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Doncaster
Metropolitan Borough Council

To all Members of the

HEALTH AND ADULT 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, Waterdale, Doncaster
DATE: Tuesday, 26th January, 2016
TIME: **10.00 am**

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 25th November, 2015 *(Pages 1 - 8)*

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
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: Monday, 18th January, 2016

Scrutiny Officer for this meeting: Caroline Martin
Tel. 01302 734941

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

6. Children's health early years 0-5 including health visiting and family nurse partnership (joint item with CYP O&S Panel) – an outline of what is now in the contract and responsibilities. *(Pages 9 - 22)*

7. Implications of an Ageing Population (Not just Dementia). *(Pages 23 32)*

8. Review of arrangements to deliver high quality care for people in Care Homes and a review of admissions into long term care. *(Pages 33 - 44)*

9. Health and Adult Social Care Overview and Scrutiny Panel Work Plan Report 2015/16. *(Pages 45 - 54)*

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

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

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

Invitees:
Lorna Foster – Union Representative

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 25TH NOVEMBER, 2015

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007A - CIVIC OFFICE, DONCASTER on WEDNESDAY, 25TH NOVEMBER, 2015 at 10.00 AM

PRESENT:

Chair - Councillor Tony Revill

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

ALSO IN ATTENDANCE:

Roger Thompson, Chair of the Doncaster Safeguarding Adults Board
Angelique Choppin, Safeguarding Adults Team Manager
Anne Graves, Head of Safeguarding Adults and Partnerships
Clare Henry, Public Health Specialist
Rupert Suckling, Director Public Health
Pat Higgs, Assistant Director, Adults and Communities
Theo Jarrett, Team Manager, Business Improvement

APOLOGIES:

Apologies for absence were received from Councillor Cynthia Ransome.

15	APOLOGIES FOR ABSENCE	
16	DECLARATIONS OF INTEREST, IF ANY	
17	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 23RD SEPTEMBER, 2015	
	RESOLVED that**:** the minutes of the meeting be agreed as a correct record and signed by the Chair.	All to note
18	PUBLIC STATEMENTS	
	Mr Brown a Doncaster resident stated that he was attending again as a member of the public, parent, son and father and explained that at the last meeting he asked what the Health and Well-being Board and Overview and Scrutiny were doing to help with Black and Minority Ethnic (BME) inequality. He said he had received a letter from Jo Miller, Chief Executive that reiterated national data but it did not address what Doncaster was doing.	All to note

	He wished to put it into context, and explained that people from BME communities were dying earlier than their white counterparts, and that for the Local Authority to do nothing, and hoped the Panel would agree, that it was tantamount to corporate criminality. He stressed that the Scrutiny Panel was due at this meeting to consider a report by Roger Thompson, Chair of the Adult Safeguarding Board, referring to questions asked to the Health and Well Being Board and asked "what the Local Authority is doing for people who look like me". He explained that he had received a letter from the Deputy Mayor in response to the questions, but in his opinion Doncaster MBC has not got an Engagement and Inclusion Plan. He continued to state how could it be that a public authority does not have the framework to engage with its citizens. He continued by stressing that at the last Health and Well-being Board the Director of Public Health acknowledged that there was a gap in intelligence and questioned if one of those was BME. He concluded by stating that he shouldn't have to attend these meetings to raise such issues, it costs him money and it was a disgrace that the Local Authority and partners were failing the Borough and would like to see actions not words.	
19	<u>DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014-15</u>	
	Roger Thompson, Chair of the Safeguarding Adults Board highlighted to the Panel, actions since the publication of the Board's Annual Report, including: • The New Care Act that came into force on 1st April, enabling the Safeguarding Board to become a statutory body for the first time. This was welcomed by the Board, however there were added implications that the Board had risen to and was addressing. One of the key areas contained in the act was making safeguarding personal to help vulnerable people whilst ensuring carers were taken into account. This meant that a cultural change in the way staff worked in the community, and area that had been given a lot of attention since the introduction of the Act. • Prisons – the Offender Management Service was the body that is responsible for Safeguarding however, it was the responsibility of the Safeguarding Board to monitor this. It was noted that there were representatives from the Prison Service on the Safeguarding Board, with a major piece of work being undertaken on this issue, particularly looking at responsibilities.	

- South Yorkshire Procedures - a piece of work was being undertaken to ensure there were common procedures across South Yorkshire which would be agreed by all bodies, for example, local authorities, health, Police and Probation.

- Peer Review – the report had not been received by the date of the meeting, however, feedback had been received that there were areas that required improvement but praise for some of the services in Doncaster, for example, engagement with vulnerable people and their representatives.

- Keeping Safe Event – This conference had been held the previous week. The South Yorkshire Police and Crime Commissioner had commented that it was the only one that had been arranged in South Yorkshire to date, and in his opinion an excellent forum.

The Chair thanked Mr Thompson for the information and the Panel then raised the following issues:

Community Engagement – the Panel was pleased to hear about the engagement through the keeping it safe event and that good practice needed to be shared.

Actions – It was confirmed that the Annual Report outlined a 3 year plan, this being year 2, and therefore the actions detailed as amber should be achieved and showing as green by the end of year 3.

Sanctions by the Safeguarding Board – if timeliness of referrals were not achieved or standards not being met, the Chair of the Safeguarding Board had the ability to address the situation with the Chief Executive or Director of organisations, where concerns could be addressed.

Non-attendance at Safeguarding sub group meetings – It was confirmed that the Chair of one of the groups had not been attending but this was due to them no longer working for the Authority and that person had been replaced. Members were reminded that the Annual Report was for the period 2014/15 and many changes had taken place following its publication.

Incidents of Abuse – The Panel requested that the wording with regard to incidents on page 251 be clarified as incidents of abuse were different for everyone.

It was confirmed that there had been an increase in awareness of what abuse is, which was due to a campaign highlighting ways that people could be abused. A short film had been used to address this in different public arenas in health and the local authority, through customer services, the website and leaflets. Concern was expressed that no matter how much awareness raising was undertaken it was the

	hard to reach vulnerable people in the community but to support this staff had been receiving mandatory training to help find these people and how to make decision about any concerns they have. It was noted that all agencies have a responsibility to identify members of the community who may be vulnerable. A Panel Member, to reassure Mr Brown, proposed that Scrutiny consider the issues of engagement with the BME sector in relation to Adult Safeguarding. <u>RESOLVED</u> that:- 1. The Annual Safeguarding Report be noted; and 2. Scrutiny add to it's work plan for 2016/17 the issue of engagement with the BME sector in relation to Adult Safeguarding.	Senior Governance Officer
20	<u>HEALTH ON THE HIGH STREET</u>	
	The Panel considered a report relating to the important role a High Street can have on the health and wellbeing of individuals and communities. It was noted that a recent report by the Royal Society for Public Health (RSoPH) had ranked Doncaster in the top 25% of healthiest retail areas. Members wished to receive information about which street had been assessed, to compare to all streets across the borough, but unfortunately RSoPH no longer held the data. It was also highlighted that it was proposed in the Local Development Plan for Health be assessed for the first time and it was being considered how this information could be considered through this document. There were other issues that made a high street healthy, for example, those that were tree lined rather than concrete alone. Bearing this in mind, the discussion expanded into health impact assessments being undertaken on new developments ensuring that they secure, rather than undermine health and it was suggested that work be undertaken with individual wards to help Members become involved with any future proposals. The Panel debated the table of the most and least health promoting businesses. For example it was recognised that bookmakers, pubs and bars were highlighted as being least health promoting, but Members stressed that some people use these premises to get warm, have a coffee, have a chat to friends and socialise. It was stressed that people could gamble responsibly but concern was expressed that wages could be lost in minutes. The Panel also stressed that social clubs set up in communities also promote community health and wellbeing. Members expressed concern that re-routing buses could leave some communities isolated giving them no other option, or to use local	

	takeaways more often and not keeping appointments with doctors. It was recommended that consideration be given to undertaking a review on proposed changes and what it means to communities and that health impact assessments be considered for future major changes to transport. The Panel, although recognising that planning could not refuse permission to a business because it was a fast food outlet but continued to express concern that additional takeaways were regularly appearing across the borough and that good premise licensing was required nationally. Learning to cook was an issue that Members felt was lacking in some families, but highlighted community groups supported this learning, for people of all ages, but particularly the young to ensure they were aware of good healthy eating habits. It was questioned whether a healthy eating food plan could be developed with Scrutiny's involvement. With regard to Payday lending, it was noted that issues to address promoting healthy living were much more complex due to its nature. Pharmacists – the introduction of self help medicines, for example B12 vitamin injections being sold by pharmacies rather than obtaining from the doctors was addressed. It was stressed that issues could arise if pharmacies started charging for drugs that were previously free on the NHS. <u>RESOLVED</u> that:- 1. consideration be given to undertaking a review on current proposed changes and what it means to communities and that health impact assessments be considered for future major changes to transport; and 2. Consideration be given to a healthy eating food plan being developed with Scrutiny involved with the process.	Director Public Health
21	<u>SECTOR LED IMPROVEMENT & LGA PEER REVIEW UPDATE</u>	
	The Panel noted that the Council was currently assessing how it was benefitting from the Sector Led Improvement Framework and how it could transform its services to support those that have reached the higher need category. It was stressed that different models of engagement with the community were required and that there was a need to provide an enabling facility and nurture people's confidence to live more independently. It was noted that with regard to residential admissions the team had just received information from across the region showing how other	

	Councils were performing, to benchmark against. The Council receives lower rates than individuals as a contracted rate can be negotiated, however, it was noted that there were still too many residents going into care too early in their lives. The Authority needed to address this, looking at staff education, culture and attitudes towards residential care. It was also noted that families on occasions need to be challenged as they wish for relatives to go into care too early. A Member also outlined, in their opinion, the different standards of residential accommodation across the Borough and it was explained that information received from relatives about standards of residential homes were monitored on a weekly basis. This was a relatively new initiative but had been successful in terms of addressing problems that had arisen. It was stressed that it is important that relatives ensure that concerns relating to standards were reported to the Local Authority. It was noted that CQC visits were now more focused on evidence base information and not tick boxes, with notices for improvement being regularly used where necessary. The Panel raised that Councillors used to undertake visits to care homes and recommended that these be reinstated. It was outlined that visits would need to be negotiated with residential homes. Bearing in mind the actions for improvement, set out in the report, Members reported a couple of examples where residents had informed them that due to lack of buses and excellent day services that were offered in neighbouring authorities, they were not using the offers from Doncaster. In response to queries relating to direct payments for social care and the length of time is was taking for carers to receive pay, it was reported that this had progressed significantly, but was an areas that required monitoring regularly. Members noted the outcomes framework 'transparency in Outcomes' (2011) removed the requirement for Councils responsible for Adult social Care, to have an annual performance assessment form the Care Quality Commission, but that a regional improvement framework would be promoting external challenge, peer support and collective responsibility for improvement. This included a desktop review and performance assessment through mystery shoppers. With regard to overall performance there was concern with some indicators and there were areas that required improvement. The regional breakdown would be made available to the Panel following the meeting. <u>RESOLVED</u> that consideration be given to reinstating visiting panels to residential homes.	Assistant Director Adults and Communitie

		s
22	HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN 2015/16	
	The Panel considered the work plan and took into account the statement made by Mr Brown. It was suggested that how the different health organisations engage with ethnic groups across the borough, being considered for inclusion on the 2016/17 work plan. RESOLVED: that 1. the report be noted; and 2. how the different health organisations engage with ethnic groups across the borough, be put forward for including on the 2016/17 work plan.	Senior Governance Officer

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Doncaster
Metropolitan Borough Council

26 January, 2016

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

Children's health early years 0-5 including health visiting and family nurse partnership (joint item with C&YP O&S Panel) – an outline of what is now in the contract and responsibilities

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing	All	no

EXECUTIVE SUMMARY

1. The purpose of this report is to provide the Overview and Scrutiny Panel with a summary of the new commissioning responsibilities for 0-5 public health services that the council assumed on 1st October 2015. The report describes how the public health services are delivered by Rotherham, Doncaster and South Humber NHS FT.

EXEMPT REPORT

2. Not exempt.

RECOMMENDATIONS

3. The Panel is asked to note and consider the information outlined in the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority are offered the Healthy Child Programme 0-5 (HCP), a prevention and early intervention public health programme that lies at the heart of the universal service for children and families .

BACKGROUND

5. At present, all public health commissioned 0-5 services are provided by Rotherham Doncaster and South Humber NHS foundation trust (RDaSH). This includes Health Visiting, Family Nurse Partnership and Smoking in Pregnancy services. The Health Visiting service are also commissioned in addition to the core service specification to deliver an enhanced oral health promotion offer and coordinate the distribution of universal vitamins to pregnant and

breastfeeding women. Health Visiting and FNP services novated to the local authority from NHS England on 01.10.15.

Health Visiting

6. The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP), a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity (appendix 1).

7. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP.

8. Health Visiting teams operate the National '4-5-6' delivery model (appendix 2):

    - Four progressive tiers of health visiting practice – building community capacity; the universal elements of the Healthy Child Programme; targeted interventions to meet identified need, and partnership working to meet complex needs.

    - Five universal HCP checks and reviews in line with the proposed mandate of local authority commissioning of the five universal checks and reviews.

    - The six high impact areas – maternal mental health, transition to parenthood, breastfeeding, healthy weight, child development and managing minor illness/accident prevention.

<u>4 Levels of Service</u>

The Community Team

9. The focus of this team will be building community capacity strengthening families' confidence to self-manage their needs, recognize when they need additional support, know where and how to seek that support and develop a relationship with Health Visiting services built on trust and a shared power base. The services provided by this team will be informed by community profiling, Your opinion counts and family and friends test, feedback from Parent Forums, service audits and evaluations and themes and trends in family needs identified by the universal/universal plus and Partnership Plus teams

10. Key players in this team will be community nursery nurses and health promotion workers releasing their talents in parent engagement and the provision of high quality early years support. Further support will be provided by a health Visitor led single point of contact and administration hub accessed via telephone or face book providing advice for parents linked to a programme of face to face / e- advice surgeries.

11. The development of peer support networks, volunteer schemes and pathways into apprenticeships will be included in the remit of this team.

The Universal and Universal Plus team

12. This team will be responsible for the delivery of the 5 commissioned core contacts focusing on key priority areas 1, 2, & 3. They will provide the named health Visitor role for the family up until the infant reaches their first birthday for families whose needs fall within the universal and universal plus levels of need and safeguarding threshold levels 1 &2.They will provide an outreach home visiting programme utilising to the full the suite of evidence based early assessment tools including Health Needs Assessment NBO, Promotional Guide conversations, Ages and Stages and Outcome Star Assessments. The team will work collaboratively with G.P.'s Midwifery services, Children Centres and third sector organizations.

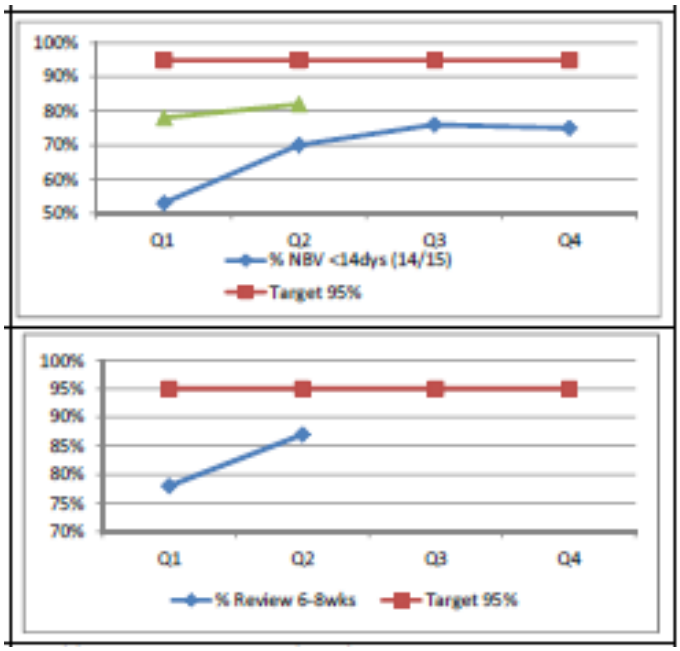
The Partnership Plus team

13. This team will focus on families whose needs fall within level 3 and 4 of the safeguarding thresholds. The team will be responsible for ensuring the health needs identified within CIN/ CP plans are addressed and regularly reviewed through the CAF and TAC processes. This team will complete all commissioned core contacts for these families while under their care, liaising with the named health visitor to support seamless transition back to universal services when the family reaches the point of readiness. The team will work collaboratively with the Local Authority intensive Family Support Teams, Referral and response teams, CAMHS and IAPT.

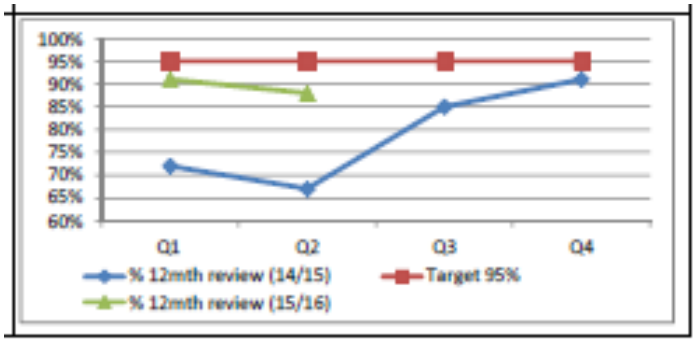
<u>Performance</u>

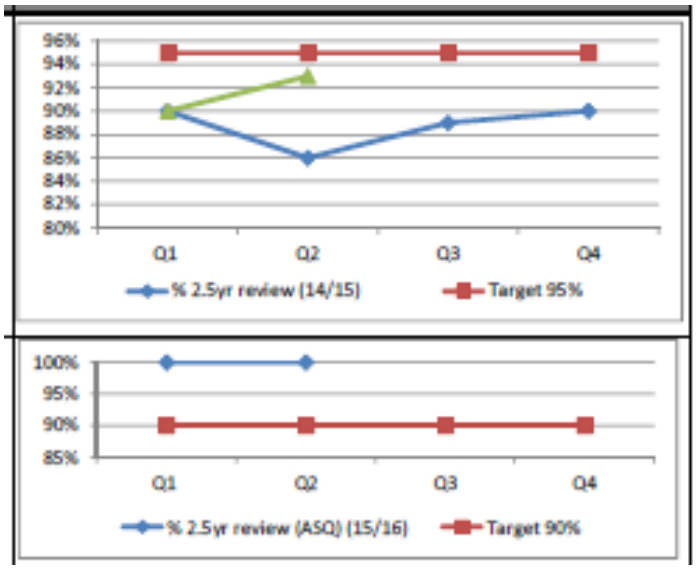
14. Health visiting services are currently measured on fulfilment of the 5 mandated universal checks and assessments: Antenatal contact; New Birth visit (NBV); 6-8 week visit; 12 month visit; 2-2 ½ year assessment. Performance data from when the service was commissioned by NHS England has been shared (see figure 1). The data indicates a failure to reach the majority of targets set, however the service has supplied exception reports to explain issues with data reporting and describe steps taken to resolve these issues.

15. Health Visiting teams have experienced a large amount of late or no notifications of antenatal bookings due to problems with the new DBHFT electronic system, this has had significant impact on performance. Commissioners have been assured these issues are now resolved and performance should improve as a result. There have also been some teething problems with agile working alongside a reduction in staff accommodation. Staff have been experiencing significant difficulty in connecting to S1 (data recording system) which has impacted on record keeping and in turn accurate performance data. The service has plans in place to upgrade equipment and to support individual staff where required with correct use of S1.



Note: Q1 and Q2 data for 2015/16 illustrated by green graph line





ASQ = Ages and Stages questionnaire is completed jointly with the parents/ carers to identify if child is at risk of developmental or social-emotional delay

Figure 1 – Health visiting service performance data reports

Family Nurse Partnership (FNP)

16. The Family Nurse Partnership (FNP) is a preventive programme for first time young mothers. The programme was developed in the USA over 30 years ago. The first ten sites began testing FNP in the UK in 2007 and there are now FNP teams in 135 areas in England. FNP is a targeted programme which complements the Healthy Child Programme (HCP), the universal clinical and

public health programme for all children and families from pregnancy to 19 years of age. The programme uses in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood, helping them to overcome adverse life experiences.

17. FNP is a licensed programme, with the licence provided by the University of Colorado (UCD) to ensure fidelity to the programme model so that anticipated programme outcomes are realised. The licence for FNP in England is held by Department of Health/Public Health England and facilitates positive outcomes through ensuring fidelity and continuous investment in improvement.

18. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse instead of by health visitors as part of delivering the FNP programme. The family nurse plays an important role in any necessary safeguarding arrangements, alongside statutory and other partners, to ensure children are protected. There is currently capacity for 175 places on the FNP programme across Doncaster.

19. Research into FNP in the USA over the last 30 years has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:

    - improvements in antenatal health
    - reductions in children's injuries, neglect and abuse
    - improved parenting practices and behaviour
    - fewer subsequent pregnancies and greater intervals between births
    - improved early language development, school readiness and academic achievement
    - increased maternal employment and reduced welfare use
    - increases in fathers' involvement

20. However, a recent study on the FNP programme in England demonstrated that there was no difference in several health outcome measures on clients in the FNP programme compared to those receiving care from universal services. Notably FNP did not help mothers to stop smoking in pregnancy, nor did the service lower the rates of subsequent pregnancy within two years.

<u>Performance</u>

21. The FNP programme is measured on what are referred to as 'Fidelity Goals' that measure how well the programme is being implemented. Currently, commissioners receive data on the 'dosage' fidelity goals. Dosage measures the amount of programme families receive, measured by visits during pregnancy, infancy and toddlerhood (see figure 2).

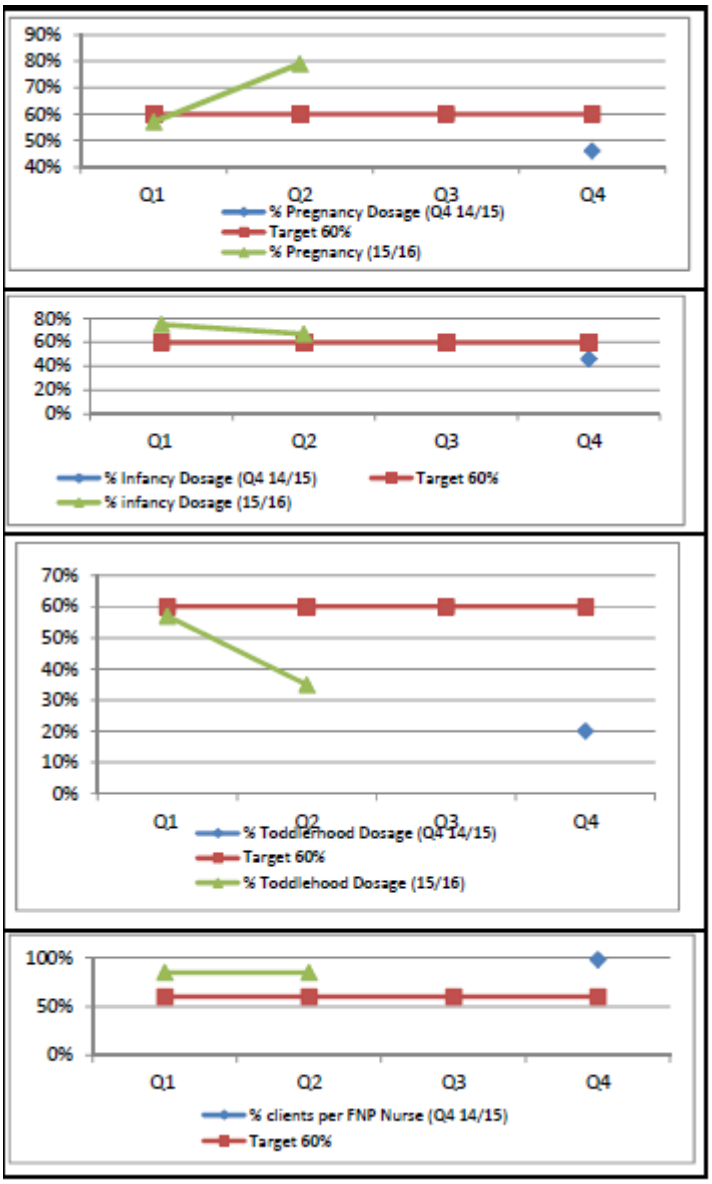


Figure 2 – Family Nurse Partnership data reports

22. The service highlights that it is usual to see a drop in client visits as families near the end of the 2 year programme. Within this cohort completing toddlerhood a number of clients achieved full time employment with some starting full time higher education, this has impacted clients availability to arrange visits. In addition one client had a long term vacation during this stage. Although lifestyle changes may make it difficult to arrange face to face visits, the client always has access to the FNP Nurse via telephone or text messaging if required.

Health Start Vitamin (HSV) distribution

23. The Healthy Start scheme, recommended by the Chief Medical Officer to meet the Vitamin D requirements, provides vitamin supplements for families on low incomes including to pregnant women and women with a child less than 12 months of age.

24. The main causes of low birth weight are restricted intra-uterine growth or premature birth. There are a number of reasons why babies fail to grow in

utero or are born prematurely however the main causes are also the preventable ones: poor nutrition and smoking in pregnancy. As a contribution to improving the nutritional status during and after pregnancy Public Health fund the universal provision of Healthy Start vitamins (HSV) to all women in Doncaster from booking in until their child's first birthday.

25. RDaSH have been contracted to manage the ordering, stock control and distribution points of HSVs for this population through both midwife (antenatal distribution) and health visitor (postnatal distribution) teams.

26. The uptake of the means tested women's vitamins has traditionally been poor. Since the funding of universal vitamins for all pregnant and breastfeeding women in Doncaster, data from the national unit shows that the universal programme seems to have led to a significant increase of uptake of the vitamins amongst eligible women. The latest figures for Doncaster show a 28% uptake in eligible women, the best uptake of women's vitamins in the country!

Oral health promotion initiatives

27. The Health Visiting service plays a pivotal role in promoting good oral heath from an early age and all families receive information about good oral health as part of the universal service offer.

28. NICE guidance recommends tailored information and advice for groups at high risk of poor oral health, including the distribution of free tooth brushing packs. Health visiting teams in Doncaster distribute 'Brush, Book and Bedtime' packs to all families as part of the services 'Commissioning for Quality and Innovation' (CQUINs) payment. The pack contains a toothbrush, fluoride toothpaste, a children's storybook (promoting oral health), information about finding and registering with a dentist and other oral health promotion information.

29. Health Visitors are also supporting training in private nurseries around Doncaster in a pilot programme to introduce daily supervised brushing in those settings.

Smoking in pregnancy and beyond service

30. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Doncaster's smoking at delivery rate has remained consistently high and shown little to no improvement in over 5 years.

31. Traditionally, smoking in pregnancy services operate either as part of the universal adult stop smoking service or through midwifery services. These services are usually only focused on the pregnant women and only for the duration of her pregnancy. In 2014 smoking in pregnancy services in Doncaster were redesigned to move away from this type of model which had shown little to no success in reducing smoking at delivery rates or smoking prevalence in the general population.

32. The redesigned model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams. This offers several advantages including:

- Engagement with women who smoke and their families, supported by the nature and length of the health visitor-patient relationship
- Adoption of a family/community approach to smoking cessation
- Smoking advisors are able to liaise with the named health visitor for each family providing a direct contact for support and information sharing.
- A change in the focus of the stop smoking service away from the historical 4 week quits, in preference for a sustained quit
- Long term support to reduce the exposure of infants to second-hand smoke within their environment.
- Data collection at key points in the ante and post natal period
- Incorporation of smoking cessation services in the delivery of the Health Child Programme

33. It is a robust opt out service that continues to offer support to engaging and non-engaging clients up to the child's first birthday. Referrals are received from the midwifery service at booking and specialist advisors attempt to engage with clients from this point. Clients are offered face to face sessions in an environment (home, Children's Centre, GP surgery, hospital etc.) and at a time (including opportunity for late night appointments) of their choice. Techniques such as motivational interviewing are utilised to build relationships and maintain engagement with the family. Strength based practice is employed in order to work in collaboration with the family to identify strengths and protective factors to build their resilience and capacity to change.

34. The length of the relationship, potentially from conception through infancy, offers a new opportunity to influence smoking behaviour beyond pregnancy, maintaining smoking quits and behaviour change beyond the birth of the child. This model is conducive to creating a smokefree environment for the new born though infancy, supports smoking cessation in the event of subsequent pregnancies and partner/significant others smoking behaviours.

<u>Performance</u>

35. Smoking at delivery data has shown a promising decrease in rates since the re-modelled service came into effect (see figure 3). A reduction in smoking at delivery has been recorded in the last 3 reported quarters, with rates falling from 23% to 15.6%, the lowest rate recorded for Doncaster. Data collection on maintained quits at 6-8 weeks after birth has recently begun. Data collected from April 2015 shows on average, 70% of women maintaining their quit status.

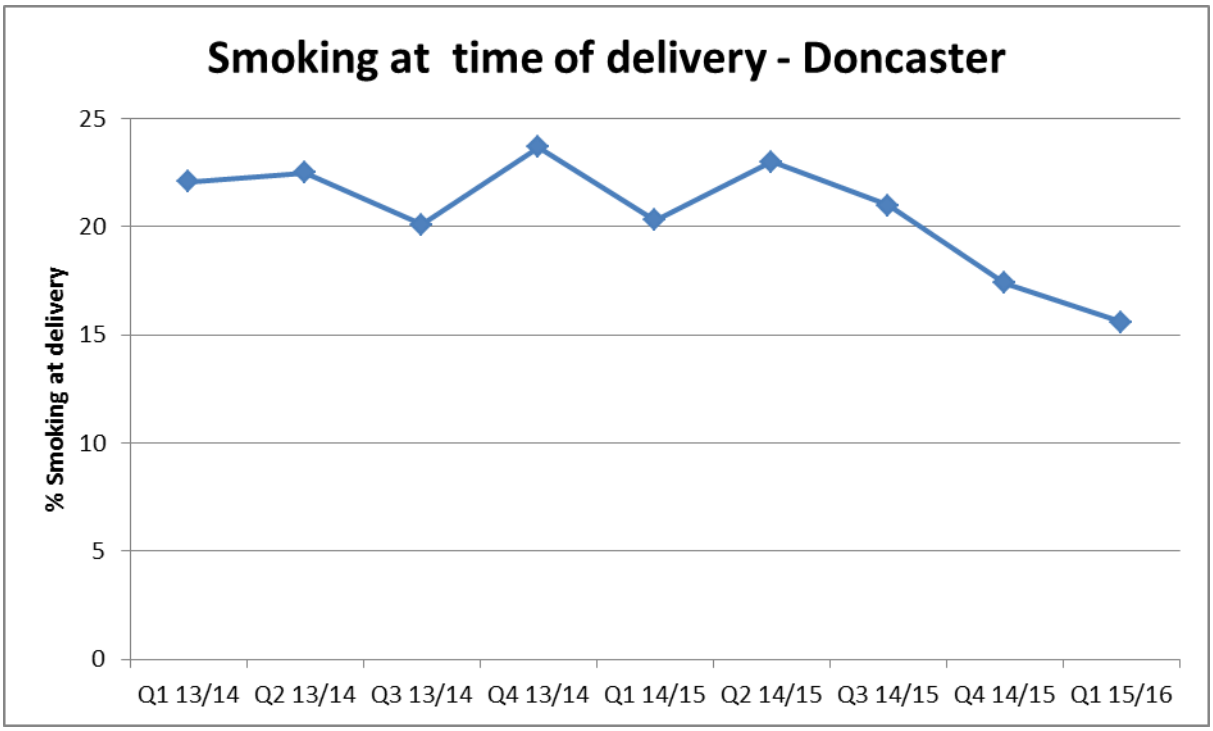


Figure 3 – Smoking at time of delivery, percentage of women in Doncaster

OPTIONS CONSIDERED

36. There are no specific options to consider within this report.

REASONS FOR RECOMMENDED OPTION

37. There are no specific options to consider within this report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

38.

	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	0-5 health services deliver on the Healthy Child Programme 0-5 (HCP), the prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of

		life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity (appendix 1). All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area are offered the HCP.
	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*	0-5 public health services contribute to this outcome
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

39. There are none relating to this report

LEGAL IMPLICATIONS

40. There are none relating to this report

FINANCIAL IMPLICATIONS

41. Current annual contract values are as follows:

- Health Visiting and FNP (inclusive): £6,900K
- Smoking in Pregnancy: £225K (plus an additional £85k prescribing budget, spent based on activity only)
- Health Start Vitamins: £20K

42. It is estimated the local authority will have to find £2.5 million savings from the public health grant in 2016/17. All Public Health commissioned services will be

subject to efficiency savings and scrutinised for areas where there may be potential savings. Commissioners are working with RDaSH to jointly address this challenge. For 0-5 services, there are several options for savings that are being explored, these include:

- Increasing the skill mix within the Health Visiting service
- Relinquishing the FNP licensed programme and replacing with an in-house, bespoke targeted service for vulnerable families in Doncaster
- Integrating Health Visiting and Smoking in Pregnancy services
- Integrating elements of service provision with the Early Help/Learning and Opportunities 0-19 pathway

HUMAN RESOURCES IMPLICATIONS

43. There are none relating to this report for DMBC

TECHNOLOGY IMPLICATIONS

44. There are none relating to this report

EQUALITY IMPLICATIONS

45. The Healthy child programme and public health 0-5 services are specifically commissioned to improve early life chances for all families. This universal offer is strengthened with a 'targeted' offer to those children and families with the greatest need.

CONSULTATION

46. Not applicable for this report

BACKGROUND PAPERS

47. There are none relating to this report

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Dr Rupert Suckling
Director of Public Health

HCP – an overview

Universal

- Health and development reviews
- Screening and physical examinations
- Immunisations
- Promotion of health and wellbeing, e.g.:
  - smoking
  - diet and physical activity
  - breastfeeding and healthy weaning
  - keeping safe
  - prevention of sudden infant death
  - maintaining infant health
  - dental health
- Promotion of sensitive parenting and child development
- Involvement of fathers
- Mental health needs assessed
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

Progressive

- Emotional and psychological problems addressed
- Promotion and extra support with breastfeeding
- Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- Parenting support programmes, including assessment and promotion of parent–baby interaction
- Promoting child development, including language
- Additional support and monitoring for infants with health or developmental problems
- Common Assessment Framework completed
- Topic-based groups and learning opportunities
- Help with accessing other services and sources of information and advice

Higher risk

- High-intensity-based intervention
- Intensive structured home visiting programmes by skilled practitioners
- Referral for specialist input
- Action to safeguard the child
- Contribution to care package led by specialist service

Be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern.

Health visitors work with families & communities to improve access, experience, outcomes and reduce health inequalities

4

levels of service:

Your community
Universal
Universal plus
Universal partnership plus

5

universal health reviews*:

Antenatal
New baby
6 – 8 weeks
1 year
2 – 2 ½ years
*mandated for 18 months

6

high impact areas:

Transition to parenthood
Maternal mental health
Breastfeeding
Healthy weight
Managing minor illness & accident prevention
Healthy 2 year olds & school readiness

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Doncaster
Metropolitan Borough Council

26 January, 2016

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

IMPLICATIONS OF AN AGEING POPULATION (NOT JUST DEMENTIA)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing Councillor Glynn Jones – Deputy Mayor and Portfolio holder for Adult Social Care and Equalities	All	No

EXECUTIVE SUMMARY

1. The purpose of this report is to provide the Overview and Scrutiny Panel with a summary of some of the key implications for Doncaster resulting from its ageing population.

EXEMPT REPORT

2. Not exempt.

RECOMMENDATIONS

3. The Panel is asked to note and consider the implications outlined in the report resulting from its ageing population.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Doncaster's population is getting older and older people tend to make greater demands on both health and social care services. However an aging population can offer opportunities as well. Older people provide a large amount of informal care and represent a large pool of potential volunteers.

BACKGROUND

5. Doncaster has an ageing population; life expectancy has been improving over the last 25 years but remains below the national level. There is evidence

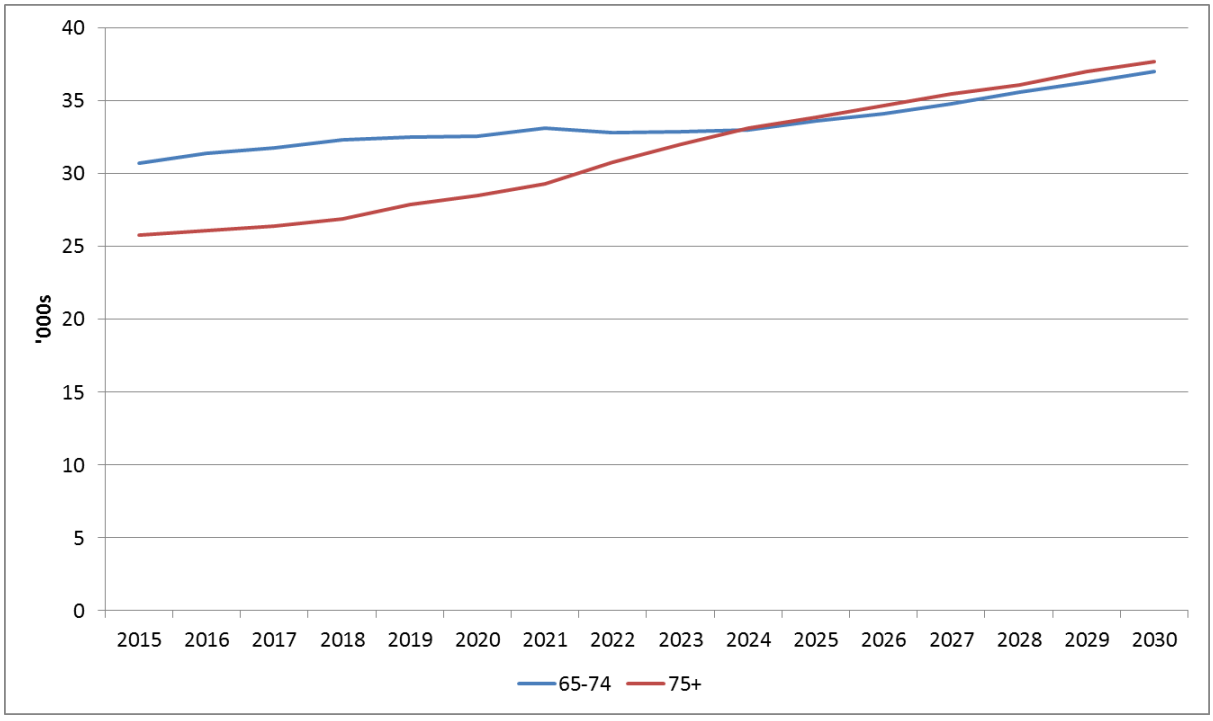
that Doncaster people have poorer health and have a 'disability free life expectancy' that is shorter than areas with similar social and economic conditions. An aging population in the borough could lead to increasing demands being made on social care and health services. Older people are at greater risk of becoming lonely but many are also providing informal care to family members, friends and neighbours. An ageing population represents opportunities as well as challenges to the health and social care system in Doncaster.

6. **Overview Implications of an ageing population (not just dementia)**

- Doncaster has an ageing population
- Life expectancy has been improving over the last 25 years but remains below the national level.
- There is evidence that Doncaster people have poorer health and have a 'disability free life expectancy' that is shorter than areas with similar social and economic conditions.
- An aging population in the borough could lead to increasing demands being made on social care and health services.
- Older people are at greater risk of becoming lonely but many are also providing informal care to family members, friends and neighbours.
- An ageing population represents opportunities as well as challenges to the health and social care system in Doncaster.

7. **The ageing population**

Figure 1: Projected changes to the older population in Doncaster



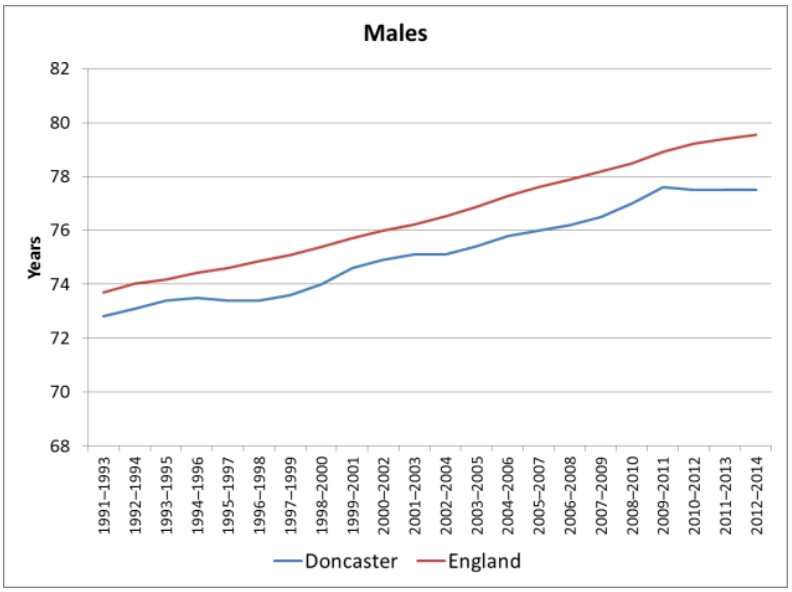
8. Doncaster, in common with most parts of the country, has an ageing population. In 2015 there were around 56,500 people aged 65+ living in Doncaster, this is constitutes around 18.6% of the total population

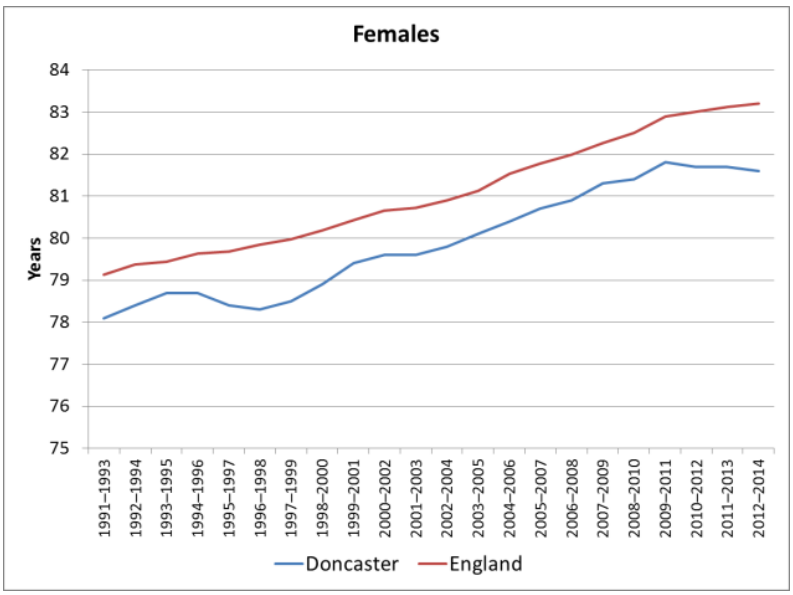
(304,200). By 2020 this figure is expected to have reached 61,100 and by 2030 it could have reached 74,700. So by the year 2030 almost 24% of the population will be 65 years or older. In 2015 there were about 2,500 people in the borough aged 90 or older. By 2030 this could have doubled to 5,100.

9. These changes in the older population mean that in Doncaster for every 100 people aged 65 of over there will be 108 by 2020 and 132 by 2030. Another way of describing these expected changes is that each year Doncaster will add an average of around 1,200 people to the 65+ population.

10. **Life expectancy**

Figures 2 & 3: Life expectancy in men and women in Doncaster and England



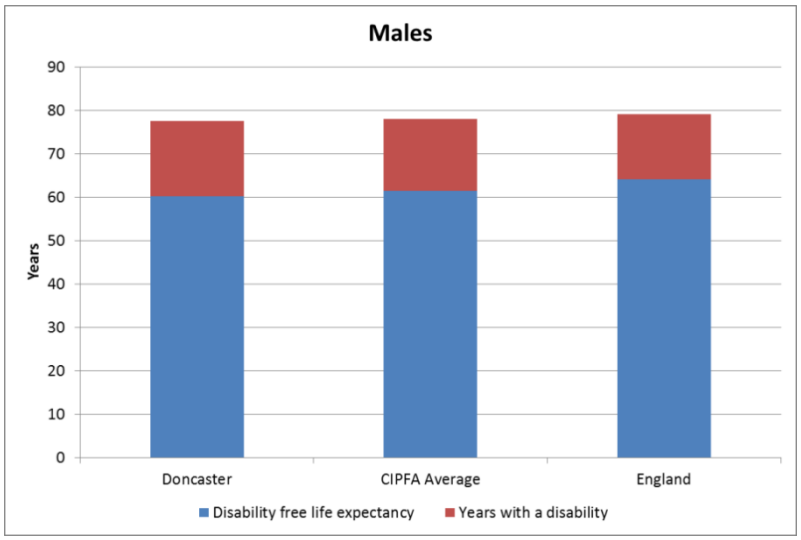


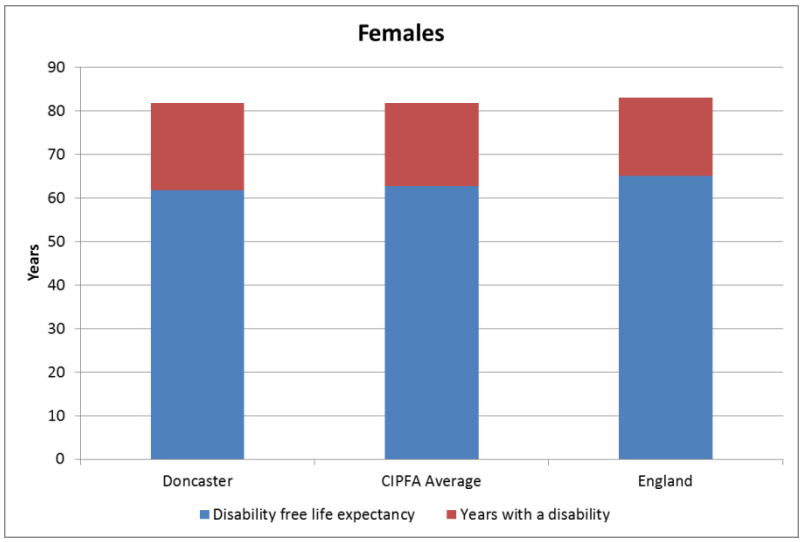
11. Part of the reason that the population is aging is that people are living longer and deaths rates are falling. This is revealed by the steadily improving life expectancy of both men and women in the borough. At the beginning of the 1990's Life expectancy (at birth) was 72.8 years for men and 78.1 years for

women. The latest data show that for the period 2012-14 life expectancy had improved to 77.5 years in men and 81.6 years in women. However it is important to note that life expectancy in Doncaster has continued to lag behind England and in the last few years the gap has appeared to widen.

12. **Disability free life expectancy**

Figures 4 & 5: Disability free life expectancy in Doncaster, England and comparator local authorities



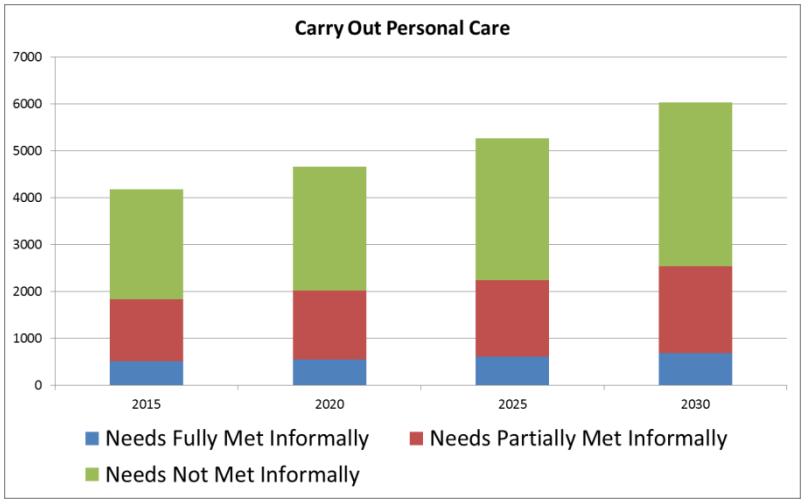


13. There is evidence that, although life expectancy has improved in Doncaster, the proportion of years people live free of disability is lower than in England and lower than in comparable areas. In Doncaster disability free life expectancy is calculated to be 60.1 years in men and 61.8 years in women. A disability is defined as a 'long standing illness or infirmity that is likely to trouble you over a period of time'. This means that men live on average 22.4% and women 23.3% of their lives with a disability. When these figures

are compared to similar local authorities around the country[1], it shows that the average proportion of life lived with a disability, in comparable areas, is 21.2% for men and 23.3% for women. The implications of these data are that Doncaster people may be living longer with long standing illnesses or disabilities than similar areas around the country.

14. **Personal care needs**

Figure 6: Forecast increases in demand for personal social care in Doncaster



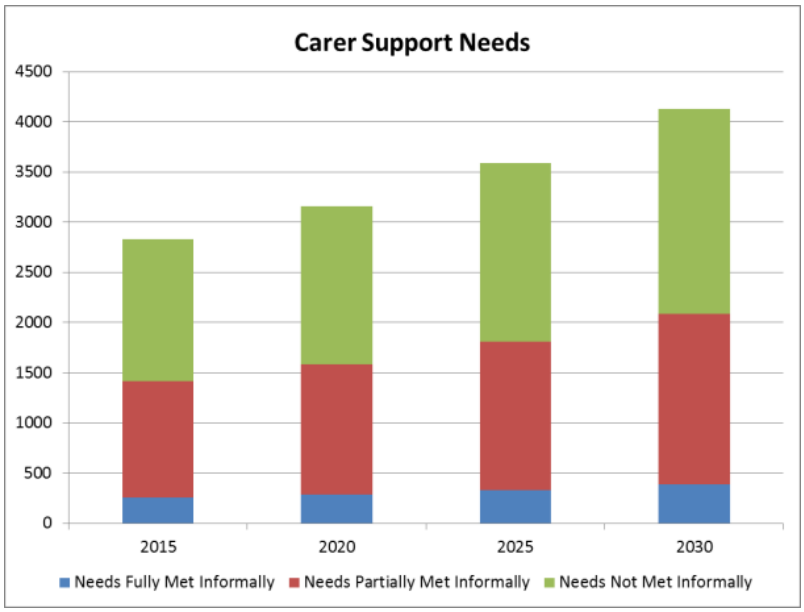
15. With an ageing population there will be greater demand on services. This challenge may be made more acute in Doncaster because of the greater levels of chronic ill health and disability in the population. Some forecasting was undertaken to assess the potential impact of the ageing population on social care. This work found that the numbers of clients with personal care needs could increase from around 4,000 in 2015 to 6,000 by 2030[2].

Caring

Figure 7: Forecast demand for carer support from social care in Doncaster

[1] The CIPFA local authorities considered most similar to Doncaster are: Stockton-on-Tees, Darlington, Warrington, North Lincolnshire, Telford and Wrekin, Durham, Bury, Wigan, St Helens, Barnsley, Rotherham, Dudley, Calderdale, Kirklees, Wakefield.

[2] Personal care needs: needing help dressing, help with toileting, continence care, help with personal hygiene and grooming.

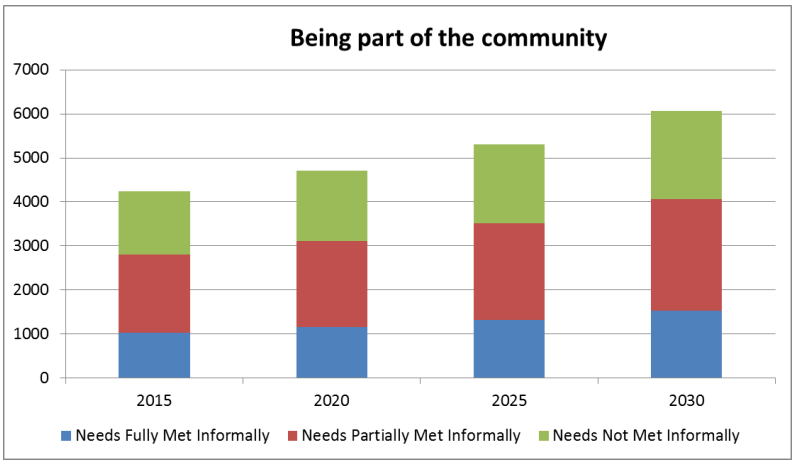


16. The likelihood of a person providing care increases with age. Less than 1% of people aged under 16 years provides 50 or more hours unpaid care a week, but amongst people aged 65+ almost 7% provide this level of unpaid care. This means that about 1 in 14 people in this age group are providing these levels of care. Many of these carers are themselves also living with long term health problems and disabilities. More than 45% of people providing 50+ hours of unpaid care reported that they had long term health problems themselves

17. Forecasting the impacts on the social care system of an aging population has revealed that the numbers of people needing carers support could increase from around 2,800 in 2015 to 4,100 in 2030.

18. **Social isolation**

Figure 8: Forecast demand from social care to help people become part of their community



19. Social isolation and loneliness are related to ageing. National data has found that amongst people aged over 52 years old 25% reported feeling lonely

sometimes and 9% feeling lonely often[3]. Among people aged 85+ 17% reported feeling lonely often and almost half reported feeling lonely at least some of the time. In Doncaster it is estimated that that there are 20,500 people aged 65+ who are living alone[4].

20. **Health Impacts**

The following table contains the forecasts for a number of key health conditions[5].

Table 1: Forecast changes in the prevalence of a number of conditions in people aged 65+ in Doncaster

Health condition	2015	2030
Depression	4,866	6,405
Severe depression	1,542	2,080
Dementia	3,845	5,824
Heart attack	2,749	3,691
Stroke	1,293	1,767
Bronchitis/Emphysema	948	1,268
Falls	14,872	20,386
Visual impairment	4,918	6,751
Hearing impairment (moderate or severe)	609	890
Diabetes	7,019	9,288

21. **The advantages of an ageing population**

As well as the increasing demands on health and social care services an aging population can offer significant social and economic benefits[6]. The numbers of older people continuing to work both part-time and full-time over 65 continues to grow. Nationally older people contribute to providing social care and provide a volunteering resource.

OPTIONS CONSIDERED

22. There are no specific options to consider within this report as it provides an opportunity for the Panel to note consider some of the key implications for Doncaster resulting from its ageing population.

REASONS FOR RECOMMENDED OPTION

23. This report provides the panel with an opportunity to note and consider some of the key implications for Doncaster resulting from its ageing population.

[3] http://www.ons.gov.uk/ons/dcp171766_304939.pdf
[4] http://www.poppi.org.uk/
[5] http://www.poppi.org.uk/
[6] http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population

IMPACT ON THE COUNCIL'S KEY OUTCOMES

24.

	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	An aging population could place additional demands on council run services
	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 service*	An ageing population could lead to increasing demands being placed on health and social care service in the borough.
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

25. None

LEGAL IMPLICATIONS

26. None

FINANCIAL IMPLICATIONS

27. An aging population could have additional financial implications on the council. These are not described in detail here.

HUMAN RESOURCES IMPLICATIONS

28. None

TECHNOLOGY IMPLICATIONS

29. None

EQUALITY IMPLICATIONS

30. Age is one of the protected characteristics and the council lneeds to consider if there is more that could be done to address the needs of an aging population.

CONSULTATION

31. N/A

BACKGROUND PAPERS

32. None

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Doncaster
Metropolitan Borough Council

26 January, 2016

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

Review of arrangements to deliver high quality care for people in Care Homes and a review of admissions into long term care

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Glyn Jones	All	N/A

EXECUTIVE SUMMARY

1. A review of the current arrangements for people living in Care Homes in Doncaster is required to ensure that the Care Home market is fit for the future needs of the people. Doncaster requires a robust and sustainable Care Home market that is fit for purpose, high quality, meets the needs of people and is sustainable.

2. Doncaster Clinical Commissioning Team (DCCG) and Doncaster Metropolitan Borough Council (DMBC) are developing a Care Home Strategy in partnership to evaluate and understand the current market, the gaps within the market and how the market needs to change to meet the current and future demand. Currently one of the gaps in the Doncaster market is the lack of Care Homes that can deliver care to people with very complex care needs these people are often placed in 'out of area' Care Homes.

3. DCCG and DMBC are actively engaging with the providers to build sustainable relationships to influence and shape the Care Home market within Doncaster to transform the provision to one that meets the needs of the people in Doncaster.

4. The Quality Improvement and Strategic Intelligence Team adopt multi-agency risk management and quality improvement frameworks to maintain and improve both the safety and quality of care for people living in Care Homes in Doncaster.

5. DCCG and DMBC are working together to map and understand the training and education needs of Care Home workers, at all levels, to ensure that the best and most accessible offer of workforce development and training can be delivered to this workforce. This supports the delivery of high quality care to people living in Care Homes by ensuring the workforce is trained and educated to an appropriate standard.

EXEMPT REPORT

6. Not applicable

RECOMMENDATIONS

7. That Scrutiny Panel acknowledges the actions of the Council and CCG in working together to review the arrangements to deliver high quality care, for people in Care Homes and a review of the admission of people into long term care.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

8. For the citizens of Doncaster the review of these arrangements mean:

    - People in Doncaster will be able to remain living in their own homes for as long as possible and will only be admitted to a Care Home when all other community options have been exhausted
    - That the Care Home market will meet their future needs and requirements.
    - That people with complex care needs can remain within Doncaster in the future and not be placed in 'out of area' Care Homes
    - People in Care Homes will know that Care Homes are regularly assessed and monitored ensuring that they receive high quality care and are kept safe.
    - An well trained and educated workforce will operate within Care Homes and Care Sector

BACKGROUND

9. Doncaster contracts with 54 Care Homes within the Borough that provide 2,036 beds of these 875 beds are for people with dementia (residential beds 586, nursing beds 289). Of these, 24 Care Homes provide general needs residential care the remaining 30 provide both general needs residential care and nursing care with 1 Care Home in Doncaster that provides nursing care only. Many of the Care Homes are adapted properties rather than purpose built facilities, many owned by small local or regional providers. There are also three main national providers within the area; Crown Care, Runwood and Four Seasons. Of these, Four Seasons is the largest provider with 9 Care Homes in Doncaster.

10. A review of the arrangements to deliver high quality care for people living in Care Homes and a review of admissions into long term care is required because:

    - The Council needs to ensure that people are helped to remain living in their own home for as long as possible with a Care Home placement as the last option when all other options have been exhausted.
    - As a result, the Council needs fewer general residential care beds in the market as the people in Doncaster are supported to live in their own homes for longer reducing the demand for this type of provision.
    - The current Care Home market is unable to respond to the rising demand for more specialist placements for people with increasing complex care needs (dementia and neurological related). This results in the purchase of high cost 'out of area' placements and the Doncaster Care Home market needs to respond to changing need and demand to be sustainable.

- Increased engagement by DMBC and DCCG with the Care Home market to work together to develop the quality and range of services that they can offer to meet the needs of people in Doncaster.
- Develop a joint Care Home Strategy to inform ourselves and partners of the current position with a clear action plan to deliver a future Care Home market that is fit for purpose and addresses emerging and changing patterns of need.
- To map and assess the current education and training that the Care Home workforce is accessing to ensure that there is a trained and competent workforce within this sector.
- To continue to maintain and develop a multi-agency approach to assessing and improving the quality of care and ensuring the safety of people living in Care Homes.

Care Home Strategy

11. The DCCG and DMBC Care Home Strategy is currently in draft format and will be finished in summer 2016. The Strategy will cover various aspects including current activity within the Doncaster market, out of area placement activity, the current challenges faced by Care Home providers, workforce challenges, training and education requirements, quality monitoring and the needs of people in Doncaster requiring a Care Home placement.

12. The Care Home Strategy will provide a baseline of the current provision:

    - What provision is available within the current market
    - What provision is required from the market
    - What are the gaps in the market

13. The aim of the strategy is to develop and communicate the long term view of how DMBC and the DCCG envisage the Care Home Market will look like in the future. In addition to this DMBC and the DCCG place a high number of people in Care Homes outside of the borough, often because these individual's require intensive and complex care support that is not available within the Care Home market in Doncaster. Conversely there is, a rising number of bed vacancies in Doncaster demonstrating the need for Care Homes to develop and expand their offer to people with more complex needs.

14. The strategy's key aim is to challenge this situation by looking at how a model of care provision can be developed that leads to the individual remaining in their own home for longer. This will require a fundamental improvement in the availability of home support services and other community provision that supports people to live at home.

15. The Strategy will also look to support the development of advanced care roles within the Care Homes in an attempt to address the current challenges of a lack of 'trained' nurses.

16. The 'headlines' of the Care Home Strategy will be communicated to Home Mangers at a Forum which is due to take place on the 22nd of January. With further exposure and approval sought from a variety of groups planned prior to a formal launch once the Strategy is completed.

Market Development

17. The Care Home Strategy will be critical in helping DMBC and the DCCG to work with the Care Home market to transform the current provision to develop a sustainable market that responds to the changing needs and demand.

18. The Care Home Strategy will also provide clarity as to the alternatives to Care Home placements that need to be developed within the market such as Extra Care, Supported Independent Living and a range of home support services in the community.

19. In November 2015 Commissioners from the CCG and DMBC started a programme of individual face to face meetings with Care Home owners or managers within the Doncaster borough. 11 Care Homes will have been visited at the point of the submission of this report. The visits are to discuss a number of specific areas:

- Their relationship with the CCG and DMBC
- How things could be improved
- Their current thoughts and feelings about the Care Home sector/market
- Any plans they have for the future

20. Key findings from the Care Homes visited so far are:

- Increasing paperwork and form filling is a challenge.
- Relationships with Quality Monitoring Teams are positive and supportive.
- Difficulty in recruiting qualified nurses.
- Releasing staff to attend training can be problematic.
- Noting an increasing level of care needs for people on admission.
- Frustrated by funding issues and increasing criteria to qualify people for nursing care (i.e. Continuing Health Care funding).
- Welcome a more flexible and 'needs' based funding allocation for each individual rather than a static set of four rates.
- Care Home managers/owners have requested and welcomed the opportunity to have an annual individual one to one visit by Commissioners to their Care Home.

Managing Risk and Quality Improvement

21. Weekly multi-agency risk meetings are held that include representative from Health, the Regulator (Care Quality Commission) and Council representatives. At these meetings the Care Home provision within Doncaster is discussed and reviewed, in addition activities are co-ordinated between the different agencies to maintain and improve quality. The meetings have been successful in the early identification of risks through the management of shared intelligence, enabling risk to be reduced or mitigated at an early stage. The meeting has adopted a multi-agency agreed risk management framework adopted across all service provision within Doncaster.

22. The quality improvement and assurance of the Care Homes in Doncaster is also reviewed at these meetings. All Care Homes have a quarterly quality

assurance review that feeds into the risk management approach to managing quality.

23. The quality assurance framework is a full appraisal of all identified risks, intelligence and quality reviews and therefore supports a comprehensive 360° insight into Care Home provision.

Education and Training

24. Following a series of discussions between the DCCG and Council colleagues it was agreed that there was a requirement for a research project with Care Homes in Doncaster to map and assess the training and education that care workers are accessing.

25. The scope of the project will focus on the following:

- What education and training is going on within Care Homes and to what standard
- Do the Care Homes have an awareness and understanding of the standard required by DMBC/CCG with regard to the education and training of their workforce
- Details of the education and training providers that Care Homes are using to train their workforce
- The level and type of training required by Care Homes
- What are the 'gaps' in the provision of education and training, particularly to meet new ways of working under the Care Act and new market demands
- What barriers do Care Homes and their staff encounter in accessing education and training
- What are their preferred education and training delivery methods
- How do Care Homes keep up to date with new learning and development needs and resources

26. The findings are expected to be reported at quarterly intervals with a report at the end of the twelve month period (January 2017), that will:

- Provide recommendations and improvements that can be made in facilitating better access to education and training for the Care Home workforce
- Identifying areas of best practice that can be shared across the Care Home sector
- Options to inform and improve future workforce development within the Care Home sector.

The Management of Long Term Admissions into Residential Care

27. In November 2015 the process of managing the admissions of individuals into long term care has been replaced by a robust Admissions Panel that occurs on a weekly basis.

28. Intelligence is gathered by the Panel process to increase the understanding of the gaps across the social care market as a whole, understanding the provision

that is in place and the provision that is required to meet changing needs and expectations.

OPTIONS CONSIDERED

29. The options considered were to:

1) For the DCCG and DMBC to review the arrangements to deliver high quality care for people living in Care Homes and a review of the admissions into long term care.

2) To do nothing to change the current situation.

REASONS FOR RECOMMENDED OPTION

30. The recommended option is Option 1 as it is the only way to ensure that the Care Homes in Doncaster meet the both the current and future needs of the people living in Doncaster by delivering a high quality, sustainable and robust Care Home market.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

31.

	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 Care Home market is a vital service in Doncaster that needs to meet the changing and future demands of the people of Doncaster. It is an essential service to provide a 'home' to vulnerable people with health and social care needs.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	People in Doncaster should be supported to live safe, healthy, active and independent lives with a wide range of community and local services to support them when required. The Care Home market is an important provision to support people to be as independently as possible when they are no longer able to live independently their own home.
	People in Doncaster benefit from a high quality built and natural environment.	Care Homes require a trained and educated workforce and it is an area that creates jobs for local people.

	• *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	Care Homes provide home (housing) for people who are no longer able to live independently in their own homes.
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Care Homes are a vital service to provide support to vulnerable people in Doncaster with health and social care needs. They provide support to families when relatives are unable to live independently in the community.
	Council services are modern and value for money.	DCCG and DMBC need to work in partnership with the Care Home providers to build a robust, sustainable and high quality market that is fit for purpose and value for money. That Doncaster is able to provide Care Home provision for people with increasing complex care needs which will reduce the reliance on high cost 'out of area' placements.
	Working with our partners we will provide strong leadership and governance.	By working in partnership with the DCCG and Care Home providers to develop the Care Home Strategy will we provide strong leadership and governance to shape the Care Home market.

RISKS AND ASSUMPTIONS

32**.**

Risks	**Mitigation**
Stakeholder management: There is a significant and likely risk that relationships with key stakeholders (people and their carers', providers and commissioning partners) will be adversely affected if we do not work together to develop a robust, sustainable and high quality offer for people requiring a Care Home placement.	By having a Care Home Strategy and improving engagement with the Care Home providers they will have an understanding of the gaps in the market and the future demand. Care Home providers can then position themselves to deliver a sustainable and viable business otherwise they will exit the market. An increased in the availability of information such as the Care Home Strategy and improved engagement with stakeholders will mitigate the risk of

	them losing confidence in our ability to shape the market and to meet the needs of people in Doncaster.
Strategic/Financial: There is a significant and likely risk that the options to place people who have increasing complex needs (dementia and neurological related) continue to be met by 'out of area' high cost placements creating increasing demands on the budget.	Doncaster admits a high number of people into Care Home placements each year compared to other authorities in the Yorkshire and Humber region this is a significant budgetary pressure and more cost effective options to either keep people in their own homes or to fund their stay in a Care Home need to be explored (e.g. renting out their own homes to maintain an income stream rather than selling at the point of admission to long term care). Out of area placements have an impact on the individual who has to live away from their local area and on any local relatives or friends who have to travel outside of the borough to visit them.
Legal/Compliance: The local authority has a duty to 'shape the market' under the Care Act 2014 if this is not done there is a moderate and possible risk.	Having a strategic direction, engaging and developing the market, improving the quality and safety of services and developing the range of provision are key requirements. Otherwise stakeholders will lose confidence in our ability to shape the market and to meet the needs of people in Doncaster.
Service Delivery: There is a significant and likely risk that people are admitted to long term care before all appropriate options to help them to remain living independently in their own home are explored and exhausted if there is not a robust Admissions Panel in place.	The Panel is in place and is providing a robust and challenge to all individual's assessed as requiring long term care to ensure that all options to keep people living in the community are exhausted. The Panel provides useful intelligence to assist with the service development of community support provision to assist people to remain living in their own home.
Safety: There is a moderate and likely risk of a reduction in the quality of services and an increase in safeguarding activity.	The current robust multi-agency quality assurance, monitoring and safeguarding arrangements are in place and will continue.
Reputation: There is a significant and likely risk that relationships with stakeholders (service users and carers, providers and commissioning partners) will be adversely affected together with our national and regional reputation.	By conducting this review of the arrangements to deliver high quality care in Care Homes and conducting a review of admissions into long term care this risk will be mitigated.

The overall risk score following DMBC's Risk Management Framework on consideration of the above risk is a score of **11 as a medium risk.**	The likelihood of the above risks happening can be treated by the review of Care Home arrangements as detailed in this report. This would significantly reduce the associated risks and the likelihood of these occurring in the future.

LEGAL IMPLICATIONS

33. The Care Act 2014 created a statutory duty for local authorities to promote the well-being of individuals. This duty is a guiding principle for the way in which local authorities should perform their care and support functions and is directed at outcomes.

34. There is an additional duty created by the Care Act on the local authority to help develop a market that delivers a wide range of sustainable high-quality care and support services which is targeted at the needs of local communities. The intention is that the needs of local communities are identified by collection of better market and provider intelligence achieved through rigorous needs and supply analysis.

FINANCIAL IMPLICATIONS

35. There are no financial implications immediately associated with the recommendations. The financial implications of any proposals arising out of this review will need to be considered before implementation.

HUMAN RESOURCES IMPLICATIONS

36. There are no Human Resources implications to this report.

TECHNOLOGY IMPLICATIONS

37. There are no direct technology implications at this stage. However, there may be some technology requirements and/or implications resulting from the review and/or to deliver the Care Home Strategy that will need to be considered and the ICT service should be consulted as soon as a requirement is predicted or known at the initial early stages. Any requirement for new, enhanced or replacement technology would also need to follow the agreed ICT governance processes.

38. In addition, a key objective from the ICT Strategy is to deliver a 'Single Business Intelligence Store and Big Data', providing the ability to access all the intelligence the Council and key partners hold about Doncaster's people and place to inform what the organisation needs to deliver, make happen and progress. It is important that the requirements and data to support the development of community support provision links in with this project.

EQUALITY IMPLICATIONS

39. The target group for this review are all people in Doncaster irrespective of race, gender, disability etc., who have been assessed as requiring a Care Home placement. This review should have a positive impact on people assessed as requiring long term by:

- Having a clear Care Home Strategy of what is available, what is required and the gaps in the market as these can be addressed by DMBC, DCCG and other key stakeholders.
- Developing the Care Home market in Doncaster into one that responds to the changing needs and demands of people living in the borough so they can access appropriate Care Home services locally.
- Managing risk and quality improvement to ensure that all Care Homes in Doncaster are providing a safe and high quality service.
- That the Care Home workforce is trained and skilled to carry out their duties.
- That people are admitted to long term care when they absolutely require this level of care and all other alternatives have been exhausted to maintain them living independently at home.

Equality data for people in Long Stay Care Home Placements (source CareFirst 7th January 2016)	
Number of males	499
Number of females	1042
Number of people in residential/nursing care	1541
Number of people with disabilities	1065
Number people with dementia/complex care needs in residential care	176
Number of people with dementia/complex care needs in nursing care	61
Age	
Under 65	198
65 – 74	138
75 – 84	420
85 – 94	657
95 +	128

CONSULTATION

40. This report has been prepared in consultation with:

Pat Higgs, Assistant Director of Adult Social Care, DMBC
Ian Boldy, Named Nurse for Safeguarding and Quality, DCCG
Sarah Ferron, Strategic Intelligence and Quality Improvement Manager DMBC
Andrew Goodall, Commissioning Manager DMBC
Hywell Jenkins, Senior Legal Officer, DMBC
Richard Taylor, Principal Finance Officer, DMBC
Paul Barnett, Group Finance Manager, DMBC
Kelly Gunn, Human Resources and Organisational Development Officer, DMBC

BACKGROUND PAPERS

41. None

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Pat Higgs
Assistant Director of Adult Social Care

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Doncaster
Metropolitan Borough Council

26 January, 2016

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

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing Councillor Glynn Jones – Deputy Mayor and Portfolio holder for Adult Social Care and Equalities	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) Receive and comment on the revised work plan attached at Appendix A;
   ii) Receive and comment on the correspondence made following its meeting held on the 25th November, 2015 in Appendix B.
   iii) To note forthcoming Health and Wellbeing Board events that the Panel is invited to.

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 updated work plan report for the Panel's consideration.

Yorkshire Ambulance Service NHS Trust

7. Members will recall at a previous meeting that it was agreed that Wakefield Health Overview and Scrutiny Committee undertakes the ongoing monitoring of improvement actions against the CQC inspection report on behalf of Yorkshire Health Overview and Scrutiny Committees, with input from the Chairs of other local authority Overview and Scrutiny Committees.

8. The Yorkshire Ambulance Service held its Quality Summit on 18th August, from which a regional action plan was being developed; this plan was considered at the first meeting of the Local Authority Scrutiny Chairs scheduled for 14th January, 2016 which was attended by the Chair of the Panel, Councillor Tony Revill. The agenda and action plan for this meeting was circulated to Members of the Panel for their comment. There will be feedback from this meeting provided to Members at its January meeting.

Working Together – CCG's

9. The Chair attended a meeting of the following CCG's and Local Authorities Barnsley, Bassetlaw, Doncaster, Hardwick, North Derbyshire, Rotherham, Sheffield and Wakefield. The meeting was arranged to introduce the Commissioning Working Together Programme (a collaboration across the health services to consider how to improve health of communities), to Overview and Scrutiny at an early stage before formal public consultation was required. It was proposed that Hyper Acute Stroke Services would be the first issue for consideration.

10. The next step would be to develop joint Overview and Scrutiny arrangements with a formal request being forwarded to Chief Executives of each Council from the

Working Together Programme. The Panel is asked to note that arrangements need to be approved through each council's democratic process with a report being presented to Full Council at its meeting on 28th January, 2016.

Correspondence with the Executive

11. Following a recent meeting of the Children and Young People and Health and Adult Social Care Joint Overview and Scrutiny Panel, on the 26th November 2015, Members gave detailed consideration to what was in place through the Council and its partners, to deliver services around Sexual Health. Following this meeting a letter was sent to the Executive which has been attached in Appendix B.

Health and Wellbeing Board Workshops

12. The Panel is asked to note that there will be a workshop on the 25th February 2016 at 9:15- 1pm on Loneliness, Health and Wellbeing and the Cabinet Member has extended the invite to the Panel, further details will be circulated nearer the time.

OPTIONS CONSIDERED

13. There are no specific options to consider within this report as it provides an opportunity for the Panel to develop a work plan for 2015/16.

REASONS FOR RECOMMENDED OPTION

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

IMPACT ON COUNCIL'S KEY OUTOMES

	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

15. 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

16. 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).

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

FINANCIAL IMPLICATIONS

18. 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.

HUMAN RESOURCE IMPLICATIONS

19. There are no human resource implications arising from this report.

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

21. 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

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

BACKGROUND PAPERS

23. None

REPORT AUTHOR & CONTRIBUTORS

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Appendix A

Health and Adult Social Care (H&ASC) Overview & Scrutiny Panel Workplan 2015/2016 & 2016/2017 – Fixed Panel Meetings

2pm 29th July 2015 Formal	10am 23rd September 2015 Formal	10am 25th November 2015 Formal	9:30am 26th November 2015 Informal	10am 26th January 2016 Formal	10am 16th March 2016 Formal
Implementation of the Care Act – July 2015 (1st Meeting) – Retrospective and Prospective.	Public Health Self-Assessment/Public Health Commissioning	Healthy High Street (following on from Royal Society of Public Health report)	Sexual Health– Signposting for young people/partnership working (how successful is this) – informal joint meeting with CYP O&S	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		Adult Safeguarding Annual Report		Review of arrangements to deliver high quality care for people in residential homes/care homes/admissions long term care	Cancer – End of Life Provision

Ongoing Areas
Update on Regional Joint Health Overview and Scrutiny Committee re: Children and Adults Cardiac review: - • Meeting to look at to understand the outcome/implications of the review

H&ASC O&S Areas (May Change – TBA)
• Quality accounts - review • Yorkshire Ambulance Service – scrutiny aspect being led on by Wakefield MBC – Meeting 15th January 2016 • Jt Regional Health Scrutiny - Working Together Programme (a collaboration across the health services to consider how to improve health of communities)

Workplan Ideas 2016/17
•

Doncaster
Metropolitan Borough Council

Councillor Rachel Hodson
Adwick and Carcroft Ward
E Mail: rachel.hodson@doncaster.gov.uk

Wednesday, 6th January 2016

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

Dear Ros

Sexual Health - Signposting for Young People/Partnership Working

At a recent joint meeting of the Children and Young People and Health and Adult Social Care Joint Overview and Scrutiny Panel, Members gave detailed consideration to what was in place through the Council and its partners, to deliver services around Sexual Health. The meeting focused on the effectiveness of signposting these services to young people as well as the value of partnership working. It also provided an opportunity for Members to undertake their role as a corporate parent to look at the services being provided for looked after children.

It was very pleasing to find out about the positive work being undertaken, particularly the work of Sexual Health Partnership Group, high diagnosis rates of Chlamydia in Doncaster and the Early Help work.

The Panel discussed a number of areas which included their concerns around; quality of signposting and accessibility to services, links and support to voluntary led organisations that work with young people and finally what resources and capacity were in place to deliver and outcomes for looked after children.

Following the discussion, the Panel made the following recommendations;

1. **That the Joint Overview and Scrutiny Panel express their support for a universal provision for sexual health across all schools by sending a letter to head teachers and service leaders (including safeguarding). That the letter should also seek further information about what was being done within schools to address the issue of sexual health.**

Continued.

Regarding the School Nurse 'Clinic in a Box' sexual health provision, Members expressed their concern that 5 schools had declined this offer. It was felt that this should be a universal provision in place at all schools. Members agreed that their concern should be taken further and raised with the Chair of the Safeguarding Board, head teachers and service leads.

2. That the Joint Overview and Scrutiny Panel send a letter outlining their concerns regarding the impact of future Public Health cuts and outlining a need for equal priority when decisions are made.

The Panel raised concern regarding the issue of future Public Health cuts and the implications for delivering key health services such as those around sexual health.

Also, that consideration is given to:

3. Making available a wider and more robust range of key health outcomes for Looked after Children in Doncaster alongside outcomes for broader groups of young people (in comparison to neighbouring authorities).

Members asked about what information was available for the health outcomes of looked after children in comparison with other young people in Doncaster. It was clarified that there was no current data available but that there was scope to improve this and make the data more robust.

4. Having an appropriate health representative within the new Early Help Hub to strengthen links with health providers.

Members were informed that the Early Help Hub had strong links with Project 3 and TriHealth as well as other key services. There was a discussion around the benefits that the hub would have from having a health representative to compliment others in place which included social workers, Neighbourhood Teams, Stronger Families and the Health and Well-being Board and St Leger as key partners.

5. Opening up training opportunities to voluntary groups which focus on sexual health to complement what was already being done in schools and also for ongoing support to be provided to voluntary organisations.

Members were informed that there was a movement going back to the ethos of linking up with volunteers and activities that were being co-ordinated within the communities. Concern was raised how youth clubs (being set up and run by volunteers) were linking in with the Early Help Service and would be able to advise appropriately on sexual health and signpost services to young people. It was felt that a very broad range of different groups should benefit by accessing new training opportunities and support.

Page 3. Continued.

6. Responses being provided back to health colleagues, in relation to referrals made through DMBC children's social care and safeguarding routes.

In relation to gaps, Members were informed by health colleagues, that it would be useful to have a response to referrals made through social care and safeguarding within DMBC, to learn what work and steps had been undertaken with the client.

On behalf of the Panel, I would like to thank Dr Amy Booth - Public Health Improvement Coordinator, Helen Tuck – Public Health Specialist- Sexual Health Group Chair and colleagues from Public Health, Learning Opportunities and Skills and also those from RDaSH NHS Foundation Trust and Doncaster Pride for taking the time to attend the meeting and respond to questions raised by the Panel.

I would be grateful if you could provide a response to this letter no later than the 6th February 2016.

Kind regards,

Councillor Rachel Hodson
Chair of the Children and Young People and Health, Adult and Social Care Joint Overview and Scrutiny Panel

cc: Jo Miller - Chief Executive
Cabinet Members
OSMC
Helen Tuck – Public Health Specialist - Sexual Health Partnership Chair
Dr Amy Booth - Public Health Improvement Co-ordinator
Damien Allen - Director of Learning Opportunities and Skills
Rupert Suckling – Director of Public Health

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