



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber, Civic Office, Waterdale, Doncaster, DN1 3BU

Date: Thursday, 27th September, 2018

Time: 10.00 am

Items for Discussion:

- | | Pages |
|---|--------------|
| 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 2nd July 2018. | 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

Issued on: Wednesday, 19th September, 2018

Governance Services Officer for this meeting Amber Torrington
(01302) 737462

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

- | | | |
|----|--|-------|
| 6. | Mental Health. | 9-28 |
| 7. | The Adults Health and Wellbeing Transformation Programme - Update. | 29-32 |
| 8. | Health and Adult Social Care Overview and Scrutiny Work Plan 2018/19 - September 2018. | 33-54 |

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

Chair – Councillor Andrea Robinson

Vice-Chair – Councillor Cynthia Ransome

Councillors George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, Mark Houlbrook and Derek Smith

Public Document Pack Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

MONDAY, 2ND JULY, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on MONDAY, 2ND JULY, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Sean Gibbons, Martin Greenhalgh and Mark Houlbrook

ALSO IN ATTENDANCE:

Other Councillors;

Councillor Nigel Cannings

DMBC;

Damian Allen – Director of People

Patrick Birch - Strategic Lead for Adults Transformation

Cath Doman - Director of Health and Social Care Transformation

Victor Joseph – Consultant for Public Health

Susan Hampshire – Head of Service, Public Health

Shazia Ahmed – Public Health Specialist

Susan Walker - Head of Service - Programme Management Office

Anna Ray - Public Health Specialty Registrar

		<u>ACTION</u>
1	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were submitted by Councillors John Gilliver, Pat Haith and Derek Smith.	
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 14TH MARCH, 2018</u>	
	The minutes of the meetings held on 14 th March, 2018 were agreed as	

	a correct record.	
4	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
5	<u>DONCASTER'S STRATEGIC HEALTH AND SOCIAL CARE PLANS UPDATE</u>	
	<p>Members were provided with an update on the Council's Adult's Health and Wellbeing Transformation Programme and the Doncaster Place Plan (the latter which had been in place since late 2016).</p> <p>In terms of the sustainability of Community Led Support, it was recognised that the voluntary sector tended to undertake more short term contracts which presented certain challenges. Members were informed that the Council was looking to create a strength-based support practice model for a whole family approach. It was outlined that suitable commissioning and structuring capacity was needed in the market to take this forward.</p> <p>It was seen how it was a challenge to pull together the skills of the voluntary sector in order to undertake services such as day opportunities. It was viewed that where possible existing community facilities should be utilised. It was recognised that further investment was needed, however, people were often not aware of what was actually available out there and further promotion was required.</p> <p>Members were informed that contact had been made with local groups to engage with them. It was explained that efforts had been made to build and enhance upon what was already out there. It was fed back that the concerns and issues raised by local groups were not necessarily always about funding.</p> <p>Concern was raised around those people with complex needs and those who did not want to engage. It was acknowledged that different needs were faced by different wards and residents in the Borough and a culture existed of those who had certain expectations from the health service. It was felt that there needed to be an openness of mind to change and ensure a better balance.</p> <p>A Member commented that in their own ward, residents were capable were quite self-sufficient and looked after each other. It was noted that there were strong positive links, church connections and local committees that undertook that role. It was stated that connected neighbourhoods and communities provided a role in supporting what was currently available, in particular, around combating isolation. It was felt that there needed to be more joined up services and better collaboration. It was recognised that there were a number of interfaces and transactions around the individual, and that the Place Plan</p>	

	<p>presented the architecture of how it would be achieved. Members were reminded about some of the initiatives being undertaken out in communities such as 'Well North' in Denaby which were growing self-organising capacity and could be extended to prototypes elsewhere in the Borough.</p> <p>In terms of adhering with data protection (GDPR), it was explained that there was a tiered set of information of protocols and agreements in place as there was a duty of care when delivering that service. It was recognised that challenges existed when commissioning new capacity and sharing information with clients. It was clarified that new providers were expected to evidence appropriate levels of security for handling personal information and the Council would not commission any organisation that was not able to demonstrate that. It was further added that all staff had undertaken mandatory training.</p> <p>Members were informed about an acquisition of a new Case Management System, with which all providers will have to be compliant with and will transfer encrypted information across agencies. Members were also reminded that the Council employ dedicated Information Governance Officers. It was added that there were quarterly SIRO Board meetings where senior officers came together to ensure that all Information Governance Procedures were being adhered to across the Council. The Council also had a Caldicott Guardian who has the responsibility for ensuring that confidential information about people complies with data protection legislation and was shared appropriately outside of the authority</p> <p>Members were provided with assurances that best interest assessments were completed when looking to meet the transfer to supported living needs. It was noted that it was about finding the right solution for those individuals.</p> <p>RESOLVED that the Panel note the report</p>	
6	<p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2017/18</u></p>	
	<p>The Panel received the annual report on health protection assurance in Doncaster covering the financial year 2017/18. Areas that were considered as part of the discussion included the following:</p> <p>Members were assured that there would be an investigation as to why some practice areas demonstrated a low take-up. Members were informed that there was an Immunisation Working Group that could tailor the immunisation programme to encourage engagement with certain groups. It was added that Public Health was working closely with NHS England around recommendations set for 2018/19.</p> <p>Members raised concerns around those areas that had diminishing resources. It was explained that results were possibly impacted by</p>	

cultural issues and poor quality of information (passed on by parents). It was recognised that attitudes needed to be changed although good resources existed to support young people within the Councils youth provision. Members were informed that provision such as Children Centres could be used to direct services at parents, children and communities.

It was explained that innovative work was being undertaken within GP practices as part of health inequalities work. This included areas such as having a focus on those children who were less likely to attend an appointment. Potential solutions included practices being more flexible to accommodate patients as there may be issues such as transport for some family that were affecting attendances. It was explained that the intention was to target a small number of patients and find ways of increasing the numbers that needed to be vaccinated. Members were advised that there was a need to expand signposting to certain groups such as 0-5 years through existing avenues which included children's centres, health visitor's initiative as well as members of the travellers and gypsy community who may not be registered (therefore by encouraging wider registration).

It was explained that Public Health was working closely with and supported the NHS England's Immunisation and Screening Coordinator to improve the uptake of MMR vaccination. It was further added that this fits with a national model of working closely with GP practices, communities and Health Visitors to focus on how to identify those kids who were not vaccinated.

It was recognised that pupils and staff within schools were at high risk of flu. It was shared that the Council would like to see schools working towards developing more effective partnerships. Members spoke about the impact of parental choice and the extent to which relevant information can influence uptake rates of immunisation.

It was explained that staff within Care Homes and carers who live at home were vaccinated for free. It was explained that publicity work would commence from September/October 2018 and that it would be marketed through pharmacies and GPs who had direct contact with anyone over 65 and those with long term illnesses.

In respect of stocks of flu vaccines not supplying demand, it was explained that GPs ordered the stock in advance based on the number of the current register and the number presented last year. It was clarified that shortage of vaccines stock was not an issue.

In terms of those groups at risk, Members were informed that the NHS produced a list of all those groups that should be provided with flu vaccinations. It was indicated that the Council identified staff it targeted for flu vaccination as those who had direct contact with customers, on the frontline and those individuals critical for business

continuity (e.g. Directors).

It was explained that there was no connectivity between schools, Public Health and parents around vaccinations as information held with GPs was historical and well-established. It was outlined that in the United States, they have sight of the immunisation status prior to the child being allocated a place at the school, something that was not undertaken within the United Kingdom. It was clarified that parental consent for vaccination of their children was an important factor.

It was clarified that the onus was on the GP practice and whole system to ensure the uptake of flu vaccinations as well as the importance of the 'red book' (personal child health record). Members were informed that the target of 95% was there to ensure that the majority of children were vaccinated and therefore the remaining 5% should be protected. It was shared that it was a challenge to increase the uptake although it had improved. It was explained that information was a good lever for influencing practice.

Concern was raised that smoking rates were quite high at 19% (equivalent to 50,000 people) however, it was reported that prevalence was coming down. Members were pleased to hear that smoking was reducing although not fast enough. It was acknowledged that there were more challenges with adults/older people stopping.

Concern was raised around passive smoking; Members were informed that this was considered as an important issue and that actions had been taken such as not allowing DMBC staff to smoke around the entrances/pillars outside. It was clarified that the declaration to reduce smoking in Doncaster had been signed more recently by the NHS CCG. It was felt that there were good intentions in this area but that it was more difficult to enforce.

Members raised concern about the lag in data and statistics that had been reported on as part of the item. It was explained that information had been reported on for those years so that there could be direct comparisons with other areas indicating trends/variations and whether interventions were working to enable Public Health to target effectively. Members were informed that more recent information for Doncaster was available.

RESOLVED that the Panel;

- a. Note the progress made from 2016/17 to 2017/18 on addressing health protection matters in Doncaster.
- b. Support recommendation to continue work with local partners and to monitor immunisation update, in particular flu vaccinations and MMR.
- c. Support the work of Doncaster Active Travel Alliance, acknowledging the importance of encouraging residents to cycle

	<p>and walk short journeys plays in addressing not only Doncaster’s Health and Wellbeing key challenges but the wider benefits to the economy, communities and environment; and addressing air quality.</p> <p>d. Support work on tackling the reduction of smoking in Doncaster.</p> <p>e. Support continued work in monitoring and reporting on progress on broader health protection functions in the borough.</p>	
7	<p><u>TACKLING HEALTH INEQUALITIES IN DONCASTER - AN UPDATE ON THE APPROACH</u></p>	
	<p>The Panel received a presentation on an update on the approach of Tackling Health Inequalities in Doncaster.</p> <p>In terms of Mental Health, Members were informed that this was about accessing the right services and breaking down barriers. It was outlined that this was being done through prevention, identifying those affected, rolling out training being undertaken in the workplace and assessing the impact on people’s lives. Members were informed that Public Health offer eLearning training for staff and for all partners in Doncaster within this area as well as training the trainer programme.</p> <p>Members were told that there were lots of policy development and mechanisms in place within the Council. It was explained that messages were being presented that it was acceptable to talk and was about ensuring that those messages are pushed upstream and move what we do out into the communities.</p> <p>In terms of communicating the message, it was felt that society was making a breakthrough around mental health and mental illness and that the stigma was being slowly removed. It was felt that there was a need to acknowledge that modern life was more stressful and difficult and that more responsibility needed to be taken for an individual’s own health.</p> <p>Reference was made to veterans who had experienced inequalities as a group and Members were reminded about the positive work that had been undertaken and was still ongoing. Concern was raised about the impact of Post-Traumatic Stress Disorder (PTSD) and its impact on families and friends.</p> <p>Finally, concern was raised around the number of children (1 of 4) in low income families and the differences between living in different parts in Doncaster as well as across England.</p> <p>RESOLVED that the Overview and Scrutiny Panel note the information presented.</p>	
8	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY WORKPLAN 18/19 - JULY 2018</u></p>	

	<p>The Panel received a report updating Members on the Panels work plan for 2018/19. A copy of the work plan was attached at Appendix A of the report taking account of issues considered at the Health and Adults Social Care Overview and Scrutiny workplanning meeting held on the 11th June, 2018.</p> <p>Reference was made to the recent Allocation Panel - Members Briefing which took place on the Monday 25th June 2018. The Panel was told how this had proven to be very informative and had taken place to partially address Members concerns that the actual Allocation Panel meeting were operating efficiently and effectively.</p> <p>RESOLVED that the Panel note the Health and Adult Social Care Overview and Scrutiny Workplan 18/19 - July 2018 update.</p>	
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Doncaster Council

27 September 2018

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

MENTAL HEALTH

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care		All	None
Councillor Nuala Fennelly Cabinet Member for Children, Young People and Schools			

EXECUTIVE SUMMARY

1. At the request of the Overview & Scrutiny Panel this report is intended to provide an overview of Mental Health Commissioning in Doncaster. The format of the report is principally in the form of a presentation with pertinent background contained to this report document.
2. The Panel has requested a focus on Mental Health for the current work year. Discussion will help identify more focused topic / themes for subsequent Panels in November 2018 and January 2019.

EXEMPT REPORT

3. The report is not exempt.

RECOMMENDATIONS

4. The Panel is asked to consider and comment on the information provided and identify Mental Health topics for future Panel discussion.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. 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

6. The NHS Five Year Forward View for Mental Health (Section 20 of this document) consolidates national mental health policy into a cohesive investment and development package aimed at raising Mental Health awareness, reducing stigma and recognising holistic physical and mental needs of people accessing the healthcare system. The document sets out the case for change and principles that should drive service development to overcome the poor parity in mental health investment compared with physical healthcare.
7. The Five Year Forward View was developed further into a clear themed program to provide clarity of expectation to commissioners and Mental Health Providers alongside outcome objectives underpinning each initiative. Local interpretation is still required in order to align development with local structures and local determination of needs but the national overarching direction helps to consolidate evidenced based commissioning. The themed implementation guidance can be found within Section 20 of this document "Implementing the Five Year Forward View for Mental Health"
8. Five Year Forward View MH themes:
 - Children & Young Peoples Mental Health
 - Perinatal Mental Health
 - Adult Mental Health: common mental health problems
 - Adult Mental Health: community, acute and crisis care
 - Adult Mental Health: secure care pathway
 - Health and Justice
 - Suicide Prevention
 - Sustaining Transformation, including workforce
9. Poor mental health rarely travels alone. The impact of poor mental health on a person's physical health (and vice versa) can be dramatic. This is recognised by a focus of outcome approaches that don't just consider one aspect or another, but encourage a holistic approach to identification and treatment of need. This principle extends beyond poor healthcare and is increasing

reflected in the drive for joined up policy across education, employment, caring etc. The Doncaster Place Plan will further develop this approach.

10. Additional investment has been made available to support the Five Year Forward View. However this investment is often linked to sustainability drawn from savings within physical healthcare as a result of better mental health management e.g. less use of medicines or attendance at A&E. Realising improved patient outcome is therefore crucial to demonstrating the case for continued mental health investment.
11. The presentation can be found within Appendix A. This presentation details the local development progress against each themed area.

OPTIONS CONSIDERED

12. There are no specific options to consider within this report as it provides an opportunity for the Committee to receive an update on Mental Health and agree themes to consider as part of the 2018/19 work plan.

REASONS FOR RECOMMENDED OPTION

13. This report provides the Panel with an opportunity to understand the policy focus and impact on local service improvement.

IMPACT ON COUNCIL'S KEY OBJECTIVES

14.

	Outcomes	Implications
1.	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>It is recognised that employment can be a valuable element of a person's recovery. Nationally there is an ambition to double the number of people accessing individual placement employment support. South Yorkshire & Bassetlaw ICS have identified this as a priority area for people with a Severe Mental Illness; bid windows for additional investment are expected shortly. This will require the support of local employers.</p> <p>At a lower level, a current Department of Work & Pensions funded initiative operates within the Sheffield City Region to support people to return to employment following a period of anxiety or depression. Low level psychological support linked with employment</p>

		<p>support aims to allow people to fulfil their ambition. Evaluation is expected during 2019.</p> <p>As part of the Children and Young People's plan, there is a focus on raising the aspirations of our local children and young people.</p> <p>We intend to achieve this by ensuring that all children attend a good or better setting, have access to work experience opportunities and aspirations are raised to ensure they reach their full potential and have the best outcomes possible in their adult life.</p>
2.	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Mental Wellness is a key enabler for people to fulfil their ambition and explore their potential. We aim to improve accessibility and resilience of mental health services operating across a broad spectrum of settings from prevention and community through to inpatient care.</p>
3.	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of 	<p>In Doncaster we aspire to close the gaps between vulnerable and non-vulnerable groups to ensure that Children and Younger people have equity of access to learning and subsequent post-education opportunities.</p> <p>We must do this by ensuring that Children in Care and Care leavers are supported in the school system through better advice and guidance, better tracking, improved</p>

	<p>work</p>	<p>advocacy programmes and workforce development and that all children have access to an educational setting, which is appropriate to their needs, including those with SEND and social, emotional and behavioural difficulties.</p> <p>By addressing these gaps via school mental health champions, school mental health support teams and the implementation of the THRIVE consultation and advice model, we are providing Doncaster's children and younger people with opportunities which address the risk factors known to contribute to poor mental health for example; socioeconomic status, employment status and emotional resilience.</p>
<p>4.</p>	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Community Led Support is a crucial element to sustaining recovery and wellness for people with a mental health condition. A key MH development workstream will focus on better integration of statutory services with Voluntary Community & Faith provision, with emphasis on further development of the VCF offer.</p> <p>More generally, our development will continue to extend the reach of mental health services with a more holistic focus on a person's health and wellbeing. Typically this will involve a more integrated mental, physical and social care offer. This will include more service co-location and identification of unmet needs including people who may not access services or present in a non-conventional manner.</p> <p>Through the work of the children's front door, there is an integrated</p>

		<p>response to ensure that children, younger people and their families receive the right support at the right time with a view to only having to tell their story once.</p> <p>The Perinatal service which will be commissioned to cover the ICS footprint will provide support to expectant/new parents in order to ensure that each child/family has the best possible start in life. This also dovetails with the 1001 days workstream.</p>
5.	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>Doncaster CCG and Doncaster Borough Council are developing single Lifestage commissioning plans to reflect the better working together opportunity.</p>

RISKS AND ASSUMPTIONS

15. There are no specific risks relating to this report.

LEGAL IMPLICATIONS (SRF 11.9.18)

16. There are no specific legal implications arising from this report, however there may be a need for specific legal advice across a range of disciplines in relation to any issues raised.

FINANCIAL IMPLICATIONS (PW 12/09/18)

17. This report presents a five year Mental Health commissioning approach and as such will have longer term financial implications for LO-CYP, AHWb, the CCG and other partners. The changes proposed or arising from the measures outlined in the report will need to be considered and reported on as appropriate in due course.

HUMAN RESOURCES IMPLICATIONS (SB 10.09.18)

18. There are no HR implications associated to this particular report.

TECHNOLOGY IMPLICATIONS (PW 12.09.18)

19. There are no technology implications in relation to this report.

HEALTH IMPLICATIONS (HC 05/09/18)

20. The approach to mental health improvement should improve and protect health and reduce inequalities.

21. Decision makers will want to be aware of impact of the new approach, and how measuring improvements could be strengthened, therefore ongoing impact monitoring is recommended.

EQUALITY IMPLICATIONS (SE 10.09.18)

22. Equality Implications

The aim of the Five Year Forward View for Mental Health is to improve parity of esteem for mental health services. This is broad ranging in its approach but fundamentally recognises an inequity between investment in mental health against physical healthcare and how this contributes to the relatively poor health outcomes for a person living with a severe mental health illness. Our focus is to raise awareness of mental wellbeing and reduce stigma associated with a mental health diagnosis. Development initiatives target a broad spectrum of services from low level intervention aimed at supporting people to fulfil their potential through to improvement within crisis services to ensure timely and appropriate response for people when they can be at their most vulnerable.

CONSULTATION

23. Not applicable.

BACKGROUND PAPERS

24. NHS Five Year Forward View for Mental Health:

www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

NHS Implementing the Five Year Forward View for Mental Health:

www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

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Adults Health and Wellbeing Directorates**

Overview and Scrutiny Panel

5 Year Forward View for Mental Health

September 2018

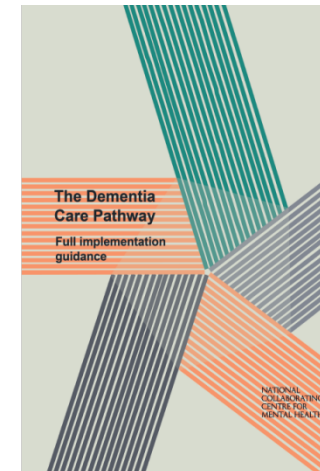
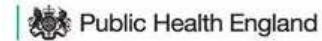
Helping you keep well



Background



A report from the Independent Mental Health Taskforce to the NHS in England
February 2016



Children and Young People's Mental Health

Aim

To change how care is delivered and build it around the needs of children, young people and their families. We will move away from a system of care delivered in terms of what services, organisations provide, to ensure that Children and Young People have early access to the right support at the right time in the right place.

Proposed Model

- To remove tiers by implementing the THRIVE Consultation and Advice model of practice
- By increasing the number of community consultation and advice CAMHs workers.
- Removal of referral thresholds.

Timeframe

- The consultation and advice service continues to be embedded into the schools/ academies and colleges has been on the whole very positive.
- Develop and submit business case for extra 3WTE.
- Fastrack to 12WTE, meaning 3WTE is each locality.

Challenge

- Sustaining the investment
- Developing the workforce in terms of recruiting, training and retaining highly skilled staff



Helping you keep well

Children and Young People's Mental Health: The Green Paper

Aim

To create a network of support for children and young people, and their educational settings. Doncaster CCG has been selected to submit an expression of interest to be a trailblazer site for the recommendations from The Green Paper.

Proposed Model

- Every school and college will be encouraged to appoint a designated lead for mental health
- Creating-community-based Mental Health Support Teams (MHST), helping children and young people in schools and colleges
- Pilots to test the feasibility of achieving and maintaining a 4-week waiting time for NHS children and young people's mental health services

Timeframe

- Expression of interest to be submitted by 17th September 2018
- Successful sites announces w/c 15th October 2018
- Fully operational MHST by the end of December 2019

Challenge

- Sustaining the investment once pilot phases are complete
- Implementing the recommendations if Doncaster is not successful as part of the wave 1 submissions



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Children and Young People's Mental Health: Eating Disorders

Aim

To create a new community service to reflect local need

Proposed Model

A hub and spoke model covering Doncaster, Rotherham and North Lincolnshire which is fully NICE compliant to ensure that CYP have access support within agreed timeframes, access to support within a community setting and to reduce the number of CYP who require an acute mental health admission.

Timeframe

This service is already fully operational and has been externally evaluated. There are regular contract meetings with the provider (RDaSH) to monitor performance and explore Service developments.

Challenge

- Sustaining the investment



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Perinatal Mental Health

Aim

Specialist perinatal mental health services will be available to meet the needs of women in the community or in-patient mother and baby units, allowing women each year to receive evidence-based treatment, closer to home, when they need it.

Proposed Model

- Integrated Care System (SY&B) will enable access to specialist service and resilience of shared resources across South Yorkshire and Bassetlaw (SY&B)
- Specialist perinatal mental health service will be in place in Doncaster from 1 December 2018
- Multi-disciplinary Team of Mental health nurses, midwives, health visitors, nursery nurses.

Timeframe

- June/July 2018 Recruit to MH workers posts
- August 2018 Agree delivery structures and pre-mobilisation work
- Aug/Sept 2018 Training, Induction Team forming and set up
- Dec 2018 Launch full specialist PNMH service



Helping you keep well

Adult mental health: common mental health problems

Aim

A focus on holistic patient care and the provision of low level psychological interventions to ease anxiety and acceptance of symptoms associated with Long term conditions, and consequently improve patient self-management.

Proposed Model

- Develop IAPT pathway to improve condition management for individuals with a Long term conditions (LTC)
- Focus on LTC's including diabetes, respiratory, cardiac and medically unexplained symptoms/Fibromyalgia

Timeframe

- Mobilisation Plan received from RDaSH
- Commence implementation
- Live Nov/Dec 2018

Challenge

- Sustaining the investment



Adult mental health: community, acute and Crisis care

Aim

Adult mental health service will provide timely access to evidence based, person-centred care which is focused on recovery and integrated with primary and social care and other sectors.

Proposed Model – subject to investment

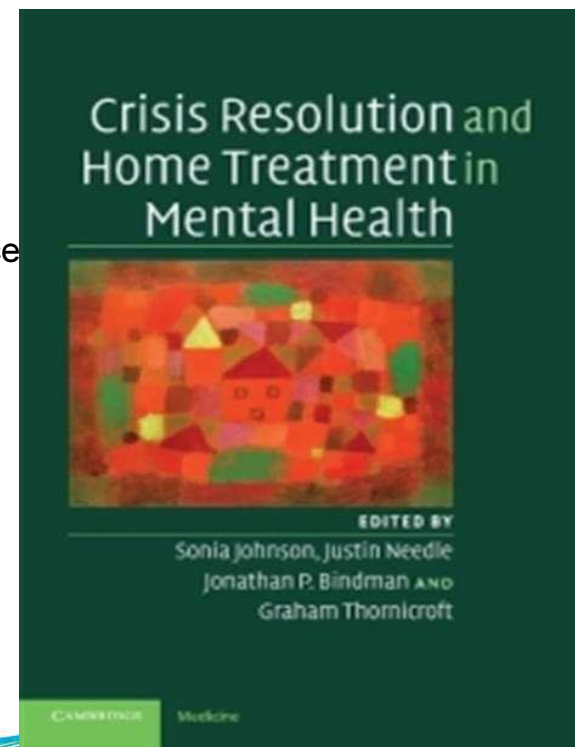
- crisis hub advice and guidance
- single gate kept purposeful admission process
- genuine alternatives to inpatient admission
- responsive & resilient crisis resolution and home treatment teams that are resourced efficiently and in line with recognised best practice
- Identification, development and integration of Health, Social and 3rd sector interventions
- development of jointly commissioned community crisis support across health and social care
- development of Serenity Integrated Mentoring (SIM) model
- expansion of a range of place of safety options as an alternative to use of the MH Section 136 suite (Blue Light approach)

Timescale

- Proposals agreed by end March 2019

Challenge

- Sustaining the investment



Helping you keep well

Adult mental health: community

Physical Health Improvement for people with Severe Mental Illness (SMI) in Primary Care

Aim

Reduce premature mortality for people living with a SMI by increasing access to physical healthcare assessment, earlier detection and access to appropriate physical healthcare intervention.

Proposed Model – subject to investment

- Common assessment
- Single care plan agreed
- Case management in appropriate care settings
- MH Liaison within primary care

Other recent changes

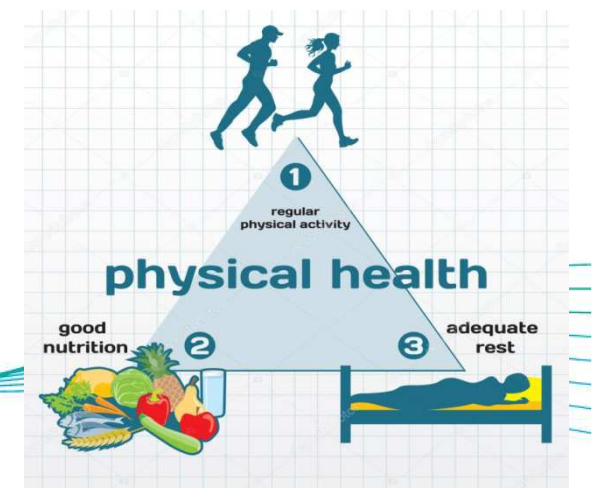
- Introduction of an all age model for ADHD
- Accelerated investment to introduce “at risk” support services as part of Early Intervention in Psychosis

Timeframe

- Develop proposals within 2018/19

Challenge

- Sustaining the investment



Adult Mental Health: secure care pathway and health and justice

Aims

- Increased access to high quality care that prevents avoidable admissions and supports recovery for people who have severe mental health problems and significant risk of safety issues in the least restrictive setting as close to home as possible.
- Evidenced improvements in mental health care pathways across the secure and detained settings
- **Absence of local general acute & intensive inpatient capacity**
 - Whilst not a major factor in South Yorkshire & Bassetlaw ICS, we are working with SYB ICS MH providers to minimise occurrence or ensure that continuity of care is not compromised
 - Improvement trajectory submitted to NHS England – aiming for near zero by 2020/21 but with improvement in each year
- **Accessing specialist MH capacity**
 - A smaller number of people will require more specialist attention to meet their healthcare needs than is possible to provide in every community
 - Early scoping work is underway to identify whether collective SYB ICS commissioning could provide an alternative to patient placement across England

Adult/Older People's mental health: Dementia

Aim

- Achieve and maintain a diagnosis rate of at least two-thirds and ensure people diagnosed with dementia begin their treatment within 6 weeks of referral
- Every person with a diagnosis and their family and/or carers will be offered evidence based post-diagnostic care with a named co-ordinator or care and care plan.
- Ensure if a person with dementia is admitted to acute inpatient care, it should be planned and as brief as possible to minimise adverse consequences hospitalisation can have for people with dementia.

Proposed Actions

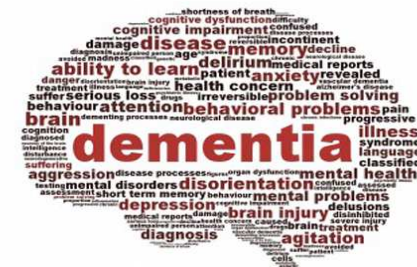
- **Diagnosis, treatment & Care Planning** - Practice variance and consistency analysis underway to support action plan discussion alongside the Primary Care proactive care pillar. Commissioning clinical resource gap.
- **Post Diagnostic Care / Admiral** – Accountable Care Partnership approach progressing
- **Psychiatric Liaison**
 - Acute – focus on front door winter model now embedding, significant inpatient admission avoidance and length of Stay reduction potential.
 - Care Home – formative plan /exploration of proposals underway to inform potential alignment with Intermediate Rapid and targeted support for care homes based on system intelligence

Timescale

- Proposals agreed by end March 2019

Challenges

- Engagement of primary care, New approach of the ACP, Partnership working



Suicide Prevention

Aim

Reduce the number of people taking their own lives by ensuring people can access good quality support to enable them to receive treatment sooner and move towards sustained recovery as quickly as possible.

Proposed Model

Doncaster's Suicide Prevention Plan 2017-20 contains actions themed on the following areas:

- Men, Self- Harm, Children and Young People, Acute mental health care
High frequency places, Reducing isolation, Bereavement support, Data and intelligence

Timeframe and additional funding

- £500K approx. is being made available via NHS England for suicide prevention work during 2018-19

Challenge

- Sustaining the investment





Doncaster Council

Date: 27th September 2018

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

The Adults Health and Wellbeing Transformation Programme - Update

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachael Blake Portfolio holder for Adult Social Care	All	No

EXECUTIVE SUMMARY

1. This report provides Members with an update on the council's Adults Health and Wellbeing Transformation Programme.
2. There will be a presentation at the meeting to cover the following aspects of the programme:
 - a. Operational, governance and resources arrangements: Arrangements that are now in place to implement transformation.
 - b. The alternative care model for Day Opportunities.

EXEMPT REPORT

3. This report is not exempt

RECOMMENDATIONS

4. The Chair and Members of the Health Adult Social Care Scrutiny Panel are asked to note and comment on the presentation.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. 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.
6. The panel's comments and recommendations are used to help to shape Doncaster's health and social care plans, which impact upon all Doncaster citizens.

BACKGROUND

7. The Council's Adult's Health and Wellbeing Transformation Programme has been in place since late 2016. The panel is regularly updated on progress against the plan and a presentation will be provided at the meeting to set out the refreshed arrangements in place to drive the programme forward.
8. The presentation indicated above will also include latest details of the alternative care model for day opportunities. This follows Panel members' visit to the Cantley Smile Centre and their subsequent request to discuss the subject prior to any formal decisions being made.

OPTIONS CONSIDERED

9. There are no alternative options as this report merely provides the Committee with an opportunity to note and comment upon information provided at the meeting.

REASONS FOR RECOMMENDED OPTION

10. Not applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 11.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>The work of Overview and Scrutiny has the potential to have an impact on all the Council's key outcomes.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for</p>	

	<p>learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS & ASSUMPTIONS

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

LEGAL IMPLICATIONS (SRF 11/09/18)

13. There are no specific legal implications arising from this report, however there will be a need for specific legal advice across a range of disciplines as the programmes move forward.

FINANCIAL IMPLICATIONS (PW 12/09/18)

14. The Adults Health and Wellbeing Transformation Programme has targeted savings in 18/19 of £4.359m and in total 18/19 – 20/21 of £12.468m. Alongside this is additional investment of £2.162m in 18/19 and £5.943m for 18/19 – 20/21. The presentation will discuss how the Programme will be managed within these financial constraints.

HUMAN RESOURCES IMPLICATIONS (KW 11/09/18)

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

TECHNOLOGY IMPLICATIONS (PW 07/09/18)

16. Technology is a key enabler to the Adults, Health & Wellbeing Transformation Programme and the Doncaster Place Plan. Digital Transformation & ICT must always be involved via its governance model where technology-based procurements, developments or enhancements are required. This ensures all information is safe and secure and the use of technology is maximised, providing best value. The specific impact of the alternative care model for day opportunities should be considered as part of the integrated people solution project.

HEALTH IMPLICATIONS (RS 09/09/18)

17. Both the Place Plan and the Adults Health and Wellbeing Transformation Programme have the potential to improve and protect health. Scrutiny Panel Members will want to consider the opportunity cost of both approaches and models, how health impacts and health equity impacts are measured, if services are matched to need, the evidence base for any change and if there are any unintended consequences of the transformation.

EQUALITY IMPLICATIONS (HM 12/09/18)

18. 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

19. Not applicable

BACKGROUND PAPERS

20. Not applicable.

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Director of People



Doncaster Council

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

OVERVIEW AND SCRUTINY WORK PLAN 2018/2019 – September 2018

Relevant Member(s)	Cabinet	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 review its Overview and Scrutiny work programme for 2018/19.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to:
 - a. Review the Overview and Scrutiny Management Committee work plan attached at Appendix A;
 - b. Agree when items be programmed for consideration or removed from the work plan;
 - c. Consider the Council's Forward Plan of key decisions attached at Appendix B.
 - d. Note the update to the Panel's recent visit to Cantley Smile Centre, as part of it's work on Alternative Dare Models;
 - e. Note the Minutes of the South Yorkshire, Nottinghamshire, Derbyshire and Wakefield Joint Health Committee at Appendix C.

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:
 - Reviewing decisions made by the Executive of the Council
 - Policy development and review
 - Monitoring performance (both service indicators and 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 Scrutiny 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 11th June, 2018, and subsequently considered at the OSMC meeting held on 28th June 2018.

Visit to Cantley Smile Centre

7. Ahead of the Panel's discussion on Alternative Care Models a visit was undertaken to Cantley Smile Centre (Smile: Supported Multi-ability Integrational Life Experiences) where Members met with staff and service users. Members learnt and understood the requirements of providing this service and requirements of future modernisation through alternative models, which would look more towards successful outcomes for individuals. Discussion included:
 - Number of people who required the day service;
 - Costs associated with the service;
 - Use of the personal budgets;
 - Breaking down stigmas between young and the elderly and using innovative ways of working. For example, working alongside primary schools for singing sessions and lunch, as a result introducing early education on disabilities;
 - The requirement to measure impacts on care received;
 - Transition from children to adult services and access to external funding; and
 - Exceptional dedication and motivation of staff.

South Yorkshire, Nottinghamshire, Derbyshire and Wakefield Joint Health Scrutiny Committee

8. The last meeting of this Committee was held on 12th June, 2018 at Wakefield County Hall, and the minutes of the meeting for the Panel’s attention are attached at appendix C.

OPTIONS CONSIDERED

9. There are no specific options to consider within this report as it provides an opportunity for the Committee to comment on and update it’s work plan for 2018/19.

REASONS FOR RECOMMENDED OPTION

10. There is no recommended option, the report provides the Panel with an opportunity to review its work.

IMPACT ON COUNCIL’S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<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 policy development through robust recommendations, monitoring performance of the 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>Doncaster Living: Our vision is for Doncaster’s people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
3.	<p>Doncaster Learning: Our vision is for</p>	

	<p>learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
4.	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	
5.	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective 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 KDW 16.08.18

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 (KB 15.8.18)

14. There are specific financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS (DLD 16.08.18)

15. There are no specific human resource implications arising directly from this report. Any human resource implications relating to recommendations made will need to be considered if any proposals are brought forward.

TECHNOLOGY IMPLICATIONS (PW Date: 13/08/18)

16. There are no specific technology implications in relation to this report.

HEALTH IMPLICATIONS (RS 24/08/2018)

17. The Overview and Scrutiny Committee can perform a key role in the council's adoption of a health in all policies approach. All areas of the committee's work plan can impact on health and it is important that the health implications of each item are considered separately given that 20% of what contributes to health is from clinical care, 30% from healthy behaviours, 40% from socio-economic factors and 10% from the built environment.

EQUALITY IMPLICATIONS (CM 16.08.18)

18. This report provides an overview on the work programme and there are no significant equality implications associated with the 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

19. During May and June 2018, OSMC and the Panel held a work planning session to identify issues for consideration during 2018/2019.

BACKGROUND PAPERS

20. None

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OVERVIEW & SCRUTINY WORK PLAN 2018/19

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May		<p>Mon 11th June, 2018 at 1pm 12noon pre meeting Rm 413 CR</p> <ul style="list-style-type: none"> Work planning – HASC O&S 	<p>Wed, 23rd May 2018, 3 pm CR</p> <ul style="list-style-type: none"> Work planning – CYP O&S 		<p>Thurs., 31st May 2018, 3:30 pm – CR</p> <ul style="list-style-type: none"> Work planning C&E O&S
June	<p>Wed, 6th June 2018, 10 am – CM</p> <ul style="list-style-type: none"> Work planning – OSMC 	<p>Tues 12th June 2018, JHOSC Representative Only CR</p> <p>JHOSC - South Yorkshire, Derbyshire, Nottinghamshire and Wakefield</p> <p>10.30am - Members Briefing 1.00pm – Formal Meeting</p>	<p>Tues 12th June 2018, 5:30 pm – Council Chamber CM</p> <ul style="list-style-type: none"> Children and Young People’s Plan - Annual Impact Report Child Poverty Overview Youth Parliament Youth Parliament – piece of work from scrutiny to be identified Scrutiny Work Plan 	<p>Wed 13th June 2018, 11am CM</p> <ul style="list-style-type: none"> Work planning – R&H O&S 	
	<p>Thurs, 28th June 2018, 10 am – Council Chamber CM</p> <ul style="list-style-type: none"> Youth Justice Plan Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC - to include; SLHD Scrutiny Work Plan 	<p>Monday 25th June 2018, 10am Council Chamber CR</p> <ul style="list-style-type: none"> Resources Allocations Process 			
July	<p>Thurs, 19th July 2018, 12noon – Council Chamber CR</p> <ul style="list-style-type: none"> State of the Borough Assessment/DGT – Data Analysis – Briefing session <p>To follow meeting:</p> <ul style="list-style-type: none"> Community Engagement 	<p>Mon, 2nd July 2018, 10am – Council Chamber CM</p> <ul style="list-style-type: none"> Doncaster's strategic health and social care plans – to include information on alternative service delivery models and Place Plan (CCG Jackie Pederson/Cath 	<p>Tues, 24th July 2018, 9am – Council Chamber CR</p> <ul style="list-style-type: none"> Doncaster Children’s Trust (split screen) Children’s Trust and DMBC Update on Learning Provision Organisation Board and Learning 		<p>Friday 27th July at 9.30am – Council Chamber CM</p> <ul style="list-style-type: none"> Flood Overview <ul style="list-style-type: none"> Overview of drainage Boards – structure and their operation Audit case studies

** 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
	Strategy workshop following OSMC 2pm	Doman) <ul style="list-style-type: none"> Public Health Protection Assurance Report Health inequalities – BME Health Needs Assessment Scrutiny Work Plan 	Provision Strategy – Overview and on relationships with Academies and LA School <ul style="list-style-type: none"> Scrutiny Work Plan 		To be followed by a meeting addressing improvements since 2007 Floods - invitations to: <ul style="list-style-type: none"> Environment Agency Planners Planning Enforcement Emergency Planning Internal Drainage Board
Aug		Monday 6th August, 2018 10am – site visit (CR)			
		Smile Day Centre Visits as part of the Alternative Service Delivery Models Project			
Sept	Thurs, 13th Sept. 2018, 10am – Council Chamber (CR)	Thurs, 27th Sept 2018, 10am – Council Chamber (CM)	Wed, 5th Sept 2018, 10am – Council Chamber (CR)	Wed, 19th Sept. 2018, 10am – Council Chamber (CM)	
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 4 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 	<ul style="list-style-type: none"> Your Life Doncaster (Adults Transformation) Mental Health – Strategy and Delivery Plan (CCG Jackie Pederson/Stephen Emerson) Possible joint overview for CYP Mental Health Scrutiny Work Plan 	<ul style="list-style-type: none"> Annual Complaints (DCST) Doncaster Children’s Safeguarding Board Annual Report “Storing up Trouble” – Produced by the National Children’s Bureau Education and Skills thematic update Schools Performance tables Scrutiny Work Plan 	<ul style="list-style-type: none"> Members Briefing - Update on Hatfield Headstocks. 	
Oct	Thurs, 4th Oct 2018 – 10am Council Chamber (CM)			15th October 2018, 1pm – Council Chamber	Tues 23rd Oct 2018 – 10am – 3pm, Council Chamber
	<ul style="list-style-type: none"> Gambling Policy Scrutiny Work Plan 			<ul style="list-style-type: none"> Doncaster Inclusive Growth Plan Wool Market – Update Scrutiny Work Plan 	<ul style="list-style-type: none"> Flood Review Scrutiny work Plan

** 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
Nov	Thurs, 2nd Nov 2018, 10am – Council Chamber	Thurs, 29th Nov 2018, 10am – Council Chamber		End of Nov/December (TBC – local plan dependent)	Wed 28th Nov 2018 – 3pm, Council Chamber
	<ul style="list-style-type: none"> Community Safety Strategy Brexit Scrutiny Work Plan 	<ul style="list-style-type: none"> Carers Charter (pre-visits to be arranged prior to consideration) Mental Health – specific area to be agreed (CCG) Suicide Prevention (Veterans, young people, male population) Update on Inspection and Regulation Scrutiny Work Plan 			<ul style="list-style-type: none"> Waste - An update on the new contract Complex Lives to include Amber Project Tree Policy Scrutiny Work Plan
Dec	Thurs, 6th Dec 2018, 10am –		Tues, 11th Dec 2018, 5pm - Council Chamber	<ul style="list-style-type: none"> Local Plan Update on link to the Airport Housing Needs Analysis Overview 	
	<ul style="list-style-type: none"> Budget (tbc) Qtrly Finance & Performance Report – Qtr 1 DMBC SLHD Adults Social Care Complaints and Compliments Annual Report (to move to OSMC tbc) Scrutiny Work Plan 		<ul style="list-style-type: none"> Doncaster Children's Trust (split screen) Children's Trust and DMBC Attendance – Impact on Strategy and Performance update Social Mobility Opportunity Area Delivery Plan (including information on curriculum for life requested at 24/7/18 meeting) SEND Child Poverty (TBC) Scrutiny Work Plan 		
Jan	Mon, 21st Jan 2019, 10am – Council Chamber	Thurs, 31st Jan 2019, 2pm Council Chamber			

** 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
	<ul style="list-style-type: none"> Budget (tbc) 	<ul style="list-style-type: none"> Mental Health – specific issue TBC Doncaster Adult’s Safeguarding Board Annual Report Veteran Plan (to include a reference to mental health) (DMBC and CCG) Integrated Commissioning Model (CYP led) Invite CYP O&S - TBC. Scrutiny Work Plan 			
Feb	<p>Thurs, 7th Feb 2019, 10am Council Chamber</p>				<p>Wed, 13th Feb 2018, 10am</p>
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 				<p>Crime and Disorder</p> <ul style="list-style-type: none"> Community Safety Priorities Update CCTV impact of Strategy Update following Domestic Abuse Strategy – feedback from partners on recommendations Modern Slavery? Scrutiny Work Plan
	<p>Thurs, 28th Feb 2019, 10am Council Chamber</p>				
Mar	<p>Thurs, 28th Mar 2019, 10am Council Chamber</p>	<p>Thurs, 21st Mar 2019, 10am Council Chamber</p>	<p>Tues, 5th Mar 2019, 5 pm Council Chamber</p>	<p>Wed, 13th Mar 2019, 10am Council Chamber</p>	
	<ul style="list-style-type: none"> Scrutiny Work Plan 	<ul style="list-style-type: none"> Public Health Protection End of Life Plan Update on Inspection and Regulation Scrutiny Work Plan 	<ul style="list-style-type: none"> Youth Council – Feedback on key issues Behaviour Transformation Programme – focus on tracking fixed term and permanent exclusions Scrutiny Work Plan 	<ul style="list-style-type: none"> March 2019 (Formal Meeting – therefore will require corporate reports to be completed) Housing Investment Plan – following Housing Needs Analysis overview. 	

** 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
				<ul style="list-style-type: none"> • Homelessness – Update on position and recs (from 16/17 Panel review re: recs on update funding and legislation).made from previous Panel review/impact of PSPO • Place Marketing – Update on position and recs made from previous Panel review • Scrutiny Work Plan 	
April					
May					
POSSIBLE ISSUES FOR FUTURE CONSIDERATION - TBC					
	DCST Finance Recommendation from OSMC 04/18 “that a further report be provided to OSMC if the same financial variances appear following Quarter 3 2018/19”.	Yorkshire Ambulance Service reconfiguration (YAS)	Joint meeting with HASC – adult Mental health and impact on early years (DMBC and CCG)		Street Scene – fly tipping and street cleaning – how is it dealt with and comparisons with rural and urban areas. Possible invite to like authority. How is rubbish dealt with on private land?
	Corporate Plan Refresh	Personal Budgets/Direct payments	Permanent exclusions - correlation between non-school attendance and crime of young people who were known to the YOS – case studies to be addressed at a future meeting (DMBC/Trust).		Green Future - 2019

** 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
	3rd Sector/ Assets/ Commissioning – how Council can leverage what it has within its portfolio to deal with less acute end of Adult Social Care - to be further discussed and arranged.	Learning Disabilities Strategy (early involvement with Scrutiny)	Youth Council (TBC); a) Update on Curriculum for Life (including outcome of Personal, Social, And Health Education (PHSE) audit) b) Feedback on Youth Surgeries c) Expect Youth – Response/Monitoring exercise align/where are they locating activity/where can young people go?		Environment Strategy - 2019
	Doncaster and North Lindsey College Merger – update on governance arrangements (written update to be circulated outside of the meeting post 31 st July 2018)	Substance abuse	Children and Young People Plan (DMBC & CCG) – previously addressed by CYP O&S June 2018 but will need future consideration		An update on the South Yorkshire Waste (September 2019/2020)
			Joint meeting with HASC – adult mental health and impact on early years (DMBC and CCG)		
		Alternative Service Delivery Model			
		Ambulance Service Response Times & Criteria (possibly same time as YAS reconfiguration) (TBC)			

** 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
		Health & Wellbeing Strategy			
		Hospital Services Review – Maternity Provision			

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SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 12 June 2018

Present: Councillors Mrs E Rhodes Chair (Wakefield MDC), P Midgley (Sheffield City C), A Robinson (Doncaster MBC), J Ennis (Barnsley MBC), D Taylor (Derbyshire CC), and S Evans (Rotherham MBC)

Scrutiny Officers:- Christine Rothwell (Doncaster MBC), Jackie Wardle (Derbyshire CC), Janet Spurling (Rotherham MBC), Emily Standbrook-Shaw (Sheffield City C), Anna Marshall (Barnsley MBC) and Andy Wood (Wakefield MDC)

NHS:- Jackie Pederson (Doncaster CCG/SYB ACS), Lesley Smith (Barnsley CCG), Sue Cassin (Rotherham CCG), Will Cleary-Gray (Programme Director), Priscilla McGuire (JCCCG), Philip Moss (JCCCG), Helen Stevens (JCCCG), Marianna Hargreaves (SYB ICS), T Moorhead (Sheffield CCG/JCCCG), Alison Knowles (NHS England) and Alexandra Norrish (SYB ICS)

Observer:- Councillor Mrs C Ransom – Doncaster MBC

7 members of the public were in attendance at the meeting

1. DECLARATIONS OF INTERESTS

No declarations of interest were made.

2. MINUTES - 29 JANUARY 2018

Resolved – That the Minutes of the meeting of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee held on 29 January 2018 be approved as a correct record.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC

The following public questions had been submitted and the responses below were provided.

Questions from Deborah Cobbett

(1) Will Scrutiny Members please consider the health needs of South Yorkshire communities set out in the Appendix of the Hospital Services Review (Annex D: Place Definitions)?

Response – The JHOSC would take into account all communities within the scope of the review. Local Health OSCs would also have an important role to play in addressing any local proposals.

(2) Do they feel that making cuts to services is the best way to address the health inequalities, diseases of poverty and conditions associated with the post-industrial communities they were elected to serve?

Response – Health scrutiny is outcome focused, looking at cross-cutting issues, including health improvement, wellbeing and how well health inequalities are being

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addressed, as well as specific treatment services.

(3) Why did the Scrutiny Committee feel the need to be “developed” by NHS managers when your role is to scrutinise their activities, not to be directed or developed by them?

Response - The JHOSC session is to help further develop its understanding of the South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire Health and Care Partnership, as outlined in paragraph 5.4 Agenda item 9 – JHOSC future Work Programme.

The session’s primary purpose is to develop a forward work programme for the JHOSC. Joint development sessions are outlined as good practice in statutory guidance issues by the Department of Health. Overview and Scrutiny Committees and JHOSCs must have regard to any guidance issued by the Secretary of State, in exercising, or deciding whether to exercise, any of their functions.

(4) Will you note the importance of Scrutiny, as set out by the House of Commons report on the effectiveness of Local Authority Overview and Scrutiny Committees?

Response - Each individual Authority will determine if and how it responds to the Select Committee report.

(5) Why should the JHOSC “add value” as stated on page 25, paragraph 5.6? What does this mean?

Response - This is good practice as identified by the Centre for Public Scrutiny and others, not specifically in relation to the Integrated Care System but all scrutiny reviews. To “add Value” is to ensure that any scrutiny review is focused and targeted on the key issues in order to avoid duplication and maximise member and officer resources.

Question from Leonora Everitt

(6) I have shared with you the information, as requested, about my experience as a member of the public, of the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee. I was treated with respect with my verbal evidence heard, and my more detailed written evidence received, both as part of one regular meeting I attended and in a meeting dedicated to receiving evidence, verbal and written, from members of the public and from groups representing members of the public.

The Calderdale and Kirklees Joint Health Overview and Scrutiny Committee met regularly with a clear programme outlining the focus of each meeting and the relevant witnesses to be called. This programme covered all aspects of the substantial change proposed, and was adjusted to include any additional issues identified during the process.

Committee members deliberated together after each meeting and published their decisions and the reasons for them in brief shortly afterwards. They decided to make some recommendations regarding the NHS proposals and when these were not suitably responded to by the NHS they made a report to the Secretary of State. He referred it to the Independent Reconfiguration Panel which endorsed the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee members’ concerns.

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Will you consider a similar approach to ensure that you take account of the views of the people you are accountable to and whose interests you serve, and that you also ensure that you carry out your full statutory scrutiny function as effectively as the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee have done for their population?

Response – There was a fundamental difference between the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee and the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee in that Calderdale and Kirklees had agreed the proposals were a substantial variation to services – a much advanced position to where we are at the moment in relation to the Hospital Services Review. As such, they laid out a programme of meetings to deal with each aspect of the review, including a specific meeting for public involvement, which included submissions as opposed to questions. The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee may replicate this process should it decide that any proposals (which are some way off yet) involve a substantial variation to services or require a more detailed review.

A number of questions were asked that it was deemed inappropriate for the Committee to address.

4. HYPER ACUTE STROKE SERVICES

The Committee received an update on the proposals to change Hyper Acute Stroke Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning to approve the decision making business case changes to hyper acute services in November 2017.

The proposed model included a Stroke Clinical Network to support the development of networked provision and the consolidation of hyper acute stroke care at Doncaster Royal Infirmary, Royal Hallamshire Hospital (Sheffield) and Pinderfields Hospital (Wakefield), plus the continuation of existing provision at the Royal Chesterfield Hospital. It would be supported by the gradual implementation of Mechanical Thrombectomy commissioned by NHS England.

In February 2018, a challenge was made of the decision from a resident seeking a Judicial Review. It was confirmed in early May that permission for a Judicial Review had been refused. A renewal notice (appeal) had now been initiated and a hearing to determine if a substantive hearing was necessary was expected in June 2018. The Clinical Commissioning Groups had been advised that they could continue to plan but could not take any irreversible steps. The Hyper Acute Stroke Services Update providers were strengthening contingency planning to ensure continuation of existing provision pending an outcome of the Judicial Review.

Resolved – That the report be noted and further information be provided following the outcome of the appeal.

5. CHILDREN'S NON-SPECIALIST SURGERY AND ANAESTHESIA

An update was provided on the progress to implement approved changes to Children's Surgery and Anaesthesia Services.

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A decision had been made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia in June 2017.

Approval of the preferred model would enable the majority of surgery to continue to be delivered locally at three hubs at Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital at Wakefield. Once the proposals were implemented it would mean around one or two children per week needing an emergency operation for a small number of conditions, at night or at the weekend, would no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would receive their treatment at one of three hubs.

Implementation continued to progress with most clinical pathways having been agreed by the Managed Clinical Network and many designated visits had been completed in early 2018.

It had been anticipated that implementation of the changes would progress after designation in quarter 1 2018/19. However, through the designation process it was identified that further work was required with hub centres to enable them to deliver all aspects of the service and this would be prioritised ahead of implementation. It was now the aim that the changes would be enacted in quarter 3 2018/19. This approach had been agreed with the Joint Committee of Clinical Commissioning Groups in March 2018.

Resolved – (1) That the report be noted.

(2) That a briefing summary of the planning process reports (feedback on designation process and action plans, together with progress on patient pathways) sent to the Trusts be provided to the Joint Health Overview and Scrutiny Committee in the next four weeks.

(3) That the Joint Health Overview and Scrutiny Committee consider the information requested at their next meeting.

6. HOSPITAL SERVICES REVIEW

The Committee received a detailed presentation on the Hospital Services Review. The objective of the review was to identify ways in which acute hospital services in South Yorkshire, Bassetlaw, Mid Yorkshire and North Derbyshire, can be put on a sustainable footing, in the face of significant challenges. The review had identified that the population was ageing, demand was increasing, the workforce was increasingly overstretched, people's needs were changing and the types of healthcare that can be provided are changing. However, the NHS has not changed to keep up.

The reviewed focused on some of the most challenged services and highlighted services which were facing significant difficulties with workforce and quality and have a significant impact on the service as a whole. Specifically these services included:

- Urgent and Emergency Care
- Maternity
- Care of the Acutely Ill Child
- Gastroenterology and Endoscopy
- Stroke

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These issues had been discussed with the public through a range of events. An online and telephone survey had also been used to consult and engage with a wide range of individuals. A number of clinical working groups had been held to find out the views of staff. The Members felt that much greater consultation was required with the public. It was explained that activities had been arranged with the Chamber of Commerce. Toddler groups and GPs surgeries would also be targeted.

Clinicians, patients and the public identified three main areas of challenge. There were significant shortages of staff, across the workforce. Shortages mean that staff work long hours and don't have time for training and in worst cases they leave the organisation. Patients had made comments that care often felt rushed. Every trust had its own way of doing things, even when there were supposed to be national standards. This makes joint working difficult and impacts on patients. IT often doesn't work across organisations, and the system is not good at making the most of new technologies. Whilst there are some excellent new ideas emerging, these are usually in isolation of other trusts.

In developing solutions to these problems the review was guided by three main principles:

- There will continue to be a hospital in every place: we are not closing any District General Hospitals.
- Most patients will receive most of their hospital-based care at their local District General Hospitals.
- We need the staff we have – we do not expect that the review will lead to any redundancies, although some staff might have to work differently.

A solution identified was to ensure the hospitals worked better together through shared working on hosted networks. A single approach to recruitment, retention and training could be established. This could be further enhanced by the establishment of standardised clinical protocols. This would create a much greater degree of accountability. If working together was not enough, changing the way services were configured could be considered and how services could continue in a sustainable way.

For the services identified the review tested the possible options for each of the services against five criteria; workforce, affordability, access, quality and interdependencies. The review provided specific recommendations regarding delivery in the services identified.

The Hospital Services Review had been published 10 May 2018. There would be a public Joint Committee of Clinical Commissioning Groups discussion of 26 June 2018 regarding the review. These views would then be discussed at Trust Boards and Governing Bodies during June and July. Public responses to the recommendations, and the views of trusts and commissioners, would inform the drafting of a Strategic Outline Case. This would then be signed off by the Joint Committee and Clinical Commissioning Groups and the Collaborative Partnership Board.

Final comments on the report were required by 12 July 2018 and every effort would be made to publicise this to ensure a wide range of people were engaged with. It was stressed that the original report was an independent consultant's report and that no decisions had been made. The appropriate people would be invited to future meetings to discuss the finding and potential recommendations. The JHOSC was concerned

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regarding the deadline for comments on the HSR report and how this would be publicised to the general public. It was suggested that existing routes would be used to advertise the deadline.

The JHOSC felt the HSR report was a complex document consisting of 180 pages together with a large number of technical annexes, which was not very reader friendly. The Committee requested that an easy read summary document is produced specifically for a public audience, and that a copy is sent to the JHOSC for comment.

In terms of general comments, the JHOSC considered that there may be a significant risk that the proposed workforce proposals would not go far enough over the next few years, leading to a further review around options for reconfiguration, particularly in relation to Emergency Departments.

With regard to maternity services, the HSR report suggests that in line with the requirement for mothers to be offered greater choice of birth options closer to home, the system should consult with the public on whether stand-alone Midwife-led Units (MLUs) are an option that they would support, and should further develop the home births service in each Place. Given that 71% of all deliveries in South Yorkshire, Bassetlaw and North Derbyshire (SYBND) are medium to high risk the JHOSC questioned the viability of standalone MLUs.

The HSR report recommended that SYB(ND) should establish a Transport Reference Group (TRG) with a remit to develop a system-wide transport strategy and the specific functions to support and deliver it. The JHOSC felt that it was important the TRG had sufficient powers and that its recommendations would be given sufficient weight in the decision-making process.

Notwithstanding these general comments, the Chair re-emphasised that the HSR report was an independent report commissioned by the JCCCG and at this stage should be viewed as such. The JHOSC will carefully consider the outcome of discussions at the JCCCG and constituent Trust Boards during June and July and will prioritise its own work programme to coincide with the decision-making process.

Resolved – That the JHOSC note the report at this stage and determine any future scrutiny activity to coincide with the decision-making process and in accordance with the Committee's agreed work programme.

7. JHOSC FUTURE WORK PROGRAMME

A report was submitted which provided an opportunity for Members to consider and agree the priorities for developing its future work programme.

The JHOSC was established in 2015 for the purpose of overseeing the NHS "Working Together" programme. It was set up following a formal request made by the NHS Clinical Commissioning Groups (CCGs) that provide services in South and Mid Yorkshire, Bassetlaw and North Derbyshire. The request was made to the local authorities with responsibility for scrutinising health services across the same geographical footprint.

Since the formal establishment of the JHOSC, a number of issues / work streams have been considered by the Committee, including:

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- Hyper Acute Stroke Services
- Children's non-specialist surgery and anaesthesia
- Hospital Services Review

At the JHOSC meeting held on 31 July 2017, Members were asked to consider the wider implications of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan and that patient flows would also involve Mid Yorkshire and Chesterfield. It was noted that the current configuration of the JHOSC would work for the hospital services review. It was confirmed that 80% of the STP was at a local level and there would be no need to replicate local scrutiny. The other 20% was wider and could potentially be scrutinised by the JHOSC.

In order to further develop the understanding of the South Yorkshire, Bassetlaw, North Derbyshire and Mid Yorkshire Health and Care Partnership, the JHOSC held a development session to consider:

- Current and future governance and decision-making arrangements of the Partnership, including the position of the JHOSC within the wider arrangements of an Accountable Care System.
- The Partnership's approach to public engagement and involvement.
- To have a fuller appreciation of the various programmes of the Partnership.
- To identify priority areas and an outline forward plan for the JHOSC including a timeline.

The outcome of the development session, particularly the various programmes and timeline would help to assist Members in developing the JHOSC forward programme of work, based on identified priorities and an agreed schedule of meetings. The work programme would require a level of flexibility in order to deal with any issues that arise throughout the year on a local, regional and national level.

Resolved – (1) That Members note the information provided and give future consideration to the matters detailed to develop the Joint Committee's work plan.

(2) That NHS colleagues provide a timeline and forward plan of topics, together with assigned officers to the JHOSC within four weeks.

8. DATE AND TIME OF NEXT MEETING

Resolved – That the next meeting of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee be held in early October 2018 at Barnsley Council. Date to be confirmed.

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