

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

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

VENUE: Council Chamber - Civic Office, Waterdale, Doncaster, DN1 3BU
DATE: Monday, 14th August, 2017
TIME: 2.00 pm

Members of the public are welcome to attend

Items for Discussion:

1. Apologies for Absence.
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any.
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 15th March, 2017. (*Pages 1 - 8*)
5. Public Statements.

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

Jo Miller
Chief Executive

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

Issued on: Wednesday, 2nd August, 2017

Scrutiny Officer Caroline Martin
for this meeting: 01302 734941

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

6. Substantial Variation - GP Branch Surgery Closure. *(Pages 9 - 26)*
7. Doncaster's Strategic Health and Social Care Plans (Sustainability and Transformation Plan, Place Plan, Adults Health & Wellbeing Transformation Programme). *(Pages 27 - 30)*
8. The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. *(Pages 31 - 38)*
9. Overview and Scrutiny Work Plan Report 2017/18 Update. *(Pages 39 - 52)*

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)

Public Document Pack Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 15TH MARCH, 2017

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the 007 B - CIVIC OFFICE, DONCASTER on WEDNESDAY, 15TH MARCH, 2017 at 10.00 AM

PRESENT:

Chair - Councillor Rachael Blake

Councillors Cynthia Ransome, George Derx, Sean Gibbons and Pat Haith

Invitee: Lorna Foster (Unison)

ALSO IN ATTENDANCE:

DMBC Officers

Victor Joseph - Consultant in Public Health

Michelle Black - Specialty Registrar in Public Health

Carys Williams - Public Health Improvement Officer

Dee Colam – Interim Head of Service, Adults Health & Wellbeing

Debbie John-Lewis – Head of Service, Intermediate Care

External

Jackie Pederson - Chief Officer, Doncaster Clinical Commissioning Group

Debbie Aitchinson - Doncaster Intermediate Health and Social Care Project

Mr Avery – Tunstall Healthcare

Other Councillors

Councillor Iris Beech

APOLOGIES:

Apologies for absence were received from Councillors Elsie Butler, Jessie Credland and Linda Curran

		<u>ACTION</u>
28	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Elsie Butler and Jessie Credland.	

29	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
30	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 2ND FEBRUARY, 2017</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 2nd February 2017 was agreed as a true record	
31	<u>PUBLIC STATEMENTS</u>	
	<p>There were three public statements</p> <p>Mr Doug Wright referred to the Intermediate Care on the Panel's agenda, he stated that although health services were doing their best under present circumstances there were a number of areas of concern which included: -</p> <ul style="list-style-type: none"> • the need to make up the identified shortfall of £571m regionally, and £139.5m in the case of Doncaster; • the appointment of strategic partner Ernest Young to help shape and co-produce the Place Plan; • the need for improved communication and engagement to increase public awareness of the STP proposals. • why rapid response to falls pathway opened to Yorkshire Ambulance Service falls service was only operating 8am – 8pm 7 days per week and wasn't a 24 hour service similar to at Sheffield. <p>Mr Wright was informed that responses would be provided as part of the meetings discussions.</p> <p>Mr Tim Brown referred to the Black and Minority Ethnic (BME) Health Needs Assessment which was out of date and stated that he had been asking for this for over 13 years. Mr Brown felt that the statutory providers were failing to monitor BME outcomes and experiences. Mr Brown added that he had a parent in his 80's and stressed that his family had contributed to the NHS for over 200 years, including his sister being a Senior Midwife, yet needs of BME groups and the nine characteristics were not being accounted for. Mr Brown concluded by saying that he would be attending the Health and Wellbeing Board the following day when the BME Health Needs Assessment would be considered as part of the agenda.</p> <p>Finally, a member of public also referred to the BME Health Needs Assessment and commented that there needed to be wider and more engagement with BME communities and groups. He also felt that further information was needed on where data was being captured</p>	

	from and whether this included BME communities.	
32	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2016/17.</u>	
	<p>Members were presented with an annual report on health protection in Doncaster covering the financial year 2016/17.</p> <p>It was explained that the responsibilities of Local Authorities for Public Health functions (including health protection) since 1 April 2013 have been underpinned by legislation under the Health and Social Care Act 2012.</p> <p>The Panel was informed about progress from 2015/16 to 2016/17, in addressing health protection matters in Doncaster including recommendations that had been made in the 2015/2016 annual report.</p> <p>There was a discussion in reference to one of the recommendations, to 'address air quality in Doncaster wards'. Members raised concerns about a number of areas including the following and the Consultant for Public Health offered to provide further information on each area.</p> <ul style="list-style-type: none"> • Members spoke about National Clean Air Day taking place in June and asked what was taking place locally to support this. Members were informed that this coincided with National Walking Month taking place in May. • A Member raised concern about issues concerning a number of vehicles and lorries within their ward area of Sprotborough (such as in Hickleton) and requested more information on how air was being monitored in their ward. • Members raised a number of concerns around air quality outside of school premises. The main issue was in relation to parents securing car parking spaces just to remain there with the car engine running until school started. Members were informed about active travel plans in place to encourage parents and school children to consider other alternatives such as walking to school. It was recognised that this will also encourage more physical activity which has its own benefits as well as reducing transport emissions and thereby contributing to improved air quality. It was commented that the monitoring equipment could be costly, however, Members felt that knowing the results of air monitoring outside schools could make a positive impact on parents. • Members were informed about the Doncaster Active Travel Alliance, established by the Public Health Team of whom the Council's air quality officers are active members. It was explained that the purpose of Doncaster Active Travel Alliance was to bring 	

together partners to work collectively to increase and promote active travel across Doncaster. Members questioned whether the best range of people was on the group and whether it should involve representatives from the business sector

In respect of taxis, it was questioned whether more could be done to encourage taxi drivers to use more environmentally friendly vehicles.

Smoking

There was a discussion around smoking (protection of the public from harm of tobacco) which was identified as an area of health improvement that overlapped with health protection. Members were informed that although smoking was a major Public Health problem in Doncaster, improvements were being made. It was acknowledged that the prevalence rate of smoking was decreasing although still significantly higher than that seen in England. Members were also told how Doncaster was also significantly higher than the national average for women smoking at the time of delivery. It was acknowledged that more could be done around this area.

There were comments around the increasing use of e-cigarettes especially with young people. Concern was also raised about the increasing number of e-cigarette shops opening and one Member of the Panel reported that three were operating in their ward area.

Vaccinations

It was reported that Doncaster generally performs well in relation to vaccines and immunisations although there was scope for improvement. It was noted that Doncaster being better or similar to national targets in 14 out of 18 indicators.

The recommendations and areas of focus for 2017/18 were outlined to Members seeking their support. In relation to immunisations, a recommendation was to continue to work with local partners to monitor in particular the uptake of flu vaccinations and MMR. It was commented that the uptake of flu vaccinations in relation to health and care workers needed to be widened to incorporate Council staff, care homes, and primary care staff and not just for hospital staff as it is the case currently. It was agreed by the Panel as an additional recommendation.

In respect of population vaccination coverage, for shingles (70s), it was explained that this is being rolled out gradually to those aged over 70 years

Other Areas

Other areas that were discussed included that: -

	<ul style="list-style-type: none"> • Doncaster was meeting the national target for detection of Chlamydia (green indicator) • Cancer screening coverage for breast cancer where Doncaster value was performing significantly better than England average (green indicator) • It was noted that further work was needed to ensure uptake of vaccines for travellers and asylum seekers – particularly ensuring all details are captured at registration with GP practices. <p>RESOLVED that the Panel;</p> <ol style="list-style-type: none"> 1. Note the progress made from 2015/16 to 2016/17 on addressing health protection matters in Doncaster; 2. Support the following recommendations in relation to Air Quality: <ol style="list-style-type: none"> i. The Directorate of Regeneration and Environment working in conjunction with Public Health Team will explore the possibility of monitoring PM 2.5 and work to reduce the emission and ambient concentrations of PM2.5 in Doncaster. ii. Continue to progress the work of Doncaster Active Travel Alliance. iii. Establish an air quality Steering Group with respect to producing and progressing the Council’s air quality action Plan. 3. Support the following recommendations in relation to immunisations: <ol style="list-style-type: none"> i. Continue to work with local partners to monitor in particular the uptake of flu vaccinations and MMR. 4. Support continued work in monitoring and reporting on progress on health protection indicators in the borough. <p>And in addition to recommend that consideration is given to:-</p> <ol style="list-style-type: none"> 5. The reporting and monitoring of the uptake of flu vaccinations to be widened to incorporate Council staff, staff working within care homes, and primary care staff. 6. The monitoring of air quality outside school premises. 7. Cabinet and the Planning Committee to assess the licensing of e-cigarette shops within Doncaster. 	
33	<u>INTERMEDIATE HEALTH AND SOCIAL CARE SERVICES IN DONCASTER.</u>	
	The purpose of this report and presentation was to provide Members with an update and progress report on the developments in	

Intermediate Health and Social Care Services in Doncaster since the last update was presented in November 2016

A presentation was provided to Members who were reminded how Intermediate care was about delivering a short burst of extra care and rehabilitation outside hospital to help people recover and regain their independence as quickly as possible. Examples explained how support could be provided in a number of situations such as when an older person has an illness which can be treated at home rather than hospital.

Rapid Response to Falls Pathway – opened to Yorkshire Ambulance Service.

Members were updated on the progress that had been made with rapid response to falls pathway which had been running for just under two months. It was explained that initially the service was available between 8am-8pm, 7 days a week while it becomes established. It was added that the aim was for this service to ultimately be running on a 24 hour basis.

Members discussed the number of benefits that this service provided such as speedy access to a multi-agency assessment and access to equipment and technologies.

Members were taken through a case study of a lady called Joan who fell and her neighbour who called 999. The case study explained what would have happened previously and what happened instead following changes that had been made through the intermediate care programme.

Partners

Members were told how an increasing number of partners were coming on board. Members were informed how, for example, the Fire Service was now doing a fall service when they did prevention visits.

Public Engagement

Members were told how one of the gaps identified when the service was reviewed was that BME groups were under represented in those who access intermediate care. It was also recognised that the profile of older people was changing in Doncaster and becoming more diverse which will require services to be more inclusive. Therefore a specific piece of work called 'designing for diversity' had been initiated which will aim to engage specifically with people from BME groups in Doncaster and involve them in designing a service that will better meet their needs now and in the future.

Members were informed about a Co.Create event taking place on the

	<p>30th March 2017 when Doncaster CCG and Co.Create would be staging an opportunity for members of the public to take part in a live co-design event. It was outlined that this would aim to help ensure that older people who fall at home receive the best and safest care.</p> <p><u>Staff</u></p> <p>Members were informed how positively staff had engaged with the changes which had been taken forward at a really fast pace. It was added that although there were still challenges, there had been positive responses to a recent survey of staff experience with the majority of ratings being good or very good.</p> <p><u>Next Steps and Phased Expansion</u></p> <p>Finally, Members were taken through the proposed next steps and phase expansion plans alongside timelines. Members expressed an interest in receiving an update at a future meeting.</p> <p>Members acknowledged how changes were being made to intermediate care that will make a significant difference to residents and form the blueprint for the Place Plan. It was recognised that this was a significant piece of work and a real opportunity for a new model of provision.</p> <p>RESOLVED that the Panel note the report and information presented and that an update be provided at a future meeting as part of the 17/18 workplan.</p>	
34	<p><u>OVERVIEW AND SCRUTINY WORK PLAN 2016/17 UPDATE</u></p>	
	<p>It was agreed for a more detailed discussion to take place at the next meeting which will be the first of 2017/2018.</p> <p>There was a brief discussion regarding potential new work items.</p> <p>RESOLVED that the workplan be noted and the following items be considered when developing the 2017/18 Workplan, these included:</p> <ul style="list-style-type: none"> i. End of Life Care ii. Carers iii. Residential Homes 	
35	<p><u>"YOUR LIFE LOCAL" COMMUNITY LED SUPPORT (CLS).</u></p>	
	<p>The purpose of the report and demonstration was to provide Members with an overview of initiative "Your Life Local" Community Led Support as part of the Adults, Health and Wellbeing Transformation Programme.</p>	

	<p>A demonstration was provided by Tunstall Healthcare who delivers pioneering technology enabled care services and new models of care to support older people and those with long-term needs which improve outcomes, support prevention and achieve better use of resources.</p> <p>Members were pleased to what progress had been made in community led and the opportunity to review the different products available.</p> <p>RESOLVED That;</p> <ol style="list-style-type: none">1. The information provided be noted; and2. This item and presentation be included on the draft work plan 2017/18 for further consideration alongside a potential visit for Members and Officers to “Mary’s flat”.	
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To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

SUBSTANTIAL VARIATION – GP BRANCH SURGERY CLOSURE

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Rachael Cabinet Member for Adult Social Care		All wards in the north west of Doncaster	None

EXECUTIVE SUMMARY

1. The purpose of the report is for Doncaster’s Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny Members to be consulted on the closure of a Branch GP Surgery at Scawthorpe, Doncaster.

EXEMPT REPORT

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

RECOMMENDATIONS

3. That the Scrutiny Panel considers 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. The Primary Care Commissioning Committee (the Committee) has recently received a request for a GP branch closure at Scawthorpe, Doncaster. The Associate Director for Primary Care and the Primary Care Manager at Doncaster CCG will be in attendance at the meeting to address issues relating to the information contained in the report presented to the Committee on the 9th March at Appendix A.
6. The Committee was asked to approve the branch closure request in principle pending the outcome of the mandatory patient and public engagement process. The Committee discussed the request however were not able to approve in principle at that point although they did want to support the practice in doing what is best for them. The recommendation

from the Committee was for the practice to work with the CCG and NHS England and follow due process, the first step of which is to have an urgent meeting with representatives from NHS Property Services, the CCG and NHS England to discuss the implications of their proposal.

7. The CCG has now met with the practice, NHS Property Services and NHS England and fed back to the Committee at their meeting on the 8th June (minutes extract of this discussion are at Appendix B). At this meeting the Committee were assured that due process had been followed, supported the closure of the branch site and gave approval for the practice to progress to patient and stakeholder engagement.
8. The practice has developed a patient leaflet informing of the changes and have worked with HealthWatch Doncaster to hold public meetings for patients to attend. The outcome of these meetings held so far has been positive with fair attendance from the elder patient population. The practice has also engaged with their local MP, neighbouring practices and local stakeholders such as pharmacies. To date there has not been any formal objection to the branch closure received by the practice or the CCG.
9. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objective</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> 	

	<ul style="list-style-type: none"> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

10. The specific risks and assumptions relating to this issue are set out in the attached report.

LEGAL IMPLICATIONS

11. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.

12. An application has been made for the closure of a GP branch at Scawthorpe, Doncaster. As part of the process for considering this application, the Council's overview and scrutiny panel for Health and Adult Social Care will be consulted.

13. Section 244 of the National Health Service Act 2006 sets out the functions of the overview and scrutiny committee within local authorities. The overview and scrutiny committee may review and scrutinise the health service within its area; it may make reports and recommendations to local NHS bodies, the secretary of state and the regulator; and it may consider and consult on local NHS matters as well as requiring the local NHS body to attend committee to answer questions:

14. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (The Regulation's) places an obligation on the local NHS body to consult with the Overview and Scrutiny panel where they are considering any proposal for substantial developments or substantial variations to health services other than where a decision must be made as a result of the risk to safety or welfare of patients or staff.

15. Under the Regulation's, the Overview and Scrutiny panel may make comments and recommendations on the proposal consulted upon. If those comments and/or recommendations are not agreed with by the local NHS body, then both the Overview and Scrutiny panel and the local NHS body n have to try to reach a practicable agreement. If agreement cannot

be reached then the Overview and Scrutiny panel can issue a report to the Secretary of State where:

- a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;
- b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or
- c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.

FINANCIAL IMPLICATIONS

16. The NHS financial implications arising from this report are set out in the attached report.

17. There are no specific DMBC financial implications due to the building not being owned by DMBC. There may be minimal revenue implications resulting from a loss of income regarding business rates however the value is not significant approx. £2k per annum.

HUMAN RESOURCES IMPLICATIONS

18. Specific implications are referred to in the attached report.

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

20. 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

21. Consultation is outlined in the attached report at pages 13 – 15. This is Overview and Scrutiny's opportunity to contribute to the proposed GP branch closure.

BACKGROUND PAPERS

22. None

REPORT AUTHOR & CONTRIBUTORS

Damian Allen

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The Ransome Practice

Appendix A

Meeting name	Primary Care Commissioning Committee
Meeting date	9th March 2017
Title of paper	The Ransome Practice Application to Close Branch

Executive / Clinical Lead(s)	Laura Sherburn, Chief of Partnership Commissioning and Primary Care
Author(s)	Jane Johns, Practice Manager, The Ransome Practice Dr Umapathee, GP, The Ransome Practice Kayleigh Wastnage, Primary Care Support Manager (executive summary only)

Purpose of Paper - Executive Summary

The Ransome Practice is a PMS Practice within the North West Locality. They currently have 3 practice sites:

- Main Branch – The Health Centre, Askern Road, Bentley
- Branch Site – Woodside Surgery, Woodside Road, Woodlands
- Branch Site – The Clinic, Amersall Road, Scawthorpe

The Practice has requested approval to close their branch site, The Clinic, Amersall Road, Scawthorpe.

The Practice have completed the attached Branch Closure Application Form which includes the rational, risks and benefits to practice and patients of the closure and the practices stakeholder and patient consultation action plan.

Recommendation(s)

The Committee are asked to consider and approve the branch close application in principal with a view to full approval once the public consultation has closed.

Impact analysis	
Quality impact	Impact on quality of core, enhanced and additional services to patients is detailed in the proposal. The practice detail a positive impact on quality should the proposal be approved.
Equality impact	Neutral
Sustainability impact	The impact on the practices ability to remain sustainable will be positive should the proposal be approved.
Financial implications	The practice may see a positive impact on their financial situation as they will no longer incur costs for the branch premises if the proposal is approved.
Legal implications	Nil
Management of Conflicts of Interest	None identified.
Consultation / Engagement (internal departments, clinical, stakeholder & public/patient)	None
Report previously presented at	None
Risk analysis	Risks are covered in the proposal document.
Assurance Framework	

Application form for branch closure The Ransome Practice

Please complete the following:

1) Details of branch proposed for closure:

The Ransome Practice currently operates over 3 sites, Scawthorpe Clinic (Scawthorpe), Bentley Health Centre (Bentley) and Woodside Surgery (Woodlands). All sites are within a 3.6 mile radius of each other.

The practices current list size is 6120 registered patients. Patients have choice of attending all 3 sites however most patients have a preferred site that they regularly attend. The split of patients attending each site as their preferred choice is:

2400 patient - Bentley
2400 patients - Woodside
1320 patients - Scawthorpe

The Scawthorpe Clinic is the smallest surgery of the 3 and sees 22% of the practice population on a regular basis. If the closure of Scawthorpe clinic is approved these patients will have the choice of attending the other 2 sites in Woodlands and Bentley.

The branch closure will affect 2 members of clerical staff who currently work from the Scawthorpe Clinic. These members of staff will be given the choice to move and work from the Woodside or Bentley sites. We anticipate no staff redundancies. Clinical staff will continue to work over the 3 sites on a rota basis and are not permanently based at any particular site.

The building itself is leased from NHS Property Services and incurs high costs to the practice making it financially unviable.

Dr Umpathee and Jane Johns have recently met with Ed Miliband, MP, to apprise him of the proposed changes to the practice. To support this visit we drafted the attached outline proposal which gives detail of the rational to the branch closure and future plans for the practice.

2) Do you have premises approval to dispense from the branch surgery?

The practice is a non-dispensing practice.

If yes, how many patients do you currently dispense to? – N/A

- 3) **Do you have premises approval to dispense from any other premises? – N/A**

If yes, do you intend to give three months' notice of ceasing to dispense as required by NHS Pharmaceutical Services Regulations 2012 schedule 6 para 10 as amended? Yes/No – N/A

- 4) **How have you consulted with your patients regarding this proposal and how will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should NHS England approve this variation?**

Consultation for all patients registered at The Ransome Practice will involve:

- Sending letters to all patients informing of the changes
- Posters in all site waiting rooms
- Notification on the practice website
- Discussion and involvement of the practice PPG
- Face to face consultation meetings for patients and staff
- Patients will be provided with information and advice on how to register with neighbouring practices if requested. (There are 2 other practices within 400 yards of the Scawthorpe Clinic, Petetersgate Medical Centre and The Nelson Practice).
- It is envisaged that due to the close proximity of the practice`s remaining 2 branches the vast majority of patients will stay with the practice and choose to attend another site.

The practices stakeholder engagement action plan is attached which provides further detail of the planned consultation with patients, staff and local stakeholders.

- 5) **Also, please provide a summary of the consultation feedback and confirm that you will supply evidence of this consultation should it be requested.**

Evidence of consultation feedback will be provided upon completion of the 3 month consultation period.

The practice will liaise with the CCG, NHS England, other appropriate agencies and patients continually throughout the process acting according and responsibly to ensure the smooth transition of the reorganisation plan resulting in minimal disruption for patients and the practice.

6) Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including:

- access to the main surgery site i.e. public transport, ease of access;
- capacity at main surgery site;
- booking appointments;
- additional and enhanced services;
- opening hours;
- extended hours; and
- dispensing services (if applicable).

7) From which date do you wish the branch closure to take effect?

As early as possible

PROPOSED REORGANISATION OF THE RANSOME PRACTICE 2017

BACKGROUND AND CURRENT SITUATION

The Ransome Practice is situated North side of Doncaster. Since 2001 the practice has operated over 3 sites – Bentley, Scawthorpe and Woodlands. Prior to a merger in 2001 the Woodlands site was a single handed practice and The Ransome Practice operated over 2 sites. All 3 sites are within a 3.6 mile radius of each other.

The Ransome practice has a list size of 6120 patient operating across the 3 sites. Bentley and Woodside branches each serve approximately 2400 patients each (78% of total registered patients). The remainder (22% or 1320 patients) access primary medical services through the branch surgery located at Amersall Road, Scawthorpe.

The Practice has a PMS Contract and until 2012 was initially held with 4 full time partners, Dr Anim Addo, Dr Umapathee and Dr Singh and Dr Kulanthaivelu. Dr Kulanthaivelu retired in 2012 leaving 3 full time partners.

Dr Addo, who was the Senior Partner retired at the end of March 2016, leaving 2 partners. Dr Umapathee is now the Senior Partner.

Since the retirement of Dr Addo in 2016 the practice has managed to operate safely with 2 partners, a part time salaried GP and regular locum GPs, but under extreme pressure and identify recruitment as a major issue, mainly due to operating over the 3 sites.

In addition to GP recruitment the practice is experiencing problems with Nurse recruitment due to the ever increasing demands on Primary Care.

As part of the succession planning at the practice, a number of on-going concerns regarding the provision of medical services have been raised and therefore we feel it would be sensible to close the Scawthorpe site and operate over the other 2 remaining sites. This will enable us to provide our patients with continuity, higher quality of care over longer periods.

Recent CQC inspection November 2016 rated the practice as Good and the final report is still awaited.

RATIONALE FOR BRANCH CLOSURE

1. The partnership has concern about the suitability of the building at Scawthorpe and about the possibility that spending further time trying to turnaround the current building may inadvertently affect the delivery of the services to patients currently registered at the branch site.
2. The partners feel that keeping the branch open is no longer a financially viable option. The reasons for these are the reduction in PMS funding, Imposed premises rent increases of 400 per cent by NHS Property Services (£35,000.00 per year) reduction in ability to increase revenue at the practice

i.e. local enhanced services, Direct Enhanced Services etc, and increase in staff costs due to changes in Government Legislation (extended hours etc).

3. Recruitment is a major issue. The partners feel that increasing demands on Primary Care are making it difficult to sustain the current level of provision of medical services at all 3 branches, therefore a number of issues exist with the current climate. At present the practice feels that there are adequate staffing levels to accommodate 2 branches only and that should this continue it will have an increasing impact on staff morale and patient safety. Current situation often involves the GPs having to split between surgeries which significantly affect service provision and leading to working long hours and increased stress levels to all members of the practice staff. It is identified should this continue this will affect the quality of service at all the 3 sites further.
4. Operating over 3 sites the practice finds it difficult to offer the necessary supervision required for newly appointed GPs and Nurse Practitioners. A number of issues exist with the current practice not limited to the concerns over the long term ability of the partnership to ensure that patients are seen in a safe, dignified and clinically effective environment.

OPTIONS

A number of options have been explored:

- a) Keeping the branch open – this will incur financial losses to the practice
- b) Close the branch and redirect patients to the remaining sites - feasible
- c) Close the branch and disperse patients to neighbouring practices (there are 2 within 400 yards of Scawthorpe branch) – possibility although the practice feel that the majority of the patients will remain. It is noted that the practice did not lose patients when both GPs retired.

PATIENT ENGAGEMENT

Throughout the engagement period (90 days) the practice will meet with representatives of the patient participation Group, involve staff, public meetings, write and inform patients, Publish on practice website, internal noticeboards, liaise with other local GP practices, local pharmacies and other relevant agencies.

CCG engagement – Informal discussions already undertaken and there is agreement in principle the merits of the proposal are justified.

RISKS AND IMPLICATIONS OF BRANCH CLOSURE

1. The practice may lose patients
2. Financial losses to the practice
3. Increased pressure on neighbouring practices
4. Opposition to the proposal (media, patients and politics)

ADVANTAGES

1. Closure of the branch will reduce the current concerns around financial constraints
2. Focus on staffing and maintain better skill mix. There will be no redundancies.
3. GP recruitment/ nurse recruitment – Improved by working over 2 sites only.
4. Adequate clinical and clerical cover over longer periods is better achieved by working over 2 sites only.
5. Continue providing patients with high quality care
6. The partners feel that the majority of Scawthorpe will remain with the practice. Scawthorpe is a relatively affluent area of the practice population and the majority of the patients are already used to attending Bentley and Woodside for Minor Surgery, Ear Irrigation, Cryotherapy and Diabetic Care etc. The distance from Scawthorpe to each of the remaining sites are Bentley 1.6 miles and Woodside 2.5 miles.
7. Public transport is easily accessible.
8. Less stress to all member of practice team

Stakeholder	Description	Strategy / Types of engagement	How and When completed	How (Typical Methods of Communication)
Registered lists	<p>This includes all registered patients at The Ransome Practice (Scawthorpe, Bentley and Woodside)</p> <p>The aim of this process has been to raise awareness, provide clear information regarding relocation / re-organisation of the Practice and to reassure patients they will still be able to access a single service at either one of our remaining two branches</p> <p>Raising awareness, involving patients and providing clear and concise information is the practices main focus of this process.</p>	<p>Practice pre-engagement meetings.</p> <p>Involvement of PPG - informed of practice plans and obtain feedback/comments</p> <p>Patient letter – will obtain clarity of content needed and copy prior to sending</p> <p>Public meetings / patient events</p> <p>Notice boards</p> <p>Formal consultation meeting</p> <p>Liaison via media?</p> <p>Any written feedback from patients and follow up responses at all 3 sites</p>	<p>Branch meetings held with Practice staff at all 3 branches – February 2017</p> <p>PHCT meeting to be held 1st March 2017</p> <p>Letter sent to participants. Patient participation meeting March 2017</p> <p>Practice newsletters outlining present structure of Practice and future proposed re-organisation</p> <p>Leaflet displayed in practice waiting areas – March 2017</p> <p>Patient engagement events to be arranged during March 2017</p> <p>Contact all households by letter, email etc. (all appropriate mediums) informing them of our plans to relocate/reorganise Practice.</p> <p>Leaflet sent out to all patients in envelopes.</p> <p>Review of patient feedback and final report to be sent to patients</p> <p>Update website with all key information and FAQs</p> <p>Note on Prescriptions – March 2017</p>	<p>Practice newsletter detailing rationale around proposed relocation/restructure</p> <p>Verbal discussion/consultations with members of Practice staff</p> <p>Verbal/written – letter/meeting outlining details of practice plans</p> <p>Leaflet displayed in practice waiting areas – March 2017</p> <p>Patient engagement events – March 2017. These will include patients from all branches attached to the Practice.</p> <p>Contact all households by letter informing them of our plans to relocate/reorganise. – Letters to be sent during the month of March</p> <p>Review of patient feedback and final report to be sent to patients</p> <p>Update website with all key information and FAQs</p> <p>Note on prescriptions – March 2017 - ongoing</p>

<p>Staff</p>	<p>Our staff are also an essential part of the restructure process and the effective delivery of all services. Our aim throughout has been to raise awareness as soon as was feasible, and to give the opportunity to ask questions, comment or provide feedback</p>	<p><i>Initial staff meetings at 3 branches</i></p> <p><i>Letter to staff</i></p> <p>HR advice obtained regarding contract changes to staff affected by the reorganisation</p>	<p>Meetings held February 2017 with staff</p> <p>Ongoing review of staff information and where / how they will work in the future</p> <p>Discuss and agree contract variation with staff affected</p>	<p>Follow-up meeting 1st March 2017</p> <p>Ongoing review of staff information and where / how they will work in the future – current potential staff structure</p> <p>Staff contract variations</p>
<p>Local GP Practices</p>	<p>Inform neighbouring practices of plans and impact on their list size should patients wish to re-register elsewhere</p>	<p>Informal discussion with neighbouring practices</p> <p>To inform all practice managers of changes.</p>	<p>Informal meeting with Practice Managers at Petersgate, Dr Sheikh surgery, Scawsby Health Centre February 2017</p> <p>Contacted Dr Grimwood by telephone. Awaiting call back.</p>	
<p>Local Community Stakeholders</p>	<p>Raise awareness with key teams and colleagues including but not limited to:- /</p>	<p>Letters</p> <p>Meetings</p> <p>Individual meetings and notice boards.</p> <p>Inform Julia Nansome – IAPT worker.</p>	<p>Send letter informing all key stakeholders of intended restructure and date – local services directory updated?</p> <p>Julia is attending in-house target with practice staff to discuss the reorganisation. Julia already works from Bentley site as well as Scawthorpe clinic.</p>	<p>Send letter informing all key stakeholders of intended merger and date – local services directory updated?</p>
<p>Doncaster Councilors and MP</p>	<p>This exercise is intended to raise awareness for our patients and their constituents, provide clear information on the restructure,</p>	<p>Letter</p> <p>Meeting</p> <p>Website</p>	<p>Meeting with Ed Milliband – MP February 17th to inform of practice intentions. Provided written information for perusal regarding rationale</p>	

	ask for comment and feedback			
Health and Wellbeing Board	Discussion of improved patient pathways for patients	Request to CCG to take to HWBB if approved.		
Pharmacies	Raising awareness and discuss current/future practice prescription service i.e. electronic prescribing and pharmacy collection service for patient.	Letter Website Meetings (if necessary)	Written/verbal communication during month of March	Written/verbal communication commencing March – ongoing process
Doncaster LMC	Discussion with LMC re. plans Raise awareness & provide ongoing support / advice	Letter to LMC Meetings	Letter sent 1 st March outlining plans Meeting to be arranged with LMC and Practice	
Doncaster CCG Primary Care Committee NHS England	Raise awareness and provide application form . Seek guidance and advice prior to approval. Opportunity to review evidence for our proposal in line with local primary care strategy. Discussions are ongoing with the Practice Manager and key individuals at both the CCG and NHS England	Letters Initial Proposal Document Regular meetings with NHS E and CCG Final Application	February 1 st 2017 discussion with CCG informing of practice restructure/relocation intentions March 2017 – application form to be taken to Primary Care Committee Once approved by PCCC Implementation of reorganisation plan	March 2017 – application form be taken to Primary Care Committee March-July 2017 – Implementation of reorganisation plan.
Healthwatch	Patient engagement	Contacting Debbie Hilditch in March 2017		

Appendix B:

Minute Extract from The Primary Care Commissioning Committee Meeting on the 8th June 2017

Application for Ransome Practice Branch Closure

Mrs Wastnage informed the Primary Care Commissioning Committee that NHS Doncaster CCG, NHS Property Services and NHS England have met with the practice regarding their application.

There are no financial implications for the practice. NHS Property Services require 3 months-notice of vacation of the property. When vacated a decision is required whether to sell or offer the property to other stakeholders for their use. In the meantime NHS Doncaster CCG is responsible for the costs of the building. Local intelligence has indicated that buildings usually take up to four months to sell. Rotherham Doncaster and South Humber Foundation Trust (RDaSH) currently use the building. Mrs Eddell informed the Committee that the NHS Property Services Constitution states that such properties should be offered to the Local Authority.

Mrs Tully queried if RDaSH has not been officially been given notice, does the CCG remain responsible for the costs. Mrs Tingle reported that it is not clearly defined within the contract as it is on a block contract arrangement but would speak to Mr Emmerson regarding the arrangement of a contract variation. Mrs Wastnage reported that NHS Property Services has started discussions with RDaSH to give notice to vacate.

There remains more work to be undertaken with the practice and approval for public consultation is in the process. The stakeholder process will be via the Overview and Scrutiny Panel.

The Primary Care Commissioning Committee supported the closure of the practice and gave approval for the practice to progress to consultation within due process.

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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 progress** on Doncaster's Strategic Health and Social Care Plans. It focusses on 3 high level strategic plans; the South Yorkshire and Bassetlaw Sustainability and Transformation Plan, the Doncaster Place Plan and the council's Adults Health & Wellbeing Transformation Programme.

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 recent developments and progress on Adults Health and Wellbeing transformation and the Place Plan, including an update on quarterly performance highlights.

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

RISKS AND ASSUMPTIONS

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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Damian Allen

Director of People

14th August 2017

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

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 summarises the:

- Key findings from the CQC's recently published report on the state and quality of domiciliary care services and provision of care in a registered Care Home for adults for the period 2014 to 2017.
- Comparisons between the CQC's national key findings and 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. No

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 benchmarks.

BACKGROUND

5. **KEY FINDINGS FROM THE NATIONAL CQC'S INSPECTIONS OF ADULT SOCIAL CARE SERVICES 2014 TO 2017.**

6. Following the three year programme the CQC identified three characteristics of high-quality care; leadership, culture and person-centred care. In relation to the identification of poor quality care the CQC cited staffing levels, medicines

management and staff training / competencies which are all components of Doncaster Council's contract management approaches.

7. 79% of all CQC regulated adult social care services in England were rated as good or outstanding overall. 19% of services were rated as requires improvement and 2% of services nationally continue to be rated as inadequate.
8. The CQC observed that generally, smaller services were rated better than larger services and Nursing Homes remain their biggest concern 3% of which are currently rated as inadequate nationally.
9. The following comparative summary of ratings demonstrates a largely positive picture with Doncaster comparing well to national benchmarks whilst also identifying mitigating factors and improvement actions

10. Domiciliary Care Agency Ratings

11. Nationally, 82% of domiciliary care agencies are rated good or outstanding compared to 71% in Doncaster. There are no inadequate rated contracted domiciliary care providers in Doncaster compared with 1% nationally. 18% of domiciliary care agencies are rated requires improvement compared to 14% in Doncaster. There are 14% of Doncaster domiciliary care providers newly registered and have not received an inspection which will have an impact on Doncaster's %.

12. Registered Care Home Ratings

13. Nationally 81% of Care Homes are rated good or outstanding compared to 86% of Care Homes in Doncaster. There are 2% (equivalent to 1 Care Home) "inadequate" rated contracted Care Homes in Doncaster compared with 1% nationally. This "inadequate" Care Home within Doncaster closed on Thursday 27th July 2017. 12% of Care Homes in Doncaster are rated "requires improvement" compared to 18% nationally. The local homes that have a "requires improvement" CQC rating are supported by the Council's officers who will monitor the homes Action Plan to ensure that the required improvements are achieved.

14. Nursing Home Ratings

15. 83% of Nursing Homes in Doncaster are rated good or outstanding compared to 68% nationally. There are 4% inadequate rated contracted Nursing Homes (equivalent to 1 Nursing Home in Doncaster) compared with 3% nationally, the Nursing Home in Doncaster is being closely monitored to support the improvements required. 9% of Nursing Homes in Doncaster are CQC rated as "requires improvement" compared to 29% nationally. The Nursing Homes are monitored and supported by Council officers as this is undertaken on behalf of the CCG who provide additional funding to the Council for this service.

16. Doncaster Council Contract Monitoring and Improvement Activity and Approach

17. The Contracts section of the Commissioning Team undertakes the contract monitoring of all externally commissioned Adult Social Care services. The type and number of contracted Providers currently monitored are:

Type of Organisation	Number of Organisations
Home Care	38 (of these 14 are on the Commissioned Care and Support at Home contract with the remaining 14 on the old framework agreement who currently provide services to individuals funded by the Council)
Supported Living	4
Residential Care	66
Nursing Care	23
Voluntary Community Services	20
Day Care	4
Housing Related Support	29
Other	9

18. A recent report published in March 2017 by Independent Age, *Care Home Performance across England* identified Care Homes in Doncaster as having the lowest number of CQC ratings of inadequate/requires improvement in Yorkshire and Humber. This is testament to the joint agency working and robust monitoring arrangements that are in place in Doncaster.
19. There are several different levels of monitoring in place:
20. **Quality and Risk Meetings:** A weekly multi-agency meeting that includes representatives from Council's Contracts Team, CCG, Safeguarding, Community Nurses, Occupational Therapy, Infection Prevention and Control, Workforce Development. A Care Quality Commission (CQC) inspector attends on a monthly basis. The purpose of the meeting is to share information about Providers where there are concerns of poor quality care and safeguarding concerns, to RAG rate the Provider/service and to agree actions. The meeting considers information from all members and this is held within the Quality Issues Log (QIL). For Providers who are consistently demonstrating poor quality care, safeguarding concerns or there are sudden/urgent concerns of poor quality care there is a robust escalation process in place to form a Multi-Disciplinary Meeting to agree action.
21. **Quality Issues Log:** The Quality Issues Log (QIL) captures intelligence and developing issues from various sources (a wide range of professionals both internal and external, feedback from people receiving services and their relatives) identifying themes and trends to enable early intervention in an effort to prevent escalation. Providers are required to submit quarterly performance returns that measure service delivery levels against pre-determined targets. This information is analysed to identify trends and patterns that may highlight any service performance issues both positive and negative thereby providing early indication of any remedial action that may be required.
22. **Quality and Performance Assessment:** All providers have a planned annual contract monitoring review to ensure that they are adhering to all standard health and safety requirements, all regulatory standards and the Council's own 5 service quality outcomes. The assessment is split into 2 parts where the Provider conducts their own self-assessment against each outcome followed by a site visit by the Contract Monitoring Officer who verifies and qualifies the Providers self-assessment, agrees a final score (Outstanding/Very Good/Good/Adequate/Inadequate) offering support and advice with action planning to achieve improvement.

23. **Responsive Quality Monitoring:** This takes place where either a significant concern or an accumulation of low level concerns are identified and as appropriate consists of an unannounced visit which can take place at any time of the day or night as necessary.

24. **Multiple Disciplinary Approach:** This takes place when there are serious concerns of poor quality of care or provider failure requiring more intensive monitoring and action planning.

25. **Working with the Regulator:** The Council has a very good relationship with the CQC regularly sharing information and where there is a high level of concern conducting joint visits and attending Multi-Disciplinary Meetings.

26. **Strategic Meetings:** The Team Manager and Deputy are involved in a number of strategic workforce meetings that are key to the strategic planning and delivery of quality improvement and developing our future contract monitoring activity these include:

- ADASS Regional Commissioning Network
- Care Home Strategy Implementation Project Board (Workforce Manager also attends)
- South Yorkshire and Bassetlaw Quality Surveillance Group
- South Yorkshire and Bassetlaw Care Home Group

27. Care Home Education and Training Evaluation and Support from Workforce Team

28. The Care Home Education and Training Evaluation funded by the Better Care Fund initial scope was to provide the Council with intelligence and improved understanding of education and training practice in Care Homes and to offer recommendations as to the future training requirements in Care Homes. This piece of work has been extended to support the delivery of the priority recommendations identified in the final report and to work closely with the Council's Workforce Team.

29. The Workforce Team supports all of our contracted providers in offering core training that is currently free of charge to enable Care Workers to have a good base knowledge of mandatory training requirements.

30. The Workforce Team facilitates key meetings with providers focusing on sharing best practice and the development of the Provider workforce in the borough.

31. Care Quality Commission Sample System Reviews of Health and Social Care

32. On the 4 July 2017 the Care Quality Commission issued a press release informing of their intention to undertake a programme of local system reviews of health and social care in 12 local authority areas to support those areas facing the greatest challenges to secure improvement.

33. The reviews will consider commissioning across the interface of health and social care together with an assessment of the governance in place for the management of resources.

34. The CQC will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

35. The 12 areas for initial review are:

- Birmingham
- Bracknell Forest
- Coventry
- East Sussex
- Halton
- Hartlepool
- Manchester
- Oxfordshire
- Plymouth
- Stoke
- Trafford
- York

36. On completion of each review the findings will be reported to each local authority area’s health and wellbeing board. In addition to this the regional branch of the Association of Directors of Adult Social Services, of which Doncaster are a member, will be looking at lessons learnt across the region to ensure good practice is shared and we learn from the above reviews.

37. The CQC intend to identify a further eight sites for review in the coming months. Once all 20 reviews have been completed a national report of key findings and recommendations will be published.

OPTIONS CONSIDERED

38. None applicable

REASONS FOR RECOMMENDED OPTION

39. Not applicable

IMPACT ON THE COUNCIL’S KEY OUTCOMES

40.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster’s vital services</i> 	<p>Quality social care provision is a component of a thriving and resilient economy</p>

	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Quality social care provision promotes safeguarding and independence</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>Quality social care provision support families to thrive.</p>
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The Council works well with CQC colleagues to promote and develop quality social care provision.</p>

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS

42. Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.

Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.

The Care Quality Commission is the independent regulator of health and adult social care in England who make sure that health and social care services provide service users with safe, effective, compassionate, high quality care and encourage care

services to improve.

43. As part of the Care Quality Commission's work they have published a report on the state and quality of domiciliary care services and provision of care in a registered Care Home for adults for the period 2014 to 2017. These findings have allowed that Council to measure how it is doing against national statistics which will also allow the Council to understand and plan how to target the area's for improvement.

FINANCIAL IMPLICATIONS

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

HUMAN RESOURCES IMPLICATIONS

45. There are no Human Resources implications relating to this report.

TECHNOLOGY IMPLICATIONS

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

EQUALITY IMPLICATIONS

47. There are specific equality implications in this report.

CONSULTATION

48. Not applicable

BACKGROUND PAPERS

49. None

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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	All	None
Councillor Nigel Ball – Cabinet Member for Public Health, Leisure and Culture		

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 agreed Health and Adult Social Care Overview and Scrutiny work plan for 2017/18 in Appendix A.
 - ii. Note that the work plan is a living document and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;
 - iii. Note the appointment of the Health and Adult Social Care Overview and Scrutiny Panel's representative on the Joint Health Overview and Scrutiny Committee (Yorkshire and Humber) and the Joint Health Overview and Scrutiny Committee (Commissioning Working Together (CWT)).

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, 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.

Monitoring the Work Programme

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

Joint Health Overview and Scrutiny Committee – Representation

Joint Health Overview and Scrutiny Committee (Yorkshire and Humber) - Adults and Children Cardiac

8. Since 2005, Doncaster has been signed up to a South Yorkshire Joint Health Scrutiny Protocol, enabling it to undertake joint health work with neighbouring local authorities. In 2009, a revised protocol was agreed in order to reflect issues concerning an increasingly wider geographical area.
9. To address these issues, a protocol was agreed by OSMC on the 11th March 2010 to enable 15 local authorities in the Yorkshire and Humber region to undertake scrutiny work together. It provides a framework for any number of authorities (from two to 15) to meet, investigate an issue and make recommendations, taking the best elements from all the sub-regional protocols that are currently in existence.
10. Regarding representation onto the committee, please refer to extract below (Para 7.3 as taken from the 'Protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee' report that went to OSMC) which states: -

"In accordance with the above, a Joint Committee will be composed of Councillors drawn from Yorkshire and the Humber local authorities in the following terms:-
 - where 9 or more Yorkshire and the Humber local authorities participate in a Joint Health Scrutiny Committee – the Chair (or Chair's representative) of each participating authority's Overview and Scrutiny Committee responsible for health will become a member of the Joint Health Scrutiny Committee;"
11. The Panel is asked to note the appointment of the Health and Adults Social Care Overview and Scrutiny Panel's representative on the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) which was agreed as Councillor Andrea Robinson at Council on the 19th May, 2017 whose appointment will be in place until the Annual Council Meeting in 2018. The last meeting was held on 5th July, 2017.

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

12. The Commissioners Working Together (CWT) is a collaborative of eight clinical commissioning groups (CCGs) and the NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire. The Membership is as follows:

- Barnsley
- Doncaster
- Sheffield
- Derbyshire
- Rotherham
- Wakefield
- Nottinghamshire

13. Councillor Andrea Robinson is the nominated representative on the Joint Scrutiny Committee with Councillor Cynthia Ransome as the agreed substitute. The last meeting was held on 14th August, 2017. Minutes of all the previous meetings are available through the modern.gov agenda system.

OPTIONS CONSIDERED

14. 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

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

IMPACT ON COUNCIL’S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster’s vital services</i> 	<p>The Overview and Scrutiny function has the potential to impact upon all of the council’s key objectives by holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the borough.</p>
2.	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing</i> 	

	down the cost of living	
3.	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
4.	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
5.	Council services are modern and value for money.	
6.	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

16. 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

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

FINANCIAL IMPLICATIONS

19. 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.

EQUALITY IMPLICATIONS

20. 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

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

BACKGROUND PAPERS

22. None

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OVERVIEW & SCRUTINY WORK PLAN 2017/18

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S	
June	<p>Tues, 6th June 2017, 11:30am – Rm 209 (CR)</p> <ul style="list-style-type: none"> • Work planning – OSMC • State of the Borough Assessment (Andy Pattinson) • Local Plan (Jeremy Johnson to inform Members prior to July meeting) 	<p>21st June 2017, 11am – Rm 210 (CR)</p> <ul style="list-style-type: none"> • Work planning – HASC O&S • State of the Borough Assessment (Andy Pattinson) 	<p>Thurs 1st June 2017, 10 am Rm 008 (CR)</p> <ul style="list-style-type: none"> • Work Planning • State of the Borough Assessment (Andy Pattinson) 		<p>Fri, 16th June 2017, 9:00am, Rm 413 (CM)</p> <ul style="list-style-type: none"> • C&E O&S Work planning • State of the Borough Assessment (Andy Pattinson) 	
	<p>Fri, 16th June 2017, 12:30pm – Council Chamber (CM)</p> <ul style="list-style-type: none"> • Youth Justice Plan <p>(Members Briefing - Community Engagement Framework briefing to follow the meeting)</p>					
	<p>Thurs, 29th June 2017, 10am – Council Chamber (CR)</p> <ul style="list-style-type: none"> • Updated Medium Term Financial Forecast 2017/18 • State of the Borough Assessment (Andy Pattinson) • O&S Draft Work Plans <p>OSMC Evaluation – scoping following meeting</p>					
	<p>Thurs, 20th July 2017, 10am – Council Chamber (CM)</p>	<p>5th July 2017 Leeds City Council (CM)</p> <p>Joint Health Overview and Scrutiny Committee (Chair Only)</p> <ul style="list-style-type: none"> • Congenital Heart Disease 	<p>Wed, 5th July 2017, 10am – Rm 007b (CR)</p> <ul style="list-style-type: none"> • Youth Council – from discussion raise possible review on children to adult services mental Health. • Doncaster Children’s Trust Update following 	<p>Thurs, 20th July 2017, 4pm – Rm 210 (CM)</p> <ul style="list-style-type: none"> • R&H O&S Work planning • State of the Borough Assessment (Andy Pattinson) 		

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
		<p>Mon 31st July, 2017 3.30pm CCG, Jctn 1 Rotherham Jt Health O&S Committee (CR)</p> <p>CWT (Commissioning Working Together) Hyper acute stroke services and children’s surgery and anaesthesia services – final consideration</p>	<p>high level Challenge Meeting with DCST - Damian</p> <ul style="list-style-type: none"> 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		<p>Mon 14th August, 2017, 2pm – Rm 007a&b (CM)</p> <p>Standard Items</p> <ul style="list-style-type: none"> 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 		August 2017	August 2017
	<p>1st September 2017 (CM)</p> <ul style="list-style-type: none"> Doncaster Growing Together (Corporate Plan) Mayor’s 4 Year Plan (Budget/Borough Strategy) 	<p>Wed, 20th Sept. 2017, 10am – Council Chamber (CR)</p>	<p>Tues, 12th Sept. 2017, 10am – Council Chamber (CM)</p> <ul style="list-style-type: none"> Doncaster Children’s Trust (split screen) Children’s Trust and Damian Education and Skills Overview (key 	Sept, 2017	

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
	<p>Thurs, 7th Sept 2017, 10am – Council Chamber (CR)</p> <ul style="list-style-type: none"> Finance & Performance - Qtr 1 17/18 Equalities and Diversity Plan O&S Workplan Report 	<p>regular updates into uptake of direct payments, residential and homecare</p> <ul style="list-style-type: none"> Inspection and Regulation <p>Other Items: -</p> <ul style="list-style-type: none"> 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 – MAYBE NOVEMBER TBC O&S Workplan Report 	<p>programme that contribute to the state of the borough assessment) – to include post 6th form review</p> <ul style="list-style-type: none"> Behaviour Inclusion Programme update (key programme that contributes to the state of the borough assessment) School Performance Tables O&S Workplan Report 		
		<p>Thursday 21st September - 1pm Room 210</p> <p>Social Prescribing</p>			
Oct	<p>Thurs, 5th Oct 2017 – 10am Council Chamber (CM)</p> <p>Doncaster and North Lindsey College Merger</p>			<p>Oct 2017</p>	<p>Late October, 2017 (CM/CR)</p> <ul style="list-style-type: none"> Crime and Disorder Meeting – evidence gathering addressing anti-social behaviour and crime To include: - South Yorkshire Police (strategic and PCSOs) Neighbourhood Response Team – including park land Crime Statistics Complex lives – including exclusion of children from school Youth Offending – Childrens

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
					Trust <ul style="list-style-type: none"> • Countryside Rangers
Nov	Thurs, 9 th Nov 2017, 10am – Council Chamber (CR)	Wed, 22 nd Nov 2017, 10am – Council Chamber (CM)		Nov 2017	Nov 2017
	<ul style="list-style-type: none"> • 	Standard Items <ul style="list-style-type: none"> • 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: - <ul style="list-style-type: none"> • Adult Safeguarding Board chair • Suicide Safeguarding – (Assets Team to provide risks/update on number of cases) • Social Prescribing Review – update from meeting – TBC • O&S Workplan Report 			Joint Waste strategy and update on new waste collection contract
Dec	Thurs, 14 th Dec 2017, 10am – Council Chamber (CR)		Tues, 5 th Dec 2017, 10am - Council Chamber (CM)	Dec 2017	Dec 2017
	<ul style="list-style-type: none"> • Finance & Performance - Qtr 2 17/18 • O&S Workplan Report 		<ul style="list-style-type: none"> • Doncaster Children's Trust Update following Directors Challenge Meeting with DCST - Damian • Annual Childrens Safeguarding Report • Education and Skills Update (key programme 		

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
			that contribute to the state of the borough assessment) – to include careers advice and guidance <ul style="list-style-type: none"> Behaviour Inclusion Programme update (key programme that contributes to the state of the borough assessment) O&S Workplan Report 		
Jan	Thurs, 18 th Jan 2018, 10am – Council Chamber (CM)	Tues, 23 rd Jan 2018, 10am Council Chamber (CR)		Jan 2018	Jan 2018
	•	Standard Items <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Transition from child to adult services Health and Well-being Board Strategy update O&S Workplan Report 			
	Thurs, 8 th Feb 2018, 10am Council Chamber (CR)			Feb 2018	Mon, 19 th Feb 2018, 10am – Council Chamber (CR)
					Crime and Disorder Formal meeting <ul style="list-style-type: none"> Feedback from evidence gathered in the Autumn. Streetscene theme – update

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
	<p>Thurs, 22nd Feb 2018, 10am (CR)</p> <ul style="list-style-type: none"> Finance & Performance - Qtr 3 17/18 O&S Workplan Report 				<p>on flytipping, better co-ordinated approach across SY to tackle it more strategically then chase individuals, part of organised crime.</p> <ul style="list-style-type: none"> Hate Crime – just launched hate crime strategy - review how's that working.
Mar	<p>Thurs, 22nd March 2018, 10am Council Chamber (CR)</p>	<p>Wed, 14th March 2018, 10am Council Chamber (CM)</p> <p>Standard Items</p> <ul style="list-style-type: none"> 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 <p>Other Items: -</p> <ul style="list-style-type: none"> Public Health Protection Assurance O&S Workplan Report 	<p>Mon, 5th March 2018, 10am Council Chamber (CR)</p> <ul style="list-style-type: none"> Doncaster Children's Trust (split screen) Children's Trust and Damian Child Poverty Overview with a view to possible in-depth review 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 	<p>March 2018</p>	<p>March 2018</p>
	<p>April 2018</p>	<p>April 2018</p>	<p>April 2018</p>	<p>April 2018</p>	<p>April 2018</p>
	<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 		<p>Drainage Boards Following the floods where are we now, what has changed and future plans. Drainage Board Governance</p>

	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
					Invite to: <ul style="list-style-type: none"> Environment Agenda and DMBC Drainage Board Chairs
ISSUES FOR FUTURE CONSIDERATION					
	OSMC	H&SAC O&S	CYP O&S	R&H O&S	C&E O&S
	<ul style="list-style-type: none"> OSMC Evaluation – to invite CfPS 	<ul style="list-style-type: none"> Air Quality – to be invited if considered by the Community and Environment Scrutiny Panel 	<ul style="list-style-type: none"> Invitation to children in care council to attend the panel next July (suggested at the CYP Panel 5th July) 	<ul style="list-style-type: none"> Economic Plan Refresh - 	One off areas: - <ul style="list-style-type: none"> Traffic Offences, town centre parking, parking on grass verges – available later on around autumn.
	<ul style="list-style-type: none"> Consultants – VFM – Overview and understanding 	<ul style="list-style-type: none"> Health inequalities – BME Health Needs Assessment – date to be confirmed 		<ul style="list-style-type: none"> Homelessness Recommendations Update - re recs on update funding and legislation) 	<ul style="list-style-type: none"> Community Engagement Strategy –. How will it fit together i.e. supporting voluntary groups and encouraging people to volunteer, community capacity and supporting neighbours. - Early Autumn.
	<ul style="list-style-type: none"> Doncaster college merger – what are the benefits? 			<ul style="list-style-type: none"> Urban Centre Masterplan Overview – what’s happening in terms of delivery, implementation, and gather views on priorities. Provide update of physical developments around and issues gathering momentum. <ul style="list-style-type: none"> Wool Market Station forecourt Options for the future provision of central library and its impact on the Museum, Archives and Library Service for Schools – maybe Regeneration 	

	OSMC	H&SAC O&S	CYP O&S	R&H O&S and Housing.	C&E O&S
	<ul style="list-style-type: none"> Welfare Reform – Universal Credit and Sanctions on Benefits 			<ul style="list-style-type: none"> Housing Needs Analysis 	
	<ul style="list-style-type: none"> Budget – ward comparisons (Learning, Working, Living and Caring). Are we using assets effectively to ensure people are less dependent on the Council? Link to C&E work on Community Engagement. 			<ul style="list-style-type: none"> Planning Enforcement – Is planning enforcement effective? (TBC) 	