

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

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

VENUE: Council Chamber, Civic Office, Waterdale, Doncaster, DN1 3BU
DATE: Thursday, 2nd February, 2017
TIME: 12.30 pm

Members of the public are welcome to attend

Items for Discussion:

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 23rd November, 2016. *(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: Wednesday, 25th January, 2017

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

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

6. The Adults, Health and Wellbeing Transformation Programme. *(Pages 9 - 12)*
7. Commissioned Care and Support at home (CCASH) Update. *(Pages 13 - 20)*
8. Overview of Mental Health Services for Children. *(Pages 21 - 24)*
9. Overview and Scrutiny Work Plan Report 2016/17 Update. *(Pages 25 - 34)*

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)

Public Document Pack Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 23RD NOVEMBER, 2016

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007 B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 23RD NOVEMBER, 2016 at 10.00 AM

PRESENT:

Chair - Councillor Rachael Blake

Councillors Elsie Butler, Jessie Credland, Linda Curran, George Derx and Pat Haith

ALSO IN ATTENDANCE:

Pat Higgs - Assistant Director of Adult Social Care, DMBC

Rupert Suckling – Director for Public Health, DMBC

Angelique Choppin - Safeguarding Adults Team Manager Governance and Assurance

Jackie Pedersen - Chief Officer, Doncaster Clinical Commissioning Group

Debbie Aitchison - Intermediate Care Project Manager, Doncaster Clinical Commissioning Group

Anthony Fitzgerald - Chief of Strategy and Delivery, Doncaster Clinical Commissioning Group

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons and Lorna Foster.

		<u>ACTION</u>
	Note: In accordance with council procedure rule 4, the Panel Resolved to combine three items on the agenda, 7. Sustainability and Transformation Plan (STP), 8. Doncaster Place Plan and 9. Intermediate detailed at number 17 below.	
13	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
14	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 21ST SEPTEMBER, 2016</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on the 21 st September were agreed as a true record.	

15	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
16	<u>DONCASTER SAFEGUARDING ADULTS BOARD (DSAB) REPORT</u>	
	<p>The Panel was presented with the Doncaster Safeguarding Adults Board’s annual report detailing what the Safeguarding Adult Board has accomplished during the year to achieve its main objective and implement the strategy. The annual report also sets out the findings of any Safeguarding Adults Reviews completed and the subsequent actions arising from those reviews.</p> <p>Members were informed how the Care Act 2014 had placed the Safeguarding Adult Boards on a statutory footing and brought a significant change for safeguarding adults practice. From the 1st April 2014, the Board had been implementing requirements of the Care Act including developing a strategic plan, publishing an annual report and undertaking safeguarding reports. It was explained that much of the 2015/16 resources was used to revise a new framework, new terminology and shift to an outcome focused approach.</p> <p>It was outlined that some of the positive work undertaken included;</p> <ul style="list-style-type: none"> • A positive engagement strategy. • Continuation to support forums, in that abuse will not be tolerated. • Creation of leaflets and posters. • Production of a safeguarding film (created for both public and professionals). • Shared lessons with agencies and the board received 2 action plans received for final sign off and approval. • All concerns to go through the newly appointed Chair John Woodhouse. <p>The Panel was informed following a peer review for the Board and operational safeguarding arrangements, that a multi-agency action plan had been agreed with 80% completed with further work to be carried out. It was added that positive feedback had been received when evaluating the peer review ensuring that it was having the right impact and that the actions were right.</p> <p>It was acknowledged that some actions required a longer term approach with some areas needing further assurances. This had resulted in further work being undertaken as strengthening the team had taken longer than expected.</p> <p>During a further debate the following areas were discussed:</p> <p><u>Training</u></p>	

	<p>It was recognised that training provided was very good and it was questioned how confident the board was in getting the message out to communities. Members were informed that statistics of safeguarding concerns were monitored. Members were also told that figures and concerns regarding safeguarding that came through the adult's hub had increased year on year as more reports were coming through. It was reported that there was a confidence that the relevant agencies were getting on the agenda.</p> <p>In respect of e-learning courses, concern was raised regarding the attendance figures presented by partners such as RDASH and St Leger Homes, which were felt to be poor. Members were assured that agencies undertake their own single agency training.</p> <p>Actions: That single agency training figures are highlighted in future reports.</p> <p><u>Section 42 enquiries – Neglect or acts of omission</u></p> <p>Concern was raised that these figures were too high. Members were informed that Social Care and Support Workers were addressing such areas through preventative measures, reviewing training and awareness raising as well as taking relevant action when it arises. It was acknowledged that there was now a robust process in place.</p> <p><u>Locations - Inadequate or needs improvement</u></p> <p>The Panel discussed what the board was doing in regards to registered locations that were deemed as inadequate or needing improvement. Members were informed that regular weekly meeting were taking place looking at providers across the board to ensure they were able to address their own areas for improvement. It was added that the Care Quality Commission (CQC) were working jointly with the board.</p> <p>RESOLVED that the Panel note the report.</p>	Safeguarding Adults Team Manager
17	<p><u>ITEM 7: SUSTAINABILITY AND TRANSFORMATION PLAN (STP).</u> <u>ITEM 8: DONCASTER PLACE PLAN</u> <u>ITEM 9: INTERMEDIATE CARE UPDATE – CHANGES TO CURRENT SERVICE</u></p>	
	<p>A series of presentations were received by the Panel regarding the three individual items. A discussion took place which is outlined below.</p> <p><u>Sustainability Transformation Plan</u></p> <p>It was discussed that some local Councils had not been consulted with in respect of the Sustainability Transformation Plan although other Councils within the South Yorkshire and Bassetlaw had. It was clarified that some areas were looking at the Place Plan. An</p>	

acknowledgement was made that in upcoming years there would be some difficult decisions and challenges to be faced especially with 25 different organisations involved. Members were informed that the next stage would be to consult with the public. It was recognised that both Emergency and Planned Care were the right things to be doing and also presented the biggest opportunity to start working together.

Place Plan

In respect of the Place Plan, it was explained that the plan was about the 'integration' staff on the front line and having the right quality of care once patients reached the right place. It was recognised that getting frontline staff together to ensure that duplication was being reduced was a key challenge. It was shared that the plan was about enabling partners to come together and the vision was about building on documentation and strategies tailoring to community strengths and keeping patients well in their communities whilst providing excellent quality care.

Members were informed how the Intermediate Social Care addressed the gap of what was being done to ensure that it meets the needs and demands of the population whilst removing unnecessary complexity and duplication. It was recognised that prevention was a way of decreasing demand. Members were informed that Doncaster leaders have had conversations and were clear on the vision for providers to work together and respond collectively on what was being commissioned. It was explained that the work merges well with that of Team Doncaster as there was a need to include other elements such as housing. It was added that enablement and recovery draws heavily on what was already been undertaken by the authority.

In respect of engagement, Members were informed that the Implementation and Framework plan was going to take at least two years and build upon momentum of Doncaster organisations.

Intermediate Care

It was recognised that this would be a significant piece of work and a real opportunity for a new model of provision. .

Finances and Monitoring Arrangements

It was explained that in respect of health, work was being undertaken to renegotiate the process with providers and identify where money can be saved to address the gap. It was recognised that at present, this was a question colleagues both within health and social care felt was challenging with the constraints that exist. It was recognised that if it doesn't work nationally then there would be a different conversation with the Government and the public. It was added that it was believed to be the right plan and that there was presently too much of a focus on

hospital services when more emphasis should be on keeping people within their own communities.

Regarding difficult decisions it was explained that these may include: -

- Work streams and where best located.
- Development of specialist centres and improving outcomes.
- Development and improvement of the community service to enable more people to be treated at home.
- Growing integration, moving forward and impact on workforce.

Members were informed that at a higher level there would be a full evaluation on what the new model will mean for patients and what it is like for organisations to come together.

Reference was made to the financial impact on patients who may lose money (for example, due to being self-employed) from staying longer than necessary in hospitals. It was recognised that there was a need to develop increased patient care involvement and look at what was best for them through shared decision making.

Concern was raised whether these plans were achievable and what would happen if they weren't. Members were informed how every organisation in the system that signed up would have overall total control so there would be a need to balance the books and that plans needed to show what we were doing and whether it was affordable. Members were also assured that the governance arrangements for this new model were being considered with the possibility of a strategic partner being brought in through the Better Care Fund.

It was explained that all existing governance models would continue whilst the new plan and model was being developed which would later require a scrutiny and public view as to how well it's working. It was further explained that a Memorandum of Understanding would be in place to sign up to and a shared risk register in existence to manage risks jointly. It was added that enablement and recovery draws heavily on what was already been undertaken by the authority.

Members were informed that the timeline would likely to be approximately longer than 2 years. It was explained that all health and social services would be placed on a four neighbourhood plan model. It was acknowledged that this plan was in place to avoid complexity and expenditure with a single point of access being the best course of action.

It was questioned how money would be saved when less people would be seen when visited compared with the number of people attending a clinic. Reference was made to the current duplication and complexity that existed within the system which often resulted in patient ending up in the most expensive part of primary care or by going to the hospital

where the plan will be to avoid that.

In respect of duplication that existed within services, it was explained how, for example, in relation to skill levels that these existed within teams and were not being used to the maximum. It was recognised that there was a will across providers that they needed to change what they currently do. It was added that it was about using these skills lower down the system to be able to provide a better service, making sure that the right people were in the right place and bringing professionals together at the front of services.

Engaging with Hard to Reach Groups

In relation to engaging with hard to reach groups, Members were informed that the plan from the NHS perspective outlined what more the NHS could do particularly through utilising better risk assessment tools within social care practise. It was added that it wasn't just about undertaking a health assessment but about a social care assessment, looking at other issues such as loneliness and isolation, food, home and transport and taking an approach that it's simpler and easier to signpost individuals.

It was recognised that there was a need to work collectively together which included Health and Wellbeing Boards and Team Doncaster having a role in the planning for Doncaster and being able to create the right environment.

Regarding people being able to live in a safe environment, Members were informed how, for example, the Fire Service was now doing a fall service when they did prevention visits. It was explained that consideration was being given to personnel who might identify those who are vulnerable but not present within the adult and social care system.

In relation to changing roles, concern was raised regarding what effect such changes would have on our GPs and pharmacies. Concern was also raised whether ambulance staffs were becoming more of an administrator type role. It was explained that staff looked at how the number of patients being taken to hospital could be reduced within the ambulance service, by undertaking an assessment at home which was better for the patient.

It was explained that professionals need to facilitate a better way of working together and begin to use the same documentation and technology. It was admitted that there was a long way to go but the ambition is there and steps will be taken to integrate them to be able to see the journey of that person.

Health Inequalities

In regards to health inequalities, it was recognised that some gaps were widening and it was questioned what were the blockages in addressing them. It was believed that there was a tendency for health inequalities to be seen as a health system responsibility when certain areas fall outside of it. Opinions were expressed that no one should get left behind or slip through services.

Engagement and Participation

A Member questioned the existence of an engagement strategy when previous mechanisms no longer existed including forums and places where agencies could attend to obtain feedback from communities. Members heard that engagement was taking place on a number of levels as part of a Communication and Engagement Strategy. Members were pleased to hear that officers across communication streams were meeting with each other more and that there would be a great deal of engagement work to be undertaken with individuals before work takes place.

In respect of joining up, Members were assured that experts would be brought in to ensure that messages and the methodology is more than a document and that different mediums are considered. That new ways of engaging with the public are looked at such as workshops, particularly to engage with those individuals who have complex needs. It was also explained that discussions were taking place with HealthWatch about how high level engagement can be undertaken as they have national presence. It was recognised that engagement work needed to link with Team Doncaster

It was also commented that change would only be achieved when society stops seeing older people in a negative way. It was added that Members were of the opinion that no major change in this respect had been made.

Action: Intermediate Care Engagement Strategy to be circulated

RESOLVED that the Panel;

- i. Note the information presented; and
- ii. Supports the overall direction of travel within the Doncaster place plan and notes that the plan will be subject to changes;

And that consideration is given to;

- iii. The whole of Team Doncaster embracing Health Inequalities as a priority; and
- iv. What can be done to ensure that engagement strands across health and Team Doncaster are effectively pulled together.

Intermediate
Care Project
Manager,
NHS CCG

20	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORK PLAN - UPDATE</u></p>	
	<p>Members received a report updating them on the Panels work plan for 2016/17. A copy of the work plan was attached at Appendix A to the report which took account of the issues considered at the informal Health and Adult Social Care Overview and Scrutiny planning meeting held on the 6th June, 2016.</p> <p>Members were also presented with an update on the workplan and of the Joint Regional Health Overview and Scrutiny Committee. Members were informed about the impact of proposed changes locally in comparison to other local authority areas.</p> <p>RESOLVED that the Panel;</p> <ul style="list-style-type: none"> i. Note the Health and Adult Social Care Overview and Scrutiny work plan for 2016/17; and 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; 	

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

The Adults, Health and Wellbeing Transformation Programme

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Glyn Jones – Deputy Mayor and Portfolio holder for Adult Social Care and Equalities	All	None

EXECUTIVE SUMMARY

1. The purpose of this report is to provide Members with an overview of the Adults Health and Wellbeing Transformation Programme.

EXEMPT REPORT

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

RECOMMENDATIONS

3. That the Health and Adult Social Care Overview Scrutiny Panel notes the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

5. A presentation will be provided to the Committee by Kim Curry, Director of Adults, Health and Wellbeing and Patrick Birch, Improvement Director, Adults, Health and Wellbeing, about the transformation programme which was considered by Cabinet on 29th November 2016.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

6. There are no alternative options as this report is intended to provide the Committee with an opportunity to note the detail of the transformation programme.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
1.	All people in Doncaster benefit from a thriving and resilient economy. <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> 	The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objectives
2.	People live safe, healthy, active and independent lives. <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
3.	People in Doncaster benefit from a high quality built and natural environment. <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.	All families thrive. <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
5.	Council services are modern and value for money.	
6.	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

7. There are no specific risks arising from this report.

LEGAL IMPLICATIONS

8. There are no specific legal implications arising from this report.

FINANCIAL IMPLICATIONS

9. There are no specific financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS

10. There are no specific human resource implications arising from this report.

TECHNOLOGY IMPLICATIONS

11. There are no specific technology implications arising from this report.

EQUALITY IMPLICATIONS

12. There are no specific 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

13. There is no consultation required for this report.

BACKGROUND PAPERS

14. The Adults Health and Wellbeing Transformation Programme – Cabinet reports 22/3/16 and 29/11/16

REPORT AUTHOR & CONTRIBUTORS

Howard Monk, Head of Service (Strategy and Performance Unit)

Tel: 01302 736911

Howard.monk@doncaster.gov.uk

Patrick Birch

Improvement Director, Adults, Health and Wellbeing

Tel: 01302 734763

patrick.birch@doncaster.gov.uk

Kim Curry
Director Adults Health and Wellbeing

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

REPORT: COMMISSIONED CARE AND SUPPORT AT HOME (CCASH) UPDATE

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

EXECUTIVE SUMMARY

1. On 24th May 2016 Cabinet noted an update report on the transformation of Adult Health and Wellbeing Services in Doncaster specifically referring to the Commissioned Care and Support at Home (CCASH) Service.
2. The report outlined that the proposed new model of service to address current failings in the local market, provide greater stability, improve local connections and provide the platform for further transformational change.
3. This report updates the Health and Adult Social Care Overview and Scrutiny Committee on the service as requested following the letting of the contracts.

EXEMPT REPORT

4. The report does not contain exempt information.

RECOMMENDATIONS

5. That Members of the Health and Adult Social Care Overview and Scrutiny Committee note this update on the CCASH service.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. The new service model will provide stronger links between care providers and community based services supporting a new strength based approach.

BACKGROUND

7. The Commissioned Care and Support at Home Service (CCASH) was developed and commissioned in partnership with Doncaster Clinical Commissioning Group (DCCG) following extensive consultation over a two year period with current service users, care providers, and care organisations. The new contracts were awarded on the 1st November 2016 to significantly contribute towards the following objectives:

- Supporting more people to be helped to live at home as an alternative to residential care.
- Developing robust strategic relationships with the new Strategic Lead Providers in order to provide a platform for on-going transformational change of the service.
- Greater market sustainability through zoning.
- A commissioning for outcomes focus underpinned by an asset and strength based approach to assessment and care management.

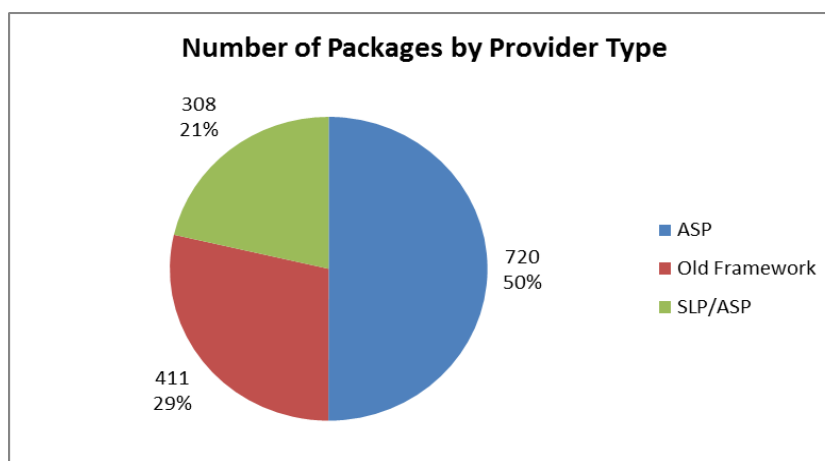
The main characteristics and features of the new service can be summarised as:

- The commissioning of a Strategic Lead Provider (SLPs) as the primary deliverer of care in each of the six new geographical zones across the district. Thereby supporting the operational efficiency and sustainability of SLPs through increased locality working. Appendix 1 identifies each SLP by zone.
 - Implementation of a partnership approach between the Council and the SLPs providing a platform for service development and transformational change including the future exploration of efficiencies by evaluating the benefits of allowing SLPs to deliver into other settings within their allocated zone.
 - Encouraging strong and effective links between the SLPs and community based services within their allocated Zone to support the implementation of both asset and outcome based approaches and locality commissioning.
 - A borough wide framework of Additional Support Providers (ASPs) to maintain a diverse market, provide choice for individuals and mitigate against the risk of individual provider failure.
 - The phased introduction and development of Electronic Call Monitoring in partnership with the SLPs.
8. At the start-up of the CCASH Service on 1st November 2016 four SLPs were selected as the primary deliverer of care over the six geographical zones. Two of the SLPs (covering three of the zones) are new to the district. In addition, ten ASPs were selected to work across the district, one of which is new to the district.
9. Nine previous providers were not successful in the tender exercise and their service users are being supported by the newly established Transitions Team to access a Direct Payment or move to a contracted provider. The take up of Direct Payments via this route will be an important development in raising levels of self-directed care across the directorate as planned.
10. As previously approved, the CCASH service will be implemented in the following three phases:

Phase 0 8 Months	November 2016 – July 2017	MOBILISATION AND STABILISE <ul style="list-style-type: none"> • Supporting the market to be operationally robust. • Developing the strategic partnerships with SLPs. • Managing winter pressures through the
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		mobilisation stage. <ul style="list-style-type: none"> Supporting Direct Payments through transitions.
Phase 1	July 2017 – March 2018	TRANSITION <ul style="list-style-type: none"> Commissioning packages on outcomes. The introduction of Individual Service Funds for SLPs. Explore alternative services 24 hour response models and evaluate the implications of devolving these to SLPs.
Phase 2	April 2018 - Onwards	TRANSFORMATION <ul style="list-style-type: none"> The exploration of a range of services (brokerage, support planning, money management and community social work) to be delivered in partnership with the SLPs.

- The initial eight month mobilisation and stabilisation phase of the project has now commenced which is a major and important component of the project in light of the new entrants to the market and the number of unsuccessful tenderers to be managed and supported.
- As evidenced in the table below 29% of people currently supported are under the old framework with 21% supported by an SLP. The rest (50%) have services provided by an ASP. In order to gain maximum impact from the developing strategic relationships with the SLP, the Council will be actively supporting the SLPs to develop their capacity to increase their market position whilst supporting individuals to transition to either direct payments or a contracted provider in relation to those individuals receiving services from a provider who was not selected for the CCASH contract.



- The Council is currently planning a complementary procurement exercise in respect of specialist provision which was purposefully excluded from the CCASH arrangements set out above.

OPTIONS CONSIDERED

- There are no options to be considered as this report is to provide an update to the Panel on CCASH.

REASONS FOR RECOMMENDED OPTION

15. Not applicable as this is an update report.

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>Providers will have a local focus which will contribute to investment in Doncaster and increase employment opportunities for Doncaster people. The local market will stabilise and develop. Better value care and support at home will help to protect other vital services.</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>There will be higher quality personalised care and more choice and control for service users. Innovative approaches to using resources will maintain independence and enable living at home for as long as possible</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>Stability in the local market and methods of staff recruitment should have a positive impact on job opportunities for Doncaster people.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Families will be included in planning the provision of relative's care, which will build confidence in the care that is being provided. Family life will be more stable, as people will be supported to stay at home for longer, reducing hospital attendance and long-term residential care. Individuals will be encouraged to be socially and physically active, in order to maintain or improve their well-being.</p>
	<p>Council services are modern and value for money.</p>	<p>Care and support providers will be expected to demonstrate a safe, effective and value for money approach to service delivery.</p>

	Working with our partners we will provide strong leadership and governance.	The model will increase collaboration and strengthen partnerships with the commissioned care providers. More efficient contractual relationships will strengthen governance arrangements and improve the quality of care and support.
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RISKS AND ASSUMPTIONS

16. The risks and assumptions relating to CCASH were set out and considered as part of the previous Cabinet reports.
17. The primary risk at this stage of the CCASH development is the mobilisation of the two SLPs who are new to the borough. The mitigating actions both undertaken and planned in this regard are:
 - The development of a recruitment plan targeted at the SLPs
 - The sharing of commissioned activity by Zone to aid SLPs planning intelligence
 - Connecting the SLPs to the transformation programme and new developments
 - Regular communication with the SLPs particularly focusing on those new to the area to monitor mobilisation

LEGAL IMPLICATIONS

18. Section 1 of the Care Act 2014 places a duty on the Council to promote an individual's physical and mental health and emotional well-being, and that eligible needs may be met by care and support being provided at the individual's home or in the community (either by the Council itself, or by arranging for a person other than the Council to provide the service or by making a direct payment).
19. The Localism Act 2011 provides the Council with a power to do anything that an individual generally may do, and Section 111 of the Local Government Act 1972 gives a Council power to purchase goods and services.
20. Legal have been consulted and continue to give advice and support in relation to this contract

FINANCIAL IMPLICATIONS

21. The CCASH service replaces the previous domiciliary care framework and is expected to remain within the existing budget constraints whilst offering the potential to transform the way the service is delivered and reduce care hours and package costs.
22. The annual budget for the domiciliary framework (non-specialist provision) is £10.64m. The 2016/17 budget is planned to deliver care at a standard hourly rate of £14.36, equating to c14,250 paid for hours per week.

23. To ensure that the new CCSAH model is financially viable the contract will be managed to take into account price, volume, shift from residential care and delivery-based approach.
24. It is also important to ensure that the Council's Charging Policy is reviewed to reflect the new model. In line with the Mayor's Draft budget proposals 2017/ increase in charges will be limited to the estimated RPI for March 2017 of 2.2%, allowing for roundings.
25. The financial model will continue to be refined as volume of actual cases transferring to direct payments over time become apparent.

HUMAN RESOURCES IMPLICATIONS

26. The proposals outlined in the report do not have any direct staffing implications.
27. The preferred operating model will necessitate a different approach to existing ways of working for staff in the Authority. Significant changes will be required to the culture, leadership and ways of working within the service areas if change is to be effectively brought about. Consideration should also be given to prioritising workforce development so the right people are recruited and retained to ensure the provision of high quality service delivery.

TECHNOLOGY IMPLICATIONS

28. There are a range of immediate business improvements currently underway within Adults, Health and Wellbeing and being led by the Digital Council Programme. These work streams must be aligned, monitored and achieved as contributing enablers to allow the effective implementation of the recommendations outlined in the Cabinet report in May 16 to deliver the CCASH project.
29. A business case relating to the CCASH Project was considered and agreed by the ICT Governance Board in August 16.
30. The requirements for Electronic Call Monitoring implementation will need further clarification as the project develops.

EQUALITY IMPLICATIONS

31. A Due Regard Statement was prepared and appended to the Cabinet report of 24th May 2016.

CONSULTATION

32. Extensive consultation has been undertaken over the past 2 years and throughout the development of this model. This has included current service users, care providers, care organisations, and local health partners, including the Doncaster Clinical Commissioning Group. Details of the consultation were set out in the Due Regard statement appended to the Cabinet report of 24th May 2016.

BACKGROUND PAPERS

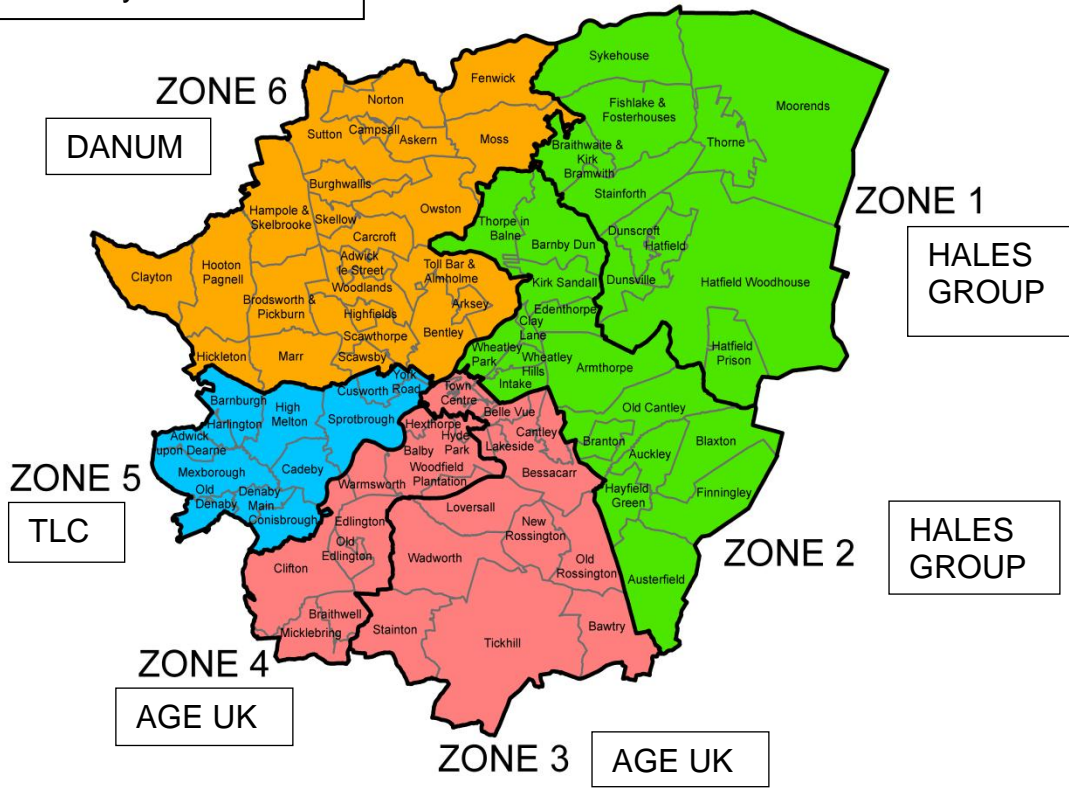
- Cabinet Report 24/5/16: Adults, Health and Wellbeing Transformation – Commissioning Care and Support at Home
- Cabinet Report 22/3/16: The Adults Health and Wellbeing Transformation Programme
- Cabinet Report 4/2/15: A new model of home support for Doncaster to be known as ‘Help to Live at Home Service’ that will replace the current framework agreement with domiciliary care providers.
- Cabinet Report 1/10/14: Approval of a new commissioning model of home support to be known as ‘Help to Live at Home in Doncaster’ to replace the current framework agreement with domiciliary care providers.
- Doncaster’s Carers Strategy: ‘Caring for the future’ 2015-2020
- Doncaster’s Adults, Health and Wellbeing Directorate Local Account 2014- 15
- Joint Strategic Needs Assessment, Doncaster 2014
- Health and Wellbeing Board Briefing Paper: Ethical Care Charter and Kingsmill Review (11 August 2014)

REPORT AUTHOR

Ian Campbell, Interim Head of Service: Commissioning
Tel: 01302 732238 E-mail: Ian.Campbell@doncaster.gov.uk

Kim Curry
Interim Director, Adults, Health and Wellbeing

Appendix 1
Strategic Lead Provider by Zone



2nd February 2017

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

Overview of Mental Health Services for Children

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nuala Fennelly Cabinet Member for Children Young People and Schools	All	None

EXECUTIVE SUMMARY

1. The purpose of this report (and presentation) is to provide Members with an overview of Mental Health Services for Children.

EXEMPT REPORT

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

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information contained in the presentation.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

5. The Panel will be provided with a presentation from Lee Golze, Doncaster Clinical Commissioning Group outlining the 7 key areas of highest level of need for children suffering with mental health.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

6. There are no alternative options within this report as the intention is to provide the Panel an opportunity to consider Childrens Mental Health Services.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

7.

	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>The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objective</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>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>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

8. There are no specific risks associated with this report.

LEGAL IMPLICATIONS

9. There are no specific legal implications arising directly from this report.

FINANCIAL IMPLICATIONS

10. There are no specific financial implications arising from the recommendations detailed in this report.

HUMAN RESOURCES IMPLICATIONS

11. There are no specific human resource implications arising directly from this report.

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

13. 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

14. There is no consultation required for this report.

BACKGROUND PAPERS

15. None.

REPORT AUTHOR & CONTRIBUTORS

Lee Golze, Doncaster Clinical Commissioning Group

Damian Allen
Director Learning and Opportunities: Children and Young People

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

OVERVIEW AND 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 consider and review the updated work plan report for 2016/2017.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to: -
 - i. Consider and review the Health and Adult Social Care Overview and Scrutiny work plan for 2016/17 and agree when items be programmed for consideration or removed.
 - 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

- An updated version of the work plan is attached at appendix A for consideration and the Panel is asked to consider the unresolved issues and agree when items should be programmed or removed from the list. It should be noted that the work plan highlights those items that have been considered up to end of October, 2016 and those that are planned at the time this agenda is published.

OPTIONS CONSIDERED

- 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

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

IMPACT ON COUNCIL'S KEY OUTCOMES

	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 borough.</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</i> 	

	<p><i>our Communities</i></p> <ul style="list-style-type: none"> • <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

8. 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

9. 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).
10. Specific legal implications and advice will be given with any reports when Overview and Scrutiny have received them as items for consideration.

FINANCIAL IMPLICATIONS

11. 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

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

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

14. 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

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

BACKGROUND PAPERS

16. None

REPORT AUTHOR & CONTRIBUTORS

Caroline Martin
Senior Governance Officer
01302 734941
caroline.martin@doncaster.gov.uk

Kim Curry
Director of Adults, Health and Wellbeing

Schedule of Overview & Scrutiny Meetings

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
May	Fri, 20th May 2016, 11am – Chamber (CR)	Mon, 23rd May 2016, 2pm – Sheffield (CR)		Wed, 25th May 2016, 1:30pm Rm 209 (CM)	
	<ul style="list-style-type: none"> Commission Care & Support (FP) 	Regional Health Scrutiny; <ul style="list-style-type: none"> Working Together Programme 		<ul style="list-style-type: none"> Work planning – R&H O&S 	
June	Fri, 10th June 2016 at 9am – Chamber (CM)	Mon 6th June 2016, 10am - Rm 410 (CR)	Thurs 2nd June 2016, 9am – Rm 210 (CM)		Wed, 1st June 2016, 3:30pm, Rm 210 (CR)
	<ul style="list-style-type: none"> Work planning - OSMC 	<ul style="list-style-type: none"> Work planning – HASC O&S 	<ul style="list-style-type: none"> Work planning – CYP O&S 		<ul style="list-style-type: none"> Work planning – C&E O&S
	Fri, 10^h June 2016, 10am – Chamber (CM)				
	<ul style="list-style-type: none"> O&S Draft Work Plans O&S Membership 				
	Mon, 27th June 2016 – Rm 209 (CR)				
<ul style="list-style-type: none"> Corporate Plan (Refresh) 					
July	Thurs, 7th July 2016, 10am – Chamber (CM)	Wed 6th July 2016, 10am – Rm 409 (CM)	Mon, 11th July 2016, 10am – Chamber (CR)		
	<ul style="list-style-type: none"> DMBC Finance & Performance Qtr 4 15/16 SLHD Finance & Performance Qtr 4 15/16 Youth Justice Plan 	<ul style="list-style-type: none"> Intermediate Care – changes to current service 	<ul style="list-style-type: none"> Education White Paper Update – Implications for Doncaster Accountability Arrangements Childrens Trust Update Qtr 4 1516 		
Aug	Friday 12th August, 2016 at 10am - (CM)	Mon, 8th August, 2016– 3:30pm (CR)			Thurs 11th August 2016 – All Day, Rm 210 (CM & CR)
	<ul style="list-style-type: none"> Budget discussion 	Regional Health Scrutiny; <ul style="list-style-type: none"> Working Together Programme (Doncaster supporting this meeting). 			Domestic Abuse (one day review) <ol style="list-style-type: none"> Strategy Meet Victims Meet with Partners: <ul style="list-style-type: none"> Growing Futures Perpetrator Programme – Foundation for Change Changing Lives

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
					<ul style="list-style-type: none"> Police (Safeguarding Adults Team) Riverside DMBC Officers Sandra Norburn/Bill Hotchkiss <p>4. Refuge Visit (separate session) – two members only</p> <p>Wed 17th August 2016 – 2:30pm, Council Chamber (CM)</p> <ul style="list-style-type: none"> 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, 27^h Sept. 2016, 10am – Chamber (CM)		
	Core annual 'define & deliver' cycle	Health Inequalities. Incl. <ul style="list-style-type: none"> description of overall approach focus on the health needs of BME populations plans to update the assessment Veterans Information session to follow: <ul style="list-style-type: none"> Health Watch - Chair 	<ul style="list-style-type: none"> Childrens Trust Update – Split Screen report DFE Achievements of Children Inspections Framework SEN School Results (by pyramid/sub-groups) 		
Oct	Thurs, 6th October 2016, 10am – Chamber (CR)			10th October, 2016, 9am – Room 008 (CM)	Mon, 3rd October 2016, 10am – 3pm, 410 (CM)
	<ul style="list-style-type: none"> DMBC Finance & Performance Qtr 1 16/17 SLHD Finance & Performance Qtr 1 16/17 			<ul style="list-style-type: none"> Economic Plan – Outline Place Marketing – update Additional Housing Update 	Domestic Abuse Review continued: <ul style="list-style-type: none"> 10am – meeting with victims who have experienced domestic abuse and been supported.

Nov	Weds, 2 nd Nov 2016, 1pm – Chamber (CM)	21 st Nov 2016, 3.30pm Oak House Junc 1 M18 (CM)		Mon, 28th November 2016, 9.30am - Room 409 (CR)	Friday 25 th November, 2016 at 9.30a, room 410 (CR)
	• Call-In	CWT Joint Scrutiny Wed, 23 rd Nov 2016, 10am – 007b (CM)			
	Thurs, 10 th Nov 2016, 10am – Chamber (CR)	<ul style="list-style-type: none"> • Adult Safeguarding Report • Doncaster Immediate Care - Changes to Current Services – Update • STP (Sustainability and Transformation Plan) • Health and Care Local Place Plan 			
	• Stronger Families Update				
Dec	13 th Dec 2016, 11am - (CM)		Tues, 6 th Dec 2016, 10am – Chamber (CM)		
	• Budget (informal)				
	Thurs, 15 th Dec 2016, 1pm – Chamber (CR)				
	<ul style="list-style-type: none"> • Progress on Digital Council • Children’s Trust Recovery Plan • DMBC Finance & Performance Qtr 2 16/17 • SLHD Finance & Performance Qtr 2 16/17 				
		<ul style="list-style-type: none"> • Childrens Trust Update (DMBC) • Education & Skills Commission (Standards & Strategy) • Chair Children’s Safeguarding Board: – <ul style="list-style-type: none"> a) Annual report b) CSE Update c) Outline and Function of the Performance Account Board (PAB) • CIC – Virtual School 			

Jan	Thurs, 19 th Jan 2017, 10am – Chamber (CR)			Wed 18th Jan 2017 9.30am – Council Chamber (CM)	
	<ul style="list-style-type: none"> Budget (formal) 			Homelessness Strategy <ul style="list-style-type: none"> Update on Homelessness Summit Progress with the Homelessness Partnership Details on length of stay in temporary accommodation; and Doncaster’s and neighbouring authority homeless figures. 	
Feb	2nd Feb 2017, 9am – Chamber (CM or CR)	2nd Feb 2017, 12:30pm – 007b (CM or CR) (Was 25th Jan)	H&ASC/CYP O&S - Invite 2nd Feb 2017, 12:30pm – 007b (CM or CR) (Was 25th Jan)		Mon, 13th Feb 2017, 10am – 007b (CM or CR)
	Corporate Plan Update				
	15th Feb 2017, 1pm – Chamber (CM or CR)	<ul style="list-style-type: none"> Transformation programme as that will cover direct payments and the development of the community led model Update on Care and Support at home Mental Health within Children’s Services (jt with CYP O&S) 	CYP O&S Invite for the following; <ul style="list-style-type: none"> Mental Health within Children’s Services (jt with CYP O&S) 		<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
	DCST Financial Recovery Plan				
9th or 23rd Feb 2017, 10am – Chamber (CM or CR)	Mon, 13th February 2017 time TBC Oak House Junction 1 M18 (CM or CR)	Fri, 24th Feb 2017, 10am Chamber (CR) (Was Mon, 27th Feb) –			
<ul style="list-style-type: none"> Budget (formal – if required but tbc) 	<ul style="list-style-type: none"> CWT Joint Scrutiny final proposals 	<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 			

			<ul style="list-style-type: none"> Effectiveness of Pupil Premium across Doncaster 		
Mar	Thurs, 23rd March 2017, 10am –Chamber (CM)	15th March 2017, 10am – 007b (CM)			H&ASC O&S - Invite 15th March 2017, 10am – 007b - invite
	<ul style="list-style-type: none"> DMBC Finance & Performance Qtr 3 16/17 SLHD Finance & Performance Qtr 3 16/17 Approach to Equalities and Future Direction – Action Plan 	<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 			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

<p><u>Ongoing annual list of Council Plans</u></p> <p>Council Plans:</p> <ul style="list-style-type: none"> Corporate Plan Refresh - 27th June 2016 and 2nd Feb 2017 <p>Statutory Plans: -</p> <ul style="list-style-type: none"> 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 2017 Maybe carried to 2017/18 work plan <p>Other:</p> <ul style="list-style-type: none"> Library/Training/Museum/Cultural Centre (FP Item) - TBC Borough Strategy (Sustainable 	<p>Transformation Programme – 7 key projects – ongoing:</p> <ul style="list-style-type: none"> IAG (Information Advice and Guidance) Community Led Support Learning Disability part of the commissioning key project Commissioning <p>Other:</p> <ul style="list-style-type: none"> Quality Accounts (annual) – when produced by partners Updates e.g. NHS England, CCG, H&WB – when approached by partners <p>Areas to be transferred for possible consideration in</p>	<p>Other TBC: -</p> <ul style="list-style-type: none"> ETE Opportunities for CIC – Career Advice & Guidance (possible CYP O&S Members involvement) 	<ul style="list-style-type: none"> Economic Plan Refresh – to consult with the Panel - first meeting 10th October and to be programmed further when available. 	<p>Other TBC:-</p> <ul style="list-style-type: none"> Vol/Com Strategy – update and impacts of the new grant scheme.
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23 January 2017

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

<p>Community Strategy no longer obliged to have as a Statutory Plan)</p> <ul style="list-style-type: none">• Community Engagement Strategy – TBC• Devolution (was 9th Nov) – deferred.	<p>2017/18:</p> <ul style="list-style-type: none">• District Nurse Access• Review - Developing an Age Friendly Doncaster			
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FP – Forward Plan Decision