas in particular where there are gaps including older men and rural communities; and</li> <li>4. To ensure that elected Members be furnished with up-to-date contacts and information (toolkit) and understand their role in how they can help and support residents within their communities who are and may be affected by loneliness and social isolation.</li> </ol>	Senior Governance Officer

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

### **Health and Social Care Transformation Programme Update**

#### **EXECUTIVE SUMMARY**

1. The purpose of this report is to inform the Scrutiny Panel that a presentation will be made at the scheduled meeting on 29<sup>th</sup> July , 2015 on Health and Social Care Transformation and the Care Act Doncaster.

#### **RECOMMENDATIONS**

2. That consideration be given to the information provided in the presentation entitled Health and Social Care Transformation Programme Update

#### **BACKGROUND**

3. The Panel requested an overview of the Better Care Fund, The Care Act and plans for preventative services being developed in Doncaster.
4. The Health and Social Care Transformation Programme plan incorporates all the priorities within these programme and policy areas. The plan sets out the collective priorities that will help drive health and social care transformation in Doncaster over the next three years and includes specific actions for 2015/16. The plans have been developed using an approach called Outcomes Based Accountability (OBA). The approach is making us think more about ‘what the people of Doncaster would see and feel if we had good health and wellbeing’ rather than simply focusing on improving current services and their performance.
5. The plan has been developed by over 60 people from a variety of organisations via 10 workshop sessions between November 2014 and April 2015.
6. The presentation will be provided by Gary Jones, Head of Commissioning and Contracts and Michaela Pinchard, Head of Modernisation and Improvement .

#### **ISSUES FOR CONSIDERATION and OPTIONS CONSIDERED**

7. There are no options for consideration the presentation will provide Members will an update on provision and service.

#### **IMPACT ON THE COUNCIL’S KEY PRIORITIES**

	<b>Priority</b>	<b>Implications</b>
	<p>We will support a strong economy where businesses can locate, grow and employ local people.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating</i></li> </ul>	

	<p><i>and Housing</i></p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	
	<p>We will help people to live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	<p>The H+SC Transformation plan priorities will support people to remain independent with good health and well-being.</p>
	<p>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	
	<p>We will support all families to thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	
	<p>We will deliver modern value for money services.</p>	<p>The plan will transform the way we deliver services in Doncaster to become modern efficient, within new funding settlements</p>
	<p>We will provide strong leadership and governance, working in partnership.</p>	

## **RISKS & ASSUMPTIONS**

8. There are no risks and assumptions associated with the report and presentation to be provided at the meeting.

## **LEGAL IMPLICATIONS**

9. There are no Specific legal implications and advice with regards to the presentation that will be provided at the Panel meeting. If any issues arise for further consideration advice will be given with any reports when Overview and Scrutiny receive them for consideration.

## **FINANCIAL IMPLICATIONS**

10. There are no specific financial implications associated with this report.

## **EQUALITY IMPLICATIONS**

11. The presentation will provide an overview of the Health and Social Care Transformation Programme and there are no equality implication associated with this report. Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its public equality duty and gives due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

## **CONSULTATION**

12. There was no consultation required for this report.

## **BACKGROUND PAPERS**

13. There are no background papers associated with this report.

## **REPORT AUTHOR & CONTRIBUTORS**

Wendy Bennett- Programme Manager – Health and Social Care Transformation Programme Manager.

Michaela Pinchard- Head of Modernisation and Improvement

Gary Jones- Head of Adult Commissioning and Contracts

**David Hamilton**  
**Director Adults, Health and Well-being**

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# Doncaster Adults, Health & Wellbeing Transformation Plan

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2015-2018

# What is it ?

- A single transformation programme that recognises the number of schemes with cross cutting themes and same/similar outcomes and measures.

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BCF, Care Act, Well North, DMBC Modernisation Strategy.

- A single approach to Adult, Health and Social Care Transformation.
- A single health and social care and wellbeing governance structure to manage transformation and change.



# 2015/16 plan

The Doncaster Adults, Health and Wellbeing Transformation Programme plan is about developing a world class health and social care system that:

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**Supports people to maintain their independence for as long as possible and when people are in need, local services will be responsive, personalised and appropriate.**

# 3 key outcomes

## Outcome 1

People are independent with good health and wellbeing.

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## Outcome 2

When in need of care and/or support, it is personalised, flexible and appropriate.

## Outcome 3

When people are in urgent need or crisis, there will be responsive, effective services that meet their needs.

# What would success look like?

## Outcome 1

- People find it easy to access information and advice.
- There are more people in long term employment, education and training.
- People report an improvement in their overall quality of life.
- People are feeling safer and more involved in their communities.

Reduction in demand for statutory health and social care services.

An increase in the uptake of non-statutory health and social care services.

## Outcome 2

- People spend less time living in long term settings.
- There are more carers feeling supported and enabled to care.
- More people choose to be in control of their care through direct payments and personal health budgets.
- People receive timely assessments and reviews.
- People are satisfied with the outcomes of Safeguarding enquiries.

## Outcome 3

- Reduction in avoidable, non-elective admissions to general and acute services.
- People at risk of crisis have anticipatory care plans.
- People are reabled enough to stay at home and be independent, post crisis.
- The numbers of people accessing acute and crisis services are reduced.
- No increase in A&E attendances.

# What's the challenge?

- Below regional average on 2 of the 4 key indicators.
- Shift from a bio-medical and care model to social model of support:- *at home/community/low level/early support.*
- Behaviour and culture change of Doncaster residents.
- Investing in a environment of savings:- has to be 'invest to save' model.
- Seeing and planning across the whole system.
- Holding our nerve on the difficult things.

**Leadership, Courage and Trust**

# Key Activities – Outcome 1

- **Development of Community Capacity:**

Well North.

- **Network of Well Being support and community connectors:**

*Primary Care Wellbeing Hubs, Social Prescribing.*

## **Easily accessible Equipment and Adaptations**

- **An Alternative Day Opportunities Offer:**

*Maximising Direct Payments to build tailored support for people.*

# Key Activities – Outcome 2

- **Increasing take up of assistive technology**
- **A coordinated Dementia offer:**
  - Includes Dementia Navigators, Dementia Friends programme.*
- **Support for carers**
- **Implement a Help to Live at Home scheme**
- **Reducing/delaying admissions to long term care**
- **Transformation of Social Work and care management:**
  - Increasing take up of Direct Payments.*
  - Proportionate assessments.*
  - Devolving budgets to frontline Social Work teams.*

# Key Activities – Outcome 3

- **Joint care home strategy**  
*Improve healthcare offer, joint education programme*
- **Re-engineering of intermediate care services**  
*Development of a new and streamlined pathway.*

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## **Strategy for End of Life care:**

*New care at home service.*

- **Mental Health Crisis Service:**  
*Includes street triage service, review of crisis model and implementation of new service.*
- **Primary care strategy**

# What will be different?

## For local people:

- Major focus on prevention and/or support delivered at home or in the community:- *people will not need to go to hospital for most of their care.*
- The Council will not be the main provider of services.
- People will be more in control of their care and support.

## For services and providers:

- Providers will need to be more creative and flexible in the what they provide:- *a monoculture approach to services will not meet need or demand.*
- Support will need to be tailored and flexible.

## Workforce:

- More flexible and creative:- facilitators rather than givers of care.
- Work across professional boundaries - trusted assessors - asses once.
- Shift from an 'assess and refer' to 'see and sort' approach.



# Care Act

## Background

- Gained Royal Assent on the 14th May 2014.
- Implementation in 2 parts:
  - Part 1: Social care reforms covering the majority of the statutory duties in force on 1st April 2015.
  - Part 2: Funding related reforms which aim to make care funding fairer. Planned to come into force in April 2016.

# Delivery in Doncaster

## Headlines

- **Care Act requirements largely incorporated into Doncaster Health and Wellbeing Transformation Programme.**
- **A Care Act Board established within the overall governance to oversight & provide assurance.**
- **Overall! Doncaster is in a strong position, in terms of compliance, for Part 1 of the Act and working to prepare for Part 2.**

# Looking Back: 2015 Implementation

## Highlights: Infrastructure & Programme Management

Dedicated Strategic Lead & Principal Finance Officer.

ADASS Regional Care Act leads meeting established.

Care Act Board established.

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Gap analysis completed to compare current policy & practice with the new requirements.

Work Programme initiated.

Four Care Act stock takes completed – no key concerns, progress broadly as expected.

Financial Modelling - Lead for region.

Contribution to DH Consultations.

## **Highlights: Delivery**

### **Assessment and Support Planning:**

Fully Care Act compliant process launched on 1<sup>st</sup> April 2015. This new asset-based approach has been promoted nationally as a best practice approach in the context of the Care Act.

### **Deferred Payment Agreements (DPA's):**

Policy developed and agreed to enable the provision of DPA's on a cost-neutral basis.

### **Prisons:**

- Adult Contact Team expanded to include dedicated assessment staff for prisons.
- Contract agreed with Nottinghamshire Health Care Trust to provide services in Doncaster's prisons.
- During Q1, 32 prison assessments were undertaken resulting in 6 new care packages being established to date.

### **Carers:**

Processes and paperwork revised to ensure delivery of new duty.

## **Highlights: Delivery**

### **Advocacy:**

- Advocacy contract expanded to accommodate new duties.
- Bespoke staff training delivered to ensure appropriate identification and referral.

### **Safeguarding:**

- Placed on a statutory footing.
- Changes to Safeguarding working arrangements, via South Yorkshire Safeguarding Adults Partnership, due to launch in August. This will underpin the new requirements under the Care Act, including 'Making Safeguarding Personal'.

### **Workforce:**

- Full training programme delivered to staff including culture change and bespoke training for individual teams as required.

# Looking Forward 2016 Funding Reforms

## Headlines

- Pilot cost modelling exercise undertaken in Spring 2015, with the intention of national roll-out following evaluation (Doncaster participated in the pilot).
- Modelling helpful but behaviour of self funders still difficult to predict.
- Final Statutory Guidance for the 2016 reforms due to be published in the autumn.
- Commentators continue to question whether this reform will be taken forward at the pace originally planned. Hope to know more prior to recess.
- Nonetheless, preparations need to continue.

## Highlights

### Cap on Care Costs:

- Current proposal age banded:
  - 72k for aged 25+ £72,000.
  - £0 for <25 will be £0 (i.e. not be expected to pay anything towards the cost of meeting eligible unmet care needs).
- Local Authorities will have a duty to monitor full or partial self funders contribution to the cap.
- Final guidance will determine final cap levels.
- Care Accounts project established to meet requirement to monitor.
- DH interest in planning. DH Policy Team visit to Doncaster 16<sup>th</sup> July.

## Highlights cont..

### New means test thresholds:

- Extension of the upper capital assets level for residential care, from £23,250 to £118,000.
- Extension of the upper capital assets level for community, from £23,250 to £27,000.

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Modelled impact for Doncaster potential costs:

	16/17	17/18	18/19
	£m	£m	£m
Cap on Care Costs	0.6-1.1	1.2-1.5	1.6-1.8
Extended Means Test	1.3-2.6	1.7-3.1	2.1-3.7
Total	1.9-3.7	2.9-4.6	3.7-5.5

- DH Commitment to fund ? Sufficiency.



# Highlights cont..

## Proportionate Assessments:

- Not a care act requirement but a requirement to meet increase in demand arising from new burdens and ageing population.
- Project initiated to explore options.

## Appeals:

- At consultation stage nationally.
- Popularity divided, therefore preparatory work premature at this stage.

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

### **Refresh of Doncaster Health and Wellbeing Strategy 2015-20**

#### **EXECUTIVE SUMMARY**

1. The purpose of this paper is to present a draft refresh of the Joint Health and Wellbeing Strategy that was approved by the Health and Wellbeing Board in June 2013. The paper outlines an update on progress, a draft Health and Wellbeing strategy document and the proposed consultation process and time-scale for consideration. The report will also refer to the Well North Initiative and tackling health inequalities.

#### **EXEMPT REPORT**

2. N/A

#### **RECOMMENDATIONS**

3. The Health and Adults Social Care Panel is asked to:
  - (a) consider and endorse the draft Health and Wellbeing Strategy refresh 2015-20 subject to a 12 week consultation and propose any amendments
  - (b) consider and endorse the proposed consultation plan and timescale for the consultation process and propose any amendments

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

4. The Health and Wellbeing strategy provides an overarching strategy for the Health and Wellbeing Board and is the link between the Borough strategy and more detailed operating plans of both partnerships and individual organisations. The strategy is not meant to include everything that is happening in health and wellbeing but serves to focus the work of the board.

#### **BACKGROUND**

##### **5. The Development of the Health and Wellbeing Strategy**

The shadow Health and Wellbeing Board developed a draft strategy over a number of months in 2012/13. This strategy was based on the Joint Strategic Needs Assessment and consisted of a number of elements including:

A vision for Health and Wellbeing in Doncaster

A number of goals for Doncaster people (known as the 'I' statements)  
A mission and values for the Board  
A local framework for Health and Wellbeing including 4 themes  
    Healthy Places and Communities  
    Health for All  
    Keeping People Well for Longer  
    Access to High quality Care Services

Each Theme then linked to a number of 'I' statements with a proposed area of focus and proposed set of priorities.

The shadow Board then ran a 6 week public consultation consisting of 3 elements:

1. Consultation with partners and the public using existing communication channels
2. A bespoke event coordinated by Doncaster CVS for the community and voluntary sector
3. Commissioned telephone research with a sample of 400 Doncaster residents

The strategy was altered substantially and was approved by the Shadow Health and Wellbeing Board in January 2013. It was approved by the Doncaster Health and Wellbeing Board in June 2013. Further work was undertaken to describe in more detail the actions that need to be taken as a partnership to deliver progress in the areas of focus. The draft work plans for the areas of focus covered:

Alcohol  
Obesity  
Mental Health  
Dementia  
Family  
Personal Responsibility

6. **Strategy Refresh**– following the feedback from the recent Health and Wellbeing Board Peer Challenge review in December 2013 it became apparent that in view of the changing membership of the board, and the changing landscape in recent months it would be timely now to refresh the current Joint Health and Wellbeing Board strategy. It was also pertinent in that the Borough strategy, the Council Corporate plan and the JSNA were also under review and have since been refreshed in 2014 as part of a wider Partnerships Improvement plan and therefore it would make sense that the Health and Wellbeing strategy is aligned with these corporate strategies. It is also significant in terms of the developing Integration (Better Care Fund) agenda now called the *Health and Social Care Transformation Programme*.

At the 13<sup>th</sup> March 2014 Health and Wellbeing Board meeting it was agreed that the proposal to provide a review of the current strategy and to determine if there are any gaps; which elements of the strategy are still current and identify any new areas for development was approved. The following areas/priorities were considered:

- *Vision*

- *I statements*
- *Areas of Focus – review of current areas particularly personal responsibility*
- *Alignment with other strategies and Corporate Plan*
- *Refresh of the JSNA*
- *Wider partnership links*
- *Wider Determinants model*
- *Links to Better Care Fund*
- *Links to TLAP/Community Capacity building*
- *Community engagement*
- *Work plans for the Areas of Focus and programme areas*

7. In September 2014 a further update paper was presented outlining the proposal for the refresh and was endorsed by the Health and Wellbeing Board. The outcomes of the June Stakeholder event were collated and presented to the Board and were agreed alongside the vision, the mission statement and the I statements as the overarching framework. Further work was proposed to develop the 4 strategic priorities which included the following 4 themes:

- **Wellbeing** including the themes identified from the June event
- **Areas of Focus** – refresh of current priorities (alcohol/obesity/mental health/dementia and families)
- **Health and Social Care Transformation Programme**
- **Reducing Health Inequalities**

The timescale proposed for the refresh strategy is as follows:

- **Draft Consultation draft – presented to Health and Wellbeing Board in June 2015**
- **Revisions to draft - by end June 2015**
- **12 week consultation process – from 10<sup>th</sup> July to 2<sup>nd</sup> October 2015 (Draft Consultation questions are attached in Appendix A)**
- **Draft consultation plan is attached in Appendix B**
- **Revised Health and Wellbeing strategy draft to Board by November 2015**

8. **Inequalities in health** - Health inequalities are unjust differences in health outcomes between individuals or groups. They are driven by differences in social and economic conditions that influence people's behaviours and lifestyle choices, their risk of illness and any actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and therefore should be considered avoidable and unfair.

Inequalities exist in a number of areas:

**Socio-economic** e.g. income and education

**Lifestyle and related health behaviours** e.g. smoking, diet and physical activity

**Access to services** e.g. access to maternity care or screening

**Health outcomes** e.g. life-expectancy and rates of death or disease

It is therefore important when considering health inequalities that we consider access, health outcomes and lifestyle factors. The wider determinants of health therefore involve the whole role of the council including areas around jobs/employment, housing and education. A whole section in the Health and Wellbeing strategy focuses on this and an Outcome Based accountability template is also being developed.

9. **Well North** - this is a Public Health England led approach and we are one of the pilot sites. It takes a social approach to reducing health inequalities, premature mortality and worklessness. The first step is to identify a community and get to understand the assets of the community. The first site which has been allocated for an appreciative enquiry is Denaby Main following a detailed hotspot analysis. A steering group is now in place and an initial meeting has taken place in the area. For further information on the Well North initiative please contact Dr Rupert Suckling directly.

### OPTIONS CONSIDERED

10. a endorse the draft strategy refresh subject to further consultation and propose any amendments  
 b endorse the proposed timescale for the consultation process and propose any amendments

### REASONS FOR RECOMMENDED OPTION

11. The refreshed Health and Wellbeing strategy reflects the health and wellbeing needs of Doncaster people and is based on the Joint Strategic Needs Assessment and public consultation. The strategy refresh is based on similar inputs and production will be aligned with the borough strategy, the Corporate Plan, The Health and Social Care Transformation programme and the refreshed JSNA bringing it up to date. The Think Local Act Personal (TLAP) framework and the Health Improvement Framework will provide the underpinning delivery mechanism for the implementation of the strategy and will further enhance community engagement and wider consultation with key stakeholders in Doncaster.

### IMPACT ON THE COUNCIL'S KEY PRIORITIES

12.

	<b>Priority</b>	<b>Implications</b>
	<p>We will support a strong economy where businesses can locate, grow and employ local people.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>The dimensions of Wellbeing in the Strategy should support this priority.</p>

	<p>We will help people to live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	The Health and Wellbeing Board strategy will contribute to this priority
	<p>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	The Health and Wellbeing Board strategy will contribute to this priority
	<p>We will support all families to thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	The Health and Wellbeing Board strategy will contribute to this priority
	<p>We will deliver modern value for money services.</p>	The Health and Wellbeing Board strategy will contribute to this priority
	<p>We will provide strong leadership and governance, working in partnership.</p>	The Health and Wellbeing Board strategy will contribute to this priority

## **RISKS AND ASSUMPTIONS**

13. Doncaster requires a health and wellbeing strategy and reviewing the current strategy will fulfill the Board's statutory duty

## **LEGAL IMPLICATIONS**

14. There are no legal implications for this report.

## **FINANCIAL IMPLICATIONS**

15. There are no financial implications for this report.

## **HUMAN RESOURCES IMPLICATIONS**

16. N/A

## EQUALITY IMPLICATIONS

17. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment . The officer group will ensure that all equality issues are considered as part of the work plan and the underpinning delivery mechanisms.

A due regard statement is being developed alongside the refresh strategy and will be updated throughout the consultation process.

## CONSULTATION

18. This report has significant implications in terms of the following:

Procurement		Crime & Disorder	
Human Resources		Human Rights & Equalities	
Buildings, Land and Occupiers		Environment & Sustainability	
ICT		Capital Programme	

## BACKGROUND PAPERS

19. Health and Wellbeing Strategy 2015-20  
Draft Consultation plan 2015

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**Director Adults, Health and Wellbeing**



**Appendix A: Consultation Questions**

1. Is it clear why we have a Health and Wellbeing Strategy? Yes/No  
If no, please say why .....

2. The vision for Health and Wellbeing is that **‘Doncaster people enjoy a good life, feel happy and healthy, and agree Doncaster is a great place to live.’**

Do you support this vision? Yes/No  
If no, why? .....

3. The Board has proposed a number of themes and areas of focus to improve health and wellbeing in Doncaster.

**Wellbeing**

**Health and Social Care Transformation**

**Five Areas of Focus (Alcohol, Obesity, Families, Dementia, Mental Health)**

**Reducing inequalities**

Do you agree with these? Yes/No  
Comments: .....

Do you think there any themes or areas of focus missing? Yes/No  
Comments:

.....

4. Is the Strategy clear about what is meant by Wellbeing? Yes/No

Comments .....

5. Do you agree that improving the 5 areas of Wellbeing is important for people to live well? Yes/No

**Social and Emotional**

**Physical health and mental wellbeing**

**Environmental Wellbeing**

**Educational Wellbeing**

**Economic Wellbeing**

Is anything missing?

Comments: .....

6. Is the Strategy clear how we measure our performance using Outcomes Based Accountability templates? Yes/No

Comments .....

7. Is the Strategy presented in a way that is easy to read and understand? Yes/No

Comments .....

8. After reading through the document are there any comments you wish to make? Yes/No

Comments .....

.....

.....

## Appendix B: Draft Consultation Plan

### Doncaster Health and Wellbeing Strategy Refresh Consultation plan 2015/16 - DRAFT

<b>Communications Activity (Target Audience)</b>	<b>Key Actions (Purpose)</b>	<b>Method (How/What)</b>	<b>Lead(s) and Links</b>	<b>Time-scale (When/ Frequency)</b>	<b>Financial Costs/ Implications</b>
<b>1. Cabinet Members</b>	<ul style="list-style-type: none"> <li>Inform/ engage and consult – briefings with Cabinet Members and the Mayor</li> </ul>	<p>Briefings with Chair and follow up briefings with Cabinet Members</p> <p>Electronic copy of questionnaire</p>	Councillor Pat Knight	June - September	No additional cost
<b>2. Councillors</b>	<ul style="list-style-type: none"> <li>Inform/engage and consult – briefings</li> </ul>	<p>Local briefings</p> <p>Electronic copy of questionnaire</p>	Democratic Services (JG)	June to September	No additional cost
<b>3. Overview and Scrutiny Panel</b>	<ul style="list-style-type: none"> <li>Inform, consult, involve –attend panel meeting/s.</li> </ul>	Attend Health and Adults Social Care panel to discuss and involve Members in the consultation process.	Discuss with Andrew Sercombe/ Caroline Martin/ Christine Rothwell to establish role of Overview and Scrutiny.	June to September	No additional cost

<b>4. Team Doncaster (Theme Boards)</b>	<ul style="list-style-type: none"> <li>Inform and consult with all relevant leadership teams</li> </ul>	Electronic copy of draft document and feedback form to be circulated	John Leask Comms	June to September	No additional cost
<b>5. Community (protected groups)</b>	<ul style="list-style-type: none"> <li>Establish point of contact to best plan consultation with 9 protected characteristic groups (Age; Disability; Race; Gender; Sexual Orientation; Religion/Belief; Maternity/Pregnancy; Gender reassignment; Marriage/Civil Partnership)</li> </ul>	<p>Arrange possible focus groups: Older People's Parliament , Learning disability groups etc</p> <p>For harder to reach groups liaise with key workers to encourage participation (EMTAS/Gypsy &amp; Traveller Community/Children's Centres/Youth council/Doncaster college/Age UK/Meeting New Horizons/Pride/LGBT/faith groups/PDSI/LD Partnership/Dementia groups/Changing Lives/Conversation Club/DEM RP)</p> <p>Public Health team (Wider determinants) to support community engagement Well-being officers and area teams Neighbourhood teams</p>	<p>Adults and Social care/Public Health/Vol &amp; com sector/ EMTAS</p> <p>Public Health and area teams</p>	June to September	No additional cost
<b>6. Health and Wellbeing Board members</b>	<ul style="list-style-type: none"> <li>Inform and consult with all relevant organisational leaders</li> </ul>	Electronic copy of draft document and feedback form to be circulated	Organisational leaders and Comms contacts	June to September	No additional cost

			RDASH comm's/CCG Comm's/ DMBC Comms (Lois)		
<b>7. Healthwatch</b>	<ul style="list-style-type: none"> <li>Inform and consult</li> </ul>	Arrange to attend coffee mornings	Philip Kerr/ Louise Robson	June to September	No additional cost
<b>8. Third Sector</b>	<ul style="list-style-type: none"> <li>Inform/engage and consult with voluntary &amp; charity groups</li> </ul>	Engage CVS forum  Engage Meeting New Horizons	Louise Robson/ Caroline Temperton	June to September	No additional cost  No additional cost
<b>9. General Public</b>	<ul style="list-style-type: none"> <li>Inform/ engage and consult with general public</li> </ul>	Local media/PR including press releases  Social media i.e. Facebook, Twitter  Cascade information through existing networks, frontline teams and Elected Members	Communicatio ns teams Leadership teams/ Frontline Area teams/ Elected Members/	June to September	TBC

		Libraries, Pharmacies and GP practices	Portfolio Holders  LPC, LMC, CCG, libraries		
<b>10. Workforce</b>	<ul style="list-style-type: none"> <li>Inform/engage/consult across a variety of workforces</li> </ul>	Engage via Doncaster Chamber and Enterprising Doncaster. Electronic copy of draft document and feedback form to be circulated	Louise Robson/ Caroline Temperton	June to September	No additional cost
<b>11. Young People</b>	<ul style="list-style-type: none"> <li>Inform/engage/consult across a variety of settings</li> </ul>	Engage via Youth Council, schools, The Hub, Youth Services	Louise Robson/ Caroline Temperton	June to September	No additional cost

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2015/16**

<b>Relevant Cabinet Member(s)</b>	<b>Wards Affected</b>	<b>Key Decision</b>
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing	All	None

### **EXECUTIVE SUMMARY**

1. The Panel is asked to note and consider the updated work plan report for 2015/2016.

### **EXEMPT INFORMATION**

2. Not exempt

### **RECOMMENDATIONS**

3. The Panel is asked to:
  - i. Note the agreed Health and Adult Social Care Overview and Scrutiny work plan for 2014/15 in Appendix A.
  - ii. 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;
  - iii. Note the appointment of the Adults and Communities Overview and Scrutiny Panel's representative on the Joint Health Overview and Scrutiny Committee.

### **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 report. This workplan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on the 5<sup>th</sup> June 2015 and was agreed by formal OSMC on the 25<sup>th</sup> June 2015. Any further updates since the publication of this report will be provided to the Panel at the meeting.

### **Monitoring the Work Programme**

7. 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.

### **Joint Health Overview and Scrutiny Committee - Representation**

8. Since 2005, Doncaster has been signed up to a South Yorkshire Joint Health Scrutiny Protocol, enabling it to undertake joint health work with neighbouring local authorities. In 2009, a revised protocol was agreed in order to reflect issues concerning an increasingly wider geographical area.
9. To address these issues, a protocol was agreed by OSMC on the 11th March 2010 to enable 15 local authorities in the Yorkshire and Humber region to undertake scrutiny work together. It provides a framework for any number of authorities (from two to 15) to meet, investigate an issue and make recommendations, taking the best elements from all the sub-regional protocols that are currently in existence.



10. Regarding representation onto the committee, please refer to extract below (Para 7.3 as taken from the ‘Protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee’ report that went to OSMC) which states: -

“In accordance with the above, a Joint Committee will be composed of Councillors drawn from Yorkshire and the Humber local authorities in the following terms:-

- where 9 or more Yorkshire and the Humber local authorities participate in a Joint Health Scrutiny Committee – the Chair (or Chair’s representative) of each participating authority’s Overview and Scrutiny Committee responsible for health will become a member of the Joint Health Scrutiny Committee;”

11. The Panel is asked to note the appointment of the Health and Adults Social Care Overview and Scrutiny Panel’s representative on the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) which was agreed as Councillor Tony Revill at Council on the 22<sup>nd</sup> May 2015 whose appointment will be in place until the Annual Council Meeting in 2016.

**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 2015/16.

**REASONS FOR RECOMMENDED OPTION**

13. This report provides the Panel with an opportunity to develop a work plan for 2015/16.

**IMPACT ON COUNCIL’S KEY OBJECTIVES**

	<b>Priority</b>	<b>Implications</b>
1.	<p>We will support a strong economy where businesses can locate, grow and employ local people.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster’s vital services</i></li> </ul>	<p>The Overview and Scrutiny function has the potential to impact upon all of the council’s key objectives by holding decision makers to account, 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"> <li>• <i>Mayoral Priority: Safeguarding</i></li> </ul>	

	<p>our Communities</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	
3.	<p>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	
4.	<p>We will support all families to thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	
5.	<p>We will deliver modern value for money services.</p>	
6.	<p>We will provide strong leadership and governance, working in partnership.</p>	

## **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.

## **FINANCIAL IMPLICATIONS**

17. The budget for the support of the Overview and Scrutiny function 2015/16 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.

## **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

## **REPORT AUTHOR & CONTRIBUTORS**

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**Health and Adult Social Care (H&ASC) Overview & Scrutiny Panel Workplan 2015/16 (JULY UPDATE) – Fixed Panel Meetings**

<b>2pm 29<sup>th</sup> July 2015</b>	<b>10am 23<sup>rd</sup> September 2015</b>	<b>10am 25<sup>th</sup> November 2015</b>	<b>10am 26<sup>th</sup> January 2016</b>	<b>10am 16<sup>th</sup> March 2016</b>
Implementation of the Care Act – July 2015 (1st Meeting) – Retrospective and Prospective.	Public Health Self-Assessment	Healthy High Street (following on from Royal Society of Public Health report)	Implications of ageing population (not just dementia).	Public Health Protection Responsibilities
H&WB Strategy Refresh (incl. inequalities and 'Well North')	Personalisation/Direct Payments – considerations of actions to promote greater personalisation and direct payments	Modernisation and peer review plan – tracking progress and challenge	Children's health early years 0-5 including health visiting and family nurse partnership (jt with CYP)	Integration of Health Colleagues – what does this mean for Doncaster
Better Care Fund – update/progress including low level prevention service			Review of arrangements to deliver high quality care for people in residential homes/care homes/admissions long term care	

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**Ongoing Areas**

- Update on Regional Joint Health Overview and Scrutiny Committee re: Children and Adults Cardiac review: -
- **Mid-September** meeting to look at to understand the outcome/implications of the review

**H&ASC O&S Areas (May Change – TBA)**

- Quality accounts - review
- Review/Update of Unplanned Care Proposed Model – may need to come back before implementation which is Oct 2015?
- Yorkshire Ambulance Service – failure to meet targets/Industrial issues – CQC undertaking inspection (see what the outcome is)
- Cancer – Education and awareness (specific scope to be agreed) H&WB looking at it in Nov 2015

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