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Doncaster
Metropolitan Borough Council

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: 007a and b - Civic Office
DATE: Wednesday, 22nd November, 2017
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 20th September, 2017 *(Pages 1 - 10)*

5. Public Statements

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

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

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 14 November, 2017

Senior Governance Officer for this meeting: Caroline Martin (01302) 734941

6. The South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding. *(Pages 11 - 50)*

7. Doncaster's Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan, Adults Health & Wellbeing Transformation Programme). *(Pages 51 - 54)*

8. Doncaster Suicide Prevention Plan. *(Pages 55 - 76)*

9. The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. *(Pages 77 - 82)*

10. Overview and Scrutiny Work Plan 2017/18 - Update *(Pages 83 - 98)*

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

Chair – Councillor Andrea Robinson
Vice-Chair – Councillor Cynthia Ransome

Councillors Linda Curran, George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith and Derek Smith

Invitees:

Lorna Foster - UNISON

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 20TH SEPTEMBER, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on WEDNESDAY, 20TH SEPTEMBER, 2017 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson
Vice-Chair – Councillor Cynthia Ransome

Councillors Cynthia Ransome, Linda Curran, George Derx, Martin Greenhalgh, Pat Haith and Derek Smith

Invitee: - Lorna Foster, UNISON

ALSO IN ATTENDANCE:

Doncaster Council;

Damian Allen, Director of People
Karen Johnson, Assistant Director of Adult Social Care
Howard Monk, Head of Service, Strategy & Performance Unit
Lisa Swainston, Stronger Communities Manager for Wellbeing
Angela Waite, Carers Lead Officer.
Ian Campbell, Head of Service, Commissioning

Doncaster CCG

Jackie Pederson, Chief Officer
Debbie Aitchison
Jo Forrestall, Head of Strategy and Delivery, Community Services

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons and John Gilliver.

		ACTION
44	DECLARATIONS OF INTEREST, IF ANY	
	No declarations were reported at the meeting.	
45	MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW	

	AND SCRUTINY PANEL HELD ON 14TH AUGUST, 2017	
	RESOLVED that the minutes of the meeting held on 14th August, 2017 be approved as a correct record and signed by the Chair subject to the following amendment:- Minute No 39 Public Statements, the word sustainable be amended to sustainability, to read Sustainability Transformation Plan.	All to note
46	PUBLIC STATEMENTS	
	There were no public statements made at the meeting.	
47	DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS.	
	The Panel received a verbal update from Jackie Pederson, Doncaster CCG and Damian Allen, Director of People on progress made on Doncaster's Strategic Health and Social Care Plans which are the Doncaster Place Plan and the Councils' Adults Health and Wellbeing Transformation Programme. The Chief Officer provided Members with an overview of the work carried out to date and stated that they were working together and commissioning with respective organisations to set up a joint committee with delegated authority from the Local Authority and CCG. She indicated that it was the intention to have delegated pooled budgets to commission and provide as one service. The Director of People highlighted to Members that there was a need to be clear that the ambition was significant. However, the bigger challenge was the cultural issue and behaviour challenge. He stated that the programme of change would test out the key areas and although the service was being optimistic for the future, eyes were open for the challenge ahead. He pointed out to Members that there would be risks as change rarely happened without risks being associated, these would be dealt with as they arose. He also stated that there may be a need to re-specify areas, particularly those with more complex adult needs. Damian reported that it was important to understand the dynamics of the change and there was also the need to be accountable to those changes. He stated that a report would be submitted to Cabinet in October which will consider the commissioning agreements. For example Section 75 Agreements for pooled budgets. He stated that he envisaged that the Agreements would be signed off by the end of the financial year. The Director further explained that the Adults Transformation Plan was being reviewed to align with the Doncaster Place Plan. He stated that the Mayor and Council would be considering the Doncaster Growing Together at Full Council on Thursday which covered a number of key aims, one of which was Doncaster Caring, part of the delivery	

programme for the Doncaster Place Plan.

Following the update, Members were afforded the opportunity to make comments and ask questions as follows:-

A Member stated that whilst it was a Mayoral priority to protect Doncaster Services, it appeared that the Daycare service within Mexborough had now been closed and staff asked to provide services in an alternative way. He asked officers to supply Members with a further explanation on how arrangements had impacted the service users and carers and whether there were future plans for Mexborough centre and staff. The Director of People reported that Daycare Services sits within the Adults Transformation Programme. However, there was a need to focus on the service and not the facility/building. He indicated that regular 6 weekly meetings were taking place with Mexborough Ward Members to keep them up to date on any progress made. He pointed out that there was a desire to see much more community led service provision.

The Assistant Director of Adult Social Care suggested that the Daycare Strategy be placed on a future agenda for the Panel to consider. It was reported that it had been evidenced that the day centre hadn't been meeting the needs of the residents in the way that was needed. It was clear that from examining the service provision looking more at the people's individual needs and desires was required. She indicated that now within Mexborough there were a series of different outlets where people go to and this had supported smaller organisations that were struggling. Although from what had looked like a negative situation, there had been some very positive outcomes for residents. Karen stated that she would provide Members with further details on specific issues outside of the meeting.

Clarity was sought with regard to the risks and opportunities outlined within the verbal update. The Chief Officer, CCG gave a few examples of risks associated with the new way of working which were as follows:-

- Some of the models had not been tested;
- The new way of working requires organisations to work together rather than competing; and
- Some organisations may benefit and others may not.

She indicated that there was a need to think carefully about budgets and undertake preparatory work to ensure the right direction was being taken. She also stated that it was imperative that organisations worked together to ensure the best model was secured and the most efficient pathways were identified. She pointed out that she felt that the risk was worth taking and by working together in partnership those risks can be mitigated. The Director of People echoed comments made and stated that there was always a challenge when moving away from the traditional style service. There were risks associated with collaboration

	of organisations and the comfort factor played its part. Damian also pointed out that the scheme was also heavily reliant on funding from the Better Care Fund which had a finite line and there was the added risk of the programme management delivering on time and within budget. A Member stated that with the timescales being relatively tight, were there any substantial training programmes for the staff affected by the changes. The Director of People stated that there would be training available to staff, although there may be some compromise along the way when looking at the requirements for individuals. He stated that there was a desire for staff to have enhanced skill set to enable them to be more mobile and resilient over the change in landscape. RESOLVED that the verbal update and report, be noted.	All to note
48	UPDATE ON INTERMEDIATE CARE.	
	Following its request, the Panel received a report and presentation from Debbie Aitchison, Head of Strategy and Delivery, Intermediate Care, CCG detailing the current position relating to intermediate care. It was reported that the proposed changes were being currently tested, the model was being refined and staff were being prepared for transition. Initially this phase was due to run to May 2017 when the Council was due to have agreed a new joint health and social care model for commissioning. However, testing had been extended until October 2017 to align with place plan timeline and the new arrangements for joint commissioning were implemented. A series of test projects had been established which were as follows:- • Rapid Response pathway; • Proof of concept for a shared digital care record; • Closer alignment of the social care reablement service (STEPs) and health's reablement service (CICT); and • Simplifying access. Members were presented with an update on Rapid response activity and the involvement of carers in developing the new model. In response to the findings a number of recommendations had been proposed as follows:- (1) Development of a trusted assessor model so that a range of practitioners can routinely carry out carers assessments when someone is referred to intermediate care; (2) Ensure two way communication with carers is built into any new pathways;	

	(3) Develop further links with carer support services and other voluntary sector services e.g. AGE UK; and (4) Provide opportunities for on-going involvement of carers in evaluation and development of services. Following the presentation, Members were given the opportunity to make comments and ask questions as follows:- It was questioned whether any feedback had been received following the trial with GP's. It was reported that positive feedback had been received and whilst there was an aim to reduce the amount of GP call outs on some occasions it is appropriate but where they can ECP's would be used. A Member queried the meaning of the statement made by the paramedic. It was reported that prior to the rapid response there wasn't a clear process put in place. However, following its introduction there was now a tool that has been developed and was being tested. It was noted that previously paramedics would have been making referrals but in a less structured way whereas now there is more conversation and dialogue with the patient and their family. The Panel welcomed the user feedback on page 24 but queried how the process would work for a person with mental health problems. It was reported that simple interventions may be all that is required to make bigger differences. However each individual may require different approaches. It was highlighted that work with Mental Health Services had only just commenced and it was recognised that there was more that can be done. A Member stated that in the current climate, it had been noted that there was a need to reduce the number of people entering residential care. However, there was great pressure on that service and on the professionals making those decisions. He asked how the Council could be confident that for those people who require residential care were getting that service. It was reported that for some people residential care was the right solution, with the Council processing and examining each individual case. It was noted that the Council approved a significant number of cases and some cases were immediately obvious that residential care was required. Members were advised that 1027 people were accessing the services and there were many groups of people looking through the cases, which is why something needed to change and partners to work collectively. In some cases a patient may not need a referral to hospital and by working collaboratively that patient could obtain the support needed to enable them to stay independent within their own home. From a fire prevention perspective, it was asked whether the Fire	

	Service had been consulted on the changes in intermediate care. It was noted that the Fire Service had been involved from the start of the process. It was noted that there was a role to play from Elected Members and leaders and an all Members workshop had been scheduled to take place on the 10th October. RESOLVED that the presentation and update report be noted.	All to note
49	END OF LIFE CARE.	
	The Panel received a presentation and report from the Head of Strategy and Delivery-Community Services NHS Doncaster CCG which provided Members with the opportunity to have an overview and to consider End of Life Care. It was reported that care as someone approaches their end of life matters to everyone. The first national End of Life Strategy (2008) identified three key insights as follows:- (1) people didn't die in their place of choice; (2) that services need to be scaled up to be prepared to support people dying; and (3) not everybody received high quality of care. Members were advised that the strategy generated significant momentum and energy which had led to significant improvements in end of life care. Since that time national guidance further highlighted the principles for ensuring a health and social care system wide approach to improving the care for all residents. It was noted that the CCG direction of travel was based on the progress of discussions both internally and with stakeholders, patient stories, what data is telling us and the best available evidence on models of end of life care. Members were presented with progress to date which highlighted that end of life care was a priority area for the CCG and clinical leadership comes from the CCG Board Member. She stated that some of the performance indicators had been aligned with a method called CQUIN which will support joint working. However performance information had been limited. It was further highlighted that the service developments within the following areas:- • Woodfield 24; • Community Nursing; • Specialist palliative care inc Hospice; • Community equipment; and • Assess to medicine. In addition, it was reported that within education and training, the CCG	

	had funded through GP practices a gold standard framework and 63% had taken up the offer of training and Doncaster Royal Infirmary/RDaSH were to undertake training of all relevant staff in their 123 approach. Following the presentation Members were afforded the opportunity to make comments and ask questions as follows:- In response to whether there would be a cost associated with the use of Woodfield 24, it was reported that when a patient reaches 3 months before death it becomes a health cost would not be charged to the client. It was noted that the district nurse would act on behalf of the individual and work closely with Woodfield 24 and the family to agree a care plan. Members were advised that this process provides a much more flexible approach and more value for money. A Member was passionate about and wished to raise an issue that had not been mentioned, which was approaching a funeral director following the death of a family member which can be very distressing. He suggested that although this was a commercial issue it may be useful to include a recognised local firm for simpler funerals. It was reported that although this had not be raised in consultations a strategic approach could be undertaken to provide an easy guide of what to ask for. The Panel noted that not all people have the same pre-planning in place for their death and there was a debate to be had. It was clear that dying well with dignity was a fundamental conversation that happens too late. It was noted that the Council do have those difficult conversations where a person has no relatives and their repressed wish was in will form. <u>RESOLVED</u> that the presentation and report be noted.	All to note
50	<u>CARERS STRATEGY PROGRESS REPORT 2017.</u>	
	The Stronger Communities Manager for Well-being presented a report which outlined progress made with the Carers Strategy 2017. In 2015-16, the Council, in partnership, created a vision for Carers in Doncaster. Carers of all ages in Doncaster were recognised for the vital contribution they make, have a strong voice that influences improvement, are respected as partners in care and are able to tap into support they need, when they need it in a way that they choose. Young carers would not be expected to provide care but if they choose to do so they will be supported to prevent negative impact on their life chances. The vision led to a co-produced Doncaster Carers Strategy 2015-2020 which was attached at Appendix 1 to the report. It was reported that since that time a collaborative Carers Strategic Oversight Group	

	(CSOG) had been established to structure, drive and challenge the Council and partners approach and support in delivering the vision and was co-chaired by representatives of carer groups, which was attached at Appendix 2 to the report. Members were advised that the Carers Strategic Oversight Group and the supporting delivery structure of themed task groups attached at Appendix 3 of the report had been working towards establishing a robust partnership plan to focus and target improvements for Doncaster carers. It was noted that at Appendix 4 of the report a one-year report had been compiled in November 2016 highlighting some of the key steps taken during this first year of partnership. A draft action plan, covering the previous 2016 actions and the next steps for further improvements through 2017-2018 was currently under consideration by the Carers Strategic Oversight Group attached at Appendix 5 of the report. It was further noted that Doncaster were waiting for confirmation of this year's annual Carers Survey to determine the impact of changes made on carers themselves, which is due in September 2017 to re-prioritise the action plan as appropriate. The Stronger Communities Manager presented a small example from a care user to the Panel, which presented positive outcomes for the patient and their family. She stated that the aim was to have a positive story for all patients. Following the brief presentation, Members sought clarity and asked questions on a number of issues as follows:- In response to whether there would be extra support given to those people receiving Universal Credit, it was reported that that extra support would be given and those people were being targeted by DWP and the Benefits Service. Members noted that a flexible short-breaks scheme was in operation, and questioned how the Council was meeting the level of need. It was reported that this area had been identified of needing improvement to ensure users could access one-off payments. It was noted that there was a need to have a more person centred approach and a desire to have more bespoke packages available. An example from a Member with regard to a young carer whose parent suffered with MS and had experienced problems with his attendance at school, he stated that although the issues around his education were now concluded he was experiencing difficulty in paying broadband fees. He asked whether there were any ways in which he could be assisted financially. The Director reported to the Panel that this was a particular passion of the responsible Cabinet Member and it was clear to see the disadvantages for young carers which need addressing. In	

	the first instance, it was hoped that young people wouldn't find themselves in this position, schools being aware and having knowledge of problems incurred by young carers. It was felt that this was currently varied and inconsistent. He explained that the Children and Young Peoples Plan aimed to address these issues and it was noted there was a need for packages of education to be developed. A Panel Member indicated to the Panel that she had had some experiences of working in this field and knew too well of the impact financial constraints had on young carers. She asked whether the Young Carers organisation was still active. The Director stated that he felt that the care family and support community contract which had now been re-let to Barnados didn't do as much as it should do and the voice of the young carers required escalating as a priority. He also stated that he would be challenging academies principles for abilities and achievement of young carers. It was reported that the Council had a moral obligation to meet the needs of young carers and suggested that an update on young carers be placed on the work plan for a future meeting. With regard to tips or best practice guidance, it was questioned whether anything was available for those employers that currently need help in supporting carers. It was reported that there was currently 1200 carers who were employment fit but were unable to work because of their caring responsibilities. Members were advised that there was a significant % of employers signing up to progress and implementing changes. It was noted that work would be carried out with Team Doncaster Partnership through the Chamber. <u>RESOLVED</u> that the current work on the Carers Strategy be noted and support be given to increasing the focus and challenge to partnerships to effectively progress this work for Doncaster.	All to note All to note
51	<u>OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE.</u>	
	The Panel received a report updating Members on the Panel work plan for 2017/18. A copy of the work plan was attached at Appendix A to the report taking account of issues considered at the Health and Adult Social Care Overview and Scrutiny meeting held on 21 June and OSMC meeting held on 29 June 2017. <u>RESOLVED</u> that the Health and Adult Social Care Overview and Scrutiny work plan for 2017/18 at Appendix A, be noted	All to note

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Doncaster
Metropolitan Borough Council

22 November, 2017

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

The South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachael Blake Cllr Nigel Ball Cllr Nuala Fennelly	All	None

EXECUTIVE SUMMARY

1. The purpose of this report is to provide members of the panel with the opportunity to discuss and comment upon the South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding (SYB MOU). The MOU is attached to this report as Appendix A.
2. The SYB MOU is not a plan or a legally binding contract, it does not replace the legal framework or responsibilities of statutory organisations, but sits alongside to complement and enhance them.
3. The MOU does however set out a shared commitment for health and care organisations to continue to work together on improving health and care for the people of South Yorkshire and Bassetlaw, including Doncaster.
4. Doncaster Council is defined as a "partner in" the MOU so would support the direction of travel, but would not be expected to sign the agreement.
5. Members will be aware that, in common with the rest of South Yorkshire and Bassetlaw Doncaster has produced and is delivering a Place Plan and is progressing the development of its own Accountable Care Partnership.
6. The Centre for Public Scrutiny and Local Government Association have helpfully undertaken research and provided guiding principles and recommendations for members in relation to Accountable Care Systems.

EXEMPT REPORT

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

RECOMMENDATIONS

8. That the Scrutiny Panel considers and comments upon the South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

9. 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. Feedback from the panel will be used in the development of the

Doncaster Accountable Care Partnership and the implementation of the Doncaster Place Plan.

10. The ultimate goal of the South Yorkshire and Bassetlaw Accountable Care System is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

11. The SYB MOU advocates a collective and collaborative approach to health and wellbeing increasingly focused on prevention, integration, physical and mental health and, co-production with citizens and communities. The aim is to achieve excellent and sustainable services for people, including:

- Employment, opportunity and business
- Adult and child health and social care, enabling independence
- Raising levels of education and skills to improve opportunity
- Safe, clean and green environment
- Life chances for all

BACKGROUND

12. In October 2014, NHS England (NHSE) published the Five Year Forward View which sought to address the challenges facing health and social care in England. The plan set out a vision that produced a five year strategy achieving a sustainable and high performing health service that meets the needs of the population. Two years later, local health leaders were asked to come together in 44 areas of England identified as geographical 'footprints', to develop place-based plans for transforming services within the allocated funding envelope.

13. In December 2016, these 44 Sustainability and Transformation Plans (STPs) were approved and given permission by NHSE to be officially published. In the same year, NHSE launched a follow up report to the NHS Five Year Forward View, the Next Step, to evaluate the progress made so far and to set out the new priorities to help bring the NHS closer to an integrated care model with some STP geographies becoming 'accountable' health systems.

14. Following publication of the Next Steps in the Five Year Forward View, South Yorkshire and Bassetlaw was confirmed as a high performing system and named as one of the eight Accountable Care Systems nationally. This means being supported centrally with additional funding, capacity and capability to be able to have more local control over health and care resources and in the delivery of transformational changes to services for people of South Yorkshire and Bassetlaw.

15. Accountable Care Systems are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital.

16. The SYB MOU considers the different relationships with constituent member organisations within the Accountable Care System and the different relationship that organisations may wish to have with it. It is accepted that not all partners would want to be subject to many aspects of this agreement or indeed it would not be appropriate. Organisations are therefore defined as either "parties to" or "partners in" the agreement. "Parties to" are NHS organisations who would sign up to the agreement. "Partners in" are organisations with strong relationships within the local system and would not sign the agreement, but would support the direction of travel. Doncaster Council is therefore defined as a "partner in".

17. The Doncaster Place Plan has been developed in line with the NHS Five Year Forward View, to further develop out of hospital services and to foster community resilience, so that individuals and families can be better supported at home, and when required services can be provided closer to home and reduce demand for hospital services. The Mayor and Cabinet have given their support “in principle” for the direction of travel of the Doncaster Place Plan and its vision that; “Care and support will be tailored to community strengths to help Doncaster residents to maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed”

18. The Local Government Association, in partnership with the Centre for Public Scrutiny, the Association of Directors of Adult Social Services, the Association of Directors of Public Health and the Society of Local Authority Chief Executives, has defined 5 shared principles for redesigning the local health and care landscape. These principles are presented in the form of questions, as follows:

- Do the proposals promote a person-centred approach?
- To what extent are they rooted in local accountability?
- Are they evidence-based?
- Do they support a community budgeting, place-based approach?
- Will they make a difference?

19. The Centre for Public Scrutiny has highlighted the important role that overview and scrutiny can play in successful Accountable Care Partnerships. In situations where there is presence of multiple priorities and competing interests, there is a potential for scrutiny to play a role by identifying common and shared objectives around which to galvanise support and to overcome silo-working behaviours. The CfPS specifically recommended that:

- Training and practical support is provided to colleagues working nationally and locally in health and social care to support collaborative working.
- A stronger emphasis is placed on the role of all leaders in STPs footprints to support collaboration and engage in proactively building a shared understanding of goals and improving transparency.
- A clear evidence base for change should be better communicated as the basis for a meaningful dialogue with partners and the public. Some of the current STP footprints will make this more difficult to achieve.
- There is a shared responsibility across health and local government to promote the value and importance of integrating local governance mechanisms for scrutiny and public participation into the STP programme.
- Commissioning and regulation policy and practice needs to keep pace with the system wide approach adopted by STPs moving attention away from a single organisational focus.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

20. There are no alternative options as this report is merely intended to provide the panel with an opportunity to discuss and comment upon the South Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objectives
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

21. There are no specific risks arising from this report. Risk associated with Accountable Care will be considered as and when they arise.

LEGAL IMPLICATIONS

22. Section 1 of the Care Act 2014 places a number of duties on the Council to promote an individual's wellbeing.

23. Section 3 of the Care Act 2014 states that the Council must ensure that care and support provision is integrated with other health provision and health related provision where it will promote the wellbeing.

24. Section 6 of the Care Act 2014 stats that the Council must co-operate with each of its partners and each relevant partner must co-operate with the Council in exercise of their respective function relating to adults with needs for care and support.

25. Although the MOU refers to this Council as a partner, this Council will not be signing the

MOU, which is a non-legally binding arrangement.

26. Further legal advice will be required as this project progresses.

FINANCIAL IMPLICATIONS

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

HUMAN RESOURCES IMPLICATIONS

28. There are no specific human resource implications arising from this report. There are likely to be human resource implications as accountable care is developed further in Doncaster and these will need to be identified and addressed as they arise.

TECHNOLOGY IMPLICATIONS

29. There are no direct technology implications in relation the Memorandum of Understanding. Where requirements for new, enhanced or replacement technology to support accountable care arrangements are identified these would need to be considered by the ICT Governance Board (IGB).

30. The Council's on-going progress towards becoming a modern digital authority as detailed in the ICT Strategy, Digital and Customer Service Strategies, together with the delivery of other Council transformation programmes will provide essential enablers to support the delivery of the Doncaster Place Plan vision and future state of health and social care services in Doncaster. Work already underway to support this includes:

- a new integrated solution based around people in Doncaster's place, which plans to seamlessly join up all kinds of care to all people, with new processes, higher quality data and intelligence, including interoperability with partners.
- streamlining operational processes within customer journey and appropriate IT support to the new community hubs including the provision of connectivity/Wi-Fi for community hub locations as well as the correct remote and mobile working solutions for workforce roles
- a proof of concept for an integrated Digital Care Record (iDCR) for health and care services
- an interim solution for case management of people with complex lives

31. As the requirements and plans for the delivery of the Doncaster Place Plan develop further, resources from Customers, Digital and ICT will need to be involved from the outset to ensure the right processes and business requirements are identified to inform the procurement and implementation of the right technology.

EQUALITY IMPLICATIONS

32. 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

33. No consultation is required for this report.

BACKGROUND PAPERS

34. Local Government Association – Shared Principles for re-designing the local health and care landscape

    Centre for Public Scrutiny - Governance of Sustainability and Transformation Partnerships; the verdict so far

    The South Yorkshire and Bassetlaw Sustainability and Transformation Plan

    The Doncaster Place Plan

REPORT AUTHOR & CONTRIBUTORS

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23 June 2017

Letter to: South Yorkshire and Bassetlaw Accountable Care System Chief Executives

Dear Colleague

Re: South Yorkshire and Bassetlaw Memorandum of Understanding

Following discussions at our boards, governing bodies and in council meetings on the draft Memorandum of Understanding (MoU) for South Yorkshire and Bassetlaw (SYB), I am pleased to attach the revised, final document.

The final version takes into account your comments and feedback and reflects the changes you requested. In addition to the changes, you also raised questions about some of the detail in the MoU and involvement of your organisation and Place in how the processes might develop. These are now incorporated in a separate document which will be shared with you and we will be working through these important questions in the next phase and as our Accountable Care System (ACS) matures.

If we are to achieve our ambitions, then we must always start with Place, allowing local areas to flourish as we collectively take on the challenges across our System. I would like to reiterate that the MoU does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. I would also draw your attention to your role within the Agreement.

As a core partner, you are a ‘party to’ the Agreement

‘Parties to’ have majority relationships (patient flows and contracts) within and across SYB and you are signing the agreement to be part of the emerging ACS in SYB. You will be subject to delegated NHS powers and a new relationship with other Parties, with both of the NHS regulators and are assured a package of support to transform health and care.

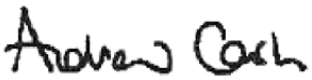
Your feedback and questions have been extremely valuable and as well as strengthening the document, will continue to shape our direction. I would like to thank you and your executive, non executive, lay colleagues and members for getting us to this point.

The documents reflects a point in time. We are still in negotiation with NHS England and NHS Improvement and the Arms Length Bodies on our MoU and are looking to take it to the 12 July Collaborative Partnership Board with a view to having support by the end of July.

The nature of our collective governance cycle means that it has taken us some weeks to get to this milestone but I am sure you will agree that it has been a thorough and valuable process. Our success to date is undoubtedly down to the strong relationships that exist between us and a proven history of working together. As we continue on our journey, we are building on very strong foundations and I look forward to working with you as we strengthen our position to bring about better health, care and life chances for the people of South Yorkshire and Bassetlaw.

We will be communicating about the ACS and our plans more widely in September and so the ask is that you now seek support for the direction of travel with your board, governing body and council meetings by the end of July.

Yours sincerely,



Sir Andrew Cash
ACS Lead

Health and Care Working Together

South Yorkshire & Bassetlaw Accountable Care System

Memorandum of Understanding 'Agreement'

June 2017

Title	Memorandum of Understanding for South Yorkshire and Bassetlaw Sustainability and Transformation Partnership		
Drafting coordinator	Will Cleary-Gray		
Target Audience	SYB Collaborative Partnership Board Membership, Place Partnership and Boards, statutory organisation Boards, Governing Bodies, Councils, NHS England, NHS Improvement and the ALBs and the Department of Health		
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23rd June	0.4	Will Cleary-Gray	Initial feedback from CPB members
Approval by:			

Foreword

This document has been developed with South Yorkshire and Bassetlaw Health and Care partners. It is not a plan or a legal contract. We have already published our Plans across the five local Places and system in South Yorkshire and Bassetlaw. At the same time, each of our individual organisations has contracts in place.

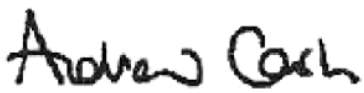
It does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. This document recognises the complexity of how health and care organisations currently work and interact together to provide the best possible care and services. It is also mindful of how health and care organisations are coming together to form partnerships locally in place; integrating health and care, commissioning and providing, including voluntary, community, GP, mental health and hospital services. At the same time, some of those same organisations have formed partnerships and are coming together across South Yorkshire and Bassetlaw to plan and commission strategically to ensure safe, sustainable and equitable acute services. In short, we are seeing increased collaboration, joint planning and integration of services that are focused entirely on bringing the greatest benefits to our population.

It is a complex picture and one which we must work through together as we continue to focus on what matters – the people in the populations we serve. This means constantly reviewing our approach, together with our staff, patients and citizens. We will also continue to build trust between us, working through what is best for our populations while using best practice where it exists and national guidance and support where we need it.

This document summarises and sets out our shared commitment to continue to work together on improving health and care for the people of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield and collectively South Yorkshire and Bassetlaw. We still have much to work through and our plans and our approaches to delivering them continue to evolve.

This is our best assessment for 2017-19 on how we will work together, what we will work on and what we need to accelerate our vision and plans – the 'Give' and 'Get' which lies at the core of this MoU.

As we are in transition it is helpful to clarify how we are using terminology and acronyms for the purposes of this document. Sustainability and Transformation Plan (STP), Accountable Care System (ACS) and South Yorkshire and Bassetlaw Health and Care Partnership (SYB) are used throughout and they refer to the same thing – our SYB Partnership and our collaborative approach.



Sir Andrew Cash, ACS Lead

Contents

1. Introduction and context

1.1. This document has been developed with South Yorkshire and Bassetlaw Health and Care partners. It is not a plan or a legal contract. We have already published our Plans across the five local Places and system in South Yorkshire and Bassetlaw. At the same time, each of our individual organisations has contracts in place.

1.2. It does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it, setting out the framework within which our organisations will come together to establish how we will develop as an Accountable Care System.

1.3. South Yorkshire and Bassetlaw has five strong health and social care communities of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield which have a long history of working together in each local Place and across South Yorkshire and Bassetlaw (SYB) to achieve positive change and improvements for local people.

1.4. The links between poverty and ill health are well established and are the driving force behind our joint working. Creating jobs, ensuring availability of affordable, good quality housing and targeting resources towards areas of greatest need and reducing inequalities are all important to reduce poverty and improve our health and wellbeing.

1.5. Our collective and collaborative approach is increasingly focused therefore on prevention, integration, physical and mental health and crucially, co-production with citizens and communities; addressing the wider determinants of health together. These are inextricably linked and include:

- Employment, opportunity and business
- Adult and child health and social care, enabling independence
- Raising levels of education and skills to improve opportunity
- Safe, clean and green environment
- Life chances for all

1.6. Each health and social care organisation in each Place already has plans which have been developed in partnership and in some cases, for example the Better Care Fund Plan, these plans are jointly owned between health and social care.

1.7. There is a shared view that in order to transform our services to the degree required to achieve excellent and sustainable services in the future, we need to have a single shared vision and single shared plan both for each Place and for South Yorkshire and Bassetlaw. For this reason, leaders from across health and social care in each Place have come together to develop a single shared vision and single shared plan which has resulted in Place Plans and the SYB Plan.

1.8. South Yorkshire and Bassetlaw is therefore in a good position with a single shared vision and plan in each Place. This is made possible by the commitment and significant contributions of each constituent organisation.

1.9. This puts each of our localities, and system as a whole, in a strong position to develop and realise an ambitious set of health and social care services for our patients and service users; ensuring the best possible quality of care within available resources.

1.10. In developing a joint vision and plans in each Place, we intend to maximise the value of our collective action and, through our joined up efforts, accelerate our ability to transform the way we deliver services. Our Plans are not starting from scratch or replacing individual partners' plans- they build on existing plans, taking a common view and identifying areas where it makes sense for us to work together and collaborate.

1.11. Central to these ambitions is developing different relationships with each other in Place, across the system and with those that assure and regulate our health services. This will enable us to focus on integrating health and social care services and ensuring safe, sustainable and equitable hospital services for everyone.

1.12. We are committed to ensuring citizens and staff have the opportunity to be involved in conversations to help shape the direction of travel in the ACS and in Place. This ranges from their role in wellness, prevention and self-care; identifying what's important to the them in the delivery of services; as well as more specific consultation about service changes; and on the ongoing transparency and opportunity for them to hold us to account for delivery.

1.13. A key test of our new relationships will be the extent to which we adopt, as a first principle, an altruistic approach to each other as partners 'working as one'. How we respond as partners in times of need will be crucial and we must always put the needs of individuals, patients and the public first.

1.14. This document sets out how we propose to organise ourselves to provide the best health and care, ensuring that decisions are always taken in the interest of the patients we serve. It allows us to push even further beyond organisational need and allows us to build on working together in each Place *and* working together across SYB - to take collective strategic decisions across the whole of South Yorkshire and Bassetlaw to lift the standard of care no matter where people live or the organisation charged with planning or delivering care.

1.15. South Yorkshire and Bassetlaw set out its strategic ambition and priorities to improve health and wellbeing for all local populations in the Health and Care plan published in November 2016, together with how this will be implemented in each of the five Place Plans across Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield.

1.16. Following publication of the Next Steps in the Five Year Forward View, South Yorkshire and Bassetlaw has been confirmed as a high performing system and named as one of the eight Accountable Care Systems nationally. This means being supported centrally with additional funding, capacity and capability to be able to have more local control over health and care resources and in the delivery of transformational changes to services for people of South Yorkshire and Bassetlaw. This ability to have more local control is mainly reflective of the potential devolved responsibilities from health, its regulatory and assurance framework and health funding and resources.

1.17. This 'Agreement' sets out the framework within which our partner organisations, including NHS England and NHS Improvement will come together 'working as one', in 2017/18 to establish how South Yorkshire and Bassetlaw will develop as an Accountable Care System. We will agree together the delegated powers and new relationships we adopt between partner organisations, health regulators and health assurers to better achieve ambitions set out in the Plan and five Place plans.

1.18. The MoU sets out the approach to collaborative working and ambition to work as a shadow Accountable Care System in 2017/18, together with key milestones to move to a full ACS in 2018/19. SYB will engage with NHS England centrally, the Department of Health and the national Arm's Length Bodies (ALBs) to work through in 2017/18 *how* and *what* devolved NHS powers it will receive in 2018 as an Accountable Care System and which will be reflected in and subject to separate and specific agreements both with NHS England and local statutory organisations. Throughout this process we will be mindful of the legal duties placed on each partner organisation.

1.19. This 'Agreement' should be read in conjunction with the Plan, published in November 2016 and the five local Place plans across South Yorkshire and Bassetlaw. It should be viewed as a framework to enable collaborative working, secure central funding and support new

relationships with Arms Length Bodies (ALBs) in the pursuit of becoming an ACS to better deliver improved health and care for the population of South Yorkshire and Bassetlaw.

1.20. This 'Agreement' recognises the importance of integration of health and social care in each *Place* and that this will be an important factor in working through how the emerging Accountable Care Partnerships - which are being developed in each Place across partners and complement the ACS - develop to deliver improved care.

2. Parties to and partners in the Agreement

2.1. In developing this Agreement consideration has been given to the different relationships with constituent member organisations within the SYB ACS and the different relationship that organisations may wish to have with it. There are many partners working together - NHS and non NHS including local authorities and the voluntary sector each have respective governance, accountabilities and in many cases regulation responsibilities.

2.2. It is accepted that not all partners would want to be subject to many aspects of this agreement or indeed it would not be appropriate. NHS England and NHS Improvement have assisted SYB to establish clarity on which organisations should be *Parties* to and which might be *Partners* in this Agreement in context of NHS governance, accountability, regulation and assurance. For clarity, collectively, Parties to and Partners in are all members of the SYB Collaborative and its associated Partnership Board.

2.3. STP geographies were, in the large part, nationally defined. Core and associate partner terminology has been established over the course of developing the Plan to describe different partners and to support a wide and diverse partnership and to enable cross geographical boundary relationships and working.

2.3.1. For the purposes of this MoU core partners ('Parties to' the MoU) are NHS partners who have the majority relationships (patient flows and contracts) within and across SYB while Associate partners ('Partners in' the MoU) have majority relationships (patient flows and contracts) as core members of neighboring STPs, and relationships in SYB generally confined to a *Place* or Accountable Care Partnership (ACP). Associate partners are also likely to be subject to collaborative agreements in neighboring STPs or local ACP and receive support consistent with respective STPs. For clarity, collectively, 'Parties to' and 'Partners in' are all members of the SYB Collaborative and its associated Partnership Board

2.3.1. In the case of Chesterfield Royal Hospital NHS Foundation Trust, the trust became a core member in the partnership on the basis of its strong history of clinical networks within and across South Yorkshire and Bassetlaw including the Cancer Network and more recently the Cancer Alliance and its history of collaboration with acute trusts as part of the Acute Vanguard, resulting in significant acute flows into SYB. Early on in the plan development process, formal representation was made to NHS England and NHS Improvement jointly between the Partnership and Chesterfield Royal Hospital NHS FT for it to become a full partner in SYB which was supported.

2.3.1. It is recognised that Chesterfield sits within a neighboring STP and likely that it may be subject to agreements with the neighboring STP which will need to be worked through to establish the medium and longer term relationships with SYB ACS which may change. There may also be changes to the way other oragnisation engage in the MoU as we develop and mature as an ACS. This also applies to emerging organisations, federations and legal partnership including primary care federations and therefore we will need to review as we develop.

2.4. It is anticipated that Parties 'to' will sign the agreement as an emerging ACS in SYB, be subject to delegated NHS powers and a new relationship with each other, with both NHS regulators and assures and package of support to transform health and care.

2.5. It is anticipated that Partners 'in' will support the direction of travel and work in partnership with SYB ACS. In some cases they may be subject to separate agreements in neighboring ACS and aligned agreements in ACP in Place within SYB.

2.6. The Parties to this agreement are:

2.6.1. Commissioners

- NHS Bassetlaw Clinical Commissioning Group
- NHS Barnsley Clinical Commissioning Group
- NHS England
- NHS Doncaster Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group

2.6.2. Healthcare Providers

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Rotherham, Doncaster, South Humber NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

2.6.3. Heath Regulator, Assurer, Education and Training

- NHS England
- NHS Improvement
- Health Education England
- Public Health England

2.7. The Partners in this agreement are:

2.7.1. Local Authority partners

- Barnsley Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- Nottinghamshire County Council / Bassetlaw District Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council

2.7.2. Provider partners

- Nottinghamshire Healthcare NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- East Midland Ambulance Service NHS Trust
- Doncaster Children's Services Trust

3. Scope

3.1. The scope of South Yorkshire and Bassetlaw's transformational plan covers all aspects of health and care, specifically:

- Public health
- Social care
- Primary care (including GP contracts)

- Community services
- Dental and screening services
- Mental health services
- Acute services
- Specialised services
- Research and development
- Health education and innovation
- Governance
- Assurance
- Regulation
- Resources and finance
- Capital and estate
- Information sharing and digital integration
- Workforce
- Communication and engagement

3.2. Key enablers to include:

- Appropriate governance and regulation
- Delegation of resources from relevant national partners in line with the delegation of statutory functions
- Access to fiscal and regulatory levers that enable the improvement of health and wellbeing outcomes through wider determinants e.g. education, employment etc.
- Empowered system leadership, supported by effective governance and accountability arrangements
- A shared strategic approach to capital and estates planning
- A shared strategic approach to communications and engagement
- A shared strategic approach to workforce planning (clinical and non-clinical)
- Development of new payment mechanisms that remove perverse incentives and encourage/ support new models of care
- Development of new information sharing system/ processes

3.3. Operating as a shadow ACS through 17/18, will require flexibility in terms of ways of working. As a result, it is expected that the scope will remain fluid over this time period, to allow arrangements to be tested and amended as required to secure the optimal outcomes.

4. System objectives

4.1. In our STP submission we set out the objectives for the SYB systems aligned to the dimensions of the triple aims of the STP. These are summarised below:

4.2. The parties share the following system objectives

4.3 Care and quality

- Joined up, high quality services across hospitals, care homes, general practices, community and other services
- Easy and convenient access to services across settings and times of day
- Greater availability of services closer to home
- Better quality, more specialised hospital based care
- Greater availability and variety of non-health services that enhance people's health

4.4 Health and wellbeing

- Better support for individuals in relation to physical and mental wellness and prevention
- A wider variety of healthy living schemes aimed at all communities within the population
- Active networks and links that connect people across communities and provide support
- Greater collaboration across the public sector relevant to the wider determinants of health

4.5 Finance and sustainability

- High quality, efficient services which provide good value for money for tax payers
- Reduced waste and greater efficiency in service delivery
- Greater use of available funding in enabling individuals to stay well and providing care closer to their homes
- A workforce and service that works flexibly to respond to individual needs and how people live locally, ensuring that the right skills and services are present in the right place and the right time

4.6 The NHS Constitution and Mandate sets out clearly what patients, the public and staff can expect from the NHS. SYB wants to build upon the rights and pledges of the Constitution and provide further opportunities for patients and the public to be involved in the future of their NHS - building on the Plan and the early conversations we have had with the citizens, patients and staff on these ambitions during February and March 2017.

4.7. The NHS Next Steps on the Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It sets out the development of new models and SYB is committed to being an early implementer and a test bed for new, innovative approaches of:

a. An Accountable Care System across SYB, with devolved freedoms, accountabilities and responsibilities and new relationships with member organisations, including NHS England, NHS Improvement and the ALBs
b. A closer relationship between commissioning and providing, integrating and aligning approaches to strategic planning and transformation of services
c. Accountable Care Partnerships with providers across SYB, delivering new models of acute and specialist care
d. New models of commissioning at system level for acute services, reducing variation and duplication and minimising transactional activity
e. Operating and managing a system control total for health
f. Accountable Care Partnerships in each local Place delivering integrated health and social care aligned to an overall SYB ACS

4.8. SYB needs to develop different relationships and have freedoms and responsibilities to optimise its potential. This Agreement builds the collaborative partnership established to develop the Plan, creates the platform for SYB to build on these to implement its ambitions through the invitation to SYB commissioners and providers to develop an emerging ACS.

5. Overarching principles

5.1. In the documents that were submitted as part of the STP submission on 21 October 2016, STP partners made a commitment to upholding the principles summarised below:

- Improving quality and outcomes - As a system, partners will work collectively to improve quality and population outcomes for people and reduce health inequalities for all of our local populations.
- 'No worse off' principle – Decision making will be focused on the interests of people in SYB and our collaborative partnership will work to ensure those interests are served. We will ensure that our collective working and decisions do not lead to increased health inequalities or a worsening of health outcomes for any of our populations across SYB
- Inclusiveness - All stakeholders (including commissioners, providers, patients, carers and partners) will be included in decision making and empowered to shape the system as it continues to develop. This will require active and sustained communications and engagement, informing and involving people early and in ways that allow them to get involved and help shape the direction of travel as we tackle the challenges
- Participation - SYB will be involved in all decisions that materially impact on the health and care provided to its population or by its local partners
- Integration - Partners will work to support improvements in outcomes through increased integration
- Subsidiarity - Partners will work to support delegation of decision making to the most appropriate level, subject to robust governance and accountability mechanisms
- In the NHS family - Healthcare services in SYB will remain part of the NHS. All the commitments described in this Agreement aim to (i) strengthen health and care in SYB and (ii) uphold the NHS values and standards
- Transparency - Decision making will be underpinned by transparency and open information sharing between and amongst local and national partners
- Co-production - National partners will take a co-production approach with SYB, in which decision making is facilitated by national partners to devolve and by local partners to 'receive' and deliver delegated functions
- Form aligned to function - the delivery of shared outcomes will drive changes to organisational form where appropriate
- Wider system (NHS) focused - Further delegation decisions will continue to be subject to consideration by national partners.
    - Local partners commit to working with national partners to ensure alignment between national policy objectives and the strategic direction taken locally.
    - Local partners will continue work to support nationally agreed priorities, including those set out in the Five Year Forward View.
- Accountability - All organisations will retain their current statutory accountabilities for health and social care and any commitments made will remain subject to organisations' continuing ability to meet these accountabilities.

6. Direction of travel and key milestones

6.1. This document outlines our desire, individually and collectively, to achieve our vision of health and care in SYB. A significant amount of work has been delivered through working together locally to progress the system to its current state. However, we know that more work remains to be done and that a clear roadmap, agreed with all parties, will provide a clear and transparent way forward. We will continue to work together as local partners and with national colleagues to define the specific mechanisms and timescales associated with any further delegation of responsibilities and associated funding. Delegation of functions

from national partners to local partners on behalf of the "system" will take place in a series of agreed steps, the speed and scale of which will likely be determined by:

- The achievement of assurance criteria determined by national partners
- Demonstrated capability
- The strength/ appropriateness of governance arrangements
- The clarity of the delivery plan
- Suitability of gateway milestones

6.2. This approach will ensure that the system will only take on greater responsibilities and powers when it has the capability and resources to manage them appropriately.

Key milestones in the process include:

- By end July 2017, an MoU Agreement between SYB Parties giving the Framework by which SYB will 'work as one' to develop as an Accountable Care System and implement its Plan.
- By September 2017, taking staff and public feedback into account, we will refresh and rebrand the STP from a communications and engagement perspective to reflect becoming an ACS and what this means for the future of health and care
- By September 2017 we will agree a delivery plan for 2017/19 for SYB 'working as one' to include priority areas including urgent and emergency care, primary care, mental health and learning disabilities and cancer to demonstrate delivery and enable testing of key ACS objectives outlines in 4.7.
- By September 2017, governance and an approach for agreeing and monitoring investment decisions within the ACS will be agreed
- By the end of October 2017, with capital and transformation funding, we will agree how we will operate a system control total for health in 18/19
- By end October 2017, we will agree a new NHS single oversight and assurance framework for SYB to be operational by April 2018 with aligned resources to support an integrated SYB ACS oversight and assurance function which will work with streamlined regional and national oversight arrangements.
- By end of October 2017, we will agree system and place commissioning responsibilities for agreed functions and services to enable alignment for ACPs to focus on new ways of contracting and allocating resources including population budgets, population health management and segmentation approaches for Place tier 0 - 1 and a system commissioning function for tier 2 and 3 services (all to be agreed).
- By April 2018, we will agree governance and approach for delivery of tier 2 services following the hospital services review outcome to support a horizontally integrated accountable network of hospital based services.
- Each of the five Places has confirmed they wish to continue to develop their Accountable Care arrangements and it is anticipated that these will be in shadow form in 2017/18.
- By October 2017, SYB ACS will be 'working as one' with NHS England and NHS Improvement and working with ACPs in shadow form to provide support so that they will be legally constituted partnerships by April 2018 (at the latest).

7. Governance, accountability and assurance

7.0.1. This MoU does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. It recognises the complexity of how health and care organisations currently work and interact with each other to provide the best possible care and services.

7.0.2. Our health and care organisations are already coming together to form partnerships in Place; integrating health and care, commissioning and providing, including voluntary, community, GP, mental health and hospital services. These are taking varying forms and the governance and how this best supported in an overall ACS will be a key priority in 2017/18 and will be an area for which we will receive national guidance and support.

7.0.3. At the same time, some of these same organisations are forming necessary partnerships and coming together across South Yorkshire and Bassetlaw, either our hospitals, to ensure safe, sustainable and equitable acute services as a 'group of hospitals' or our health commissioners to make consistent strategic planning and commissioning decisions as a system commissioner. In all of this, how the traditional separation between health commissioning and providing and the focus on competition is giving way to a focus on collaboration and integration.

7.0.4. All of this 'pushes' at the boundaries of the existing legal frameworks but other systems have found ways to work where there is evidence that it better serves to make improvement to the populations we serve.

7.0.5. Current statutory requirements for CCG assurance

7.0.5.1 NHS England has a duty under the NHS Act 2006 (as amended by the 2012 act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce healthy qualities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

7.0.5.2 NHS England must publish a report each year which summarises the results of each CCG's assessment. The detail of the CCG assurance framework which underpins the publication is NHS England policy rather than set in statute or regulation.

7.0.6. Current statutory requirements for Foundation Trust oversight

7.0.6.1. NHS Improvement (NHSI - the operational name which brought together Monitor and the Trust Development Authority (TDA) and their associated teams on 1 April 2016) has a duty under the NHS Act 2012 to ensure the operation of a licensing regime for Foundation Trusts (and other providers of NHS services). The licensing regime covers requirements on FTs in relation to: general conditions; pricing; choice and competition; integrated care; continuity of services; and governance. The 2012 Act provides powers for NHS improvement to enforce or set conditions on a provider's license.

7.0.6.2. The licensing regime is underpinned by the NHS Improvement Single Operating Framework which aims to help providers attain and maintain CQC ratings of good or outstanding. The framework is NHS Improvement policy rather than set in statute regulations.

7.1 Principles and underpinning assumptions

7.1.1. The Agreement is drafted by all *Parties* including NHS England, NHS Improvement and the ALBs where this is appropriate. The Agreement is intended to be flexible to achieve the right balance of '*Give*' and '*Get*' - financial, capacity, capability or devolved freedoms and flexibilities in return for improved delivery, operational, financial, quality, and transformational change.

7.1.2. There will be continual engagement and consultation with Boards, Governing Bodies and Councils throughout development. ACSs are not statutory bodies - they supplement accountabilities of individual statutory organisations. 2017/18 will be the first phase of SYB ACS and statutory organisations will continue with statutory accountabilities and relationships with NHS England and NHS Improvement, which will retain legal responsibility for CCG assurance and FT oversight respectively.

7.1.3. From September 2017, SYB Health and Care Partnership will adopt the 'Working Together' brand and as such will continue to deliver NHS Constitution and Mandate commitments in full and remain part of the wider NHS System. The Health and Care Working Together Partnership will deliver the FYFV ambitions through the development of an Accountable Care System with five constituent Accountable Care Partnerships and implementation of its Health and Care Working Together Plan (October 2016, revised April 2017) and five Place Plans.

7.1.4. The development of the Accountable Care System during 2017/18 will establish how individual organisations will be held to account for their contribution to the delivery of NHS Constitution and Mandate and the Health and Care Working Together Plan. Each of the five Places has confirmed they wish to continue to develop their Accountable Care arrangements and it is anticipated that these will be in shadow form in 2017/18. What constitutes 'shadow' is to be worked through and to be discussed and agreed with statutory organisations. SYB ACS 'working as one' with NHS England and NHS Improvement will work with ACPs providing support where required, especially where ACPs look to move to legal forms.

7.1.5. Operational management of the assurance and oversight processes will be through SYB working together and we will deliver the principles of the two national frameworks with a locally developed model with an integrated single oversight and assurance process within the ACS.

7.1.6. SYB will be assured once, as a place, for delivery of the NHS constitution and mandate, financial and operational control and quality.

7.2. NHS assurance, regulation and accountability

7.2.1. We would expect to move to a SYB relationship with NHSI and NHSE providing a single 'one stop shop' regulatory relationship with NHSE and NHSI in the form of streamlined oversight arrangements. An integrated CCG Improvement Assessment Framework (IAF) and Trust single oversight framework. CCGs will still require an annual review with NHSE. This will be in place from April 2018.

7.2.2. Single Accountability Framework

Within 2017/18, SYB working with NHS England and NHS Improvement will establish a Single Accountability Framework (SAF) which brings together the NHS England CCG Assurance

Framework and the NHS Improvement Single Operating Framework at a local level. The SAF will be implemented from 1 April 2018 and will set out:

- The roles and responsibilities of the parties to this Agreement (CCGs, providers, NHS England and NHS Improvement)
- The scope of the SAF including NHS constitutional commitments, national targets, quality indicators and productivity measures
- The internal governance, assurance and reporting system within SYB to support delivery of the SAF
- The external assurance and reporting system for SYB to NHS England and NHS Improvement
- The agreed trigger points and process where NHS England and NHS Improvement may exercise their statutory responsibilities for intervention.

7.2.3. The Single Accountability Framework will operate in shadow form within 2017/18. In shadow form, its scope will reflect the priorities of SYB (for example, cancer and urgent & emergency care).

7.2.4. The scope of the SAF will widen as the ACS matures until it covers the full range of NHS responsibilities. The timeline for the development of the scope of the SAF will be agreed between the Parties to the Agreement.

7.2.5. In 17 / 18 we will align NHS England and NHS Improvement functions and resources to support delivery of the 'integrated within SYB ACS' element of the Single Accountability Framework.

7.3. Quality and safety

7.3.1. South Yorkshire and Bassetlaw has a well established quality and safety approach at, organisation, Place and System level. Very much of what is described in this MoU is about improving quality and safety. This is both through our organisations choosing to work together on common challenges and on those issues which are most in need of a different way of working or most likely to deliver improvements through our joint efforts.

7.3.2. We commit to reviewing our approaches in light of developing as an ACS in 2017/18 to ensure our quality and safety oversight and assurance best supports how we are coming together in Place, as emerging ACPs and across SYB as an overall ACS.

7.3.3. There is growing evidence that the improvements we are aiming to achieve within our plan will give measurable improvements in quality ahead of any financial efficiency improvements. We would therefore want to develop clear quality metrics for SYB to enable us to track these quality improvements.

7.4. Financial

7.4.1. There are a number of areas that the ACS wishes to develop in conjunction with NHS England and NHS Improvement to support robust governance, accountability and assurance. The proposals will be developed through the SYB Directors of Finance Steering Group and ultimately approved by the Collaborative Partnership Board. The areas to be considered are outlined below.

7.4.2 How a system control total would work across the ACS?

This would focus on the following areas:

- How to create in year flexibilities including the potential use of a contingency or other specific business rules?
- How to reflect the impact of an agreed transformational scheme which differentially impacts organisational financial performance?
- Consideration of Place based control totals?
- Consideration of monitoring, management and reporting arrangements?
- Whether a set of efficiency indicators could be used to inform the application of a system wide control total?

7.4.3 Consideration of moving to a risk based approach to contracts?

Consideration will be given to developing a risk based approach to contracts where risks are identified and aligned to the organisation best placed to manage the risk and which supports the development of a system wide solution.

7.4.4 Investment decisions and business case development?

Agreeing a process to ensure investment decisions are optimal for the ACS footprint and are consistent with the ACS strategy. This will include a process on how any additional capital, transformation and any other external funding can be best deployed across the ACS. Developing a process to agree financial principles and assumptions to be used in ACS business cases

7.4.4 Agreeing a process for business planning, financial reporting and performance

To develop an ACS business planning process including agreement to a consistent set of planning assumptions, where appropriate, and taking into account national guidance. To develop in partnership with NHS England and NHS Improvement a monthly ACS report which covers both financial performance and performance against key operational targets.

7.5. Operational

7.5.1. In 2017/18 and as part of our approach to developing an integrated single oversight and assurance approach within SYB, we will review operational assurance and oversight including our approach to planning and delivery assurance so that it is integrated within SYB. We will also align NHS England and NHS Improvement functions and resources.

7.6. Shadow Accountable Care System

7.6.1. In 2017/18, SYB will develop as an Accountable Care System. This will include collective decision making, governance and a single accountability framework which will align the individual statutory responsibilities of Parties to the Agreement to the delivery of the Health and care Plan (November 2016).

7.6.2. Where it serves to improve population health outcomes and to meet the needs of patients, we will develop integrated working between commissioners and providers to transform services and reduce transactional costs in the system.

7.6.2. Each of the five Places will develop an Accountable Care Partnership (ACP) to deliver the ambition set out in its Place Plan and the wider Health and Care Plan (2016). The five ACPs will operate in shadow form within 2017/18 and will be legally constituted partnership by 1 April 2018, at the latest.

7.6.3. The five ACPs will bring together health and care services from statutory and non-statutory organisations to create a vertically integrated care system in each Place. This will include hospital services from tier 1.

7.6.4. Each of the five Places will explore new ways of contracting and allocating resources to its ACP including population budgets, population health management and segmentation approaches.

7.6.5. The five ACPs will connect between the five Places and with a horizontally integrated network of hospital based care (tiers 2 and 3) to support seamless care for patients and to create the overall accountable care system (ACS) for South Yorkshire and Bassetlaw.

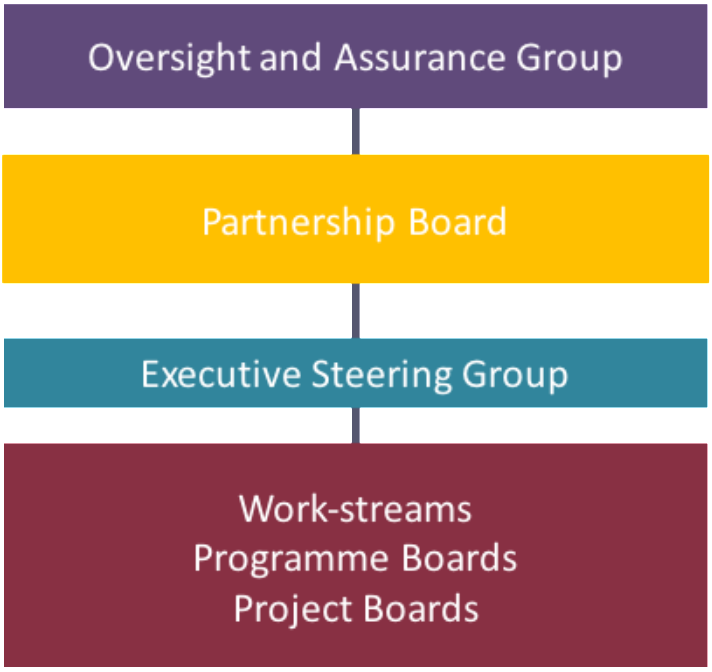
7.6.6. A system wide commissioning function will be in place within 2017/18 which will result from a reform of commissioning. We will build on approaches we have established in SYB, integrating approaches to planning and transformation and explore new ways of contracting and allocating resources to network of hospital based care. From April 2018, we will start to test the 'contract once' with the 'network of provider' to support sustainable services and drive improved outcomes for patients.

7.7. ACS governance

7.7.1. South Yorkshire and Bassetlaw has established collaborative governance. This governance recognises statutory governance of member organisations and where statutory organisations have come together to formally delegate to a joint committee or Committees in Common. It serves to support and supplement where agreed and appropriate, statutory governance and is the basis from which we will develop as an ACS.

7.7.2. A summary of SYB governance includes an Oversight and Assurance Group, a Collaborative Partnership Board, an Executive Steering Group and a range of programme Boards and project Boards.

Summary schematic - *South Yorkshire & Bassetlaw Health and Care Working Together Partnership Governance*



7.7.2.1. Oversight and Assurance Group: membership includes chairs from constituent statutory bodies including providers, commissioners, and Health and Wellbeing Boards with chief executives (CEOs) and accountable officers (AOs) in attendance.

7.7.2.2. Collaborative Partnership Board: membership includes CEOs and AOs from partner organisations including mental health and primary care, commissioning and local authority organisations, voluntary action groups, Healthwatch, NHS England and the ALBs. We also have clinical membership from primary and acute care. We plan to strengthen our Collaborative Partnership Board and review primary care input and wider clinical input and with lay membership.

7.7.2.3. Executive Steering Group: this group combines both the former STP executive steering group and the former finance oversight committee. Membership includes CEO and AO representation, together with directors of strategy, transformation and delivery and directors of finance.

7.7.2.4. Programme Boards: we have a range of programme boards delivering key priorities which are all led by a CEO and AO senior responsible officer (SRO). Each has a director of finance lead and a programme manager supporting.

7.7.3. This governance will remain in place for 2017/18 and during this time SYB will work with the Department of Health, NHS England, NHS Improvement and the ALBs as an ACS to review and establish governance that will best support us. This will be in place for 1 April 2018.

7.8. Joint Committees and Committees in Common

7.8.1. SYB CCGs, in partnership with North Derbyshire and Wakefield CCGs, have already established a joint committee and CCG governing bodies have delegated authority for the review of children's surgery and hyper acute stroke services. The membership includes accountable officers, clinicians and lay members. During 2017/18, we will review the scope of delegation to reflect the outcomes of the Hospital Services Review and the Commissioning Review so that formal governance arrangements are in place by 1 April 2018.

7.8.2. SYB acute providers, in partnership with Chesterfield Royal Hospital NHS Foundation Trust and Mid Yorkshire Hospital NHS Trust, have established a Committees in Common (*CiC*) to better support collaborative working between trusts including streamlining decision making. The collaboration has already supported changes in a number of programme areas including support services (back office functions) and a number have been joint with commissioners working together across the same geographical area.

7.8.3. During 2017/18, we will review the scope of delegation to reflect outcomes of the Hospital Services Review and Commissioning Review so that governance arrangements are in place by 1 April 2018. At this stage, the wider acute provider partnership includes both acute providers and community mental health providers. However the CiC does not currently extend to community mental health providers

7.8.4. The two programme offices and teams supporting commissioning and provider collaborations have now co-located to provide a joined up approach to planning and transformation delivery of acute services across SYB.

7.9. Place and accountable care development

7.9.1. CCGs and local authorities will continue to receive their respective health and care funding and to be statutorily accountable for their allocation.

7.9.2. Within 2017/18 each CCG will agree with its corresponding local authority the integrated governance structure which will support the allocation of resources to their ACP based on delivery of their agreed Place plan, wider Health and Care plan and agreed local outcomes.

8. Delivery improvement 2017/18-19

8.0.1. South Yorkshire and Bassetlaw has developed a number of priorities to support delivery of its Plan. These are led by chief executives and accountable officers with strong input from senior clinicians, public health, senior finance and operational colleagues from member organisations.

8.0.2. Transformation priority workstreams include:

- Urgent and emergency care
- Cancer
- Healthy lives, living well and prevention
- Primary care
- Mental health and learning disabilities
- Elective care and diagnostics
- Maternity and children's

8.0.2.1. Enabler workstreams

- Workforce
- Digital and IT
- Carter, estates and shared services
- Finance
- Communications and engagement

8.0.3. For 2017/18 – 19 South Yorkshire and Bassetlaw has identified a focused number of key priorities for delivery improvement 'working as one'. We will align resources and priority workstreams to support delivery of these key priorities at all levels within the emerging Accountable Care System and we will use these priorities to test new ways of working together and with NHS England and NHS Improvement to show additional benefits to patient and service delivery:

1. at organisational level
2. at Place (ACP) level
3. at System (ACS) level

8.0.4. Catalyst for change – in 2017/18 we will focus delivery improvements in urgent and emergency care, primary care, mental health and learning disabilities and cancer (or subsets of these priority areas) where we plan to make tangible improvements which will serve as a real catalyst for change across SYB. Each of our transformational workstreams has taken a unique perspective on how best they can contribute to delivering the 'key improvements' set out in the Next Steps on the Five Year Forward View. We will also take a unified approach to tackle efficiency improvement 'working as one' where this makes sense to do so.

8.1. Efficiency programmes, back office, Carter, Naylor

8.1.1. The efficiency programmes agenda is being addressed through two workstreams.

8.1.2. Firstly; The Provider Efficiency Group, which is responsible for the oversight of the acute and mental health trust providers programme and is addressing the eight nationally defined corporate service areas to ensure that collaborative opportunities are identified and maximised, including consolidation where appropriate. Its strategic objective is to develop systems that capture and optimise the cost effectiveness of corporate services so that services are assessed not only on direct costs and non financial quality indicators, but in relation to professional influence in driving efficiencies across trust systems, policies and processes. Its key aim is to reduce service costs with the summary data for showing the SYB position as 27/44, with potential savings of £4.4m to £10m, taking into account the national median and upper quartile benchmarking data from 2015/16. This is in line with estimated savings contained in the case for change submission October 2016.

8.1.3. The workstream's immediate priority is to achieve efficiency savings that will help to reduce the financial gap and, in particular, focus on savings and innovations that can be delivered during 2017/18. To enable effective oversight and delivery of collective solutions, a phased approach has been agreed on the key service areas that have shown, through the benchmarking data, the greatest saving opportunities, and which take into account the synergies and dependencies between these service areas. These are HR services, finance including payroll, and procurement.

8.1.4 . The ambition and commitment is to have regional networked arrangements using the same financial, HR and procurement solutions that will use consolidation and integration of transactional services as an enabler for common standardisation and streamlining of e-processes across all trusts to make efficiencies. Where and when appropriate, market testing may be undertaken.

8.1.5. The focus is therefore not just on changes to operating models but where with the use of technology and removal of transactional activity, significant efficiencies could be made. This is also reflected through formal HR streamlining and standardisation of priorities that target reduction of unwarranted variation and duplication across: workforce systems and compliance (including collaborative commercial relationships); general recruitment; bank and agency management (phase one focusing on medical agency including case for collaborative bank); occupational health/absence management; mandatory and statutory training; common bandings/gradings.

8.1.6. Secondly; there is a system wide Strategic Estates Group, the role of which is to provide strategic oversight, planning and direction to SYB clinical workstreams and the CCG Local Estate Forums (LEFs), enabling the delivery of more effective, Place based health facilities, property assets and health/public land across South Yorkshire and Bassetlaw. This workstream will support the implementation of a sustainable estate strategy that will help to deliver those objectives and also consider the findings of the Hospital Services Review and support the development and implementation of estates strategies arising from it. This will ensure a more integrated approach through the delivery of a smaller, more cost effective and efficient estate which is aligned more closely with the delivery of frontline public services.

8.1.7. The Strategic Estates Group brings together organisations which own health facilities, property assets and health/public land to facilitate the better use of all health and public

sector estate and will review principles for collaborative use of built assets. Its immediate priorities for 2017/18 – 2018/19 are based on three themes: strategic estates planning; aligning investment and disinvestment; and estates intelligence and spatial mapping.

8.1.8. Key outcomes are the production of a strategic estates plan and accompanying action plan, which sets out clear priorities for the delivery of better use of all local public land and property assets within respective geographical areas to deliver the estate objectives highlighted within the Health and Care Plan . It will also review the findings of the Naylor Review of surplus land and challenge partner organisations to address any recommendations, which will support the development of affordable estates and infrastructure plans and associated capital strategy

8.2. Managing demand and optimising care

8.2.1. The elective and diagnostic care workstream will be responsible for the planning, oversight and governance of a regional or sub regional elective and diagnostic care system. Closing the elective workstream's gap will be achieved by focusing on two priorities: reducing system demand and improving efficiencies in how we deliver our services. These themes will be delivered at Place and System levels through eight interventions; however, immediate priorities for 2017-2019 are described below.

8.2.2. Correct referral pathway – we will implement best practice demand management approaches that will reduce unnecessary or inappropriate referrals and ensure patients reach their most appropriate treatment first time. This will be achieved by piloting local solutions to advice and guidance and referral support with consideration to developing a regional solution. We will undertake local place based reviews of clinical pathways to reduce demand and attendance in hospital by developing community based services. We will support local organisations to improve utilisation of non face-to-face clinic delivery, alternative workforce models to drive efficiency and ensure effective access and discharge policies are in place to reduce unnecessary follow up appointments.

8.2.3. Procedures of low clinical value and clinical thresholds – we will develop a SYB policy for effective commissioning including a common set of controls and clinical thresholds for procedures to ensure adherence to best practice guidance.

8.2.4. Diagnostics – we will implement workforce and IT solutions that will reduce the demand and capacity gap in radiology reporting. We will work with the cancer workstream to develop diagnostic solutions that support early diagnosis.

8.2.5. Clinical efficiency – we will use benchmarking analysis (Getting It Right First Time) to identify and target variation along clinical pathways in order to deliver efficiencies. We will ensure our surgical activity is aligned to the appropriate setting and we will identify and transfer activity that can be delivered closer to home in the community.

8.3. General practice and primary care

8.3.1. Supporting and investing in general practice and primary care is a national priority mirrored by key priorities for all of our local Places. During the course of 2017 -19 we will deliver extended access to general practice for 100% of the local population by March 2019 and where possible, take steps locally to boost GP numbers including improving retention.

8.3.2. Expand multidisciplinary care including clinical pharmacists, mental health therapists, physician associates and increase the number of nurses in general practice.

8.3.3. Ensure 100% of GP practices are working together in hubs or networks by March 2019 that offer a greater scope of services which are increasingly capable of taking on population health responsibilities.

8.3.4. Expand multi-disciplinary care by deploying SYB's share of 1300 clinical pharmacists and 1500 mental health therapists, as well as physicians' associates and increase the number of nurses in general practice.

8.4. Urgent and emergency care (UEC)

8.4.1. We will continue to develop and strengthen the urgent and emergency care networks and partnership working through the UEC Steering Board, which builds upon the UEC Network established in 2015. A programme of work is currently being developed to take account of national requirements and the case for change described in the Health and Care Plan, with delivery models developed at place with a joint focus on redesigning the urgent and emergency care system and developing out of hospital services to reduce demand on A&E and acute beds.

8.4.2. The Five Year Forward View identified seven UEC priorities which will be included in the work programme. Specific priorities for 2017/18 include;

- We will work within Place and collectively across the System to ensure delivery of the four hour A&E standard and we will work as one with NHSE/I to agree improvement trajectories at System level with oversight on place delivery.
- We will work with Place to ensure the implementation of primary care streaming for each emergency department and with NHSE/I to agree at system level targets for activity flows through primary care streaming.
- We will work with Place to develop and identify the requirements for a clinical advisory service at three levels, 1) Place, 2) System 3) Regional to develop a hub and spoke arrangement to clinical advice using local clinicians/services where possible and scaling to system level where it is more efficient to do so.
- We will work as one with NHSE/I to agree at System level a realistic improvement trajectory to increase the volume of calls transferred from 111 to a clinician, working with providers of 111, out of hours and with place to deliver the ambition of 50% by March 2018 ensuring that NHS 111 connects into the appropriate clinical services and patients are directed to the most appropriate clinician/service.
- We will express an interest in becoming a pilot at system level for NHS 111 online in 2017/18 subject to the national roll out plan.
- We will work with Place to develop a plan to have at least one designated urgent treatment centre established by March 2018, which will include a review of existing urgent care centres, minor injury and walk in services to establish the baseline position and develop a plan to have a model for urgent treatment centres across the System in place by 2019.
- We will work with ambulance providers to implement the ambulance response programme and work as one with NHSE/I to develop realistic implementation plans. This will include working with Place to develop consistent offers on alternative pathways to conveyance to A&E.

- We will work with Place to improve patient discharges and flow through hospitals, including the establishment of a pilot to roll out the use of care home electronic bed states.
- We will work with Place to establish a common and shared approach to escalation management developing a plan to roll out a single system for better connections between Place and allow System level oversight of pressures in the UEC system.
- *We will work as one with NHSI and NHSE to align differential standards to secure delivery of integrated urgent care between 111 and out of hours providers.*

8.5. Mental health and learning disabilities (MHLD)

8.5.1 A number of priorities for the MHLD workstream have been identified, reflecting the requirements set out in *Implementing the Five Year Forward View for Mental Health* and identifying where and how a System level approach offers opportunities for improvements in service development and delivery. Key objectives for the workstream are:

- Development of core 24 liaison mental health services in all acute hospitals to support a reduction in pressure on the urgent and emergency care system, including reducing emergency admissions and length of stay for people with mental health problems.
- Providing support across all areas to develop integrated improving access to psychological therapies (IAPT) to ensure that people with long term conditions have their mental health needs met, reduce presentations for people with medically unexplained symptoms and improve patients' ability to self manage to reduce reliance on healthcare services.
- Taking a collaborative approach to developing perinatal mental health pathways and services.
- Working with specialised commissioning on specialist beds and community alternatives across children and young people's and secure mental health services.
- Improving the management of people with complex dementia needs, as part of moving care closer to home across the mental health and learning disabilities health and social care system.

8.5.2 In addition to supporting delivery of national objectives, the workstream is proactively addressing local issues, including gaps in services for adults with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) and workforce issues. It will also work closely with the healthy lives, living well and prevention workstream to roll out innovations around social prescribing and employment support.

8.5.3 SYB will also oversee and support delivery of national objectives around access to services, including increasing access to psychological therapies, delivery of the 18 week referral to treatment target, and access to physical health checks for people with severe mental illnesses.

8.5.4 The workstream is also looking to explore opportunities for alternative commissioning and provider models where these will improve outcomes for patients, secure efficiency savings and secure service capacity and quality across SYB; including provider alliances and system commissioning.

8.6. Cancer

8.6.1. We will strengthen the newly formed Cancer Alliance by working with member organisations and at Place across the Cancer Alliance footprint; South Yorkshire, Bassetlaw and North Derbyshire. Our mandate and deliverables are explicitly articulated through the

Next Steps on the Five Year Forward View, the Cancer Taskforce strategy and our own Cancer Alliance Delivery Plan. Immediate priorities are outlined below:

- We will work to deliver the 62 day referral to treatment standard at System level as a single measure across our provider organisations by March 2018. This will create capacity to focus not only on the target but also enable us to focus on measures which hold the greatest significance to people affected by cancer such as quality of life, whilst also working to improve inter provider transfers within 38 days and improve earlier diagnosis.

- We will work with Place to implement interventions to achieve earlier diagnosis of cancer through raising awareness of signs and symptoms and maximising uptake in screening. We will understand capacity and demand across our diagnostics services, priorities in access to diagnostics and explore new models of access to diagnostics.

- We will support the delivery, through the local Cancer Alliance, of the strategic priorities to improve early diagnosis, services and outcomes for cancer patients as per the Cancer Taskforce report and facilitate the introduction of bowel cancer screening and primary HPV testing for cervical screening.

- We will continue to work with Place to fully deliver person centered care for people affected by cancer by implementing the living with and beyond cancer (LWABC) model of care.

- We have established an 'advisory board' of people affected by cancer to support decision making as part of our Living With and Beyond Cancer programme, one of our four Cancer Alliance workstreams. The Cancer Alliance board will also access this group on a topic by topic basis to support decision making on a range of issues such as performance.

8.7 Children's and maternity care

8.7.1 We have established a Children's and Maternity Delivery Board to support system transformation across three initial priority areas:-

1. Following public consultation, to reconfigure children's surgery and anaesthesia, developing new models of care with consistent management across providers, with sustainable care pathways that meet the newly specified standards of care.

2. For the acutely ill child, there is variation in the provision of care, and local assessment (in line with the national picture) identifies the current models are not sustainable, particularly in terms of workforce sustainability and coordinated care pathways. Therefore, there is a need to plan across a larger footprint and network provision. The immediate priority is to work together to develop sustainable new models of care for acute paediatrics, ensuring equity for children right across the SYB area through the adoption of a consistent 'blueprint' for services in each Place. This will be supported by a managed clinical network (MCN), ensuring a strong clinical input throughout. The blueprint will include paediatric acute services and consistent management across hospital settings, promoting demand management and supported discharge models in community settings, and the use of short stay assessment models.

3. For maternity services, we will work together to review the current offer and develop a single implementation plan for maternity care across SYB proposing changes in line with the implementing better births, through our Local Maternity Systems (LMS).

8.8. Workforce

8.8.1. The Local Workforce Action Board (LWAB) is the main vehicle for driving and managing the workforce work stream. There is an overarching aim and ambition to make SYB an attractive place to work to both attract and retain staff.

The LWAB is focusing on three initial priorities:

- Development of the South Yorkshire and Bassetlaw region excellence centre (1 of 7 in England) which aims to raise the standard for support staff by promoting vocational education including focusing on apprenticeships, sharing resources and acting as a vehicle for innovation.
- Creation of a faculty of advanced clinical practice for the region which aims to ensure consistent practice standards and secure resources for advanced clinical practitioners (ACPs) and physician associates (PAs).
- Sustainable primary care; plans include an increase in GP, practice nurse and clinical support worker numbers, plus further development of physician associates, AHP practitioners, care navigators and clinical pharmacists.

8.8.2. As an enabling work stream, the LWAB is committed to supporting the SYB workstreams to identify their workforce requirements and transform their services.

8.9 Digital and IT

8.9.1. We will be relentless in focusing on the needs of our citizens and our patients and will seek opportunities for technology to improve the ability of our staff and our partners to meet those needs. Therefore, on the journey towards achieving our vision we will:

- Directly support and influence the work of the SYB priority and enabling workstreams to ensure they are able to maximise the benefit of digital solutions.
- Transform the way in which we engage with patients and citizens, supporting them to maintain their own health and wellbeing through digital solutions.
- Improve the way in which health and care providers engage at all levels to ensure an integrated approach to digital transformation.
- Accelerate mechanisms that promote record and data sharing as more care is delivered outside a hospital environment, enabling clinicians to provide the best care in all settings, particularly via the use of mobile technology.
- Exploit big data analytics to inform frontline clinical decision making, provide real time system level management information and better targeting of prevention initiatives.
- Support and empower our staff, patients and citizens so they can maximise the potential of new technologies as they become available to them.
- Invest in interoperability and infrastructure to enable change

8.9.2. Focus areas from a recent development workshop (and a draft programme of interventions) are:

- Digital inclusion
- Self help connect
- Wellbeing and recovery
- Healthcare co-ordination

- Sharing data, predictive analytics
- Shared services and information governance
- Technical interoperability
- Digital health innovation

8.10 Development of accountable care in Place and System

8.10.1. In 2017/18, SYB will develop as an Accountable Care System. This will include collective decision making, governance and a single accountability framework which will align the individual statutory responsibilities of Parties to the MoU to the delivery of the Health and Care Plan (November 2016).

8.10.2. Where it serves to improve population health outcomes and to meet the needs of patients, we will develop integrated working between commissioners and providers to transform services and reduce transactional costs in the system.

8.10.3. Each of the five Places will develop an Accountable Care Partnership (ACP) to deliver the ambition set out in its Place Plan and the wider Health and Care Plan (2016). The five ACPs will operate in shadow form within 2017/18 and will be legally constituted by 1 April 2018, at the latest.

8.10.4. The five ACPs will bring together health and care services from statutory and non statutory organisations to create an integrated care system in each Place. This will include hospital services from tier 1 (to be determined).

8.10.5. Each of the five Places will explore new ways of contracting and allocating resources to its ACP including population budgets, population health management and segmentation approaches.

8.10.6. The five ACPs will connect between the five Places and with a horizontally integrated network of hospital based care (Tiers 2 and 3 to be determined) to support seamless care for patients and to create the overall accountable care system (ACS) for South Yorkshire and Bassetlaw.

8.10.7. A system wide commissioning function will be in place within 2017/18 which will result from a reform of commissioning. We will build on approaches we have established in the STP, integrating approaches to planning and transformation and we will explore new ways of contracting and allocating resources to the integrated network of hospital based care.

8.11. Commissioning reform

8.11.1. During 2017/18, we will undertake a review of commissioning as part of our system reform. This will consider the development of ACP in Place and the developing ACS and will need to influence and respond to:

a. The five ACPs bringing together health and care services from statutory and non statutory organisations to create a vertical and horizontal integrated care system in each Place, include hospital services from tier 1 (to be determined).

b. Developing new ways of contracting and allocating resources to its ACP including population budgets, population health management and segmentation approaches.

c. Connect between the five Places and with a horizontally integrated network of hospital based care (tiers 2 and 3 determined by the hospital services review and

delivery of safe and sustainable services) to support seamless care for patients and to create the overall Accountable Care System (ACS) for South Yorkshire and Bassetlaw.

d. Having a system wide commissioning function in place within 2017/18 with new ways of contracting and allocating resources to the integrated network of hospital based care. From April 2018, contracting once for a range of agreed services with the network to support sustainable services and drive improved outcomes for patients.

Organisations have agreed to fully engage in the review to support the objectives and also to support implementation of the review recommendations.

8.12. Specialised services

8.12.1. In many clinical areas, including cancer, mental health and learning disabilities, the commissioning of services is often split across a number of different organisations, which makes it much more difficult to plan the provision of integrated care. Different sets of commissioners make separate decisions about areas of provision which – for the patient – combine to form their whole patient journey. In children and young people's mental health, for example, young people move between types of provision that are commissioned and provided by separate organisations.

8.12.2. Whilst commissioning responsibilities have become more dispersed over recent years, our collective responsibility is to ensure that any differentiation in the commissioning of services does not manifest itself in fragmented services for patients. The development of the ACS gives the opportunity for specialised commissioners to work with local systems to ensure that joined up pathways are both commissioned and delivered across multiple health and social care settings and that the transitions between services are explicitly supported.

8.12.3. Commissioning specialised services across SYB helps remove some of the structural barriers that reinforce the separation between different elements of provision. It means that integration – for example between inpatient services and community services in mental health, or between chemotherapy and follow-up care in cancer – is 'designed-in' to local NHS services by joining up the commissioning processes across specialised and non specialised services, and across NHS and local authority care. Decision making is shifted as far as possible from the national to the local, to ensure it is based on the specific requirements of that geographical locality, giving local systems more say on how specialised budgets are spent in their area, making use of their deep understanding of their local population and giving them a voice in how resources are used locally in line with the established national service specifications.

8.12.4. The specialised services commissioned by NHS England include a diverse range of services, from the rare and highly specialised to more common/higher volume services. It follows that the most appropriate footprint for planning these services also varies (depending on a range of factors such as: patient numbers, shape of provision, financial risk, service specifications, strategy). NHS England has worked with its regional teams to undertake an initial segmentation of the services. This has resulted in developing a list of 20 services that are suitable for planning at populations up to 2.5m and thus at SYB level. During 17/18, work will take place with SYB and specialised commissioners to explore areas of focus that would be most relevant to work towards being part of the ACS.

8.12.5. Milestones:

- Areas of focus for specialised services to be planned at an SYB level agreed - Mar 18
- Shadow run budget for areas of focus for specialised services agreed - from Apr 18

- Ensure that for areas of focus agreed, any decisions on changes to services is made in partnership with SYB – from Apr 18
- 18/19 – work towards integration of services within ACS.

Further work is still required to understand the staff resource implications of this work and this will be explored during 17/18.

8.13. Hospital services review

8.13.1. Both commissioners and acute providers across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield have all committed to support an independent review of hospital services. The review will be completed in 2017/18. The terms of reference have been established and include the following key review objectives:

a) Define and agree a set of criteria for what constitutes 'Sustainable hospital services' for each Place and for South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire (in the context of South Yorkshire and Bassetlaw).

b) Identify any services that are unsustainable and not resilient against these criteria, in the short, medium and long-term, including tertiary services delivered within and beyond SYB.

c) Put forward a future service delivery model or models which will deliver sustainable hospital services.

d) Consider the future role of a district general hospital in best meeting patient needs in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Health and Care Plan and emergent models of sustainable service provision.

9. National and regional support from the Department of Health, NHS England, NHS Improvement and the Arms Length Bodies

9.1. Capacity and capability

9.1.1. To support SYB ACS development there will be a process of aligning resources from ALBs to support delivery and establishing ACS integrated single assurance and regulation approach.

9.1.2. National capability and capacity will be available to support SYB from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9.2. Financial including transformation and capital funding

9.2.1. In year one, an allocation of central funding has been ring fenced for the eight accelerating ACSs only.

9.2.2. SYB will therefore receive a share of the £450 million transformational funding allocated for the eight high performing systems and a share of the £325 million capital funding. How this funding is allocated to deliver our system plan is to be worked through and agreed.

9.2.3. Bespoke support to work through financial governance and operating a shared system control total and alternative payment models.

9.3. Nationally supported workstreams and peer support

9.3.1. National ACS workstreams/learning set have been established to work with and support the eight named Accountable Care Systems including:

- Communications and public engagement
- Leadership
- Scaling up primary care
- Urgent and emergency care
- Devolved transformation funding
- Spreading new care models and integrating care
- Capital funding
- Shared system control totals
- Alternative payment models
- System wide efficiency opportunities
- Governance
- Streamlining oversight
- Future of commissioning functions
- External partnerships to support population health.

10. Glossary of terms and acronyms

ACP	Accountable Care Partnership. The partnerships forming in each of the five local places of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.
or	Advanced Clinical Practitioner
ACS	Accountable Care System; here covering South Yorkshire and Bassetlaw with five constituent Places of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield
ALB	Arm's Length Body; see https://www.gov.uk/government/publications/arms-length-bodies/our-arms-length-bodies
AO	Accountable Officer at a Clinical Commissioning Group
Carter	Lord Carter's review: 'Unwarranted variation: A review of operational productivity and performance in English NHS acute hospitals' (2016)
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CiC	Committees in Common
CPB	Collaborative Partnership Board
CQC	Care Quality Commission, the independent regulator of all health and social care services in England
DoH	Department of Health
FT	Foundation Trust; a semi--autonomous organisational unit within the NHS
FYFV	Five Year Forward View; a strategy for the NHS (2014)
GB	Governing Body - governance of Clinical Commissioning Groups
GP	General Practitioner
GPFV	General Practice Forward View
HEE	Health Education England
HSR	Hospital Services Review
IAPT	Improving Access to Psychological Therapies
JC CCG	Joint Committee of Clinical Commissioning Groups - a statutory body where two or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
LA	Local Authority, an administrative body in local government

LWAB	Local Workforce Action Board sub regional group within Health Education England
MCP	Multi-specialty community provider
MHLD	Mental Health and Learning Disabilities
MoU	Memorandum of Understanding; a formal agreement between two or more parties to establish official partnerships
Naylor Review	Sir Robert Naylor's review of NHS property and estates and how to make best use of the buildings and land (2017)
NHS	National Health Service
NHS 111	A national free to call single non-emergency number medical helpline
NHSE	NHS England
NHSI	NHS Improvement; operating name for Monitor, NHS Trust Development Authority and teams from 2016
PA	Physician's Associate
PACS	Primary and Acute Care System
Place(s)	One of five geographical subdivisions of SYB with the same footprint as the ACPs
SAF	Single Accountability Framework
SRO	Senior Responsible Officer, the visible owner of the overall business change, accountable for successful delivery
STP	Sustainability and Transformation Plans (2016); the NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
SYB	South Yorkshire and Bassetlaw
TBA	To be announced
TBC	To be confirmed
UEC	Urgent and emergency care
Vertical integration	FYFV delivery next steps: horizontally operating provider organisations simultaneously operating as vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,0000 – 50,000 populations
Horizontally integrated	FYFV delivery next steps: Where provider organisations collaborate to form care systems. There are different forms; from virtual to actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery

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Doncaster
Metropolitan Borough Council

22 November, 2017

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

Doncaster's Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan, Adults Health & Wellbeing Transformation Programme)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Rachael Blake Portfolio holder for Adult Social Care	All	None

EXECUTIVE SUMMARY

1. The purpose of this report is to provide Members with an update on Adults Health and Wellbeing transformation and quarterly performance figures. Due to the timescales involved with quarter 2 performance reporting and to make sure that the panel receives the latest information available, a presentation will be made on the day of the meeting covering the 2 areas.

EXEMPT REPORT

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

RECOMMENDATIONS

3. That the 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 that sets out the latest progress on Adults Health and Wellbeing transformation and quarterly performance highlights. This will make sure that the information received by the panel is the latest available and is consistent with the content of the most recent quarter 2 performance reports.

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 PRIORITIES

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objectives
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
	Council services are modern and value for money.	
	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
The South Yorkshire and Bassetlaw Sustainability and Transformation Plan
The Doncaster Place Plan

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Doncaster
Metropolitan Borough Council

22 November, 2017

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

Doncaster Suicide Prevention Plan

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Nigel Ball Portfolio Holder for Public Health, Leisure and Culture	All	No

EXECUTIVE SUMMARY

1. Local Authorities have a responsibility to have local suicide prevention plans in place. This report gives an overview of local suicide data and provides the committee with the Doncaster Suicide Prevention Plan for scrutiny.

EXEMPT REPORT

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

RECOMMENDATIONS

3. For the Health and Adult Social Care Overview and Scrutiny Panel to be advised of the data relating to local suicides, and assured of a robust Suicide Prevention Plan for Doncaster

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Suicide Prevention Plan contains a range of themed actions in accordance with national Public Health England guidance, which contribute to the prevention of suicides in Doncaster and support for those affected.

BACKGROUND

5. In January 2017, a local conference was held to refresh the local suicide prevention plan in accordance with new Public Health England Guidance. Over 80 professional from a range of disciplines attended and workshops were conducted to define the actions for the refreshed plan in accordance with the themes of the national guidance, namely:

- Reducing risk in men
- Preventing and responding to self -harm
- Mental health of children and young people

- Treatment of depression in primary care
- Acute mental health care
- Tackling high frequency locations
- Reducing isolation
- Bereavement support
- Data and intelligence

6. Delivery of the plan is overseen by the multi- disciplinary Suicide Prevention Group which meets bi-monthly and is chaired by Doctor Seddon from Doncaster CCG with support from Public Health.

OPTIONS CONSIDERED

7. The Suicide Prevention Group looked at examples of suicide prevention plans from other local authority areas in deciding how best to format and lay out Doncaster's plan.

REASONS FOR RECOMMENDED OPTION

8. The option adopted for the plan's format was in accordance with best practice as outlined in Public Health England guidance.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

9.

	Outcomes	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	This is not applicable.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The themed sections of the suicide prevention plan put in place actions which contribute to lessening the likelihood that individuals take their own lives and provides support for those affected by suicide
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities*	This is not applicable

	• *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	The plan provides mechanisms of support for those considering suicide and for those affected by suicide
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	The Suicide Prevention Group is a well- attended multidisciplinary group chaired by Doncaster CCG and supported by Public Health

RISKS AND ASSUMPTIONS

10. A strategic objective of the plan is to reduce the suicide rate in the population, and the plan to achieve this is based on best available evidence of national Public Health England guidance

LEGAL IMPLICATIONS

11. There are no specific legal implications associated with this report. The Council has a vital role to play in suicide prevention and the production of a suicide plan will document how this Council intends to contribute to suicide prevention.

FINANCIAL IMPLICATIONS

12. Public health 2017/18 budget setting approved £5k per annum to help with vulnerable people. The budget is intended for campaigns or training costs. If there are any costs associated with this suicide prevention plan, then the £5k budget will meet these costs.

HUMAN RESOURCES IMPLICATIONS

13. There are no direct Human Resources implications to this decision.

TECHNOLOGY IMPLICATIONS

14. There are no technological implications to this decision.

EQUALITY IMPLICATIONS

15. The plan was developed using the themes from national guidance which reflect differential impacts of suicide on affected groups.

CONSULTATION

16. A large multidisciplinary group (80+ people) was consulted regarding development of the plan at a local conference.

BACKGROUND PAPERS

17. Background papers include:

- Local Suicide Prevention Planning: a practice resource (PHE, Oct 2016) - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf
- Doncaster Suicide Prevention Local Action Plan Draft 4 in Appendix A
- Doncaster Suicide Data in Appendix C

REPORT AUTHOR & CONTRIBUTORS

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Doncaster Suicide Prevention Local Action Plan

2017-2020

Prepared by **and On behalf of the Doncaster Suicide Prevention Group and all its members**

Sarah Smith

Improvement Co-Ordinator – Public Health (Doncaster MBC)

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1. National Context relevant to suicide prevention

Around 13 people take their own lives in England every day[1] and there were 14,429 deaths from suicide in England between the two years 2013 & 2015[2] although the true figure is likely to be higher. Suicide is preventable and a leading cause of years of life lost.

The latest National Strategy for England *Preventing suicide in England: a cross-government outcome strategy to save lives*[3] was published in 2012 and builds on the achievements of the early strategy published in 2002. The 2012 strategy sets out two objectives and six key areas for action:

Strategy Objectives:

- A reduction in the suicide rate in the general population in England: and
- Better support for those bereaved or affected by suicide.

Six key areas for action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

The recent review of the national strategy by the Health Select Committee[4] made five key recommendations for improving the national strategy for England. Both the national strategy and the Mental Health Taskforce's report to NHS England, *The five year forward view for mental health*[5] set out the need to develop both local suicide prevention strategies and actions plans to reduce suicide. The Mental Health Taskforce also recommends that there be a national ambition to reduce the suicide rate in England by 10 per cent by 2020/21 and for every local area to have developed a multi-agency suicide prevention plan.

In order to track national and local progress, the data for suicide as an indicator was included within the Public Health Outcomes Framework[6] (PHOF). Local approaches to identify gaps would need further development.

2. The current position in Doncaster

In 2016, Doncaster underwent a refresh of the membership for the Suicide Prevention Group (SPG) and agreed to host a conference in early 2017. The membership of the group now includes a much

[1] ONS. Suicides in the UK in 2014. London: Office for National statistics; 2016
[2] Public Health England - Healthier Lives https://healthierlives.phe.org.uk/topic/suicide-prevention/comparisons#par/E92000001/ati/102/iid/41001/sexId/4/gid/1938132762/pat/102
[3] www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
[4] www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf
[5] https://www.kingsfund.org.uk/projects/nhs-five-year-forward-view?gclid=CLrK57vSstACFQXnGwodYo0ENA
[6] http://www.phoutcomes.info/

wider range of representatives working with adults, children and young people. The aim of the conference was to explore current practice in Doncaster on approaches to suicide prevention and discuss and explore the eight short term actions recommended in the *Local suicide prevention planning – A practice resource*[7]. It was also agreed by the SPG that an additional area – 'Data collection and monitoring' would be explored in order to achieve the 6th key action of the strategy. Local intelligence can provide an evidence base for action and the means to monitor and review progress which is crucial in order to monitor progress locally.

2.1 Doncaster's Suicide Audit – 2013 - 2015

The latest audit of suicides in Doncaster took place in 2015 and the summary of findings was:

- The rate of suicide/injury and undetermined remained in line with the data supplied by the Office of National Statistics (ONS)
- Of those who took their life
    - 84% were males
    - 27% were aged between 51-60 years old
    - 100% were White British
- Out of the 37 deaths reviewed, most occurred within the Balby area under the postcode: DN4
- Risk factors
    - 19% unemployed and 16% retired
    - 2 were under investigation of the police due to the serious allegations made against them
    - 5 individuals had recently experienced martial breakdown
    - 3 individuals prior to their deaths reported they had financial worries
- Methods
    - 48% died by hanging/strangulation with the next most common method being intentional overdose
    - 65% died in their own home with the next most common place being at a friend or relatives home

There are plans to adopt a suicide review process which will be similar to the child deaths, drug related deaths and learning disability reviews, which will start at the beginning of 2018, with the findings reviewed. Thereafter, a systematic review of suicides will take place every 6 months and reviewed by an agreed panel of members.

[7] https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

2.2 Development of the local action plan

All areas in England will be required to have a multi-agency suicide prevention plan in place by 2017 which will contribute to the target to reduce suicides by 10% nationally set out in the *Five year forward view for mental health.*

PHE developed a suite of supporting documentation and guidance to aid and support local areas to develop strategies and action plans. These include:

- Local Suicide Prevention Planning – A practice resource
- Preventing suicide in public places – A practice resource
- Identifying and responding to suicide clusters and contagion – A practice resource

Using feedback from the conference in January, Doncaster has developed in collaboration, a local action plan which sets out clear objectives with targeted actions, in line with the National Suicide Prevention Strategy focusing on the eight short term actions with the additional action for supporting research, data collection and monitoring.

2.3 Accountability and Governance

The SPG reports to the Health and Wellbeing Board, Health Protection Assurance Group and Doncaster Safeguarding Children's Board on a quarterly basis.

3. The challenge ahead

There were 81 deaths by suicide in Doncaster in the period between 2013-2015 and 80% (n65) of those were male, with just 20% (n16) female. The highest suicide rate in England is among men aged 45-49 and Doncaster currently has a higher suicide crude rate of 22.4 for those aged between 35 – 64 years: per 100,000 (5 year average) compared to England value of 20.5. In addition to this, Doncaster also has a higher crude rate for those aged 65+ than both regional and England value.

There are marked differences in suicide rates according to people's social and economic circumstances and suicide risk reflects wider inequalities. There are specific groups of people at risk of suicide and specific factors such as misuse of alcohol and drugs and suicide bereavement that will increase risk. There are also other population risk factors such as social isolation and significant life events such as Divorce, bereavement and employment status. Doncaster recorded nearly 32,000 marital breakups in 2011 and a higher proportion of households occupied by a single person aged 65 or over. The number of those who self-reported their wellbeing with a: low satisfaction, low worthwhile, low happiness and high anxiety score are much higher than the England value. [8]

Previous episode of Self Harm are the strongest identified predictor of suicide and from April 2016 – January 2017 there were nearly 600 emergency admissions with a recorded cause of injury and 'Intentional self-poisoning and Self-injury'.

[8] http://fingertips.phe.org.uk/profile/suicide

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4. Local action plan – 9 Areas for Action

1. Area for action: Reducing risk in men

Objective	Action	Specific Outcome	Lead Responsibility
Increase awareness of and the response to the higher risk of suicide in men	Localised sustained suicide awareness (of increased risk of male suicides) campaign	Improved level of awareness of the general public of suicide susceptibility in men	Public Health Team/Clinical Commissioning Group/Aspire
Improve the skills of prison staff who work with the male prison population	To deliver a Training package targeted at prison staff - SafeTALK	Improved recognition and response to male prisoners who are vulnerable	Prisons Estates/Public Health Team

2. Area for action: Preventing and responding to self-harm

Objective	Action	Specific Outcome	Lead Responsibility
Improve data collection on self-harm at A & E	Identification of self-harm at A & E (coding)	Increase awareness of self-harm incidences/prevalence within Doncaster	CCG/DBH
To avoid people in crisis being sent home without follow up from A & E	Develop a formal protocol for referral from A & E into specialist service	Ensure continuity of specialist treatment for people in crisis	CCG/DBH/SPG/RDASH
Improve skills of education staff who work with young people	To deliver a training package targeting educational staff SafeTALK & ASIST training	Improve signposting into specialist service from educational establishments	Public Health

To provide a resource for YP which addresses self-harm issues	Promote the Respect Yourself website to educational settings	Improve awareness of Respect Yourself website in educational settings	Public Health
Improve skills of all frontline staff who may encounter self-harm	Target frontline staff with SafeTALK training	Improve signposting and response to self-harm	Public Health

3. Area for action: Mental Health of Children & Young People

Objective	Action	Specific Outcome	Lead Responsibility
Improve skills of all frontline staff who may encounter mental ill-health in children and young people	Target SafeTALK training offer to educational establishments – Engage System	Improve the ability of staff to work with children and young people's mental health issues	Public Health/Rotherham Doncaster and South Humber Trust

4. Areas for action: Treatment of depression in Primary Care

Objective	Action	Specific Outcome	Lead Responsibility
To reduce access to the means of suicide – safer prescribing	To promote safer prescribing practice of analgesics and antidepressants by GP's within Doncaster	Decrease the level of unnecessary prescribing of analgesics and antidepressants Safer prescribing Policy	Clinical Commissioning Group
To reduce access to the means of suicide	To promote safe storage of medication in the home	Improve home safety of stored medication and the safe disposal of old medication	Suicide Prevention Group/Local Pharmacy Committee

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Support is available at the earliest possible stage	To develop Early Intervention suicide prevention services for Doncaster.	Early Intervention services are available for those contemplating suicide	DMBC/Faye Wood
To reduce the pressures of health and crime related harms on A & E services	To promote the Safe Haven bus in Doncaster Town Centre during spring and summer	Reduce health and crime harms of alcohol	Public Health Team/Dr Nikki Seddon

5. Area for action: Acute mental healthcare

Objective	**Action**	**Specific Outcome**	**Lead Responsibility**
Support the development of a safe place for people in crisis	Support the development of the crisis cafe (crisis care concordat)	There is an alternative safe space for people in crisis	CCG/Better Care Fund

6. Area for action: Tackling high frequency place

Objective	**Action**	**Specific Outcome**	**Lead Responsibility**
Please refer to actions in local priority 9 – no one high frequency location in Doncaster			Public Health Team

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7. Area for action: Reducing Isolation

Objective	Action	Specific Outcome	Lead Responsibility
There is access to services which reduce social isolation	Support the development of social prescribing across Doncaster borough	People can access services to reduce isolation via their GP	Fay Wood – DMBC & Emma Smith - CCG
Increase awareness of the impact of social isolation	Develop loneliness and isolation as a theme in campaign (see action 1)	People can access social prescribing via their GP/ Pharmacy/Community Nurse	Public health

8. Area for action: Bereavement Support

Objective	Action	Specific Outcome	Lead Responsibility
To commission an element of service for bereavement support	To develop a specification for DMBC tender on bereavement support as an element of early intervention/mental health support.	Availability of local bereavement support to bereaved people	Fay Wood
To improve awareness of availability of bereavement support services	To develop a z card to provide signposting for bereavement support services for adults and children	Availability of an up-to-date information resource	Suicide Prevention Group/Public Health

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9. Area for action: Data and intelligence

Objective	Action	Specific Outcome	Lead Responsibility
Effective response to suicide contagion and clusters	To develop a suicide database to assist in identifying contagion and suicide clusters	Rapid and accurate identification of contagion and suicide clusters based on robust local data	Public Health Team
An effective response to suicide contagion	Assess the effectiveness of suicide /contagion emergency response protocol	An effective suicide contagion protocol is in place and monitored	DSCB/Public Health/Suicide Prevention Group
To systemically monitor and review local suicide occurrences	Maintain an up to date profile of suicides for suicide audit purposes	There is an understanding of the profile of local suicides	Suicide Prevention Group

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Appendix 1:

Doncaster Suicide Prevention Group

TERMS OF REFERENCE

1. **Role/Purpose**

The role and purpose of the multi-agency Suicide Prevention Group is to provide a channel of communication to plan, direct and coordinate activity tailored to local needs that will lead to a reduction in suicide in the population of Doncaster, including support to those bereaved or affected by suicide.

2. **Objectives**

The objectives are:

To regularly review the national strategy and its recommendations and monitor their implementation
To report to the Health and Wellbeing Board, actions being taken and progress towards achieving recommendations
To identify and promote good practice in relation to suicide prevention
To agree a local action plan
To agree a work programme
To share local intelligence that will be used to inform the work programme.
To learn lessons from local experience and act on them
Oversee that interventions are culturally competent and able to meet the different cultural needs of all communities in the area.
Oversee interventions are evidence based, efficient, effective and economic and thereby offer good value for money.

3. **Working Principles**

Equality – the group will ensure that it promotes equality in all its work and will be active in ensuring its work is meeting the needs of the full diversity across the whole community.

Accountability – the group will support the interests of all its members and work in an open and transparent way, with good communication between partnership members and their membership organisations/sectors.

Respect/Co-operation – the group will aim to achieve its objectives through co-operation and collaboration whilst recognising, respecting and reflecting difference.

Partnership – the group will affect its work through the development and maintenance of strong and effective partnership working.

Time constraints – the duration of the meeting will not extend beyond one and half hours.

4. **Membership & Quoracy**

Membership of the group will include representatives from:

- ASPIRE Drug & Alcohol Services
- Coroner's Office
- Doncaster & Bassetlaw Hospital (DBH) NHS Foundation Trust
- Doncaster Children's Trust
- Doncaster College
- Doncaster Metropolitan Borough Council (DMBC) - to include Public Health / Children's / Adults and Communities / Communications / Education)
- Healthwatch Doncaster
- Independent and Voluntary Sector (MIND, Samaritans, Riverside, Rethink, Changing Lives)
- NHS Doncaster CCG Commissioning Support
- Prison Service
- Probation Service
- Network Rail
- Rotherham Doncaster & South Humber (RDASH) NHS Trust
- South Yorkshire Fire & Rescue
- South Yorkshire Police

The GP who leads on the Mental Health at Doncaster CCG will Chair the meetings. A deputy chair will be a member of the public health department.
The group may co-opt other members on an ad hoc basis as appropriate.

There must be 3 other members in addition to Chair or Deputy Chair in attendance for the meeting to be quorate.

If attendance is not possible apologies will be forwarded and a representative will be sent.

5. **Conflict of Interest**

Members must declare any actual or potential personal interests they have in any item on the agenda or as they arise during a meeting

6. **Governance & Accountability / Reporting Arrangements**

The group will be accountable to the Health and Wellbeing Board, Health Protection Agency and Doncaster Children's Safeguarding Board and will produce reports on its progress and actions at quarterly intervals.

7. **Frequency & Format of Meetings**

Meetings of the group shall normally be quarterly and will not last longer than 1.5 hours. Additional meetings may be convened as necessary to address specific items. Dates of meetings will be set in advance and members advised of the dates

8. **Review of Terms of Reference**

The group will review the Terms of Reference yearly

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Doncaster Suicides

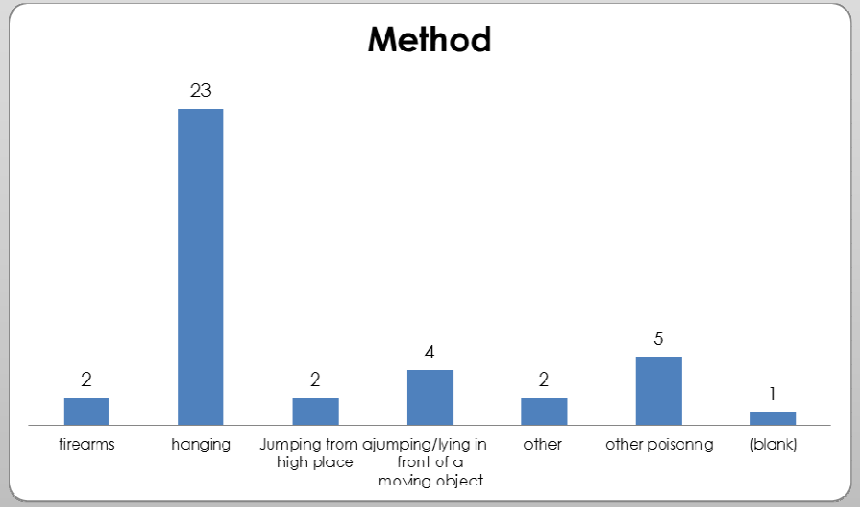
81 Suicides between 2013 – 2015
65 Males
16 Females[1].

Y &H Region 10.7 per 100,000
Doncaster 10.1 per 100,000

39 Sudden deaths (2015 to date)[2]

30 Males

9 Females



Male age range

- 18 – 79 years old
- Mode age 42 years (n3)
- 23% (n7) 40 yrs. - 47yrs.
- 13% (n4) over 60

Female age range

- 26 – 63 years old

1. Data Source: Public Health Profiles
2. Doncaster Coroners office

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Doncaster
Metropolitan Borough Council

Date: 22 November 2017

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

The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care

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

EXECUTIVE SUMMARY

1. This report is a follow on to previous August 2017 scrutiny report and summarises the:

   - Key findings from CQC's ratings report on the state and quality of adult social care services as of August 2017.
   - Comparisons between the CQC's national, Yorkshire & Humber and South Yorkshire key findings as well as the local data and intelligence relating to provision of adult social care in the Doncaster district.
   - Contract monitoring, engagement and other improvement activity undertaken by commissioning staff to support and drive up standards and quality.
   - Recently announced programme of health and social care local system reviews to support those areas facing the greatest challenges to secure improvement.

EXEMPT REPORT

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

RECOMMENDATIONS

3. That the report is noted and that the outcomes of each CQC inspection rating going forward are notified to future meetings.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The CQC ratings for Social Care provision within the Doncaster Borough demonstrate a largely positive picture with Doncaster comparing well to national and regional benchmarks.

BACKGROUND

Key findings from the National CQC's Inspections of Adult Social Care Services.

6. A recent report provided by CQC from their actual database as of 30th August 2017 provided all adult social care inspection directorates in England by region and their current overall published rating summary. The data provided did not break down their findings into specific service types only the actual various ratings.

7. CQC ratings report did provide Yorkshire and The Humber's rated services by residential and community based services, along with South Yorkshire at a district level and this provides a more detailed breakdown of Doncaster against the region and district.

8. 66% of all CQC regulated adult social care services in England were rated as good. 16% of services were rated as requires improvement and 1% of services nationally continue to be rated as inadequate. With only 2% of services being rated as outstanding nationally.

9. 64% of all CQC regulated adult social care services in Yorkshire and The Humber were rated good. 20% of services were rated as requires improvement and 2% of services across this region were rated as inadequate. With only 1% of services being rated as outstanding.

10. 63% of all CQC regulated adult social care services in South Yorkshire were rated good. 17% of services were rated as requires improvement and 3% of services across the district were rated as inadequate. With only 1% of services being rated as outstanding.

11. 67% of all CQC regulated adult social care services in Doncaster were rated good. 15% of services were rated as requires improvement and 1% of services in Doncaster were rated as inadequate. Doncaster has no services rated as outstanding.

12. The following comparative summary of ratings demonstrates a largely positive picture with Doncaster comparing well against South Yorkshire whilst also identifying mitigating factors and improvement actions taken to address those services requiring improvements or inadequate

13. Domiciliary Care Agency Ratings

51% of domiciliary care agencies in the South Yorkshire region were rated good compared to 59% in Doncaster, however, currently 7 of Doncaster domiciliary care providers are newly registered and are still awaiting a CQC inspection.

16% of domiciliary care agencies in the South Yorkshire region were rated requires improvement compared to 15% in Doncaster.

In the South Yorkshire region there are no domiciliary care agencies rated

outstanding and there are none in Doncaster.

1% of domiciliary care agencies in the South Yorkshire region were rated inadequate. There are currently no inadequate domiciliary care agencies in Doncaster.

14. Registered Care Home Ratings

The CQC ratings report only identifies the primary inspection category as residential social care and does not distinguish between residential and nursing.

73% of residential care homes in the South Yorkshire region were rated good compared to 76% in Doncaster.

18% of residential care homes in the South Yorkshire region were rated requires improvement compared to 13% in Doncaster.

In the South Yorkshire region there are no residential care homes rated outstanding and there are none in Doncaster.

3% of residential care homes in the South Yorkshire region were rated inadequate compared to 2% in Doncaster. Whilst there are 2 inadequate care homes in Doncaster, one is inactive with a CQC embargo in place and the other has recently been inspected by CQC and once their report is published will result in their rating changing to requires improvement.

Doncaster currently has 17% of our providers not having a CQC rating due to change in ownership or name.

15. Doncaster Council Contract Monitoring and Improvement Activity and Approach

The Contracts section of the Commissioning Team undertakes the contract monitoring of all externally commissioned Adult Social Care services.

To support and drive up standards across those services, the contract monitoring approach and activity to those providers that need to improve is further detailed below.

16. Domiciliary Care Agency Ratings

The 15% of Doncaster providers rated as requires improvements are community based care services, of which 3x are Extra Care Schemes and we have worked with CQC and provider to improve them from an inadequate service. There is a supported living provider who we have just audited this week and found improvements throughout the service. The other providers are domiciliary care agencies with one currently having an embargo in place due to the level of concerns and the other is due to be audited in the next few weeks.

17. Registered Residential Care Home Ratings

The 13% of care homes rated as requires improvements have all been monitored on a regular basis with follow up and unannounced visits carried out for all of them to ensure they maintain the required improvements. To offer an example The Parklands who currently have an embargo in place has had 8x unannounced visits, 2x joint professionals visits, 3 x response visit alongside audit and audit follow up visits in the last 3 months.We are working with CQC to refine their reporting process.

OPTIONS CONSIDERED

18. None applicable

REASONS FOR RECOMMENDED OPTION

19. None applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

20.

	Outcomes	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	Quality social care provision is a component of a thriving and resilient economy
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Quality social care provision promotes safeguarding and independence
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	Quality social care provision promotes a strong and consistent workforce, that results in a value service for the people of Doncaster

	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Quality social care provision support families to thrive.
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	The Council works well with CQC, CCG and other professional colleagues to promote and develop quality social care provision.

RISKS AND ASSUMPTIONS

21. The generally positive CQC ratings for social care provision within the Doncaster Borough when compared with national and regional data derive from a pro-active contract monitoring and management functions within the Council. It is assumed that the Council will want to continue investing at current levels in view of the generally favorable outcomes achieved

LEGAL IMPLICATIONS

22. There are no specific legal implications associated with this report. The Council includes Contract Monitoring provisions within its adult social care services contracts and this service has a vital role to play in improving care standards of providers and ensuring that appropriate services are provided to Doncaster's service users

FINANCIAL IMPLICATIONS

23. There are no financial implications arising from this report, as it is essentially an update of Doncaster's CQC performance against comparators and work done within the Contracts Team.

HUMAN RESOURCES IMPLICATIONS

24. There are no Human Resources Implications contained within this report.

TECHNOLOGY IMPLICATIONS

25. There are no direct technology implications in relation to this report.

EQUALITY IMPLICATIONS

26. There are no specific equalities implications contained within this report.

CONSULTATION

27. Not applicable

BACKGROUND PAPERS

28. None

REPORT AUTHOR & CONTRIBUTORS

29. Report Author

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Doncaster
Metropolitan Borough Council

22nd November, 2017

To the Chair and Members of the
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

OVERVIEW AND SCRUTINY WORK PLAN REPORT 2017/18 UPDATE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care Councillor Nigel Ball – Cabinet Member for Public Health, Leisure and Culture	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to consider the Overview and Scrutiny work plan report for 2017/2018.

EXEMPT REPORT

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to:

   i. Note the Health and Adult Social Care Overview and Scrutiny work plan and update for 2017/18 in Appendix A including the minutes from the Social Prescribing meeting in Appendix B.

   ii. Note that the work plan is a living document and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

Social Care Overview and Scrutiny Panel have been designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

5. Overview and Scrutiny has a number of key roles which focus on:

- Holding decision makers to account
- Policy development and review
- Monitoring performance (both financial and non-financial)
- Considering issues of wider public concern.

Health and Adult Social Care Overview and Scrutiny Workplan Update

6. Attached for the Panel's consideration at Appendix A is the work plan. This work plan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on 21st June 2017, and OSMC meeting held on 29th June, 2017. Any further updates since the publication of this report will be provided to the Panel at the meeting.

7. Social Prescribing – The Panel met on the 21st September to consider Social Prescribing, understand what it meant and how it worked and how it impacted those it engaged with. Minutes from this meeting can be found in Appendix B.

Monitoring the Work Programme

7. An updated version of the work plan will be regularly presented to the Health and Adult Social Care Overview and Scrutiny Panel for consideration and this will include copies of correspondence and briefings in relation to recommendations resulting from Scrutiny Panel reviews and meetings. In this way, Members will be able to see more clearly the progress and impact being made. The work of OSMC and the Panels will be reported annually to full Council and the progress of the standing Panels will be reported to OSMC and where appropriate to the Chairs and Vice Chairs Liaison Group.

OPTIONS CONSIDERED

8. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2017/18.

REASONS FOR RECOMMENDED OPTION

9. This report provides the Panel with an opportunity to develop a work plan for 2017/18.

IMPACT ON COUNCIL'S KEY OBJECTIVES

10.

	Outcomes	Implications
1.	All people in Doncaster benefit from a thriving and resilient economy.	The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by

	• *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the borough.
2.	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	
3.	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
4.	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
5.	Council services are modern and value for money.	
6.	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

11. 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

12. 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).

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

FINANCIAL IMPLICATIONS

14. The budget for the support of the Overview and Scrutiny function 2017/18 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.

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

16. 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

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

BACKGROUND PAPERS

18. None

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

OVERVIEW & SCRUTINY WORK PLAN 2017/18

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
June	**Tues, 6th June 2017, 11:30am – Rm 209 (CR)**	**21st June 2017, 11am – Rm 210 (CR)**	**Thurs 1st June 2017, 10 am Rm 008 (CR)**		**Fri, 16th June 2017, 9:00am, Rm 413 (CM)**
	• Work planning – OSMC • State of the Borough Assessment (Andy Pattinson) • Local Plan (Jeremy Johnson to inform Members prior to July meeting)	• Work planning – HASC O&S • State of the Borough Assessment (Andy Pattinson)	• Work Planning • State of the Borough Assessment (Andy Pattinson)		• C&E O&S Work planning • State of the Borough Assessment (Andy Pattinson)
	Fri, 16th June 2017, 12:30pm – Council Chamber (CM)				
	• Youth Justice Plan (Members Briefing - Community Engagement Framework briefing to follow the meeting)				
	Thurs, 29th June 2017, 10am – Council Chamber (CR)				
	• Updated Medium Term Financial Forecast 2017/18 • State of the Borough Assessment (Andy Pattinson) • O&S Draft Work Plans OSMC Evaluation – scoping following meeting				
	Thurs, 20th July 2017, 10am – Council Chamber (CM)	**5th July 2017 Leeds City Council (CM)**	**Wed, 5th July 2017, 10am – Rm 007b (CR)**	**Thurs, 20th July 2017, 4pm – Rm 210 (CM)**	
	• DCST Update (and DMBC action plan) • DMBC Finance & Performance - Qtr 4 – 16/17 • St Ledger Finance & Performance - Qtr 4 – 16/17	**Joint Health Overview and Scrutiny Committee (Chair Only)** • Congenital Heart Disease	• Youth Council – from discussion raise possible review on children to adult services mental Health. • Doncaster Children's Trust Update following	• R&H O&S Work planning • State of the Borough Assessment	

FP – Forward Plan Decision

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
July		**Mon 31st July, 2017 3.30pm CCG, Jctn 1 Rotherham Jt Health O&S Committee (CR)** CWT (Commissioning Working Together) Hyper acute stroke services and children's surgery and anaesthesia services – final consideration	high level Challenge Meeting with DCST - Damian • Fostering • Children and Young People Plan (including Governance of the Children and Families Strategic Board) • Behaviour Inclusion Programme Overview (key programme that contributes to the state of the borough assessment) • Academies Overview – progress update on the current state of relationships and challenges		
Aug		**Mon 14th August, 2017, 2pm – Rm 007a&b (CM)** Standard Items • Substantial Variation GP Scawthorpe Surgery. • Doncaster Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan and Adults Health & Wellbeing Transformation Programme). • Inspection and Regulation • O&S Workplan			
	1st September 2017 (CR) • Doncaster Growing Together (Corporate Plan) **Thurs, 7th Sept 2017, 10am – Council Chamber (CM)/SM**	**Wed, 20th Sept. 2017, 10am – Council Chamber (CR)/AT** Standard Items: - Doncaster Strategic Health and Social Care Plans Other Items: -	**Tues, 12th Sept. 2017, 10am – Council Chamber (CM)** • Doncaster Children's Trust (split screen) Children's Trust and Damian		**Tues, 12th September, 2017, 8:45pm – Rm 409 (CR)** • Joint Waste strategy and update on new waste collection contract

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
Sept	• Finance & Performance - Qtr 1 17/18 • Equalities and Diversity Plan • O&S Workplan Report	• End of Life Care – CCG/Public Health – Non hospice care, sufficient nursing, pain relief • Carers Strategy – review impact and effectiveness (to invite CYP Scrutiny panel) • Intermediate care • O&S Workplan Report	• Education and Skills Overview (key programme that contribute to the state of the borough assessment) – to include post 6th form review • School Performance Tables • Annual Complaints • O&S Workplan Report		
	Mon 18th September, 2017 at 2pm – Council chamber	**Thursday 21st September - 1pm Room 210 (CM)**			
	• Scrutiny Evaluation (Scoping)	• Social Prescribing			
Oct	**Thurs, 5th Oct 2017 – 10am Council Chamber (CM)**		**31st October 2017, at 11am Hub, Mary Woollet Centre (TBC)**	**Mon, 16th Oct 2017 – 3:15 – Rm 209 (CM)**	**Wed 18th Oct 2017 – 10am Rm 413 (CM)**
	• Doncaster and North Lindsey College Merger		• Early Help; • Transferred family support workers; and • Front door pressure	• Economic Plan Refresh	• Community Engagement Framework
Nov	**Thurs, 9th Nov 2017, 10am – Council Chamber (CM/CR)**	**Wed, 22nd Nov 2017, 10am – Council Chamber (CM)**		**Wed, 29th Nov 2017, 3.30pm - Room 413 (TBC)**	**Wed, 8th November, 2017 (CM/CR)**
	• Scrutiny Evaluation (Stage 1 – Taking Stock)	Standard Items • Adult Transformation -		• Urban Centre Master	Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour to serious

FP – Forward Plan Decision

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation • Memorandum of Understanding (STP) - TBC Other Items: - • Suicide Safeguarding – (Assets Team to provide risks/update on number of cases) • O&S Workplan Report		Plan Overview and progress including what is happening in terms of delivery, implementation and priorities with regards to physical developments.	crime pathway – strategic overview and background • DMBC - overview • South Yorkshire Police (strategic and PCSOs) • Ward Councillors **15th November, 2017 (CM/CR)** Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour to serious crime pathway – perception • St Leger Homes • South Yorkshire Fire Service • Neighbourhood response team • Other community leaders
Dec	**Thurs, 7th Dec 2017, 11am – Room 409 (CM/CR)**		**Tues, 5th Dec 2017, 10am - Council Chamber (CM)**	**Dec 2017**	**Dec 2017**
	• Scrutiny Evaluation – Step 2 (Identifying What Scrutiny's Role Is) **Thurs, 14th Dec 2017, 1pm – Council Chamber (CR)** • 4 Year Financial Plan • Finance & Performance - Qtr 2 17/18 • O&S Workplan Report		• Doncaster Children's Trust Update following Directors Challenge Meeting with DCST - Damian • Annual Children's Safeguarding Report (including update on CSE) • Education and Skills Update (key programme that contribute to the state of the borough assessment) – to include careers advice and guidance • O&S Workplan Report		

FP – Forward Plan Decision

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
Jan	**Thurs, 18th Jan 2018, 10am – Council Chamber (CM)**	**Tues, 23rd Jan 2018, 10am Council Chamber (CR)**		**Thurs, 11th Jan, 2018, 3.15pm - Room 413 (TBC)**	**Jan 2018**
	• DCST Update (and DMBC action plan) • Housing Allocations Policy – invite Regeneration and Housing Panel for this item	Standard Items • Adult Transformation - Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation Other Items: • Transition from child to adult services • Health and Well-being Board Strategy update • O&S Workplan Report		• Wool Market • Railway Station Forecourt • Options for the future provision of the central library/museum/ archives	
Feb	**Thurs, 8th Feb 2018, 10am Council Chamber (CR)**			**Feb 2018**	**Wed, 7th Feb 2018, 1.30pm Rm 409**
	TBA				• Waste Collection
	Thurs, 22nd Feb 2018, 10am (CR)			• Housing Needs Analysis (date to be confirmed) • Universal Credit Housing Allowance (impacts)	**Mon, 19th Feb 2018, 10am – Council Chamber (CR)**
	• Finance & Performance - Qtr 3 17/18 • O&S Workplan Report • Housing Allocations Policy – invite R and H				Crime and Disorder meeting • Feedback from evidence gathered in the Autumn anti-social behaviour to serious crime pathway. • Streetscene theme – update on flytipping, better co-ordinated approach across SY to tackle it more strategically then chase

FP – Forward Plan Decision

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
					individuals, part of organised crime. • Hate Crime – just launched hate crime strategy - review how's that working.
Mar	**Thurs, 22nd March 2018, 10am Council Chamber (CR)**	**Wed, 14th March 2018, 10am Council Chamber (CM)**	**Mon, 5th March 2018, 10am Council Chamber (CR)**	**March 2018**	**March 2018**
		Standard Items • Adult Transformation - Overview and spotlight on specific required areas eg: Place Plan, better care fund • Quarterly Performance – eg. regular updates into uptake of direct payments, residential and homecare • Inspection and Regulation Other Items: - • Public Health Protection Assurance • O&S Workplan Report • Health inequalities – BME Health Needs Assessment – date to be confirmed • Annual report of the Joint Health Yorkshire and Humber Scrutiny Meeting	• Doncaster Children's Trust (split screen) Children's Trust and Damian • Education and Skills Update (key programme that contribute to the state of the borough assessment) • Behaviour Inclusion Programme update (key programme that contributes to the state of the borough assessment) • Strategies in place to improve schools. • O&S Workplan Report		
	April 2018	**April 2018**	**April 2018 (Extraordinary TBA)**	**April 2018**	**April 2018 (TBC)**
April			• Children and Young Peoples Plan - Annual Impact Report. • Child Poverty Overview with a view to possible in-depth review		Drainage Boards Following the floods where are we now, what has changed and future plans. Drainage Board Governance Invite to: • Environment Agenda and DMBC • Drainage Board Chairs

FP – Forward Plan Decision

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	ISSUES FOR FUTURE CONSIDERATION				
	• OSMC Evaluation – currently in discussions with CfPS	• Air Quality – to be invited if considered by the Community and Environment Scrutiny Panel	• School transport for young people.	• Homelessness Recommendations Update - re recs on update funding and legislation)	
	• Area Based Review – ward comparisons (Learning, Working, Living and Caring) – currently in discussions with CfPS	• STP update	• Emerging themes from Annual Impact Report (considered at the April 2018 meeting)	• Planning Enforcement – Is planning enforcement effective – raising awareness session	
	• Consultants – VFM – Overview and understanding	• Adult Safeguarding Board chair		• Housing Allocations Policy? R&H or OSMC	
	• Welfare Reform – Universal Credit and Sanctions on Benefits			• Economic Plan Refresh 2nd consideration	
	Moved For Consideration as part of O&S Draft Workplan 2018/2019				
		• State of the Borough Assessment	• State of the Borough Assessment	• State of the Borough Assessment	• State of the Borough Assessment
			• Invitation to children in care council to attend the panel next July 2018 (suggested at the CYP Panel 5th July)		• Traffic Offences, town centre parking, parking on grass verges – available later on around autumn.
			• Child Poverty		•
					•

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Health & Adult Social Care Overview & Scrutiny Panel

Venue: Room 210, Civic Office

Date: Thursday 21st September at 1pm

Social Prescribing

In Attendance:

Councillors; Andrea Robinson (Chair), Linda Curran, Derek Smith, Martin Greenhaulgh and Pat Haith

Officers/Partners: Fay Wood (Interim Commissioning Manager), Emma Smith, Strategy Manager, Doncaster Clinical Commissioning Group (CCG) and Joe Hall, Service Manager South Yorkshire Housing Association (SYHA)

1. Welcome and Introduction

The Chair welcomed those in attendance and introductions were made.

2. Apologies

There were no apologies made.

3. Declarations of Interest

None

4. Social Prescribing

Background - It was explained that social prescribing was a catch-all term for non-medical interventions to medical presentations. It aims to prevent worsening health for people with long term health conditions and reduce the number and intensity of costly interventions in primary, urgent or social care. It was continued that social prescribing works by enabling GPs to link patients with sources of social, therapeutic and practical support provided by voluntary and community organisations in their local area.

In Doncaster, South Yorkshire Housing Association (SYHA) delivers the Social Prescribing Service. Social Prescribing Advisors receive referrals from GPs, Community Nurses and Pharmacists for customers in need of voluntary and community support. Advisors also help customers to navigate statutory pathways. The service is jointly commissioned by Doncaster MBC and CCG though the Better Care Fund. SYHA's Doncaster Social Prescribing Service is a key feature of local health and social care integration and transformation programmes. Doncaster Social Prescribing works across Doncaster. Members were informed that the South Yorkshire Housing Association won a national award for Provider Collaboration with the CVS. The Social Prescribing Service is delivered to all wards and all GPs.

It was explained that it had a strategic fit within the Place Plan and therefore there was a great deal of focus towards it.

Members were informed that a number of partners were present when it first established e.g. community nurses, wellbeing, GPs although representatives from statutory services were not involved. It was explained that all cases were cross referenced as when Health and Wellbeing officers were involved, social prescribing did not become involved. Members were told that work had been undertaken with pharmacies; however, this was abandoned after a year as there had only been a small amount of referrals made through them. Members were informed that there had been a significant increase through community staff that sees people isolated within their own home.

It was explained that

- the cost of the service was £180,000 per year
- there were 4.3 FTE Social Prescribing Advisors – referrals of 1,800 over the last year
- there had been provided 2500 hours of voluntary hours undertaken
- the service had given back value to communities (for every £1, £10 had been placed back into the community.
- during the last 2 years there had been 4,100 referrals with over 100 during the last few months.

Referrals – Members were told that the service received a high number of referrals and it was there essential to ensure that such services reached those who really needed them.

It was explained that primarily, this occurred through the GP referral route; alternatively, this could be done through the Council and the Wellbeing service. It was added that if the Wellbeing service was unable to help and the issue went to the Vulnerable People group then it may be referred onto the Social Prescribing team.

It was reported that when 'frequent flyers' came to the attention of the police, fire and ambulance services, steps would be then take to look at what can be done for those individuals and on occasion the social prescribing service has been able to support them.

Members were told that the quality of relationships and partnerships were essential in delivering this work successfully. It was explained that some individuals were not accessing the right benefits or that carers were not accessing carer's allowances. It was continued that there were a number of carers that had been picked up and linked in with Age UK.

It was shared that officers were mindful of onward referral and with those who have contracts. It was further explained that that there was a great expectation from the third sector and a need to ensure that the capacity was there to meet the demand.

Concern was raised how individuals and organisations became aware of the programme. It was recognised that this was always a challenge and that a Steering

Group had been set up to consider this. Reference was made to representation being made about it at Parish Councils.

Volunteers – In respect of volunteers, it was explained that there was a four day training programme, line managed by the coordinator as well as access being provided to other training opportunities. It was noted that peer support was constantly growing and that many individuals who had previously benefited from the service were now acting as volunteers.

It was explained that through the programme, individuals could access the Talent Match programme and that the Innovation Fund had funded a couple of posts. Members were told that because the programme was independent of the Council, individuals felt more comfortable sharing without feeling judged. The programme allowed people to be supported and provided them with the necessary tools to help them improve their own lives.

A Member raised concerns that individuals would become dependent on the programme. It was explained that the service was designed to focus on strengths, goals and outcomes with more intensive interventions if necessary. It was added that some customers might need one visit whilst other customers would require approximately 3 to 6 months, or possibly up to 12 months. Members were informed that the aim of the programme was for the individual to become responsible for themselves.

It was explained that more complicated situations are addressed through a network of partners linked to the Vulnerable People Group. It was commented that checks were also undertaken with individuals that helped build up a better picture.

In respect of recruiting volunteers, jobs adverts were published on the sites internet locally and across the Sheffield City Region.

Members watched a short film showing a case study of an individual who had benefitted from the programme.

Funding – Concern was raised regarding the future of the programme and how it would be funded without the Better Care Fund in place. It was recognised that hard decisions needed to be made in respect of how the programme could be continued. The issue of onward referrals were raised and how communities may look at eventually charging for services.

In terms of measuring the success and value of the programme, Members were informed that case studies were put together to bring the programme to life and demonstate first-hand what differences the programme had made adding richness and value to the Business Case. Members were reminded that the programme has demonstrated value for money.

Members were informed that the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University evaluated the first year's Doncaster Social Prescribing Service.

It was explained that the programme operated on a national level and that regionally Rotherham had been recognised as a good example in operation since 2012. It was further outlined that the programme undertook a different format and that models had evolved. It was shared that nationally attempts had been made to make it a service specification, however, it was recognised that everywhere was different. Locally it was about what was right for Doncaster and this was something being continuously developed.

Next Steps – Members were informed that funding for the service ends on the 31st March 2018 then the Better Care Fund would be in place for a further 12 months. It was stated that conversations needed to take place internally on how the programme would move forward and this would involving scoping out what was needed and how the service could be remodelled.