



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, 31st January, 2019

Time: 2.00 pm

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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 29th November 2018 (*Pages 1 - 14*)
-

Jo Miller
Chief Executive

Issued on: Wednesday 23rd January 2018

Governance Services Officer for this meeting

Caroline Martin
Tel: 01302 734941

5. Public Statements

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

A. Reports where the public and press may not be excluded

6. Doncaster Safeguarding Adults Annual Report 2017-18 (*Pages 15 - 66*)
7. Doncaster Delivery of the National Armed Forces Community Covenant 2019 (*Pages 67 - 114*)
8. H&ASC O&S Work Plan - January 2019 Update (*Pages 115 - 138*)

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, 29TH NOVEMBER, 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, 29TH NOVEMBER, 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 Majid Khan

DMBC;

Damian Allen – Director of People

Rupert Suckling – Director of Public Health

Helen Conroy – Public Health Consultant

Angela Waite - Carer's Strategic Lead

Lisa Swainston - Stronger Communities Wellbeing Manager

Tracy Davill-Kellett - Deputy Contract Manager

Kate Anderson-Bratt - Head of Service - Commissioning and Contracts

		<u>ACTION</u>
16	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Councillor Sean Gibbons	
17	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	Councillor Derek Smith declared a nonpecuniary interest in Agenda Items No.6 and 7, by virtue of his wife who works for RDasH but not directly involved in any services to be discussed. Cllr Mark Houlbrook declared a nonpecuniary interest in Agenda Items No.6 and 7, by virtue of his employment within the prison service when discussing mental health or suicide prevention within a prison environment.	
18	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW</u>	

	<u>AND SCRUTINY PANEL HELD ON 27TH SEPTEMBER 2018</u>	
	<p>The minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on the 27th September 2018 was agreed as a true record with the following changes;</p> <p>Page 5, Paragraph 5 – that “late” be changed to “line”</p> <p>Page 6, under “Children and Young People’s Mental Health: Eating Disorders”, to include the following sentence; “A Member asked the question on why obesity wasn’t treated with the same parity as bulimia and anorexia in terms of focus and funding. Is Obesity not an eating disorder?”</p> <p>Page 8, change of paragraph under “Day Opportunities” to read; “Members were assured that there was a focus on investment as well as on the improvement of quality. Members recognised that steps were still being taken to consider different models and business needs.”</p>	
19	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
20	<u>MENTAL HEALTH PREVENTION</u>	
	<p>DONCASTER CARING</p> <p>The Panel received a presentation that provided an overview of a model for approaches to mental health prevention in Doncaster. The areas covered included the following;</p> <ul style="list-style-type: none"> • A prevention framework for Doncaster • Assets and strengths • Create the conditions • Community infrastructure • Health and care services • What needs assessment tells us about mental health in Doncaster? • Prevention Concordat for Better Mental Health <p>The Panel held a discussion that covered the following areas;</p> <p>Well North – A Member asked whether this scheme was going to be expanded into other geographical areas. Members were informed that this was being considered to see if it would add any more value to what was already being done within communities.</p> <p>Suicide and Peer Support - A Member talked about their own personal experience of a family member who had committed suicide and how it was felt that the persons spouse had not received enough</p>	

peer support. The Panel was informed that this area was being looked into and conversations were at an early stage.

Gambling – Members were informed that public health were formally consulted to advise on the health and well-being implications of any proposed premises where licensed gambling would take place.

Community Structure – References were made to the support and co-creation of alliances to address specific challenges such as a Mental Health Alliance. It was explained that MIND (in partnership with Changing Lives) had been commissioned to deliver a community crisis support service from April 2019.

Members were also informed about the social café model with hubs being located in Mexborough, Thorne, Bentley and Doncaster town centre. It was commented that this model provided an alternative for individuals to go to and work was being undertaken with local communities to identify suitable premises to mobilise that project.

Doncaster Practice Model and Guidelines – This was about 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.

Access to Services - A Member raised concerns about lengthy waiting times to access professional services which could prove demoralising for individuals who needed that support. Members were informed that there were a number of proposals being considered by RDasH to improve front end access and waiting times

Training - A Member stressed the importance of supporting arm's length organisations. Members were assured that targeted training was viewed as a priority and would be made available to contracted staff as well as Council employed staff. It was added that low level training provided by SAFETALK and Mental Health First Aid training would be offered to a diverse group of people to ensure that they were trained to a certain level.

Data and Information - It was commented that the Joint Strategic Needs Assessment showed that Doncaster was average and it was about identifying risk factors and any underlying issues. Members were informed that the Doncaster Mental Health Needs Assessment should be completed by December 2018 and would drill down into the available data.

A Member commented that they would like Doncaster to strive for more than averages. It was responded that it was about investigating further to see what was driving the figures as averages could hide many challenges.

	<p>Members were informed that the Council was committed to working towards a Mental Health comprehensive plan. Members agreed that they would like to see the plan at a meeting of the Panel in March 2019. It was continued that the Council were looking to sign up to the Prevention Concordat in 2020.</p> <p>A Member stated how there was a great deal of evidence available through different reports, groups being set up and money being spent in different places.</p> <p>Long Term Unemployment (Risk Factor) – Members felt that individuals with mental health problems needed to feel self-worth and that any financial pressures could be added to during such a time of austerity if they faced unemployment. It was responded that those experiencing long term unemployment had been identified as a risk factor under suicide prevention.</p> <p>It was supported by the Director of Public Health that the wider economic situation could negatively impact on those with mental health problems. It was recognised that it was unlikely that Council would find themselves in a position where employment could be increased, however, work was being done to look at the diversity of the workforce. It was stressed that work had been undertaken with Doncaster Chamber around addressing the mental health of staff within larger organisations; it was shared that challenges were presented around smaller organisations who employed 5 or less. It was also mentioned that work was being done with GPs around this issue.</p> <p>Concern was raised around the bureaucracy in the system, decisions not being made on time and the impact that could have on people’s lives. It was commented that if the support network was not in place then more tension could be created within families. It was felt that action was needed, there needed to be more focus on service delivery, that charters and concordats needed to be signed up to and for those organisations to be held to account.</p> <p>A Member supported the progress of physical and social regeneration going forward. Members were reminded of the Inclusive Growth Strategy which included six areas of challenge.</p> <p>It was noted there was likely to be a correlation between austerity and data which would be reviewed shortly. It was supported that there was a need to create conditions and find motivations for people to identify self-worth through contribution.</p> <p>RESOLVED that the Panel noted the report.</p>	
21	<u>SUICIDE PREVENTION</u>	

DONCASTER CARING

A report was provided to Members alongside South Yorkshire and Bassetlaw data that gave an update on suicide prevention work in Doncaster in 2018, following a previous report to Overview and Scrutiny in 2017.

It was outlined that the suicide rate in Doncaster had remained more or less stable since 2001; however, since 2013 the suicide rate for men had risen slightly, whilst for women the rate has fallen. There were approximately 20 to 30 suicides in Doncaster per year and the Doncaster rate was similar to the national rate, at 10.1 per 100,000 of population. In an update to the Panel, it was explained that there had been 4 suicides of young women under 18 across Yorkshire which were extremely rare and that a rapid response meeting had taken place that would engage with public health.

A Member raised concern around the impact of bullying and social media. Members were informed that the challenge would be taking forward a life course approach whilst taking into consideration social media and emerging trends.

There was a brief discussion around South Yorkshire and Bassetlaw comparison table that indicated where Doncaster was in comparison to Doncaster's compartments. It was reported that Yorkshire and Humber average was 10.4 and Doncaster was in the middle at 10.1.

Areas where Doncaster was worse in significant to England included;

- Emergency hospital admissions for self-harm,
- Successful completion rate of drug users – opiate users and other drugs with the individual ageing whilst within the service, the alternative was that if users came out of the system they could overdose and die as a result. It was added that Doncaster was positioned better than the Yorkshire and Humber average.

Risk Factors that were worse than Yorkshire and Humber average included the following:

- Looked after children (under 18 population)
- Children in the youth justice system aged 10 to 18
- Long term unemployment: proportion of working age population

Of the above risk factor "children in the youth justice system aged 10 to 18", reference was made to the work being undertaken within the Youth Justice Plan, in particular, with first time entrants.

And finally, better than Yorkshire and Humber average;

- Statutory homelessness

- Adult carers who have as much social contact as they would like

A Member commented that similar to adult carers having as much social contact as they would like, that young people also needed further encouragement to have this and should be treated with the same parity as with adult carers. It was added that the Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) group could be more adversely affected. Members were provided with assurances that the LBTQ group was well-attended and had demonstrated some positive views about this issue.

Regarding adult carers, it was felt that there were links to those in long term unemployment and mental health problems. A Member commented that within the workplace, individual contracts of employment and staff handbooks provided organisational support for domestic crisis and special leave, however, it was recognised that this might not be offered in all organisations. It was questioned whether different types of work patterns could be taken into consideration. It was commented that working families were trying to maintain a worklife balance. Members were informed that colleagues were looking at a healthy workplace accreditation scheme where employees could be more supported.

A Member raised his concern that there were mixed messages and attitudes around death, particularly, when individuals felt that it would provide certain solutions. Members were reminded of the three year plan in place to address suicide prevention and the additional money that Doncaster would be receiving.

Data and Further Research - Members were informed that more in-depth research would be undertaken around 2015-2017, taking into consideration qualitative factors mapping where suicides had occurred. It was added that a clusters of suicides had taken place around urban centres. It was explained that the % of bereavement by suicide, mainly applied to white British.

Training - It was highlighted from the presentation that Papyrus had undertaken the prevention of young suicide training with 211 schools/colleges. Members were informed that RDaSH provided STORM training to other frontline workers. Finally, reference was made to training being undertaken in prison with those prisoners due for release.

Members were informed that Bradford was sharing its protocol with their Coroner Services office to ensure that those affected were offered support as they could potentially be at risk. It was considered essential that a positive relationship could be developed with the local media to ensure that reporting could be done be responsibility at both a regional and a local level.

Veterans - Members welcomed the support that was being provided. Reference was made to when the Ministry of Defence had previously provided a package of training through certain organisations. Concern was raised around ex-forces personnel that had experienced post-traumatic stress and it was questioned what was in place now.

The Stronger Communities Wellbeing Manager commented that this provision of support to ex-forces personnel might not have changed a great deal. Members were reminded that a report on the Veteran Plan was going to the Health and Adult Social Care Panel in January 2019. It was commented that there was a great deal of work being undertaken at a local level.

Gambling - A Member raised concern around debt and its links to gambling, suicide and mental health. Reference was made to the work of the Financial Inclusion Group and the gambling policy. It was suggested that it may be included as a strand in the next iteration of the plan.

It was commented that there wasn't one consistent means to target suicide prevention, therefore, there was a need to start looking at data more closely. One approach was looking at individual case records for issues such as debt.

Doncaster Suicide Prevention Plan - The main aim of the Suicide Prevention Plan was to reduce suicide by 10% across SYB by 2020/2. It was explained that there would be £84,000 of the £500,000 to spend and additional money would be made available in 2019/2020. Reporting would be taken to the Suicide Prevention group on how the plan would be delivered and how money has been spent with an evaluation undertaken as to whether it has worked or not.

A Member raised concern that £84,000 may not go a long way taking into consideration all areas of concern and that perhaps there should be a more targeted approach.

Members heard that some activities undertaken had included a local men's campaign that encouraged people to talk to one other and a film that had been created by local people around men's mental health. It was also added that work was taking place with all four prison establishments, in particular, with those at risk.

Members were assured that a significant amount had been invested in mental health prevention including children's mental health with work taking place within organisations. A Member raised concern that individuals with mental health as well as substance misuse problems were not dealt with until the individual was no longer misusing.

In terms of those who were socially isolated and lonely, it was recognised that those individuals were at a greater risk. It was shared

	<p>that there was a great deal being done nationally to promote mental health through sport.</p> <p>Members commended the presentation and work being undertaken to address this issue.</p> <p>RESOLVED that the Panel;</p> <ol style="list-style-type: none"> I. note the report and presentation provided; and II. that the Children and Young People Overview and Scrutiny Workplan be made aware of the suicide risk factor around children in the youth justice system aged 10 to 18 (which is currently worse than Yorkshire and Humber average) and that this be considered further as part its own future workplan. 	<p>Senior Governance Officer</p>
<p>22</p>	<p><u>ALL AGE CARERS' CHARTER</u></p>	
	<p>DONCASTER CARING</p> <p>Members were informed how the Doncaster All Age Carers' Charter was to enable Team Doncaster to publicly show and reaffirm their commitment to carers.</p> <p>Members were informed that in Doncaster there were 33,000 carers (of all ages) as reported in Doncaster's Carers Strategy (census 2011), however, in reality only approximately 4,000 was known about at this present time. This was because individuals did not always identify themselves as a carer and on that basis it was considered that it was easily double that figure.</p> <p>Members were told how engagement of the proposal had taken place with voluntary community sector groups and carers. It was explained that carers who wanted to be involved in the process had wanted something simple producing and this had been taken on board.</p> <p>Members were pleased to hear that engagement of the proposal had taken place with the voluntary and community sector and was currently being shared out in the public domain as well as through partners. Members heard that the charter was being taken through the Doncaster Chamber to ensure that further engagement takes place with businesses as 1 in 9 workers were identified as carers. It was also stated that carers needed to be further identified through the workforce so that they could access the available support.</p> <p>In terms of Veterans, it was stated that they were often the carers or being cared for and it was questioned how they could holistically be supported within the community.</p>	

Further to Doncaster Council signing up to the Motor Neurone Disease (MND) Charter, a Member stated that they would like to see other areas rolled out to ensure that a wider reach was undertaken.

A Member requested a breakdown of ward data of carers, it was explained that such information might not necessarily represent all carers. It was added that as the Council started to build preventative services, there was now a point of contact for carers. It was commented that the Charter would reinforce the commitment to carers across all ages, which would allow the Council to understand carers more.

Young Carers - A Member referred to the number of 700 young carers and enquired about pastoral care in schools and academies. Assurances were sought that those young carers had access to services.

Members heard how the Young Carers Card might incorporate a traffic light system to reflect where the young person was emotionally on that particular day through a visual means without having to articulate it further. It was explained that it was a new development which would go out to every school.

A Member asked whether the card could be used for people in the workplace. Members were advised that the card needed to be rolled out for young people successfully first before being considered for use in the workplace for employees who were carers.

During the meeting, a Member questioned how carers known to services were monitored, maintained or identified as no longer requiring support as a carer. Members were informed that carers needed to be empowered to have a voice and be able to report what they felt was not working or what support they needed.

Enquiries were made about what pastoral care was available in schools and academies and assurances were sought that young carers had access to those services. Members were pleased to hear that the Cabinet Member for Children, Young People and Schools, as part of her role, had endeavoured to visit all schools and raise awareness of the charter. It was reported that the Cabinet Member had spoken passionately about support from Officers, and issued a mandate to challenge secondary schools. It was therefore felt that Headteachers should sign up to the charter to further endorse this.

A Member raised concern that young carers with parents who did not speak English often became their translators when communicating with services. Members were advised that those children were generally known to the authority or would be where they had identified themselves as a young carer. It was therefore felt that those young carers (who also acted as translators) needed to sit within the spectrum

	<p>of the All Age Charter</p> <p>It was felt that as a Councillor, their role could help ensuring that the carer was placed at the forefront whether through decision making or council services and be able to have a voice.</p> <p>Members were provided with a Doncaster “Care to Chat Pack” developed to celebrate Carers Rights Day on 30th November 2018. Members commented that the information provided in the report and discussion had been very concise and informative.</p> <p>RESOLVED that the Panel;</p> <p>I. Note the report and put forward the following recommendations;</p> <p>I. That the Young Carers Card once successfully rolled out, be considered for use in the workplace for employees who are carers.</p> <p>II. That Headteachers sign up to the Doncaster Carers Charter.</p> <p>III. To ensure that those young carers with parents who did not speak English (and therefore needed to act as translators) sits within the spectrum of the All Age Charter.</p>	
23	<p><u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u></p>	
	<p>DONCASTER CARING</p> <p>This report provided an update of the 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. It also outlined current contract monitoring activity to support providers with less than an adequate CQC rating.</p> <p>There was a brief discussion around the national home care provider, Allied Healthcare who had appeared in the media. Concerns had been raised around whether Allied Healthcare was financially viable and what was the impact of recent events on the delivery of its services.</p> <p>It was reported that Doncaster Council and the Doncaster NHS CCG worked closely together during this period of uncertainty. It was explained that the organisation was now in a stable position, although there were no guarantees around what may happen later. Members were also informed that contingency plans were currently in place</p> <p>It was outlined that Allied Healthcare would not be continuing its services and that the Council had been able to look at a transition plan. Assurances were provided that packages were still being continued</p>	

and that staff will TUPE to the strategic lead provider which was being facilitated by the Council.

It was explained that the report did not include day services that were not regulated by CQC.

The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities - The following areas were highlighted to Members;

- Positive that there has been an increase in providers that had been rated as outstanding and good.
- Doncaster continued to have the lowest percentage of providers rated as “requires improvement”.
- Doncaster had the highest percentage of Providers rated as “Good” by CQC.
- Three Providers in Doncaster had been rated as inadequate, all of which were care homes. It was explained that of these 3, 1 was inactive as they had not had any residents for over a year, however, the CQC would not re-inspect that home for that reason.

The number, percentage and outcome of Community Adult Social Care Services by South Yorkshire Authorities: The information provided for Community Services included domiciliary care, supported living and extra care services. There had been some positive increases and decreases across South Yorkshire Community Services. It was recognised that although information around community services was largely positive. Members were informed that of Doncaster contracted providers that 25 (86.2%) were considered as good. Members were assured that the Council would maintain oversight of those services by continuing to offer support, advice and guidance.

The number, percentage and outcome of Residential & Nursing Care Homes in Adult Social Care Services by South Yorkshire Authorities – It was reported that one nursing home was classed as being inadequate and that Doncaster had the highest percentage of nursing homes achieving good, an increase from the previous CQC report. Members were informed that there had been an increase in homes classed as inadequate and the Council provided support to those providers.

CQC - It was commented that the CQC was under pressure nationally to maintain their role. Although this had not impacted on Doncaster, there was concern for those providers that had not yet been rated. It was explained that a new service once set up could take up to 12 months before that service was inspected and where re-inspections took place (that could also take a while). It was reported that providers could find themselves in a vulnerable situation and this was where the Council provided support and advice.

In regards with how the CQC communicated with residents, it was noted that open afternoons took place as well as an ongoing dialogue with residents and their families.

With investigations of deaths in homes, it was reported that in Doncaster there were reportable incidents around safeguarding and as a contract provider the Council received notification of it. It was added that monitoring would be undertaken and that there was a shared agreement in place with the coroner. Members were informed that work took place with health partners such as the NHS CCG and the nursing element side. Following such incidents, it was commented that there was an expectation that appropriate care plans and actions should be in place.

It was explained that where there were no published rates in the charts, this was generally because that home not been inspected or it may be because the home had been inspected recently but it would then take some considerable time to reach the end of the process.

Reference was made to the negative impact that larger employers e.g. Amazon had in the Borough on the recruitment of social care staff when comparing levels of pay. It was recognised that the Council was not able to fund services at the same level during such times of austerity.

In terms of domiciliary services supported care, a Member raised concern that companies competing for tenders were looking to reduce costs in order to be more competitive and that those cuts might then be passed onto staff. Concern was raised that the cuts may demoralise staff and place them under increased pressure.

In terms of what influence the Council has, Members were informed that they could be mindful of pay rate and set a rate in the tender. It was explained that services could set an hourly rate or a floor and ceiling rate (with the view that organisations may then bid in-between). It was acknowledged that even though there were good quality staff in place there were even more added pressures at work. It was shared that there were fewer numbers of staff undertaking more calls. It was explained that more was being done around monitoring to see what the delivery of services should look like. This was supported through the introduction of electrical monitoring which would provide real time records.

Members were assured that steps were being taken to monitor current staffing levels, as staff were the main component of the business. It was recognised that there were challenges around how to build up a career pathway, ensure staff feel valued and all up against financial pressures and a lack of investment.

A Member asked about employment and recruitment as a driver which

	<p>may be affected by social economic conditions affecting performance and delivery. Reference was also made to the uncertainty of Brexit on the freedom of movement of individuals to fill vacancies. Officers noted that they would be maintaining a close eye on the impact of Brexit on services. Concern was raised around the impact of terms and conditions and that without staff; organisations were at risk of not being able to deliver its service, whether in a private or public market.</p> <p>RESOLVED that the Panel note the report.</p>	
24	<p><u>OVERVIEW AND SCRUTINY WORKPLAN 2018/2019 - NOVEMBER 2018</u></p>	
	<p>The Panel received a report updating Members on the Panels work plan for 2018/19. A copy of the work plan was attached at Appendix A of the report taking account of issues considered at the Health and Adults Social Care Overview and Scrutiny workplanning meeting held on the 11th June, 2018.</p> <p>Members were advised of the following changes to the Overview and Scrutiny Workplan;</p> <ul style="list-style-type: none"> • March – addition of Better Mental Health Plan on workplan • JHOSC – will be later than the proposed date of 28th Jan 2019 <p>RESOLVED that the Panel note the Health and Adult Social Care Overview and Scrutiny Workplan 18/19 - November 2018 update.</p>	

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Doncaster Council

Report

Date: 31 January 2019

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

DONCASTER SAFEGUARDING ADULTS ANNUAL REPORT 2017-18

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Rachael Blake Lead Councillor for Safeguarding Adults	All	No

EXECUTIVE SUMMARY

1. The aim of the Doncaster Safeguarding Adults Board is to ensure that local safeguarding arrangements and partnerships act to support and protect adults at risk of experiencing abuse and / or neglect. It aims to achieve those objectives whilst empowering individuals to maintain control over their lives and to make informed choices without coercion or duress.
2. The Care Act 2014 requires the Board to publish an annual report detailing what the Safeguarding Adult Board has done during the year to achieve its main objective and implement its strategic plan and what each constituent has done to implement the strategy. The annual report will also set out the findings of any Safeguarding Adults Reviews completed during the year and the subsequent actions arising from the reviews.

EXEMPT REPORT

3. The report is not exempt.

RECOMMENDATIONS

4. The Panel receives and notes the progress achieved by the DSAB in relation to the Safeguarding Adults agenda and notes the information contained within it.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. The Care Act 2014 puts Safeguarding Adult Boards on a statutory footing as from 1st April 2015 and brings with it significant change for safeguarding adults practice. The Board and its partners have been working hard in Doncaster,

alongside our regional partners to ensure systems, policies, procedures and assurance frameworks are aligned to the requirements of the Care Act so that adults at risk are safeguarded and receive the best service that is **personal for them**.

BACKGROUND

6. The Board has continued to pursue its engagement agenda with great focus through a 'Keeping Safe Campaign' helping communities to identify and respond to abuse and neglect. It has worked with the Doncaster Keeping Safe Forum, a community based forum that has been supported by the Board to grow in capacity and membership with the primary aim of getting the message out in Doncaster that **abuse will not be tolerated**.
7. The Board have been working closely with the Doncaster Children's Safeguarding Board and Safer Stronger Doncaster Partnership to align our objectives, resources and systems. This has included aligning the Children's and Adults Boards agendas to embed a whole family approach within safeguarding. In addition we have commissioned joint training and awareness raising activities to address cross cutting agendas such as modern slavery and human trafficking.
8. The Board has continued to meet on a quarterly basis and has been well attended by a range of agencies with commitment to working in partnership to safeguard adults at risk.
9. The Board continues to pursue its strategic objectives through 2018-19 working closely with other Boards and the community of Doncaster to ensure that **safeguarding is everyone's business**.

OPTIONS CONSIDERED

10. No options considered

REASONS FOR RECOMMENDED OPTION

11. No options considered

IMPACT ON THE COUNCIL'S KEY OUTCOMES

12.

	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>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of</p>	

	<p>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>Doncaster services safeguarding adults at risk to lead safe and independent lives through empowerment, protection and prevention of abuse or neglect.</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>Working in partnership across Doncaster ensuring robust governance processes are in place to deliver safe services.</p>

RISKS AND ASSUMPTIONS

13. There are no specific risks or assumptions associated with this report

LEGAL IMPLICATIONS [Officer Initials MCC Date 07/12/18]

14. Section 43 and Schedule 2 of the Care Act 2014 and statutory guidance place a duty on the Safeguarding Adult Board to publish an annual report detailing what it has done during the year to achieve its main objective, implement its strategic plan and set out what each member has done to implement the strategy. It should also give detail regarding the findings of any safeguarding adult reviews and any subsequent action taken.

FINANCIAL IMPLICATIONS [Officer Initials PW Date 14/12/18]

15. This paper is intended to report on the progress and performance of the Safeguarding Board in 2017/18 and as such there are no financial implications. Details on the funding utilised in 2017/18 are provided in the Doncaster Safeguarding Adults Board Annual Report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials KW Date 10/12/18]

16. Staff will be required to attend the relevant training from the training programme of classroom and eLearning which is planned for 2018-19 and the programme planned for 2019-20. The workforce strategy incorporates core principles for safeguarding across Safeguarding Adults, Safeguarding Children and Domestic Abuse and was approved by the Board in 2018 and is currently being embedded across the partnership.

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 07/12/18]

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

HEALTH IMPLICATIONS [Officer Initials: VJ Date: 11/12/2018]

18. Access to health and social care has the potential to impact on 20% of population health status. The work of Doncaster Safeguarding Adult Board, which encompasses supporting and protecting adults at risk of abuse or neglect, contributes to improving the health of Doncaster people, and reducing health inequalities as it addresses the needs of the most vulnerable in the society. The agreed actions and priorities identified in the Annual Report needs to be monitored for their health impacts and a system of continued learning and improvement needs to be adopted.

EQUALITY IMPLICATIONS [Officer Initials: AC Date: 10/12/18]

19. The work of the Doncaster Safeguarding Adults Board needs to demonstrate due regard to all adults at risk across all groups in Doncaster through its Strategy.

CONSULTATION

20. Doncaster Safeguarding Adults Board members.

BACKGROUND PAPERS

21. None.

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SAFEGUARDING
Adults
DONCASTER



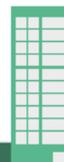
Doncaster Safeguarding Adults Annual Report 2017/18

Accountability
Protection
Empowerment
Proportionality
Partnership
Prevention



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Independent Chairs Foreword

I would like to thank you for taking interest in the Safeguarding Adults agenda. This report describes the second year since the Boards became a statutory entity under the Care Act 2014, also my second year as Independent Chair. We have largely met our objectives for this year and addressed one or two others as well! Again the Board invited an external review of our progress as a multi-agency partnership. The review confirmed positive progress but, of course, also identified some further areas for development.

2017 marked a period of continued change for both the Board and its partners. Greater stability within the partner organisations has led to progress that was not previously possible. The importance of establishing good interpersonal relationships, particularly trust, is too often overlooked both at the operational and strategic level.

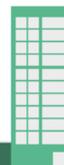
My most enjoyable and memorable experience of the year was attending our annual conference. It was also where I experienced my own greatest learning for the year. I heard a vulnerable service user refer to an assault that they experienced. Their carer responded 'but that was a long time ago'. The service user's response was 'but it hurt me'. It brought home to me that relatively 'trivial' abuse or neglect can have a very long-term negative impact on an individual.

The Board has continued with its engagement agenda reaching out deep into the community to raise awareness of safeguarding adults. The Keeping Safe Forum has continued to grow in capacity and membership getting the message out in Doncaster. I note that this work is led by the third sector and I believe that this underpins the successes that we have had. We have also seen some important learning arising from the review of incidents. I note that this process is led by South Yorkshire Police, a contribution that I particularly value.

It has become clear that arrangements for the governance of safeguarding in Doncaster are over burdensome for partners and therefore not as effective as they should be. Therefore in the next year we will be working closely with the Doncaster Children's Safeguarding Board and Safer Stronger Doncaster Partnership to align our objectives, resources and systems. Our partners, councillors and wider communities all have a part to play in ensuring that people remain safe from abuse and neglect. After all **safeguarding is everyone's business.**



Dr John Woodhouse (GMC 2959711)
Independent Chair, Doncaster Safeguarding Adults Board



Membership

of the board

Doncaster Metropolitan Borough Council



Safer Stronger Doncaster Partnership



Doncaster Clinical Commissioning Group



South Yorkshire Community Rehabilitation Service



South Yorkshire Police



**Care Quality Commission
(attends Board on annual basis
by invitation)**



St Leger Homes of Doncaster



**Rotherham Doncaster and South Humber
NHS Foundation Trust**



Healthwatch Doncaster



**Doncaster and Bassetlaw Teaching Hospitals NHS
Foundation Trust**



SY National Probation Service



NHS England



**Yorkshire Ambulance Service
represented by Doncaster Clinical
Commissioning Group**



South Yorkshire Fire and Rescue



**Doncaster Keeping Safe Forum
(attends Board on annual basis
by invitation)**



Doncaster Safeguarding Children's Board



Prison Services



Department of Work & Pensions

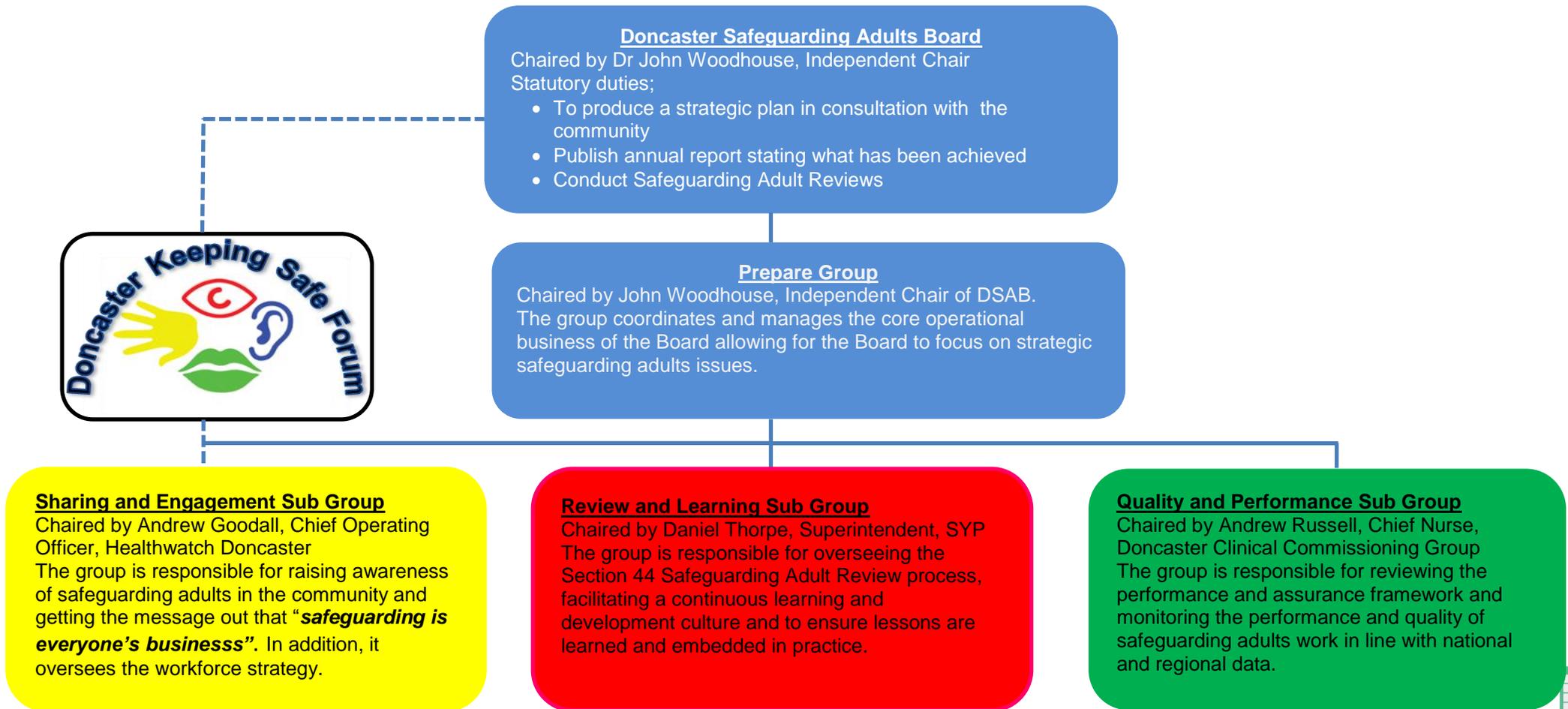


Governance

2017/18

The Board has met on four occasions; overall there has been good multi-agency attendance. For transparency the Board's annual reports, safeguarding adults reviews and Board minutes are publically available and can be found at; www.doncaster.gov.uk/safeguardingadults

Doncaster Safeguarding Adults Board Structure



DSAB Key

Summary of achievements 2017/18

Quality and Performance Sub Group

- The Quality and Performance sub group have met on a quarterly basis to receive, analyse and discuss multi-agency safeguarding adults' performance. The group have developed and endorsed an audit programme and have received regular audit reports throughout 2017/18. The latest audit focused on consideration of risk on exit of the safeguarding process.
- The sub group also developed and agreed a multi-agency Performance Framework which is focused on outcomes for adults at risk and themed around the 6 safeguarding principles. The Board have agreed this in principle subject to ongoing development. Ongoing presentations of the Performance Framework have provoked debate at Board level which has led to positive challenge and focused deep dives to assure the Board.

Board/Prepare Group

- The DSAB joined forces with the DSCB to host a Safeguarding fortnight in Doncaster from 25th September to 6th October 2017.
- The DSAB have worked jointly throughout the year across the Children's, Adults and Community Safety agendas to provide ongoing training for joint areas of interest such as Financial Scams and Human Trafficking.
- The Board commissioned a desktop exercise to take place across the whole safeguarding system. Members from Safeguarding Children's and Adults Boards and the Community Safety Partnership attended a half day workshop on 12th March 2018 facilitated by Easingwold Emergency Planning College.
- The Joint Safeguarding Self-Assessment was repeated across the Safeguarding Children's and Adults Boards to seek assurance from partner agencies that safeguarding is at the heart of their services.
- As an outcome from a stocktake review undertaken in October 2017 by Dr Adi Cooper a revised action plan has been developed.

Sharing and Engagement Sub Group

- Launched the Communication and Engagement Strategy across Doncaster
- Briefed elected members to raise awareness of safeguarding in the community
- Co-produced a new keeping safe leaflet and banner pens alongside the community
- Distributed the campaign to a variety of organisations in Doncaster
- Provided regular updates through social media (Twitter)
- Held a community-led Keeping Safe Event in 2017, raising awareness, sharing information and consulting with service users and members of the public
- Developed the Safeguarding Adults Multi-agency Workforce Strategy 2018-21. The strategy is underpinned by local joint core principles that span across Safeguarding Children's, Adults and Domestic Abuse competencies. This has now been launched and disseminated across the multi-agency partnership and is available on the Safeguarding Adults website.
- The Keeping Safe Forum continues to raise awareness and increase its membership. A wide range of agencies access the Forum to raise awareness of their service in relation to safeguarding adults. The Forum members took an active role in shaping the programme for the Keeping Safe Event and continue to get the message out in the community that **'Safeguarding is everyone's business.'** Healthwatch Doncaster has secured funding for the Forum for the next 3 years allowing for a longer-term action plan to be produced.

Review and Learning Sub Group

- The Review and Learning sub group coordinated and oversaw all Safeguarding Adult Review activity during the year, ensuring a timely response to SAR requests and commissioning of authors to conduct the reviews. During 2017/18 1 SAR was completed and lessons were shared across the partnership and 1 new SAR request was received.
- The sub group commissioned a piece of research by Sheffield Hallam University to assure the Board that safeguarding is being made personal.
- A working group was established across the Local Authority, SYP and RDASH to look at what analysis takes place regarding low level concerns.

Working Together to Safeguarding Adults and Children

The Board have worked in partnership with Doncaster Safeguarding Children's Board to develop a joint safeguarding self-assessment and challenge process that will audit the effectiveness of safeguarding arrangements across partnership agencies. This provides an arena where partners will be held to account and challenged to provide evidence to support the information they have provided within their self-assessment. Where gaps are identified agencies will be asked to submit action plans detailing how they are going to address.

The Board have also worked jointly with the Safeguarding Children's Board and the Community Safety Partnership Board to develop core competencies regarding safeguarding and domestic abuse. This will strengthen and support the safeguarding workforce providing clear direction on the competencies required to identify and respond to abuse and neglect.

In addition the three Boards have coordinated joint training for Modern Slavery and Human Trafficking in line with the requirements of the Care Act 2014 and Modern Slavery Act 2015. This training was delivered by South Yorkshire Police to a range of staff across the multi-agency partnerships detailing how to identify Modern Slavery and respond appropriately. This has proved to be in high demand and more training is scheduled for 2018-19. Moving forwards we will be aligning the DSAB with other Boards, reducing duplication in the system, increasing efficiency and providing opportunities to re-invest.

Implementing Making Safeguarding Personal in Doncaster

The Boards continues to implement its Strategy to embed Making Safeguarding Personal and seek assurance that practice is outcome focused. The strategy identifies a 2 phase approach to implementing the required changes, which is a shift from process to outcomes for adults at risk. The strategy focused on a number of areas including;

- Supporting the required culture change of the workforce through training and communication plans
- Revising documentation, systems, policies and procedures to focus on outcomes for adults at risk
- Widening the DSAB Performance framework to focus on outcomes
- Preparing wider independent providers of health and social care to undertake S42 enquiries in line with Making Safeguarding Personal

Phase 1 of the strategy has focused on supporting statutory health and social care services, ensuring the adult at risk is asked what they want at the beginning of the safeguarding adult's process. Moving forward we will continue with Phase 2 of the strategy to ensure wider agencies are engaged and have the required skills to undertake Section 42 enquiries where appropriate.

The Board is now seeking assurance from agencies that Making Safeguarding Personal is being delivered in practice and making a difference to people's lives. A piece of research has been commissioned through Sheffield Hallam University to inform the Board.



Implementing the Self-Neglect and Hoarding Policy in Doncaster

Self-neglect and / or hoarding is a worrying issue for all concerned, it can prove challenging to address as it is often combined with a lack of engagement and motivation from the individual which can increase risk to themselves and others. Causes are often grounded in, and influenced by, personal, social and cultural values and similarly people who are homeless have often been subjected to previous abuse and trauma, often have deep rooted mental health troubles, fragile self-esteem and self-worth combined with a distrust of services.

Doncaster Safeguarding Adults and Children's Boards, alongside Safer Stronger Doncaster Partnership, have worked in partnership to develop a policy and procedure to respond to cases of self-neglect and hoarding. The policy can be accessed via the Safeguarding Adults webpage: <http://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-policy-and-procedures>

In order to support staff that may come across vulnerable adults who are self-neglecting, the DSAB have developed 3 training courses to increase skills and knowledge. These courses can be accessed using the following link: <https://doncaster.learningpool.com/login/index.php>



Front Door

Safeguarding Adults Hub

The Safeguarding Adults Hub was created in April 2016 and brings together a range of agencies such as Social Workers, NHS Nursing Staff and trained Community Care Officers that are fully trained and competent in assessing and responding to safeguarding concerns. In addition the Police are co-located within the same building providing a fully multi-agency safeguarding function.

The Safeguarding Adults Hub aims to embed the principles of Making Safeguarding Personal focusing on what the person wants at the beginning of the process and empowering adults at risk to achieve their outcomes.

During 2017/18 the Safeguarding Adults Hub received 2003 Safeguarding Concerns of which 877 (44%) progressed to a section 42 enquiry. 50% of enquires are concluded after an initial contact demonstrating a flexible and person centred response to the situation in line with the adults wishes. Leaving the more serious and complex safeguarding issues to be addressed through a thorough investigative enquiry process.

Case Study

Safeguarding concern

Mr B is a 45 year old man with a learning disability who lives in a supported living placement. Mr B had recently inherited a substantial amount of money from his mother when a carer became concerned around a relatives sudden interest and potential abuse regarding finances.

Immediate action to protect and prevent

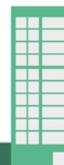
In response it was immediately arranged for Mr B's care provider to prevent the signing of any documents whilst a safeguarding enquiry was carried out. This involved gathering information about the extent of Mr B's learning disability and his mental capacity in relation to finances.

Involving Mr B

In order to make safeguarding personal for Mr B his Social Worker arranged for him to receive support from an independent advocate. This enabled Mr B to establish his own wishes and feelings as part of the safeguarding enquiry and empower him to make decisions on his behalf. Within a short period of time the Social Worker had acted to protect Mr B from potential harm, visited him in person to assess his mental capacity to make informed decisions, ascertain his outcomes and to recommend future safeguards and preventative measures such as yearly reviews by a Social Worker.

Outcome

Mr B reported that he felt safer as a result of the safeguarding enquiry. In addition he was supported to achieve his expressed outcomes by making the decision to use some of his money to purchase a caravan in Cleethorpes.



Proportionality is key when responding to safeguarding situations. The Hub identifies the most appropriate and proportionate response alongside the adult at risk or their representative often signposting to other services or processes where the adults outcomes will be better dealt with. The Hub empowers adults at risk to improve their lives as it puts service users and their families in the driving seat of the process and enables people to address concerns with the support of statutory services. It is a haven where people can access non-judgemental advice and support from professionals during some of the worst times of their lives, but in a proportionate way, at the service users pace.

Throughout 2017/18 the Safeguarding Adults Hub asked 84% of adults at risk what they wanted at the beginning of the safeguarding enquiry and in 95% of these cases the adult's outcomes were either fully or partially achieved.

84% Adults asked were what they want



95% Outcomes fully or partially met



Moving forwards we will

- Continue to embed new practices and models of working within the Safeguarding Adults Hub including the Signs of Safety and Making Safeguarding Personal
- Embed the Self-Neglect and Hoarding Policy into practice and develop response and practice within localities.
- Continue to develop the processes to ensure that all safeguarding referrals receive a timely, proportionate and appropriate response.
- Work with partners to facilitate more S42 enquiries being undertaken by agencies themselves with oversight by the hub.
- Develop the role of the hub to be more enabling in terms of working with partners and individuals themselves.
- Embed safeguarding within the Community Led Support Model going forwards, working with communities and individuals in relation to safety and protection with a view to empowering people to protect themselves.
- Continue to implement recommendations from the peer review of Adult Safeguarding in Doncaster.

Refer to back page for details of how to report a safeguarding adult concern



Raising Awareness

Our Keeping Safe Campaign

The Share and Engage sub group have been working hard to refresh the Board's Communication and Engagement Strategy of which the Keeping Safe Campaign is a key part. In order to do this effectively consultations were carried out with staff and general public at the Keeping Safe Event held in November 2017, in addition a questionnaire was sent out to the public via St Leger Homes House Proud magazine.

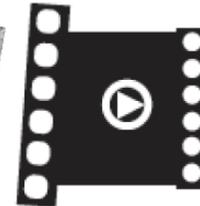
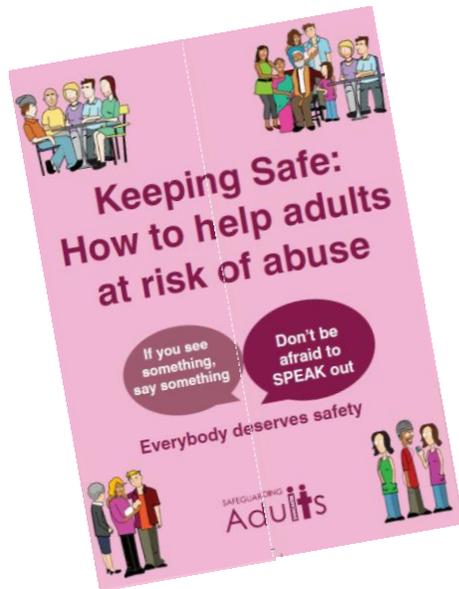
The consultations highlighted three themes;

- **Communication** – the need to reach the most vulnerable people not linked to existing services
- **Raising awareness and education** – the need to continue to deliver training around safeguarding adults and keeping safe across Doncaster, with a focus on educating young people
- **Empowerment** – supporting people to feel comfortable to report abuse through peer support, training and appropriate feedback

The key messages of the campaign are;

- Everyone has the right to be safe, to be respected, to be heard
- Everyone has a role to play to make this happen
- If you see something, say something (If you see, hear or suspect that someone is being abused, report it)

A number of methods have been used to support the campaign such as; consistent branding, marketing, press and public relations, social media, safeguarding film, leaflets, posters, banners, business cards and banner pens see below;



www.doncaster.gov.uk/safeguardingfilm

Moving forward the campaign action plan will be refreshed in line with the revised DSAB Communication and Engagement Strategy to ensure it continues to get the message out to the communities of Doncaster that safeguarding adults and **keeping safe is everyone's business.**



Safeguarding Fortnight

25th September to 6th October 2017

Following a series of successful standalone safeguarding awareness events, the Doncaster Safeguarding Children's Board (DSCB) and Doncaster Safeguarding Adults Board (DSAB) partners joined forces to further increase their impact and empower staff.

The Safeguarding fortnight, designed to raise awareness of child and adult safeguarding, featured activities and training for professionals and members of the community across Doncaster.

Starting on the 25th September through to the 6th October 2017, the Boards worked together to raise awareness of safeguarding in the Doncaster area with a range of information sessions and workshops aimed at tackling issues such as Modern Day Slavery, Hate Crime, Prevention, Fire Safety and many more.

In addition a number of Information Stalls were available across a range of agencies such as St Leger Homes, RDASH, DBTH and Doncaster Children's Services Trust. DMBC also hosted stalls for members of the public and staff in the Civic Office.

Next year, we will be joining our South Yorkshire partners to host a regional safeguarding week across Children's and Adults Services.



Keeping Safe Event 2017

We held our annual event at the Doncaster College Hub on December 1st 2017 where 120 people attended with a wider proportion of members of the public in attendance. The overall theme of the event was:

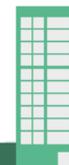
- How we have communicated with people in Doncaster so far and where improvements are needed?
- What needs to be done to promote Keeping Safe in Doncaster and how we can improve this?

In order to achieve this, we held a consultation activity among attendees at the event which focused on;

- Leaflets and posters
- Safeguarding Adults Website
- Advertising across Doncaster
- Working with Young People

The event also aimed to engage with young people in Doncaster. Members of the task and finish group organising the event held a number of sessions with different groups to gather the views of young people on adult safeguarding. These views were displayed at the event.

The event achieved its objectives and evaluated well with a wide range of agencies and members of the public attending. The results of the consultations from this event will be used to redesign campaign materials and to update our website so that we can provide accessible information to the community of Doncaster and engage effectively. This event was possible thanks to the efforts of all our partners and members of staff. We would like to thank everyone for their contributions to making the 2017 Keeping Safe Event a success.



Safeguarding Adults

Peer Review

The Board undertook a stocktake of its progress against the peer review recommendations to ensure the actions were having the desired impact. Dr Adi Cooper, an leading expert in the field of Social Care was commissioned to undertake the review and visited Doncaster on 20th October 2017.

The objectives were to review:

- How the Peer Review action plan is progressing and what impact it is having
- How the Council's Adult Social Care services are meeting their safeguarding responsibilities and following MSP principles as outlined by the Care Act 2014
- Whether the Safeguarding Adults Hub is functioning efficiently and make suggestions for future service models
- Whether the Board has good working relationships and is effective
- Whether the Board and its partners are effectively engaging with the criminal justice system, particularly Prisons.

Outcome of the review

- There continues to be progress against the Safeguarding Adults Peer Challenge Report, and progress on implementing the recommendations
- Services are generally meeting their safeguarding responsibilities and following MSP principles as outlined by the Care Act 2014
- The DSAB members have good working relationships and the Board is increasingly able to plan and deliver against the strategic objectives.
- Engagement with the criminal justice system, particularly Prisons is improving.

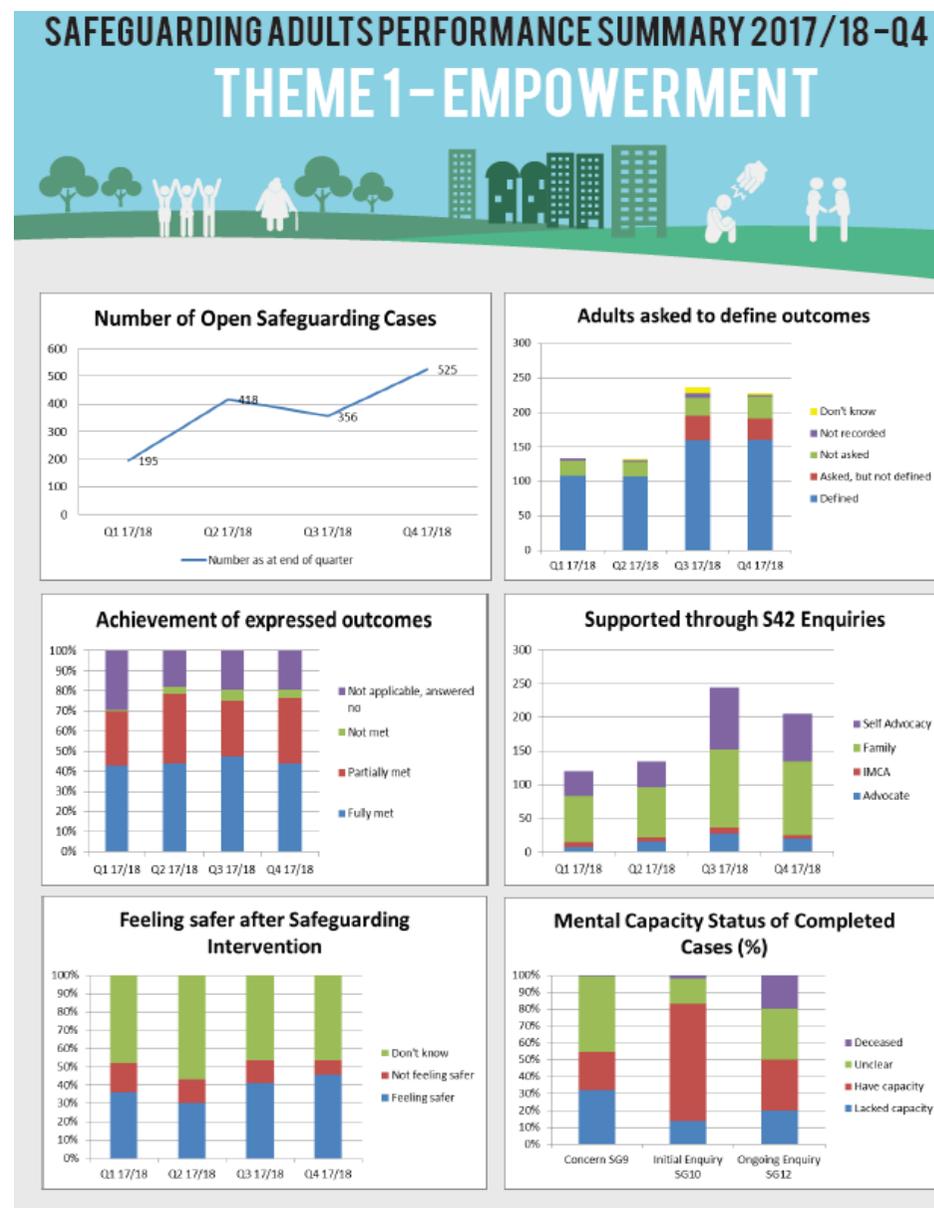


Monitoring Outcomes for Adults at Risk

The Quality and Performance sub group have continued to develop a framework modelled around Outcomes Based Accountability (OBA). This process is designed to bring people together to share the responsibility for improving people’s lives across the partnership.

The Framework will be used to continually improve the services that multi-agency partners deliver and to facilitate and provoke challenge and debate at both an operational and strategic level. The “Information Journey” as well as the governance and escalation routes are clearly laid out to show how performance data is fed through from the appropriate systems via the relevant sub groups for regular analysis and challenge by service experts, sub group and Board members. This, in turn, will allow issues as well as good practice to be highlighted and reported back to relevant managers and staff.

This revised Performance Framework includes a summary of info graphics made up of multi-agency performance indicators. The Board receives this performance information on a quarterly basis along with a supporting narrative of analysis. The dashboard has been positively received by the members of the Board as a clear and accessible method of receiving performance data and has provoked much challenge and debate, identifying areas for further exploration and investigation. The Performance Summary Dashboard will continue to be refined throughout 2018/19 in line with the Boards steer.



Continuous Learning and Improvement

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange a Safeguarding Adults Review (SAR), in cases where an adult has died or experienced significant harm or neglect, and/ or where the Board feel there are multi-agency lessons to be learned.

On conclusion of the SAR, an action plan will be drawn up to ensure the recommendations of the findings are implemented. In addition a summary of each SAR is published as a Shared Learning Brief which will be available on the DSAB webpage and shared across the multi-agency partnership.

The purpose of the SAR is to:

- Establish what lessons are to be learnt from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures, both multi-agency and those of individual organisations.

During 2017/18 there have been three SARs at different stages of conclusion.

Safeguarding Adult Review

The Board received a SAR request following a safeguarding incident involving 2 carers who were attending to and hoisting a service user when the hoist collapsed. The service user later died.

The Section 42 safeguarding enquiry and associated recommendations addressed the immediate solutions to the findings of the investigation; however it was acknowledged that there was potential further multi-agency learning in relation to the governance of safeguarding systems through the commissioning process in relation to Care Homes.

In response the Safeguarding Adults Board commissioned a SAR through an Internal Audit in order to evaluate the governance arrangements in respect of the adequacy of the contract management arrangements covering the provision of equipment and effective training for Care Home staff.

Shared Learning themes

- Responsibility regarding moving and handling plans
- Clarity of roles of Moving and Handling Officers
- Contract monitoring activities to have more focus around moving and handling plans, equipment testing certificates, training evidence and risk assessment procedures.

The learning has been shared across the Doncaster Multi-agency partnership and is available for download at;

<http://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-reviews>

Our Priorities for 2018/19

Moving forwards

Moving forward during the next twelve months, the Prepare group will continue to develop its agenda to ensure sub groups are held to account for delivering the strategic objectives, core business and risks of the Board are managed as appropriate.

Good progress has been made during 2017/18 against the Boards Strategic Plan demonstrating the commitment of partnership agencies during times of significant change in the architecture across public, independent and voluntary sector organisations.

The Board held its annual away day in February 2018 to reflect and refresh its focus on a long term direction for the Board in line with the requirements of the Care Act 2014. In addition the findings from the 2017 Keeping Safe Event and a local community consultation facilitated by Healthwatch were fed in to ensure priorities were in line with community expectations. The day resulted in a refreshed strategic plan with the following themes:



1.SHARING AND ENGAGING

“Sharing information and engaging with the people of Doncaster”

2.HELPING, EMPOWERING AND SUPPORTING

“Provide quality safeguarding services when abuse or neglect is identified and putting adults at risk at the centre of what we do”

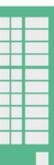
3.PREVENTION

“Ensure agencies are working together to prevent abuse or neglect and take appropriate action when needed”

4.PREPARE

“Ensure the Board is fit for purpose through transformation and to ensure an effective response to safeguarding trends.”

The Strategic Plan 2016-19 is available on the DSAB webpage www.doncaster.gov.uk/safeguardingadults



Doncaster Keeping Safe Forum

The Doncaster Keeping Safe Forum have continued to support the Doncaster Safeguarding Adults Board by providing information on the experiences of the local community in Doncaster in relation to safeguarding adults at risk. Healthwatch Doncaster have mainstreamed support for the Keeping Safe Forum as part of its core work. The Forum planned and helped to deliver the annual Keeping Safe Event in Doncaster which was designed to enable the community to hear key messages and advice on Keeping Safe in Doncaster. This year the event focused on Hate Crime and Scam Awareness providing attendees with resources and information to help them stay safe.



Working with other organisations

The Forum has worked with:

- The Doncaster Safeguarding Adults Board to enable information to be shared with members of the community about all types of abuse with information on how and where to report concerns.
- Officers from South Yorkshire Police and South Yorkshire Fire and Rescue Service provided information on key messages around Keeping Safe in Doncaster, examples have included information on scam awareness and fire safety in relation to hoarding and self-neglect.
- Partners in the Public Health team, shared messages and information on public health campaigns with members of the community, one example is the Winter Friends campaign designed to inform members of the community on how to stay safe during the winter months, providing information and resources to help the most vulnerable in the community

Working in the community

The Forum have promoted Keeping Safe in the local community through events, meetings and social media.

Members of the local community have promoted the Keeping Safe information and taken out leaflets and information about the campaign.

The Forum has shared information about local campaigns and new initiatives.

One example is the launch of the Doncaster Safeguarding Adults Board Multi-agency Self Neglect and Hoarding Policy, with members of the Forum having a presentation at a recent meeting to enable them to understand how to spot issues and where to go to raise concerns.

The Keeping Safe Forum has an active social media presence with a Twitter feed with over 864 followers. Through this account we can share information and advice on Keeping Safe in Doncaster.

Reports from Safeguarding

Adult Board Partners

Doncaster Council

Doncaster Metropolitan Borough Council has the lead responsibility for co-ordinating safeguarding adults as outlined under the Care Act 2014. During 2017/18 we have led on this through continued resourcing and development of the Safeguarding Adults Hub, a specialist team trained to receive and respond to safeguarding adults concerns.

The focus of Adult Social Care is changing and transformation in Doncaster is now well underway. The introduction of Community Led Support Hubs will support communities to use a strengths based approach, empowering people to keep themselves and others safe within their communities, identifying abuse and responding appropriately to ensure safeguarding is everyone's business.

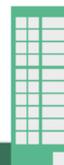
Newly commissioned services such as the Complex Lives Team have been created to respond to the most vulnerable within our communities, linking up and working jointly with our partners to provide person-centred interventions for those most in need. In addition the following services have continued to provide early intervention services aimed to prevent safeguarding issues;

- Safer Communities - tackling anti-social behaviour and lower level community safety issues within neighbourhoods.
- Well-being, Early Intervention and Prevention - a community and family approach to supporting people to live in their own homes and be supported within the community.
- Stronger Families – an approach offering support to the whole family to make their own decisions wherever possible.

As a local authority Doncaster Council commission and provide care for vulnerable adults across Doncaster and are accountable for the quality of these services. Robust governance arrangements are in place to commission and monitor contracts to ensure high quality services are delivered and people are kept safe. Fortnightly multi-agency meetings are held to focus on providers of commissioned care and to target support early to prevent safeguarding issues.

Plans for 2018/19

Going forwards we will continue to embed new ways of working including multi-agency responses to self-neglect and hoarding cases and the introduction of the Signs of Safety practice model. We will continue to make safeguarding everyone's business through enabling and supporting more services to undertake safeguarding enquiries under the Care Act 2014 ensuring safeguarding referrals receive a timely, proportionate and appropriate response that is focused on achieving outcomes for the adult at risk.



Care Quality Commission (CQC)

Our purpose and role

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. People have a right to expect safe, good care from their health and social care services.

Our current model of regulation



Our ambition for the next five years:

A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care.

- CQC has completed all baseline inspections of NHS hospitals, general practices and adult social care providers
- We will have a risk-based approach to inspection in the future – more frequent inspections for providers rated as ‘inadequate’ or ‘requires improvement’, and a more hands-off approach to providers rated ‘good’ or ‘outstanding’. As 82 per cent of providers have been rated good or outstanding (as at quarter one, 2017/18) this could significantly change the way that CQC approaches inspection.
- Between 2016/17 and quarter one 2017/18, most providers previously rated as requiring improvement or inadequate improved their rating on re-inspection (particularly hospitals and general practices).

Our role and responsibilities are:

To monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, we will do this by:

- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect.
- Using Intelligent Monitoring of information we receive about safeguarding (intelligence, information and indicators) to assess risks to adults and children using services and to make sure the right people act at the right time to help keep them safe.
- Intelligent monitoring is how we describe the processes we use to gather and analyse information about services. This information helps us to decide when, where and what to inspect. By gathering and using the right information, we can make better use of our resources by targeting activity where it is most needed.
- We have always used the important information in statutory notifications in this way, alongside other information about safeguarding and information provided by others such as people who use services, their families and the public.



- Acting promptly on safeguarding issues we discover during inspections, raising them with the provider and, if necessary, making safeguarding referrals to the local authority and the police where appropriate.
- Holding providers to account by taking regulatory and enforcement action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults and that they maintain improvements.

Working with others

- CQC receives information about safeguarding in the form of concerns or alerts. Concerns are when the local authority is already aware of the incident; alerts are when we are the first organisation to be told and we make a direct referral to the local authority or police where needed.
- We may also make a referral when the provider or manager is implicated; has failed to make a referral or where we have no confidence the provider will respond to the incident appropriately

Action on identifying abuse

- CQC receive information that may relate to safeguarding from various sources, both professionals and the public.
- All concerns are relayed through our National Customer Service Centre (NCSC) and our team use a decision making tool to identify whether this is information already known to a local authority or not, and if not we ensure a safeguarding referral is made. These referrals are made within 24 hours by NCSC.
- We inform the provider / manager of the service unless they are directly implicated
- When we are told about abuse or neglect we seek assurance from the registered provider that appropriate action has been taken to protect the individual/s from harm and that others are not at risk
- All information relating to safeguarding concerns or alerts involving regulated services are sent directly to the appropriate relationship holder in an inspection team.
- We would expect to see that providers are aware of their local safeguarding contacts and that they are adhering to agreed information sharing around safeguarding.
- We attend safeguarding meetings where we are considering regulatory action or have a contribution to make. CQC would not expect to be invited to every meeting, however we would expect both the provider and the local authority to make us aware of lines of investigation, provide meeting minutes, action plans and safeguarding outcomes.
- We have no decision making role in relation to Local Safeguarding Adults Boards and are not full members, this ensures we maintain our impartiality as a regulator. We provide reports and information to Local Safeguarding Adults Boards on request and undertake to attend once per year.
- For services delivered to children and young people we work with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons) to review how health, education, police, and probation services work in partnership to help and protect them.
- Working with local partners to share information about safeguarding.



Improving response to safeguarding through regulation - *Regulation 13 - Safeguarding service users from abuse and improper treatment*

We are clear that our role is to regulate and we want to work in partnership at a national and local level to achieve good outcomes for people receiving a health or social care service. The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes: neglect, subjecting people to degrading treatment, unnecessary or disproportionate restraint and deprivation of liberty.

- Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors.
- Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.
- Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes cooperation with any investigation and/or referral to an appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.
- CQC will take regulatory action if there is a failure to meet requirements and there is resulting harm to a person using the service or if a person using the service is exposed to significant risk of harm.

There is more information about our role and approach to safeguarding on our website, <http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>

State of Care

State of Care is our annual assessment of health and social care in England. The report looks at the trends, highlights examples of good and outstanding care, and identifies factors that maintain high-quality care. State of Care 2016/17

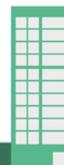
<http://www.cqc.org.uk/publications/major-report/state-care>

Health and care services are at full stretch

The complexity of demand for health care and adult social care services in England continues to rise. The number of people with complex, chronic or multiple conditions is increasing. We have an ageing population, and the total number of years people can expect to live in poorer health continues to rise. These and other factors present different pressures in different parts of the system.

Quality has improved overall, but there is too much variation and some services have deteriorated

Hard work and determination from many providers and their staff has meant people are receiving safer, more effective, and compassionate and high-quality care – services have recognised our inspection findings and made the necessary changes to get better. While there has been much



improvement, some services have deteriorated in quality. Where we have re-inspected providers originally rated as good overall, the majority have remained good. But 26% of mental health services and 23% of adult social care services originally rated good dropped at least one rating, as did two out of the 11 NHS acute hospitals. Only 2% of re-inspected GP practices deteriorated. There are also substantial variations in the quality of care that people are receiving – within and between services in the same sector, between different sectors, and geographically.

To put people first, there must be more local collaboration and joined-up care

Better care is often where providers are working together to provide a more seamless service, one that is built around the often multiple, or complex, needs of individuals. We have found this where there is joined-up care – local health and care leaders collaborating to engage staff, people who use services and local partners to respond to the challenges they face. There is wide variation in how health and social care systems join up. Too many people receive fragmented care – care that is built around the priorities or targets of the services, rather than people’s needs.

Doncaster – Sector ratings - Number of active registered locations in Doncaster

Location Inspection Directorate	Number of Active Locations
Adult social care	127
Hospitals	20
Primary medical services	103
Total	250

NHS England (Yorkshire and Humber)

NHS England is the policy lead for NHS safeguarding, working across health and social care and leading and defining improvement in safeguarding practice and outcomes. It is the responsibility of NHS England to ensure that the health commissioning system as a whole is working effectively to safeguard children and adults. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

NHS England Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Child Sexual Exploitation, Children Looked After, Mental Capacity Act (MCA), Modern Slavery and Trafficking and Prevent. It works in collaboration with colleagues across the North region on the safeguarding agenda. A review of the network has established local safeguarding network meetings bi-annually in the 3 Sustainability and Transformation Partnerships areas (some now named Accountable Care Partnerships) in addition to a bi-annual safeguarding commissioners and providers network event.



Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely. A North region newsletter is now circulated weekly to safeguarding professionals. Learning is also shared with GP practices via quarterly Safeguarding Newsletters, and annually safeguarding newsletters for pharmacists, optometrists and dental practices across Yorkshire and the Humber are produced. An annual North region safeguarding conference is hosted by NHS England North for all health safeguarding professionals, this year's event included learning on neglect, hoarding and asylum seekers. Due to the success of last years named GP conference in Yorkshire and the Humber NHS England North also held a conference for named GPs to share good practice and learning; topics included homelessness, domestic violence, travelling families and safeguarding.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). NHS England works in collaboration with CCG designated professionals to ensure a robust oversight of all incidents, recommendations and actions from reviews. Prior to publication of any reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings, recommendations and publication.

Training & Development

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages. NHS England, in 2017/18, updated and circulated to health colleagues the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals. A training needs analysis has also been undertaken to ensure all NHS England employees receive appropriate levels of safeguarding training. A number of leadership programmes for designated safeguarding professionals have been commissioned by NHS England in addition to a 2 day resilience course. The CSE training provided by BLAST 'Not Just Our Daughters' has also been provided for front line health professionals. Link below to the safeguarding app:- http://www.myguideapps.com/nhs_safeguarding/default/

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. An online version has been piloted in 2017/18 by NHS England in order to develop a national assurance tool for CCG's. A primary care version of the online assurance is also being piloted by a couple of CCGs in Yorkshire and the Humber.

Specialised Commissioning

NHS England North Specialised Commissioning service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies regarding all aspects of safeguarding. Within Specialised Commissioning the Heads of Quality review all serious incidents and liaise with the appropriate CCG to review all incidents and work through actions with the provider. Where NHS England North Specialised Commissioning is the lead or sole commissioner they work directly with the provider, monitor actions and share outcomes with other commissioners.



Health and Justice

NHS England North Health and Justice service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies e.g. Prison, Police regarding all aspects of safeguarding. In addition, there is a Quality Framework in place which requires all providers to report on a quarterly basis regarding any safeguarding concerns, incidents, reviews (including themes and trends). An annual audit of Combined Adults and Children's Safeguarding Standards and an annual safeguarding report are also submitted for review to the NHS England local office Quality Surveillance Group.

Care Homes

NHS England Yorkshire and the Humber have appointed an Independent Care Sector (ICS) Lead to support organisations in the delivery of the Enhanced Health in Care Homes framework. The key work streams in this programme for the ICS leads are the delivery of the red bag scheme and the roll out of an electronic bed state tool.

Complaints and Concerns

NHS England Customer Contact Centre review all complaints and concerns received and identify those containing a safeguarding element for appropriate action. Following receipt of complaints and concerns at NHS England North local offices these are reviewed again and any safeguarding concerns identified are referred to the safeguarding lead for review and appropriate action. Priorities in 2017/18 around complaints were:-

- NHS England North regional safeguarding team in partnership with NHS England local offices reviewed and agreed a standard process for the management of safeguarding concerns within complaints.
- NHS England North regional safeguarding team has delivered safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.

Prevent

NHS England North have two Regional Prevent coordinators who work across the North region to support Prevent implementation, they are part of the National and regional safeguarding and Quality team. This year has seen an increased focus and scrutiny on Prevent implementation within health and safeguarding. A national Task and finish group has been established chaired by the Director of Nursing for NHS England to oversee the progress that is being made with Prevent implementation, particular focus has been on training with an expectation that all organisations will be able to demonstrate 85% compliance by the end of March 2018.

We are working closely with providers, commissioners and regulators to support and monitor the work being undertaken to ensure that all health care organisations can meet their statutory duty for Prevent. Across the Yorkshire & the Humber we have funded a number of projects to enhance understanding of Prevent and to support staff including work with partners in North Yorkshire in the development of a graphic novel titled 'Hurt by Hate' an interactive training package designed to raise awareness of a variety of issues surrounding Prevent and safeguarding.



Following a regional research project to scope the current, attitudes, awareness and practice amongst GP colleagues we are now working with the Home Office to extend the research nationally. We have worked to develop a Prevent training framework and e learning packages specifically for health and have shared guidance across the network for mental health practitioners. In December 2017, the 3rd North Regional Prevent conference was held in Harrogate; delegate feedback demonstrated the positive attitude to Prevent in health agencies and their commitment to continue to develop their knowledge.

Doncaster Clinical Commissioning Group

Doncaster Clinical Commissioning Group

As commissioners of high quality, safe healthcare, Doncaster Clinical Commissioning Group (DCCG) has responsibility for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through its commissioning arrangements and partnership working.

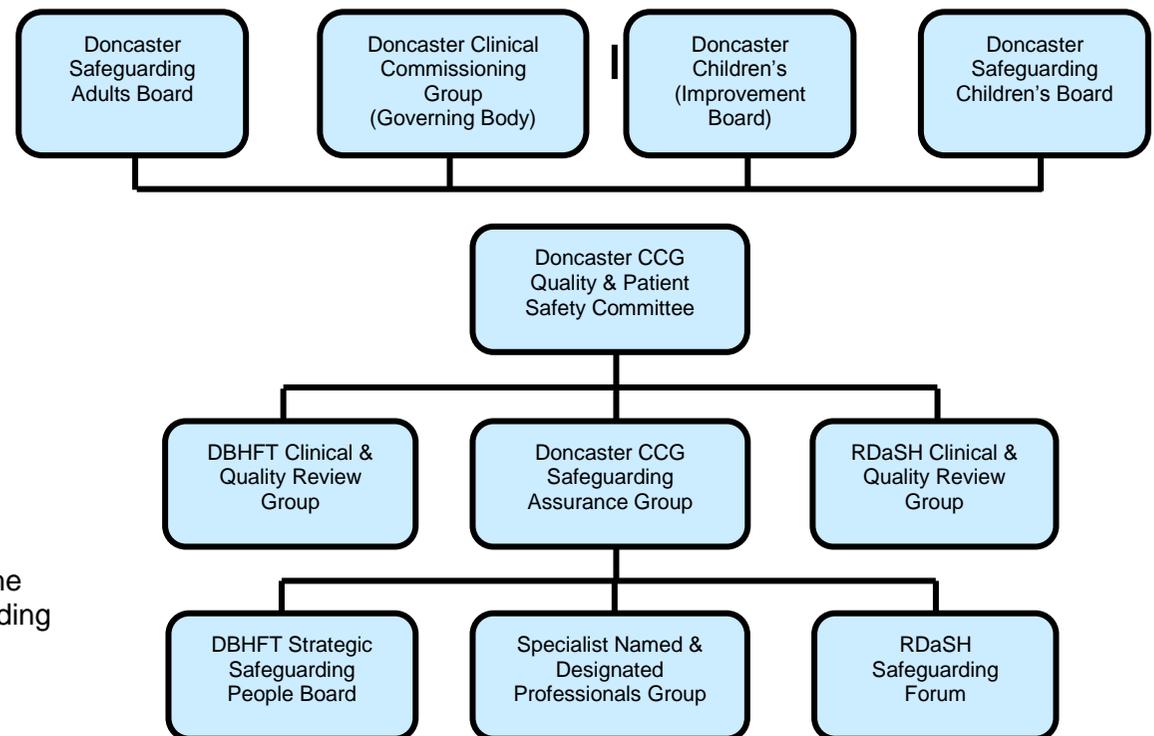
All healthcare providers commissioned by Doncaster CCG are accountable for the quality of the service they provide. The Doncaster CCG Safeguarding Assurance Group has the responsibility for Safeguarding within Doncaster and covers the commissioning responsibilities of the Doncaster CCG.

Governance

Doncaster CCG continues to monitor quality via the safeguarding standards and safeguarding annual declarations which are included within existing and new contracts. During 2016/17 Doncaster CCG has received quarterly safeguarding reports from both main provider organisations which have been discussed and reviewed by the Doncaster CCG Safeguarding Assurance Group.

Doncaster CCG is required to have a Lead Professionals for Safeguarding Adults and a Lead Professional for Mental Capacity. These roles are fulfilled by a single post holder. The Designated Nurse provides professional advice on safeguarding adults matters to the Doncaster CCG, health professionals,

Doncaster CCG Safeguarding Governance Structure



Local Authority and Doncaster Safeguarding Adults Board. Doncaster CCG continues to commission Strategic Leads and Lead Professionals in the main health providers to ensure:

- Accountability for safeguarding adults within their organisation.
- Provide representation at the Doncaster Safeguarding Adults Board at a strategic level.
- Robust and effective governance systems exist within their organisation.

Safeguarding Adult Board Contribution

Doncaster CCG contributes both financial and with resource to the Doncaster Safeguarding Adults Board. The CCG is represented at the Board, Business Coordination Group and Sub Group meetings by the Chief Nurse, Designated Nurse and/or the Named Nurse for Safeguarding Adults. Doncaster CCG supports all appropriate Safeguarding Adults work streams accordingly.

Health Support in the Safeguarding Adults Hub

The CCG has supported the provision of a Nurse into the Safeguarding Adults Hub. The post has enabled health expertise to become a central part of the evaluation process of the safeguarding process

Low Level Concerns

The low level concerns that are raised within Doncaster CCG relate the patients within a Care Home setting or patients receiving Domiciliary Care. These concerns are managed via the Weekly Risk Meeting which is attended by the Local Authority and Doncaster CCG. Clear escalation processes are in place to support the more complex issues.

Future Intentions

Doncaster CCG are currently developing their Safeguarding Work Programme for 2018/19, safeguarding adults will be a key focus within the Work Programme.

South Yorkshire Police

Protecting vulnerable people (PVP) is at the core of the PCC's Police and Crime Plan and a key deliverable of South Yorkshire Police's Plan on a Page. In October 2017, the force released a new vulnerability strategy, that outlines the forces definition of vulnerability and highlights some of the key principles that the force believes are important in providing a policing response to vulnerable people and the importance of working with partner agencies to ensure a tailored approach to protecting vulnerable people.

To effectively reduce vulnerability, a vulnerability assessment framework has been introduced to assess the vulnerability of victims and to provide staff with a consistent methodology to recognise vulnerability and inform decision-making.



In April 2018 South Yorkshire police reintroduced PVP units to District management, with Child abuse investigation unit and safeguarding adult's team amalgamating to become Omni competent teams, which will still remain colocated with other key partner agencies.

The PVP Department staff, have become specialised in dealing with high risk domestic abuse incidents, and are responsible for all incidents graded as high risk, to ensure positive action is taken against perpetrators.

All medium and low risk domestic abuse incidents are dealt with by uniform colleagues, and are robustly managed, dip sampled, and audited routinely. Positive action against perpetrators is expected where ever possible, in an effort to keep victims safe.

Doncaster also routinely utilise the civil route of Domestic Violence Prevention orders, (DVPO) through the courts, where the remit has not been reached for a criminal charge. DVPO's allow for a period of time apart, to enable the victim to regroup and re-assess his or her choices.

All domestic abuse incidents are reviewed on a daily basis to ensure compliance with procedures, and outcomes.

Public surveys are also regularly carried out, and victim feedback sought, in relation to their experience with South Yorkshire Police, this data is then considered in regular performance meetings.

PVP also have responsibility for other complex investigation involving vulnerable adults, such as institutional abuse, abuse by someone in a position of trust, and coroner enquiries. The detectives within this arena have the necessary experience and training to properly conduct these enquiries.

Doncaster have also introduced a dedicated staff member, in relation to other vulnerabilities with adults, and specifically in relation to mental health. It is the role of that staff member to coordinate, collate information and liaise with partner agencies. It is also their role to challenge where necessary.

SYP is routinely inspected by Her Majesty's Inspectorate of Constabulary, in relation to SYP's ability to safeguard and investigate offences against vulnerable people. The quality of investigations is audited, maintained and benchmarked against similar forces regularly.

Reports and recommendations coming from these inspections are robustly managed via Senior Leadership Group ensuring improvement in the way services are delivered. All recommendations arising from case reviews or inspections are published on the forces intranet site. In January 2018, SYP conducted a review of case review key themes (inclusive of SAR, DHR, SCR and LLR). The review considered key themes identified by a number of agencies and areas for improvement were not exclusive to SYP with recommendations for both SYP and other agencies reflected in action plans reviewed by safeguarding sub committees. This learning has been shared with all SYP staff and in relation to learning from Domestic Homicide reviews; the learning was shared in March 18 at the Strategic Safeguarding Board meeting.



Force policies are routinely reviewed and revised and the recent introduction of Authorised Police Practice Guidance has prompted the review of Several PVP Policies to ensure they are in line with APP. The PVP Strategic governance unit deals with all policies, practices and procedures, and ensure these are reviewed, updated and published to support staff in all areas of safeguarding and have recently updated the majority of policies and procedures of all PVP areas which are now standardised with National guidance documents, available via the intranet

Plans and priorities in Safeguarding Adults in for 2018-19

Protecting Vulnerable People remains a key priority for South Yorkshire Police and part of our strategic vision, moving forward into 2018 – 2019. Our Plan on a Page, clearly puts victims at the heart of everything we do, and encourages collaboration with effective partners.

We have re-introduced neighbourhood policing, in order to understand our communities better, tackle anti-social behaviour and prevent crime. Our daily management meetings focuses of vulnerable and repeat victims, and plans are put in place to safeguard them.

The PVP Department, are currently in the process of recruiting a number of civilian investigators, to support the police officers working within the unit. We are also recruiting further specialist roles, such as dedicated Safeguarding Officers. It will be the role of these officers to review low level incidents, attend partnership meetings, and liaise with relevant partner agencies, where a crime has not been committed.

Rotherham Doncaster and South Humber NHS Foundation Trust

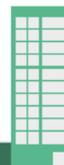
RDASH have worked closely with the DSAB to deliver a partnership model of safeguarding adults, keeping safeguarding personal. Central to this has been a strong and consistence attendance and contribution to the DSAB and subgroups where the strategic view has been to translate in to operational effectiveness.

RDASH has seconded and supervised an RDASH practitioner as the Health Advisor into the Safeguarding Adults Hub which has had a significant impact on both the effectiveness of the Hub and the experiences and outcomes for adults at risk.

RDASH has undertaken a number of complex investigations working with the partnership to ensure the optimum outcomes for adults living in challenging circumstances to ensuring the best possible outcomes.

RDASH has contributed to Safeguarding Adult Reviews striving to ensure that lessons are learnt and those lessons are translated into practice to ensure the best practice is consistently delivered.

RDASH has contributed to the multiagency training offer delivered by the DSAB with particular expertise in modern slavery, and human trafficking and self-neglect supporting a strengthened knowledge base in these complex issues.



RDaSH was a full and active partner during 2017 Doncaster safeguarding week. RDaSH was proud that the Doncaster safeguarding week took place alongside the RDaSH safeguarding week with a number of events made available for colleagues from partner agencies to attend, which were very well received.

Plans and priorities in safeguarding adults 2018-19

RDaSH remains committed to the development of the Safeguarding Adult Hub and will continue to support a specialist health practitioner in the Hub to enable a high quality of intervention, ensuring the best outcomes for people.

RDaSH will support the production of high quality performance information which will demonstrate the effectiveness and challenge in practice.

As the transition to review children and adult board structures take place RDaSH will remain committed and focused partners including in the work of the sub groups.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

The Director of Nursing, Midwifery & Allied Health Professionals is the Trust Executive Lead for safeguarding and chairs the Trust Strategic Safeguarding People Board (SSPB), which oversees the safeguarding arrangements in the Trust. As well as safeguarding professionals the membership includes Care Group Heads of Nursing, Midwifery & Quality and Head of Therapy so that each Care Group has a representative that provides assurance to the Board. In addition, each Care Group has its own internal safeguarding arrangements.

The SSPB oversees the safeguarding arrangements in the trust. Its purpose is to:-

- Provide leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.
- Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.
- To receive feedback and assurance from the Care Groups

The Safeguarding Manager produces a quarterly report highlighting the activities, assurance, action plans and progression over the period. The data includes referrals, Deprivation of Liberty Safeguards, Serious Adult Reviews and Domestic Homicide Reviews.

Despite the team being small at DBTH compared to our neighbouring safeguarding teams, and having a higher population and 6.500 staff members we continuously put the Safeguarding of our patients first, helping and supporting staff navigating safeguarding processes and ensuring



our patients have a voice by implementing Making Safeguarding Personal, a concept staff are familiar with in other areas of care but promoting it further through safeguarding.

The Safeguarding Team endeavour to attend sub groups, making positive contributions and successfully participated in Safeguarding Week, holding stall across all our three main sites and opening up training to other services and agencies.

Plans and priorities in Safeguarding Adults in for 2018-19

Moving into the next financial year the Safeguarding Team will continue to deliver training to all staff face to face and monitor eLearning programmes for suitability and compliance. The Specialist Nurse for Safeguarding Adults will continue the outreach work on the wards and departments across all three main sites helping and supporting staff. As part of the CQC action plan safeguarding training compliance is a priority area, the team will be working more closely with heads of nursing and the training department to ensure staff have met the required level of training for their role. We will continue to contribute at sub-groups, comply with requests for information and partake in any SAR's or DHRs as required.

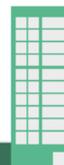
St Leger Homes

St Leger Homes is an 'arm's length management organisation that manages the 20,200 council houses across Doncaster. St Leger Homes has a culture that does not tolerate abuse or neglect and which encourages people to raise concerns in accordance with our comprehensive Safeguarding policy and procedures. These relate specifically to adults or children who are being abused or neglected by others, or who are at risk of abuse or neglect.

St Leger Homes sees its role on the Safeguarding Board as being important not only in terms of representing the company itself but also because housing providers are key partners in the safeguarding agenda. This is due to our presence in local communities and our ability to reinforce the message that safeguarding is everyone's business.

We recognise the importance of raising and monitoring all reports of suspected or known abuse and our internal safeguarding arrangements reflect this. We have a single point of contact for staff to report concerns they may come across whilst carrying out their day to day business. We place a high importance on good record keeping, together with thorough monitoring and management of all concerns of suspected abuse and neglect. Safeguarding concerns are monitored centrally to ensure that the procedure has been followed and to identify any trends which may require a response in terms of procedure or service delivery. During 2017-18 we recorded 358 safeguarding concerns and worked collaboratively in delivering support services to the individuals, families, young people and children involved.

Our internal arrangements dovetail the partnership approach we take in delivering the Doncaster Adults Board's strategic plan 2016-19. We are represented fully at both strategic and operational levels, including the Board. Paul Tanney, Chief Executive of St Leger Homes, is a member of the Doncaster Safeguarding Adults Board and we are represented at various sub groups and task and finish groups by our designated safeguarding lead, who supports all work streams and also provides support in the development and delivery of the multi-agency training programmes.



During 2017–18, St Leger Homes was instrumental in delivering various pieces of work completed by the Board, sub groups and task and finish groups. These include:

- Developing and publishing a strategic plan setting out how the Board will meet their objectives and how their member and partner agencies will contribute
- Publication of an annual report detailing how effective the Boards work has been
- Commissioning Safeguarding Adults Reviews (SARs) for any cases which meet the criteria
- Review of the Communication and Engagement Strategy
- Review of the Keeping Safe Campaign
- Planning and facilitating the annual Keeping Safe Event, and the Safeguarding Fortnight Event
- Developing and implementing a strategy to embed making safeguarding personal in practice
- Delivery of the 'Safeguarding is everybody's business' awareness campaign
- Completion of Safeguarding Adults Reviews and Lesson Learnt (embedded into training/practice)
- Completion of Domestic Homicide Reviews and Lessons Learnt (embedded into training/practice)
- Developed the Doncaster Multi-agency Policy and Procedure for Self – Neglect and Hoarding (embedded into practice)
- Review and development of the Doncaster Domestic Abuse Strategy
- Board Peer Review
- Supported the multi-agency training programme (development and delivery)
- Awareness campaign on the additional categories of abuse introduced by the Care Act 2014, domestic abuse, sexual exploitation, modern day slavery and self-neglect
- Attendance at meetings and conferences in accordance with partnership arrangements, such as MARAC, MAPPA, best interest, self-neglect and professionals meetings

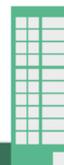
Plans and priorities in Safeguarding Adults in for 2018-19

St Leger Homes will continue to fulfil its safeguarding responsibilities to the highest standards by:

- Maintaining our commitment to improve quality of safeguarding and support for adults and families through partnership and influence.
- Continuing to build on our collaborative approach to safeguarding adults and continue to be a key partner in delivering the vision for Doncaster by contributing to the work of the Board, sub groups and task and finish groups.
- Continuing to deliver our rolling programme of safeguarding training and refresh training, for both our own staff and partners through the multi-agency training group.

South Yorkshire Fire and Rescue Service

South Yorkshire Fire and Rescue has completed a number of Self-Assessments and attended Challenge Meetings across the county to provide evidence and assurances that the service is compliant with statutory safeguarding requirements. An internal Safeguarding Executive Board and



Reference subgroup continues to provide internal governance and a number of related action plans demonstrate ongoing learning and improving in our multiagency working e.g. Child Fire Setters, Business Fire Safety relating to care homes, coordination of referrals from IDVAS and SYP Domestic Abuse Advisors and High (Fire Risk) Practice group.

A newly created Case Tracker can now be used for quarterly auditing and the adult related internal case-work has increased three fold in the last 4 years. Less than a third of cases meet the criteria for a Safeguarding Enquiry, the majority are concerns about health and wellbeing. A new SYFR Safeguarding Concern form together with an E-learning support package has been developed to enable the workforce to differentiate and gather information.

Over half of the cases are related to fire risks and self- neglect, SYFR has contributed to the development of the DSAB Hoarding and Self-Neglect policies

Plans and priorities in Safeguarding Adults in for 2018-19

The Safeguarding priorities for the coming 12 months are: -

- Preparation for HMICF&R Inspection – there is a specific theme of enquiry relating to the identification of those with vulnerabilities
- Ongoing preparation for General Data Protection Regulation (GDPR)
- Contribution to the National Fire Chief Council Safeguarding work stream

Doncaster College

Doncaster College has robust safeguarding with clear pathways and guidance for staff and students; ensuring timely responses to referrals. The College is student centred with a culture and ethos ensuring effective and consistent approach to safeguarding issues.

The College has partnerships with the Doncaster Safeguarding Adults Board and Children's Board, Sharing and Engagement, Workforce Development, and Educational Sub Groups and a member on the Sexual Health Partnership, Pause Strategic Board and Neglect Task groups.

There are also key partnerships with Local Authority SEND Team, South Yorkshire Police, Doncaster Police; Safer Stronger Doncaster Partnership, CAMHS and Adult Psychological Services emergency crisis teams along with the 18+ Children in Care Team. The College operates a welfare register which captures its students who present as most vulnerable including Section 47s.

Doncaster College prides itself on the links with priorities of Doncaster Safeguarding Adults Board strategic plan. This is delivered through educating students about risk taking behaviours within the cross College tutorial programme targeting; safe relationships, health and wellbeing, Child Sexual Exploitation, prevention, drugs and alcohol. The aim is preventive to help students learn how to be safe and stay safe.



There is an effective and embedded procedure for reporting and responding to safeguarding concerns with links to the Doncaster Local Area Designated Officer (LADO), South Yorkshire Police Community Liaison Officer (Safer Doncaster Team), Doncaster Social Care (Refer and Respond Service / Multi Agency Safeguarding Hub Early Help Pathway), Doncaster Housing for Young People, Vulnerable Adult Team and Public Protection Unit.

There is a zero tolerance to bullying and issues are dealt with immediately and appropriately whilst also encouraging students to report incidents, emphasising tolerance and good treatment of others. Positive behaviour is expected with a learning and behaviour policy to encourage students to take responsibility for their actions. Doncaster College core values are part of the strategy plan and management guidance and are included in all staff descriptions.

The College understands its duties and responsibilities under the Counter Terrorism Act (2015), which '*places a specific duty on specified authorities including Further and Higher Education to have due regard to the need to prevent people being drawn into terrorism*' in line with this the College has embedded staff training (Safeguarding training is 89.60% and Prevent Duty is 90.83% compliant; April 2018).

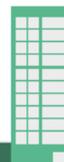
The College successfully completed the following external audits in 2016/17:

- Q3 Performance Summary for the Doncaster Safeguarding Adults Board
- Quarterly Gap Analysis for College Training for the Doncaster Safeguarding Children Board
- Joint Doncaster Safeguarding Children Board / Doncaster Safeguarding Adults Board Self-Assessment and Challenge Meeting

These demonstrated that the College has appropriate arrangements and partnerships to ensure that children, young people and vulnerable adults are effectively safeguarded and the College complies with local procedures and protocols.

Plans and priorities in Safeguarding Adults in for 2018-19

- To promote keeping safe to adult students accessing programmes within the College
- To facilitate staff training in the delivery of British Values to all curriculum staff
- To ensure the curriculum observation process takes account of British Values and its delivery across the College
- Identify student safeguarding champions (students taking ownerships of their own safety and also advocate where appropriate for others)
- Explore the idea of a Safer College Police Officer (though joint funding)
- Explore online training for safeguarding using the SOLA model that is used on the VLE for students
- Review training and development for staff; mindful of online learning and cohorts of specialised training for given staff (including vulnerable adults, modern slavery and Domestic Abuse)
- Develop online SOLA for staff responsibilities in the context of using social media and anti-bullying
- A whole College approach of an inclusive 'Safe College Space' – explore the promotion, delivery and impact on student body (including adult vulnerable students)



- Use data from safeguarding to facilitate and generate information for yearly safeguarding campaigns including making safeguarding personal
- To review NSPCC *Run, Hide, Tell* advice for students in the context of operational delivery
- Review emergency planning for violent events and consideration of training programme in relation to this
- Review support and safeguarding measure at Doncaster College for students returning to the UK from Syria and Iraq.

National Probation Service – South Yorkshire

Summary of the effectiveness of safeguarding activity undertaken during 2017-2018

- Ensure engagement at a local level with the Doncaster Safeguarding Adults Board to promote cooperation and consistency in relation to adult safeguarding to enhance/seek to improve provision for vulnerable offenders.
- All staff are suitably trained in relation to Adult Safeguarding all staff have completed level 1 Adult Safeguarding e-learning and all operational staff complete level 2 class room training.
- NPS have an identified divisional adult safeguarding lead.
- The identified Adult Safeguarding strategic lead is Sally Adegbembo, who has regularly attended and contributed to the Doncaster Safeguarding Adult Board during 2017/18.
- All Adult Safeguarding concerns are identified and flagged at pre-sentence report stage.
- National Probation Service disseminates the lessons learned from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice.

Plans and priorities in safeguarding adults for 2018-19

- Nationally, the Adult Safeguarding group is continuing to work towards the aims of the Adult Safeguarding 2017/19 Business Plan and in particular the development of updated Adult Safeguarding training. Divisionally an SPO Adult Safeguarding training email group has been established and the first “face to face” meeting of that group is scheduled to take place in September 2018. The purpose of that group is to promote and share best practice around the Division and to ensure that matters pertinent to the NPS agenda are included in local agendas e.g. meeting the needs of an ageing offender population.
- Contribute to the new Adult Safeguarding arrangement once new model agreed and implemented.
- Ensure all staff are suitably trained in relation to Adult Safeguarding all staff have completed level 1 Adult Safeguarding e-learning and all operational staff complete level 2 class room training, all staff repeat this training on a three yearly cycle.



VoiceAbility (Advocacy Service)

We have recently been asked to attend meetings as a member of the Doncaster Safeguarding Adults Board but after just one meeting have been able to actively contribute to the meeting and have input in to planning for the future to best safeguard vulnerable people in Doncaster. We actively raise safeguarding alerts when needed and work with the Safeguarding Team regarding checking and challenging when this happens. We also work closely with the Safeguarding Team and Board for Safeguarding Adult Reviews and support for safeguarding under Independent Care Act advocacy

Plans and priorities in Safeguarding Adults in for 2018-19

- Continue to check and challenge when safeguarding alerts made
- Support to quality check systems through SAR's
- Help the Board to recognise and consider when advocacy could/should be involved in safeguarding processes



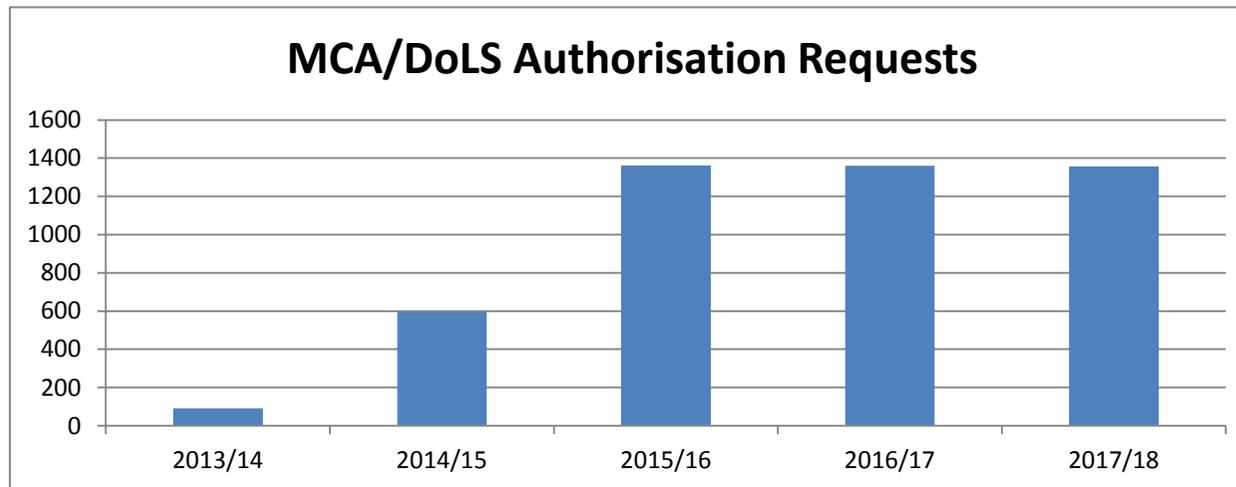
Mental Capacity Act

Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007 became statutory from April 2009. On 19th March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic impact on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand. The safeguards are there to ensure;

- A deprivation of liberty is a last resort
- Their care and treatment is in their best interest and least restrictive
- They have someone appointed to represent them
- The person is given the right of appeal
- The arrangements are reviewed and not continued for longer than necessary

Over the period of April 2017 to end of March 2018 there have been 1357 requested authorisations to deprive individuals of their liberty, this is a similar number when compared with 2016/17 figures.



In response DMBC have continued to target resources to deal with the significant increase in DOLS requests. The Doncaster MCA / DoLS Team provides a single point of contact for organisations, professionals and the public in relation to Deprivation of Liberty issues. For further information visit <http://www.doncaster.gov.uk/services/adult-social-care/raising-concerns> or email dols@doncaster.gov.uk



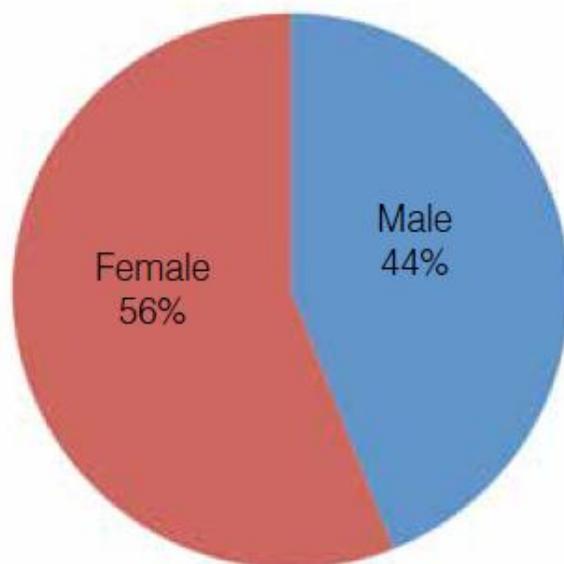
Monitoring Themes and Trends

Safeguarding Adults Activity 2017/18

In 2017/18 there were 127 less safeguarding concerns when compared with 2016/17, but an increase in Section 42 enquiries demonstrating a higher rate of conversions from safeguarding concerns to enquiries.

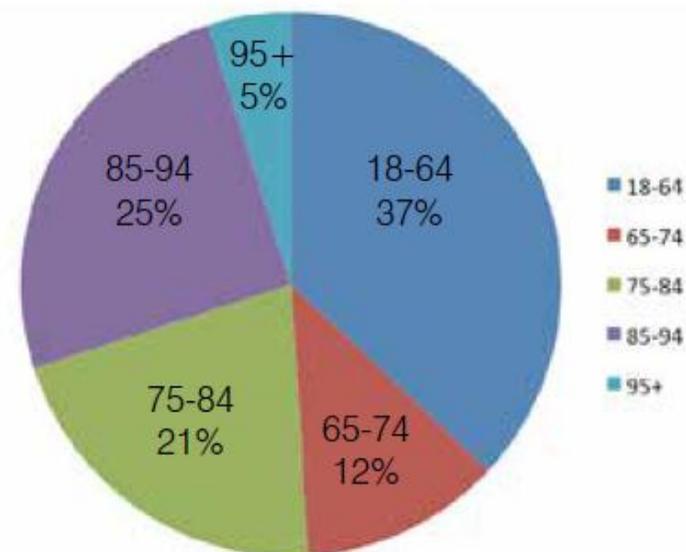
Measure	2017-18	2016-17
Safeguarding Concerns	2003	2130
Section 42 Safeguarding Enquiries	877	676

Safeguarding Enquiry by Gender 2017-18



The majority of the adults at risk were Female at 56% with a difference of 12% for Males at 44%.

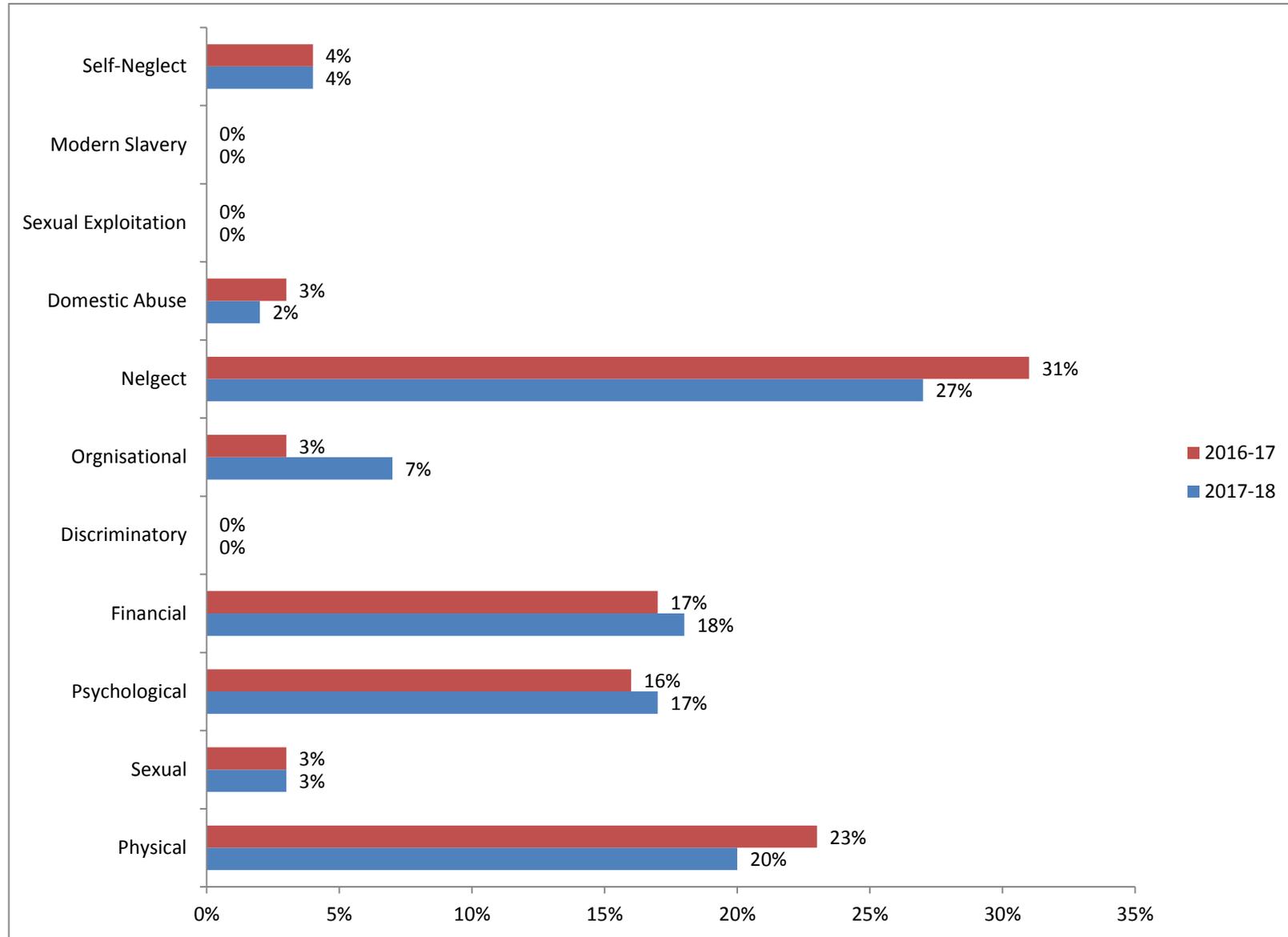
Safeguarding Enquiry by age band 2017-18



The majority of Safeguarding Enquiries carried out in 2017/18 were for adults aged over 65 years of age 63% of the total.



Safeguarding Enquiry by Type of Abuse 2017-18

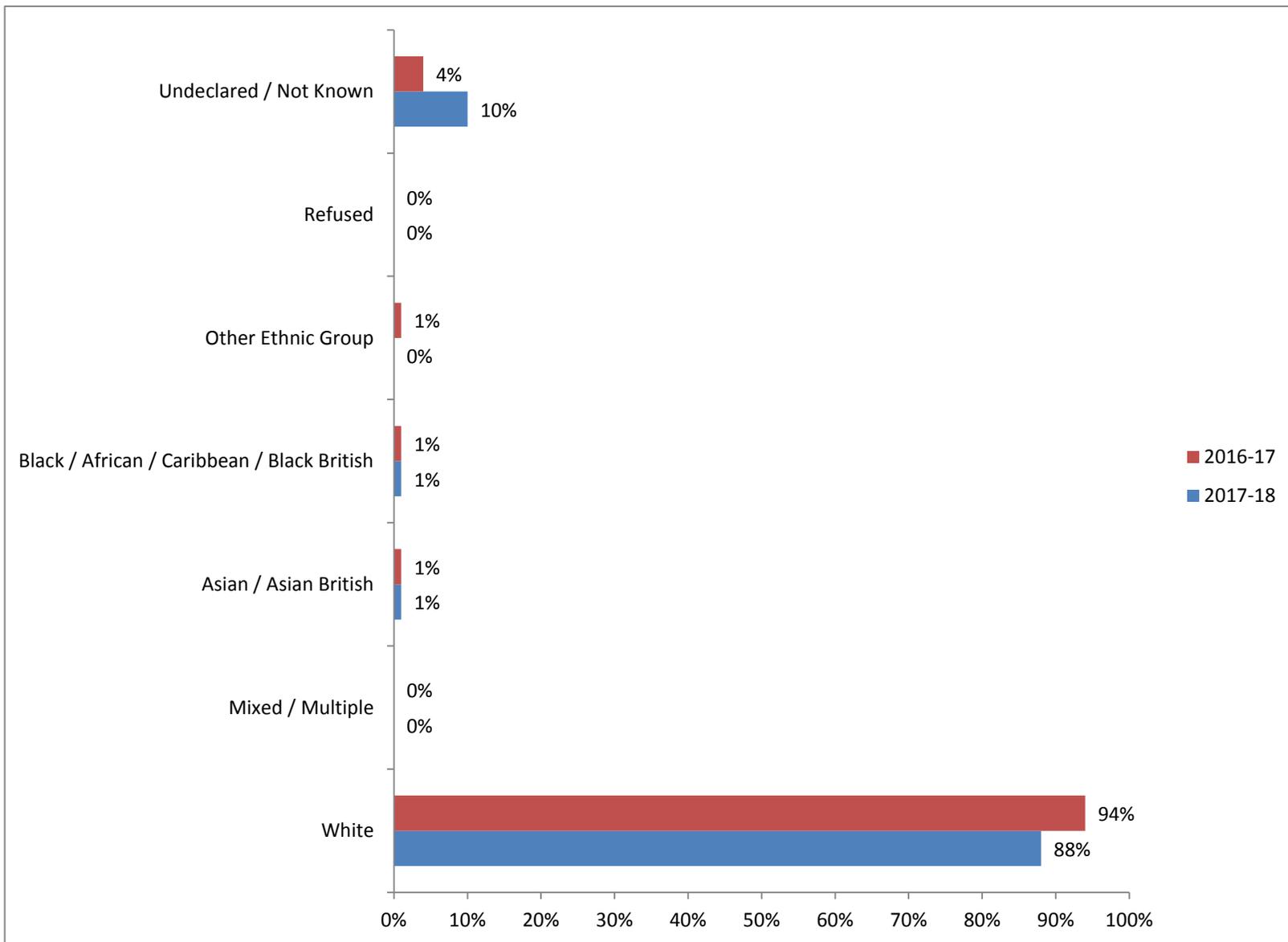


Neglect was most identified type of abuse in 2017/18 with 27%. Followed by Physical abuse at 20%, then Financial and Psychological abuse close behind at 18% and 17% respectively.

As shown on the graph to the right, these results are consistent with the trends previously demonstrated in 2016/17, with the exception of a rise in organisational abuse that occurred near the end of 2017.



Safeguarding Concerns by Ethnicity 2017-18



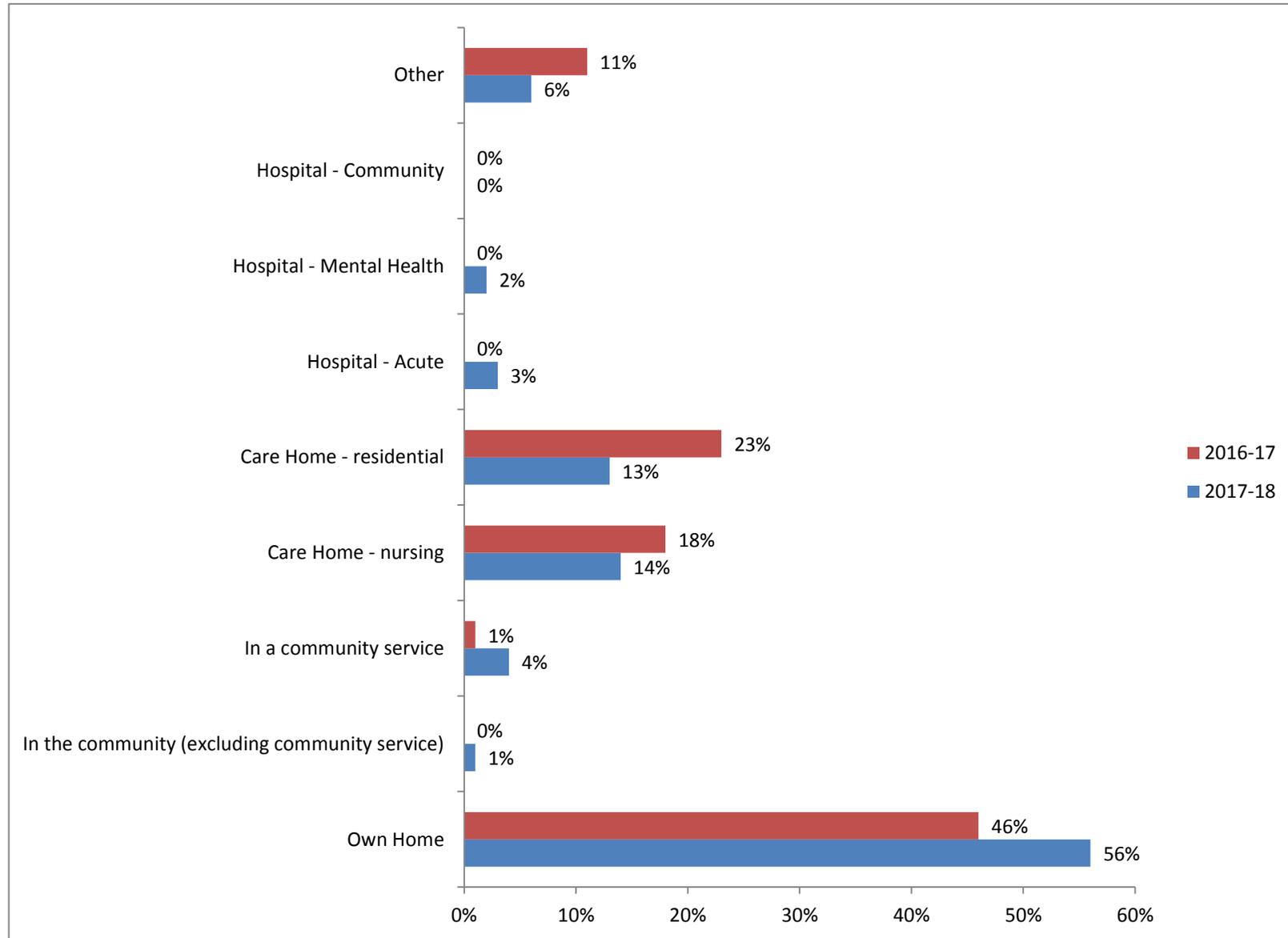
The majority of adults at risk were from a White British Background, making up 88% of the Safeguarding Enquiries.



Safeguarding Enquiry by Location of Risk 2017-18

The vast majority of safeguarding enquiries in 2017/18 related to adults living in their own homes in 56% of cases, this has increased by 10% from 2016/17.

Whereas safeguarding enquiries relating to adults living in Residential Care Homes saw the largest decrease with 13%, with a reduction of 10% compared to 2016/17.



Multi-agency Safeguarding Adults

Learning and Development

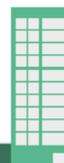
Multi-agency training courses are widely accessed by the Doncaster workforce with attendance high demonstrating a continued demand for multi-agency training. The training delivered over the year has had a real focus on embedding the Care Act 2014 and the principles of Making Safeguarding Personal. This has meant in a change in practice to focus on outcomes for adults at risk.

As we move forward we will continue to deliver training across Doncaster to ensure all agencies are equipped to undertake Section 42 Enquiries where appropriate. In addition a number of courses have been identified to address shortfalls in practice which have been identified through a training needs analysis. Below are attendance figures for 2017/18 for all Safeguarding Adults, MCA and DOLS courses.

Safeguarding Adults Courses Overall attendance -	DMBC	Independent/Voluntary	College	NHS/RDaSH	NPS	STLH	SYFR	SYP	Other
Safeguarding Adults – Enquirers Course	32	27	0	7	0	0	0	0	0
Safeguarding Adults – Raising Concerns	40	40	2	63	0	0	0	0	2
Safeguarding Adults – Coercive and Controlling Behaviour	8	0	0	2	5	1	1	2	0
Safeguarding Adults – Manager Training	1	0	0	11	0	0	0	0	0
Safeguarding Adults – Level 2 Basic Awareness	114	103	0	57	0	0	0	0	0
Safeguarding Awareness for PA's	0	0	0	0	0	0	0	0	4
Total	195	170	2	140	5	1	1	2	6

MCA/DOLS Courses Overall attendance -	DMBC	Independent/Voluntary	College	NHS/RDaSH	CCG
Assessing Capacity and Best Interest Decision Making	5	7	0	0	0
Complex decision making under the Mental Capacity Act	11	15	2	0	1
DOLS for Care Homes and Hospitals (Managing Authorities)	7	7	0	0	0
Introduction to DOLS – (Basic Awareness)	19	33	0	1	1
Judicial Deprivations of Liberty	3	4	0	0	0
Mental Capacity Act – Basic Awareness	45	90	1	6	4
Mental Capacity Assessments – Property and Affairs	4	0	0	0	0
Total	94	156	3	7	6

In addition to the above training, partners also deliver single agency safeguarding adults training.



Funding

Partner Agency Contributions for 2017/18	
DMBC – (Adult Social Care)	£118,330
CCG (including funding of Independent Chair)	£106,180
SY Police Crime Commissioner	£5,000
Total income	£229,510
Total Spend	£157,524
Total underspend	£71,986



Partners Attendance

2017/18

Board Attendance – 4 meetings held

Agency	Attendance
Independent Chair	100%
DMBC	100%
SYP	50%
DCCG	100%
Board Support Unit	100%
HMPS	75%
RDASH	100%
DBHFT	100%
SYF&R	25%
St Leger Homes	100%
NHS England	50%

Share and Engage sub group - 6 meetings held

Agency	Attendance
Chair/Deputy/Healthwatch Doncaster	100%
DMBC	83%
SYP	0%
DCCG	0%
Board Support Unit	100%
RDASH	17%
SYF&R	0%
St Leger Homes	100%

Prepare Group – 3 meetings held

Agency	Attendance %
Independent Chair	100%
DMBC	66%
SYP	66%
DCCG	100%
Board Support Unit	100%

Quality and Performance sub group - 6 meetings held

Agency	Attendance %
Chair/Deputy/DCCG	100%
DMBC	100%
SYP	0%
Board Support Unit	100%
RDASH	67%
DBHFT	67%

Review and Learning sub group - 6 meetings held

Agency	Attendance %
Chair/Deputy/SYP	100%
DMBC	100%
DCCG	100%
Board Support Unit	100%
RDASH	67%
DBHFT	67%

To report a safeguarding adults concern

Adult Contact Team: 01302 737391 (option 3 for safeguarding)

Police: Non-emergency 101 | Emergency 999

Care Quality Commission (CQC): 03000 616161

Emergency Out of Hours: 01302 796000

07786 220 022 (SMS) If you are deaf, hard of hearing or speech impaired

Deaf Community: SMS text 07979 031116

(SMS) Police non-emergency SMS 07786 220022

You can also make a referral online using the DMBC website at:

<http://www.doncaster.gov.uk/doitonline/reporting-a-safeguarding-concern>



Doncaster Council

Report

Date: 31 January 2019

To the Chair and Members of the

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

DONCASTER DELIVERY OF THE NATIONAL ARMED FORCES COMMUNITY COVENANT 2019

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Rachael Blake Cabinet Member	ALL	No

EXECUTIVE SUMMARY

1. Doncaster has an established well-represented and active partnership to determine and deliver the National Armed Forces Community Covenant. This Armed Forces and Veterans Steering Group has clear action plans (Appendix 1) identify priority area of work to deliver our commitment to ensure that those that have served are not disadvantaged.
2. There is representation on behalf of the Doncaster Steering Group partnership working wider with South Yorkshire and Humber regions respectively to combine funding application opportunities and best practise sharing. Doncaster Council are the main local facilitator of this work and through external funding have secured a resource to focus on driving regional and local work across these partnerships.
3. The Armed Forces and Veterans Steering Group have successfully progressed a range work across key theme areas to support removal of disadvantage and identification of ex – service personnel, their families and carers. These theme areas include Housing, Health, Education and Employment. An evaluation of this work is noted in the Annual Report 2017-2018 (Appendix 2).
4. The Steering Group work across a range of wide cutting theme areas that is relevant to the Armed Forces population, particularly including Health. For example the “Armed Forces/ Veterans” are specifically related to in many policies and are also fully included in parallel work where evidence shows this population to be requiring attention, such as Suicide Prevention Plan and the Mental Health Improvement Plan.

5. The Armed Forces and Veterans Steering Group is now in a position to refocus on the previous Joint Strategic Needs Assessment 2015 (Appendix 3) as there are many changes, particularly around the health needs and support for this aspect of our population. We are currently liaising with the ministry of Defence to support data and information sharing to allow us access to and therefore support for the returning forces populations to Doncaster. The renewed JSNA will allow us an up to date evidenced base to determine the relevant impact of our work for the future.

EXEMPT REPORT

6. This is not an exempt report.

RECOMMENDATIONS

7. That the Health and Adult Social Care Scrutiny Panel;
 - I. Consider the progress and processes in place and determine that this is effective and beyond sufficient to continue our drive forward for the Council and partners aims to deliver the Covenant for Doncaster.
 - II. Note and support the recommendation for this area of work to maintain its current focus and commitment across partnerships in Doncaster.
 - III. Note and actively support the next step to update our current Joint Strategic Needs Assessment.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

8. This means that the Citizens of Doncaster can be assured of our Equality, Diversity and Inclusion for those members of our community returning from serving in the armed forces, their families and carers. That Doncaster takes our commitment of delivery of the National Covenant to support those that have given the most for our country extremely seriously. That by applying our commitment to the National Covenant and working in partnership we can ensure that there is no disadvantage for these members of our population in education, employment, health and care provisions and that this is appropriately reflected through our longer term plans "Doncaster Growing Together"

BACKGROUND

9. The National Armed Forces Covenant was established in 2011, by 2015 Doncaster had made a public Mayoral commitment, had funded a post to facilitate a local response to the covenants aims and brought together a significant number of partners to commit and sign the Doncaster Armed Forces Covenant.
10. A Joint Strategic Needs Assessment (Appendix 3) was completed with recommendations identified; ownership of the agenda for governance was undertaken through the Health and Wellbeing Board. Since 2015 there has been significant progress made to ensure that ex – servicemen, women and families are not disadvantaged or disrespected due to their time in the military.
11. In 2015 with the signing of the Doncaster Covenant, the Doncaster Armed Forces Covenant Steering Group was established to identify and progress key priority area for Forces and veteran support across Doncaster, with a wide range of services including, private business, charity, Ministry of Defence, Doncaster Council, CCG,

NHS, GPs, Police, Health watch, Ashworth barracks, representatives from Veterans and Housing. The work undertaken since this time, and particularly over the last year, has built on local work and is now inclusive of two regional project groups, one with Hull and one with Sheffield – both actively involved in delivering successful funding projects, from the Ministry of Defence, totalling over £600, 000. These projects include: research and community mapping for Veterans in Doncaster, training provision and awareness raising for all front line staff and partner staff, provision of additional veterans resource to coordinate and set up best practise for local communication / delivery of support services.

12. The Partnership steering group work together towards a set of priorities, the current action plan (Appendix 1) includes priorities raised through a research survey with Doncaster residents with experience of the forces for what is important to them. The voice of the ex – serving personnel and their families is critical in helping us set clear priorities and appropriate barrier removal. This plan is owned by an active mix of partnerships and most of the partners do have a dedicated Covenant Champion to deliver on these actions. The group also reflect and evaluate on the work undertaken please refer to (Appendix 2) for the Annual Plan evaluation for 20178-2018.
13. Key priority areas include: Health, Housing, Educations, Events, Performance and monitoring, Communication and Engagement.
14. The 2015 JSNA (Appendix 3) have been undertaken and report back yearly to the Health and Wellbeing Board. There is a regular consideration and report back of the covenant work at the Health and Wellbeing Board Steering Group and in addition appropriate challenge is also in place through the Equality, Diversionary and Inclusion board.
15. The work of the covenant group is now also incorporated into the Health Inequalities group, Suicide Prevention and Mental Health to ensure appropriate consideration and linkages of work. To date in Doncaster there have been key achievements of Armed Forces / Veteran specific support including
 - Dedicated, Doncaster wider partnership : Armed Forces and Veterans Steering Group
 - Consulted and co-produced Action plan
 - Dedicated specific “ drop ins” across the borough
 - Veteran Specific Breakfast Clubs
 - Communities front line teams, DWP officers, Social Care Workers, Doctors and Hospital staff trained in military human awareness
 - Doncaster council Gold Award for Employment Recognition Scheme (2016) and Doncaster Hospitals Nationally recognised Veteran Friendly Accreditation (2019)
 - Close working partnership with Voluntary and Community Sector to see development of Veteran Specific support, including Royal British Legion Mental Health Outreach and Help for Homeless Charity in Housing Veterans.

OPTIONS CONSIDERED

16. To stop this work in facilitating a Doncaster wide partnership to the National Covenant delivery will leave each individual partner with a requirement to meet the full covenant within their own organisations, without sharing, potential duplication, lack of coordination and exposure to those that will need this support the most.
17. To not update the JSNA will mean that this partnership will be using old evidence

and data to underpin consultation with the community and partners, potentially leading to loss of impact against current areas of concern and lead to increased crisis points for people accessing services.

18. For the existing partnership to continue with supported facilitation from the Council and for a refresh of the JSNA.

REASONS FOR RECOMMENDED OPTION

19. For the existing partnership to continue with supported facilitation from the Council and for a refresh of the JSNA to ensure appropriate data and information in setting our future priorities as service providers, commissioners and on behalf of our armed forces population and their families. This will ensure shared ownership across Doncaster partners from Public Sector, private, voluntary and community working effectively together and driving consistency and non-duplication to enhance our support offers and areas of need to prevent crisis for those Armed Forces / Veterans and their families within our community. We need to maintain our public and political provision in delivering this agenda, as part of our business commitment nationally, to deliver the Community covenant.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

20. .

	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>Without the dedicated employment support there would be potential disadvantage for ex – serving personnel, their families and their children meaning that they would not have the same opportunities to thrive in Doncaster working.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time:</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling:</p>	<p>Without the dedicated education support there would be potential disadvantage for ex – serving personnel, their families and their children meaning that they would</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 	not have the same opportunities to thrive in Doncaster learning.
	<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 	Without the dedicated health and social care support there would be potential disadvantage for ex – serving personnel, their families and their children meaning that they would not have the same opportunities to thrive in Doncaster Caring.
	<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 	Without the dedicated partnership steering group and shared action plan, then we would not be maximising our opportunities to share best practise, consistency of support across partnerships, including effective leadership and governance across Doncaster.

RISKS AND ASSUMPTIONS

21. Assumptions is that the Council and partner continue commitment to deliver of the National Community Covenant. There are no risks associated with the recommendations of this report. If the recommendations are not agreed then the risk is that the Council will be unable to deliver its commitment.

LEGAL IMPLICATIONS [Officer Initials NC Date 17/1/2019]

22. There are no specific legal implications associated with the recommendations contained in this report.

FINANCIAL IMPLICATIONS HR Date 17/0/19

23. There are no financial implications arising from this report. Hull City Council, in partnership with East Riding, North Lincolnshire, North East Lincolnshire and Doncaster Council, have so far been awarded £480k funding from the Ministry of

Defence of which Doncaster Council was successful in securing £70k to fund a dedicated resource to deliver the Armed Forces Community Covenant. Any further funding applications will need to be identified in future reports.

HUMAN RESOURCES IMPLICATIONS [Officer Initials BT Date 22/01/2019]

24. This overall programme of work has no HR decisions or implications attached to it.

TECHNOLOGY IMPLICATIONS [Officer Initials ET Date...18/01/2019]

25. Please note there are no technology implications with regard to this report.

HEALTH IMPLICATIONS [Officer Initials RS Date 17/01/2019]

26. Current and previous members of the armed forces and their families bring many strengths and assets to Doncaster. However, they can experience a range of specific health challenges. There is a requirement for a specific partnership, health needs assessment and specific local interventions that build on the strengths and assets of communities and interface with nationally specified services. This report addresses these health concerns.

EQUALITY IMPLICATIONS [Officer Initials L Swainston Date 20/01/19]

27. The delivery of the National Armed Forces and Veterans Community Covenant is to remove any barriers to ensure equality to this population, this report is to support this equality balance.

CONSULTATION

28. All aspects of the Steering Group, priorities and action planning are undertaken with all members of the Steering Group, including Health, Housing, Education, voluntary sector, Health watch, CCG, representatives from the Armed Forces Community and their family members.

BACKGROUND PAPERS

29. None.

REPORT AUTHOR & CONTRIBUTORS

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Community Covenant Action Plan 2018 – 2019

Doncaster Armed Forces and Veterans Steering Group

The Steering group was established with the purpose of identifying key issues across partnerships affecting the Armed Forces community and work together to ensure that these are challenged and changed, providing clear actions and outcomes in delivery of the military covenant in that there is a removal of disadvantage (discrimination) against those that are in the armed forces, veterans and families of those that have served in the forces.

The Steering Group are key to providing support to the ex-service community and their families through effective partnership collaboration. Organisations and Representatives include: DMBC, SLHD, Doncaster College, Department of Work and Pensions, The Royal British Legion, Rotherham Doncaster and South Humber NHS (Rdash), Doncaster CCG, Doncaster GP's, SSAFA, York St John University, Project Nova.

	Key Issues	Owners	RAG	Comments on Status	Comments for Development
1.0 Policies and Equality					
1.1	Inclusion of the ex-service community into partner organisations equality policy	ALL		Need to determine partnership approach	
2.0 Performance and Monitoring					
2.1	To determine effective community in Doncaster	JF / SY partners		Successful bid to do a research piece on understanding the Armed Forces and Veterans Community in Doncaster Being evaluated by Sheffield Hallam University. Questionnaire deadline is July 6 th . 70 respondents in total. Action Learning Day event organised for November 14 th = Complete	From our Action Learning event – need to determine how to reach those that haven't responded to the survey. Target = Known statistics for number of Armed Forces Community members in Doncaster

2.2	Determine appropriate feedback and measurements across all organisations	ALL		To develop – discussion started with partners. Systems developed to count numbers within Communities and Adult Social Care Services.	Audit – where do we ask the question, what do you report? Identify measurements used by partner organisations. Target = All partner organisations to ask the question and record figures
3.0 Housing					
3.1	Extend the current Leasing agreement with Help 4 Homeless Veterans (H4HV) from 10 to 15 properties through the Council's decision making process.	SLHD/DMBC		Agreed 5 additional properties	Complete
3.2	Develop a toolkit of advice information and signposting for veterans and service leavers. Incorporate into the Personal Housing Plan in the Home Options service within SLHD as part of the Homeless Reduction Act action plan.	SLHD		To develop	
4.0 Health & Wellbeing					
4.1	Veteran Registration with the 43 NHS GP surgeries			To develop	
4.2	Veteran Champions within GP practices			Awareness training and some practices commencing To develop	
4.3	Support DBTH to become a 'veteran friendly' hospital.	DBH		Awarded November 2018	Complete

4.4	Explore opportunities for serving personnel and veterans to increase health and wellbeing	JF		JF working with Countryside Rangers team to launch Conservation Project to offer volunteering opportunities to armed forces community. Agreed launch date of July 19 th .	To review potential of delivering scheme with DCLT in 2019. New 'Veterans Mental Health and Wellbeing' funding stream to explore and develop opportunities – open May 2019
4.5	DCLT to relaunch their discount scheme for the Armed Forces Community	JW/DCLT		Currently 151 individuals accessing Armed Forces Community discounted membership	Proposed launch date of early 2019 (Jan/Feb) Target = Increase number of residents accessing discounted HWB opportunities
5.0 Education, Children & Young People					
5.1	To develop awareness training and some practices around the Service Pupil Premium and service children with special Education needs			To develop	Identify - How many serving families in Doncaster? How many children? Linked to 2.1 – need to know statistics for AF community in Doncaster
6.0 Employment					
6.1	Promote AFC to local businesses. Engage the business sector in understanding the benefits of employing ex armed forces, reservists and partners of serving armed forces.	JF		Audit performed - 10 Doncaster businesses signed the Armed Forces Business Covenant	Identify number of businesses in Doncaster Liaise with Business Chamber
6.2	Promotion of the Armed Forces Covenant and upskilling of DWP staff through Military Human training	RH		Training has been completed by numerous members of DWP staff. 40% of work coaches trained	Continue to promote the AFC and training to DWP staff. Target = 60-80% of work coaches to be trained by June 2019

6.3	Determine how veterans can be identified through DWP	RH		Agreed to perform a data gather to identify the numbers of veterans.	RH to perform data gather and feedback results to AFVSG. Preliminary data count by January 2019. Target = Know how many veterans/AFC are accessing DWP services
7.0 Awareness and Training					
7.1	Improve the knowledge and training of front of house staff and intervention teams across the partnership so that armed forces community can be signposted more effectively to the most appropriate services.	JF / ALL		Successful South Yorkshire Region bid to include training for all partners. Dates have been agreed until October 2018 – one date per month. Training has been successful; over 150 members of staff have been trained. One year report developed by Nick Wood.	ALL to promote the training to wider networks. Increase target groups to police, MH teams, Union Target = 240 attendees by June 2019
7.2	Increase take up of Armed Forces eLearning Module within DMBC	JF		A new eLearning package has been developed for front line staff to be completed as part of their induction. JF worked with HROD to finalise the package, the new eLearning package launched in May. It has been promoted to DMBC staff via the intranet and Chief Executive's column. Completion stats for August 2018 = 59 members of staff.	Complete

8.0 Promotion and Communication					
8.1	Information, advice and guidance locally available	JF		<p>Continue the development of Your Life Doncaster webpage, checking contact details, sharing with regional work.</p> <p>The amended Your Life Doncaster Armed Forces webpage is drafted and due to go live June 2018. JF has circulated the draft link to AFVLO and external organisations for feedback on the layout and content and amended accordingly. The new webpage launched June 25th.</p>	Complete
8.2	Communication and good news sharing plan	JF / Partners and Comms Teams		<p>Developing Communities and Engagement Plan. JF working with comms team to develop and plan key campaigns for 2019.</p>	<p>JF to plan, co-ordinate launch campaign for early 2019. Partners to contribute to campaigns through their own channels.</p> <p>Target = Increased identification of Armed Forces Community members. Continuous promotion of support and services available.</p>
8.3	Facilitate Doncaster partners to progress to awards and recognition of our Armed Forces support work and support partners to apply for relevant MOD grant funding where appropriate	ALL		<p>Identified partners that would like to progress: DCLT – AFC /ERS DBHT – AFC Museum – MoD funding</p>	<p>Support our partner organisations to sign the Covenant.</p> <p>Hospital to sign January 2019</p>

9.0 Events

<p>9.1</p>	<p>Armed Forces Regional Conference Thursday 28th June 2018</p>	<p>JF / Hull partners</p>		<p>Planning is in progress. Date and venue have been confirmed. Agenda for the event is drafted and invites have been sent out. The conference was held on Thursday 28th June at the Humber Bridge Country Hotel in Barton-upon-Humber. Invite lists have been drafted by all coordinators. JF has worked with DMBC comms to create a selection of videos of veterans' stories to showcase at the conference. Agenda is being prepped by HCC.</p>	<p>Complete</p>
<p>9.2</p>	<p>Armed Forces Day Saturday 30th June 2018</p>	<p>DMBC Exec Office</p>		<p>Armed Forces Day will take place on Saturday 30th June. JD/DC has been invited to attend AFVSG meetings going forward.</p>	<p>Complete</p>



Doncaster
Council

Report

Armed Forces and Veterans

Annual Report

April 2017 – March 2018



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1. Executive Summary

The Armed Forces Community Covenant is a voluntary statement of mutual support between the people of Doncaster and our local Armed Forces Community. The Covenant ensures that the Armed Forces community face no disadvantage when it comes to accessing support and services around housing, health, education, employment and welfare and that special consideration is given when appropriate to those who have given the most.

This year the delivery of the Doncaster Armed Forces and Veterans Steering Group (DAFVSG) has continued and has also continued to grow, with Project Nova and Doncaster and Bassetlaw Teaching Hospitals joining up as partners to the group.

Success has continued in the housing and employment sectors, with seven additional homes being secured by Help 4 Homeless Veterans exclusively for ex-service personnel. The Department for Work and Pensions (DWP) have worked closely with SSAFA and created a direct dial number for when complex cases arise. They have also held a variety of events throughout the year supporting the Armed Forces community to secure employment.

DAFVSG has been successful in two regional bids; one in South Yorkshire and one in Hull. The South Yorkshire partnership focuses on doing baseline work to identify the size and needs of the military community across South Yorkshire and the provision of training for front line staff. A survey is being delivered by Sheffield Hallam University to investigate the size and needs of the Armed Forces Community in each of the authorities' areas. The Military Human training is being delivered by Nick Wood every month at the Civic Offices and will continue to do so until October 2018. The training is aimed at front line staff and aims to improve the knowledge of the Armed Forces community and the transition from military to civilian life. The training is available to both internal staff and external organisations.

The Hull regional partnership has an action plan which focuses on four key strands; a sub-regional approach, standardised website, training and a regional conference. We are currently reviewing and amending the Your Life Doncaster Armed Forces and veterans' webpage and have also created a dedicated email address. A regional conference is currently being organised to be held in June 2018.

2. Introducing the Armed Forces Community Covenant – What is our Mission Statement?

The Armed Forces Community Covenant (Appendix A) is a voluntary statement of mutual support between the people of Doncaster and our local Armed Forces Community.

It is a statement of our intent to encourage support for the Armed Forces Community working and residing in Doncaster and to recognise and remember the sacrifices made by its members, particularly those who have given the most. This includes those currently serving, those who have served, and their families and dependants in Doncaster.

For the Armed Forces community, the Covenant assists with the integration of Service life into civilian life as well as encouraging members of the Armed Forces community to help in their local community.

Nationally and locally the health and wellbeing of ex-service personnel or veterans has achieved increasing importance with the publication of the Armed Forces Covenant and the mayoral commitment to provide a 'strong voice for veterans'.

Anecdotal evidence suggests that Doncaster provides a strong recruiting ground for the Armed Forces, and is also thought to attract significant numbers of ex-service personnel who come to the borough to live. There could be as many as 29,200 veterans living in Doncaster. This population is largely male and significantly older than the general population. The population could fall by half over the next 20 years. Many veterans face some or all of the following challenges; poor mental health, alcohol misuse, long term conditions relating to service, homelessness and offending.

The dedicated DAFVSG brings together key representatives from housing, health, employment and welfare to identify key issues affecting the Armed Forces community and to work together to ensure that these are challenged and changed.

3. Key Achievements – The Covenant Reflected

The delivery of the DAFVSG has continued with regular meetings being held, chaired by Bob Johnson. We have seen the addition of Project Nova to our meetings and we have also recently made connections with the Doncaster and Bassetlaw Teaching Hospital who are striving to become a veteran friendly hospital. They have signed up to become a partner of the DAFVSG going forward.

3.1 Doncaster Armed Forces and Veterans Partnership

Policies and Equality

Armed Forces and Veterans are recognised under the 'Caring' theme of the Doncaster Growing Together plan. Going forward regular updates will be provided from DAFVSG and implemented in the Team Doncaster quarterly update.

An agreement has been reached with DMBC strategy for Armed Forces and Veterans to be added as a protective characteristic. This will sit alongside the nine other protective characteristics.

Housing

The Help 4 Homeless Veterans charity has gone from strength to strength, continuing their work with homeless veterans. In April 2018, they received the Duke of York's Community Initiative Award from HRH Prince Andrew.

The charity has seen a big increase in the activities providing help to homeless veterans through the Community Covenant schemes and also working with councils and private landlords in other parts of the country. In total they have helped around 50 veterans during this reporting period.

The charity has signed for a further seven, one bedroom bungalows in the Mexborough and Denaby area of Doncaster. Each property required cleaning, decorating, carpeting and then fully furnishing. This has taken the total number of properties through Doncaster Council and St Leger Homes to 10, with a recent agreement to increase this to 15 properties.

The properties have been able to help a variety of ex service personnel including;

- An Army Air Corps ex SNCO facing eviction rehoused with his wife
- An 80 year old referred from the South Yorkshire Police as a victim of domestic abuse who had served in the RAOC during the Korean war
- A female ex-soldier medic with a 6 year old autistic son
- A former SNCO cook from the RLC who had been sleeping in his car and lost his job. He has since secured fresh employment.

The charity has also set up an office in Mexborough thanks to the generous support of Constant Security Services. The new office will enable the charity to build their presence around Mexborough and Denaby where the majority of their tenants live.

Employment

The Department for Work and Pensions has dealt with five very complex cases referred through SSAFA where they have been able to offer an enhanced service to resolve complex benefit enquiries efficiently. SSAFA now have a direct dial number and email for complex cases when they occur.

A Support 4 All event was held on March 21st 2018 at the Job Centre. A range of military charities attended to talk to staff and customers about the support they offer to veterans and have the opportunity to network with 50 other local organisations. The event was deemed very successful.

Six front line DWP staff have attended and successfully completed the Military Human training delivered by York St John University and more staff plan to attend future training sessions.

3.2 South Yorkshire Partnership

In 2017, a regional partnership was created in South Yorkshire, including Rotherham, Sheffield, Barnsley and Doncaster Council. Representatives from the DAFVSG attend the meetings alongside Cllr Paul Wray, the elected Armed Forces champion.

The main focus of the partnership is for the provision of training and baseline work to identify the size and needs of the military community across South Yorkshire. A South Yorkshire Armed Forces survey is available online and the results of this will be the data used in order to determine the size and needs of the Armed Forces Community in each of the local areas. The data will be analysed by Sheffield Hallam University.

The partnership is also delivering training. The 'Military Human' training course is delivered by Nick Wood from York St John University, who delivers one course per month at the Civic Offices. The monthly training courses started in September 2017 and will continue until October 2018.

The one day training course aims to build confidence when engaging with members of the Armed Forces community, learn more about Armed Forces culture, training methods, military life and families, and the challenges some face when transitioning from military to civilian life. It is aimed at front line staff that may come into contact with members of the Armed Forces Community in their role.

Additional Funding

The partnership has recently been awarded additional funding for a collaboration project within South Yorkshire to provide a voice for the veterans across the region through increasing awareness of services available to them via the Military Community Veterans Centre's Outreach Trailer. This includes purchasing a towing vehicle for the outreach trailer and recruiting a co-ordinator to manage the project. The outreach trailer will help each authority to publicise the Armed Forces Covenant along with reaching those veterans and their family members who are unaware of the services and support available to them in their own communities. The trailer will be visible at events and activities throughout the calendar year raising the profile of this important area of work. The official launch of the project will be the end of June 2018 with a final evaluation completed for March 2020.

3.3 Hull Regional Partnership

In 2017, a regional partnership was created in the Hull region between Hull City, Doncaster, North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire Council. Meetings are held every 4-6 weeks, chaired by Tracy Harsley (Hull City Council, Lead Authority) and hosted on a rotational basis between each local authority.

An action plan has been developed and agreed. The action plan focuses on four key 'strands'

1. A Sub Regional Approach
2. Standardised Website
3. Training
4. Annual Conference

Alongside this, each Local Authority has received funding to appoint a co-ordinator to support the Programme Board and drive the delivery of the project in their regions.

A Sub Regional Approach

The partnership has highlighted the need to investigate the size and views of the Armed Forces Community in each of the local areas. A questionnaire has been agreed, piloted and is currently being circulated by each local authority. DAFVSG will be using the responses from the South Yorkshire survey to aid them with this element of the partnership. The key findings from the Hull region questionnaire suggest that there is a strong support for the Armed Forces Covenant, however it is not widely publicised. In the questionnaire, residents are asked which areas the Covenant should focus on, the highest responses were – housing, mental health and employment (including self-employment and training).

Standardised Website

A review of current website provision has been undertaken and a best practice guide has been created for the Partnership Board to consider. Each local authority is currently updating and amending their individual webpages.

In Doncaster we are reviewing the Armed Forces support page on the Your Life Doncaster website and are in the process of changing the layout and design of the page as well as amending and updating the content. The page will also include video welcome messages from Mayor Ros Jones, Cllr Paul Wray the elected Armed Forces Champion and Bob Johnson, chair of DAFVSG. The aim is to have the webpage completed for early June 2018. The webpage will be available at – www.yourlifedoncaster.co.uk/ArmedForces

As part of the website work, a dedicated Armed Forces and Veterans email address has been created– armedforcescovenant@doncaster.gov.uk

Training

Doncaster is taking the lead on this element of the partnership and will be using the information from the South Yorkshire partnership to aid the delivery of this element within the Hull Regional Partnership. Members of the regional partnership have attended the Military Human training in Doncaster to assess the suitability for rolling it out in other areas. The cost for providing the Military Human training, as well as Mental Health First Aid training has been evaluated and a training options document has been produced for the board to consider.

eLearning

During the induction process Doncaster Council new starters undertake eLearning training. Other organisations involved in DAFVSG have highlighted their interest in providing eLearning training for their staff, including Doncaster and Bassetlaw Acute Hospital Trust.

The Armed Forces eLearning package offers an introduction of the Covenant as well as information about the Community Covenant in Doncaster. The dedicated Armed Forces eLearning package is currently being reviewed and re-designed, with the aim for it to be made available in May 2018.

Once the new eLearning package has been developed, the storyboard will be shared with the partners of the Hull regional board.

Annual Conference

As part of the project, the five authorities are organising an annual conference which will be held on 28th June 2018 at the Humber Bridge Country Hotel in Barton-upon-Humber. Each authority will be inviting representatives from key organisations and businesses who support and are involved in the delivery of the Covenant in their regions. The seminar is a great opportunity to hear from the partnership regarding help

and support to our Armed Forces and Veterans Community. The conference will include presentations and talks about a wide range of topics including health, welfare, finance, business support, education and employment.

4. Future Focus

- To refresh the Health Needs assessment and recommendations work from 2015
- Improve data collection, quantity and qualitatively across the DAFVSG partnership to create meaningful performance management and impact of Armed Forces / Veterans support.
- To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da)
- Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services
- Facilitate Doncaster partners to progress to awards and recognition of our Armed Forces support work, including Doncaster and Bassetlaw Acute Trust National "Veteran Friendly" award.
- Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the needs of veterans are addressed as employers.
- Refresh DAFVSG membership, priority setting and action plan following the production of the local areas Armed Forces Community Research work, being conducted by Sheffield University.

Appendix A

THE DONCASTER COMMUNITY COVENANT

27th of June 2015

The People of the United Kingdom
Her Majesty's Government

and

All those who serve or have served in the Armed Forces of the Crown
And their Families

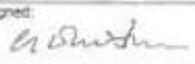
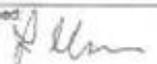
The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, Doncaster citizens recognise that they and the whole nation have a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

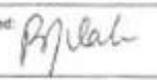
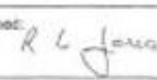
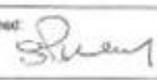
Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration may be appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation is the start of the process involving the whole of Doncaster. It includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty, unites the Borough and demonstrates the value of their contribution.

This has no greater expression than in upholding this Covenant.

We, the undersigned, agree to work and act together to honour the Armed Forces Community Covenant.

Signed: 	Signed: 	Signed: 	Signed: 	Signed: 
Name: Lt Colonel Graham Whitmore On behalf of the British Army	Name: Mrs Jo Miller Chief Executive Doncaster Council	Name: Lt Commander Clive Howlin - On behalf of the Royal Navy	Name: Squadron Leader Stephanie Ford - On behalf of the Royal Air Force	Name: Mrs Jo Mason Acting Director of Children & Young Peoples Services

Signed: 	Signed: 	Signed: 	Signed: 	Signed: 	Signed: 
Name: Mr Stacey Austin Doncaster Chamber of Commerce	Name: Dr Rupert Suckling Director of Public Health	Name: Mr Peter Dale Director of Regeneration & Environment	Name: Mr Tim Shaw Non-Executive Director RDASH	Name: Mrs Ros Jones Mayor of Doncaster	Name: Councillor Paul Why Civic Mayor & Armed Forces Champion

Appendix B

Community Covenant Action Plan 2017 – 2018

Doncaster Armed Forces and Veterans Steering Group

The Steering group was established with the purpose of identifying key issues across partnerships affecting the Armed Forces community and work together to ensure that these are challenged and changed, providing clear actions and outcomes in delivery of the military covenant in that there is a removal of disadvantage (discrimination) against those that are in the armed forces, veterans and families of those that have served in the forces.

The Steering Group are key to providing support to the ex-service community and their families through effective partnership collaboration. Organisations and Representatives include: DMBC, SLHD, Doncaster College, Department of Work and Pensions, The Royal British Legion, Rotherham Doncaster and South Humber NHS (Rdash), Doncaster CCG, Doncaster GP's, SSAFA, York St John's University.

	Key Issues	Actions	Owners	RAG	Status	Comments for Development
Policies and Equality	Embedding a sustainable veteran agenda	Increase take up of Armed Forces E-Learning Module within DMBC	LSw		440+ employees have completed the e-learning.	Need to review and update content
	Inclusion of the ex-service community into council and partner organisations equality policy	Reach an agreement with DMBC Strategy for Armed Forces and Veterans to be added as a protected characteristic	ALL		Agreement reached with DMBC Strategy for Armed Forces and Veterans to be added to all policy as a protected characteristic alongside the legal 9 protected	Need to determine partnership approach
Performance and Monitoring	To determine effective community in Doncaster	Doncaster JSNA	LSw		Completed	Identify further Doncaster reps to take part in the region work
		Review and evaluation recommendations of JSNA	LSw		Work is now within pathways for Health and Wellbeing Board and Equality, Diversity and Inclusion scrutiny process.	Produce evaluation report and next steps post March 2018

		Successful bid to do a research piece on understanding the Armed Force and Veterans Community in Doncaster	LSw - partners		Being completed by Sheffield Hallam University. Questionnaire still available online to be completed.	
	Determine appropriate feedback and measurements across all organisations	Audit – where do we ask the question, what do you report?			To develop – discussion started with partners. Systems developed to count numbers within Communities and Adult Social Care Services.	
	Evaluation of potential financial savings				To develop – reviewing with cost avoidance and Service Planning.	
Housing	SLH – Homeless policy and pathways	SLH working with VSG and housing portfolio member	SLHD		Completed	LSH to produce homeless policy, homeless veteran data and capacity information
	Pathways for Homeless Veterans from criminal justice system	Project Nova			Project Nova representative now attending VSG meetings	Need to develop
	Additional Dedicated Provision and pathways	Help for homeless Hereos	SLHD		Unique agreement for charity letting and dedicated provision for veterans.	
Health	Veteran Registration with the 43 NHS GP Surgeries	LMC Chair to pilot the veteran GP Surgery registration process			To develop	

	Veteran Champions within GP practices	Awareness training and some practices commencing			To develop	
	Veterans Voice in health decisions	To be added to the CCG inclusion scheme with nominated veterans representative	SWA		To develop	
Education	Schools admission policy to be reviewed and amended to remove ex-service disadvantages with admissions	Admissions policy to be reviewed and amended to removed ex-service disadvantage with admissions	LSw		Policy has been amended Completed.	
	Prevent barring of ex-service children from registration with their local schools		LSw		Completed	
	Ensure all schools and academies are aware of the admissions policy		LSw		Completed.	
Employment	DWP Joint-ex-service employment support events		MT		Events held in July and October 2016	Arrange future events

	ERS awards	HR policies amended	ALL		DMBC received award in 2016	
	Guaranteed ex-service interview scheme				Post guaranteed interview scheme in place - DMBC	
	Identify local employers that are ex-service employment friendly	To contact Business Chamber and council investment team				Needs development.
Awareness and Training	Increase dissemination of veteran awareness and intervention training information	Successful South Yorkshire Region bid to include training for all partners, Start June 2017. One day per month for 12 months.	LSw/ ALL		Training has been completed by 800+ attendees. Confirmed dates until October 2018.	Need to determine partnership invites
Promotion and Communication	Information, advice and guidance locally available	Development of website, your life local, checking contact details, sharing with regional work	LSw		Specific Veterans page on Your Life Doncaster	Identify gaps and update information and content
		Development of Single Point of Access / information for Doncaster	Task Group			Identify possible partnership solutions to deliver
	Common database across partnerships	Data warehouse, data sharing in place with CCG. Joint fund bid for digital development	LSw		Unsuccessful in joint bid. However internal processes agreed and sharing of data in place. YLD detail now under pins the community	

					information on GP Find and Navigator systems.	
	Communications and good news sharing plan				Limited releases on funding bids / Gold Award/ Ben Parkinson Key to Doncaster, Forces events, etc.	To develop a forward plan for communications for 2018/19
Events	KOYLI – presenting Doncaster with Colours May 2017		DMBC Exec Office / David Chorlton		Completed	
	Armed Forces Day – June 24 th		DMBC Exec Office / David Chorlton		Completed	
	KOYLI statue					

Veterans

Health Needs Assessment

Doncaster Data Observatory
June 2015

1. Executive Summary

- 1.1. Nationally and locally the health and wellbeing of ex-service personnel or veterans has achieved increasing importance with the publication of the Armed Forces Covenant and the mayoral commitment to provide a "strong voice for veterans".
- 1.2. Anecdotal evidence suggests that Doncaster provides a strong recruiting ground for the armed forces, and is also thought to attract significant numbers of ex-service personnel who come to the borough to live.
- 1.3. There could be as many as 29,200 veterans living in Doncaster. Another estimate has put the figure at closer to 22,000. This population is largely male and significantly older than the general population. The population could fall by half over the next 20 years. Many veterans face some or all of the following challenges: Poor mental health, Alcohol misuse, Long term conditions relating to service, homelessness and offending.
- 1.4. There could be between 800 and 1,400 veterans in Doncaster with PTSD, and between 4,200 and 8,000 with some kind of mental health problem. Veterans who appear vulnerable to mental health problems are: early service leavers, those who have served in Iraq or Afghanistan, or who had pre service mental health problems. There is also evidence to suggest that reservists who have been exposed to trauma can also be vulnerable to mental health problems.
- 1.5. Alcohol consumption is an important part of military culture but can leave veterans with alcohol problems after their service has finished. There could be between 2,700 and 5,200 veterans with alcohol problems.
- 1.6. The Royal British Legion has identified significantly higher rates of musculoskeletal, cardiovascular and respiratory problems in veterans.
- 1.7. Veterans can be at risk of homelessness which can also be related to mental health problems.
- 1.8. Many Veterans are in the prison system, however veterans are no more likely to offend than the general population, and evidence indicates that they are often there due to alcohol and violent offences.
- 1.9. The following are the recommendations of this report:
 1. Build on this health needs assessment, using a qualitative research approach, to better understand the veteran experience in the absence of complete and reliable statistical data.
 2. Improve data collection in particular in GP practices and in primary care. This could be achieved by identifying GP champions to promote the recording of data in practice systems.
 3. To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da).

4. Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services.
5. Increase awareness of the health of veterans with strategic bodies such as the health and wellbeing board and ensure that their issues are addressed in health strategies such as the Health and wellbeing strategy.
6. Ensure that the Councils overview and Scrutiny committee addresses veteran health issues in their programme of work.
7. Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the health needs of veteran are addressed.
8. As a number of veterans are almost certainly in one of Doncaster's 3 prisons, the health and wellbeing of these men should be a priority.

2. Introduction

2.1. Health Needs Assessment

2.1.1. According to the National Institute of Clinical Excellence (NICE) a Health Needs Assessment (HNA) *is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.*¹

2.1.2. This document brings together national research and local evidence of the health and health-related needs of veterans within Doncaster.

2.2. Why focus on Veterans?

2.2.1. The Armed Forces covenant was published in 2011. It was established to outline the relationships between the armed forces, the nation, and the government. Its aim is to ensure members of the armed forces community (AFC) are not disadvantaged in comparison to others and are treated with due respect. The covenant covers serving and ex-serving personnel and their families.

2.2.2. Doncaster's elected mayor has also made a local pledge to support veterans locally. Although there are no military bases in Doncaster, since the closure of RAF Finningley in 1996, it is thought that many veterans choose to settle in the area at the end of their military service.

2.2.3. Doncaster currently has two reserve forces (Army) bases at Sandford Road, Balby (219 South Yorkshire Transport Squadron) and Danum Road (D Company, Royal Regiment of Fusiliers).

2.2.4. It is probable that many ex-service personnel choose to settle in Doncaster at the end of their service.

2.3. The National Armed Forces Covenant

2.3.1. The armed forces covenant sets out the relationship between the nation, the government and the armed forces. It recognises that the whole nation has a moral obligation to members of the armed forces and their families, and it establishes how they should expect to be treated².

2.3.2. The covenant's two main principles are that:

- the armed forces community should not face disadvantage compared to other citizens in the provision of public and commercial services
- special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved

¹http://www.nice.org.uk/proxy/?sourceurl=http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/hda_publications.jsp?o=705

² <https://www.gov.uk/government/policies/fulfilling-the-commitments-of-the-armed-forces-covenant/supporting-pages/armed-forces-covenant>

2.3.3. Since the covenants launch in 2011 veterans have been helped in many ways, including: giving priority to veterans accessing NHS services for service related conditions, educating GPs on how to support veterans' health needs, improving mental health provision, help with education, priority for government funded home ownership schemes.

2.3.4. The NHS Commissioning Board report "Securing Excellence in Commissioning for the Armed Forces and their Families" also establishes the responsibilities of both primary care and secondary care to veterans and reservists (when not mobilised) in the light of the covenant.³

2.4. Doncaster's response to the Armed Forces Covenant

2.4.1. In Doncaster the elected mayor, Ros Jones, has identified 5 priorities for Doncaster. Priority five is to be a strong voice for (our) veterans⁴. To achieve this the mayor has made a commitment to:

- Appoint a dedicated Veterans Champion - This will provide a dedicated resource to help those leaving the military and returning to Doncaster to find jobs and housing.
- Set up a Veterans Steering Group to help provide an operational support delivery framework and strategic direction.
- Introduce a Guaranteed Interview Scheme – local companies are to be recruited to the scheme and will be promoted locally through the Council and the Chamber as well as nationally through forces agencies.
- Commemorate our heroes by offering bereaved families the chance to name streets after their loved ones⁵.

2.4.2. This HNA is intended to support the work of the Veterans Steering Group established by the mayor.

2.5. Definitions of Veterans

2.5.1. Internationally the term 'veteran' varies from country to country. In the United Kingdom the term means someone who has served at least one day and drawn at least a day's pay⁶. The literature review undertaken as part of this needs assessment identified two frequently used definitions of veterans.

2.5.2. For the purposes of this document we will use The Royal British Legion definition as it encompasses all ex-service personnel and is also used within guidance produced for use by General Practitioners (GPs) to meet the healthcare needs of

³ Securing excellence in commissioning for the Armed Forces and their families, 2013, NHS Commissioning Board. <http://www.england.nhs.uk/wp-content/uploads/2013/03/armed-forces-commissioning.pdf>

⁴ http://www.doncaster.gov.uk/mayor/my_priorities/my_priorities.asp

⁵ http://www.doncaster.gov.uk/mayor/my_priorities/Be_a_strong_voice_for_our_veterans.asp

⁶ Burdett et al, 2012, "Are you a veteran?" Understanding of the term "veteran" among UK ex-service personnel: A research note, Armed Forces & Society, 00(0), 1-9. <https://www.kcl.ac.uk/kcmhr/publications/assetfiles/veterans/burdett-2012-veterans.pdf>

veterans⁷. Consideration must also be given to the relevance of the term 'veteran' as not all ex-military may identify with this title, especially those in younger age groups, perhaps therefore saving the term veteran for those from the older generation. Younger former service personnel often refer to themselves as "ex-service".

The Ministry of Defence defines a veteran as:

"Anyone who has served in HM Armed Forces at any time, irrespective of length of service (including National Servicemen and Reservists)"

The Royal British Legion defines a veteran as:

"Anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces."

⁷ <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~//media/Files/Policy/A-Z-policy/Veterans.ashx>

3. Aims and Objectives

3.1.1. The aim of this health needs assessment is to:

1. estimate the size of the veteran population within Doncaster;
2. undertake a literature search to assess the health needs of the veteran population;
3. identify locally available services to veterans; and
4. make recommendations to improve the health and wellbeing of Doncaster's veteran population.

4. Determine the size of the veteran population within Doncaster

4.1.1. A literature search and local knowledge has confirmed that there are no official records of veteran populations available, therefore the population has been estimated based on the best available data. The estimates we present are an approximation based on national data sources. These sources include the Office of National Statistics (ONS), surveys, and armed forces pension data. These data therefore should be viewed with caution, and are intended to be indicative and open to revision should new data become available. Early service leavers will not be represented in the pension data.

4.2. Doncaster Veteran Population Estimate

4.2.1. The veteran population for Doncaster was calculated using the results of a study published by ONS⁸. The paper produced an estimate of the number of veterans currently residing in private households in England. These estimates used a nationally representative survey of adults in England from the Adult Psychiatric Morbidity Survey (APMS). This data set enabled the authors to calculate the numbers of veterans resident in England using the 2007 population estimates⁹. Using these figures and applying the estimates to the Doncaster population the numbers of veterans resident in the borough are provided in Table 1. These figures apply to the year 2007.

Age group (years)	Estimated number of veterans		
	Males	Females	Total
16-24	340	220	558
25-34	956	135	1,073
35-44	1,992	232	2,228
45-54	1,959	400	2,346
55-64	2,131	344	2,469
65-74	5,891	160	5,948
75+	6,376	1,240	7,549
Total	19,097	2,700	21,674

Note: Estimates are rounded to the nearest whole number

4.2.2. As Table 1 shows the estimated veteran population in Doncaster is around 21,700 of which 19,000 are men and 2,700 women. The veteran population is significantly older than the general population. Around 62% of veterans were

⁸ Charlotte Woodhead et al, An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, Population Trends, 138, Winter 2009, Office for National Statistics
<http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--138--winter-2009/an-estimate-of-the-veteran-population-in-england--based-on-data-from-the-2007-adult-psychiatric-morbidity-survey-.pdf>

⁹ <http://www.ons.gov.uk/ons/taxonomy/index.html?nsc1=Population+Estimates>

over 65 years old compared to the Doncaster resident population in 2007 which has around 20% aged 65 and over (See table 2).¹⁰

Table 2: Population estimates for Doncaster (2007)

Age group (years)			
	Males	Females	Total
16-24	18,120	16,820	34,840
25-34	17,900	17,100	35,000
35-44	21,700	22,100	43,700
45-54	20,300	20,200	40,600
55-64	17,800	18,200	36,000
65-74	12,100	13,700	25,800
75+	9,100	13,900	22,900
Total	117,200	122,020	238,840

Note: Numbers are rounded to the nearest 100, except the 16-24 year age group. Totals may not sum due to rounding

4.2.3. The ONS study also forecast the veteran population from 2007 to 2027 (See tables 3 & 4). This work showed that the numbers of veterans will reduce over a ten year period. This is because of reductions in the numbers of older veterans.

Table 3: The numbers of male veterans resident in Doncaster households between 2007 to 2027

Age group (Years)	2007	2017	% change 2007-17	2027	% change 2017-27	% change 2007-27
16-24	300	600	75.1	600	0	75.1
25-34	1,000	600	-40.2	800	39.7	-16.5
35-44	2,000	1,300	-36.8	900	-32.2	-57.1
45-54	2,000	2,200	13.3	1,400	-35.4	-26.8
55-64	2,100	1,800	-14.3	2,100	13.1	-3.1
65-74	5,900	1,900	-67.7	1,600	-14.3	-72.3
75+	6,400	5,400	-15.0	2,200	-59.5	-65.6
Total	19,100	13,500	-29.4	9,400	-30.5	-50.9

Note: Numbers rounded to nearest 100

Table 4: The numbers of female veterans resident in Doncaster households between 2007 to 2027

Age group (Years)	2007	2017	% change 2007-17	2027	% change 2017-27	% change 2007-27
16-24	200	100	-70.7	100	0	-70.0
25-34	100	200	74.1	10	-58.6	-28.0
35-44	200	200	-30.3	300	68.5	17.5
45-54	400	200	-38.3	200	-30.3	-57.0
55-64	300	400	10.2	200	-38.3	-32.1
65-74	200	300	10.4	400	10.1	24.6
75+	1200	500	59.3	300	-48.2	-78.9
Total	2700	1900	29.8	1400	24.5	-47.1

Note: Numbers rounded to nearest 100

¹⁰ <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>

4.2.4. Although these figures provide us with an estimate of the veterans locally there are limitations based on the methods of calculation which need to be considered alongside them. The calculation is likely to underestimate the actual population due to using household residents, therefore excluding those veterans who may be in institutions, for example, prisons or care homes. This may lead to underestimates particularly in the older and younger age groups. From a survey of ten prisons in England and Wales it was estimated that ex-service personnel accounted for 9.1% of all prisoners.¹¹ With Doncaster having a relatively large prison population this may have a bigger impact on the figures than in other areas.

4.2.5. Additionally, veterans may have been less likely to complete the survey, therefore leading to an underestimation of the numbers used to calculate the proportions. A more accurate estimate could be achieved if all large scale surveys could include questions on military service to help identify the veteran population.

Some data is currently available which suggests the veteran population in Doncaster could be as high as 29,200. However it has proved very difficult to establish the provenance of these data and so they should to be treated with caution. The veteran population estimate used previously in this report excludes veterans who may be resident in communal establishments (Nursing homes, Care homes and Prisons). With more than 62% of the veteran population aged over 65 years, this means that there may well be a significant number of older veterans in care homes and nursing homes in Doncaster.

4.3. Armed Forces Pension data

4.3.1. Another source of data that can provide some insights into the veteran population in Doncaster can be drawn from the annual release of armed forces pension and compensation data from the Ministry of Defence (MoD)¹². There are two main schemes to consider:

- War Pension Scheme (WPS) – this provides no-fault compensation for all ex-service personnel where illness, injury or death is caused by Service from the start of the First World War in 1914 up until 5 April 2005.
- Armed Forces Compensation Scheme (AFCS) – came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces and Reserve Forces Pensions Scheme.

¹¹ Charlotte Woodhead et al, An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, Population Trends, 138, Winter 2009, Office for National Statistics <http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--138--winter-2009/an-estimate-of-the-veteran-population-in-england--based-on-data-from-the-2007-adult-psychiatric-morbidity-survey-.pdf>

¹² Annual Location of UK Armed Forces Pension and Compensation Recipients as at 31 March 2014, 2015, Ministry of Defence <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients>

4.3.2. As at March 2014 there were 339,585 people in receipt of either WPS or ARCS (including other armed forces related pension schemes) in England, of these 314,565 were veterans. In Doncaster there were 2,645 recipients of which 2,515 were veterans. These figures can be used to give a rough indication of the proportion of the resident population in Doncaster who are veterans living with some kind of illness or disability (related to their service). In England there are around 766.6 veterans in receipt of WPS/AFCS payments per 100,000. In Doncaster this figure is 1,086.2 per 100,000. While some caution should be applied to the interpretation of these figures, they do imply that Doncaster may have higher numbers of veteran's resident in the borough many of these with illnesses and disability resulting from their time in service¹³.

4.4. Health Data

4.4.1. There is currently no accurate record of veterans within the health system. Whilst serving in the forces medical care is provided by Defence Medical Services, transferring into the NHS when they leave the forces. On registering with a GP there may be a flag notifying of previous armed forces service but this is not always included therefore these records cannot be used to measure the population. An added issue is that any record of returning from the military is lost when transferring to another GP. The Department of Health **recommends** using Xa8Da Read codes "History relating to military service" on medical records but there is no evidence that it is widely used. There may also be an issue with veterans registering with a GP when they first leave the service as most leave in good health so may not register straight away. There was some guidance for GPs "Meeting the healthcare needs of veterans: A guide for general Practitioners" produced in January 2011 to help General practitioners understand the needs of veterans¹⁴.

¹³ Rate were calculated by dividing the numbers of veterans in receipt of a pension or compensation by the population aged 20+ years old multiplied by 100,000

¹⁴ <http://www.rcgp.org.uk/policy/rcgp-policy-areas/veterans-healthcare-needs.aspx>

5. Assessing the health needs of the local veteran population

5.1.1. A comprehensive literature review was conducted and focussed mainly on documents including past health needs assessments conducted across the country over the past 5 years. There were several common themes emerging as a result of this review. These sources recognise the lack of accurate data on both veteran populations and their health needs with data being estimated using a variety of data sources and research. Most documents reviewed relied on the same sources of evidence and references and therefore similar recommendations were seen throughout. They also highlighted the need to improve the quantity and quality of data available.

5.1.2. From the literature and past research the following are some of the major health and wellbeing challenges facing some of the veteran community in Doncaster:

- Risk to mental health
- Alcohol misuse
- Long term health conditions (relating to service)
- Housing and risk of homelessness
- Crime and offending

5.2. Mental Health

5.2.1. The National Audit office published a report in 2007, about the transition of service personnel to civilian life. The report found that around 3/4 of armed forces personnel found the transition from service to civilian life easier than they expected or as easy as they had expected. However the report notes that those who served for a shorter time found the adjustment more difficult¹⁵.

5.2.2. A large scale literature review of the evidence of the health of veterans was undertaken by King's College London¹⁶. The report marshalled evidence from both UK and the USA, obviously the experiences of American and British veterans will differ. The report found that the prevalence of mental disorders in veterans was broadly in line with that of the general population. There was an increased risk of suicide in veterans aged 24 and under, but the risk in veterans above that age was more or less the same as the general population.

5.2.3. The report highlighted concerns relating to early service leavers. This group were found to have more adverse health outcomes; they tended to have more mental health problems and higher suicide rates compared with veterans who have served longer.

5.2.4. A second concern was the mental health of service personnel who had been deployed in Iraq or Afghanistan, and who had pre-service vulnerabilities. Pre-

¹⁵ Leaving the Services, National Audit Office, July 2007
<http://www.nao.org.uk/wp-content/uploads/2007/07/0607618es.pdf>

¹⁶ Fear N et al, Health and Social Outcomes and Health Service Experiences of UK Military Veterans: A summary of the evidence, Kings College London, November 2009.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digi_talassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf

service vulnerabilities are a set of factors associated with poor family relationships and/or higher levels of behavioural disturbance prior to joining a service. These factors are associated with poorer mental health outcomes.

5.2.5. The Royal United Service Institute has reported that after exposure to high levels of trauma, the mental health needs of reservists can be greater than regular service personnel, reporting similar levels of trauma exposure¹⁷.

5.2.6. The prevalence of mental health problems in the veteran community in Doncaster is very difficult to ascertain. There are no reliable statistics on the numbers of veterans resident in the borough and all of the data relating to mental health is based on national reports and estimates. This means that the following figures should be considered indicative of the levels of need in the veteran community not a true measure of them. In the population section the veteran population was calculated to be around 21,600 in 2007. However by 2017 this will have fallen as older veterans die. The following estimates will use the 2017 estimates (Table 3 & 4) as a 'low' estimated population and the population suggested in the box on page 6 as a 'higher' estimate' (15,400 and 29,200).

5.2.7. An estimate published by the NHS Confederation¹⁸ suggests that 27.2% of veterans have a common mental disorder and 4.8% suffer from Post-Traumatic Stress Disorder (PTSD). These figures mean that in Doncaster there could be between 4,200 and 8,000 veterans with common mental health problems, and between 740 and 1,400 with PTSD. Evidence suggests veterans are more likely to develop delayed onset PTSD than the general population¹⁹.

5.3. Alcohol misuse

5.3.1. Alcohol consumption and in particular consumption that can be detrimental to health is a concern that has been highlighted in a number of national reports, it is one of the four biggest behavioural risks to health (along with smoking, obesity, and lack of exercise)²⁰. A review by Jones and Fear noted that alcohol is an important aspect of military culture and may, in fact, help in the process of improving unit cohesion²¹. The authors note, nevertheless, that alcohol can also bring attendant health problems especially for younger, single males and those who have undergone stressful experiences.

¹⁷ The Mental Health of UK Armed Forces Personnel – the impact of Iraq and Afghanistan; Royal United Service Institution (RUSI) Journal, April/May 2011
http://www.kcl.ac.uk/kcmhr/_publications/iraq%20and%20afghanistan/Forbes%202011%20-%20mental%20health%20UK%20armed%20forces.pdf

¹⁸ Improving mental health services for veterans, November 2010, NHS Confederation.

http://www.nhsconfed.org/~/_media/Confederation/Files/Publications/Documents/mhn_briefing_210.pdf

¹⁹ Veterans: Positive Practice Guide; March 2009; Improving Access to Psychological Therapies national programme
<http://www.iapt.nhs.uk/silo/files/veterans-positive-practice-guide.pdf>

²⁰ <https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking/2010-to-2015-government-policy-harmful-drinking>

²¹ Jones E & Fear NT, Alcohol use and misuse within the military: A review, April 2011, International Review of Psychiatry, 23,116-72.

<http://www.kcl.ac.uk/kcmhr/publications/assetfiles/alcoholsmoking/Jones2011-Alcoholuseandmisusewithinthemilitary.pdf>

5.3.2. According to a report from King's College London, along with depression and anxiety disorders, one of the most common problems faced by ex-service personnel is alcohol consumption²². As with mental health, early leavers from the forces are particularly at risk compared to longer serving veterans.

5.3.3. The 'Fighting fit in the north' report estimates that around 18% of veterans will have some kind of alcohol-related issue²³. This means that in Doncaster there could be between: 2,700 and 5,200 veterans living with alcohol problems.

5.4. Long term health conditions (relating to service)

5.4.1. The key principle for the health services in this country is that "*they (veterans) experience no disadvantage in accessing timely, comprehensive and effective healthcare and that they receive bespoke services for their particular needs or combat-related conditions including, for instance, specialist limb prostheses and rehabilitation.*"²⁴ People usually leave the forces in good health but for some they may have long term conditions or injuries relating to their service that will require treatment under the NHS in the future. Veterans are entitled to some priority care, based on clinical need, for service related conditions so encouraging veterans to make their status known would allow their military history to be taken into account when assessing health needs. Veteran status should be recorded on primary and secondary care records and within referrals in order for this to be taken into account and not to disadvantage veterans if moving around the country.

5.4.2. According to a survey by the Royal British Legion²⁵ significantly higher prevalence of musculoskeletal, cardiovascular, respiratory, mental health, sight and hearing conditions were reported in the adult ex-service community (veterans and their dependants) compared to the general adult population. The largest differences in health are in the younger age groups where the ex-service community report over double the poor health in some age cohorts compared to their peers. The armed forces network should promote the health of younger veterans as there are increasing numbers of 16-34 year olds leaving service each year. More research needs to be carried out on the health needs of this group.

5.4.3. Veterans who have lost limbs in combat often have more complex needs than civilian amputees. Those who have been injured in combat may have multiple amputations and specialist prosthetics which require different treatment to civilians whose amputations may be health or age related. They also have experienced different levels of treatment while in the armed forces than the NHS

²² Ibid Fear et al

²³ Johnson, N & Johnson P, 'Fighting Fit in the North: Option Appraisal for implementation of the Murrison Review 'A Mental Health Plan for Servicemen and Veterans' NHS North East, August 2011
<http://www.safn.org.uk/documents/Fighting%20Fit%20in%20the%20North%20East.pdf>

²⁴ Securing excellence in commissioning for the Armed Forces and their families, 2013, NHS Commissioning Board.
<http://www.england.nhs.uk/wp-content/uploads/2013/03/armed-forces-commissioning.pdf>

²⁵ Profile and needs of the Ex-service community 2005-2020, The Royal British Legion, 2006
<http://www.britishlegion.org.uk/media/33526/summary%20and%20cons.%20report.pdf>

can provide. The Murrison report²⁶ recommended a number of national specialist prosthetic and rehabilitation centres across the country are introduced to support veterans who have lost limbs due to their military service to ensure the services provided meet the requirements of veterans and use the experience to develop NHS services in the future.

5.5. Housing and risk of homelessness

5.5.1. Housing and homelessness may be a risk for ex-service personnel as they settle back into civilian life following their time in service. The needs of veterans in relation to housing may be similar to other members of the public but consideration must also be given to any increased needs in relation to housing, particularly for those with major disabilities. The importance of ensuring veterans have access to quality housing and housing support is recognised within the Armed Forces Covenant.

5.5.2. Homelessness data in general is sparse due to its nature. A study of the homeless in hostels and on the street in London in 2008 estimated that 6% were veterans (approximately 1,100)²⁷, although this has fallen considerably since the 1990's when it was over 20% and homeless veterans are often older than the general homeless population. Veterans may not know about or understand the role of different services and charities which are available to support them, both in housing needs and other aspects of their transition. As a result it may be difficult for veterans to establish a local connection with housing support or register on housing lists. Where records of applications for support or homelessness are available recording veteran status should be encouraged to provide a clearer picture of the situation. As homelessness is also related to poor physical and mental health identifying this group would be beneficial in order to both improve their health and wellbeing and provide the necessary support.

5.6. Crime and offending

5.6.1. The evidence of the links between being a veteran and offending and prison are not well understood in the UK. Some of the limited evidence indicates that ex-service personnel are less likely to be in prison than the general population and that around 3.5% of the national prison population are veterans²⁸. Other estimates by the National Association of Probation Officers (NAPO) have ranged from 5% to 17%²⁹.

5.6.2. While the evidence suggests that veterans are less likely to be in prison they may be in prison for reasons associated with their previous career. The Howard League for Penal Reform found that the main reasons for veteran offending

²⁶ A better deal for military Amputees, Andrew Murrison MD MP, June 2011
<http://www.bapo.com/Framework/ResourceManagement/GetResourceObject.aspx?ResourceID=669e7d8b-e5e2-46c0-9785-7629fef3fcfa>

²⁷ Johnson et al (2008), The experiences of Homeless Ex-Service Personnel in London, Centre for Housing Policy, University of York.

²⁸ Literature review: UK veterans and the criminal justice system, The Royal British Legion.
http://www.britishlegion.org.uk/media/31583/LitRev_UKVetsCrimJustice.pdf

²⁹ Cited in Fear et al

were social exclusion, financial problems and alcohol abuse³⁰. Fear et al have reviewed offending using the Army Courts Martial and found that non-violent offences changed over time in line with national trends, violent offences on the other hand were largely fuelled by heavy drinking³¹.

5.6.3. A recent study published in the Lancet has looked at violent offending by military personnel that have been deployed to Iraq or Afghanistan³². The study found that military men were less likely to offend but did have a greater risk of committing violent offences. This was particularly marked for men exposed to combat. The men most at risk were those with a pre military history of violence. Alcohol misuse, post-traumatic stress disorder (PTSD), and high levels of self-reported aggressive behaviour on return from deployment were also found to be strong predictors of subsequent violent offending.

³⁰ <http://www.howardleague.org/military-inquiry/>

³¹ Cited in Fear et al

³² MacManus D et al, Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study, March 2013, The Lancet, 381, 9870, 907-917.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60354-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60354-2/abstract)

6. Locally services available to veterans

6.1.1. Local initiatives to Doncaster are as follows:

- Veterans dedicated telephone number at the council (01302 735600)
- 18 council customer service staff and area team veteran champion staff have received Armed Forces awareness training
- Development of AFC (Armed Forced Community) awareness Pack³³
- Dedicated veteran support web page
- Provision of English language funding to train 62 of the Ghurkha veteran community (estimated to be around 450 or 150 households)³⁴
- 4 drop in session Drop-In Sessions - The Veterans' Champions from each of our local community area teams, along with the Royal British Legion Advice and Information Officer, hold regular monthly drop-in sessions for the armed forces community.³⁵ These are:
 - East Area Team - 1st Thursday every month, 10 – 12 noon Thorne Library, The Vermuyden Centre, Field Side, Thorne, DN8 4BQ
 - East Area Team - 2nd Tuesday every month, 10am – 12 noon, Rossington Library, Holmescarr Enterprise Centre, Grange Road, Rossington, DN11 0LP
 - Central Team - 3rd Monday every month, 10am – 12 noon, Civic Office, Waterdale, Doncaster, DN1 3BQ
 - West Area Team - 3rd Thursday every month, 10am – 12 noon, Woodlands Library, Windmill Balk Lane, Woodlands, DN6 7SB

6.1.2. Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) have published their policy for the priority treatment of ex-service personnel. This is available on their website (see footnotes).³⁶

³³ <http://www.doncaster.gov.uk/sections/socialcareforadults/armedforces/index.aspx>

³⁴ Local estimate, Doncaster Council

³⁵ The 4 areas teams became 3 on 20th April, however the 4 drop-in sessions remain

³⁶ <http://www.rdash.nhs.uk/27102/priority-treatment-of-ex-service-personnel-military-veterans/>

7. Recommendations for future developments

1. Build on this health needs assessment, using a qualitative research approach, to better understand the veteran experience in the absence of complete and reliable statistical data.
2. Improve data collection in particular in GP practices and in primary care. This could be achieved by identifying GP champions to promote the recording of data in practice systems.
3. To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da).
4. Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services.
5. Increase awareness of the health of veterans with strategic bodies such as the health and wellbeing board and ensure that their issues are addressed in health strategies such as the Health and wellbeing strategy.
6. Ensure that the Councils overview and Scrutiny committee addresses veteran health issues in their programme of work.
7. Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the health needs of veteran are addressed.
8. As a number of veterans are almost certainly in one of Doncaster's 3 prisons, the health and wellbeing of these men should be a priority.



Doncaster Council

31st January, 2019

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

OVERVIEW AND SCRUTINY WORK PLAN 2018/2019 – January 2019

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

EXECUTIVE SUMMARY

1. The Panel is asked to review its Overview and Scrutiny work programme for 2018/19.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to:
 - a. Review the Overview and Scrutiny Management Committee work plan attached at Appendix A;
 - b. Agree when items be programmed for consideration or removed from the work plan;
 - c. Consider the Council's Forward Plan of key decisions attached at Appendix B and
 - d. Note the correspondence detailed at Appendix C.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

performance and developing policy. The Overview and Scrutiny of health is an important part of the Government's commitment to place patients at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, Local Authorities can assist to reduce health inequalities and promote and support health improvement. The Health and Adult Social Care Overview and Scrutiny Panel 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.

Council's Forward Plan of Key Decisions

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

Correspondence from the HASC meeting 29th November, 2018

8. Attached at Appendix C is correspondence to the Executive relating to the All Age Carers Charter.

OPTIONS CONSIDERED

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

REASONS FOR RECOMMENDED OPTION

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

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and policy development through robust recommendations, monitoring performance of the Council and external partners, services and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.</p>
2.	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
3.	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	

4.	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	
5.	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

11. To maximise the effectiveness of the Overview and Scrutiny function, it is important that the work plan devised is manageable and that it accurately reflects the broad range of issues within its remit. Failure to achieve this can reduce the overall impact of the function.

LEGAL IMPLICATIONS (SRF 16/1/19)

12. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those bodies, Overview and Scrutiny Management Committee (and its panels) will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).

Specific legal implications and advice will be provided as required on matters brought to the panel.

FINANCIAL IMPLICATIONS (PW 14.01.19)

13. There are no financial implications arising from this report, since there are no recommendations other than to review the Panel's work plan. Any financial implications arising from the areas within the plan will be reported on as part of the further reporting of those individual items.

HUMAN RESOURCES IMPLICATIONS (DLD 16.01.19)

14. 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 DATE: 14.01.19)

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

HEALTH IMPLICATIONS (RS Date: 10.01.19)

16. 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 Date: 10.01.19)

17. 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

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

BACKGROUND PAPERS

19. None

REPORT AUTHOR & CONTRIBUTORS

Christine Rothwell, Senior Governance Officer

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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	Mon, 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		Fri, 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

** 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 of relationships with Academies and LA Schools <ul style="list-style-type: none"> Scrutiny Work Plan 		
Aug		Mon, 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)	Mon, 22nd October – Full Day – Barnsley MBC (CM)		Mon, 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.

** 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
				<p>Mon, 22nd October 2018, 1pm Site visit Corn Exchange/Wool Market</p>	
Nov	<p>Fri, 2nd Nov 2018, 10am – Council Chamber (CR)</p>	<p>Thurs, 29th Nov 2018, 10am – Council Chamber (CM)</p>			<p>Wed, 28th Nov 2018 - 12:30pm to approx. 2:00pm, 007A (CM)</p> <ul style="list-style-type: none"> Social Isolation & Loneliness
	<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 			<p>Wed, 28th Nov 2018 – 3pm, 007A (CR)</p> <ul style="list-style-type: none"> Waste - An update on the new contract Tree Policy Scrutiny Work Plan
Dec	<p>Thurs, 6th Dec 2018, 10am – Council Chamber (AS)</p>		<p>Tues, 4th December, 4pm – Discussion with Children in Care (CR)</p>		
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 DMBC SLHD Complaints and Compliments Annual Report Scrutiny Work Plan 		<p>Tues, 11th Dec 2018, 5pm - Council Chamber (CM)</p> <ul style="list-style-type: none"> New Make Your Mark presentation – Youth Council Doncaster Children’s Trust (split screen) Children’s Trust and DMBC Attendance – Impact on Strategy and Performance update and Inclusion Plan (SEND) Scrutiny Work Plan 		

FP – Forward Plan Decision
 CR, CM or AS – Officer Responsible

** 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
	<p>Thurs, 18th Dec 2018, 10am – Council Chamber (CR)</p> <ul style="list-style-type: none"> Budget Briefing 				
Jan	<p>Mon, 21st Jan 2019, 10am – Room 209 (CM)</p> <ul style="list-style-type: none"> DCST Financial Overview Report Scrutiny Work Plan 	<p>Thurs, 31st Jan 2019, 2pm Council Chamber (CR)</p> <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). Scrutiny Work Plan 	<p>Tues, 29th Jan 2019, 5 pm Council Chamber (CM)</p> <ul style="list-style-type: none"> Child Poverty 		
Feb	<p>Fri, 1st Feb 2019, 10am Council Chamber (CM)</p> <ul style="list-style-type: none"> Budget Briefing <p>Thurs, 7th Feb 2019, 10am Council Chamber (CR)</p> <ul style="list-style-type: none"> Budget Corporate Plan 		<p>Date TBA (CM)</p> <p>Children’s Mental Health – Suicide Prevention (Youth Justice) - TBC</p>		<p>Wed, 13th Feb 2019, 10am (CR)</p> <p>Crime and Disorder</p> <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

** 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
	<p>Thurs, 28th Feb 2019, 10am Council Chamber (AS)</p> <ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan Brexit (TBC) 				
Mar	<p>Thurs, 28th Mar 2019, 10am Council Chamber (CM)</p>	<p>Mon, 18th Mar 2019, 1pm Council Chamber (CM)</p>	<p>Tues, 5th Mar 2019, 5 pm Council Chamber (CR)</p>	<p>Date TBA</p>	
	<ul style="list-style-type: none"> Flood Review (C&E O&S) Scrutiny Work Plan 	<p>Joint Health Overview and Scrutiny Committee South Yorkshire, Derbyshire, Nottinghamshire and Wakefield</p>	<ul style="list-style-type: none"> Revised Company Structure at Doncaster Childrens Services Trust 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"> Emerging Local Plan (TBC) 	
		<p>Thurs, 21st Mar 2019, 10am Council Chamber (CR)</p> <ul style="list-style-type: none"> Mental Health Theme – Dementia (NHS CCG) Better Mental Health Plan End of Life Plan Your Life Doncaster Update Public Health Protection Scrutiny Work Plan 		<p>Wed, 13th Mar 2019, 10am Council Chamber (CM)</p> <ul style="list-style-type: none"> Housing Needs Study - presentation Affordable Housing Delivery Programme Homelessness – Update on position and recs from 16/17 Panel review and impact of PSPO Support in Doncaster Scrutiny Work Plan 	
April					

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

** 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
May					Date TBA (CM)
					Social Isolation & Loneliness (TBC)

DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST FEBRUARY, 2019 TO 31ST MAY, 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: 2nd January, 2019 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
6 Feb 2019	To approve a Capital Improvement Scheme at Elmfield Park, Doncaster	Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Portfolio Holder for Highways, Street Scene and Trading Services	Ben Russell ben.russell@doncaster.gov.uk		Open
12 Feb 2019	To approve admission arrangements for the 2020/21 Academic Year	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Neil McAllister, School Organisation Manager neil.mcallister@doncaster.gov.uk		Open
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
26 Feb 2019	Annual Partnership Reporting (Non-Key decision)	Mayor Ros Jones	Cabinet	Andrew Sercombe, Governance Services Manager, Email: andrew.sercombe@doncaster.gov.uk		Open
4 Mar 2019	To approve the 2019/20 Corporate Plan	Mayor Ros Jones	Council, Cabinet	Allan Wiltshire, Head of Policy and Partnerships allan.wiltshire@doncaster.gov.uk		Open
4th Mar 2019	To approve the Revenue Budget 2019/20	Mayor Ros Jones	Cabinet, Council 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 Performance Report, Cabinet 20th November 2018	Open

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
4th Mar 2019	To approve the Council Tax and Statutory Regulations 2019/20	Mayor Ros Jones	Cabinet, Council 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
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 approval	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 Quarter 2 2018-19 Finance and Performance Report, Cabinet 20/11/18	Open

4th Mar 2019	To approve the Housing Revenue Account Budget 2019/20	Mayor Ros Jones	Cabinet, Council 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	Housing Revenue Account Budget 2018/19, Council 5th March 2018 Quarter 2 2018-19 Finance and Performance Report, Cabinet 20th November 2018	Open
12 Mar 2019	To agree a Joint Health and Care Commissioning Strategy with Doncaster Clinical Commissioning Group and operational infrastructure for delivery in 2019	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools, Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture, Councillor Rachael Blake, Portfolio Holder for Adult Social Care	Cabinet	Denise Bann, Strategic lead Commissioning denise.bann@doncaster.gov.uk		Open

12 Mar 2019	Revised Company Structure at Doncaster Children's Services Trust	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Angela Harrington, Commissioning Manager Angela.Harrington@doncaster.gov.uk	Open
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Councillor Andrea Robinson
Edenthorpe and Kirk Sandall Ward

Date: 7th January 2019
Call: 01302 882625
Email: andrea.robinson@doncaster.gov.uk

Councillor Rachael Blake
Portfolio Holder for Adult Social Care
Doncaster Council
Floor 4
Civic Office
Waterdale
Doncaster
DN1 3BU

Dear Rachael,

A presentation was provided to the Health and Adults Social Care Panel around the All Age Carers' Charter at its meeting on the 29th November 2018. Members commented that the information given had been very concise and informative and it was recognised that a great deal of positive work was being undertaken.

Members were pleased to hear that the All Age Carers' Charter had been launched on the 16th October 2018 and would enable Team Doncaster to publicly show and reaffirm their commitment to carers.

Members were interested to hear that in Doncaster there were 33,000 carers (across all ages) as reported in Doncaster's Carers Strategy (census 2011) although approximately 4,000 of that figure were known to services. It was explained that this was due to individuals not always wishing to identify themselves as a carer despite having undertaken that role in some capacity.

During the meeting, a Member questioned how carers known to services were monitored, maintained or identified as no longer requiring support as a carer. Members were informed that carers needed to be empowered to have a voice and be able to report what they felt was not working or what support they needed.

Continued;

Members were pleased to hear that engagement of the proposal had taken place with the voluntary and community sector and was currently being shared out in the public domain as well as through partners. Members heard that the charter was being taken through Doncaster Chamber to ensure that further engagement takes place with businesses as 1 in 9 workers were identified as carers. It was also stated that carers needed to be further identified through the workforce so that they could access the available support. In terms of Veterans, it was stated that they were often the carers or being cared for and it was questioned how they could holistically be supported within the community.

Further to Doncaster Council signing up to the Motor Neurone Disease (MND) Charter, a Member stated that they would like to see other areas of diseases (that involved carers) be contacted to ensure that a wider reach was undertaken.

Following its consideration the Panel agreed the following recommendations:

Recommendation 1:

That the Young Carers Card once successfully rolled out, be considered for use in the workplace for employees who are carers.

It was explained that this was a new initiative to be introduced and made available to every school. Members recognised that the card needed to be rolled out with young carers first before being considered for use in the workplace. Members heard how the Young Carers Card might incorporate a traffic light system to reflect where the young person was emotionally on that particular day through a visual means without having to articulate it further.

Recommendation 2:

That Headteachers be encouraged to sign up to the Doncaster Carers Charter.

In terms of young people, a Member referred to the 700 young carers that had been identified. Enquiries were made about what pastoral care was available in schools and academies and assurances were sought that young carers had access to those services. Members were pleased to hear that the Cabinet Member for Children, Young People and Schools, as part of her role, had endeavoured to visit all school and raise awareness of the charter. It was reported that the Cabinet Member had spoken passionately about support from Officers, and issued a mandate to challenge secondary schools. It was therefore felt that Headteachers signing up to the charter would further endorse this.

Continued;

Page 3 continued;

Recommendation 3:

To ensure that those young carers with parents who did not speak English (and therefore needed to act as translators) sits within the spectrum of the All Age Charter

A Member raised concern that young carers with parents who did not speak English often became their translators when communicating with services. Members were advised that those children were generally known to the authority or would be where they had identified themselves as a young carer.

Finally, I would also like to take this opportunity to thank all of those who attended and responded to questions posed by the Panel. I would be grateful for a response by no later than the 7th February 2019.

Kind Regards



pp Councillor Andrea Robinson
Chair of Health and Adult Social Care Overview and Scrutiny Panel

cc: Jo Miller, Chief Executive
Cabinet Members
H&ASC O&S
Damian Allen, Director of People
Debbie John-Lewis, Assistant Director Communities
Angela Waite, Carer's Strategic Lead

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