



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

Date: Thursday, 29th November, 2018

Time: 10.00 am

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 27th September 2018 (*Pages 1 - 12*)
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: 21st November 2018

**Governance Services Officer for this
meeting:**

Caroline Martin,
Senior Governance Officer
Tel: 01302 734941

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

6. Mental Health Prevention (*Pages 13 - 26*)
7. Suicide Prevention (*Pages 27 - 54*)
8. All Age Carers' Charter (*Pages 55 - 70*)
9. The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care (*Pages 71 - 80*)
10. Overview and Scrutiny Workplan 2018/2019 - November 2018 (*Pages 81 - 110*)

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

THURSDAY, 27TH SEPTEMBER, 2018

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 27TH SEPTEMBER, 2018 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

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

ALSO IN ATTENDANCE:

Other Councillors;

Councillor Nigel Canning
Councillor Frank Tyas

DMBC;

Damian Allen – Director of People
Debbie John-Lewis – Assistant Director Communities
Patrick Birch - Strategic Lead for Adults Transformation
Simon Walker - Head of Service - Programme Management Office (Your Life Doncaster)
Helen Conroy - Public Health Specialist

Other;

Jackie Pederson – Chief Officer (NHS Doncaster Clinical Commissioning Group)
Emily Roseigh - Strategy and Delivery Manager for Children and Young People (NHS Doncaster Clinical Commissioning Group)
Stephen Emmerson - Head of Strategy & Delivery – Mental Health (NHS Doncaster Clinical Commissioning Group)

		<u>ACTION</u>
9	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were made by Councillor Cynthia Ransome and Councillor Sean Gibbons	
10	<u>DECLARATIONS OF INTEREST, IF ANY</u>	

	<p>Councillor Derek Smith declared a nonpecuniary interest in Agenda Item No.13, by virtue of his wife who works for RDash but not directly involved in any services to be discussed.</p> <p>Cllr Mark Houlbrook declared a nonpecuniary interest in Agenda Item No.13, by virtue of his employment within the prison service that may use mental health services.</p> <p>Cllr J Gilliver declared a nonpecuniary interest in Agenda Item No 14 by virtue of his son who uses such services.</p>	
11	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 2ND JULY 2018.</u>	
	<p>The minutes were agreed subject to the inclusion of the following paragraph;</p> <p>“A Member queried the current position in relation to Doncaster residents waiting on occupational therapy assessments for re-housing into fully accessible Council owned properties. Officers acknowledged that this was an issue being addressed as a matter of priority.”</p>	
12	<u>PUBLIC STATEMENTS</u>	
	<p>Mr Doug Wright attended the meeting and made a public statement. He commented on how NHS suppliers were legally bound to consult with the public as part of the Social Act 2012. He raised concern around what was going to happen further down the line, in particular, with areas such as mental health which were underfunded. He commented that a good example of such problems were outlined on Page 14 under Financial Implications which stated “referring to 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”. He commented that it cannot or will not be stated how much within the Mental Health section of the NHS had been reduced financially bearing in mind £135m within Doncaster Place, and a £12m reduction of funding out of £25m referred to by the Mayor at the Council meeting that took place the week before. It was commented that this Council should state where it constitutes £12m out of a total of £25m. A question had been raised around the criteria of the Panel/Board and Mr Wright expressed his concern that meetings were being held in secret and that no one knew what was going on. Mr Wright questioned what the role of the Panel was and commented that he felt that the regional Joint Health Overview and Scrutiny Committee (JHOSC) was not properly represented. Mr Wright commented that the remit of the JHOSC was very narrow only relating to the Hospital Services Review and Paediatric Report. It was also questioned why Health and Social Care Joint Commissioning Management Board (JCMB) do not hold their meetings in public when they drive forward</p>	

	<p>remodelling that moves services into private services.</p> <p>Reference was made to the meeting held on the 12th June 2018 when the Committee was of the view that 80% of matters were resolved at the local Overview and Scrutiny Panel or the Health and Wellbeing Board.</p>	
13	<p><u>MENTAL HEALTH</u></p>	
	<p>A report and presentation provided an overview of Mental Health Commissioning in Doncaster. It was explained that the Panel had requested to focus on Mental Health for 2018/19 and were looking to identify focused topics and themes for future Panel meetings.</p> <p>An outline was presented on the following areas as part of the 5 Year Forward View;</p> <ul style="list-style-type: none"> • Background • Children and Young People’s mental health • Children and Young People’s mental health: The Green Paper • Children and Young People’s mental health: Eating Disorders • Perinatal mental health • Adult mental health: common mental health problems • Adult mental health: community and acute • Physical Health Improvement for people with Severe Mental Illness (SMI) in Primary Care • Adult Mental Health: secure care pathway and health and justice • Adult/Older People’s mental health: Dementia <p>Children and Young People’s Mental Health - It was explained that the NHS Five Year Forward View for Mental Health had consolidated national mental health policy into a cohesive investment and development package.</p> <p>Reference was made to a recent Panorama programme ‘Britain’s Mental Health Crisis’ around access to crisis care for young people. It was explained that in the Doncaster area, setting tiers had been removed and that Advice Workers were now based in all localities. Members were informed that it was critical to commence work with young people from 14 years of age and vital that intensive treatment could be undertaken to help them remain with their families. It was explained that the biggest challenge was around the workforce and steps were being taken to address the weakest areas by working with partners within the Immediate Care Service footprint.</p> <p>It was outlined that Doncaster had been involved in a pilot mental health competency framework with the aim to influence the national model. Members were told how in every school and college there would be a Mental Health lead who would undertake low-level mental</p>	

health work. It was noted that funding was in place to provide the necessary training and support needed within the infrastructure.

It was stated that workforce development was being carried out so that local authorities were not competing against each other although more work needed to be done across partner agencies.

Concern was raised in relation to the LGBTQ group as it was felt that they were a particularly vulnerable group. In terms of LGBTQ, it was explained that Young Minds had been commissioned to engage with young people and find out more about how it felt to work in Doncaster. From this work undertaken, the aim was for schools to develop a more consistent and positive message about diversity.

Concern was raised about young people aged between 15 and 19 years of age, transitioning across secondary school to college. Members were informed that this was a significant area for development and that further work needed to be undertaken with providers and partners.

Members were informed that young people had raised mental health as a priority area. It was raised that there needed to be more investment in those services. Members were reminded that £160,000 had been invested to look at the transition from primary to secondary school.

In terms of waiting times, it was explained that on average there was a 24-hour wait, however, in an emergency RDash could see an individual within 4 hours.

Perinatal - Members had been informed that £1.2 Million had been invested in this area mobilising a Sheffield, Rotherham and Doncaster hub approach and providing specialist support for pregnant women as well as in the year following the birth.

Additionally, Members heard that there had been value through low level psychological intervention being provided as part of the physical health care packages with Attention Deficit Hyperactivity Disorder (ADHD) as one of the transition areas.

Acute Crisis Care - It was explained that multi-agency user groups and the voluntary sector were working to better understand issues within mental health crisis and access response. Members were informed that proposals were being built for Doncaster that moved away from a blue light response based on a police use of Mental Health Act Section powers or attendance through Accident and Emergency services. It was explained that a mapping exercise was being undertaken around the voluntary sector, peer support and places of safety to help build more resilience within community services to prevent hospital admissions.

A Member raised concerns that some individuals were waiting a long time to be allocated a Mental Health worker and that language used was often difficult to understand and to be used to navigate around the different services.

Colleagues from Doncaster NHS CCG commented that they recognised the need for modernisation around acute response to crisis. There was a brief discussion around alternative places of safety where an individual could be detained by police or Accident and Emergency, to have a safe assessment of their needs. It was felt that there wasn't a great deal of flexibility available and it was more about having a variety of different options depending on the degree of presentation and need.

Concern was raised that mental health and other services needed to be specific to the need of the individual, for example, substance misuse.

In response to what was being done to improve partnership working, it was explained that when the individual presented themselves to Accident and Emergency, a Section 136 (part of the Mental Health Act) could be issued and then the individual would receive an assessment. Members were informed that timescales depended upon the needs of the individual, their circumstances and where that person was in terms of their needs being met. It was explained that RDASH providers of mental health services were there to develop alternatives and part of that was the liaison that takes place between providers and flows through systems.

A Member stressed that it was essential to look at the causes and ensure that prevention was in place to stop problems from reoccurring further down the line. Members were assured that there was a significant amount of prevention work being undertaken across Health and Social Care.

Members heard that the Health and Wellbeing Board had considered progress against the 10 areas for development identified in the Place Plan

Wellness Recovery And Action Plan - Reference was made to the power of the community and its neighbourhoods within an individual's recovery pathway and that there was a need to integrate with voluntary networks. Members were also informed of the importance of the Council and Doncaster NHS CCG working together especially within a challenging funding environment. Members were assured that prevention was considered as key in addressing this.

The Director of Public Health spoke about the impact of Adverse Childhood conditions on mental health and how consideration was being given to such things as parenting skills, having an available

adult, maintaining strong relationships with adults, mindfulness and physical activity. It was further commented that other leavers included community infrastructure, community wellbeing, community navigators and communities addressing challenges.

Children and Young People's Mental Health: Eating Disorders - Members spoke about Children's and Young People's Mental Health eating disorders and it was questioned what could be done to address the route of the causes such as bullying. Members were informed that anxiety, stress and self-harm were the top three issues faced by children. It was commented that there may be a way of making children more resilient through a local level campaign, raising awareness of bullying and aspirations. It was added that South Yorkshire Eating Disorder Association (SYEDA) had been successful in receiving funding to develop eating disorder services for adults.

In terms of numbers of children affected, Members were informed that according to a national survey this ranged between 3000 to 4000 children. Members were told that a survey had been undertaken last year and the Public Health team were waiting for those results to be able to identify gaps in the community and of those accessing services.

It was added that although the admission of children to hospital with an eating disorder was avoided, that on occasion the physical element might override that.

In respect of obesity, Members were informed that health colleagues worked more closely with Public Health colleagues on prevention by being healthy.

Suicide Prevention - It was explained that forming part of mental health, suicide prevention was both a public health and local authority responsibility. Members heard how two years ago, a local suicide conference had taken place to move forward with the local Suicide Prevention Plan. For information, priority areas identified included men, self-harm, children and young people, acute mental health care, high frequency, reducing isolation and data and intervention.

It was further explained that a suicide audit undertaken between 2015 and 2017 revealed that a third of suicides had been of individuals bereaved by suicide or bereaved in another way. Members were advised that a report could be made available once further work had been undertaken with colleagues.

Reference was made to reduced resources although it was acknowledged that NHS England had pushed back cuts to Public Health. It was further explained that £500,000 had been made available within the South Yorkshire and Bassetlaw Intermediate Care Services area for suicide prevention, with Sheffield NHS CCG as the lead and an estimate of £90,000 to spend in Doncaster on suicide

	<p>prevention actions (available for the remainder of the financial year). It was continued that money would be made available in 2020 and although it was part of a modest investment, national areas were striving to reduce suicide areas where possible.</p> <p>Veterans - A Member raised their concern around veterans in terms of mental health and suicide prevention. Members were informed that work was being undertaken with the Stronger Communities Wellbeing Manager and specific services were being offered to veterans.</p> <p>A Member queried whether specific funding could be made available by organisations who had been involved with veterans during their working life. Although it was felt that this might not be feasible, it was commented that it was in local planning to look at veterans and consider further actions as part of a local prevention plan. The Public Health Specialist offered to cooperate with the Stronger Communities Wellbeing Manager to consider how the funding offer could be further enhanced. Members were also reminded that it was a target of the Mayor to provide support to veterans.</p> <p>Adult Mental Health - There was a brief conversation around the Adult Mental Health Improvement Plan drafted from various stakeholder input.</p> <p>A Councillor commented that the Council was a large employer within Doncaster, and that according to statistics 1 in 4 people were affected by mental health and was therefore concerned about Council employees affected by stress. Members were informed that discussions had taken place over the past year around Mental Health First Aiders within the Council. It was explained that Public Health was looking at a model of first aid and had put out an expression of interest for a member of staff to be trained as a Mental Health First Aider. Reference was also made to World Suicide Prevention Day where the Council had a stall in the atrium that had been approached by members of staff looking for support.</p> <p>RESOLVED That the Panel</p> <ol style="list-style-type: none"> 1. Note the information provided ; and 2. Identified the following Mental Health topics for consideration at future Panel meetings, to include; <ul style="list-style-type: none"> • Suicide Prevention • Mental Health Prevention • Dementia • Veterans Plan 	<p>Senior Governance Officer</p>
14	THE ADULTS HEALTH AND WELLBEING TRANSFORMATION	

	<u>PROGRAMME - UPDATE.</u>	
	<p>A report was provided Members with an update on the council's Adults Health and Wellbeing Transformation Programme. A presentation was provided at the meeting and covered the following aspects of the programme:</p> <ul style="list-style-type: none"> a) Operational, governance and resources arrangements: b) The alternative care model for Day Opportunities. <p>It was explained that there was a need to review the customer journey to work on prevention and be able to make longer term savings. In terms of capacity, it was felt that more was needed and therefore specific expertise had been brought in to undertake this. It was stated that the product would be further developed over future months.</p> <p>Members heard how the Placement Strategy would result in investment into other services. It was about reducing enablement and transitioning people to a more improved level, intervening at different times and therefore assisting demand management. It was reported that there had been a positive response as well as it being better financially.</p> <p>Rapid Improvement Projects - Members were updated that these projects covered the following areas;</p> <ul style="list-style-type: none"> • Safeguarding • Occupational Therapy • Direct Payments • Section 117 and CHC Spend • DoLS • Quality Assurance <p>Day Opportunities - Concerns were raised around how a quality service could be delivered with less money. Members were informed that a debate was taking place in Doncaster and at a national level about what the right level of funding looked like at a time when demand was rising and some services were oversubscribing. It was added that developments with day centres were a positive example of what could be achieved.</p> <p>Members were assured that there was a focus on investment as well as on the improvement of quality. It was commented that in light of cutbacks, there were certain situations when privatisation worked. Members recognised that steps were still being taken to consider different models and business needs.</p> <p>Members were told that when reviewing services, a number of duplications were found which had resulted in having a negative impact on customer quality. It was recognised that there was a funding deficit and improvements had been made within services with an aim to work</p>	

more on preventative measures.

Members were informed that expectations had been broadened and feedback was indicating that more people were feeling more supported within their communities. A Member expressed the opinion that based on their personal experiences it was too early to see if the changed offer was providing a better outcome.

It was outlined using feedback from Mexborough Day Centre that clients were better linked into the community and had benefited from an intergenerational approach. Other positive examples included from the Bullcroft Memorial Hall in Carcroft, where clients had benefited from the reduction of time and money spent on transport and had become more independent as a result of the close location of the centre. A Member of the Panel also mentioned how a user who was now attending Rossington Day Centre, had expressed their contentment and looked forward to the new activities at the centre.

Members heard that there facilities and services needed to be utilised more and made more sustainable.

Transport - Members were informed that consideration was being given to how transport could be made more efficient. Concern was raised that costs should not be passed on if the numbers of users reduced.

A Member conveyed how in their own ward, transport costs had proved too expensive when using a local charity that supported older people. It was explained that as a result, the Town Council was now using taxis to access the same service as a cheaper form of transport. Members were informed that social isolation was a significant issue that the Council and partners were committed to addressing; this included undertaking work to consider how communities could provide further support.

A Member felt that the budget needed to be revisited to be more service not profit driven and provide a viable service to the elderly and vulnerable. It was commented that there should be parity across all of Doncaster and that everyone should have access to the same standard of facilities. It was recognised that everyone including partners were being challenged financially.

Clarification was sought as to how S106 money could be utilised for community benefit. It was felt that there was a need to consider other areas and services, sending a clear message that the Council was caring and connected. It was stressed that monies needed to be made available to maintain and continue services in the short-term while other ways of working were considered.

Reasoning the reduction in the number of users, it was explained that

	Overview and Scrutiny Workplan 18/19 - October 2018 update.	
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Doncaster Council

29th November 2018

To the Chair and Members of the Health and Overview and Scrutiny Panel

MENTAL HEALTH PREVENTION

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

EXECUTIVE SUMMARY

1. This report alongside a PowerPoint presentation (Appendix 1) will provide the Health and Adults Social Care Overview and Scrutiny Panel with an overview of a model for approaches to mental health prevention in Doncaster.
2. The prevention framework for Doncaster, which has been adopted by the Health and Wellbeing Board, is a four strand model, suitable for complex systems and operating at different levels of influence, comprising of:
 - Assets and strengths - identify individual, family and community strengths and co-create resilience to increase health social and financial inclusion
 - Create the conditions - adopt a health in all policies approach to statutory roles
 - Community infrastructure - examples include community navigators, wellbeing hubs and Alliances
 - Health and care services - a prevention orientated practice model and guidelines
3. The recently commissioned MIND community crisis support service with its social café hubs model in Mexborough, Thorne, Bentley and Doncaster town is an example of prevention in health and social care services which will become operational in January 2019.
4. A Doncaster mental health needs assessment is in the process of being produced and should be completed by December 2018.

www.doncaster.gov.uk

- Doncaster will sign up to the Prevention Concordat for Better Mental Health, via the Health and Wellbeing Board in early 2019.

EXEMPT REPORT

- This report is not exempt.

RECOMMENDATIONS

- The Overview and Scrutiny panel is advised and asked to note and consider the four strand model for a prevention framework for Doncaster that has been endorsed by the Health and Wellbeing Board.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

- The prevention framework operates at different levels of influence and provides a holistic, whole system, coherent approach to mental health prevention for the citizens of Doncaster.

BACKGROUND

- Mental health is more than mental illness, it is about mental wellbeing. The Mental Health Joint Strategic Needs Assessment support pack developed by Public Health England provides a rich picture of prevalence and risk factors, and does not indicate Doncaster is not a particular outlier from the national average for mental health. However a local mental health needs assessment is underway to drill down into the available data and will be completed by December 2018.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

- The model adopted by the Health and Wellbeing Board for mental health prevention describes different levels of approaches and actions which work together in a coherent way, which is likely to maximize impact. The information provided in this report and accompanying presentation outlines this model.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

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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>By adopting a model with four levels of influence (assets and strengths, create the conditions, community infrastructure and health and care services), a coherent approach to mental health prevention will be adopted which spans across areas of Doncaster Working, Living, Learning and Caring.</p>
<p>Doncaster Living: Our vision is for</p>	

<p>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 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 	

- | | |
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| <ul style="list-style-type: none">• Working with our partners and residents to provide effective leadership and governance | |
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RISKS AND ASSUMPTIONS

12. It is assumed that stakeholder members of Doncaster partnerships will be fully appraised of the model and how it operates, in order to maximize effectiveness of the approach to mental health prevention.

LEGAL IMPLICATIONS [SRF 12/11/18]

13. In accordance with its duties under the Care Act 2014, the Council has a duty to promote an individual's well-being, including their physical and mental health and emotional well-being.

Further specific legal advice can be provided as required in relation to the panel's work in this area.

FINANCIAL IMPLICATIONS [HR 07/11/18]

14. There are no direct financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS [BT 5/11/18]

15. There are no obvious HR implications associated with this particular Report although clearly as a function we can fully support the adoption of a coherent model of prevention for mental health.

TECHNOLOGY IMPLICATIONS [KF 01/11/18]

16. There are no anticipated technology implications in relation to this report, Should any technology requirements be identified a proposal would need to be submitted for consideration and prioritisation by the Technology Governance Board (TGB), including the technology implications, resource requirements and costs, which are likely to be significant.

HEALTH IMPLICATIONS [HC 25/10/18]

17. Overview and Scrutiny Committee should be advised that the approach adopted to mental health prevention should improve and protect health and reduce inequalities. The prevalence and risk factors of mental health will be examined in detail in a local mental health needs assessment, and the impact of the model will continue to be monitored by Public Health in order to improve prevention responses going forward.

EQUALITY IMPLICATIONS [HC 25/10/18]

18. Data available from Public Health England shows that Doncaster is not a particular outlier from the national average for mental health inequalities but this will be examined in more detail when a local mental health needs assessment is completed in December 2018.

CONSULTATION

- 19 The prevention framework for Doncaster has been examined and endorsed by the Health and Wellbeing Board.

BACKGROUND PAPERS

20. There are no background papers.

REPORT AUTHOR & CONTRIBUTORS

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Director of Public Health

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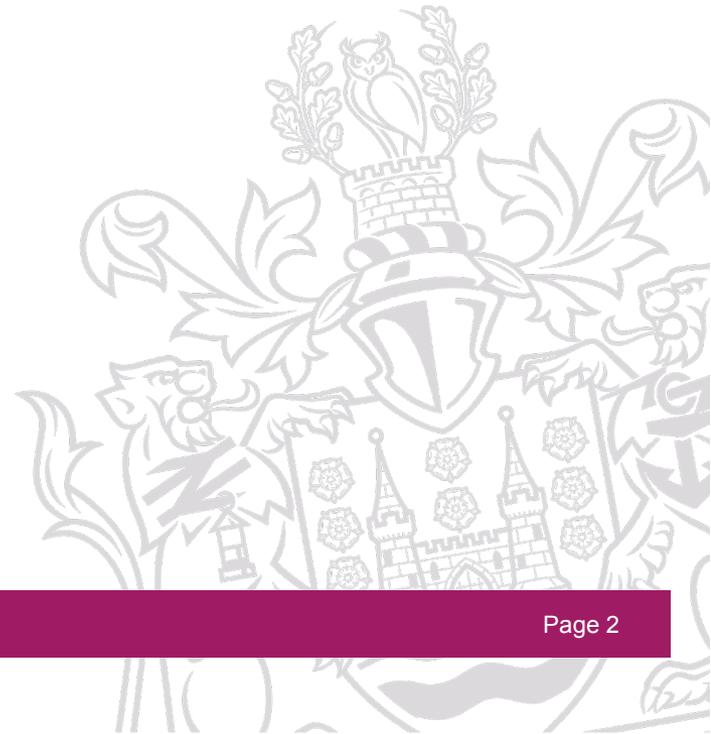
Doncaster
Council

Mental Health Prevention 29/11/18



A Prevention framework for Doncaster:

- A four strand model, for complex systems, operating at different levels of influence:
- ASSETS AND STRENGTHS
- CREATE THE CONDITIONS
- COMMUNITY INFRASTRUCTURE
- HEALTH AND CARE SERVICES



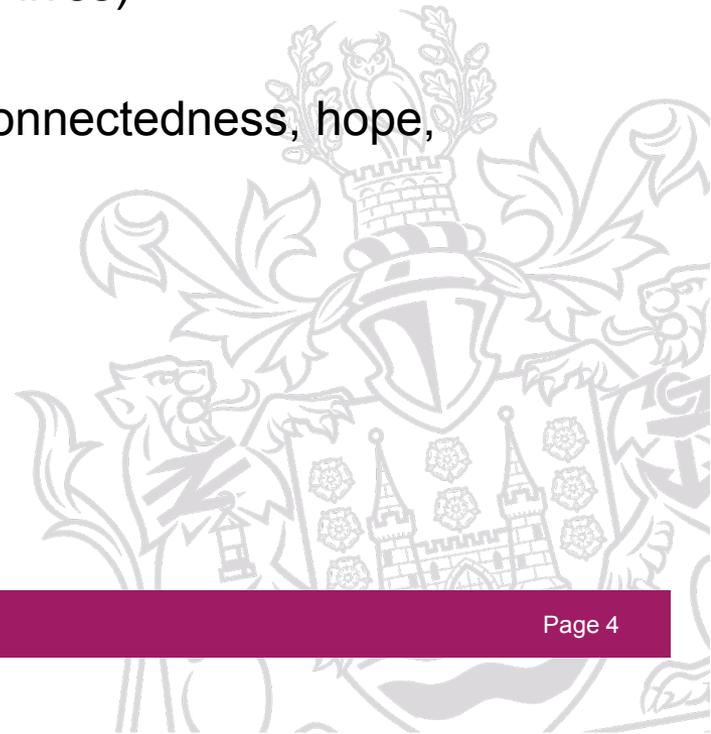
Assets and strengths

- Identify individual, family and community strengths
- Co-create resilience/capacity/community wealth to increase health, social and financial inclusion
- Local examples
 - Befriending support
 - Parenting support
 - School based programmes
 - Stronger families
 - Well North
 - Recovery city
 - A peer support bereaved by suicide group is also being developed



Create the conditions

- Adopt a Health in All Policies approach to key approaches
 - The local plan, planning and licensing
 - Housing, transport, community safety
 - Doncaster Growing Together (Doncaster learning, working, living and caring)
 - Healthy settings
 - healthy schools (healthy learning, healthy lives)
 - workplace health
 - recovery city approach in order to build connectedness, hope, identity, meaning and empowerment

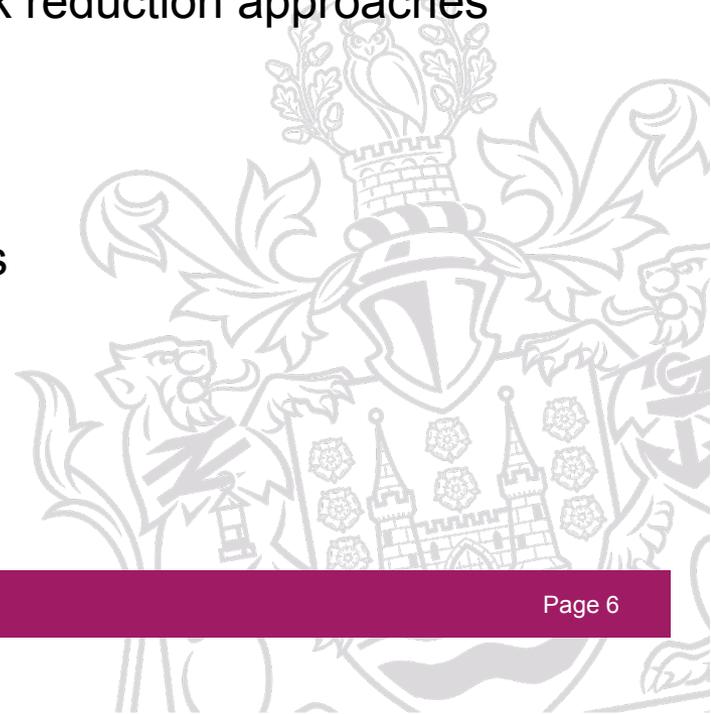


Community infrastructure

- Community Navigators to connect people to people and between people and both non-statutory and statutory services
 - e.g. wellbeing officers, social prescribing.
- Wellbeing Hubs. Building on existing statutory (e.g. primary care) and non-statutory hubs to align a network of community wellbeing hubs including access to Information Advice and Guidance resource e.g. Your Life Doncaster, technology and campaigns
 - social café model with hubs in Mexborough, Thorne, Bentley and Doncaster town centre
- Alliances. Support and co-create to address specific challenges
 - e.g. Mental Health Alliance, Expect Youth, Loneliness Alliance, Get Doncaster Moving
 - MIND (in partnership with Changing Lives) have been commissioned to deliver a community crisis support service from April 2019

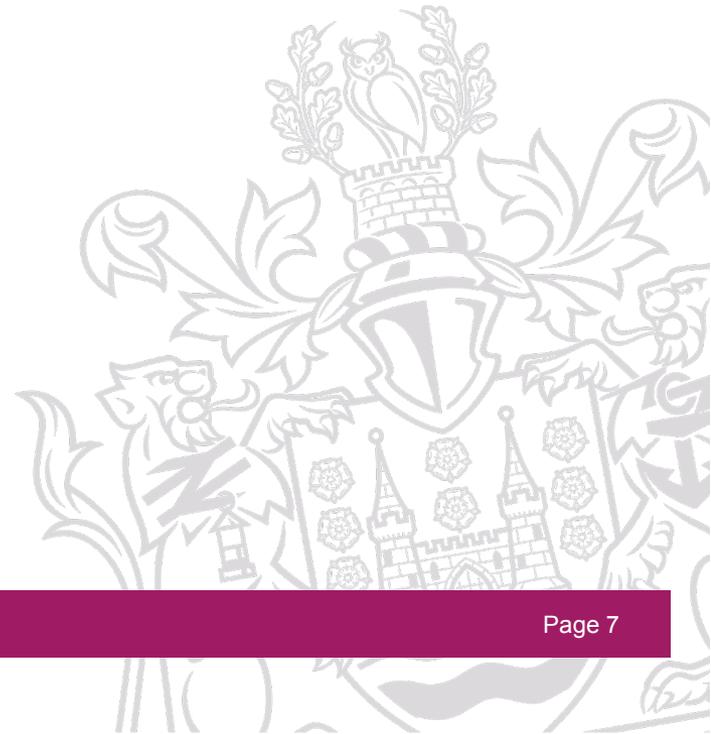
Health and care services

- Doncaster practice model and guidelines.
 - Using strength based approaches, motivational interviewing, asset based community development, trauma informed practice, Making Every Contact Count together with life course specific approaches including patient activation and self-management.
- Reorient health and care services
 - Starting with clinical prevention services (secondary prevention) improve, integrate and incentivise identification and risk reduction approaches including
 - Health visiting for post-natal depression
 - Employment support
 - IAPT for common mental health problems
 - Medically unexplained symptoms



What needs assessment tells us about mental health in Doncaster

- Mental health is more than mental illness, it is about mental wellbeing
- Public Health England's Mental Health Joint Strategic Needs assessment profile has been provided to assist local needs assessment
- Strategy and Performance Unit and Public Health are developing this local needs assessment which will be completed in December 2018
- An initial look at the profile tells us we are not a particular outlier from the national average



Prevention Concordat for Better Mental Health

- The Prevention Concordat is led by Public Health England and is a commitment to working to prevent mental ill health and promote mental well being, and have a plan to achieve this
- It is Doncaster's intention, via the Health and Wellbeing Board, to sign up to the Prevention Concordat in early 2019
- As part of the planning work, a Better Mental Health adults plan is in draft which has been developed via a Health and wellbeing Board workshop on 4 October





Doncaster Council

Date: 29th November 2018

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

DONCASTER SUICIDE PREVENTION UPDATE 2018

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

EXECUTIVE SUMMARY

1. This report, a PowerPoint presentation (Appendix 1) and South Yorkshire and Bassetlaw data (Appendix 2), provide an update to the Overview and Scrutiny panel on suicide prevention work in Doncaster in 2018 following a previous report to Overview and Scrutiny in 2017.
2. The suicide rate in Doncaster has remained more or less stable since 2001; however since 2013 the suicide rate for men has risen slightly, whilst for women the rate has fallen. There are approximately 20 to 30 suicides in Doncaster per year and the Doncaster rate is similar to the national rate, at 10.1 per 100,000 of population.
3. To examine risk factors for suicides, South Yorkshire and Bassetlaw Public Health Outcomes Framework data (Appendix 2) shows that emergency admissions for intentional self-harm, numbers of looked after children (under 18 population), numbers of children in the youth justice system aged 10 to 18 and long term unemployment (proportion of working age population) are worse than the Yorkshire and Humber average.
4. The location of suicides occurring across Doncaster between 2015 and 2018 has been mapped against the index of multiple deprivation, and shows higher incidents in urban centres and areas of higher deprivation.
5. In Doncaster the group of people most likely to take their own life are middle aged White British men.

www.doncaster.gov.uk

6. Some examples from the local suicide prevention plan 2017-19 delivery are: targeted training to over 300 professionals, a men's football tournament for 42 players from 7 different occupational groups, and the 2018 contract award to MIND for community crisis support which includes peer led support for those bereaved by suicide. There are also a range of targeted veteran's support services across Doncaster. The local suicide plan has undergone a peer assessment process in co-operation with Bradford, and has highlighted some identified areas for improvement in the next iteration of the local plan.
7. NHS England has made available £84K to Doncaster for 2018/19 and there will be a further funding round in 2019/20. The aim is to reduce suicide by 10% across South Yorkshire and Bassetlaw by 2020/21. A plan to spend the allocation on suicide and self-harm prevention is in place.

EXEMPT REPORT

8. This report is not exempt.

RECOMMENDATIONS

9. The Health and Adult Social Care Overview and Scrutiny Panel is asked to consider the information provided in the report and appendices, including the current position and plans to address suicide prevention. In particular, the Panel is asked to note;
 - I. That prevalence of suicide in Doncaster has remained relatively stable since 2001, with a rate of approximately 10.1 per 100,000 population which equates to approximately 20-30 suicides per year.
 - II. That an additional £84K is being made available for Doncaster in 2018-19, from the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS), with which to reduce suicides and self-harm in accordance with a suicide prevention plan endorsed by SYB ICS.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

10. The local suicide prevention plan and the additional SYB ICS monies will contribute to the prevention of suicides, and improve responses to those affected by suicide, providing targeted support to citizens and professionals.

BACKGROUND

11. In January 2017 a local conference was held, from which the Doncaster Suicide Prevention Local action Plan 2017-20 was developed. Progress of the plan is monitored via a well-attended, multi agency Suicide Prevention Steering group. The outcome of a peer assessed audit of local plans will help in the development of the next iteration of the local plan, for which a further local conference in 2019, to assess progress and scope out the way forward, would be beneficial

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

12. A local plan will be delivered that has been developed through the Suicide

Prevention Group, plus with the SYB ICS targeted work; the local plan will be refreshed with a multi-agency conference in 2019. This will provide the greatest impact on the local population, with additional targeted resources being deployed.

13. A local conference will raise the profile of suicide and self-harm as an issue and provide opportunities for all stakeholders to improve their working relationships and service delivery.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

14.

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>From the Public Health Outcomes framework, Doncaster has a high prevalence of working age adults in long term unemployment and this is a risk factor for suicides.</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>The local suicide prevention plan contains targeted actions to support affected groups such as middle aged men and LGBT young people.</p>
<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 work 	<p>The South Yorkshire and Bassetlaw Integrated Care System plan for 18/19 includes a comprehensive training plan for young people's professionals, including schools and colleges, to receive training on young people's suicide and self-harm issues, to improve confidence, awareness and skills.</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>The tender for a community based crisis support service was awarded to MIND in partnership with Changing Lives, to deliver a hub based crisis café model which will be fully operational in January 2019 and include a peer led support group for those bereaved by suicide.</p>
<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

15. There is a risk that the delivery of the local suicide prevention plan may not achieve the aspiration of reducing suicides by 10% by 2020/21.
16. Recently the burden of proof from Coroner's verdicts has been changed to a lower level of probability, (from 'beyond reasonable doubt' to 'on the balance of probabilities) and this may impact on the underlying suicide prevalence rate.

LEGAL IMPLICATIONS [HMP 23.10.18]

17. The Health and Social Care Act 2012 made local authorities responsible for the provision of a range of public health services including improving the health of their populations with local delivery of these services overseen by Public Health England. The local authority is also responsible for statutory Health and Wellbeing Boards which oversee local commissioning and the co-ordination of health and social care services. Local responsibility for coordinating and implementing work on suicide prevention became an integral part of local authorities' responsibilities for leading on local public health and health improvement and includes developing local suicide action plans through their work with Health and Wellbeing Boards.

FINANCIAL IMPLICATIONS [HR 29/10/18]

18. Doncaster Council has been awarded £84,764 from NHS England via Sheffield CCG, the funding will be managed by Public Health and is to be spent according to the approved South Yorkshire and Bassetlaw Integrated Care System Suicide Prevention Plan.

HUMAN RESOURCES IMPLICATIONS [BT .23/10/2018.]

19. There are no apparent HR implications associated with this particular Cabinet Report. HR is aware however of the Council's Public Health Staffing Establishment which is involved in the delivery of the Local Plan.

TECHNOLOGY IMPLICATIONS [PW 23/10/18]

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

HEALTH IMPLICATIONS [HC 23/10/18]

21. Overview and Scrutiny Committee should be advised that the approach adopted to suicide prevention should improve and protect health and reduce inequalities. The numbers of suicides occurring, and the underlying causes will continue to be monitored by Public Health in order to improve prevention responses going forward.

EQUALITY IMPLICATIONS [Officer Initials HC 23/10/18]

22. A local suicide audit 2015-2017 shows that suicides in Doncaster have tended to occur in urban centres and areas of high indices of multiple deprivation.
23. The local suicide prevention plan includes targeted responses to groups which are disproportionately affected by suicide and self-harm issues, such as middle aged men and LGBT young people.

CONSULTATION

24. The local suicide prevention plan was developed following a conference of approximately 100 stakeholders in January 2017 and there will be a further local conference in 2019 to refresh the next iteration of the local plan.

BACKGROUND PAPERS

25. Health and Adult Social Care Overview and Scrutiny Report 2017) - <https://doncaster.moderngov.co.uk/ieListDocuments.aspx?CId=135&MId=2690>

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Doncaster
Council

Suicide Prevention Update 29/11/18



Definition of Suicide

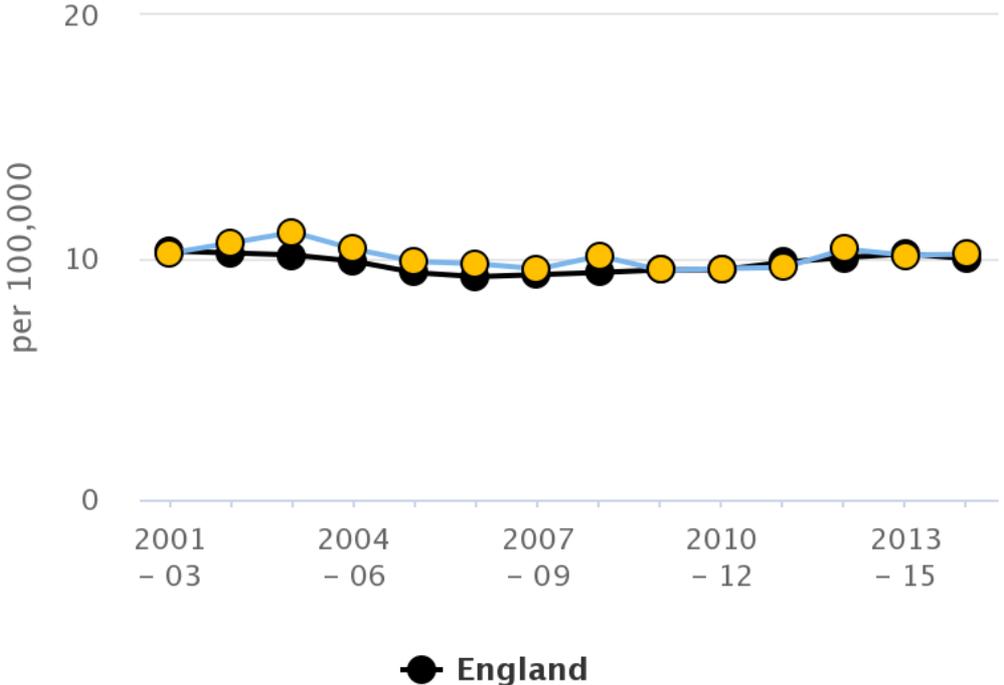
- **Suicide definition.** The National Statistics **definition of suicide** includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.



Prevalence

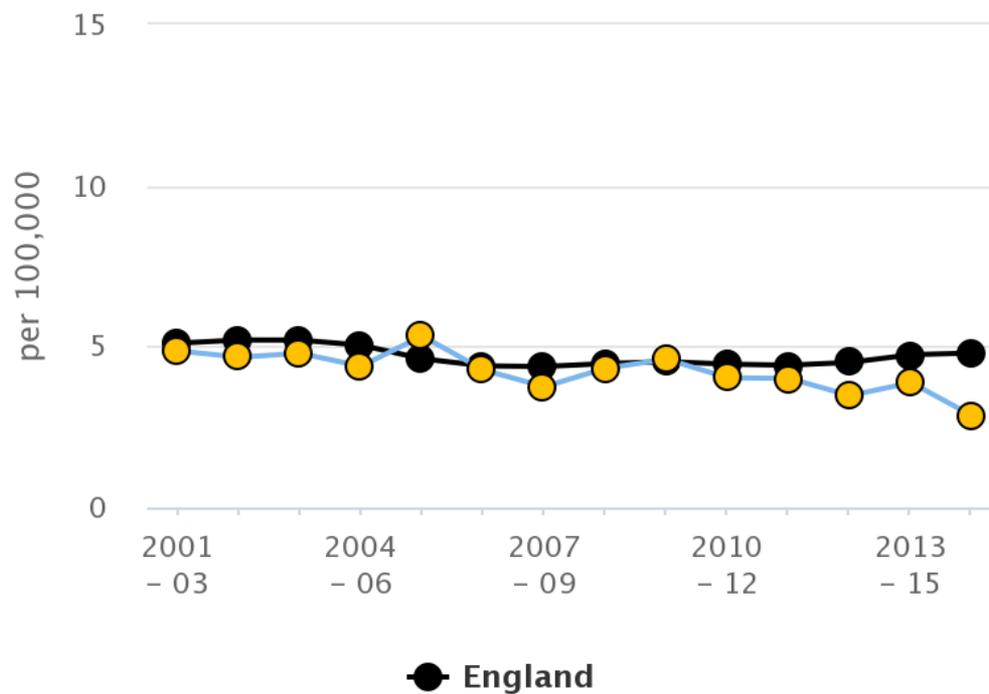
Persons

Suicide: age-standardised rate per 100,000 population (3 year average) (Persons) - Doncaster



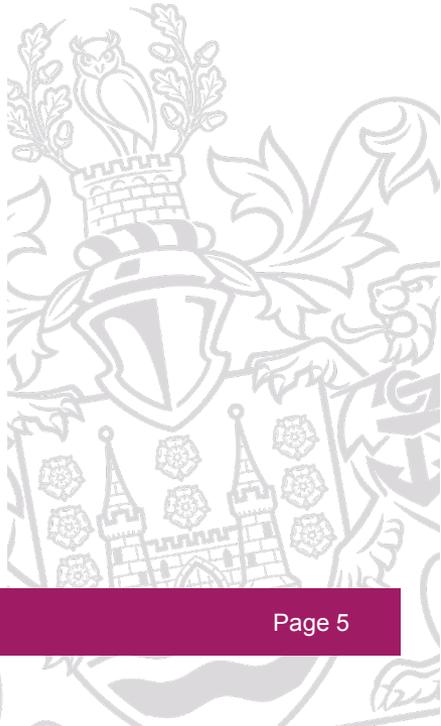
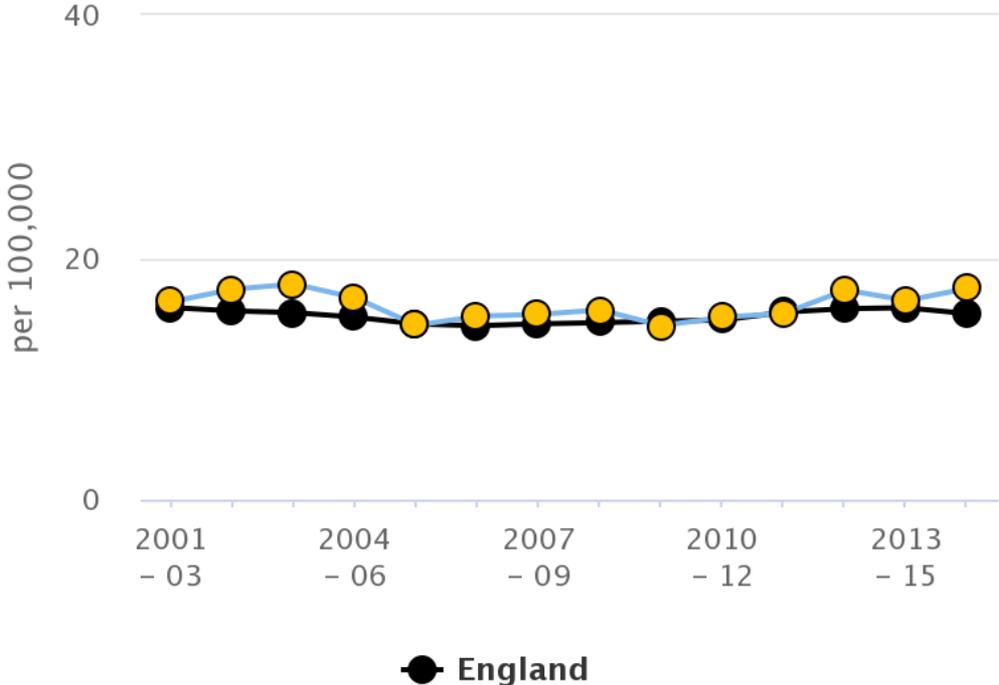
Women

Suicide: age-standardised rate per 100,000 population (3 year average) (Female) - Doncaster



Men

Suicide: age-standardised rate per 100,000 population (3 year average) (Male) - Doncaster



Number of Doncaster Suicides

2002-2010

- 2002- 23
- 2003- 31
- 2004- 27
- 2005- 27
- 2006- 26
- 2007- 25
- 2008- 27
- 2009- 23
- 2010- 29

2011-2017

- 2011- 23
- 2012- 24
- 2013- 30
- 2014- 29
- 2015- 22
- 2016- 30
- 2017- 33

Comparison

Area	Value	Lower CI	Upper CI
England	9.9	9.8	10.1
Yorkshire and the Humber region	10.4	9.9	10.9
Rotherham	13.9	11.2	17.1
Kingston upon Hull	13.3	10.7	16.4
York	12.7	9.8	16.1
Calderdale	11.3	8.7	14.5
Leeds	10.9	9.5	12.5
Barnsley	10.8	8.4	13.6
Wakefield	10.4	8.4	12.8
Doncaster	10.1	8.0	12.6
North Yorkshire	10.1	8.6	11.8
Kirklees	10.0	8.2	12.0
North East Lincolnshire	9.9	7.1	13.5
East Riding of Yorkshir...	9.2	7.3	11.5
Bradford	9.2	7.6	11.0
Sheffield	9.0	7.5	10.7
North Lincolnshire	7.5	5.2	10.6

Source: Public Health England (based on ONS source data)

Related service contacts and risk factors

- (please refer to South Yorkshire and Bassetlaw data provided)
- **Worse than Yorkshire and Humber average:**
- Emergency hospital admissions for intentional self harm
- Successful completion of drug treatment-opiate users
- **Better than Yorkshire and Humber average**
- Successful completion of drug treatment-non opiate users
- Successful completion of alcohol treatment



Risk factors continued

- **Worse than Yorkshire and Humber average:**
 - Looked after children (under 18 population)
 - Children in the youth justice system aged 10 to 18
 - Long term unemployment: proportion of working age population
- **Better than Yorkshire and Humber average**
 - Statutory homelessness
 - Adult carers who have as much social contact as they would like

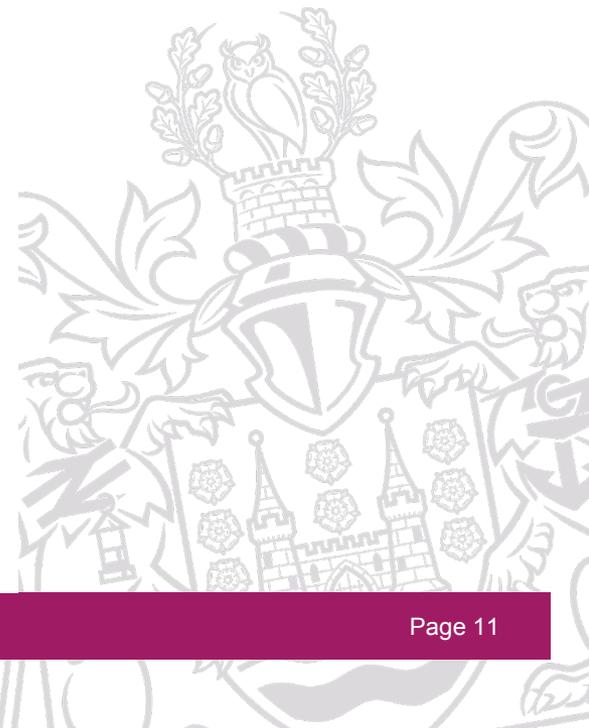
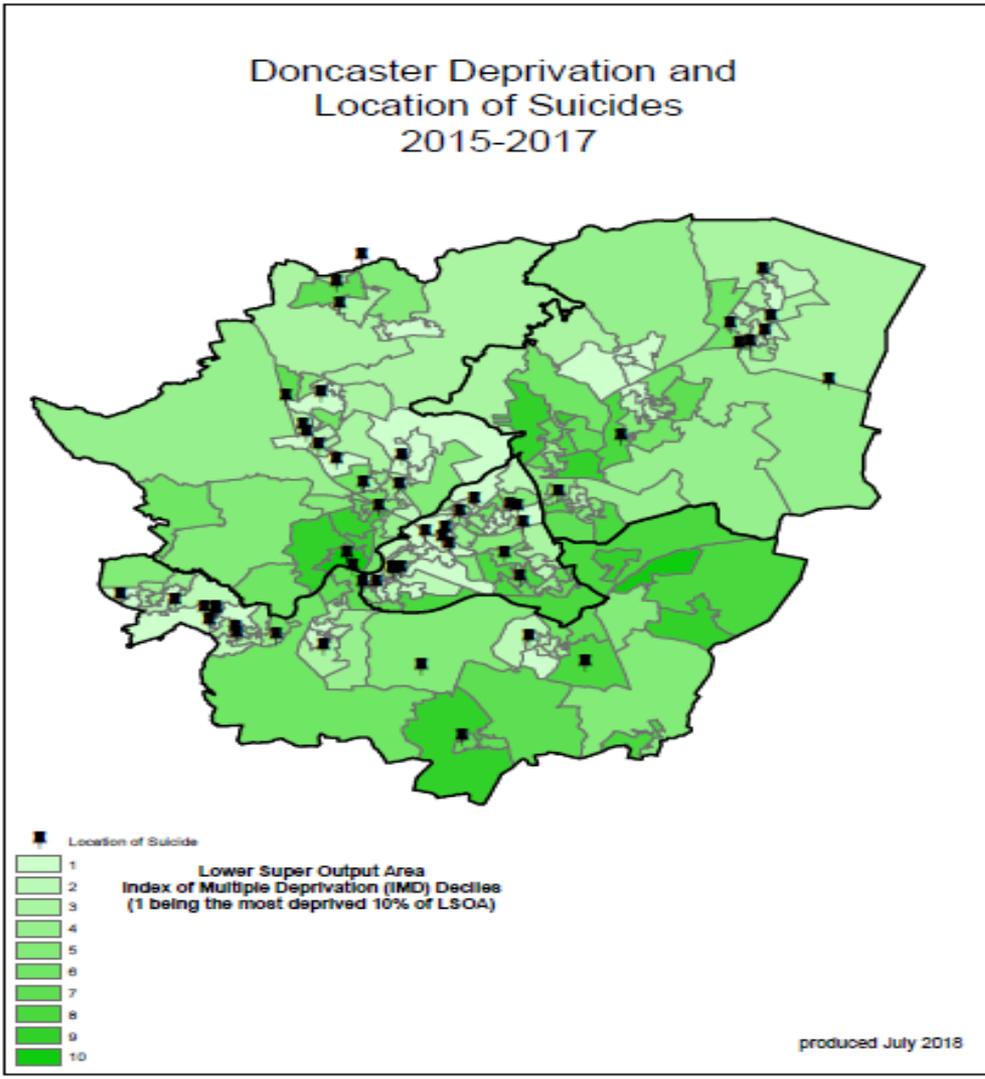


Suicide Audit 2015-17

61 suicides were case file audited
from Coroner's records for this
period



Location of suicides



Preliminary audit findings

- A thematic review of findings is to be undertaken in conjunction with the Strategy and Performance Unit
- Initial findings indicate that 30% (18n) of the individuals had some type of bereavement they were unable to recover from
- 84% were males
- 27% were aged between 51-60 years old
- 100% were White British



Delivery of the local Suicide Prevention Plan

An overview of progress on
delivering Doncaster's Suicide
Prevention Plan



Doncaster Suicide Prevention Local action Plan

2017-2020



Some highlights of plan delivery

- Papyrus prevention of young suicide training: 211 schools/colleges safeguarding leads trained, with a highly positive training evaluation
- Safetalk training: 96 professionals trained, from diverse professional groups, also evaluated well
- May 2018 men's football tournament: 7 teams and 42 players from different occupational groups participated
- Community crisis support contract awarded April 2018, delivered by MIND in conjunction with Changing Lives, developing peer led support group for those bereaved by suicide
- A well attended multi agency Suicide Prevention Group meets quarterly



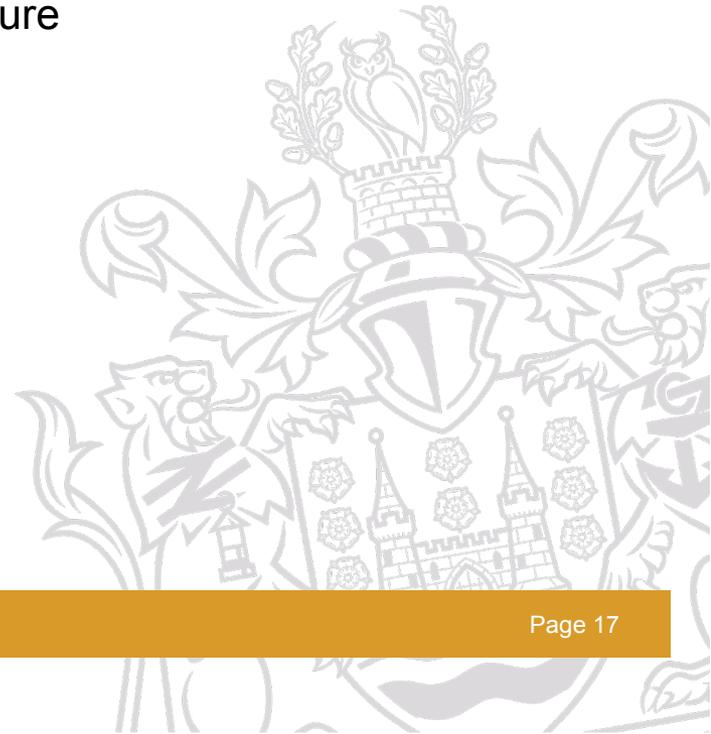
Veterans support

- Veterans specific support:
- Armed forces steering group
- Veterans action plan covers mental health themes
- Royal British Legion undertakes specific mental health work
- Dedicated veteran specific drop in
- Veteran specific breakfast clubs
- Communities teams trained in military human awareness
- Doncaster Hospital: nationally recognised veteran friendly accreditation



Peer assessment of local suicide prevention plan

- Bradford and Doncaster peer assessed each other's plans, using criteria developed by the Association of Directors of Public Health
- Identified areas for development in Doncaster are:
 - a formal joint information sharing protocol with the Coroner's Office
 - further development of 'postvention' services
 - development of relationship with local media to ensure sensitive and appropriate coverage



South Yorkshire and Bassetlaw Integrated Care System work

- NHS England has made available £500K for the SYB ICS area, with approximately £84K of this specifically for Doncaster in 2018/19
- Further funding will be made available for 2019/20
- The next slide outlines a plan of how we will spend the 2018/19 monies



Doncaster - Suicide Prevention Plan

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

To reduce suicide by 10% across SYB by 2020/21

(1) Reducing suicide and self-harm in mental health services

1. Reduce the risk of suicide and self harm following discharge from mental health services
2. Graduated response to suicide prevention
3. Specialist training for all crisis and liaison staff

- Implement follow up in 48 hours with patients with a history of suicide attempts/self harm
- Establish a graduated response to training within RDASH care group
- Implementation of Storm training for access/crisis/liason staff

(2) Reducing self-harm in community and acute services

1. Need to improve awareness confidence and skills of a diverse range of front line staff
2. LGBTQ young people disproportionately affected by self harm

- Training a range of professional groups
- LGBTQ awareness training for schools/YP professionals

(3) Suicide prevention in men and/or work with primary care

1. Lack of awareness, confidence and skills in primary care
2. Need for locally targeted campaign materials and local film highlighting issues for men
3. Male prisoners at risk of suicide

- Primary care training
- Local men's campaign materials/film
- Augment Prisons training

- Any Questions?



(Draft) PHE Suicide prevention profile for South Yorkshire and Bassetlaw Integrated Care System (ICS)

			England	Yorkshire and the Humber	SYB ICS	Sheffield	Doncaster	Rotherham	Barnsley	Bassetlaw	Nottinghamshire	Calc method
Suicide data												
Mortality rate from suicide and injury of undetermined intent	DSR per 100,000	2014-16	9.9	10.4	10.5	9.0	10.1	13.9	10.8	11.3	-	3
Suicide - females aged 10 to 34 years (five year average)	per 100,000	2011-15	2.9	2.7	-	-	-	-	-	-	-	2
Suicide - males aged 10 to 34 years (five year average)	per 100,000	2011-15	10.5	11.2	11.8	9.6	11.8	16.7	14.4	-	9.6	2
Suicide - females aged 35 to 64 years (five year average)	per 100,000	2011-15	6.0	6.1	-	-	-	-	-	-	-	2
Suicide - males aged 35 to 64 years (five year average)	per 100,000	2011-15	20.8	23.1	23.0	22.0	20.8	22.6	30.7	-	18.3	2
Suicide - females aged 65+ years (five year average)	per 100,000	2011-15	4.4	3.8	-	-	-	-	-	-	-	2
Suicide - males aged 65+ years (five year average)	per 100,000	2011-15	12.6	12.0	12.0	12.6	12.4	13.1	8.3	-	13.5	2
Years of life lost due to suicide and injury undetermined, aged 15-74 years (3 year average)	DSR per 10,000	2012-14	31.9	33.9	34.8	30.6	35.3	39.4	40.6	-	31.8	3
Related service contacts												
Attendances at A&E for a psychiatric disorder	per 100,000	2012/13	243.5	369.6	378.6	376.0	480.9	458.7	42.8	628.2	-	1
Adults with a new diagnosis of depression who had a bio-psychosocial assessment on diagnosis	%	2013/14	75.8	77.6	73.7	79.0	74.2	80.8	56.7	70.4	-	1
Emergency hospital admissions for intentional self-harm	DSR per 100,000	2016/17	185.3	194.7	184.0	132.1	237.7	159.4	255.5	207.1	-	3
Contact with specialist mental health services: population aged 18+ (end of quarter snapshot)	per 100,000	2017/18 Q2	2,335	2,143	2,046	1,480	1,938	2,693	3,026	1,674	-	1
People with SMI with a comprehensive care plan	%	2016/17	79.0	78.8	76.4	78.9	74.0	85.0	71.9	55.0	-	1
Service users with crisis plans: people in contact with mental health services (end of quarter snapshot)	%	2017/18 Q2	8.7	15.8	11.7	29.4	1.3	1.6	8.2	3.1	-	1
People entering IAPT as proportion of those estimated to have anxiety/depression (in month)	%	Sep 2017	15.8	15.6	17.6	19.3	16.3	15.0	16.2	22.5	-	4
IAPT recovery: people (in month) who have completed IAPT treatment who are "moving to recovery"	%	Sep 2017	51.1	48.7	47.7	44.6	47.4	47.7	47.1	57.7	-	1
People on Care Programme Approach (CPA): population aged 18+ (end of quarter snapshot)	per 100,000	2017/18 Q2	380.9	487.8	337.8	277.7	307.1	457.8	493.9	125.0	-	1
CPA adults in employment aged 18-69 (end of quarter snapshot)	%	2017/18 Q2	7.9	8.6	5.5	6.9	4.5	5.1	4.8	4.8	-	1
Patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care	%	2017/18 Q2	96.7	96.5	96.9	92.6	100.0	97.9	98.1	92.3	-	1
Social care mental health clients receiving services	per 100,000	2013/14	384.0	534.9	697.8	732.7	702.4	749.4	826.2	-	118.9	2
Stable and appropriate accommodation aged 18-69 (end of quarter snapshot)	%	2017/18 Q2	59.4	70.6	72.4	71.1	79.5	74.2	71.1	38.1	-	1
Successful completion of drug treatment - opiate users	%	2016	6.7	5.7	4.8	4.1	4.6	3.9	7.2	-	5.6	2
Successful completion of drug treatment - non-opiate users	%	2016	37.1	36.0	40.3	33.8	50.7	36.9	54.8	-	33.6	2
Successful completion of alcohol treatment	%	2016	38.7	35.9	42.7	30.8	54.8	47.0	53.7	-	36.1	2
Adults in treatment at specialist drug misuse services	per 1,000	2014/15	4.8	6.1	6.3	6.0	7.1	6.5	6.9	-	4.4	2
Adults in treatment at specialist alcohol misuse services	per 1,000	2014/15	2.1	2.6	2.4	2.1	1.9	2.8	3.1	-	2.2	2

Significance to England Better Similar Worse Lower Similar Higher - No value

Source: PHE Suicide prevention profiles 2018 (<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>)

PHE Suicide prevention profile for South Yorkshire and Bassetlaw Integrated Care System (ICS)

			England	Yorkshire and the Humber	SYB ICS	Sheffield	Doncaster	Rotherham	Barnsley	Bassetlaw	Nottinghamshire	Calc method
Related risk factors												
Estimated prevalence of common mental health disorders: proportion of population aged 16-74	%	2014/15	15.6	15.9	15.4	16.1	15.5	15.5	15.3	11.9	-	1
People with severe mental illness on GP practice registers (all ages)	%	2016/17	0.92	0.86	0.85	0.92	0.80	0.90	0.76	0.69	-	1
Depression recorded prevalence (QOF): proportion of practice register aged 18+	%	2016/17	9.1	9.4	10.2	9.5	9.0	12.4	10.8	10.9	-	1
Self-reported well-being: people with a low life satisfaction score	%	2016/17	4.5	5.1	5.3	5.2	4.2	7.2	5.6	-	4.0	2
Self-reported well-being: people with a low worthwhile score	%	2016/17	3.6	4.2	4.9	4.5	-	5.8	5.3	-	3.4	2
Self-reported well-being: people with a low happiness score	%	2016/17	8.5	9.5	10.1	11.4	9.8	8.3	9.9	-	9.4	2
Self-reported well-being: people with a high anxiety score	%	2016/17	19.9	21.2	22.5	23.8	21.8	22.8	20.9	-	21.0	2
Looked after children (under 18 population)	per 10,000	2015/16	60.3	63.2	59.4	45.8	74.3	76.3	56.4	-	50.8	2
Children leaving care <18 population	per 10,000	2015/16	27.2	25.6	26.5	23.3	26.8	33.7	27.2	-	23.0	2
Children in the youth justice system aged 10 to 18	per 1,000	2015/16	5.6	6.0	6.6	5.4	8.3	6.6	8.3	-	4.1	2
Marital breakup	%	2011	11.6	11.9	11.7	10.2	13.1	11.9	12.9	12.6	-	2
Domestic abuse (16+ yrs)	per 1,000	2014/15	20.4	23.1	29.3	30.0	30.0	30.0	30.0	-	20.7	2
People whose day-to-day activities are limited by their health or disability	%	2011	17.6	18.9	21.0	18.8	21.7	22.0	23.9	21.8	-	1
Long-term unemployment: proportion of working age population	%	Aug 2016	0.37	0.52	0.64	0.74	0.63	0.63	0.54	-	0.36	2
Statutory homelessness	per 1,000	2015/16	2.52	1.49	1.12	1.78	1.08	0.56	0.13	1.33	-	2
Estimated prevalence of opiates and/or crack cocaine use aged 15 to 64	per 1,000	2014/15	8.6	10.6	10.7	9.8	12.0	11.6	12.1	-	7.7	2
Adult social care users who have as much social contact as they would like	%	2016/17	45.4	45.6	42.3	38.3	43.0	45.4	45.0	-	44.0	2
Adult carers who have as much social contact as they would like	%	2016/17	35.5	38.7	34.7	28.9	43.4	37.3	33.5	-	28.0	2
People living alone: proportion of all usual residents in households occupied by a single person	%	2011	12.8	13.1	12.8	13.6	12.1	12.1	13.0	-	12.2	2
Older people living alone: proportion of households occupied by a single person aged 65 and over	%	2011	5.2	5.4	5.5	5.4	5.4	5.6	5.7	-	5.5	2
Alcohol-related hospital admission (broad)	DSR per 100,000	2014/15	1,258	1,327	1,313	1,195	1,394	1,330	1,519	1,216	-	3

Significance to England Better Similar Worse Lower Similar Higher - No value

Source: PHE Suicide prevention profiles 2018 (<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>)

Integrated Care Service (ICS) values

1: ICS values are available from fingertips.

2: ICS values have been estimated from the population weighted averages of the counts and denominators of the component local authorities.

3: ICS values have been estimated from the population weighted averages of the rates of the component local authorities.

4: ICS values have been calculated from the component clinical commissioning group (CCG) values.

For some indicators the Bassetlaw value is not available so we have included the Nottinghamshire values for information in a separate column.



Doncaster Council

29th November, 2018

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

All Age Carers' Charter

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachel Blake Councillor Nuala Fennelly	All	Yes

EXECUTIVE SUMMARY

1. This report follows approval granted to develop Doncaster All Age Carers' Charter to enable Team Doncaster to publicly show and reaffirm their commitment to carers.
2. Who is a carer? A carer helps another person who could not manage without them. It is not a paid job or a volunteering role but something that you do because you care about the health and wellbeing of the person you support. A carer is usually a relative, friend or neighbour and they can be any age. Carers are the largest source of care and support nationally, without carers Health and Social Care Systems would be overwhelmed due to demand for services that could not be met.
3. In Doncaster there are around 33,000 carers of all ages making a vital contribution to individuals and families within our communities across the Borough (Appendix 1). Nationally carers provide £132 billion of health and social care support annually, equating to the cost of NHS budget for the same period. It is estimated there are 732 young people aged up to 24 years offering care and support in Doncaster (Appendix 1). Young carers will not be automatically expected to provide care if they choose not to do so, if they do they will be supported appropriately to prevent any negative impact on their life chances.

4. In 2015-16 Doncaster Council, in partnership, created a vision “carers of all ages” as Doncaster recognised the vital contribution they make, and wanted to ensure that carers have a strong voice that influences improvement, are respected as partners in care and are able to tap into support they need, when they need it and in a way they choose.
5. On the 20th September 2017, The Health and Adult Social Care Overview and Scrutiny Panel resolved that the current work on the Carers Strategy be noted and support be given, to increasing the focus and challenge to partnerships to effectively progress this work for Doncaster. In addition, Doncaster’s Place Plan 2016-2021 principles states that; Doncaster Commissioners, providers, patients, carers and partners will contribute to shaping the future of Doncaster Services together alongside Doncaster’s Carers’ Strategy 2015-2020.
6. The Charter has been developed using information gathered from carers through consultation held on Carers’ Rights Day last November and throughout the duration of that week. The initial and continued consultation was facilitated by the members of the Carers’ Strategic Oversight Group through their respective carer groups. Wider consultation was facilitated by sessions with adult carers and young carers to co-design how the Charter should look and feel (Appendix 2).
7. The Young Carers’ Council were consulted at regular intervals to gain their views over a period of time. During group activities they initially worked around theme areas using an appropriate approach for young carers. There were four key headings; Information and Support, Health and Inclusion, Social Opportunities, Me Time and Planning and Support for your Own Future. This followed with an activity using the drawn outline of a person called ‘Gary’ for the purpose of the session that represented a young carer. The young carers then identified the negative impact of their caring role by writing directly onto various parts of ‘Gary’s’ body. During Carers’ Week young carers also created a collage to depict what a young carer looks like, emphasising through this exercise that they look like any other young person.
8. Similarly, adult carers in Doncaster were consulted during Carers’ Rights Day 2017, and throughout that week, with further engagement taking place throughout Carers’ Week. This culminated with an adult carers’ co-design event, where carers who had completed and returned the Survey of Adult Carers England were invited. Accessing this particular cohort of carers provided an opportunity to engage with an untapped carer cohort as well as meeting carers who kindly responded to the survey.
9. All those carers who wished to have further involvement were contacted, and those who responded were invited to co-design the Carers’ Charter. The approach was based on information gathered from carers of all ages from previous engagements. Carers came up with an eye catching design, purposely using icons and photos rather than the overuse of words. This approach brought about challenges for the carers involved, as having a one page design that appealed to carers of all ages proved difficult. The Carers’ Strategic Oversight Group, which includes Children and Adults Portfolio Holders Councillors Nuala

Fennelly and Rachael Blake have been regularly updated on all aspects of the development.

10. The collaboration with young and adult carers work resulted in two versions of the Charter being designed through the Council's Communications team, using the underpinning concepts gathered from young and adult carers. The colour scheme was chosen to link in with the Your Life Doncaster branding. The two versions were described as Option 1 and Option 2, for the purpose of simplifying feedback. These were sent out to members of the Carers' Strategic Oversight Group which represents carers of all ages, to ascertain which version was preferred within their respective organisations, groups or forums.
11. The carers who were involved and those seeing the Charter for the first time were contacted to showcase the designs and to request their feedback on their preferred option. The favoured option, based on feedback, is option 2 which has a more traditional Charter look and feel. The purpose of the chosen option is to reinforce the commitment to carers across all ages, using this as a vehicle to promote the content to our workforce and that of the partnership across Doncaster to further embed the carer offer. This will include the Young Carers' Council, to enable them to also reiterate this with young carers. The Carers' Charter precedes a campaign to help identify carers, using the same design concept to encourage people to recognise themselves as carers and where they can seek support.
12. The launch of the All Age Carers' Charter took place on the 16th October 2018; the same day it was agreed at Cabinet. There is a corporate communication plan in place to support the accessibility, promotion and the carer's commitment which underpins the Charter. The Charter will also be promoted significantly on Carers' Rights Day; this year's theme is Caring for Your Future, which is scheduled for the 30th November 2018.
13. Adherence to the general duty placed on Public Authorities contained in the Equality Act 2010 will be applied throughout, and Equality Diversity Inclusion will be a key principle within the Carers' Charter.

EXEMPT REPORT

14. There are no areas of exemption applicable to this report.

RECOMMENDATIONS

15. That the Scrutiny panel give consideration to and endorse The All Age Carers' Charter and commitment.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

16. The Carers' Charter will show the commitment to carers across Doncaster. The subsequent campaign will increase carer awareness, resulting in an expected increase in numbers of carers self-identifying, and through a carer workforce. Supporting the wider workforce and communities to help combat the identification

challenge many authorities face. The Carers' Charter will reinforce Doncaster's carer commitment. Where carers are identified, there are opportunities to strengthen the carer offer upstream within their communities, which are asset based, aiding to prevent, reduce or delay care and support. This will reduce the impact of caring roles, leading to increased sustainability, reducing potential carer crisis and enabling carers to have opportunities to succeed in their learning and personal development. This will also provide a platform to celebrate carers in Doncaster, helping to reduce stigma and isolation which can be linked to caring roles. The Charter, through its profile and partnership commitment, will bolster the further fusion of carer support across the Borough.

BACKGROUND

17. In Doncaster there are 33,000 carers (all ages) as reported in Doncaster's Carers Strategy (census 2011), in reality we know of approximately 4,000. Following on from the partnership commitment in 2015 to the Carers' Strategy, developments are still necessary to ensure appropriate support is available to carers throughout systems and communities. To this end, the proposal will reaffirm our commitment to carers. This is key to those who are caring and our wider community, as one in three people will become carers if they are not already. The Charter will provide a vehicle to demonstrate carers are a priority and we are driving continual opportunities and improvements through partnership across the borough (Appendix 1).
18. Nationally the Government sets out what is expected in relation to carers through; Recognised Valued and Supported, The Children Act (2004), The Children and Families Act (2014), The Care Act (2014), The NHS Five Year Forward View 2015- 2020 and The Equality Act 2010.

OPTIONS CONSIDERED

19. Option 1 – To agree the co-produced All Age Carers' Charter and endorse this and the commitment underpinning it – this will reaffirm Team Doncaster's public commitment and approach to the Doncaster's Carers Strategy (Caring for the Future 2015-2020). The expectation is that the co-produced Carers' Charter will be a vehicle, followed with a campaign to reach carers in terms self-identification to collectively deliver the right support at the right time. This will help reduce stigma pertaining to "caring" roles and raise carer awareness.
20. Option 2- Do nothing. Good progress has been made over the last 18 months on delivery of the Carers' Strategy; however commitment through partnership and within communities has been varied. Carers and carer support remains largely hidden and as a result can be difficult to engage with in order to identify and drive more meaningful support developments. To do nothing, would mean we continue to work with the usual partners and community members, therefore missing a huge opportunity to widen involvement and potential to bring about improvements for carers.

REASONS FOR RECOMMENDED OPTION 1

21. The All Age Carers' Charter will reaffirm Team Doncaster's public commitment to carers. The Charter's ethos becoming embedded in approach, practice and delivery has already begun through its journey thus far. This will continue to grow by the Charter traveling through and being presented to members of the respective boards as part of this process, and as such be highlighted in their corresponding areas.
22. The Charter has been embraced by the Carers' Strategic Oversight Group, which hosts a wide ranging partnership who will help drive it. The Charter itself has a supporting communication plan to maximise the message to all stakeholders across Doncaster. Included in this is a carer campaign to follow the Charter. Working together in partnership using an all age approach provides the best support for all carers.
23. Through this commitment, the carers' action plan and the respective work streams will continually drive this forward, helping to also measure effectiveness. The Charter and commitment underpinning it is vital to assisting carers to get the support they need at the right time to lead and live their lives.
24. Further understanding of Doncaster's carer profile will be available and greater intelligence will be available as a result, backed up by evidence and interventions through the partnership. This enriched data and intelligence will support future service development whilst helping to shape and build more resilient communities.
25. The Carers' Charter will support Team Doncaster to realise their ambition in improving the lives of our local residents. The Charter is also in the spirit of Doncaster Growing Together, specifically within the Doncaster caring element supporting our most vulnerable residents, whether children, adults, disabled people, families or older people.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

26.

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>This commitment will raise awareness and improve opportunities for carers therefore reducing the amount of individuals and families facing the financial, health and social disadvantages of being outside the labour market. This also has the potential to help employers realise benefits to their organisation/s including retention of skills and experience, increased employee resilience in terms of health, productivity and engagement, and</p>

	better results through improved performance. The local economy benefits from improved or sustained output at lower cost and a reduced benefits bill.
<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 	Carers' networks and links in the community are vital. Carers and the cared for in regards to the right support at the right time to enable healthy, active and independent lives that are part of the community. This will aid sustainability and helps build carer and community resilience.
<p>Doncaster Learning: our vision is for learning that prepares all children, young people and adults for a life which 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 	The Carers' Charter and other community levers will secure wider identification opportunities to find young carers to reduce the impact of caring roles, to help improve educational opportunities for those who are not achieving their educational potential due to their caring role, and improve overall life chances and opportunities.
<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 	Families receive help at the right time through a joined up approach and service delivery. Through initiatives such Carers' Charter and Stronger Families delivery, this creates opportunities for families to receive help at the right time by joining up services. This provides a significant area of opportunity to become a flagship authority for innovation in identification and support of carers, whether young, working age or older. The reportable outcomes could be

	<p>improved in relation to children who have not been attending school on a regular basis due to the impact of their caring role. And adults being out of work or at risk of financial exclusion, or young people at risk of worklessness, if due to caring responsibilities.</p> <p>This Charter will seek to stimulate creative ways to ensure people have choice and control over their lives in their caring role, to enable sustainability ensuring people are able to live well in their own homes and communities for as long as possible.</p> <p>The Charter will raise awareness of underrepresented carer cohorts such as carers of people with mental health conditions, those with substance misuse issues and LGBT groups.</p>
<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>The ethos of the Carers' Charter will result in the workforce internally and externally across Doncaster becoming more efficient in its understanding, interface and intervention with carers. This will bring further accessibility and effective use of resources including fusion of community assets within the carer offer to maximise impact.</p>

RISKS AND ASSUMPTIONS

27. If no agreement is secured we would continue to work with existing partners, potentially slowing progress and traction, resulting in missed opportunities to bring about improvements for carers. Not going ahead with this proposal could result in Doncaster's Carer Commitment being unclear impacting on the Carers' Offer and its reach, therefore impacting on legislative compliance.

Carers could remain hidden, impacting on early intervention to improve or maintain their health and wellbeing. Therefore there is a likelihood of caring roles becoming unsustainable, increasing need for statutory services.

Not producing the Charter could impact on our wider transformational journey.

LEGAL IMPLICATIONS [OFFICER INITIALS SRF DATE 6/9/18]

28. There are no specific legal implications arising out of this report.

FINANCIAL IMPLICATIONS [Officer Initials Date 10/09/18]

29. There is a budget of £20,000 for 18/19 identified for carer's publications and materials. Any costs incurred in developing and publicising the Carers Charter should be met from this.

30. It is likely that a successful All Age Carers Charter that further promotes the Carers strategy will result in increased Carer-related support costs to the Council. Although the work carers do reduces the burden and cost to council-provided services this is likely to see a corresponding increase in carer-related costs and these will need to be identified and funded.

HUMAN RESOURCES IMPLICATIONS [Officer Initials BT Date 06/09/18]

31. There are no obvious HR implications within this Overview and Scrutiny report albeit endorsing the principles of this Charter will underpin the 'in house' Doncaster Caring Vision within the provision through the current DMBC staffing for our vulnerable adults across the borough

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 23/8/18]

32. There are no anticipated technology requirements. Any requirements for new, enhanced or replacement technology to support the implementation of the All Age Carers' Charter would need to be considered by the Technology Governance Board (TGB).

HEALTH IMPLICATIONS [Officer Initials LR Date 24.8.18]

33. The health benefits for all ages are clearly referenced within this report and there is **CLEAR** evidence that consultation has taken place with all ages through the life course, taking account of differing geographical areas and communities of interest. In particular the needs of young carers have been recognised and wider impacts on education and the workforce have been considered. The positive and negative implications are reinforced throughout the report and the wider health and wellbeing of the population is considered in respect of the impact on workplace, health and social care services, communities and the whole family as well as the needs of carers themselves. The Carers Charter is vital in the steps to ensure health inequalities are addressed and the impact on health and social care costs is well documented.

EQUALITY IMPLICATIONS [Officer Initials AW Date 20 08 18]

34. The Charter has the potential to support compliance with The Equality Act 2010 in **PROTECTING** carers against direct or indirect discrimination or harassment due to caring responsibilities. This also protects employees as the act states carers must not be treated less favourably than someone else because they are caring for an elderly or disabled person. This brings the opportunity for consistent approach to raise standards in supporting working carers as 1 in 9 employees are juggling caring with employment. Internal measures and monitoring is required to ensure Equality Act 2010 compliance is being met across the workforce through training and awareness raising generally, but particularly for those with managerial responsibilities.

CONSULTATION

35. Carers' Charter consultations found; young carers identified having more time for "me" to improve inclusion and being able to meaningfully engage with education and therefore being able to plan for their own future as their priorities. Adult carers consulted defined 'having control over my life' as their top priority. There are a number of shared ambitions captured across carers of all ages which are; good wellbeing for themselves, being valued, and their carer voice is heard and they are respected for the role they hold. Adult and young carers in Doncaster were consulted with, commencing from Carers' Rights Day 2017 through to co-design. The remit was based on information gathered from carers of all ages throughout timeline activities. Carers co-designed the Charter and came up with an eye catching design, purposely using icons and photos rather than overuse of words. The remit offered challenges for the carers involved in terms of the Charter being a Charter for all ages on one page design requiring a wide appeal.

BACKGROUND PAPERS

<https://carers.org/article/children-and-families-act-2014-england>

<https://carers.org/article/children-and-families-act-2014-england>

<http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted>

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/care-and-support-reform/implementation/general-duties/preventing-reducing-delaying-needs>

<http://www.equalityadvisoryservice.com/ci/fattach/get/585/1354033248/redirect/1/file name/carers.pdf>

<https://www.carersuk.org/for-professionals/employers-for-carers>

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Appendix 1

In Doncaster, there are 33,000 people who have self-identified as carers in the 2011 census. We know that there are likely to be thousands more adult carers out there, as often people do not see themselves in this role. Additionally, Young Carers cannot identify through this process as it is specifically for adults. Therefore it is crucial that we continue to identify and support carers to care well, maintain their own health, balance education / work and care, as well as have a life of their own outside of their caring role.

Doncaster's All Age Carers Strategy illustrates further the profiles of carers in Doncaster.



The Cross Governmental – All Age Carers Action Plan was launched July 2018, containing;

- 64 points
- Over 5 areas

The plan sets out the cross-governmental programme of work to support carers over the next 2 years. It has been noted that locally the progress of this plan will be checked upon every 6 months however, we await the shape and detail of this.

The 5 themes in the action plan are;

- 1. Services and systems that work for carers**
- 2. Employment and financial wellbeing**
- 3. Supporting young carers**
- 4. Recognising and supporting carers in the wider community and society**
- 5. Building research and evidence to improve outcomes for carers**

The plan draws on responses from the consultation of over 6,000 carers through the 'Call for Evidence Survey 2016'.

<https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>

Key messages

Due to the commitment and focus within Doncaster across our Communities, we have already made some great progress across the 5 theme areas and have identified those elements that need further development;

- A 'Supporting Working Carers' e-learning package is now available within the Councils Learning Zone, which is also accessible to partners. This training will be included in the Council's staff induction programme and built into a rolling mandatory training programme for Managers. This intervention will support culture change internally, giving greater recognition, value and support to working carers
- The carers information booklet, "Supporting Working Carers" is in place and there will be opportunities for this to be promoted immediately after the relaunch, using carers week, carers rights day and young carers day and diversity events as platforms. A refresh of Human Resources project ledger will also promote the Health and Wellbeing of employees.

- Carers will be referred to specifically as carers within key policy guidance e.g. Employee Leave Arrangements Section, Special Leave rather than the current use of bereavement and other leave.
- A new HR system is being installed with a potential function to help identify carers on joining the authority or at any point in time when they become carers whilst employed by the authority.
- Further internal Human Resource developments include carer conversations being part of PDR's and supervision templates. Human Resource to also take a fresh look at recruitment in order to appeal to carers and previous carers.
- Carers engagement across all ages to enable the carer voice to be heard, examples include:
 - Co-design of the All Age Carer Charter (young and adult carers)
 - Carers are an inclusive part of tender evaluations for the first time in Doncaster
- Young carer provision has been reviewed and is being relaunched. The co-designed All Age Carers Charter and the subsequent carer campaign will be used to promote this service. The team are actively raising awareness across the borough which will assist in identifying and supporting young carers at the earliest opportunity.
- The linkage across Adults Health & Wellbeing provision is strengthening and moving towards the adoption of a whole family approach. Communities' staff are becoming skilled in the identification of young carers in their roles and are now using safety talks in schools to help get the young carer message out there and the support that can be accessed.
- A pathway to aid transition of young carers to adult services between adult commissioned service and young carer's service is under development.
- Transformation is underway in terms of using carer commissioned services and communities to offer a more varied proportionate carer offer based on a Community Led Support and Early Intervention and Prevention model. Further transformation is being scoped to bring innovation within the statutory offer to enable a system change that is embedded in the wider transformation.

- Communities' team are positively engaging across Doncaster with carers and cared for, to expand community opportunity for self-help and lower level help, including activities, networks and peer support groups. These also includes expansion of recognising Carers through Anti-Social Behaviour, Stronger Families, Community Resilience and Wellbeing theme work to increases identification and understand better how to help and improve Carers outcomes.

Financial investment for carers

The current investment for carers in 2018/19 is broken down as follows:

- 90K- adult carer service
 - 20K- carers emergency card (until March 2019)
 - 50K- young carers service
- = 160K (reducing to 140K in March 2019)

Doncaster Carers Charter

Appendix 2



A **CARER** is someone of any age who supports a relative, partner, friend or neighbour who due to physical or mental illness, disability, frailty or addiction could not manage without that support. Doncaster Council and all of our partners are committed to providing help and support for carers in their daily life by recognising what's important, including:



Helping you **to be healthy**



Providing opportunities **to have friends** and be part of social activities in the community and beyond



Supporting **time for you** away from caring



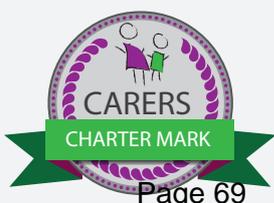
Promoting **choices** so you can tap into the right support at the right time in the way that you choose



Valuing your caring role, ensuring you are recognised and heard



Encouraging **opportunities to learn or work**



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you care – we care
www.yourlifedoncaster.co.uk



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Doncaster Council

Date: 29 November 2018

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

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

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

EXECUTIVE SUMMARY

1. This report:-
 - Compares Doncaster's Care Quality Commission (CQC) ratings published on the 12th September 2018, for regulated services against the national and regional picture of performance.
 - Outlines current contract monitoring activity to support providers with less than an adequate CQC rating.

EXEMPT REPORT

2. None.

RECOMMENDATIONS

3. To note the content of the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The CQC ratings for Adult Social Care (ASC) provision within the Doncaster Borough, demonstrate a largely positive picture of regulated services with the majority of services assessed as good quality.

BACKGROUND

5. The findings within this report derive from the performance information provided directly by the CQC, extracted from their database and relate to published CQC ratings for Adult Social Care services, on 12th September

www.doncaster.gov.uk

2018.

The content and organisation of the data is determined by the CQC. Consequently the national comparative data does not differentiate between types of care provision. However, we have worked with the CQC and adapted the format of the data to provide greater intelligence. So that the Yorkshire and Humberside comparative data and South Yorkshire sub-data, differentiate performance between residential, nursing and community based services. This is clearly set out in the table descriptions below.

COMPARATIVE DATA

6. Table 1 - The number, percentage and outcome of all active Adult Social Care Services by CQC Region.

A comparative has been included in all tables to compare the data against the previous quarters report. The key is:



Shows both increase/decrease and improvement



Shows both decrease/increase and deterioration



Shows results remain the same

Number of Active Rated Locations, by Latest Overall Rating						
Location Region	Outstanding	Good	Requires improvement	Inadequate	No published rating	Total Active Locations
East Midlands	63 2.6%	1,653 67.6%	323 13.2%	29 1.2%	378 15.5%	2,426 100.0%
East of England	57 2.0%	2,056 71.5%	315 10.9%	48 1.7%	401 13.9%	2,875 100%
London	46 1.5%	1,989 66.0%	389 12.9%	24 0.8%	564 18.7%	2,951 100%
North East	38 3.4%	811 72.6%	177 15.8%	13 1.2%	78 7.0%	1,124 100%
North West	58 1.9%	2,078 68.9%	474 15.7%	58 1.9%	350 11.6%	3,039 100%
South East	154 3.3%	3,275 70.6%	639 13.8%	40 0.9%	530 11.4%	4,614 100%
South West	130 4.3%	2,257 74.0%	396 13.0%	27 0.9%	241 7.9%	3,088 100%
West Midlands	41 1.4%	1,974 67.4%	453 15.5%	28 1.0%	431 14.7%	2,905 100%
Yorkshire and The Humber	39 1.7%	1,558 66.5%	432 18.4%	39 1.7%	276 11.8%	2,360 100%
Increase/decrease to Y&H on previous report						
Total	626 2.5%	17,651 69.4%	3,598 14.1%	306 1.2%	3,249 12.8%	25,430 100.0%
Increase/decrease to previous report						

The information provided (as set out in the table above) demonstrates that Yorkshire & the Humber has the highest percentage of providers requiring

improvement. However, when compared against the previous report the % of providers requiring improvement has in fact decreased by 0.6%. Providers rated as good has increased by 1.3% whilst the number of Providers rated as inadequate has decreased.

There has been an increase in the number of active locations nationally with improvements being evident in all of the various ratings.

7. **Table 2 - The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities.**

Number of Active Rated Locations, by Latest Overall Rating						
Location (District Level)	Outstanding	Good	Requires improvement	Inadequate	No published rating	Total Active Locations
Barnsley	2 2.0%	52 51.5%	29 28.7%	3 3.0%	15 14.9%	101 100.0%
Doncaster	1 0.8%	93 71.0%	17 13.0%	3 2.3%	17 13.0%	131 100.0%
Increase/decrease to Doncaster previous report						
Rotherham	3 2.4%	87 69.6%	19 15.2%	4 3.2%	12 9.6%	125 100.0%
Sheffield	1 0.5%	143 65.3%	38 17.4%	4 1.8%	33 15.1%	219 100.0%
Total	7 1.2%	375 65.1%	103 17.9%	14 2.4%	77 13.4%	576 100.0%
Increase/decrease to previous report						

The table shows that overall:-

- There has been an increase in Providers rated as outstanding and good.
- Providers rated as requiring improvement across South Yorkshire regions has fallen compared to the last published CQC report.
- There has been an increase in providers rated as inadequate (with the exception of Sheffield).
- Doncaster continues to have the lowest percentage of providers rated as “requires improvement”
- Doncaster has the highest percentage of Providers rated as “Good” by CQC.
- Three Providers in Doncaster have been rated as inadequate, all of which are care homes.

8. **Table 3 - The number, percentage and outcome of Community Adult Social Care Services by South Yorkshire Authorities.**

Number of Active Rated Locations, by Latest Overall Rating						
Location (District Level)	Outstanding	Good	Requires improvement	Inadequate	No published rating	Total Active Locations
Barnsley	0 0.0%	14 46.7%	8 26.7%	1 3.3%	7 23.3%	30 100.0%
Doncaster	0 0.0%	29 66.0%	6 12.8%	0 0.0%	10 21.3%	45 100.0%
Doncaster contracted providers	0 0.0%	25 86.2%	1 3.4%	0 0.0%	3 10.3%	29 100.0%
Increase/decrease to Doncaster previous report						
Rotherham	2 5.0%	22 55.0%	5 12.5%	1 2.5%	10 25.0%	40 100.0%
Sheffield	0 0.0%	55 55.0%	15 15.0%	1 1.0%	29 29.0%	100 100.0%
Total	2 0.9%	120 55.8%	34 15.8%	3 1.4%	56 26.0%	215 100.0%
Increase/decrease to previous report						

The information provided for Community Services includes domiciliary care, supported living and extra care services.

There has been some positive increases and decreases across South Yorkshire Community services, with an increase in Providers rated as outstanding and good.

The table shows that Doncaster has the highest percentage rated as good which is a 13.3% increase from the previous report.

9. **Table 4 - The number, percentage and outcome of Residential & Nursing Care Homes in Adult Social Care Services by South Yorkshire Authorities.**

Number of Active Rated Locations, by Latest Overall Rating							
Location (District Level)	Type of home	Outstanding	Good	Requires improvement	Inadequate	No published rating	Total Active Locations
Barnsley	Nursing	1	8	7	1	1	18
		5.6%	44.4%	38.9%	5.6%	5.6%	100.0%
	Residential	1	30	14	1	7	53
		1.9%	56.6%	26.4%	1.9%	13.2%	100.0%
Doncaster	Nursing	0	16	5	1	3	25
		0.0%	64.0%	20.0%	4.0%	12.0%	100.0%
	Residential	1	47	6	2	2	58
		1.7%	81.0%	10.3%	3.4%	3.4%	100.0%
Rotherham	Nursing	0	14	5	2	1	22
		0.0%	63.6%	22.7%	9.1%	4.5%	100.0%
	Residential	1	51	9	1	1	63
		1.6%	81.0%	14.3%	1.6%	1.6%	100.0%
Sheffield	Nursing	1	27	16	1	2	47
		2.1%	57.4%	34.0%	2.1%	4.3%	100.0%
	Residential	0	61	7	2	2	72
		0.0%	84.7%	9.7%	2.8%	2.8%	100.0%
Total	Nursing	2	65	33	5	7	112
		1.8%	58.0%	29.5%	4.5%	6.3%	100.0%
	Residential	3	189	36	6	12	246
		1.2%	76.8%	14.6%	2.4%	4.9%	100.0%

The information provided relates to both Nursing and Residential Care Home provision.

The figures show that 81% of Doncaster's residential homes have maintained the rating of good, even though there has been a reduction of active locations. This is due to the closure of 2 care homes and the removal by CQC of 3 services wrongly categorised as care homes e.g. Fullerton House College.

Doncaster has the highest percentage of nursing homes achieving good which is an increase from the previous CQC report. There are three nursing homes that have no published ratings.

Doncaster has the lowest percentage of nursing homes that require improvement.

The number of residential homes has decreased from 11.1% to 10.3%.

Doncaster has had an increase in homes being rated as inadequate, one of those homes took the decision to become 'inactive' and since the 11th July 2017 has no residents. The other 2 homes are being closely monitored to support the improvement required by CQC.

10. Doncaster Council Current Contract Monitoring and Improvement Activity supporting providers with inadequate ratings

The Contract Monitoring Team continues to support providers to increase quality of care and support services within Doncaster. During 2018/19 the team has:

- Undertaken 43 audits
- Completed 24 follow up visits to ensure action plans are being progressed
- Completed 3 multi-agency visits where concerns and issues had been identified
- Completed unannounced visits to 14 providers – some of which required more than 1 visit

The team continues to work closely with CQC in order that the approach to all Providers is co-ordinated and jointly addresses those services that require improvement.

OPTIONS CONSIDERED

11. None applicable

REASONS FOR RECOMMENDED OPTION

12. None applicable

IMPACT ON THE COUNCIL’S KEY OUTCOMES

13.

	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>Quality social care provision promotes a strong and consistent workforce that results in a value service for the people of Doncaster.</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 	<p>Quality social care provision is a component of a thriving and resilient economy.</p>

	<ul style="list-style-type: none"> • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<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 work 	<p>Quality social care provision supports and encourages adults to learn and further expand their skills and knowledge.</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>Quality social care provision promotes safeguarding and independence.</p> <p>Quality social care provision support families to thrive.</p>
	<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>Quality social care provision is a component of a thriving and resilient economy.</p>

RISKS AND ASSUMPTIONS

14. Reduced pro-active contract monitoring and management within the Council is likely to impact ratings and outcomes.

LEGAL IMPLICATIONS [MC C 08/11/2018]

15. The Care Act 2014 places a number of obligations on the Council, to promote an individual's wellbeing and in particular section 5 obliges the Council to promote diversity and quality, in provision of services.

It is important that robust contracts are entered into prior to the provision of services being commenced and that effective contract monitoring and management is carried out.

FINANCIAL IMPLICATIONS [CE 09/11/2018]

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

HUMAN RESOURCES IMPLICATIONS [BT 05/11/2018]

17. There are no obvious HR implications associated with this particular Overview and Scrutiny report, as the Residential & Nursing Homes highlighted in these figures do not employ DMBC staff. The Contract Monitoring team, outlined in Section 10 is employed by DMBC and work as part of a team structure within a consulted Staffing Establishment, albeit this is not affected by this Report.

TECHNOLOGY IMPLICATIONS [PW 24/10/2018]

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

HEALTH IMPLICATIONS [VJ 26/10/2018]

19. Health and Social Care Service contributes to 20% of factors that can determine the health status of population. The quality of social care services in Doncaster, as per Care Quality Commission report has implication on the health of the residents in care homes. It is good to note that an overall positive findings, summarized in the report as "Doncaster Borough demonstrate a largely positive picture with Doncaster generally comparing favourably to both national and regional benchmarks". On-going monitoring and support for adult social care services considered to be "Requiring Improvement or Inadequate" is required.

EQUALITY IMPLICATIONS [TDK Date 19/09/2018]

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

CONSULTATION

21. Not applicable.

BACKGROUND PAPERS

22. CQC - 20180912 Doncaster location data Ratings and Breaches for South Yorkshire and Regions.

REPORT AUTHOR & CONTRIBUTORS

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Doncaster Council

29th November, 2018

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

OVERVIEW AND SCRUTINY WORK PLAN 2018/2019 – November 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; and
 - c. Consider the Council's Forward Plan of key decisions attached at Appendix B.

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 has 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); and
 - Considering issues of wider public concern.
6. An updated version of the work plan is regularly presented to the Overview and Scrutiny Management Committee and Panels for consideration. The Panel is asked to consider the unresolved issues in Appendix A and agree when items should be programmed or removed from the list. It should be noted that the work plan highlights those items that have been considered and those that are planned at the time this agenda is published.

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

7. The last meeting of this Committee was held on 22nd October, 2018 at Barnsley MBC where the issues below were considered. The agenda papers were circulated to all Members of the Council to ensure they were aware of discussions being undertaken regionally, and the minutes of the meeting are attached at appendix C.
 - a) The South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS)
Where Members were reminded that the majority of the work was still to be undertaken in each of the five areas and the paper circulated provided an update on the progress made in each of the priority areas, including value added and provided details of how staff, patients and public had been engaged; and
 - b) Hospital Services Review – the Committee was made aware of the Strategic Outline Case that contained a number of proposals including establishing Hosted Networks to further enable shared working, standardise care, share best practice and maximise the impact of the workforce. The proposals also included plans to build on innovation, ensuring this was adopted across organisations and across geographical boundaries. Proposals for transformation, ensuring patients are dealt with in the most appropriate setting by a flexible workforce were also included.

The need for local consideration of place based plans through Health and Wellbeing Boards and Overview and Scrutiny Committees once proposals were more developed, was noted by the Committee.

8. The next meeting of the Joint Committee has been provisionally set for 28th January, 2019.

Council's Forward Plan of Key Decisions

9. Attached at Appendix B is the Council's Forward Plan of key decisions for consideration by the Panel.

OPTIONS CONSIDERED

10. 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

11. 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 	

	<ul style="list-style-type: none"> • Building on our cultural, artistic and sporting heritage 	
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 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

12. 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 (SRF 30/10/18)

13. 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 bodies, Overview and Scrutiny Management Committee (and its panels) will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).
14. Specific legal implications and advice will be provided as required on matters brought to the panel.

FINANCIAL IMPLICATIONS (KB 1.11.18)

15. There are no specific financial implications related to the contents of this report. There may be financial implications relating to specific elements of the work plan but these will be highlighted in the relevant reports at the appropriate time.

HUMAN RESOURCES IMPLICATIONS (DLD 31.10.18))

16. There are no HR implications specific to the recommendations; however, any emerging changes that impact on the workforce would require HR engagement at the appropriate time.

TECHNOLOGY IMPLICATIONS (PW 07/11/18)

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

HEALTH IMPLICATIONS (RS 31.10.2018)

18. This report provides an overview on the work programme and as such there are no specific health implications associated with this report. Within its programme of work, Health and Adult Social Care Overview and Scrutiny will need to ensure it is able to review how the Council addresses health inequalities within its policies and programmes and ensure that these do not cause or worsen health inequalities.

EQUALITY IMPLICATIONS (CR 30.10.18)

19. 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

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

BACKGROUND PAPERS

21. None

REPORT AUTHOR & CONTRIBUTORS

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Damian Allen
Director of People
**Learning and Opportunities: Children and Young People/
Adults Health and Wellbeing Directorates**

OVERVIEW & SCRUTINY WORK PLAN 2018/19

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May		Mon 11th June, 2018 at 1pm 12noon pre meeting Rm 413 CR	Wed, 23rd May 2018, 3 pm CR		Thurs., 31st May 2018, 3:30 pm – CR
		<ul style="list-style-type: none"> Work planning – HASC O&S 	<ul style="list-style-type: none"> Work planning – CYP O&S 		<ul style="list-style-type: none"> Work planning C&E O&S
June	Wed, 6th June 2018, 10 am – CM	Tues 12th June 2018, JHOSC Representative Only CR	Tues 12th June 2018, 5:30 pm – Council Chamber CM	Wed 13th June 2018, 11am CM	
	<ul style="list-style-type: none"> Work planning – OSMC 	JHOSC - South Yorkshire, Derbyshire, Nottinghamshire and Wakefield 10.30am - Members Briefing 1.00pm – Formal Meeting	<ul style="list-style-type: none"> Children and Young People's Plan - Annual Impact Report Child Poverty Overview Youth Parliament Scrutiny Work Plan 	<ul style="list-style-type: none"> Work planning – R&H O&S 	
	Thurs, 28th June 2018, 10 am – Council Chamber CM	Monday 25th June 2018, 10am Council Chamber CR			
	<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 	<ul style="list-style-type: none"> Resources Allocations Process 			
July	Thurs, 19th July 2018, 12noon – Council Chamber CR	Mon, 2nd July 2018, 10am – Council Chamber CM	Tues, 24th July 2018, 9am – Council Chamber CR		Friday 27th July at 9.30am – Council Chamber CM
	<ul style="list-style-type: none"> State of the Borough Assessment/DGT – Data Analysis – Briefing session To follow meeting:	<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 	<ul style="list-style-type: none"> Doncaster Children's Trust (split screen) Children's Trust and DMBC Update on Learning Provision Organisation 		<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

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Appendix A

** 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"> Community Engagement 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 	Board and Learning Provision Strategy – Overview and on relationships with Academies and LA Schools <ul style="list-style-type: none"> Scrutiny Work Plan 		
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 (CM)	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 – Overview, Strategy and Delivery Plan (CCG) 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 (CR)	Monday 22nd October – Full Day – Barnsley MBC (CM)		15th October 2018, 1pm – Council Chamber (CM)	Tues 23rd Oct 2018 – 10am – 3.30pm, Council Chamber (CR)
	<ul style="list-style-type: none"> Gambling Policy Scrutiny Work Plan 	Regional Joint Health Overview and Scrutiny Committee – <ul style="list-style-type: none"> Hospital Services Review Integrated Care System 		<ul style="list-style-type: none"> Doncaster Inclusive Growth Plan Wool Market – Update Scrutiny Work Plan 	<ul style="list-style-type: none"> Flood Review- improvements since 2007 Floods – Evidence gathering from partners.

Appendix A

** 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	Friday, 2nd Nov 2018, 10am – Council Chamber (CR)	Thurs, 29th Nov 2018, 10am – Council Chamber (CM)			Wed 28th Nov 2018 - 12:30pm to approx. 2:00pm, 007A
	<ul style="list-style-type: none"> Community Safety Strategy Brexit Scrutiny Work Plan 	<ul style="list-style-type: none"> Carers Charter Mental Health theme – Prevention (DMBC) Suicide Prevention – (Public Health) Update on Inspection and Regulation Scrutiny Work Plan 			<ul style="list-style-type: none"> Social Isolation & Loneliness
Dec	Thurs, 6th Dec 2018, 10am – Council Chamber (AS)		Tues 4th December, 4pm – Cooking session with Children in Care (CR)	17th December (TBC – emerging local plan dependent)	
			<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 DMBC SLHD Complaints and Compliments Annual Report Scrutiny Work Plan 		
Jan	Mon, 21st Jan 2019, 10am – Council Chamber (CM)	Mon 28th Jan 2019, 1pm Doncaster – TBC			

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Appendix A

** 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"> DCST Financial Overview Report 	Joint Health Overview and Scrutiny Committee South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Thurs, 31st Jan 2019, 2pm Council Chamber (CM) <ul style="list-style-type: none"> Doncaster Adult's Safeguarding Board Annual Report Veteran Plan (to include a reference to mental health agenda) (DMBC and NHS CCG) Integrated Commissioning Model (CYP led) Invite CYP O&S - TBC. Scrutiny Work Plan 			
Feb	Thurs, 7th Feb 2019, 10am Council Chamber (CR)				Wed, 13th Feb 2019, 10am (CR)
	<ul style="list-style-type: none"> Budget 				Crime and Disorder <ul style="list-style-type: none"> Community Safety Priorities Update CCTV impact of Strategy Update following Domestic Abuse Strategy Modern Slavery Complex Lives to include Amber Project Scrutiny Work Plan
	Thurs, 28th Feb 2019, 10am Council Chamber (AS) <ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 				
Mar	Thurs, 28th Mar 2019, 10am Council Chamber (CM)	Thurs, 21st Mar 2019, 10am Council Chamber (CR)	Tues, 5th Mar 2019, 5 pm Council Chamber (CR)	Wed, 13th Mar 2019, 10am Council Chamber (CM)	

Appendix A

** 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"> Scrutiny Work Plan 	<ul style="list-style-type: none"> Mental Health Theme – Dementia (NHS CCG) End of Life Plan Public Health Protection 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 Social Mobility Opportunity Area Delivery Plan (including information on curriculum for life requested at 24/7/18 meeting) (deferred from December) Scrutiny Work Plan 	<ul style="list-style-type: none"> Housing Investment Plan – following Housing Needs Analysis overview. Homelessness – Update on position and recs from 16/17 Panel review and impact of PSPO Place Marketing – Update on position and recs made from previous Panel review Scrutiny Work Plan 	
April					
May					

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

POSSIBLE ISSUES FOR FUTURE CONSIDERATION - TBC

		Yorkshire Ambulance Service reconfiguration (YAS) Inclusion of Ambulance Service Response Times & Criteria (TBC)	Youth Council feedback on (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?		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			Communication within Communities around access to services
	3rd Sector/ Assets/ Commissioning –acute end of life Adult Social Care	Learning Disabilities Strategy			
		Substance abuse			
		Alternative Service Delivery Model			

Appendix A

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

		(TBC)			
		Health & Wellbeing Strategy			
		Hospital Services Review – Maternity Provision			
OVERVIEW & SCRUTINY WORKPLAN 2019/2020					
	27 th June 2019 Quarter 4 Finance and Performance report	Update from Public Health with the progress on the new initiatives being undertaken to support people with gambling addiction and actions taken through the Gambling and Financial Inclusion Group	Children and Young People Plan (DMBC & CCG) – previously addressed by CYP O&S June 2018 but will need future consideration	Update on Hatfield Headstocks (and future options)	An update on the South Yorkshire Waste (September 2019/2020)
					Green Future - 2019
					Environment Strategy - 2019

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

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DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST DECEMBER, 2018 TO 31ST MARCH, 2019

The Forward Plan sets out details of all Key Decisions expected to be taken during the next four months by either the Cabinet collectively, The Mayor, Deputy Mayor, Portfolio Holders or Officers and is updated and republished each month.

A Key Decision is an executive decision which is likely:-

- (a) to result in the Local Authority incurring expenditure which is, or the making of savings which are, significant having regard to the Local Authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Local Authority;
- (c) any decision related to the approval or variation of the Policy and budget Framework that is reserved to the Full Council.

The level of expenditure/savings which this Authority has adopted as being financially significant is £250,000.

Please note in addition to the documents identified in the plan, other documents relevant to a decision may be submitted to the Decision Maker. Details of any additional documents submitted can be obtained from the Contact Officer listed against each decision identified in this plan.

In respect of exempt items, if you would like to make written representations as to why a report should be considered in public, please send these to the contact officer responsible for that particular decision. Unless otherwise stated, representations should be made at least 14 days before the expected date of the decision.

KEY

Those items in **BOLD** are **NEW**

Those items in **ITALICS** have been **RESCHEDULED** following issue of the last plan

Prepared on: XXXXXX and superseding all previous Forward Plans with effect from the period identified above.

Jo Miller
Chief Executive

MEMBERS OF THE CABINET

Cabinet Member For:

Mayor - Ros Jones
Deputy Mayor - Councillor Glyn Jones

Councillor Nigel Ball
Councillor Joe Blackham
Councillor Rachael Blake
Councillor Nuala Fennelly
Councillor Chris McGuinness
Councillor Bill Mordue
Councillor Jane Nightingale

- Housing and Equalities
- Public Health, Leisure and Culture
- Highways, Street Scene and Trading Services
- Adult Social Care
- Children, Young People and Schools
- Communities, Voluntary Sector and the Environment
- Business, Skills and Economic Development
- Customer and Corporate Resources.

Some Decisions listed in the Forward Plan are to be taken by Full Council

Members of the Full Council are:-

Councillors Nick Allen, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings, Bev Chapman, Phil Cole, John Cooke, Mick Cooper, Jane Cox, Steve Cox, Linda Curran, George Derx, Susan Durant, Nuala Fennelly, Neil Gethin, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, John Healy, Rachel Hodson, Charlie Hogarth, Mark Houlbrook, David Hughes, Eva Hughes, Glyn Jones, R. Allan Jones, Ros Jones, Ken Keegan, Majid Khan, Jane Kidd, Nikki McDonald, Tosh McDonald, Chris McGuinness, Sue McGuinness, Bill Mordue, John Mounsey, David Nevett, Jane Nightingale, Ian Pearson, Andy Pickering, Cynthia Ransome, Tina Reid, Andrea Robinson, Kevin Rodgers, Dave Shaw, Derek Smith, Frank Tyas, Austen White, Sue Wilkinson, Jonathan Wood, Paul Wray.

WHEN DECISION IS EXPECTED TO BE TAKEN	KEY DECISION TO BE TAKEN	RELEVANT CABINET MEMBER	DECISION TO BE TAKEN BY	CONTACT OFFICER(S)	DOCUMENTS TO BE CONSIDERED BY DECISION MAKER	REASON FOR EXEMPTION – LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
4 Dec 2018	Update on progress against the delivery of the Big Picture Learning school (Non-Key)	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Kaye Rushbrook, Head of Service kaye.rushbrook@doncaster.gov.uk		Open
4 Dec 2018	To secure funding to implement a 2 year fleet and plant replacement program	Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Cabinet	Richard Speight richard.speight@doncaster.gov.uk		Open
4 Dec 2018	To accept ESIF grant for delivery of New Business Support in Doncaster as part of the Sheffield City Region (SCR) Launchpad Programme (Phase 2) 1st April 2019 - 31st March 2022)	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Claire Bossward, Employment and Enterprise Manager claire.bossward@doncaster.gov.uk	SCR New Business Start-up (Launchpad) Programme' decision signed by the Mayor on the 21st April 2016	Open
12 Feb 2019	To approve admission	Councillor	Cabinet	Neil McAllister,		Open

	arrangements for the 2020/21 Academic Year	Nuala Fennelly, Portfolio Holder for Children, Young People and Schools		School Organisation Manager neil.mcallister@doncaster.gov.uk		
26 Feb 2019	Quarter 3 2018-19 Finance and Performance Report	Mayor Ros Jones	Cabinet	Faye Tyas, Head of Financial Management faye.tyas@doncaster.gov.uk, Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk	Revenue Budget 2018/19 Capital Programme Budget 2018/19	Open
26 Feb 2019	St Leger Homes Performance Report 2018/19 Quarter 3	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities	Cabinet	Stephen Thorlby-Coy, Head of Business Excellence, St Leger Homes Stephen.Thorlby-Coy@stlegerhomes.co.uk		Open
Not before 4th Mar 2019	To approve the Revenue Budget 2019/20	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 12th February 2019 prior to Full Council approval	Steve Mawson, Chief Financial Officer & Assistant Director of Finance Tel: 01302 737650 steve.mawson@doncaster.gov.uk	Revenue Budget 2018/19, Council 5th March 2018 Quarter 2 2018-19 Finance and	Open

					Performance Report, Cabinet 20th November 2018	
Not before 4th Mar 2019	To approve the Capital Strategy and Capital Programme 2019/20 to 2022/23	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 12th February 2019 prior to Full Council approval	Steve Mawson, Chief Financial Officer & Assistant Director of Finance Tel: 01302 737650 steve.mawson@doncaster.gov.uk	Capital Programme 2018/19 to 2021/22, Council 5th March 2018 Quarter 2 2018-19 Finance and Performance Report, Cabinet 20th November 2018	Open
Not before 4th Mar 2019	To approve the Council Tax and Statutory Regulations 2019/20	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 12th February 2019 prior to Full Council approval	Steve Mawson, Chief Financial Officer & Assistant Director of Finance Tel: 01302 737650 steve.mawson@doncaster.gov.uk	Revenue Budget 2019/20, Council 4th March 2019	Open
Not before 4th Mar 2019	To approve the Treasury Management Strategy 2019/20 to 2022/23	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 12th February 2019 prior to Full Council	Steve Mawson, Chief Financial Officer & Assistant Director of Finance Tel: 01302 737650 steve.mawson@doncaster.gov.uk	Treasury Management Strategy 2018/19 to 2021/22, Council 5th March 2018	Open

			approval		Quarter 2 2018-19 Finance and Performance Report, Cabinet 20th November 2018	
Not before 4th Mar 2019	To approve the Housing Revenue Account Budget 2019/20	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 12th February 2019 prior to Full Council approval	Steve Mawson, Chief Financial Officer & Assistant Director of Finance Tel: 01302 737650 steve.mawson@don caster.gov.uk	Housing Revenue Account Budget 2018/19, Council 5th March 2018 Quarter 2 2018-19 Finance and Performance Report, Cabinet 20th November 2018	Open



MEETING:	South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee
DATE:	Monday, 22 October 2018
TIME:	1.00 pm
VENUE:	Reception Room - Barnsley Town Hall

BARNSELEY METROPOLITAN BOROUGH COUNCIL

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

22 October 2018

Present Councillors Ennis (Barnsley MBC), Evans (Rotherham MBC), Midgeley (Sheffield City C), Rhodes (Wakefield MDC), Robinson (Doncaster MBC), and Taylor (Derbyshire CC).

In attendance Anna Marshall (Barnsley MBC), Caroline Martin (Doncaster MBC), Peter Mirfin (Barnsley MBC), Jane Murphy (Barnsley MBC), Emily Standbrook-Shaw (Sheffield City C), Janet Spurling (Rotherham MBC), Jackie Wardle (Derbyshire CC), and Andy Wood (Wakefield MDC)

1 APOLOGIES FOR ABSENCE

No apologies for absence were received.

2 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

Councillor Ennis declared a pecuniary interest in relation to his position on Barnsley Health Care Federation Community Interest Company, and made members aware that if discussion in any way related to this he would leave the chair and take no part in the discussion.

3 PUBLIC QUESTIONS

The following questions were received

From Doug Wright:-

1. The Joint Overview and Scrutiny Committee have previously stated that 80% of all NHS business (presumably from STP to ICS) should be scrutinised at a local level. In Doncaster there has been no NHS business scrutinised by the Doncaster Overview and Scrutiny Committee since at least 2015. I believe that some of the other four ICS local authorities may be in a similar position. Can you inform me and the 1.5 million people in South Yorkshire and Bassettlaw how democratically this will be done in the future?
2. Is it the responsibility of the above committee to scrutinise Doncaster Joint Commission Management Board? (DJCMB) I ask this question because both Doncaster CCG and Doncaster Council have held many DJCMB meetings

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without giving formal notice of meetings, consulting or allowing members of the public to participate in any form. For procedural reasons this is unlikely to change for another ten months. If this committee is not responsible for DJCMB then who is?

From Leonora Everitt:-

1. Are the JHOSC members aware that the ICS public involvement does not meet the CCGs' statutory involvement duty and that:-
 - The public should be involved in commissioning proposals, plans and decisions, as the law states in Section 14z2 of the H&SC Act 2006 – as amended in 2012?
 - The Citizen's Panel only has two thirds of its membership selected as citizen representatives, the remaining third being from ICS partners and ICS staff?
 - The 'citizen' members of the Citizen's Panel do not represent the geographical demographics across the five places in SY&B proportionately?

From Deborah Cobbett on behalf of South Yorkshire NHS Action Group (SYBNAG):-

1. Are the JHOSC members aware that many paediatric staff are not supportive of the proposals for paediatric services, including those involved neonatal and maternity services and that they dispute the data used in making the HSR recommendations?
2. a) What reports have the JOHSC received on the red and amber risks relating to the Integrated Care System (ICS) and the Hospital Services Programme (HSP) in the last two months; and when did the JHOSC last consider the risk register for both the ICS and HSP?

b) Do the risk registers include risks relating to:
 - Lack of public information and involvement
 - Diversion of funds from patient care to, for example
 - *Outsourcing of engagement tasks
 - *Commissioning and managing contracts
 - Transport for patients and families
 - The level of staff 'buy in'
 - the speed and secrecy of decision-making outside a legal framework for the ICS
- c) What items on the risk register are of most concern to the JHOSC members?

From Deborah Cobbett:-

1. Future challenges include: "Governance that supports change and doesn't delay it." (page 21, para 4.3)

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Are Scrutiny members satisfied with this, given public concerns about the speed and secrecy of decision-making outside a legal framework for the ICS?

2. In section 6, on the Hospital Services Review, it is stated, on page 7, that there was an online and telephone survey, but I don't recall a phone survey being mentioned before.

Do members agree with criticisms of telephone surveys on complex issues made by Sheffield Healthwatch in relation to the Urgent Care Review? Would you agree that being cold-called by somebody with a long complicated script is not conducive to giving an informed opinion on a complex issue?

3. The JHOSC requested an easy read version of the Hospital Review Report. I have read this and it seems patronising in style and at times economical with the truth for example:

- Why are there so many grammatical errors and meaningless sentence fragments, such as: For children who need specialist treatment have an equal chance to have specialist care within the South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire areas. (page 8)
- Is it acceptable to omit the recommendation for fewer consultant-led units and just state: It may be better to have larger maternity units with more senior specialist doctors (consultants) in each of these units. (page 9)

Do Scrutiny members find the pamphlet acceptable or would the guidelines of the Plain English Campaign (<http://www.plainenglish.co.uk/>) be more helpful than the rewriting by the Friendly Information Company (<http://www.friendlyinformation.org.uk/>)?

4. The word 'inappropriate' is used to describe some public questions and some prescribed medicines. Surely there is no such thing as a stupid or inappropriate question if the public are concerned about something, while in the case of prescriptions, there is implied criticism of the ability of clinicians to do their job properly.

Who decides what is appropriate in questions or in prescribed medication?

5. Paragraph 3.28 refers to the Citizens' Panel and its published minutes. These seem very one-sided in that no response is made to any of the suggestions, which in any case resemble the type of issues already raised in PPG Network meetings in Sheffield and Hospital Service Review public events.

What value is being added by the Panel, in the sense that duplication should be avoided and resources maximised?

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From Ken Dalwin:-

1. The latest information from NHS England indicates a 5 year plan is forthcoming, but given our area is a pilot and in advance of others, is it expected that progress will be paused?

From Peter Deakin:-

1. What can be done to make sure the public are aware of events and can be involved?

The Chair gave assurances that responses would be provided in writing directly to those providing questions.

RESOLVED that the questions be received and responses be provided in writing.

4 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 12th June, 2018 were received.

In relation to Hyper Acute Stroke Services Members noted that the work is progressing, and it was suggested that a full report be brought to a future meeting of the committee.

Given that Doncaster Royal Infirmary was unable to be designated in relation to Children's Non-Specialist Surgery and Anaesthesia, an update was requested. Members noted that each hospital was reviewed under the designation process, which would finish at the end of the year. Not all hospitals were expected to reach the required standard, with some working towards these.

RESOLVED:-

- (i) That the minutes be approved as a true and correct record.
- (ii) That an update report on Hyper Acute Stroke Services be sent to Members of the committee in 4 weeks.

5 SOUTH YORKSHIRE AND BASSETLAW (SYB) INTEGRATED CARE SYSTEM (ICS)

The following witnesses were welcomed to the meeting:-

Lesley Smith, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy System Lead and Lead for Strategy, Planning and Transformation Delivery as well as Chief Officer at Barnsley Clinical Commissioning Group (CCG);
Will Cleary-Gray, Chief Operating Officer SYB ICS;
Helen Stevens, Associate Director of Communications and Engagement, SYB ICS;
Alexandra Norrish, Programme Director, SYB Hospital Services Programme.

By way of introduction a brief overview of the report previously circulated was provided. The report provided a comprehensive update of the work of partners across SYB.

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Members were reminded of the long history of partnership working across SYB, which helped to support integration. Over the past 2 years many lessons had been learned, and a number of priority programmes had been established to take work forward. All partners had committed to the vision of giving everyone in South Yorkshire and Bassetlaw the best start in life with support to stay healthy and live longer.

Members were reminded that the majority of the work was still undertaken in each of the five areas, with the role of the ICS to support the needs locally by working together.

The paper circulated provided an update on the progress made in each of the priority areas, including value added, and gave details of how staff, patients and the public had been engaged.

Questions were then invited from the committee, and the following areas were discussed and challenged:-

When asked of the biggest challenge facing the ICS that would have the greatest impact if resolved, it was suggested that demand for services continued to grow and meeting the expectations of the public was challenging. However, it was thought that the workforce presented the greatest challenge as it was not growing in line with demand.

The importance of public engagement was stressed, and the possibility of ICS colleagues attending community events was discussed. It was agreed that engagement was a priority and contact would be made in each of the places to engage in events at a community level.

Communications remained an issue and was acknowledged that this needs to be improved, with the system dependent on high quality communications. The need to differentiate between ICS work and that of each place was noted, and it was suggested that ICS and place based teams could work better together.

The Hospital Services Review was given as an example where consultation had been extensive including in libraries, GP surgeries, and pharmacies. Detailed conversations had also taken place with underrepresented groups such as the Chinese community and those in prisons. It was noted that feedback from consultation would inform the next stage.

Members also noted that many residents were also engaged through attendance at summer events. It was stressed that more could and would be done, but the key was ensuring that conversations were meaningful and tangible.

With regards to social prescribing and the public's understanding, it was noted social prescribing locally had been recognised as an exemplar, but there was always more that could be done. There were plans to build on the success, and share learning

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across the area. Consideration was also being given on how social prescribing would be funded in the longer term.

In reference to additional finance invested in services and how sustainable these improvements were in the longer term, examples were given of how the transformation element was utilised. It was noted that this was small in comparison to the overall budgets in each of the five places, but that used in the short term could drive improvements in services which would then hopefully be sustained in the longer term without continued need for additional finance.

The committee discussed whether transformational funding would be available in the longer term, and it was noted that the financial situation would only be made clear when then long term NHS plan and financial settlement was made public.

Queries were received in relation to the term 'greater freedoms' alluded to in the report, and it was noted that this related to the ability for the local system to distribute finance where it was most needed locally.

With regards to the performance in each of the five places, Members heard how place were working well against NHS Constitution targets and each had a positive story to tell.

Members noted the journey undertaken over the past two years culminating in the formal recognition of the ICS. The positive working relationships that led to this were acknowledged.

With regards to the work under the Children's and Maternity workstream, questions were raised about implementation of the transformation programme, given the national shortage of midwives and the backlog faced. It was suggested that a report specifically on this issue would be brought to the committee in the future. It was also noted that each of the five places had developed local maternity plans, and Overview and Scrutiny Committees may wish to consider these.

Members noted the need to differentiate between issues dealt with by each place, and therefore considered by place based scrutiny functions, and the work undertaken by the ICS and the need for consideration by the JHOSC.

Those present noted the work with neighbouring systems to share best practice and planning, and this work extended through regional and national networks.

RESOLVED

- (i) That thanks be given to all witnesses for their contribution to the item;
- (ii) That the update report be received;
- (iii) That an update report be provided to Committee Members in 4 weeks on the Children's and Maternity Services workstream.

6 HOSPITAL SERVICES PROGRAMME

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The following witnesses were welcomed to the meeting:-

Lesley Smith, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy System Lead and Lead for Strategy, Planning and Transformation Delivery as well as Chief Officer at Barnsley Clinical Commissioning Group (CCG);
Will Cleary-Gray, Chief Operating Officer SYB ICS;
Helen Stevens, Associate Director of Communications and Engagement, SYB ICS;
Alexandra Norrish, Programme Director, SYB Hospital Services Programme.

In introducing the item, Members were made aware that the Strategic Outline Case (SOC) had been to the CCG Governing Bodies in the area and had received their approval and it had therefore been formally published. Members noted that an easy to read version had been developed and published alongside the SOC in response to feedback from the Committee. Also published was a report detailing the engagement which had been undertaken over the summer.

Members were reminded of the two main themes to build on the potential for shared working facilitated by the ICS, and to develop sustainable care across the acute sector.

The SOC contained a number of proposals which included establishing Hosted Networks, to further enable shared working, standardise care, share best practice and maximise the impact of the workforce. The proposals also included plans to build on innovation, ensuring this was adopted across organisations and across geographical boundaries. Proposals for transformation, ensuring patients are dealt with in the most appropriate setting by a flexible workforce were also included.

In addition further development of models for reconfiguration was proposed, to ensure future sustainability, and clinical working groups had been established to drive this agenda. Public consultation would be ongoing throughout and appropriate consultation would take place once options had been more fully developed.

Members noted that work to develop Hosted Networks was ongoing with the aim to appoint hosts around Christmas, 2018 and have these operational by April 2019.

The Committee noted the need for local consideration of place based plans through Health and Wellbeing Board and Overview and Scrutiny Committees once proposals were more developed.

Questions were welcomed from the Committee and the following concerns were pursued:-

In considering reconfiguration, Members were concerned that there may be unforeseen impacts which could potentially lead to further health inequalities.

Assurances were given that the ICS approach was one where any intervention should not make inequalities worse, with the principal for this included in the

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Memorandum of Understanding. In addition the terms of reference for the Hospital Services Review had included the consideration of health inequalities.

The proposals contained within the SOC were intended to standardise care across the area in order that everyone receives the best possible care. Members also noted that in taking forward any reconfiguration, any evaluation criteria would consider health inequalities.

It was acknowledged that when considering travel and transport, modelling would be undertaken at Lower Super Output Area (LSOA) level, and that the patient and public forum would include a wide range of representatives. It was noted that it was proposed that these would be recruited through South Yorkshire Housing Association. In addition the clinical working groups would consider the clinical issues associated with transfer.

With regards to how confident officers were that plans would be delivered within timescales and resources, it was noted that these differed for different workstreams but that these were expected to be deliverable with resources to undertake the work set appropriately. Members were assured that the resource implications of any changes would be considered carefully as part of the modelling.

In respect of making the public aware of proposals, questions were raised regarding the availability of information through sources other than the internet. It was noted that easy to read leaflets would be distributed in public places, and as part of the next phase detailed conversations would again take place. An offer was made for the Committee to consider the communications plan which they requested be undertaken.

Members noted the discussions taking place between bordering trusts and STPs/ICSs with regards to the impacts of potential changes in maternity, and this would involve consideration of travel times and distances.

An overview was given of the governance structure, with workstreams feeding into a steering group which then fed into wider ICS and Trust governance. Members were assured that ongoing dialogue with the Committee would also continue. The important role of Elected Members having oversight of change, ensuring wherever patients were seen they received the same level of care, and that any changes did not increase health inequalities was acknowledged.

The Committee discussed the drive to ensure consistency in care, and the potential for some services to deteriorate as part of any equalisation. Reassurance was provided that any intervention would be to try to bring any area of underperformance up to a required standard. Many of the proposals included intervention to increase staff recruitment and retention in order to do so, and the Committee requested a further report on workforce issues to be presented for consideration.

In relation to the establishment of Hosted Networks, it was noted that hosts were expected to be appointed by the end of the year, the hosts would then be responsible

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for further development of the network in their speciality area, which would include detailed conversations with relevant parties. Members noted that hospitals did work closely, however the networks would help provide structure to this.

RESOLVED:-

- (i)** That witness be thanked for their attendance and their contribution;
- (ii)** That witnesses acknowledge the general improvements required in relation to communications highlighted throughout the meeting including using local authority networks and Health and Wellbeing Board;
- (iii)** That the communications /engagement plan be submitted to Committee Members in 4 weeks for their consideration;
- (iv)** That a further report be submitted to Committee Members within 4 weeks detailing workforces issues and plans to address these.

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Chair

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