

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

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

VENUE: Room 8, Civic Office, Waterdale, Doncaster
DATE: Wednesday, 21st September, 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 6th July, 2016. *(Pages 1 - 6)*
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: Tuesday, 13 September, 2016

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

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

6. Health Inequalities. *(Pages 7 - 12)*
7. Health and Adult Social Care Overview and Scrutiny Panel Work Plan Report 2016/17 Update. *(Pages 13 - 26)*

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

Chair – Councillor Rachael Blake
Vice-Chair – Councillor Cynthia Ransome

Councillors Elsie Butler, Jessie Credland, Linda Curran, George Derx, Sean Gibbons, Pat Haith and Sue Knowles.

Invitees:

Lorna Foster, UNISON

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 6TH JULY, 2016

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 409 - CIVIC OFFICE, DONCASTER on WEDNESDAY, 6TH JULY, 2016 at 9.00 AM

PRESENT:

Vice-Chair – Councillor Cynthia Ransome (in the Chair)

Councillors Linda Curran, Sean Gibbons, Pat Haith and Sue Knowles

ALSO IN ATTENDANCE:

Kim Curry, Director of Adults and Communities
Karen Johnson, Assistant Director Communities
Jon Tomlinson, Interim Assistant Director Commissioning
Debbie John-Lewis, Head of Service Community Provision
Jackie Pederson, Chief Officer Clinical Commissioning Group
Debbie Aitchison, Clinical Commissioning Group
Caroline Martin, Senior Governance Officer

APOLOGIES:

Apologies for absence were received from the Chair, Councillor Rachael Blake and Councillors, Elsie Butler and George Derx

		<u>ACTION</u>
1	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made at the meeting.	All to note
2	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 16TH MARCH, 2016</u>	
	<u>RESOLVED</u> that the minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 16th March, 2016 be approved as a true record and signed by the Chair.	All to note
3	<u>PUBLIC STATEMENTS</u>	
	There were no public statements	All to note
4	<u>INTERMEDIATE CARE - CHANGES TO CURRENT SERVICE</u>	

The Panel received a report and presentation which provided Members with an overview of the changes to current service provided by Intermediate Care. A copy of the slide presentation was handed out to Members at the meeting.

The report advised that Local Intermediate Care services had evolved over time with funding from a number of sources. Although individual services and providers had reported good outcomes, no single organisation had had a comprehensive overview of how the care system worked together as a whole. It was agreed that to better understand this, the Intermediate Care Review was initiated in June 2014, led by the Intermediate Care Team based within the Clinical Commissioning Group (CCG).

To understand the needs of Doncaster residents, the Intermediate Care Team had spent time talking to patients and those involved with their care. Within this work, the team had also conducted detailed reviews of the care pathways of 30 patients, assessed the records of over 1,000 people and asked panels of local experts to identify what services needed to be offered in the future to best meet the needs of the borough's population.

The following issues were identified:-

- Our services were too complicated and difficult to navigate.
- Services were not as coordinated as they could be.
- Current services were not personalised to the individual
- There needed to be emphasis on proactive services, helping residents keep their independence at home.
- Challenges in the future would mean the whole of the workforce would have to work differently in supporting people living with dementia and cognitive impairments.

Following the update and presentation, Members were afforded the opportunity to make comments and ask questions. The following comments and responses were made:-

- Councillor Cynthia Ransome welcomed the report and was pleased with the progress made so far but expressed the need for the service to be made simpler.
- Councillor Pat Haith made reference to data sharing and highlighted her attendance at the Fire Authority Health Conference where data sharing was discussed. She emphasised the importance of collaborative IT systems. It was reported that a digital road map for Doncaster had recently been developed, which all organisations had signed up to. This would see the development of integrated IT systems, moving towards full interoperability of all health and

social care systems.

- Councillor Linda Curran asked whether it was taken into consideration if a patient had family support and in relation to assessments, particularly 75 year old patients that had complex needs, would these be carried out in hospital. It was advised that each patient would be assessed according to their need. For instance a patient may not need to be admitted to hospital for an assessment as the procedure could be carried out safely in a home environment. It had also been evidenced that admission to hospitals can sometimes cause unnecessary stress on a patient
- In addition, Councillor Linda Curran, asked whether a summary of patients notes detailing their needs would be kept at their home to ensure professionals visiting understood the patients requirements. It was advised that these notes would be made available.
- Councillor Sean Gibbons sought clarification as to why the Flower Park Care Home at Mexborough had not been incorporated with the commissioning by CCG. It was reported that the home had not responded and had sought to commission their own business model. It was also advised that under the Care Home Strategy there were a number of bed based nursing homes but these don't always cater for complex needs such as dementia so they can't respond to patient's needs. It was suggested that Councillor Gibbons discuss the issues addressed with Kim Curry and Karen Johnson following the meeting.
- In relation to Phase 2 of the programme , Councillor Cynthia Ransome asked whether the Ambulance Service/GP's would be involved in the designing of the new model of care. It was reported that these Groups had been invited to attend the design workshops and were pleased that they would be involved at the early stages of the process.
- Discussion took place with regard to the Safe Well visits arranged by the Fire Authority and it was stated that a wide range of Stakeholders need to be liaised with through the transformation model which was a locality approach. It was also mentioned that wider engagement would be carried out with stakeholders and benchmarking with other Local Authorities. Members were advised that officers would be working towards Phase 3 by the end of the year and asked that if there was anybody else Members think should be engaged with regarding the design of the model those suggestions would be greatly received.

	<ul style="list-style-type: none"> • Councillor Sean Gibbons made a number of comments regarding support and funding for initiatives within the Mexborough Ward It was suggested he liaise with the wellbeing officer outside of the meeting. • Members also suggested that there should be 1 contact number available for all <p>Following Members questions, the Chair opened questions time up to the Public.</p> <p>A question was asked by Paul Westbrook who worked with a Telecare company regarding the frequency of GP's involvement in delivery and opening up of the pathways of care. It was advised that Doncaster had a strong commissioning input from GP's and with regard to the Clinical Commissioning Group it was noted that the Chair of the Group was a GP and there were a number of GP representatives on the Commissioning Board. It was also advised that GP's had been involved in the designing stage of the process.</p> <p>In conclusion it was stressed that the process be kept simple and Members thanked Jackie Pederson and Debbie Aitchison for their presentation and attendance at the meeting.</p> <p style="text-align: center;"><u>RESOLVED</u> that the report and presentation be noted.</p>	All to note
5	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL - O&S WORK PLAN REPORT 2016/17 UPDATE</u></p>	
	<p>The Panel received an report updating the Members on the Panels work plan for 2016/17. A copy of the work plan was attached at Appendix A to the report which took into account the issues considered at the informal Health and Adult Social Care Overview and Scrutiny planning meeting held on the 6th June, 2016 and was agreed by OSMC on the 10th June, 2016.</p> <p>Members were also presented with details of the Joint Health Overview and Scrutiny Committees that had been established, these were highlighted within paragraphs 8 to 14 of the report. It was also noted that the appointment of the Health and Adults Social Care Overview and Scrutiny Panels representative on the Joint Committees was agreed as Councillor Rachael Blake who was appointment at Full Council on the 13th May.</p> <p style="text-align: center;"><u>RESOLVED</u> that the Panel noted:-</p> <ol style="list-style-type: none"> (1) the Health and Adults Social Care Overview and Scrutiny work plan for 2016/17; (2) the work plan was a living document and would be 	<p>All to note</p> <p>All to note</p>

	<p>reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests; and</p> <p>(3) the appointment of the Health and Adult Social Care Overview and Scrutiny Committee (Yorkshire & Humber) and the Joint Health Overview and Scrutiny Committee (Health Service Change in South and Mid Yorkshire, Bassetlaw and North Derbyshire).</p>	<p>All to note</p>
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To the Chair and Members of the HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Health Inequalities

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

EXECUTIVE SUMMARY

1. Health inequalities are differences in health outcomes between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.
2. There is clear evidence that reducing these differences in health inequalities improves life expectancy and reduces disability for the whole community.
3. There is work on going across Doncaster that aims to reduce health inequalities but more can be done.
4. A Health Inequalities action plan is in development as part of the Health and Wellbeing strategy led by DMBC and Doncaster Clinical Commissioning Group that will aim to reduce health inequalities.

RECOMMENDATIONS

5. The Committee is asked to give consideration to:
 - The development of a Health Inequalities Action Plan for Doncaster;
 - The establishment of a Health Inequalities Working Group for Doncaster to develop the action plan and have responsibility for taking the work forward; and
 - Completion of a Black and Minority Ethnic Group Health Needs Assessment as an initial piece of work to understand and address inequalities.

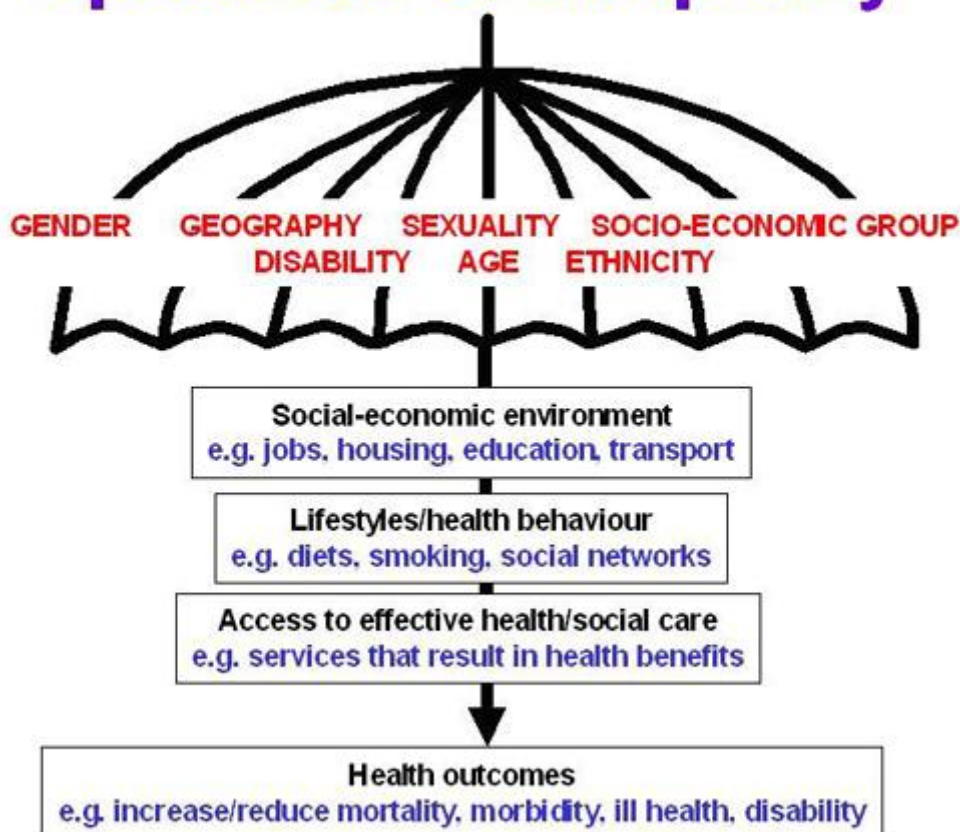
WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Evidence suggests that reducing health inequalities improves life expectancy and reduced disability for the population overall i.e. more equal societies are healthier societies.

BACKGROUND

7. Health inequalities are differences in health outcomes between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.
8. Inequalities in the pattern of ill health are caused by different factors; Socio-economic factors e.g. the availability of work, education, income, housing and amenities; lifestyle and health-related behaviours e.g. smoking, diet and physical activity; healthcare factors e.g. access to services, understanding of the needs of the population, prevalence of disease and personal factors e.g. age, gender, ethnicity, genetics. All of these factors contribute towards the likelihood an individual will develop ill health.

Spectrum of inequality



(from http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/HealthInequalitiesOverview.aspx)

9. In recent years there have been significant improvements in the health of Doncaster people but these improvements have not been seen in equal measures across the Borough. There remain significant health inequalities in Doncaster.
10. There are differences in the pattern of risk factors that cause disease across Doncaster and also with the number of people living with certain disease.

For example people who live in more deprived areas of Doncaster are more likely to smoke and to have respiratory disease compared to people who live in less deprived areas. People in deprived areas are also more likely to report having a long term mental health problem than people living in less deprived areas. In terms of accessing health services people living in more deprived areas are more likely to have an emergency admission to hospital and less likely to attend a cancer screening appointment. Overall people living in deprived areas of Doncaster have a shorter life expectancy than people living in less deprived areas of the Borough.

11. In addition variation due to the geography of where people live health inequalities are also seen in relation to different protected characteristics may have. The Equality Act 2010 defines these characteristics as: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. There are also specific groups in the population who may experience inequality such as veterans, people who are homeless and sex workers. For example veterans are more likely to be living with mental health conditions and people who are homeless have a lower life expectancy than the general population.
12. There is clear evidence that reducing these differences in health inequalities improves life expectancy and reduces disability for the whole community.
13. There is work on going across Doncaster that aims to understand and reduce health inequalities but more can be done. Work to date has focused on veterans health, smoking and the Well North programme starting in Denaby.
14. Members of the Health and Adult Social Care Overview and Scrutiny committee are asked to consider the following questions:
 - a. What inequalities are you aware of in Doncaster?
 - b. What could we do together to address these?

OPTIONS CONSIDERED

15. A Health Inequalities action plan is in development as part of the Health and Wellbeing strategy led by DMBC and Doncaster Clinical Commissioning Group that will aim to reduce health inequalities.
16. To establish a Health Inequalities Working Group for Doncaster to develop the action plan and have responsibility for taking the work forward.
17. A Black and Minority Ethnic Group Health Needs Assessment is underway to understand the health needs of this population group.

REASONS FOR RECOMMENDED OPTION

18. Health Inequalities are present in Doncaster and a system wide approach is required to address these inequalities.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Understanding the Health Needs of Veterans with the aim of reducing health inequalities.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Improving population level health and reducing inequalities between different population groups.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Improving population level health by considering the impact the environment has on an individual's health. This may include a considering the link between deprivation and factors such as housing and air pollution.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>None</p>
	<p>Council services are modern and value for money.</p>	<p>None</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>Joint working with the CCG and Health Watch Doncaster to give a system wide approach to addressing inequalities.</p>

RISKS AND ASSUMPTIONS

21. None identified.

LEGAL IMPLICATIONS

22. An inequalities action plan would constitute progress against the council's duty to improve health under the Health and Social Care Act (2012).

FINANCIAL IMPLICATIONS

23. None at the moment. The action plan may require changing patterns of current financial investment.

HUMAN RESOURCES IMPLICATIONS

24. None at the moment.

TECHNOLOGY IMPLICATIONS

25. None

EQUALITY IMPLICATIONS

26. This work aims to improve equality in relation to health throughout Doncaster and should contribute to DMBCs equality and inclusion strategy.

CONSULTATION

27. A Health and Wellbeing Workshop will be held in October with the theme of Health Inequalities. The aim is to gain wider input into Health Inequalities work including the development of an action plan.

BACKGROUND PAPERS

28. Joint Strategic Needs Assessment 2013
Doncaster Health and Wellbeing Strategy
Director of Public Health Annual Report 2015
Public Health England Doncaster Health Profile 2016

REPORT AUTHOR & CONTRIBUTORS

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21st September, 2016

To the Chair and Members of the

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

OVERVIEW & SCRUTINY WORK PLAN REPORT 2016/17 UPDATE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing	All	None
Councillor Glynn Jones – Cabinet Member for Deputy Mayor and Portfolio holder for Adult Social Care and Equalities		

EXECUTIVE SUMMARY

1. The Panel is asked to note and consider the updated work plan report for 2016/2017.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to: -
 - i. Consider the Health and Adult Social Care Overview and Scrutiny work plan for 2016/17 in Appendix A.
 - ii. Note that the work plan is a living document which is subject to change and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

Health and Adult Social Care Overview and Scrutiny Workplan Update

5. Attached for the Panel's consideration at Appendix A is the work plan. This workplan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on the 6th June 2016 and was agreed by formal OSMC on the 10th June 2016.

Joint Health Overview and Scrutiny Committee (Health Service Change in South and Mid Yorkshire, Bassetlaw and North Derbyshire).Commissioners Working Together

6. The Commissioners Working Together (CWT) is a collaborative of eight clinical commissioning groups (CCGs) and the NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire. The Membership is as follows:
 - Barnsley
 - Doncaster
 - Sheffield
 - Derbyshire
 - Rotherham
 - Wakefield
 - Nottinghamshire
 -
7. Councillor Blake is the nominated representative on the Joint Scrutiny Committee which has met on two occasions. The minutes from the first meeting held on 23rd May, are attached for the Panel's attention (Appendix B), when Members considered pre-consultation reports on Children's Surgery and Anaesthesia and Hyper Acute Stroke Services.
8. The second meeting was held on 8th August, 2016, chaired by Councillor Rachael Blake, where the Committee considered Option appraisals for Childrens Service surgery and Anaesthesia and for Hyper Acute Stroke Services were be presented for consideration.
9. The CWT Scrutiny committee commented in detail on the issues raised and noted the work and implications moving towards consultation, resolving that:
 - A. The public consultation material and locations be circulated by the end of August to each local authority of the WTP Overview and Scrutiny Committee, for their individual input and comments;
 - B. The material for public consultation be provided in plain English and translation availability, to ensure a good understanding of what is being consulted on by all members of the community; and
 - C. consideration be given to formal consultation on preferred option being extended to conclude on 20th January, 2017. Move this to consultation resolution.
10. The next meeting is due to take place in November, with a date yet to be arranged.

OPTIONS CONSIDERED

11. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2016/17.

REASONS FOR RECOMMENDED OPTION

12. This report provides the Panel with an opportunity to develop a work plan for 2016/17.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the bo rough.</p>
2.	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
3.	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
4.	<p>All families thrive.</p> <p><i>Mayoral Priority: Protecting Doncaster's vital services</i></p>	
5.	<p>Council services are modern and value for money.</p>	
6.	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS

14. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those references Overview and Scrutiny Management Committee will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).
15. Specific legal implications and advice will be given with any reports when Overview and Scrutiny have received them as items for consideration.

FINANCIAL IMPLICATIONS

16. The budget for the support of the Overview and Scrutiny function 2016/17 is not affected by this report however, the delivery of the work plan will need to take place within agreed budgets. There are no specific financial implications arising from the recommendations in this report. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES IMPLICATIONS

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

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

19. 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

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

BACKGROUND PAPERS

21. None

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Schedule of Overview & Scrutiny Meetings with Potential Items

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
May	Fri, 20th May 2016, 11am –Chamber (CR) • Commission Care & Support (FP)	Mon, 23rd May 2016, 2pm – Sheffield (CR) Regional Health Scrutiny; • Working Together Programme		Wed, 25th May 2016, 1:30pm Rm 209 (CM) • Work planning – R&H O&S	
	Fri, 10th June 2016 at 9am – Chamber (CM) • Work planning - OSMC	Mon 6th June 2016, 10am - Rm 410 (CR) • Work planning – HASC O&S	Thurs 2nd June 2016, 9am –Rm 210 (CM) • Work planning – CYP O&S		Wed, 1st June 2016, 3:30pm, Rm 210 (CR) • Work planning – C&E O& S
June	Fri, 10^h June 2016, 10am – Chamber (CM) • O&S Draft Work Plans • O&S Membership				
	Mon, 27th June 2016 – Rm 209 (CR) • Corporate Plan (Refresh)				
July	Thurs, 7th July 2016, 10am – Chamber (CM) • DMBC Finance & Performance Qtr 4 15/16 • SLHD Finance & Performance Qtr 4 15/16 • Youth Justice Plan	Wed 6th July 2016, 10am – Rm 409 (CM) • Intermediate Care – changes to current service (Jon Tomlinson/Debbie John-Lewis/Karen Johnson)	Mon, 11th July 2016, 10am – Chamber (CR) • Education White Paper Update – Implications for Doncaster • Accountability Arrangements • Childrens Trust Update Qtr 4 1516		
	Friday 12th August, 2016 at 10am - (CM) • Budget discussion	Mon, 8th August, 2016– 3:30pm (CR) Regional Health Scrutiny; • Working Together Programme (Doncaster supporting this meeting).			Thurs 11th August 2016 – All Day, Rm 210 (CM & CR) Domestic Abuse (one day review) 1. Strategy 2. Meet Victims 3. Meet with Partners: • Growing Futures • Perpetrator Programme – Foundation for Change • Changing Lives • Police (Safeguarding Adults Team) • Riverside • DMBC Officers Sandra Norburn/Bill Hotchkiss 4. Refuge Visit (separate session)) – two members only
Aug					Wed 17th August 2016 – 2:30pm, Council Chamber (CM) • Isle of Axholme Strategy - including Hydraulic Modelling. Meeting with the Environment agency
Sept	Thurs, 1st Sept. 2016, 2pm –Chamber (CR) •	Wed, 21st Sept. 2016, 10am –Rm 008 (CM)	Tues, 27th Sept. 2016, 10am – Chamber (CM)		
	Core annual 'define & deliver' cycle	Health Inequalities. Incl. • description of overall approach • focus on the health needs of BME populations • plans to update the assessment • Veterans Information session to follow: • Health Watch - Chair	• Childrens Trust Update – Split Screen report • DFE Achievements of Children • Inspections Framework SEN • School Results (by pyramid/sub-groups)		

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
Sept	Thurs 29th Sept 2016 10.30am–Chamber (CR) <ul style="list-style-type: none"> Efficiency Plan - 4 Year Settlement Offer 				
Oct	Thurs, 6th October 2016, 10am – Chamber (CM) <ul style="list-style-type: none"> DMBC Finance & Performance Qtr 1 16/17 SLHD Finance & Performance Qtr 1 16/17 Dates TBC - (CM or CR)	Dates TBC – (CM &/or CR) <ul style="list-style-type: none"> Age Friendly Review (cross-cutting) TBC 		10th October, 2016, 9am – Room 008 <ul style="list-style-type: none"> Economic Plan – Outline Place Marketing – update Additional Housing Update 	Mon, 3rd October 2016, 10am – 3pm, 410 (CM &/or CR) Domestic Abuse Review continued: <ul style="list-style-type: none"> 10am – meeting with victims who have experienced domestic abuse and been supported. 1:30 pm - the Panel will recap on the key points learnt from the whole review and outline some recommendations based on the information that has been received.
	<ul style="list-style-type: none"> Budget 				
Nov	Thurs, 10th Nov 2016, 10am – Chamber (CM) Possible community themed meeting including: <ul style="list-style-type: none"> Stronger Families Update Equalities - Policy and Governance 	Wed, 23rd Nov 2016, 10am – 007b (CR) <ul style="list-style-type: none"> Transformation programme as that will cover direct payments and the development of the community led model Adult Safeguarding Report Intermediate Care Update – changes to current service Information session to follow: CQC			Dates – TBC (CM &/or CR) <ul style="list-style-type: none"> Waste Collections Hate Crime
	Thurs, 15th Dec 2016, 2pm – Chamber (CR) <ul style="list-style-type: none"> DMBC Finance & Performance Qtr 2 16/17 SLHD Finance & Performance Qtr 2 16/17 Progress on Digital Council 		Tues, 6th Dec 2016, 10am – Chamber (CM) <ul style="list-style-type: none"> Childrens Trust Update split screen report Education & Skills Commission (Standards & Strategy) Chairs Safeguarding Board – Annual report including CSE Update (outstanding issues) Outline and Function of the Performance Account Board (PAB) CIC – Virtual School 		
Jan	Thurs, 19th Jan 2017, 10am – Chamber (CR) <ul style="list-style-type: none"> Budget (formal/informal) 	Wed, 25th Jan 2017, 2pm – 007b (CM) <ul style="list-style-type: none"> Mental Health within Children’s Services (jt with CYP O&S) Update on Care and Support at home 	H&ASC O&S - Invite Wed, 25th Jan 2017, 2pm – 007b CYP O&S Invite for the following; <ul style="list-style-type: none"> Mental Health within Children’s Services (jt with CYP O&S) 		
	9th or 23rd Feb 2017, 10am–Council Chamber (CM or CR) <ul style="list-style-type: none"> Budget (formal - will commence earlier tba) 	Mon, 13th February 2017 time TBC Junction1 M18 (CM or CR) CWT Joint Scrutiny final proposals	Mon, 27th Feb 2017, 10am – Chamber (CR) <ul style="list-style-type: none"> Children’s Trust Update split screen report Children’s Trust Annual report Annual Complaints Exam Results (& update on actions from E&SC) Council’s response to the Education & Skills Commission Effectiveness of Pupil Premium across Doncaster 		Mon, 13th Feb 2017, 10am – 007b (CM or CR) <ul style="list-style-type: none"> Crime & Disorder Meeting <ul style="list-style-type: none"> Performance & Update on Priorities Community Safety Strategy Fly Tipping – Enforcement Hate Crime
Mar	Thurs, 23rd March 2017, 10am –Chamber (CM or CR) <ul style="list-style-type: none"> DMBC Finance & Performance Qtr 3 16/17 SLHD Finance & Performance Qtr 3 16/17 	15th March 2017, 10am – 007b (CM or CR) <ul style="list-style-type: none"> Public Health Protection Responsibilities (annual) to include: <ul style="list-style-type: none"> Vaccinations – how is data on reactions used Air Pollution (performance targets/impact on public health) Intermediate Care – changes to current service 			H&ASC O&S - Invite 15th March 2017, 10am – 007b - invite C&E O&S Invite for the following; <ul style="list-style-type: none"> Public Health Protection Responsibilities (annual) : - <ul style="list-style-type: none"> Air Pollution (performance targets/impact on public health)

Other potential issues to be considered and confirmed				
OSMC	H&SAC O&S	CYP O&S	R&H O&S (one review or one-off meetings)	C&E O&S (one review or one-off meetings)
<p><u>Ongoing List of Plans</u></p> <p>Council Plans:</p> <ul style="list-style-type: none"> Corporate Plan Refresh - 27th June 2016, 2pm <p>Statutory Plans: -</p> <ul style="list-style-type: none"> Youth Justice Plan (Yth Offending Plan) – 7th July 2016, 10am Local Transport Plan – TBC Community Safety Plan (known as Crime and Disorder Reduction Strategy – Refresh 2016/New Plan 2017) – May refer to Crime and Disorder Committee Health and Well-being Strategy - not required 2016 Local Plan (Development Plan) - TBC <p>Other:</p> <ul style="list-style-type: none"> Devolution - Date/s TBC (Also see C&E – Waste) New Library/Training/Museum/Cultural Centre (FP Item) - Oct 2016? TBC Equality Action Plan Borough Strategy (Sustainable Community Strategy no longer obliged to have as a Statutory Plan) Community Engagement Strategy - TBC 	<p>Review – Cross Cutting – Developing an Age Friendly Doncaster</p> <p>Health Inequalities: -</p> <ul style="list-style-type: none"> Adult Obesity Health for homeless <p>Other</p> <ul style="list-style-type: none"> Cancer Quality Accounts (annual) Updates e.g. CQC, Healthwatch, NHS England, NHS CCG,H&WB, regional health scrutiny 	<p>Other: -</p> <ul style="list-style-type: none"> ETE Opportunities for CIC – Career Advice & Guidance (CYP O&S Members involvement) Update – Ofsted <p>Joint Scrutiny Work: -</p> <ul style="list-style-type: none"> Mental Health within Children's Services (jt with H&ASC O&S) – Possible piece of work/involvement with Youth Council 	<ol style="list-style-type: none"> Economic Plan Refresh – to consult with the Panel (will include element of housing) – Autumn 2016 Also for an update on the Place Marketing Action Plan and outstanding Delivery of Additional Housing actions to be provided at a later date. Housing – Date TBC <ul style="list-style-type: none"> Homelessness – Strategic overview Proposed changes to legislation 	<p>If capacity allows:</p> <p>Waste – to look at future opportunities through Devolution how can the authority make the most out of joint opportunities.</p> <p>Vol/Com Strategy – update and impacts of the the new grant scheme.</p>

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**Commissioners Working Together Joint Health Overview and Scrutiny Committee
(JHOSC)**

Monday 23 May 2016 (2.00pm)

Sheffield CCG Headquarters, 722 Prince of Wales Road, Sheffield, S9 4EU

Present	
Cllr Jeff Ennis (Barnsley MBC) (Chair)	Alice Nicholson (Sheffield CC)
Anna Morley (Barnsley MBC)	Andy Wood (Wakefield MDC)
Cllr Sean Bambrick (Derbyshire CC)	Phil Mettam (Bassetlaw CCG)
Jackie Wardle (Derbyshire CC)	Lesley Smith (Barnsley CCG)
Cllr Rachael Blake (Doncaster MBC)	Jackie Pederson (Doncaster CCG)
Christine Rothwell (Doncaster MBC)	Chris Edward (Rotherham CCG)
Cllr Colleen Harwood (Nottinghamshire CC)	Maddy Ruff (Sheffield CCG)
Martin Gately (Nottinghamshire CC)	Michele Ezro (Wakefield CCG)
Cllr Stuart Sansome (Rotherham MBC)	Helen Stevens (Working Together Programme)
Janet Spurling (Rotherham MBC)	Will Cleary-Gray (Working Together Programme)
Cllr Pat Midgley (Sheffield CC)	

1. Apologies for Absence

1.1 Apologies were received from Cllr Betty Rhodes (Wakefield MDC).

2. Declarations of Pecuniary and Non-Pecuniary Interest

2.1 There were no declarations of interest.

3. Minutes of the Previous Meeting

3.1 The minutes of the previous meeting held on 12th October 2015, were approved as a true and accurate record.

4. Committee Terms of Reference

4.1 Principles

- The committee agreed to an amendment of the first 'Principle', to remove 'considered as'.
- To add a third 'Principle' 'To ensure service configuration achieves better clinical outcomes and patient experience'.

4.2 Membership

Following discussion, it was agreed that quorum for the meeting should be reviewed in 2 meetings' time to decide whether to increase this from 3 to 4 members, to ensure an attendee is present from the South Yorkshire region.

5. Commissioners Working Together Programme Briefing

5.1 Will Cleary-Gray gave an update on the programme and explained that since the previous meeting the eight CCG's have been working together to work through the potential challenges of the geographical area involved. Today's meeting focuses on two service areas: Children's Surgery and Anaesthesia; and Hyper Acute Stroke Services. Work has already been done to engage communities and providers in relation to these

services and we are going to work up an options appraisal in relation to these services to be brought to the next meeting of this JHOSC.

- 5.2 Concerns were raised by committee members in relation to the consistency in decision making over geographical areas in relation to stroke services, as well as ensuring the location of centres are accessible to all within the critical first hour. The committee were advised that these concerns have been taking into consideration and we are looking to make sure that services can be accessed within a 45 minute time-frame. This work is also being carried out within the context of local Sustainability and Transformation Plans (STPs).
- 5.3 Other concerns were raised by Elected Members in relation to them being held accountable should these services not be effective, therefore they want to be forwarned of any problems through this committee so that they can report back to their Local Authorities as appropriate. The committee were informed that NHS representatives endorsed the comments on consistency in decision making and that principles in delivering these programmes comes from ensuring effective clinical outcomes and not making health inequalities worse.
- 5.4 The committee were referred to its previous meeting that there are a number of challenges services in our locality face, in particular in relation to the workforce. It was also highlighted that there is best practice which services are not currently meeting; therefore we need to get agreement on taking a different approach.

6. Pre-consultation Report for Children's Surgery and Anaesthesia and Hyper Acute Stroke Services

- 6.1 Helen Stevens gave an update to the committee on the consultation work which had taken place between January and April 2016 including liaising with patient user groups, developments in relation to websites and social media. Hundreds of people responded to the consultation which included representatives from a variety of communities. The attached report outlines the key themes which were identified and the feedback will be used to inform the options appraisal.
- 6.2 The committee suggested that the services need to ensure they're giving the right information to the right people at the right time, for example in relation to carers, particularly as different schemes for them will be in place across the areas, for example in Nottinghamshire they have a carer's passport.
- 6.3 Commendation was given by the committee in relation to the work that had been undertaken however queried what feedback had been received from Care Homes, what information will be given to parents in relation to children's issues, also what is available for those not on social media. The group were advised that at the moment the information is deliberately strategic to get Members' views on this work, and then further work can be done to drill down in to the detail. Work has been done with our CCGs to develop the strategy and we have also worked with Healthwatch to check nothing has been missed.
- 6.4 The committee asked what the anticipated cost was in relation to communications given consideration for different language requirements and were advised that this had been at the forefront of concerns. The committee was advised that best practice on how consultations have been done in other areas was considered as we don't necessarily need to have printed leaflet drops but we just need to be confident that we are reaching different communities. We will put time and resources into local communications, such

as speaking to local Imams. We will also create awareness through our partner agencies and volunteers.

- 6.5 Queries were raised regarding how feedback will be given to those who have provided feedback on the consultation so they can continue to monitor this work and its implementation. The committee was advised that a link to the report was sent round to those who participated as well as put on social media. However it was acknowledged that the suggestion that those who participated in the consultation could be involved in measuring outcomes and the implementation of changes would be helpful. It was therefore agreed that Helen Stevens would contact Cllr Blake outside the meeting to discuss her ideas further.

7. Draft Strategy and Plans for Consultation for Children's Surgery and Anaesthesia and Hyper acute Stroke Services

- 7.1 Helen Stevens gave an overview of the document provided, and explained the importance of this being shared with partners and that different communities across the geographical area are engaged with.
- 7.2 The committee asked if any preliminary trends had been identified for specific geographical areas as a result of the consultation and were advised that the questions asked in the consultation were general, such as 'what matters to you'. As a result of this specific information on what this means for each area is not available, however the committee requested that once this is they would like an update on the trends.
- 7.3 The committee recommended that the main consultation should be open for a minimum of 12 weeks and also highlighted that in other areas it was helpful to have a review during the consultation so that any issues could be identified and addressed then rather than at the end when it is too late. It was therefore agreed that a meeting of this committee would be held mid-point during the formal consultation to highlight and address any issues.

The Chair thanked all for their attendance and asked if there was any other business to discuss. Doncaster Council agreed to Chair and administer the next meeting and it was agreed that nameplates for attendees would be helpful. Following this, the Chair declared the meeting closed.

Action Points

1. 'Principles' to be amended on the Committee Terms of Reference.
2. Meeting quorum to be reviewed in 2 meetings' time.
3. Commissioners Working Together representatives to bring an options appraisal in relation to the services to the next JHOSC meeting.
4. Helen Stevens to contact Cllr Blake to discuss how those consulted could be involved in measuring outcomes and implementation of services.
5. Committee to be kept updated on geographical trends identified in responses in relation to what matters to the local population.
6. Committee meeting to be held mid-point during the formal consultation so any issues can be highlighted and addressed.
7. It was agreed for Doncaster Council to Chair and administer the next meeting, and for it to be held at Bramley in Rotherham if possible.

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