



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

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

Date: Thursday, 4th July, 2019

Time: 10.00 am

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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
-

Jo Miller
Chief Executive

Issued on: Wednesday 26th June, 2019

Governance Services Officer for this meeting:
Christine Rothwell Tel: 01302 735682

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 21st March 2019 (*Pages 1 - 8*)
5. Public Statements

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

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

6. 2019 Joint Strategic Needs Assessment - State of Health and 2019-20 JSNA Work Plan (*Pages 9 - 30*)
7. The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care (*Pages 31 - 48*)
8. Your Life Doncaster Transformation Programme - Update (*Pages 49 - 58*)
9. Overview and Scrutiny Work Programme 2019/20 (*Pages 59 - 82*)

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

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

Councillors George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, Rachel Hodson and Derek Smith

Invitees: Jim Board - UNISON

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 21ST MARCH, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held in the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 21ST MARCH, 2019 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

Councillors N Cannings and F Tyas

Patrick Birch, Strategic Lead for Adults and Transformation

Victor Joseph, Consultant in Public Health

Dr Philip Kirby, Public Health England and NHS England

Louise Robson, Public Health Theme Lead

Anthony Fitzgerald, Director of Strategy and Delivery, Doncaster Clinical Commissioning Group (CCG)

Stephen Emmerson, Head of Strategy and Delivery, Doncaster CCG

Jo Forrestall, Head of Strategy and Delivery – Community Services Doncaster CCG

Michelle Clarke, Strategy and Delivery Manager, Doncaster CCG

APOLOGIES:

Apologies for absence were received from Councillors George Derx, Sean Gibbons, John Gilliver and Mark Houlbrook

		<u>ACTION</u>
33	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
34	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 31ST JANUARY 2019</u>	
	The minutes of the Meeting held on 31 st January, 2019 were agreed as a correct record.	
35	<u>PUBLIC STATEMENTS</u>	

	<p>Mr Doug Wright – resident of Doncaster made the following statement:</p> <p>He stressed that the NHS needed prioritising for consideration by this Scrutiny Panel as change in the organisation was moving rapidly.</p> <p>He continued to explain that his main reason for attendance at this meeting was to address the opportunity for making statements or asking questions at meetings. He was of the opinion that questions should be allowed rather than statements.</p> <p>In the past, he explained that he had raised on a number of occasions whether public could attend the Joint Commissioning Management Board (JCMB) and be allowed to ask questions. He thought that this was being considered later in the month by the Board.</p> <p>To conclude he queried why questions could be asked at regional scrutiny meetings but only statements allowed at local scrutiny.</p> <p>The Chair thanked Mr Wright for his statement.</p>	
36	<p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2018/19</u></p>	
	<p>The Panel was provided with a presentation and presented with a report on the annual health protection assurance in Doncaster for the period 2017/18. It was noted that through effective health protection governance structures and service plans sustained progress had been made.</p> <p>The Presentation to the Panel covered the following areas:</p> <ul style="list-style-type: none"> • Progress from last year – good news stories; • Tobacco Control in Doncaster; • Smoking indicators; • Immunisation indicators; • Screening indicators; • Other health protection indicators; and • Recommendations for 2019/20. <p>Dr Kirkby, Public Health and NHS England wished to highlight to the Panel that Doncaster had an excellent system of working in partnership, a strong established means of working, good links into communities and gave a warm endorsement to the work recommended for the future year.</p> <p>The Panel addressed the following issues in more detail:</p> <p><u>The links between mental health and smoking</u> – it was noted that smoking was common for people who suffered with mental health</p>	

issues and was an area that required more detailed work being undertaken.

Smoke Free Doncaster – in response to a query relating to the illicit sale of tobacco, it was noted that Public Health worked closely with the Enforcement Team ensuring the problem was addressed. The work undertaken by Trading Standards was intelligence driven, so any information, no matter how small, always helped to build a case.

It was reported that an initiative to reduce smoking was promoted at the Christmas Lights event with simultaneous consultation being undertaken on the issue, encouraging smoke free homes, town centres and parks. The initiative received broad support therefore it was an area that required further work to translate into practice. With regard to timeframes, the proposals would require consideration by the Health and Well-being Board before taking forward its implementation.

With regard to reversing the trend of women who continued to smoke during pregnancy, the Panel was informed that a pathway for improvement to be undertaken by health visitors and hospitals was being developed. This was a commissioning priority with a joint support approach being undertaken with a full pathway for pregnant ladies from GP's through to hospital support.

Through a contract with SWIFT (mental health foundation for South and West Yorkshire) the provision of a smoking cessation service was being delivered. The contract was currently in year 1 of a 4 year period. It was recognised that the Borough comprised of many cultures, where smoking was possibly accepted as the "norm", therefore many groups would be targeted through the network of clinics across the Borough.

Cannabis use – Following a Member reporting that roots from home grown cannabis were regularly found at the side of the road in rural communities, it was noted that cannabis continued to be an issue for the drug using community for Doncaster, particularly a drug of choice for younger people. It was stressed that preventative programmes were delivered across the borough to reduce the use and prevent serious addiction.

Pregnancies – A Member outlined that anecdotal information seemed to show that mothers were not presenting themselves to a doctor when they became pregnant and it was noted that the CCG was addressing this issue through a "Better Births" initiative over the next few years.

Flu immunisation – In response to concern expressed about the low numbers of people receiving the flu immunisation, it was stressed that it was a myth that the vaccination would make you ill. The Panel noted that the vaccination had been made available for Council Staff on site rather than having to visit their GP or pharmacy, with uptake improving.

	<p>Provision of the immunisation programme had also been rolled out to care homes.</p> <p><u>Clean Air Day</u> – staff were congratulated for work that had been undertaken.</p> <p><u>Late stage of HIV</u> – concern was expressed that people were presenting themselves to GPs with the illness at a late stage. It was explained that the challenge was identification of the condition, to ensure correct support and treatment was available. It was discussed that the illness still had a stigma, however, outreach clubs had been established through the community to ensure successful visits to nurses and GP’s were being undertaken to increase diagnosis.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none"> i. the report, be supported; ii. the Action Plan for a Smoke Free Doncaster be added to the Panel’s work programme for 2019/20; and iii. the CCG be asked to consider building into quality contracts that the flu vaccination be recommended for staff or all organisations. 	
37	<p><u>PREVENTION CONCORDAT AND THE BETTER MENTAL HEALTH (ADULTS) IMPROVEMENT PLAN 2018/21</u></p>	
	<p>The Panel gave consideration to a report and presentation outlining the development and content of the Prevention Concordat and the Better Mental Health (Adults) Improvement Plan 2018/21.</p> <p>It was noted that the Improvement Plan comprised the following themes:</p> <ul style="list-style-type: none"> • Living well-community led support and low level early intervention; • Access to appropriate services; • Caring well – holistic care and support; • People with complex/bespoke needs and their access to services; • Suicide prevention; • Outcomes and success; • Partnerships and governance; and • Needs and asset management. <p>During discussion the following issues were addressed:</p>	

	<p><u>Front end modernisation of mental health access</u> - it was confirmed that this issue had been addressed in depth and where services were required they would be readily accessible and responsively matched to people’s level of need.</p> <p>In connection with a <u>psychiatric decision unit</u> it was stressed that the right patient treatment pathway would be better identified in a care setting away from busy emergency department or section 136 detention suites, but available 24 hours 7 days a week.</p> <p>Work was being undertaken with all partners to ensure intervention in community settings for <u>alcohol and substance misuse</u>.</p> <p><u>Elimination of inappropriate out of the area placements</u> – It was acknowledged that each individual required an assessment for complexity and specialist need. It was noted that Doncaster now only required 25 out of area day beds for people who need an acute patient bed (non specialised) in the 3 month period to December 2018 which represented a significant improvement from the start of 2018.</p> <p><u>Performance indicators</u> – with regard to outcomes 5 to 10 local indicators had been established to measure against throughout the life of the improvement plan.</p> <p><u>Expenditure</u> – there would be a targeted 6.3% increase in mental health expenditure for 2019/20.</p> <p>RESOLVED that: an update be provided to the Panel in 2019/20 outlining outcomes and success from the improvement plan.</p>	
38	<p><u>OVERVIEW OF DEMENTIA COMMISSIONING IN DONCASTER</u></p>	
	<p>The Panel gave consideration to a report and presentation relating to the Government’s key aspirations for Dementia by the year 2020.</p> <p>It was acknowledged that the UK’s population of older people was increasing and it was estimated that 850,000 people were living with dementia with 38% of the population knowing a family member or close friend who suffers with the condition. In Doncaster there were estimated to be 4050 people with dementia with 2,700 having received a formal diagnosis.</p> <p>The presentation focused on:</p> <ul style="list-style-type: none"> • Diagnosing, referral pathways and care planning; • Post diagnostic care and support; • Urgent and emergency care; and 	

	<ul style="list-style-type: none"> • Raising awareness, reducing stigma and proactively promoting prevention. <p>Following the presentation Members focused on the following areas:</p> <p><u>Prevention</u> – health checks were being undertaken and opportunities were being built when talking to people, particularly those that may be showing signs and symptoms. Wider health improvement was being promoted, for example, exercise, not smoking and drinking sensibly which were primary prevention options.</p> <p>It was stressed that what was good for the heart was good for the brain.</p> <p><u>Diagnosis</u> - Members were of the opinion that a number of people were in denial, hiding their symptoms therefore would be struggling to access support. The long term plan would include actions for GP’s and carers to identify someone who may need a diagnosis and long term support.</p> <p><u>Care Planning</u> – it was confirmed that best practice was promoted and challenged when not adopted. Work had been undertaken with the most vulnerable members of the community to ensure best practice was in place. It was accepted that improvements were required in some areas.</p> <p>It was noted that GP’s were paid for each individual patient’s care plan and there was the need for improved performance monitoring to identify where better care was required. It was noted that the care offer was multi-disciplinary and partners were working well together to try and achieve this.</p> <p><u>Dementia Awareness Week</u> – would be used to promote access to local services through a number of activities</p> <p>RESOLVED that: the update be noted.</p>	
39	<p><u>END OF LIFE CARE</u></p>	
	<p>A presentation was provided to the Panel addressing how the CCG planned for End of Life Care by using discussions with stakeholders, patient stories and the information local data was providing.</p> <p>The presentation addressed:</p> <ul style="list-style-type: none"> • Background to the local position; • Progress with Strategic and Service developments, education and documentation; • ReSPECT – a person’s recommended summary plan in an emergency; 	

	<ul style="list-style-type: none"> • National and local monitoring and assurance; • Next steps – education and service delivery. <p><u>Faith and spirituality</u> – a pilot was in place to ensure an individual’s faith remained important during their end of life care.</p> <p><u>ReSPECT</u> – the Panel supported this as an excellent idea and looked forward to the programme being rolled out. Currently the forms must be completed with a nurse or GP and would be some years before the system worked in the same manner as donor cards.</p> <p><u>End of Life Provision</u> - It was noted that priority areas had started to show improvement, but reports of poor end of life cases were generally because the advanced care plan not being acted upon, no record sharing and there being a general lack of understanding. There was confidence that mechanisms in place would ensure improvements.</p> <p><u>Equipment provision</u> – It was noted that a lot of equipment was provided through the private sector. Team Doncaster addressed procurement with any improvement issues being taken into account, however, it was recognised this would not happen immediately.</p> <p><u>Preferred place of death</u> – concern was expressed that people were not fully informed of their choices and plans, and to also ensure that they were pain free if their choice was to die at home. Requirements for the quality of care for someone choosing their home as their preferred option was addressed, for example, mattress provision was the same quality as that provided in a residential home or hospital.</p> <p><u>Members seminar</u> – a Members seminar was proposed to ensure Councillors were aware of end of life choices for residents.</p> <p>RESOLVED that a Members seminar be proposed on End of Life Care choices.</p>	
40	<p><u>OVERVIEW & SCRUTINY WORKPLAN - MARCH 2019 UPDATE</u></p>	
	<p>The Senior Governance Officer presented the Scrutiny Work Plan and Forward Plan of Key Decisions for the Panel’s consideration.</p> <p>The Chair updated the Panel on the work being undertaken by the Joint Health Overview and Scrutiny Committee for South Yorkshire, Wakefield, Derbyshire and Nottinghamshire. The most recent meeting was hosted by Doncaster and addressed:-</p> <ul style="list-style-type: none"> • Governance Arrangements for South Yorkshire and Bassetlaw Integrated Care System for 2019/13; • NHS Long Term Plan 	

	<ul style="list-style-type: none">• Transformation Work stream Programme within the South Yorkshire and Bassetlaw integrated Care System. <p>To conclude Members expressed the wish for the following items to be added to the 2019/20 draft work programme for consideration:</p> <ul style="list-style-type: none">• Personal Payments;• Shared care for disabled people; and• Tooth decay in 0 – 5 year olds. <p>RESOLVED that the following items be proposed for consideration during the 2019/20 Scrutiny work plan:</p>	
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Doncaster Council

Report

Date: 4th July 2019

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

2019 Joint Strategic Needs Assessment – State of Health &
2019-20 JSNA Work-plan

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

EXECUTIVE SUMMARY

1. The State of Health Report is a collection of some of the key insights that have emerged from the various work packages of the previous year's JSNA. This report also includes the work plan for 2019-20. Both these reports have been endorsed by the Doncaster Health and Wellbeing Board in June 2019 and are now brought to this panel for consideration.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. To consider the findings of the Doncaster's first State of Health Report and the 2019-20 work-plan.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Improved health and social care intelligence will inform the Health and Wellbeing Strategy and strategic commissioning.

BACKGROUND

5. The JSNA is an assessment of the health, wellbeing and social care needs of Doncaster and its communities. The current form of the JSNA is a set of individual work packages to be delivered over the next year. The findings of these packages are then summarised in the annual State of Health report. This approach was agreed by the Doncaster Health and Wellbeing Board in 2018.

OPTIONS CONSIDERED

6. The State of Health Report has two elements: a report on the current state of health of Doncaster, and a summary of some of the findings of the packages of work commissioned during the last year. Health and wellbeing in Doncaster remains challenging, of the 33 indicators used by Public Health England in the Doncaster Health Profile Report 19 are significantly worse in Doncaster.
7. The JSNA work packages have highlighted a number of issues:
 1. Our changing population,
 2. Inequalities in childhood obesity,
 3. Access to health services for people with LD,
 4. The experiences of LGBT Year 10 pupils, and
 5. Changes in life expectancy
8. Other insights are included in the report.
9. This report also includes the next set of work packages that will be delivered over the next 12 months. To ensure that this plan remains responsive to changing circumstances. It has been agreed that the Director of Public Health has delegated authority to make modifications to the work as changing circumstance demand.

REASONS FOR RECOMMENDED OPTION

10. N/A

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 11.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them	

	<p>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 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>The insights gathered from the packages outlines above will improve the commissioning and service development of both the NHS and social care.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

- 12. The JSNA provides insights into the current health and wellbeing of the Doncaster population. The findings of the JSNA work packages should be acknowledged and integrated into commissioning plans and be reflected in the Health and Wellbeing Strategy.

LEGAL IMPLICATIONS [HMP. Date 21.6.19]

- 13. The JSNA is a statutory requirement for the council. It should be commissioned by the Health and Wellbeing Board. There is Statutory guidance on joint strategic

needs assessments and joint health and wellbeing strategies detailing the requirements that should be followed.

FINANCIAL IMPLICATIONS

14. No specific implications have been sought.

HUMAN RESOURCES IMPLICATIONS

15. No specific implications have been sought.

TECHNOLOGY IMPLICATIONS

16. No specific implications have been sought.

HEALTH IMPLICATIONS [LM Date 24.6.19]

17. The JSNA provides a strategic overview of health and wellbeing in the borough. The report should influence the commissioning of future services and the strategic goals of partners. These decisions will ultimately be reflected in the health of Doncaster's communities.

EQUALITY IMPLICATIONS [LM Date 24.6.19]

18. Health inequalities are an important aspect of this report. The report includes a number of pieces of work that reflect the levels of inequalities in health in Doncaster.

BACKGROUND PAPERS

19. 1. State of Health Report
2. JSNA workplan

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JSNA workplan 2018/19

	2019					2020						
	July	August	September	October	November	December	January	February	March	April	May	June
Population Segmentation	Multi-morbidity											
	Older people Ageing well Needs Assessment											
	Veterans Needs Assessment (Refresh)											
Social Issues	Adverse Childhood Experiences											
	Childrens Needs Assessment											
	Alcohol Needs Assessment											
Service evaluations	Complex Lives											
	Geographic Profiles											
Intelligence Infrastructure	Ongoing Outcomes framework reporting											
	Adult social care demand (next steps)											
Ongoing work	Get Doncaster Moving											
	Summary report of the findings from the work packages.											
State of health report												

Doncaster 2018/19 Joint Strategic Needs Assessment

State of Health

1. What is the State of Health Report?

1.1. The State of Health Report is a collection of some of the key insights that have emerged from the various work packages that have been undertaken in the last year. Some of the findings in this report have not been reported elsewhere, some of these work packages are yet to be finished.

2. Health in Doncaster

2.1. Doncaster has generally poorer health than England as a whole. Around 22% of children live in low income families (16% in England). The life expectancy at birth and healthy life expectancy in men and women are lower than the England average.

2.2. The Latest Doncaster Health profile measures 33 health indicators. Of these 19 are statistically significantly worse than the England average and only 4 are significantly better (see below).

3. Health inequalities

3.1. Life expectancy is 10.1 years lower for men and 7.8 years lower for women in the most deprived areas of Doncaster compared to the least deprived. Findings from a more detailed analysis of the changes in these inequalities is included in this report.

3.2. Doncaster is in the 20% most deprived areas in England.

4. Child health

4.1. The rates of smoking at time of delivery, the numbers of women initiating breastfeeding and the numbers of children in year 6 who are overweight and obese are all significantly worse than England.

4.2. Later in this report there are some results of a more detailed analysis of the National Child Measurement Programme. This includes some new insights into inequalities across the borough.

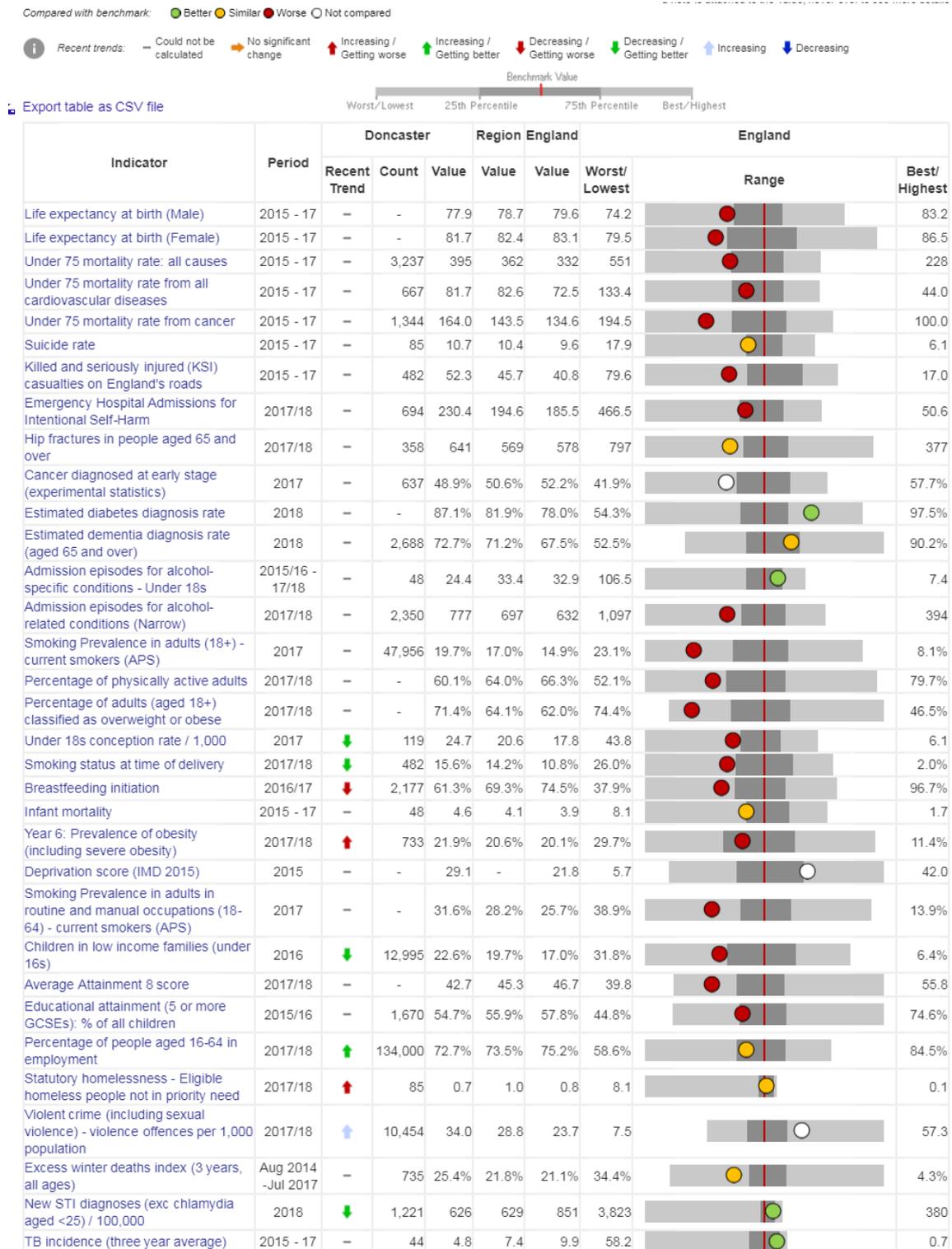
5. Adult Health

5.1. The rates of admissions for alcohol related conditions are significantly worse in Doncaster compared to England. In 2017/18 there were 2,300 hospital stays directly linked to alcohol consumption. An alcohol needs assessment is currently underway to further understand alcohol in Doncaster. This will report later in the year.

5.2. Smoking prevalence amongst people in routine and manual occupations is 31.6% compared to the England rate of 25.7%.

5.3. The levels of physical in-activity amongst adults in Doncaster are significantly higher than England and around 71.4% of adults are overweight or obese. This report includes some improved insights into the changes in the levels of physical activity taking place within the borough.

Health summary for Doncaster



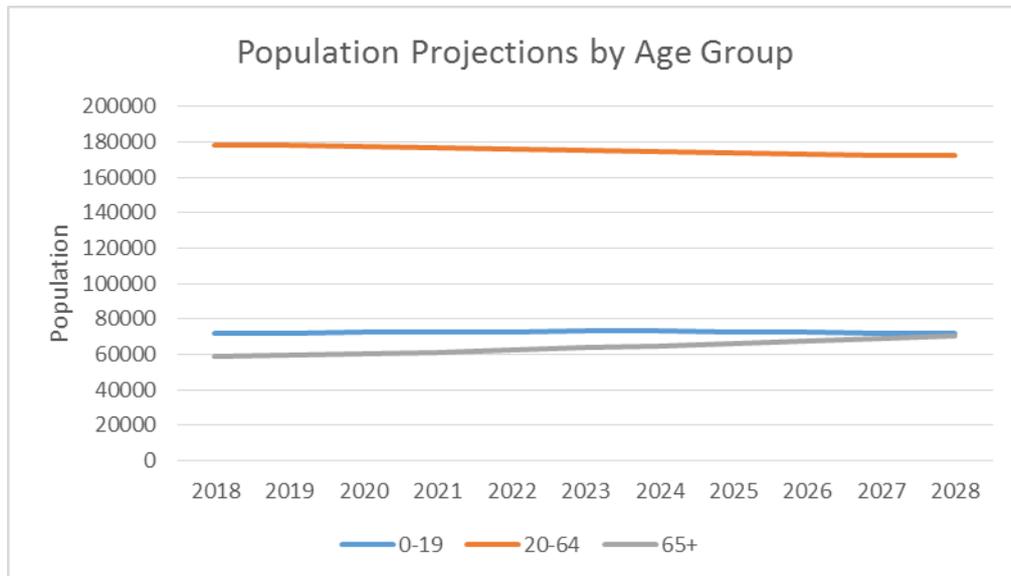
6. New insights from this year's JSNA work packages

- 6.1. There is a great deal of new intelligence available to support strategic commissioning and service planning across the health and social care environment. The population of Doncaster will change over the next few years due to the ageing population and changes in migration.
- 6.2. There are important challenges to be faced around health inequalities. There are significant differences in the prevalence of childhood obesity (including overweight) between the most deprived and least deprived parts of the borough. Whilst there seem to be improvements in Doncaster men's healthy life expectancy, the levels of inequalities in mortality rates appear to be widening, particularly in women.
- 6.3. More intelligence is now available about the 4 localities of the borough. The locality profiles and the workforce planning work are providing insights into the health, social care, social and economic differences across these areas. The reports draw particular attention to the challenges presented by Central locality.
- 6.4. There is now evidence that adults in Doncaster reporting significantly lower levels of self-reported wellbeing. On the other hand secondary school pupils appear to be reporting higher levels of resilience.
- 6.5. An initial scoping project relating to Adverse Childhood Experiences found some evidence that Doncaster may have a high prevalence of children who are facing multiple social and psychological stressors. The Pupil Life-style Survey has found that LGBT Children in secondary school also face mental health challenges.
- 6.6. This year the data analysis component of the Learning Disability Strategy was completed and Doncaster is now in a good position to produce a comprehensive strategy supported by the latest available intelligence.
- 6.7. While Doncaster has achieved a number of improvements Inequalities remains an important component of the health experiences of Doncaster people and communities.

7. Demography

7.1. Ageing population

7.1.1. The numbers of people aged 65+ are set to increase from around 59,500 in 2019 to around 70,200 in 2028. This is a 19% increase in 10 years. The numbers of young people (0-19) will fall slightly (-0.5%) as will the numbers of working age adults (-3.4%)

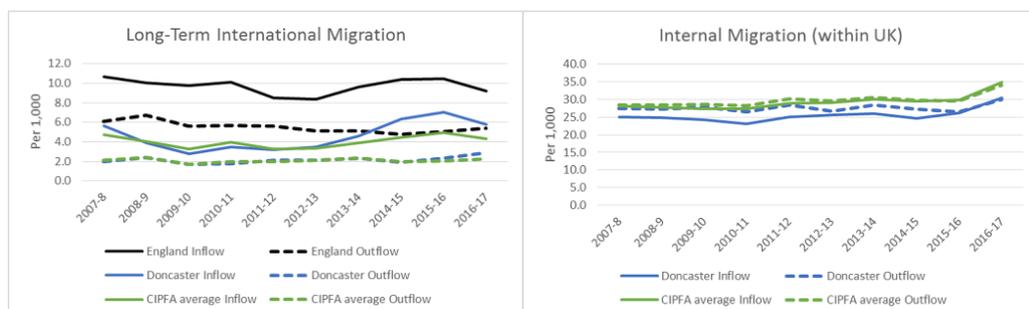


7.2. Changes in Migration

7.2.1. International and internal migration patterns appear to have changed in Doncaster.

7.2.2. Doncaster has significantly less migration (inflow and outflow) than England. Around 2012/13 International migration (Inflow) increased. The latest data for 2016/17 show that the inflow rate has fallen significantly and outflow has increased slightly.

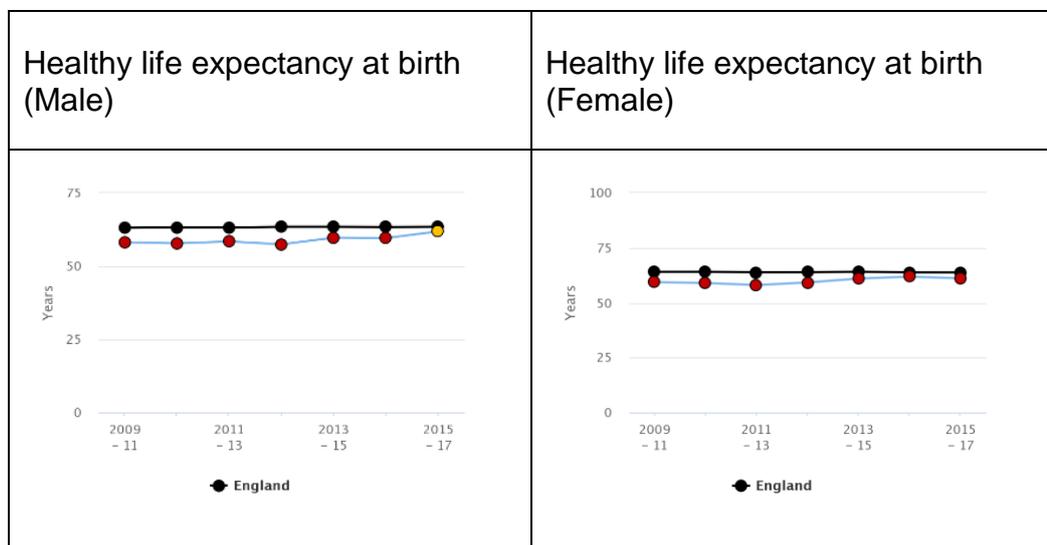
7.2.3. At the same time as international migration has fallen internal migration has increased this year. Around 50% of all internal migration is accounted for by movements within Yorkshire and a smaller amount from North Lincolnshire.



7.3. Improvement in Healthy life expectancy in men in Doncaster (PHOF)

7.3.1. Most high level population health indicators show Doncaster faces significant public health challenges. The latest update of the Public Health Outcomes Framework shows that, for the first time since 2009, healthy life expectancy at birth for men in Doncaster is no longer significantly worse than the national rate. Healthy life expectancy is 61.8 years compared to the England rate of 63.4 yrs. The average difference between England and Doncaster has been around 4.7 years. The difference in 2015-17 (latest data) is now 1.6 years. Further work may enable us to understand what has caused this change.

7.3.2. Healthy life expectancy in women has remained significantly worse than the national average. The latest data show a difference between Doncaster women and England of 2.7 years.

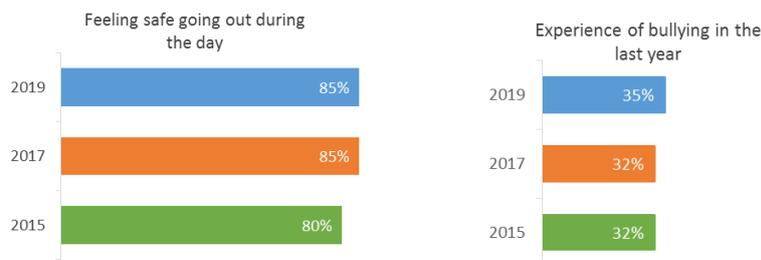


8. Starting well

8.1. Pupil Lifestyle Survey

8.1.1. The Pupil Life Style Survey (PLS) is a Doncaster-wide survey carried out in both primary and secondary school aged children. The survey covers a wide variety of health and wellbeing topics that affect children, and provides useful data to show the impact of strategies in place and to inform future planning. The survey was commissioned by Doncaster's Public Health team in 2015, 2017 and again in 2019. The survey provides data on a range of different aspects of health and wellbeing in young people, including mental health. The survey concentrates on pupils in year 4 and year 8.

8.1.2. Among primary school children the numbers of primary school children who report 'feeling safe going out during the day' has increase to 85%, however the numbers of children who experienced bullying has increased to 35%.



8.1.3. Amongst secondary school pupils the experience of bullying was reported to have increased. But the proportion reporting high resilience score had increased to 25% from 20% in 2015.

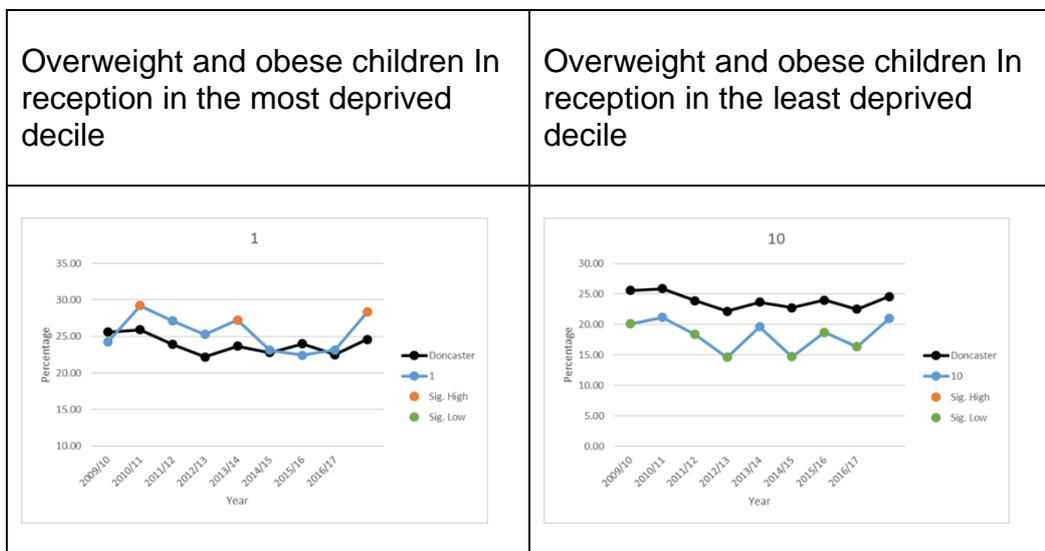


8.2. Childhood obesity

8.2.1. The following insights have only recently become available after a more detailed analysis of the 'National Childhood Measurement Programme'. The programme measures the heights and weights of All children in Reception and Year 6 in Doncaster Schools.

8.2.2. The prevalence of children who are overweight or obese has slightly increased over the last 5 years. The latest published data shows that the rate of Overweight and obese children in reception was significantly higher than the national rate (Doncaster: 25.5%; England: 22.4%).

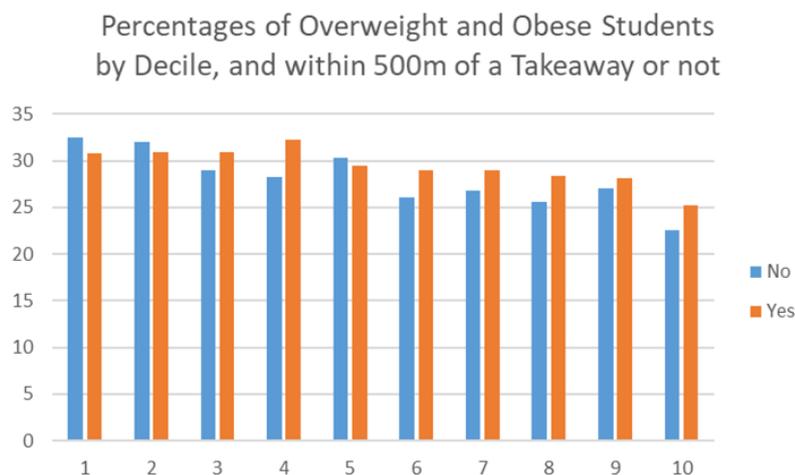
8.2.3. Reception: More deprived areas have higher rates of overweight children, however these equalities have narrowed since 2014/15.



8.2.4. Year 6: Prevalence appears to be increasing in the more deprived areas but remains consistently below average in the least deprived areas.



8.2.5. A further analysis looked at the relationship between overweight and obese children and takeaway food outlets. For reception year children the presence of a takeaway appears to make no difference to the likelihood of being overweight or obese. Among year 6 the best predictor for being overweight is deprivation, however among children in the least deprived parts of the borough they were more likely to be overweight or obese if they were living within 500m of a takeaway.



8.3. Adverse Childhood Experiences

8.3.1. Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood, such as witnessing domestic violence or having a parent with a mental health condition.

8.3.2. There is a ‘a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults’.

8.3.3. These findings reflect the groundwork undertaken to prepare for a more detailed project next year.

8.3.3.1. Doncaster has significantly higher incidences of children experiencing alcohol misuse, drug misuse, neglect, and sexual abuse than both regional and statistical neighbours.

8.3.3.2. After Sheffield, Doncaster has the highest numbers of incidences of domestic violence, mental health, and emotional abuse than regional and statistical neighbours.

8.3.3.3. In terms of total number of episodes of abuse or neglect, Doncaster is ranked the highest compared to regional and statistical neighbours.

9. Inequalities

9.1. Locality profiles

- 9.1.1. There is an increasing focus on local intelligence and next year detailed geographical profiles are going to be produced.
- 9.1.2. This year a set of Locality profiles were produced, one for each of the 4 localities. The following are some of the key findings:
 - 9.1.2.1. Central: this has the most deprived residents, the highest crime rates. It also contains proportionally more young people than the other localities.
 - 9.1.2.2. East: This is the least deprived locality and has the lowest levels of smoking and the lowest levels of mental health contacts and IAPT referrals.
 - 9.1.2.3. North: This area has the lowest A&E attendances but also the highest prevalence for smoking and adult obesity (data from GP practices).
 - 9.1.2.4. South: The South has proportionally more middle aged and elderly people but also the lowest rates of social care contacts.

9.2. Workforce data

- 9.2.1. The following tentative findings have come from a piece of work looking at how to describe population needs and service utilisation in relation to the geographical distribution of staff resources. The work is under the auspices of Doncaster Place Plan.
- 9.2.2. The analysis was split along the lines of the life course: Starting well, Living well, Ageing well.
- 9.2.3. The results currently look like this for the working age population. The higher the weighted population the higher the need or the utilisation of that population. Central locality has around 26% of the population of Doncaster (20-64 years) but could represent 38% of the health and social care needs. Central accounts for 29% of the service utilisation.
- 9.2.4. Below is an example of the initial results from this project.

Need	Population	%	Weighted pop	%
Central	46409	26.2	67610	38.1
East	39940	22.5	34064	19.2
North	40769	23.0	33402	18.8
South	50206	28.3	42248	23.8
Total	177324	100.0	177324	100.0
Utilisation				
	Population	%	Weighted pop	%
Central	46409	26.2	51327	28.9
East	39940	22.5	38622	21.8
North	40769	23.0	38135	21.5
South	50206	28.3	49240	27.8
Total	177324	100.0	177324	100.0

9.3. Learning Disabilities

9.3.1. A comprehensive data pack to support the development of the new Learning Disability strategy was produced this year this included a review of all of the routinely available data. These data were presented according to DGT themes (Learning, Working, Living, Caring)

9.3.2. The data revealed the following issues:

9.3.2.1. Learning - Overall absence rates and fixed term exclusions for SEND children and young people are significantly higher than non - SEND children and young people. Educational attainment at 19 years old is significantly worse than the national average for SEND support.

9.3.2.2. Working - There are 100 people with a learning disability in paid employment out of a cohort of 671, during quarter 1 2018/19. This is better than regional and national performance.

9.3.2.3. Living - Between May 2014 and June 2018 there have been 9 recorded installations of Assistive Technology by DMBC HEART Team, supporting people with LD to live independently, with the recorded age range predominantly above 56 years old.

9.3.2.4. Caring - Health checks and cancer screening are very low within the LD population.

9.3.3. 'Speakup' and 'Inclusion North' were commissioned to run engagement sessions with members of the LD community. The following were the key findings in relation to the health system.

- "Need good databases of information for individuals, requesting past history and medical details"
- "There needs to be a clear consistent approach to information, all GP practices should help people who cannot use the GP screens"

- “All nurses to have experience of dealing with people with learning disabilities and autism”
- “Social workers should be told straight away that someone has been diagnosed”
- “Need more joined up care, putting the pieces of the jigsaw together, parent, GP and Health Professionals”
- “People need to know about annual health checks some people know, some people don’t”
- “CAMHs –we need a diagnosis not a label, the diagnosis is key to accessing services”

10. Living well

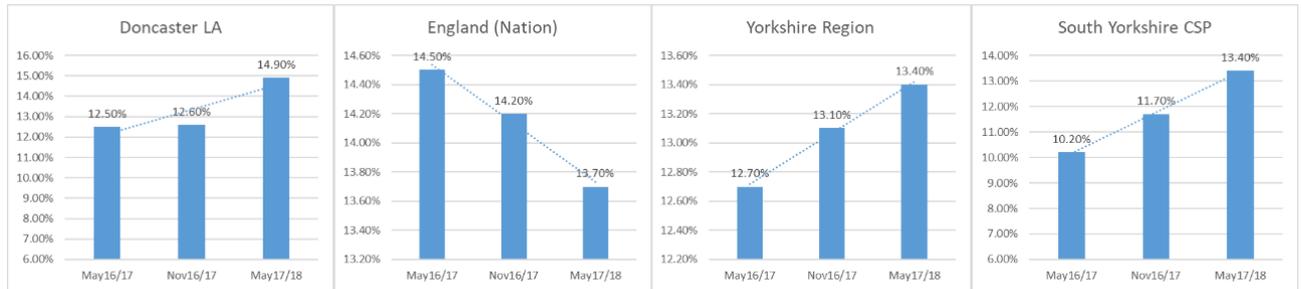
10.1. Active travel

10.1.1. Cordon counts based around the town centre have found that since 2002 the numbers of pedestrian have been gradually increasing but since 2010 numbers have been falling.



10.1.2. Cycling is increasing in Doncaster both as a sporting/leisure pursuit and as a general form of travel. This reflects increases in Yorkshire as a whole. In England the rate has been falling. The latest Doncaster rate is 14.9%, this is the higher than the Yorkshire region average.

Cycling for Leisure and Sport: participation at least twice in the last 28 days



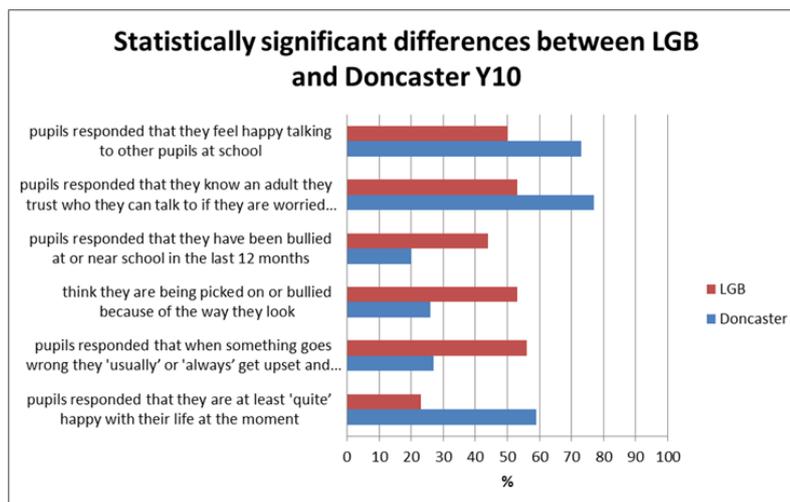
10.2. Mental Health Needs Assessment

10.2.1. The 'Mental Health Needs Assessment (2019)' is currently collecting data in relation to mental health across the life course. The report is currently being written. The following are some examples of the insights the report is revealing.

10.2.2. Doncaster people report lower levels of Wellbeing compared to the national average. People who report lower levels of personal wellbeing are also more likely to report poor health and are more likely to have a long term illness or disability.

	Doncaster	England
Low life satisfaction score	6.8%	4.4%
Low worthwhile score	5.8%	3.6%
Low happiness score	12.3%	8.2%
High levels of anxiety	21.6%	20%

10.2.3. Data from the Doncaster Pupil Lifestyle Survey (year 10 cohort) has revealed that LGB pupils in Doncaster report higher levels of bullying, found it more difficult to find people they feel confident to talk to, and reported lower levels of happiness.



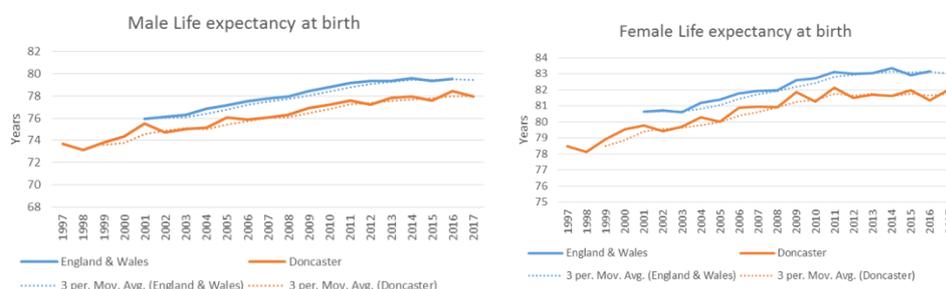
11. Ageing well

11.1. Life expectancy and inequalities

11.1.1. Life expectancy at birth in the UK between 2001 and 2005 improved, on average around 0.34 a year in men and around 0.25 a year in women.

11.1.2. Between 2012 and 2017 the average improvement in life expectancy at birth in men was 0.02 years and in women 0.004 years. This appears to be a significant slow-down in the rate of improvement.

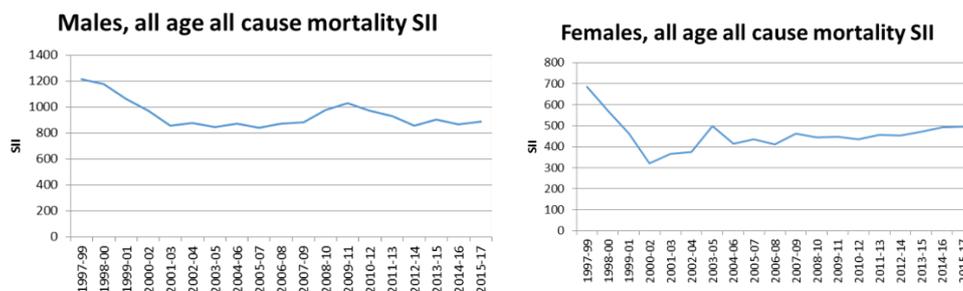
11.1.3. Life expectancy in Doncaster has largely reflected the changes that have occurred nationally.



11.1.4. In Doncaster amongst men during the years 2006 to 2011 life expectancy improved on average by 1/4 of a year each year. Between 2012 and 2017 it improved by 0.06 of a year.

11.1.5. Amongst women between 2006 and 2011 life expectancy improved by more than 1/3rd of a year each year. Between 2012 and 2017 this declined to -0.02 years.

11.1.6. Inequalities within Doncaster are measured using the Slope Index of Inequality (SII). The higher the score the greater levels of inequality within the borough. Initial Improvements achieved in the late 1990s have largely ceased. In the case of women the inequalities have been increasing.



12. Website

- 12.1. A website is now exists and holds a repository of past JSNA and related reports. The website will be formally launched soon.



Doncaster Council

Report

Date: 4th July, 2019

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

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

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

EXECUTIVE SUMMARY

1. This report provides the published CQC ratings as at 20th April 2019 of Doncaster's provider performance as well as the local authority area data profile for Older People.

The report also outlines the current contract monitoring activity that supports providers in improving their performance.

EXEMPT REPORT

2. No

RECOMMENDATIONS

3. That the report is noted and that future reports comparing Doncaster providers' performance and contract monitoring activity will be presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The CQC ratings and area data profile for Adult Social Care (ASC) provision within the Doncaster Borough demonstrate a largely positive picture with Doncaster comparing well to national and regional comparators.

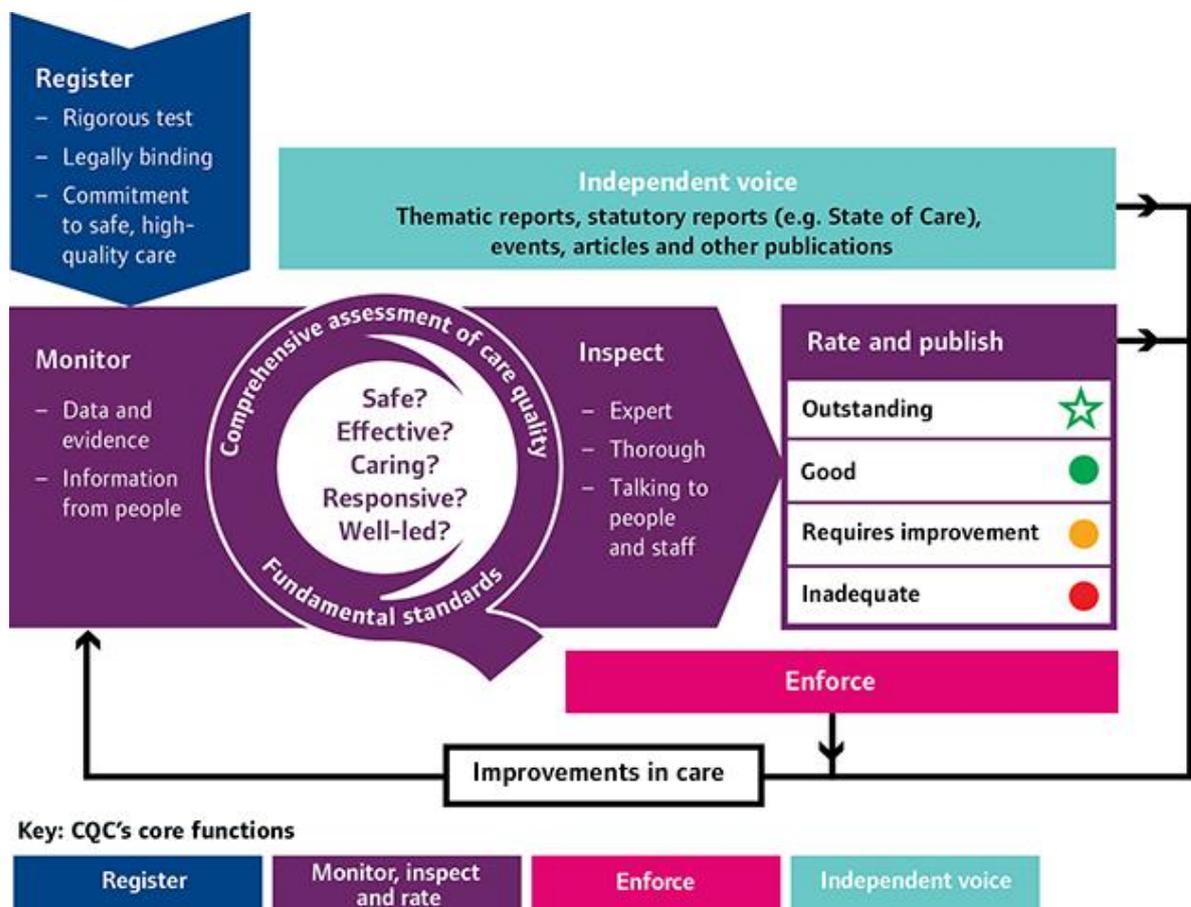
BACKGROUND

5. The findings within this report are provided directly from the CQC Inspection Manager for the North Region and are published ratings for ASC locations extracted on 20th April 2019.

- The area data profiles are designed to provide information and context for local system leaders to use in facilitating discussions around system-wide improvements. They should be considered alongside a broader range of metrics and locally held information.

Doncaster Council uses the analysis from the data profiles to identify which providers need support to improve and the areas to focus on. We also recognise those providers that have achieved an improved rating.

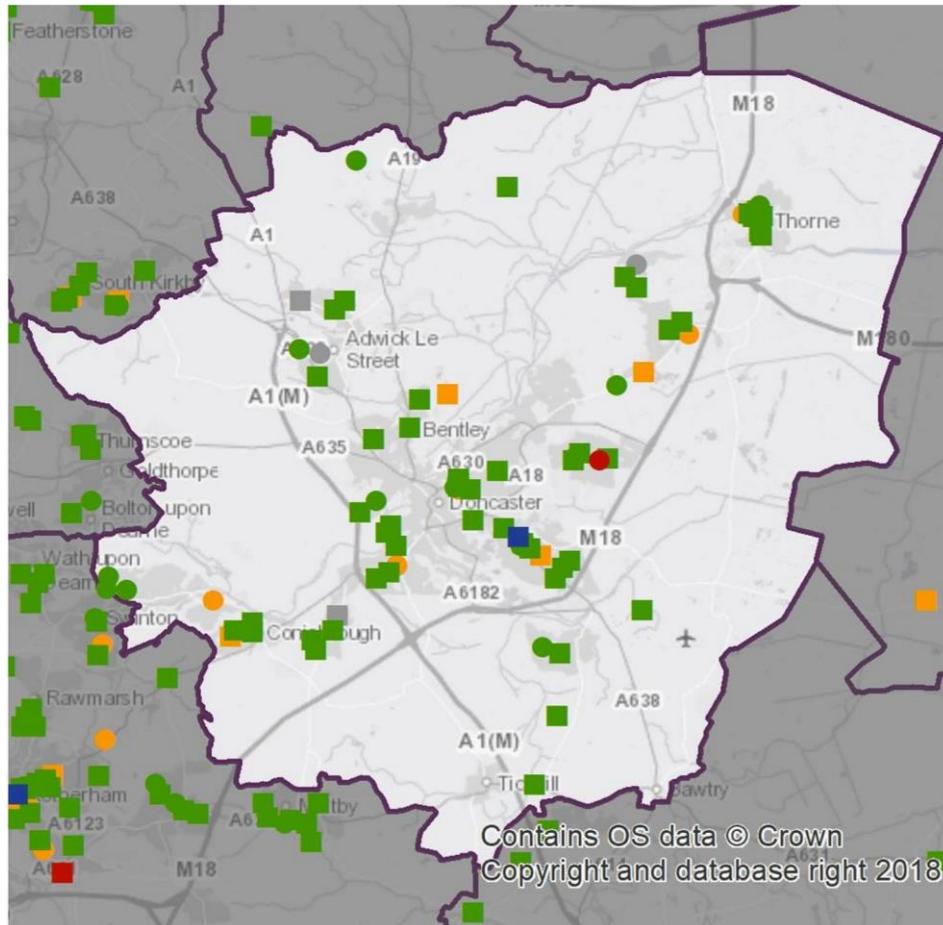
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 & 2015 and Care Quality Commission (Registration) Regulations 2009 regulations are an essential component of CQC's new approach. The diagram below of their operating model summarises how they register, monitor, inspect and award ratings to providers, take enforcement action and provide an independent voice on the quality of care.



CQC's approach to inspection does provide a more holistic view on the quality of their service but it also means that the inspections may be further apart dependant on the providers' ratings. This can put more pressure and responsibility on Doncaster's monitoring of these services as it could be up to 3 years between CQC inspections.

- This map shows the overall ratings of active adult social care locations in Doncaster.

There may be multiple locations in one position so not all locations may be visible.



Rating key: Inadequate R.I.* Good Outstanding Unrated

*R.I. = requires improvement

The map provides an overview of Doncaster’s market, which shows a very positive picture for the majority of our providers. Table 1- Point 10 provides a more detailed breakdown and analysis of our current market status.

AREA DATA PROFILES INFORMATION

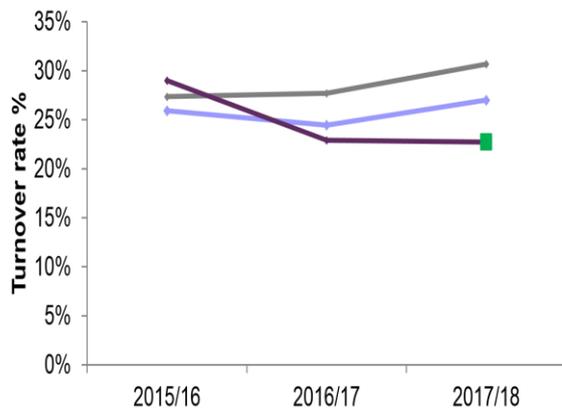
- The graphs below provide information on estimated levels of staff turnover and vacancies within adult social care services in recent years. These estimates are developed by the Workforce Intelligence team at Skills for Care using data supplied by adult social care organisations.

Data may be subject to data quality and completeness issues. Data supplied directly to CQC by Skills for Care in July 2018.

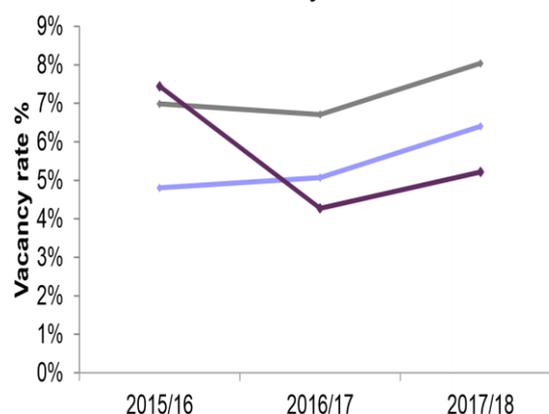
Area	Turnover rates		
	15/16	16/17	17/18
Doncaster	29.0%	22.9%	22.7%
Comparators	25.9%	24.4%	27.0%
England	27.4%	27.7%	30.7%

Area	Vacancy rates		
	15/16	16/17	17/18
Doncaster	7.4%	4.3%	5.2%
Comparators	4.8%	5.1%	6.4%
England	7.0%	6.7%	8.0%

ASC staff turnover rates 2015 - 2018



ASC staff vacancy rates 2015 - 2018



Comparators England Doncaster Comparators England Doncaster
 Significantly better Significantly worse Significantly better Significantly worse

This is proving to be an increasing issue for Doncaster providers especially within domiciliary care who struggle to recruit and retain sufficient care workers. In response to the growing concern with recruitment and retention, Doncaster Council in December 2018 provided an increase to the hourly rates to contracted domiciliary care providers, on the basis that this is passed to the carers, by increasing the care workers hourly pay to a minimum of £8.31.

ADULT SOCIAL CARE RATINGS DATA

The following information presents a more detailed breakdown of the CQC overall ratings map at point 8, which includes tables that provide comparatives against the previous Inspection and Regulation reports as well as analysis of that data.

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

-  shows both increase/decrease and improvement
-  shows both decrease/increase and deterioration
-  shows results remain the same

10. Table 1 - The number, percentage and outcome of all active Adult Social Care Services by South Yorkshire Authorities.

Number of Active Rated Locations, by Latest Overall Rating						
Location (District Level)	Outstanding	Good	Requires improvement	Inadequate	No published rating	Total Active Locations
Barnsley	1 1.0%	59 58.4%	29 28.7%	5 5.0%	7 6.9%	101 100.0%
Doncaster	1 0.8%	100 78.7%	18 14.2%	1 0.8%	7 5.5%	127 100.0%
Increase/decrease to Doncaster previous report						
Rotherham	3 2.4%	90 73.2%	16 13.0%	2 1.6%	12 9.8%	123 100.0%
Sheffield	0 0.0%	156 71.6%	36 16.5%	3 1.4%	23 10.6%	218 100.0%

The table shows that:-

- Comparatively, Doncaster continues to have the highest number of providers who are rated good or above.
- Providers rated as requiring improvement across Doncaster has increased from the previous report.
- There has been a decrease in Doncaster's providers rated as Inadequate with only 1 location currently rated as inadequate.
- The Total active locations has decreased for Doncaster due to a further 4 providers deregistering.

11. Table 2 - The number, percentage and outcome of Residential and Nursing Homes and Community (broken down into specific types) Adult Social Care Services in Doncaster.

Number of Active Rated Locations, by Latest Overall Rating							
Location (District Level)	Type of home	Outstanding	Good	Requires improvement	Inadequate	No published rating	Total Active Locations
Doncaster	Residential	1 1.9%	44 83.0%	6 11.3%	0 0.0%	2 3.8%	53 100.0%
	Increase/decrease to Doncaster previous report						
	Nursing	0 0.0%	15 62.5%	6 25.0%	1 4.2%	2 8.3%	24 100.0%
	Increase/decrease to Doncaster previous report						
	CCASH	0 0.0%	9 75.0%	2 16.7%	0 0.0%	1 8.3%	12 100.0%
	Dom care	0 0.0%	8 100.0%	0 0.0%	0 0.0%	0 0.0%	8 100.0%
	Supported Living	0 0.0%	10 83.3%	0 0.0%	0 0.0%	2 16.7%	12 100.0%
	Extra Care	0 0.0%	3 100.0%	0 0.0%	0 0.0%	0 0.0%	3 100.0%
	Non care home (Residential & Community) - non contracted with	0 0.0%	11 73.3%	4 26.7%	0 0.0%	0 0.0%	15 100.0%

The table shows that:-

For Residential Services -

- There has been an improvement in residential care homes achieving a 'Good' rating from CQC
- There are no residential care homes rated as 'Inadequate'
- There has been a decrease in nursing homes achieving a 'Good' rating from CQC
- There has been an increase in nursing homes being rated as 'Requires Improvement'

For Community Services -

- There has been an increase in community services achieving a 'Good' rating from CQC
- There has been a decrease in Community Services, specifically home care agencies, being rated as 'Requires Improvement'
- There are no community services that are rated as 'Inadequate'.
- There are only 3 providers awaiting inspection or to have their rating published

12. Table 3 – Breaches number and percentage of all active Adult Social Care Services by South Yorkshire Authorities.

Breach Type	Regulation Number	Regulation Name	Barnsley	% against total	Doncaster	% against total	Rotherham	% against total	Sheffield	% against total	Total Count of each Regulation breach
		Comparative numbers of providers in each Local Authority	101		127		123		218		
HSCA	Section 33	Failure to comply with a condition							1	0%	1
HSCA RA Regulations 2010	Section 33	Failure to comply with a condition							1	0%	1
HSCA RA Regulations 2014	Regulation 05	Fit and proper persons: directors							1	0%	1
	Regulation 09	Person-centred care	13	9%	6	9%	10	10%	15	7%	44
	Regulation 10	Dignity and respect	3	2%	2	3%	1	1%	9	4%	15
	Regulation 11	Need for consent	19	13%	3	4%	16	16%	9	4%	47
	Regulation 12	Safe care and treatment	23	16%	17	25%	23	24%	42	19%	105
	Regulation 13	Safeguarding service users from abuse and improper treatment	3	2%	2	3%	3	3%	10	5%	18
	Regulation 14	Meeting nutritional and hydration needs	3	2%			3	3%	2	1%	8
	Regulation 15	Premises and equipment	5	3%			2	2%	6	3%	13
	Regulation 16	Receiving and acting on complaints	2	1%	1	1%	1	1%	8	4%	12
	Regulation 17	Good governance	33	23%	26	38%	21	22%	53	24%	133
	Regulation 18	Staffing	18	13%	10	15%	12	12%	35	16%	75
	Regulation 19	Fit and proper persons employed	16	11%	1	1%	3	3%	16	7%	36
	Regulation 20A	Requirement as to display of performance assessments							1	0%	1
Registration Regulations 2009	Regulation 06	Cancellation of registration due to failure to pay fees, has made a statement which is false or misleading in a material respect or provided false information in relation to any application for registration, variation or removal of a condition, is not and has not for a continuous period of	1	1%			2	2%	1	0%	4
	Regulation 14	Notifications – notices of absence							1	0%	1
	Regulation 15	Notifications – notices of change							1	0%	1
	Regulation 18	Notifications of other incidents	5	3%					9	4%	14
Total			144	100%	68	100%	97	100%	221	100%	530

The graph provides a breakdown of the breaches and numbers by Local Authority but not by providers.

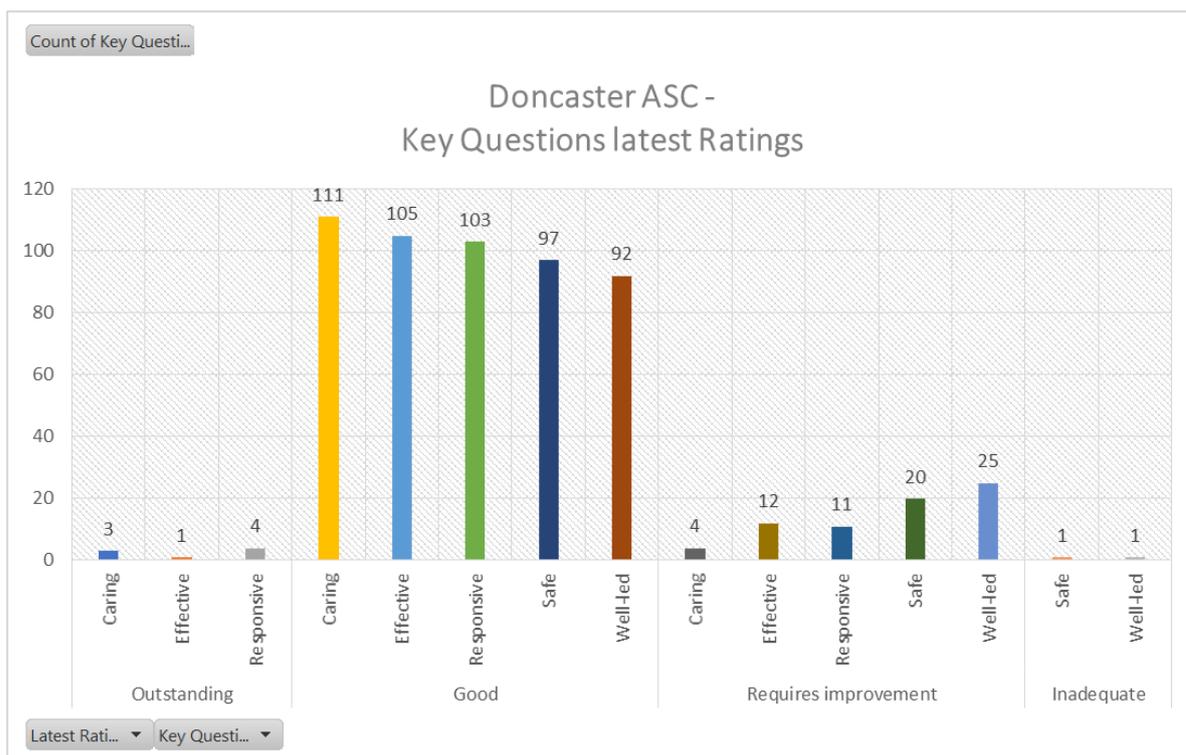
The figures show that Doncaster (highlighted in green) has the second highest number of providers but the lowest number of breaches.

The main areas of breaches for Doncaster are in:

- good governance
- safe care and treatment
- staffing.

This is also mirrored across the other Local Authorities.

13. Table 4 - The 5 key questions and ratings outcome of Residential and Nursing Homes and Community Adult Social Care Services in Doncaster.



The graph provides a more detailed breakdown from inspections carried out with Doncaster’s providers and shows each key questions individual rating which then produces the overall rating (as in table 2 above).

The table shows that:

- The key questions providers are failing in are Well-led, Safe, Effective and Responsive
- The inadequate rated Nursing home (as in table 2 – point 11 above) achieved an ‘Inadequate’ rating in key questions for Well-led and Safe. That same home had a rating of ‘Requires Improvement’ in Caring, Effective and Responsive.
- Of the 25 providers being rated as ‘Requires Improvement’ in the well-led key question, 8 were residential and 7 were nursing homes, with the rest being Community Services.
- Of the 20 providers being rated as ‘Requires Improvement’ in the safe key question, 8 were residential (with 6 of those being the same home in well-led) and 5 were nursing homes (the same ones as in well-led), with the rest being Community Services.
- 15 providers were rated as ‘Requires Improvement’ in Effective and Responsive key question, 5 were residential and 4 were nursing homes.

14. Doncaster Council Current Contract Monitoring and Improvement Activity supporting providers with inadequate and requires improvement ratings

The Contract Monitoring Team continues to support providers to increase quality of care and support services within Doncaster, by maintaining and improving their service delivery. The activities that are carried out by the Contract Monitoring Officers are:

- Conduct planned Annual Audits
- Undertake Response Audits as required
- Inspect & Monitor Service: Environment, Policy & Procedure, Staff & Service User files, Management & Training Provision, Finances, Staffing levels, Complaints and Care related documentation against contractual and legal requirements
- Collate and assess feedback from: Multi Agency sources, Service Users, Staff, Management & Directors
- Support implementation and lifting of Embargo's
- Undertake unannounced visits as required

All of the above activity is undertaken as part of or in response to:

- ❖ Routine and planned Annual Audits
- ❖ High level of Complaints
- ❖ A Safeguarding enquiry
- ❖ Joint Inspections e.g. CCG; CQC, Environmental Health, Safeguarding or IPC
- ❖ Intelligence received
- ❖ Whistleblowing

There has been a number of specific activities or visits carried out by the Contracts Monitoring Team during 2018/2019 for all contracted providers.

During 2018/19 the team has:

- Undertaken 85 audits
- Completed 61 follow up visits to ensure action plans are being progressed
- Completed 22 multi-agency visits where concerns and issues had been identified
- Completed unannounced visits to 34 providers – some of which required more than 1 visit

For every audit completed service user and staff questionnaires are sent out to offer individuals and families a chance to feedback about the service they are using. That information is gathered to identify if there are issues or concerns so that those specific areas can be targeted.

Please see the Service User Feedback Report that provides an analysis of any themes and trends being identified (see *Appendix A*).

Case Studies will be provided to offer a more detailed report of an audit that multiple concerns were identified and the actions taken to support the provider to improve (see *Appendix B*).

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

OPTIONS CONSIDERED

15. None applicable

REASONS FOR RECOMMENDED OPTION

16. None applicable

IMPACT ON THE COUNCIL’S KEY OUTCOMES

17.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Quality social care provision promotes a strong and consistent workforce, that results in a value service for the people of Doncaster</p>
	<p>Doncaster Living: Our vision is for Doncaster’s people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Quality social care provision is a component of a thriving and resilient economy</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p>	<p>Quality social care provision supports and encourages adults to learn and further expand their skills and</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>knowledge.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Quality social care provision promotes safeguarding and independence</p> <p>Quality social care provision support families to thrive</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>Quality social care provision is a component of a thriving and resilient economy</p>

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [Officer Initials: PC Date: 12/06/2019]

19. This report provides a summary of published CQC ratings and the Council's own contract monitoring activity that supports providers to improve performance. The report is for noting only. Therefore, there are no legal implications deriving from this report

FINANCIAL IMPLICATIONS [Officer Initials: PW Date: 17/06/2019]

20. There are no financial implications arising directly from this report

HUMAN RESOURCES IMPLICATIONS [Officer Initials: BT Date: 06/06/2019]

21. There are no obvious HR implications associated with this particular Report as it does not relate to our own internal DMBC Adult Social Care Support staff as it's more to do with Contracted Providers. Obviously we employ our own Contract Monitoring Officers who undertake vital specific activities with such Providers in contributing to these findings, but the staffing complement within the Commissioning Establishment would be unaffected by this Report.

TECHNOLOGY IMPLICATIONS [Officer Initials: PW Date: 06/06/2019]

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

HEALTH IMPLICATIONS [Officer Initials: RS Date: 05/06/2019]

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

EQUALITY IMPLICATIONS [Officer Initials: TDK Date: 20/04/2019]

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

CONSULTATION

25. Not applicable

BACKGROUND PAPERS

- 26.** CQC - 20190410 Doncaster location data Ratings and Breaches for South Yorkshire and Regions.
CQC - 20190319_Local_Area_Older_People_Doncaster

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Damian Allen, Director of People



Appendix A

Service User feedback report

The questionnaire responses are collated for each specific provider but for the purpose of this analysis to look if there are any themes and trends, a random selection of providers' service user feedback has been used to inform this report.

The feedback has been broken down into service areas i.e. residential and CCASH (domiciliary care).

Residential

Both residential and nursing homes have been used which have approximately 390 residents we obtained a 32% rate on return of questionnaires.

Within the questionnaires are 10 specific questions around service delivery and the feedback to them shows that majority of residents & relatives agree that those actions/tasks are carried out.

We then aim to try and understand the quality of the service residents & relatives receive by asking:

Q11: How could the service be improved?

People have not consistently completed this question but of those that have the main theme is staffing numbers. This continues to be an issue we monitor on a regular basis either as part of the audit or if the intelligence we receive identifies a possible staffing issue. This is a difficult area to address given there are no specific regulations with regards to actual staffing ratio, it is about the provider identifying the dependency needs and staffing accordingly.

Q12: Is there any aspect of the service that you are not happy with, please explain?

People again don't consistently complete this question but of those that have the main themes are staffing, cleanliness and activities. As with the previous question staffing and a lack of activities continues to be a theme across most homes and the comments with regards cleanliness were specific to one home which we substantiated at the audit. That home is currently under close monitoring with an extensive improvement plan that includes specific infection control actions.

Q13: Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Please tick the box next to the answer that best describes the quality of your life:

Of the response 40% of people commented on this with 27% stating it was good or above, the rest felt it was satisfactory with 2 stating it was bad. Those 2 had previously responded about not having enough staff but no further comments were made to identify if this was due to quality of care or situation.

In general the majority of the feedback does show that people are generally happy with the service they receive and whilst there are some specific individual issues the only main theme throughout is the view that care homes need more staff. This could be attributed to the financial pressure homes are under but could also be the deployment but we find it tends to be peoples understanding of how those staff are deployed.



CCASH

Both Strategic Lead (SLP) and Additional Service (ASP) providers have been used for this analysis which currently deliver approximately 926 packages and we obtained a 13% rate on return of questionnaires.

Within the questionnaires are 13 specific questions around service delivery and the feedback to them shows that majority agree that those actions/tasks are carried out.

We then aim to try and understand the quality of the service people are receiving by asking:

Q14: Overall satisfaction with the homecare provider's:

A: Office Management

We ask people to select a rating ranging from poor to excellent, the results show that 88% felt it was satisfactory or above with 12% rating them as adequate or poor.

B: Care Staff

People are asked to select a rating ranging from poor to excellent, the results show that 93% felt it was satisfactory or above with 80% of those selecting good or excellent. Only 6% rated carers as adequate or poor.

Q15: If you can, please comment on the continuity you receive with regard to care staff:

There was 77 responses to this question with less than 31% of those identifying that they don't always have continuity of staff, which is across all the providers. As part of domiciliary (CCASH) audits we carry out service user visits so that we can evidence documentation in peoples home. The aim of this is to look at continuity of staff, times and duration of calls as well as care plans and recordings. This does continue to be an issue for service users and providers alike as there is a struggle for providers to recruit domiciliary care staff which results in some packages having irregular staff.

Q16: Any Comments or Suggestions?

On the whole the responses to this are positive but there are some similar comments about having the same carer and sometimes the skill, knowledge and level of care given by carers can vary. The skills and knowledge of carers are checked as part of the audit by looking at what training they receive, that it is up to date, supervisions, spot checks and competencies are regularly carried out.

In general the majority of the feedback does show that people are generally happy with the service they receive, especially with regards to the carers and whilst there are some specific individual issues the only main theme again is staffing.



Appendix B

Scrutiny case study

Nursing Home A

Contract monitoring:

Concerns started coming into the Contracts Team regarding this home from assessment officers, CHC and CCG, safeguarding in September 2018, mainly being; nursing practise; falls; staffing levels; poor care with regards to equipment; lack of documentation.

A family member contacted the Contracts Team on 17th September, in response to a questionnaire we had sent as part of the planned audit in October 2018. The family member was extremely distressed regarding the care her mother, who was on end of life, was receiving from the nursing home, the concerns raised were for a host of inadequacies.

Rotherham CCG contacted Contracts Team on 18th September to raise awareness of the concerns they were experiencing with the home, manager and staff, such as record keeping, lack of documentation and staffing.

CMO Actions:

In response to the serious concern raised by the family member, the allocated CMO immediately contacted:

- Nursing Home A's Director for immediate action to be taken
- CCG & CHC Nurse to request an urgent safe and well check

Both of these were carried out on the 18th September with immediate actions taken.

Discussion with the CQC Inspector regarding the emerging concerns. CQC also advised of a whistle blow they had received from staff regarding a spinal injuries resident who was not receiving appropriate care. CQC agreed to carry out an unannounced inspection at the home in November.

Professionals meetings

Purpose of these meetings – to discuss concerns, improvement plan and actions

21st September at the Civic Offices

Professionals attending the meeting were Contracts, CCG, CHC, Head of Social Care and Safeguarding, to also discuss the findings from safe and well checks and the recent whistle blow.

The agreed actions from this meeting was for:

- All residents to have a review/safe & well check by LA or CCG
- Review all current safeguarding's
- Contracts to obtain current residents, staffing numbers, shifts and rotas from Nursing Home A
- Professionals to meet again on 27th September



27th September at the Civic Offices

Professionals attending the meeting were Contracts, CCG, CHC, Social Care Team Leader, District Nurse, RCCG Team Leader,

Feedback was given from all professionals who had attended Nursing Home A either to review residents or monitor the service and staff.

Outcome of the meeting was all professionals agreed that the level of concerns warranted an embargo being put in place either voluntary or forced. Nursing Home A to be given the opportunity to address the issues.

CQC agreed to bring their inspection forward to October 2018.

A further 5 meetings were held between 25/10/18 to 30/04/19 to discuss the ongoing nursing concerns and any necessary actions that needed to be taken by professionals or the home.

Due to the improvements made in the residential section of the home, professionals agreed on 07/03/19 to the lifting of the suspension but with restrictions put in place to allow close monitoring that those improvements were sustainable.

Close monitoring of the nursing section continued until 30/04/19 were significant improvements had been evidenced for professionals to agree a full lifting of the suspension across the whole home, but again with restrictions for 8 weeks to allow the improvements to embed and be maintained.

A planned meeting has been scheduled for 26th June to allow professionals to review the current situation and agree if those restrictions can be removed.

Provider meetings

Purpose of these meetings – to openly discuss the concerns raised, allow the provider to feedback their current situation and update and to agree improvement actions

27th September at the Civic Offices

Regional, Area and Business Development Managers attended the meeting from Nursing Home A. Feedback was given from the professionals meeting along with specific resident concerns.

Nursing Home A agreed to put in place a full voluntary suspension for 4 weeks as from 27th September 2018 with weekly monitoring to take place and a review to be scheduled for 4 weeks.

In total 6 meetings held between 27/09/18 to 30/04/19 to discuss concerns and agree actions – which allows shared information, identifies any new emerging issues/concerns and a joint approach to actions.

The home agreed to the lifting of the suspension for the residential section on 07/03/19 with specific restrictions in place and when it was fully lifted across all the home on 30/04/19 with restrictions.



Visits to the home

From 25/09/18 to 03/05/19

17 Unannounced visits (CMO) carried out at various times during day and some later evening

5 response and joint visits (CMO / Health professionals / Social Care Team)

Multiple visits (CCG) carried out in September to carry out safe and well checks and to look at nursing practise

1 CQC inspection visit in direct response to concerns raised

Resident/Relatives & Staff

Questionnaires were sent to all residents, relatives and staff for the planned audit in October, this was postponed due to the concerns, but all the feedback was used as intelligence to support or identify any other emerging concerns.

Summary

This has been an extensive period of monitoring, initially due to the lack of good governance and leadership from the home's senior management team. Once this had been directly addressed with the CEO's and Director, improvements were seen to take effect immediately.

Throughout this period of monitoring there was focus on the following areas, leadership, staffing levels and training, care planning and risk assessments, infection control and quality assurance.

The nursing knowledge and practise was the key issue as to why the suspension remained in place for such a length of time. CCG took the lead on carrying out visits/monitoring of the nursing section which in part was due to the lack of permanent nurses being employed.

The home is due to be reviewed in June, were professionals will make a decision will as to whether the home has managed to sustain the necessary improvements to enable the restrictions to be fully removed.

CQC inspections for Nursing Home A

Published 11/06/18 **Requires improvement** (inspection was carried out 25/04/18)

Published 11/12/18 **Requires improvement** (inspection was carried out 08/10/18)

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Doncaster Council

Date: 4th July, 2019

To the Chair and Members of the Health and Adult Social Care Scrutiny Panel
The Your Life Doncaster Transformation Programme - Update

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

EXECUTIVE SUMMARY

1. This report provides Members with an update on the council's Your Life Doncaster Transformation Programme.
2. The key areas included in this update are:
 - a. Operational, governance and resources arrangements: Arrangements that are in place to implement transformation following the programme review carried out late 2018 / early 2019.
 - b. Key achievements to date
 - c. Our model for tracking benefits and financial savings

EXEMPT REPORT

3. This report is not exempt

RECOMMENDATIONS

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy.
6. The panel's comments and recommendations are used to help to shape Doncaster's health and social care plans, which impact upon all Doncaster citizens.

BACKGROUND

7. The Council's 'Your Life Doncaster' Transformation Programme has been in place since late 2016. The panel has received various updates previously on progress against the plan.
8. Since our previous report, the Your Life Doncaster Programme has been revised to embrace an All Age approach wherever appropriate to the existing projects. The appendix sets out the refreshed arrangements that are now in place to drive the programme forward.
9. The slides contained in the appendix also highlights some of the programme's achievements to date and their impact as related to the Q4 reporting.

OPTIONS CONSIDERED

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

REASONS FOR RECOMMENDED OPTION

11. Not applicable

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>The work of Overview and Scrutiny has the potential to have an impact on all the Council's key outcomes.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children,</p>	

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

RISKS & ASSUMPTIONS

13. There is a risk that savings outlined in the Financial Implications section below will not be achieved if the Programme's outputs are not delivered. Programme Board are accountable for this risk, which is owned by all stakeholders of the programme.

LEGAL IMPLICATIONS (SRF 11/09/18)

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

FINANCIAL IMPLICATIONS (PW 12/09/18)

15. The Programme has responsibility for delivering a saving for Adults Health and Wellbeing of £262k in 19/20 and £1.4m in 2020/21. The total figure (£1.662m) represents a savings of 1.9% of the total budget for adult social care across in 2021. This is in addition to the other savings targets that are already committed for the AHWB and LOCYP Directorates. As part of the benefits tracking and reporting for the programme, a financial model is being developed against the Care Ladder to forecast and monitor progress against these savings targets.

HUMAN RESOURCES IMPLICATIONS (KW 11/09/18)

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

TECHNOLOGY IMPLICATIONS (PW 07/09/18)

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

HEALTH IMPLICATIONS (RS 21/06/19)

18. Both the Place Plan and the Your Life Doncaster Transformation Programme have the potential to improve and protect health. Scrutiny panel members will want to consider the opportunity cost of both approaches and models, how health impacts and health equity impacts are measured, if services are matched to need, the evidence base for any change and if there are any unintended consequences of the transformation.

EQUALITY IMPLICATIONS (HM 21/06/19)

19. There are no specific equality implications associated with this report. Within its programme of work, Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

20. Not applicable

BACKGROUND PAPERS

21. Not applicable.

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Doncaster
Council

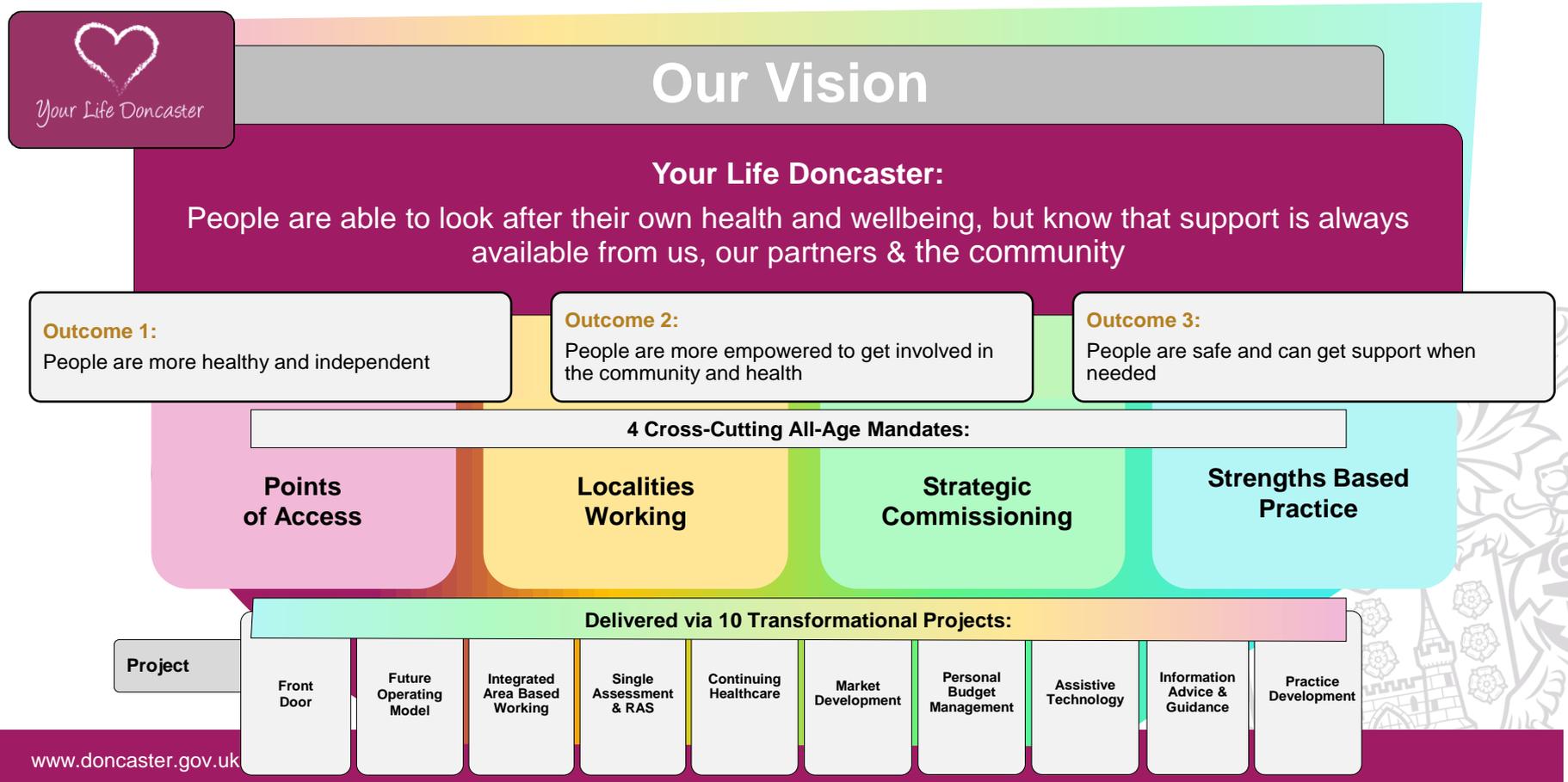
Your Life Doncaster Transformation Programme

Update to the Health and Adult Social Care
Scrutiny Panel
4th July 2019

Revised Programme Scope

Programme review was undertaken in Q4 18/19. A constructive challenge from the joint sponsorship of the Director of People and Director of Corporate Resources highlighted that, whilst successful in delivering business critical change, the Programme's focus on improvement activities (via the Rapid Improvement Projects) and 'business as usual' activities was impeding our ability to deliver in the core areas requiring transformation. The aim of the Programme review was to streamline its areas of focus, ensure better deployment of reduced resources and manage scope more robustly.

Following the review, the Programme's focus is now firmly on activities and deliverables aimed towards maximising our chance of achieving financial savings and non-financial benefits of the transformation, as reported in the 2018/19 Q4 report. The structure is as follows:



Impact of the Programme Review

Page 55 Before		After
<ul style="list-style-type: none"> Numerous formal project boards at different levels Sponsors at JLT level often actively involved in project boards and the 'nitty gritty' (large) Programme Board every 6 weeks 	<p>Governance</p>	<ul style="list-style-type: none"> Sponsorship at Mandate level only Task and finish groups for Projects delegated to HoS level JLT streamlined Board every 3 weeks – all-age approach (AHWB / LOCYP / CCG)
<ul style="list-style-type: none"> Various reporting mechanisms for different needs Lack of consistency Lack of clarity Lack of plumb-line 	<p>Reporting</p>	<ul style="list-style-type: none"> Pentana for actions, updates and risks (with SPU) Programme Plan to 'map' Pentana and demonstrate plumb-line – still being finalised Value chain and data/financial modelling to demonstrate impact
<ul style="list-style-type: none"> Resource used as required for various activities (see Scope below) Resource deployment analysis in October 2018 estimated that the team was 4.8 FTE short of the capacity required to deliver the team's workload at the time 	<p>Programme Team Resource</p>	<ul style="list-style-type: none"> 25% reduction of senior posts (1 FTE) 20% reduction of Project Management resource (2 FTEs) Reduction in grade and number of Business Analyst posts (1 FTE) Internalisation and reduction of communication resourcing (1 FTE) On-going review of PSO resourcing (currently operating at 2 FTEs reduction) Resource now focussed solely on revised programme
<ul style="list-style-type: none"> Improvement Priorities, RIPS etc Transformational agenda Support to wider directorate work (e.g. Internal Audit, Modern Gov, Strategic Risk Assessment, Operational Performance Management, etc) Numerous incidences of scope creep / ineffective change control 	<p>Scope</p>	<ul style="list-style-type: none"> Purely transformational focus linked to savings targets and target benefits / outcomes Change request process implemented to prevent future scope creep All-age emphasis where appropriate Whole Family Working as underlying principle

Achievements to date (1 of 2)

The projects within the programme have delivered numerous interrelated outputs that have contributed to improved positions reported at the end of Quarter 4. The following are some examples:

Impacts (from Q4 report)

- The average number of days taken to complete an assessment improved to 42.7 days (from 57.7 in Q3)
- Average DTOC rate for 2018/19 is only 5.9 days, which is well within the BCF target of 7 days
- Numbers of permanent admissions to residential and nursing care per 100,000 of the population has reduced to 619.5 (as of March 2019)
- The total number of people living in residential care has decreased by 32 this quarter to 1,219

Programme deliverables that contributed

- Established revised ASC front-door structure that triages calls using strengths-based conversations; ensures appropriate signposting, reducing inefficiencies and improving customer service.
- Established a 'rapid response team' (Integrated Support and Assessment Team - ISAT) to support people who are likely to be eligible for support from social care
- Standard operating procedures for Health and Social Care, improving efficiency
- Community Investment Programme developed to support local groups to deliver community initiatives, increasing our community capacity
- Agreed a simplification of the model through which we allocate indicative budgets to ensure workers can use strengths-based practice to support people to choose Community Led Support where appropriate over council commissioned services
- Principles of Community Led Support embedded in social care staff 1:1s and PDRs

Achievements to date (2 of 2)

Page 57

The projects within the programme have delivered numerous interrelated outputs that have contributed to improved positions reported at the end of Quarter 4. The following are some examples:

Impacts (from Q4 report)

- Number of people receiving a Direct Payment have risen to 33.6% against a target of 30.7%
- Proportion of Older People still at home 91 days after hospital discharge holds steady at 81.7%
- 62.6% of people find information about services easy to find.
- A saving of £262k has been budgeted for 2019/20, with a full-year's savings of £1.4m projected for 2020/21.

Programme deliverables that contributed

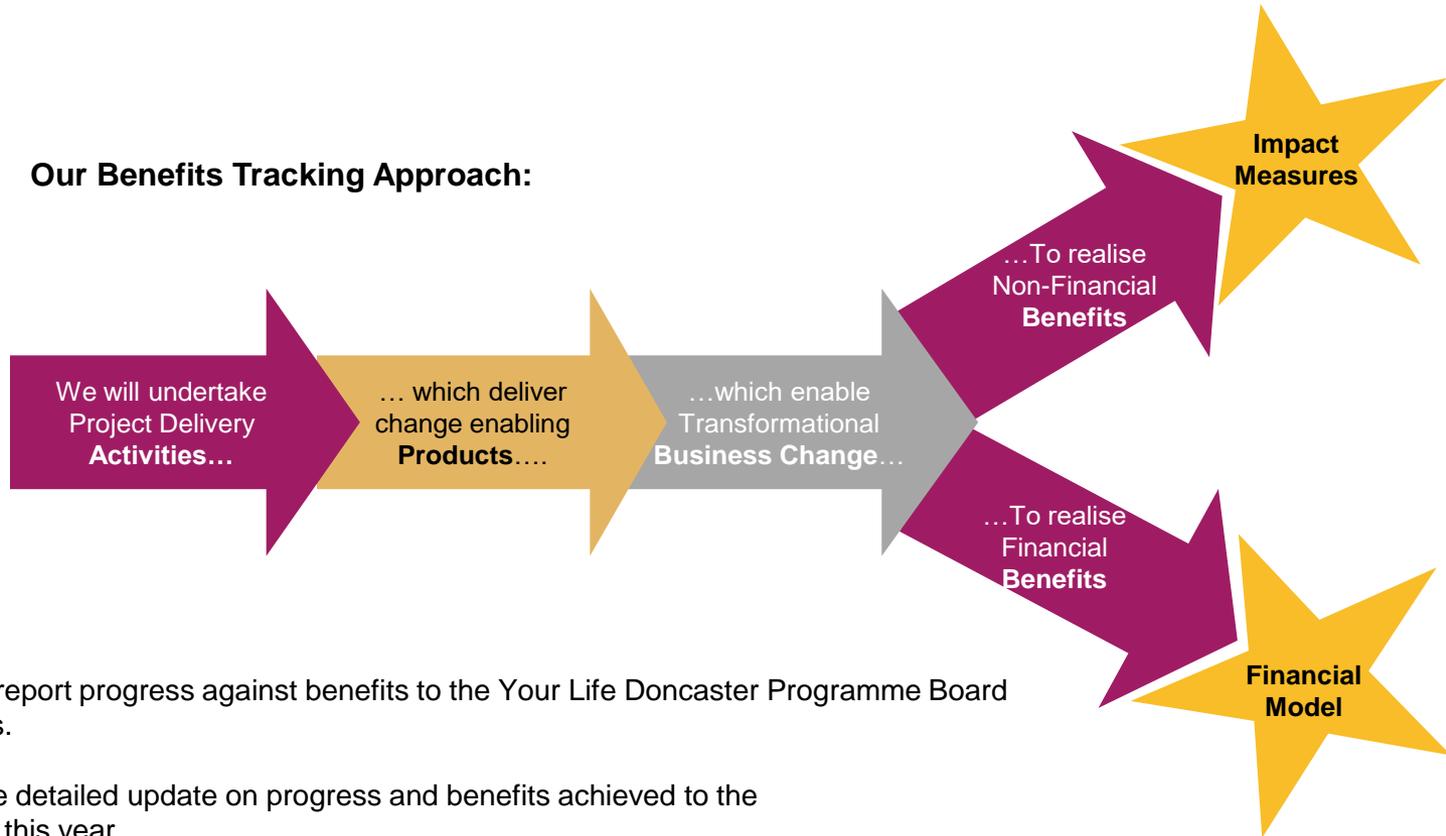
- Workshops underway (with TSA) to improve the range and take up of Assistive Technology in Doncaster; encouraging people to 'self-serve'
- Upgrade of system (to PNC8) has significantly improved ability of responders to manage calls
- Sky TV Ad and Radio Broadcast on Hallam FM to encourage use of the Your Life Doncaster website, encouraging people to 'self serve' before contacting the Council
- Shared Communications Resource Area for Community Led Support developed on the internet to encourage teams to use promotional material to support their practice
- £45k of capital funding offered to localities to improve the accessibility and environment in community hubs
- Developed financial model to monitor achievement of savings as a result of programme delivery

Benefits Reporting

All activity by the Programme delivers transformational change that creates positive impact for the people of Doncaster. We ensure this by identifying a 'value chain' that links our activity with the measurable benefits we want to achieve. Some of these benefits are related to savings for Adults Health and Wellbeing and others deliver positive outcomes for the people of Doncaster.

We continue to forecast and measure our performance against these targets to ensure that the programme is having the greatest positive impact it can.

Our Benefits Tracking Approach:



We will continue to report progress against benefits to the Your Life Doncaster Programme Board on an ongoing basis.

We will bring a more detailed update on progress and benefits achieved to the Scrutiny Panel later this year.



Doncaster Council

Date: 4th July 2019

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

OVERVIEW AND SCRUTINY WORK PLAN 2019/20 – July 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 agree an Overview and Scrutiny work programme for 2019/20.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to:
 - i) Agree the Health and Adult Social Care Overview and Scrutiny work plan for 2019/20 in Appendix A;
 - ii) Consider the Council's Forward Plan of key decisions attached at Appendix B;
 - iii) Note that the work plan is a living document and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;

- iv) Ratify the Terms of Reference of the Joint Health Overview and Scrutiny Committee (South Yorkshire, Derbyshire, Wakefield and Nottinghamshire) in Appendix C; and
- v) Note the appointment of the Chair of the Health and Adult Social Care Scrutiny Panel to the Joint Health Overview and Scrutiny Committee (South Yorkshire, Derbyshire, Wakefield and Nottinghamshire).

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)
 - Considering issues of wider public concern.

The Health and Adult Social Care Panel has statutory responsibilities relating to Health Scrutiny.

Health and Adult Social Care Overview and Scrutiny Work Plan Update

6. Attached for the Panel's consideration at Appendix A is the draft work plan. This work plan takes account of issues considered at the informal Health and Adult Social Care Overview and Scrutiny work planning meeting held on Monday, 17th June, 2019 and subsequently considered at the OSMC meeting held on 27th June 2019. Any further updates since the publication of this report will be provided to the Panel at the meeting.

Monitoring the Work Programme

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

of the standing Panels will be reported to OSMC and where appropriate to the Chairs and Vice Chairs Liaison Group.

Council's Forward Plan of Key Decisions

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

Joint Health Overview and Scrutiny Committee for South Yorkshire, Derbyshire, Wakefield and Nottinghamshire (JHOSC)

9. The Joint, Health. Overview and Scrutiny Committee for South Yorkshire, Derbyshire, Wakefield and Nottinghamshire (JHOSC) is a collaborative of eight clinical commissioning groups (CCGs) and the NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire. The Membership is as follows:

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

10. To date the Committee has considered areas that have included:

- Integrated Care System (ICS) Governance Arrangements.
- NHS Long Term Plan.
- Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care system.
- Hospital Services Review
- Hyper Acute Stroke Update
- The proposed model included a Stroke Managed clinical Network
- Children's Non Specialised Surgery and anaesthesia Update

11. The last meeting was held on 18th March, 2019, with minutes of all the previous meetings available through the Council's electronic diary of meetings. The JHOSC continues to meet in response to health service proposals from the Joint Clinical Commissioning Group (Commissioning Working Together), but the next meeting has not yet been scheduled.

12. The Chair of Health and Adult Social Care Overview and Scrutiny Panel was appointed by Full Council on the 17th May, 2019 as the Council's representative on the JHOSC and the Vice Chair was appointed as the agreed substitute, their appointments will be in place until the Annual Council Meeting in 2020.

13. The Committee is asked to ratify the attached Terms of Reference (in Appendix C) and the appointments of the JHOSC for 2019/2020.

OPTIONS CONSIDERED

14. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2019/20.

REASONS FOR RECOMMENDED OPTION

15. This report provides the Panel with an opportunity to develop a work plan for 2019/20.

IMPACT ON COUNCIL'S KEY OBJECTIVES

- 16.

	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 	

	<p>school</p> <ul style="list-style-type: none"> • 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

15. 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 Date 7/5/19]

16. 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).

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

FINANCIAL IMPLICATIONS [DB Date 9/5/19]

18. There are no specific financial implications arising from this report however, the delivery of the work plan will need to take place within agreed budgets. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES IMPLICATIONS [AT Date 08/05/19]

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

TECHNOLOGY IMPLICATIONS [PW Date 10/05/19]

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

HEALTH IMPLICATIONS [RS Date 07/05/2019]

21. 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 engender inequalities.

EQUALITY IMPLICATIONS [CM Date 10/05/19]

22. 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

23. During June 2019, OSMC and the standing Panels held work planning sessions to identify issues for consideration during 2019/2020.

BACKGROUND PAPERS

23. None

REPORT AUTHOR & CONTRIBUTORS

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

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

OVERVIEW & SCRUTINY WORK PLAN 2019/20

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May					
June	Wed, 5th June 2019, 1pm (AS/CR)	Mon 17th June 2019 1pm (CM)	Thurs 20th June, 2pm (CM)	Tues, 11th June 2019, 10am (CM)	Wed, 5th June 2019, 10am (CR)
	<ul style="list-style-type: none"> OSMC Workplanning 	<ul style="list-style-type: none"> H&ASC O&S Workplanning 	<ul style="list-style-type: none"> CYP O&S Workplanning 	<ul style="list-style-type: none"> R&H O&S Workplanning 	<ul style="list-style-type: none"> C&E O&S Workplanning
	Thurs, 27th June 2019, 10am (AS)		Date TBC		
	<ul style="list-style-type: none"> Youth Justice Plan Qtrly Finance & Performance Report – Qtr 4 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 		<ul style="list-style-type: none"> Informal briefing session Suicide Prevention 		
July	Thurs, 11th July 2019, 10am	Thurs, 4th July 2019, 10am	Thurs 8th August 2019, 4pm		Wed, 17th July 2019, 10am
		<ul style="list-style-type: none"> JSNA State of Health/Workplan Your Life Doncaster Update (Transformation) The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. Scrutiny Workplan 	<ul style="list-style-type: none"> Consultation of the Education & Skills Strategy 2030 Send and Inclusion Strategy/Attendance Strategy Elective Home Education – Overview and Scoping Scrutiny Workplan 		<ul style="list-style-type: none"> Social Isolation & Loneliness Alliance Update Scrutiny Workplan

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

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
Aug					
Sept	Thurs, 12th Sept 2019, 10am (AS)	Thurs 26th Sept 2019, 1pm	Thurs 5th Sept 2019, 4:30pm	Wed, 16th Oct 2019, 10am	
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 1 <ul style="list-style-type: none"> DMBC SLHD DCST Annual Complaints Report 	<u>Starting Well Theme (invite to CYP O&S)</u> <ul style="list-style-type: none"> Autism & Learning Disability Strategy (with 2 evidence gathering sessions held early Sept) Hidden Harm (also Living Well theme) Childhood Obesity (TBC) 	<ul style="list-style-type: none"> Early Help Demand Management Council’s Response to Child Poverty Educational Attainment/Schools Performance tables Doncaster Children’s Safeguarding Board Annual Report 		
Oct	Thurs, 3rd Oct 2019, 10am				
	<ul style="list-style-type: none"> State of Borough Assessment Universal Credit Update Mid Term Financial Forecast 				
Nov	Thurs, 7th Nov 2019, 10am	Thurs, 28th Nov 2019, 10am			
		<u>Living Well Theme</u> <ul style="list-style-type: none"> DRI <ul style="list-style-type: none"> HSR – Maternity Cancer care waiting 			

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		times <ul style="list-style-type: none"> • Other areas (TBC) • Suicide Prevention Update • Dental (TBC) 			
Dec	Thurs, 12th Dec 2019, 10 am (AS)		Thurs 5th Dec 2019, 4:30pm		
	<ul style="list-style-type: none"> • Qtrly Finance & Performance Report – Qtr 2 <ul style="list-style-type: none"> ○ DMBC ○ SLHD ○ DCST 		<ul style="list-style-type: none"> • Children & Young People Plan • Placement Strategy • Universal Credit – impact on children • Youth Services 		
Jan	Wed 22nd Jan 2020, 10am	Thurs, 30th Jan 2020, 1pm			
		<u>Living Well Theme</u> <ul style="list-style-type: none"> • Adult Safeguarding Annual Report • Primary Care Networks (NHS CCG) • Integrated Area Based Working (invite to C&E O&S) • The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. 			
Feb	Thurs, 6th Feb 2020, 10am				Wed, 12th Feb 2020, 10am
	<ul style="list-style-type: none"> • Budget (TBC) 				Specific areas from the list below to be confirmed:

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

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
					<ul style="list-style-type: none"> Update on Safe Doncaster Partnership priorities and performance Knife Crime Long-term stabilisation of people with complex needs Crime in prisons Child criminal exploitation
	Thurs, 27th Feb 2020, 10am				
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC SLHD DCST 				
Mar	Thurs, 26th March 2020, 10am	Wed, 19th March 2020, 1pm	Thurs 12th March 2020, 4:30pm	Wed 4th March 2020, 10am	
		<u>Ageing Well Theme</u> <ul style="list-style-type: none"> Frailty Other areas TBC <u>Other</u> <ul style="list-style-type: none"> Public Health Protection 	<ul style="list-style-type: none"> Youth Council – Feedback on key issues Early Help Demand Management 		
Apr					
May					

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED					
	<ul style="list-style-type: none"> Consultation Strategy (Role of the Voluntary Sector) 	<ul style="list-style-type: none"> Well North-Well Doncaster Update – briefing note. 	<ul style="list-style-type: none"> Suicide Prevention – lessons learnt/support provided through Education/Schools (H&ASC O&S update to be provided in Nov 2019) 	<ul style="list-style-type: none"> Urban Centre Masterplan 	<p>Meeting to consider the following updates:</p> <ul style="list-style-type: none"> Waste; Tree Policy and 5G installation; Selective Licensing (possible invite to Edlington Community Groups)
	<ul style="list-style-type: none"> Overview on Impact of Universal Credit – potential for further work to be considered at Panel level e.g. impact on children attending at primary level – Programmed 3rd October, 2019 	<ul style="list-style-type: none"> Autism & Learning Disability Strategy - 2 evidence gathering sessions held early Sept (TBA) 	<ul style="list-style-type: none"> Briefing notes (to be supplied asap) on; <ul style="list-style-type: none"> New governance arrangements of DCST Academies/Local Authority relationships – where are the statutory duties/challenges Working Together Safeguarding (new arrangements) 	<ul style="list-style-type: none"> Large centres located outside Doncaster (work currently being undertaken for Mexborough and Thorne centres) - areas to be agreed for the Panel to consider 	<p>Environment Strategy theme – to be prioritised</p> <ul style="list-style-type: none"> What does a Smart City look like; Fly tipping update following the action week; Rewilding – how do we use our green spaces; Sustainability; Climate change
	<ul style="list-style-type: none"> Overview and Scrutiny – review/sharing best practice 	<ul style="list-style-type: none"> Progress on new initiatives being undertaken to support people with gambling addiction and actions taken through Gambling and Financial Inclusion Group – briefing note. 	<ul style="list-style-type: none"> Engagement with Children in Care e.g. possible Member visit – to also focus discussions throughout the year, for example when addressing School Performance Tables/Attainment 	<ul style="list-style-type: none"> Future High Street Fund 	<ul style="list-style-type: none"> Invitation to Doncaster East Internal Drainage Board following a recommendation made at the Flood Review
		<ul style="list-style-type: none"> Smoke Free Doncaster Action Plan 	<ul style="list-style-type: none"> Gaps in housing for Children in Care between 	<ul style="list-style-type: none"> Homeless Strategy (SLHD) to include 	

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	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
			17 and 18 (Housing Needs Study)	Complex Lives – (joint area with C&E O&S)	
				<ul style="list-style-type: none"> Housing Needs Study findings and Housing Delivery Programme (potential for 2 sessions) – to include Affordable Housing/Older People’s Housing (to reflect on previous review undertaken by the Panel on the Delivery of Affordable Housing) 	
				<ul style="list-style-type: none"> Transport Infrastructure Strategy 	
				<ul style="list-style-type: none"> Focus on individuals faced with a number of barriers gaining employment(could form part of an update on Doncaster Inclusive Growth Strategy) 	
				<ul style="list-style-type: none"> Market Update – to be considered following the 6 month contract review 	

DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST JULY TO 31ST OCTOBER, 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 are (a) in the case of the revenue budget, gross full-year effect of £250,000 or more b) in the case of capital budget, £1,000,000 or more in respect of a single project or otherwise across one financial year.

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 31st May 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
16 Jul 2019	Review of the Business Investment Incentive Scheme	Mayor Ros Jones, Mayor of Doncaster with responsibility for Budget and Policy Framework and Lead on Local Plan. Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development,	Cabinet	Chris Dungworth, Investment and Tourism Team Manager Tel: 01302 737857 chris.dungworth@doncaster.gov.uk		Open
18 Jul 2019	<i>To approve the Doncaster Local Plan for Publication</i>	<i>Mayor Ros Jones, Mayor of Doncaster with responsibility for Budget and Policy Framework and Lead on Local Plan.</i>	<i>Council, Cabinet To go to Cabinet on 2 July 2019</i>	<i>Jane Stimpson, Planning Environment Manager jane.stimpson@doncaster.gov.uk</i>		<i>Open</i>

18 Jul 2019	To approve the Youth Justice Plan 2019/2020	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet, Council	Andy Hood, Head of Service, Doncaster Youth Offending Youth Service andy.hood@dcstrust.co.uk		Open
20 Aug 2019	DCST 2019-20 Quarter 1 Finance and Performance Report	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	James Thomas, Director of Performance and Improvement, DCST, James.Thomas@dcstrust.co.uk, Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk		Open
20 Aug 2019	Finance and Performance Report and the 'Delivering for Doncaster' Booklet - Quarter 1 2019-20	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		Open

20 Aug 2019	St Leger Homes Performance Report 2019/20 - Quarter 1 (Non-Key Decision)	Portfolio Holder for Housing and Equalities	Cabinet	Julie Crook Tel: 01302 862705		Open
17 Sep 2019	Approval and endorsement of an Enforcement Strategy to be implemented across Regulation and Enforcement services and utilised throughout the Doncaster Borough	Councillor Chris McGuinness, Portfolio Holder for Communities, Voluntary Sector and the Environment	Cabinet	Tracey Harwood, Head of Service Regulation & Enforcement tracey.harwood@doncaster.gov.uk		Open
1 Oct 2019	To approve the Medium-term Financial Strategy (MTFS) for 2020/21 to 2022/23.	Mayor Ros Jones	Cabinet	Faye Tyas, Head of Financial Management faye.tyas@doncaster.gov.uk		Open

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Appendix C

<p>Terms of Reference for the South Yorkshire, Derbyshire Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee</p>
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The South Yorkshire, Derbyshire Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

- a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2014.
- e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Principles

- The purpose of the committee is to ensure that the needs of local people are an integral part of the delivery and development of health services across this geographical footprint.
- The committee's aim is to ensure service configuration achieves better clinical outcomes and patient experience.
- As new NHS work streams and potential service reconfigurations emerge, the JHOSC will determine whether it is appropriate for the committee to jointly scrutinise the proposals under development. Each local authority reserves the right to consider issues at a local level.
- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of seven (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members from local authorities directly affected by the proposals under consideration.

The 7 Committee Member Authorities are:

Barnsley Metropolitan Borough Council
Derbyshire County Council
Doncaster Metropolitan Borough Council
Nottinghamshire County Council
Rotherham Metropolitan Borough
Council Sheffield City Council

Wakefield Metropolitan District Council

Covering NHS England and the following 8 NHS Clinical Commissioning Groups (CCGs):

Barnsley CCG
Bassetlaw CCG
Doncaster CCG
Hardwick CCG
North Derbyshire
CCG Rotherham
CCG Sheffield CCG
Wakefield CCG

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- On a rotating basis for each meeting, each local authority will Chair and provide administrative support to that meeting. Meetings will take place in the Town Hall of the local authority hosting the meeting.
- Agenda, minutes and committee papers will be published on the websites of all the local authorities 5 working days before the meeting.
- Public questions are included as a standard agenda item at future meetings and the time allowed on the day of the meeting for public questions is managed by the Chairperson, however, as a guide a maximum of three people will be allowed to speak for up to a total of five minutes per person.;
- Members of the public are encouraged to submit their questions 3 working days in advance of the meeting to enable Committee Members time to consider issues raised and provide an appropriate response at the meeting.
- The Committee will identify and invite the appropriate NHS witnesses to attend meetings.

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