



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber - Civic Office

Date: Thursday, 28th November, 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.

**Damian Allen
Chief Executive**

Issued on: 20th November, 2019

Senior Governance Officer for this meeting: Caroline Martin Tel: 01302 734941

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 26th September, 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. Update from Doncaster and Bassetlaw Teaching Hospitals. *(Pages 9 - 18)*
7. Strategic Issues and Challenges - Winter Planning in Partnership.
(Documents to follow)
8. Suicide Prevention. *(Pages 19 - 36)*
9. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions. *(Pages 37 - 52)*

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, 26TH SEPTEMBER, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 26TH SEPTEMBER, 2019 at 1.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, Martin Greenhalgh, Pat Haith, Rachel Hodson and Derek Smith

ALSO IN ATTENDANCE:

Councillors Nigel Cannings and Neil Gethin

Thomas Frith, Young Advisor
Marianne Zamgoni, Young Advisor
Helen Conroy, Public Health Specialist
Carrie Wardle, Public Health Specialist
Susan Hampshaw, Head of Service Public Health

APOLOGIES:

Apologies for absence were received from Councillors Cynthia Ransome, Sean Gibbons and John Gilliver

		<u>ACTION</u>
10	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made at the meeting.	
11	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 4TH JULY 2019</u>	
	The minutes were agreed as a correct record.	
12	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
13	<u>HIDDEN HARM: THE IMPACT OF PARENTAL SUBSTANCE MISUSE</u>	

ON CHILDREN AND YOUNG PEOPLE

The Panel was provided with a presentation relating to the impact of parental substance misuse on children and young people addressing:

- What is hidden harm;
- The size of the problem in Doncaster;
- How services respond and how local authorities can prevent harm;
- Delivery challenges; and
- Improvements that could be made.

The presentation raised a number of issues addressed by the Panel, as follows:

Families Moving On Together (FMOT) Programme – was confirmed as a relatively modest programme and funded through the Public Health and Stronger Families allocation.

Referrals - with regard to the threshold, it was acknowledged that there was a slight misconception that families should already be part of the Aspire programme or known to drug and alcohol support services, but this was not the case. Anyone could be referred, where the impact of parental substance misuse was having an impact on their children or young people and noted that this was an area of work that required further promotion with referring practitioners. It was noted that if Members wished to help a constituent find help they could approach the Aspire or Project 3 schemes.

Joint Commissioning Agenda – ensures there was a greater emphasis of provider partner organisations working together, supported by a number of strategic initiatives eg. The Place Plan. At an operational level officers hold a commissioning budget and it was highlighted that more integrated working would be welcomed. There was no set solution with regard to Joint commissioning for this issue but it could be successful due to the close working relationships between the Local Authority and Doncaster Clinical Commissioning Group (CCG).

Impact on Doncaster Families – Members learnt that following modelling of support services the impact of hidden harm on families could be larger than expected and concern was expressed that some people were not accessing or receiving required support.

It was hoped that across universal services for example, school staff, school nurses and NHS there was a confidence and skills to raise and address any concerns. It was highlighted that school staff and Governors were required to undertake safeguarding training and suggested that a session on hidden harm could be added to this.

Stronger Families Programme – Members recalled that the funding

was for a limited time period and that some really good success stories had been developed as a result of this piece of work. Concern was expressed however, that if this preventative work was not undertaken then simple family tasks, for example, ensuring children were attending school and had eaten breakfast would not be a priority, when serious hidden harm issues were developing in a family unit.

Public Health Allocation Funding – was used for many public health services across the remit including the smoking cessation and adult drug treatment services. It was noted that it was becoming increasingly difficult to deliver services under a shrinking health budget allocation ultimately requiring services to be remodelled. It was confirmed that funding for treatment services was recurrent and ring-fenced but this could change in the future.

Well North Project – The Panel addressed whether hidden harm was a key part of this project and suggested that its profile be raised to assist with the issue to further support people within our communities.

Barriers to providing hidden harm support – in response to concern relating to buy-in from partner organisations, it was noted that there was good will but not necessarily the structures or teams in place to successfully support families at this time. However, Members were pleased to note that organisations were keen to support the agenda.

Neglect Toolkit – The Neglect Strategic Group had a newly appointed Chair, the Principal Social Worker, and it had been recognised that the toolkit required revising to ensure it was more widely used. Members acknowledged that it was a very time consuming and substantial document and it may be that practitioners lacked confidence to use it with families. It was also suggested that families could view it as another tool to challenge them rather than assist them.

Early Years training – Members expressed the wish for all early years practitioners and those currently in training in this field to be made aware of Doncaster's position and the need for hidden harm training to be routinely embedded into educational courses at all levels.

RESOLVED that:-

1. The Executive be requested:
 - i. To ensure that measures be put in place to ensure all Councillors are aware and informed of the support Aspire and Project 3 can offer.

Reason: Members had found the discussions very interesting and informative and wished to offer additional support by raising awareness of the services available and to assist with

	<p>signposting, if required.</p> <p>ii. That early years education establishments be provided with information on Doncaster’s current position and the potential impact of hidden harm.</p> <p>Reason: The Panel was keen to ensure that all teaching providers in this field were aware of Doncaster’s position with regard to Hidden Harm, providing a local perspective to academic training.</p> <p>iii. To consider if the Hidden Harm profile could be raised through the Well North project.</p> <p>Reason: That awareness of the Aspire and Project 3 be provided through the Well North Project to assist with work undertaken when addressing complexities across some families but also the community as a whole. This would support the work undertaken through public health.</p> <p>2. Overview and Scrutiny add an update on the Stronger Families programme to its work plan.</p> <p>Reason: Members were made aware of the funding contribution towards the Aspire Scheme from the Stronger Families budget. The Panel stressed it was aware of the work undertaken by the Stronger Families programme and highlighted it wished for an update to be added to the Overview and Scrutiny Work Programme.</p>	
14	<p><u>CHILDHOOD OBESITY AND ORAL HEALTH IN 0-5 YEAR OLDS</u></p>	
	<p>To accompany the report, a presentation was provided to Members addressing health and social risks associated with obesity and poor oral health. The following areas were addressed by the Panel in detail.</p> <p><u>Barriers to oral health in infants</u> – in response to concern expressed, relating to when an infant’s dental check was deferred to when they reached 2 and half year years old, it was hoped this was the exception rather than the rule. Members stressed that deferring their first treatment would create a barrier and by which time the child could already have poor oral health. Therefore it was outlined that parents needed to be more aware of what was available for their child, for example, the offer of fluoride varnish for any child.</p> <p><u>School health/dental visitor</u> – It was confirmed that there was no additional funding for dentists to make school visits however Members</p>	

learnt that a community dental facility was available for school children with special educational needs who may have additional care requirements. The facility was based at the Flying Scotsman with strong criteria used when assessing whether a child was eligible to receive treatment. Unfortunately it was noted that the traditional school dental nurse was no longer a service that could be provided.

Due to schools efficient use of global text messaging systems it was suggested that they could be asked to send an annual information message reminding parents that children should be registered with a dentist and that the offer of fluoride varnish for any child should be made available to them.

It was confirmed that the Health Visiting Service was commissioned to provide families with a toothbrushing pack before their child reached 1 year old and supervised toothbrushing clubs were available in nurseries and key stage one settings. It was stressed that the toothbrushing club was also available to older primary school children but barriers to provision were sometimes created by school curriculum timetabling.

Education packages – The approach to poor oral health by schools was questioned but Members learnt that despite educational packages being in place and promoted, it was dependent on school take up.

It was suggested that the large screens provided in some schools be used to provide public information about the importance of good oral health.

Preventative work - Members were aware that tooth decay was the most common oral disease affecting children and that it was largely preventable. It was noted that when a child started primary/infant school a health questionnaire was circulated to all families and included a section on whether their child was registered with a dentist.

In response to proposals for the use of images showing poor oral hygiene, it was noted that when such material was used as part of promotion to improve dental health, it had mixed results with initial success tending to wear off quickly. An initiative that had made a difference was supervised tooth brushing schemes that built good habits at an early age. It was also noted that Sheffield University had devised an App that played music for 2 minutes to aid the length of time tooth brushing should be undertaken.

Dentist availability – it was noted that Doncaster had a good coverage service therefore there should not be many problems for a family to register with a dentist.

Obesity – In response to a query relating to when obesity becomes an issue of neglect and a safeguarding issue, Members learnt that

research undertaken by Sheffield University resulted in being inconclusive. It was stressed that obesity was not something that could be taken as a sole safeguarding issue, but other elements relating to health and wellbeing of a child or young person needed to be taken into account, before such a judgement could be made.

It was noted that families also received information from school nurses providing them with the opportunity for assistance but obesity was a very sensitive issue and parents could become resistant to help if their child was identified as being obese. Therefore a gentle approach to families was required and unfortunately some families do not take up the offer of help.

Community Food Educators – Members recalled that in recent years volunteers helped with parenting skills including how to provide a good diet rather than living on takeaway food, and indicated that this may be something that could potentially be investigated for the future. It was noted that the Adult Education unit still provided cook and eat sessions.

Teeth extraction in young children – in response to concern relating to the eldest child in a family requiring teeth extraction and what preventative methods were in place for vulnerable siblings, it was explained Public Health had links with clinics and provided preventative information but positive activity it was dependent on parental initiative.

Concern was expressed with regard to the statistics for teeth extraction in Yorkshire and Humberside and sought reassurance that performance was being recorded correctly. It was recognised that reducing the numbers were outside their control but hoped that any initiative would make a positive difference.

Members stressed that it was distressing for a child to have their teeth extracted and questioned what considerations were given by the Department of Health and NHS England to the cost of such procedures against better preventative work being undertaken by clinicians.

RESOLVED that:

The Executive be requested to:

1. Consider writing to NHS England asking them to investigate the cost of tooth extraction in young children compared to the cost of providing better preventative initiatives in dental practices.
Reason: Members were aware that tooth decay was the most common oral disease affecting children and that it was largely preventable. Strong concern was raised relating to the physical and emotional impact of a child losing their teeth through extraction and the financial cost of being anaesthetised in comparison to further preventative work being provided in dental surgeries.

	<p>Tooth decay preventative work undertaken by Public Health was recognised, for example, supervised tooth brushing schemes, but the Panel believed strongly that NHS England be encouraged to investigate the benefits of providing more support for preventative work in dental practices to offset the cost of a child being anaesthetised; and</p> <p>2. To consider encouraging schools, in collaboration with Public Health, to provide oral hygiene public information on the large TV Screens in schools and through an annual school texting service. The information provided could include a reminder that children should be registered with a dentist and that the offer of fluoride varnish for any child should be made available to them.</p> <p>Reason: Again, prevention was key to combatting poor oral health and the Panel hoped that using new technology to provide public information may help combat this issue.</p>	
15	<p><u>H&ASC O&S WORKPLAN UPDATE - SEPT 2019</u></p>	
	<p>The Senior Governance Officer presented the 2019/20 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>Members acknowledged the draft recommendations relating to the review work undertaken on All Age Learning Disabilities and Autism, which had been previously circulated to the Panel. Approval for these recommendations to be forwarded to the Executive was received.</p> <p>RESOLVED that:-</p> <p>1. The Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted; and</p> <p>2. A letter be forwarded to the Executive detailing the Panel's recommendations following the its review work undertaken on All Age Learning Disabilities and Autism.</p>	

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Doncaster Council

28th November 2019

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

Update from Doncaster and Bassetlaw Teaching Hospitals

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care and Chair of Health and Wellbeing Board	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided at Appendix A together with a presentation from the Chief Executive of Doncaster Royal Infirmary on the following areas:
 - Strategic issues including future aspirations;
 - Future challenges and impacts;
 - Cancer Care waiting times; and
 - Maternity Care – Hospital Services Review

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by Doncaster Royal Infirmary.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Reviewing such issues ensures the Panel is responding to and highlights the importance of areas which ultimately have an impact on its residents across the borough.

BACKGROUND

5. Doncaster Royal Infirmary was identified as a key partner that the Panel wished to invite to a meeting as part of its 2019/20 workplan. The areas for consideration are identified in paragraph 1 and further information will be provided through a briefing note attached at Appendix A and a presentation that will be made available at the meeting.

OPTIONS CONSIDERED

6. There are no specific options to consider within this report as it provides an opportunity for the Panel to consider the appendix to the report.

REASONS FOR RECOMMENDED OPTION

7. There is no recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	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	The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.
	<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>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

9. There are no risk and assumptions associated with this report.

LEGAL IMPLICATIONS (HP 20.11.19)

10. The Council’s Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those bodies, Overview and Scrutiny Management Committee (and its Panels) will determine

its own Work Programme (Overview and Scrutiny Procedure Rule 6a). Specific legal implications and advice will be provided as required on matters brought to the Committee and Panels.

Overview and Scrutiny may invite external organisations to give information to the panels.

FINANCIAL IMPLICATIONS (D.B. 19/11/19)

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

HUMAN RESOURCES (AT 19/11/19)

12. No Human Resource implications have been sought.

TECHNOLOGY IMPLICATIONS (PW Date 19/11/19)

13. There are no specific technology implications for Doncaster Council in relation to this report.

HEALTH IMPLICATIONS (VJ 19.11.2019)

14. Evidence suggests that 25% of impact on population health is determined by accessibility to high quality healthcare service. Information provided in this report (Appendix A) shows that Doncaster and Bassetlaw Teaching Hospital NHS Trust provides such a high quality service to the local population and it has ambition to be the safest and outstanding in England. Evidence provided on its performance targets suggest the activities are improving and saving lives. There needs to be continuous monitoring of the performance against local and national standards / targets of the quality improvement initiatives outlined in the report.

EQUALITY IMPLICATIONS (CDR 04.11.19)

15. Throughout the work undertaken by Overview and Scrutiny, it 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

16. To give consideration to information to be provided by Doncaster Royal Infirmary.

BACKGROUND PAPERS

17. There are no background papers.

REPORT AUTHOR & CONTRIBUTORS

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Phil Holmes
Director of Adults Health and Wellbeing

Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Strategic issues and future aspirations

Over recent years the Trust has consolidated the good progress which has been made in patient care, treatment and experience, whilst further strengthening our links with partners both locally and nationally.

In September 2017, we published our Strategic Direction 2017-2022; however since then the environment in which we operate has changed considerably. As such, this year we took the opportunity to reflect upon our vision, values and objectives, clearly laying out where we want to head as an organisation. This has resulted in a revised vision for Doncaster and Bassetlaw Teaching Hospitals (DBTH), which is 'to become the safest Trust in England, outstanding in all that we do'. While undoubtedly ambitious, we feel that with the skill, expertise and dedication we can count on amongst our colleagues, this is a reachable destination for the Trust.

This vision, we believe, can also only be achieved as a result of our total commitment to safety and quality, something which is reflected so often in the positive feedback we get from patients, visitors and the public.

Each year, we continue to see rising numbers of patients attending our hospitals, with increasing acuity and dependency. In 2018/19 alone, we cared for 123,200 inpatients, 472,000 outpatients and 175,200 emergency attendances. Despite these further pressures, we continue to focus upon improvement, looking at new and innovative ways to meet these challenges, going above and beyond in the care of our patients.

Throughout the past 12 months, we have also implemented a number of campaigns and projects such as 'Making Mealtimes Matter', 'Sleep Helps Healing', increasing visiting times and our 'Sharing How We Care' conference and newsletter, all with the aim of ensuring that patients remain at the heart of everything we do. We are pleased to note further reductions in our rates of Serious Incidents (SI), low rates of falls with serious harm, avoidable hospital acquired pressure ulcers and clostridium difficile, as well as consistent achieving a hospital standardised mortality ratio (HSMR) less than expected.

In early 2019 in order to meet increasing demand we upgraded the footprint of our Doncaster Royal Infirmary Emergency Department with the development of a minor injuries area. We have also started work to create a new building to house an additional CT scanner that has been generously donated by the Doncaster Cancer Detection Trust to the tune of £4.9 million. This will assist with diagnosis of patients with many conditions and will also be a valuable asset as Doncaster has been designated as one of the two designated hyper acute stroke units in South Yorkshire and Bassetlaw.

We successfully applied to be one of the first trusts on a national NHS programme to further develop the work of our DBTH Quality Improvement (Qi) team. We want to ensure that all of our teams have the skills and support to be able to contribute to improvement as part of their everyday work. We have already seen teams using this approach create some exciting and positive benefits in diverse areas including Antenatal Clinic, Emergency Department and Trauma and Orthopaedics.

This ambition has also spread to our approach to education and the development of colleagues, new and existing. In January 2017, we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and this continues to be a huge benefit to both our patients and staff. So successful has this transition been that we now train 25% of all medical students in the region, as well as 30% of all other health professionals, as well as host some national-first roles such as the 'Trainee Nursing Associate' and 'Trainee Assistant Practitioner'. It is our ambition to further strengthen our position locally, regionally and nationally as a leading innovator within the field of education and research.

In the coming weeks we will appoint a Director of Education and Research to help support specific our aim is to work with partners to develop a University City proposal for Doncaster, workforce innovations in Worksop as well as further our innovative research portfolio.

Throughout the past number of years, we have made significant strides delivering on all the milestones in our research strategy, appointing our first Professor of Surgery and working in partnership to create the nation's first 'Foundation School in Health'. Furthering our ambitions in these areas are essential as we look to help colleagues develop in their NHS career, as well as offer our team the opportunity to take part in research in order to improve health outcomes for our patients.

Future challenges and impacts

- **Workforce vacancies:** Like many trusts across the country, we continue to experience shortages in certain key specialities, across a range of clinical and non-clinical areas, as well as our numerous hospital sites. To address this, we have developed a Workforce Plan which covers the next two years and identifies innovative ways in which we can develop and support colleagues in their career ambitions, as well as further our ambitions as an 'anchor' employer within the area.
- **Significant backlog maintenance totalling above £60 million:** Our estate is mixed and there are extensive costs and problems associated with older facilities and infrastructure, particularly at Doncaster Royal Infirmary. Each year we spend a substantial amount on maintenance, essentially in order to stand still, a position which is not sustainable in the long-term.
- **Activity and delivering to local and national targets:** As an organisation, we have a number of performance indicators which must be met. We must balance these with demand; quality and ensuring we are delivering the safest service possible.
- **Changes to clinical pathways:** With increased demand this puts pressure on our diagnostic facilities, which we are addressing but we are also constantly looking for ways to ensure these are used as efficiently as possible.
- **Modernisation and digital transformation:** As an organisation it's crucial that we make the best of digital solutions in order to improve efficiency within the Trust, as well as enhance our approach to patient care. In 2019 we began in earnest our 'DBTH Digital Transformation Programme' which looks at bringing in a number of systems and services in order to improve our approach from Board to ward.

- **Challenging financial landscape and making the most of every penny spent:** We have had recent financial difficulties with a breach in our licence conditions but we have worked hard to address these with a 2016/17 year-end deficit significantly below our control total. We continue to experience challenges with this given our significant underlying deficit, efficiency requirements and increasing demand for our services.

Like many other NHS organisations we continue to face significant changes and challenges and in order to meet these, we have developed our strategic direction in anticipation to ensure we work effectively both internally and with partners to develop solutions.

Over recent years we have strengthened our links with health and care partners in Doncaster and Bassetlaw and we are an integral partner in the first wave South Yorkshire and Bassetlaw Integrated Care System (ICS). These established, strong relationships with neighbouring health and social care providers and clinical commissioning groups, are built on the foundations of a proven history of working together to improve health and care for our population.

We recognise our role as an ‘anchor organisation’ in our locality and plan to further cement our role in advancing the welfare of the population we serve.

Cancer Care waiting times

In the last year (2018/19), we achieved the 62 day wait for first treatment following an urgent referral. We also achieved all 31 day waits between the start of treatment and agreed treatment plan with doctor. We missed our two week wait (2ww) achieving 90.1% instead of the required 93%. To address this and ensure that we met this target we transitioned all two week referrals to the Electronic Referral System, with all GP practices within Doncaster and Bassetlaw moving to this method in 2018/19.

This year our 2ww and 31 day position are performing well however the 62 day wait standard is currently more challenging to the Trust. We have recently seen a significant improvement in most of the 62 day standards and we are currently achieving four out of five national standards on cancer with 62 day wait for first treatment from consultant screening service referral the only target not being met, and some of the reasons behind this is due to patient choice.

National test site: We are not currently reporting the two week wait standard as we have agreed to be one of a number of trusts across England to carefully test updates to NHS access standards on cancer. Professor Stephen Powis, the NHS National Medical Director, proposed testing the use of a faster diagnosis standard for people with suspected cancer – meaning that people can expect to be told whether or not they have cancer within 28 days of being referred by their GP or a screening programme, instead of the current standard of seeing a specialist within two weeks.

Once testing is completed, the NHS nationally will collate and analyse the data to track results, with the learning from DBTH and elsewhere informing any final recommendations from the review later in the year.

It is important to note that while we are not being measured against the 2ww standard, patients’ right to see a specialist within two weeks continues to apply throughout the testing period.

New developments: As part of the National Cancer Board's efforts to catch and diagnose the disease more quickly, new rapid diagnostic and assessment centres are being set up across regions to diagnose cancers early in people who do not have so-called 'alarm symptoms' for a specific type of cancer.

I'm pleased to report that the Trust's proposal to host a rapid diagnostic centre at the Mexborough Montagu site was supported by the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance with £500,000 to develop plans to deliver the service in the early part of next year.

Cancer patients experience: We have also focused on overall experience of our cancer patients and in December 2018, a new Macmillan 'Pod' was opened in the main outpatient area of Doncaster Royal Infirmary, to help those affected by cancer. The pod - which provides support, information and advice - has been funded by Macmillan Cancer Support, a charity which helps people affected by cancer through their journeys.

The new centre provides a friendly, private environment for patients, carers and family members affected by cancer, to access appropriate information and support. From managing symptoms, to advice on benefits and financial support, the pod can provide expert help and has a wide-range of Macmillan booklets to take away.

These key developments in cancer care have had a positive impact on our patients which has been demonstrated in this year's National Cancer Patient Experience survey. The Trust scored above the national average at 8.9 out of 10. As such, the Trust now ranks as the best in the locality, over Barnsley, Rotherham, Sheffield, Chesterfield and Mid Yorks. This outcome represents a significant step forward for DBTH, having previously been placed towards the lower end of the spectrum.

Hospital Services Review and maternity services

The South Yorkshire and Bassetlaw Hospital Services Review commenced as an independent review in August 2017 looking at how to future proof local hospital services. In May 2018 the independent team made their recommendations to the health and social care organisations which make up the South Yorkshire and Bassetlaw Integrated Care System.

The final report, published on 20 August 2019 recommended in summary that:

- The hospitals develop a new way to work together through 'Hosted Networks'. Each of the hospital trusts in South Yorkshire and Bassetlaw agreed to be the 'host' to lead a 'Level 1' Hosted Network for one of the five services covered in the review (Gastroenterology, Maternity, Paediatrics, Stroke and Urgent and Emergency Care).
- The exploration of a partnership approach to delivering services for children between Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust. We have since announced plans to work with Sheffield Children's Trust to explore what the report calls a level 3 Hosted Network

- The transformation agenda should continue to go forward, in particular with a focus on strong workforce planning across the system, and development of new models of care and patient pathways, through shared working. This approach of collaboration was strongly supported by public engagement.
- Since it cannot be guaranteed that transformation will address all of the challenges, and unplanned workforce issues can arise at any time, a monitoring system with early warning signals should be put in place at a system level, and transformation will be kept under ongoing review.

On reconfiguration, the system recognised the potential benefits but also that reconfiguration carries a risk of unsettling the workforce and thereby destabilising the system. It was also found that reconfiguration would not fully resolve staff shortages and not all existing staff would re-locate if services were moved. The group felt that reconfiguration should therefore only be taken forward if it was felt that the system could not be made sustainable without it.

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Doncaster Council

Report

Date: 28th November,
2019

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

REPORT TITLE Suicide Prevention Update November 2019

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

EXECUTIVE SUMMARY

1. A presentation has been prepared for the Panel, which gives an update on the latest local data release for suicides, and an overview of how non-recurrent funds from South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) are being spent.
2. The content of the presentation is summarised below:
3. The 2016-18 Public Health England data release does show an increase in suicides, but suicide rates tend to fluctuate on a year to year basis. It is therefore too early to say whether the latest increase represents a change in the recent trend. The factors behind any increase in suicide rates are complex. However a change in the standard of proof used by coroners may have affected the latest figures, where the standard of proof has changed from beyond a reasonable doubt to more likely than not.
4. There were 33 suicides in Doncaster in 2017 and 35 in 2018.
5. In terms of operational delivery of non- recurrent SYB ICS funds, there have been allocations of £84 and £89 K approximately in 2018/19 and 2019/20.

6. A range of initiatives are underway or planned:

#anotherway campaign

[HTTPS://WWW.YOURLIFEDONCASTER.CO.UK/S4S/WHEREILIVE/COU
NCIL?PAGEID=4701&LOCKLA=TRUE](https://www.yourlifedoncaster.co.uk/s4s/whereilive/counCIL?PAGEID=4701&LOCKLA=TRUE)

7. Self harm and suicide awareness training, April –December 2019: if the training evaluates well and there is demand, more sessions will be commissioned.
8. LGBTQ young people's (Stonewall) training: a train the trainer approach for schools, addressing the wellbeing of LGBTQ young people.
9. Primary care campaign: coinciding with World Suicide Prevention Day on 10 September 2019, achieved coverage of all GP practices across the Doncaster area, using the #anotherway campaign and provision of a resource pack to use with patient participation groups.
10. RDASH training for physical health staff: being commissioned, using a tiered approach to suicide awareness training for RDASH physical health staff in Doncaster.
11. Promotion of Zero Suicide Alliance training: an effective resource suitable for all to use:

WWW.ZEROSUICIDEALLIANCE.COM
12. South Yorkshire and Bassetlaw Coroner's audit: a deep dive, looking at patterns, trends and learning across South Yorkshire and Bassetlaw, currently underway.
13. Early Alert System (one South Yorkshire and Bassetlaw post, hosted by South Yorkshire Police), now operational, notifying local areas of suicides on a real time basis. Plans to develop the system in future to include attempts/near misses.
14. Bereavement support service: now operational, commissioned from Amparo, to provide support to families of those bereaved by suicide, from the time of death until the inquest. Service will be reviewed in December 2019 with a view to continuation of the service.
15. Further development of #anotherway campaign: in co-operation with DMBC Communities Teams for World Mental Health day 10 October 2019, links also with national 'Every Mind Matters' campaign.
16. Local small grants scheme: under development, to support prevention and early intervention.
17. Follow up after suicide attempts: under development.

EXEMPT REPORT

18. No.

RECOMMENDATIONS

19. The health and social care Overview and Scrutiny Committee are asked to note the recent data release for Doncaster and also note the suicide prevention initiatives that have been enabled by deployment of SYB ICS funds.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

20. There are a range of initiatives in place for Doncaster residents, to improve the mental health of the population, encourage people to seek help and put support in place after a bereavement by suicide.

BACKGROUND

21. £84K in 2018/19 and £89K in 2019/20 has been deployed, or is fully committed to become operational, for Doncaster residents. There were 33 suicides in Doncaster in 2017 and 35 in 2018 as evidenced by the latest data release. This report and presentation to the overview and scrutiny committee details how the money is being spent.

OPTIONS CONSIDERED

22. The range of initiatives to prevent suicides in Doncaster was developed through the Suicide Prevention Group in line with the Doncaster Suicide Prevention Plan.

REASONS FOR RECOMMENDED OPTION

23. A Doncaster conference in May 2019 mapped out gaps in pathways and this is reflected in the action plan and allocation of resources.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

24.

	Outcomes	Implications
	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; <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	none
	Doncaster Living: Our vision is for Doncaster's people to live in a	none

	<p>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 	none
	<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 	Doncaster residents are encouraged to seek mental health help and support is provided for those bereaved by suicide
	<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 	Efficient and effective deployment of SYB ICS non recurrent funds

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

- 25.. The SYB ICS funds are non-recurrent. An exit strategy may need to be developed, particularly for the bereavement support service if recurrent funding is not secured. The financial implication of continuing this service recurrently would be in the region of £15 K per annum.

LEGAL IMPLICATIONS [Officer Initials...HMP..... Date... 7.11.19..]

26. Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.
27. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area, this includes mental health and suicide prevention.

FINANCIAL IMPLICATIONS (HR 07/11/19)

28. Doncaster Council received £84,762 in 18/19 and £89,533 in 19/20, this funding was approved at the SYB ICS Mental Health and Learning Disabilities Executive Steering Group for 2 years and was distributed via Doncaster CCG. There is sufficient funding to cover the work identified above; however, in the event of no further funding being secured, any future costs will need to be met from within the Public Health Grant.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 5.11.19]

29. There are no HR implications.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...06/11/19]

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

HEALTH IMPLICATIONS [Officer Initials...HC...Date 08/10/19]

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

EQUALITY IMPLICATIONS [Officer Initials...HC Date...08/10/19]

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

CONSULTATION

34. A wide range of partner stakeholders (approximately 100 people) attended the Doncaster May 2019 suicide prevention conference and were consulted on key gaps and challenges in Doncaster care pathways.

BACKGROUND PAPERS

35. None

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

SYB ICS – South Yorkshire and Bassetlaw Integrated Care System
LGBTQ – Lesbian, Gay, Bisexual, Transgender and Questioning
RDASH – Rotherham, Doncaster and South Humber NHS Trust

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Rupert Suckling
Director of Public Health



Doncaster
Council

Suicide Prevention Update 28/11/19

Helen Conroy Public
Health Theme Lead

www.doncaster.gov.uk



2016-18 data release

revenu

Data quality: ■ Significant concerns ■ Some concerns ■ Robust

* a note is attached to the value, hover over to see more details

Compared with benchmark: ■ Lower ■ Similar ■ Higher Not compared

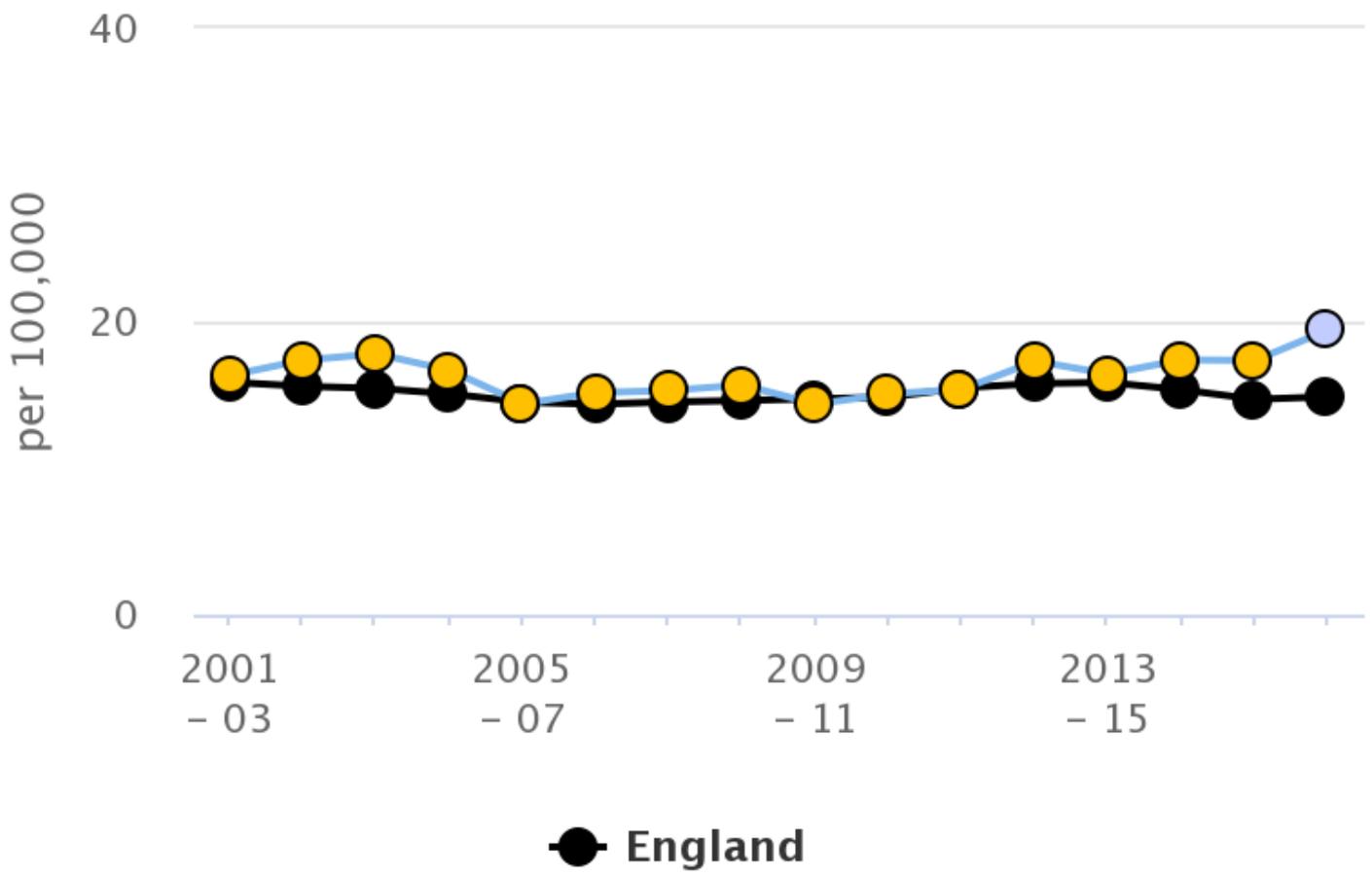
Recent trends: ■ Could not be calculated ▲ Increasing / Getting worse ▲ Increasing / Getting better ▼ Decreasing / Getting worse ▼ Decreasing / Getting better ➔ No significant change ▲ Increasing ▼ Decreasing

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Suicide rate (Male) New data	2016 - 18	14.9	16.7	15.6	14.6	19.8	19.4	17.2	21.1	16.6	17.7	17.4	14.6	17.4	20.3	12.2	17.5	16.9
Suicide rate (Persons) New data	2016 - 18	9.6	10.7	9.2	8.8	12.5	12.3	11.4	14.1	10.3	10.9	9.6	9.8	11.4	13.1	8.1	10.9	11.9
Suicide rate (Female) New data	2016 - 18	4.7	4.8	3.1	3.4	5.6	5.2	5.8	6.9	4.4	4.3	2.6	4.9	5.6	6.4	4.2	4.4	7.3
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) ■	2012 - 14	31.9	33.9	40.6	36.5	40.0	35.3	27.0	41.3	31.1	34.8	28.6	36.1	29.7	39.4	30.6	32.0	37.0
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male) ■	2012 - 14	50.2	55.2	67.9	57.7	65.1	57.9	38.2	65.0	45.6	59.5	48.2	63.5	49.5	66.5	48.5	51.2	64.0
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female) ■	2012 - 14	13.7	12.7	13.6	15.2	15.2	12.4	15.9	16.6	16.6	10.4	-	-	9.3	12.7	12.3	13.4	-
Suicide crude rate 10-34 years: per 100,000 (5 year average) ■	2013 - 17	10.5	11.7*	13.6	7.8	11.9	14.8	8.0	13.1	12.1	13.2	9.2	15.5	9.9	20.7	9.1	13.0	10.7
Suicide crude rate 35-64 years: per 100,000 (5 year average) ■	2013 - 17	20.1	22.5*	21.9	23.0	24.8	22.8	17.5	32.6	18.3	24.9	25.8	15.5	19.7	24.4	21.0	22.0	30.4
Suicide crude rate 65+ years: per 100,000 (5 year average) ■	2013 - 17	12.4	11.2*	8.8	13.6	12.1	9.5	9.5	11.5	8.5	11.0	12.8	5.1	14.2	16.0	10.2	7.8	16.1



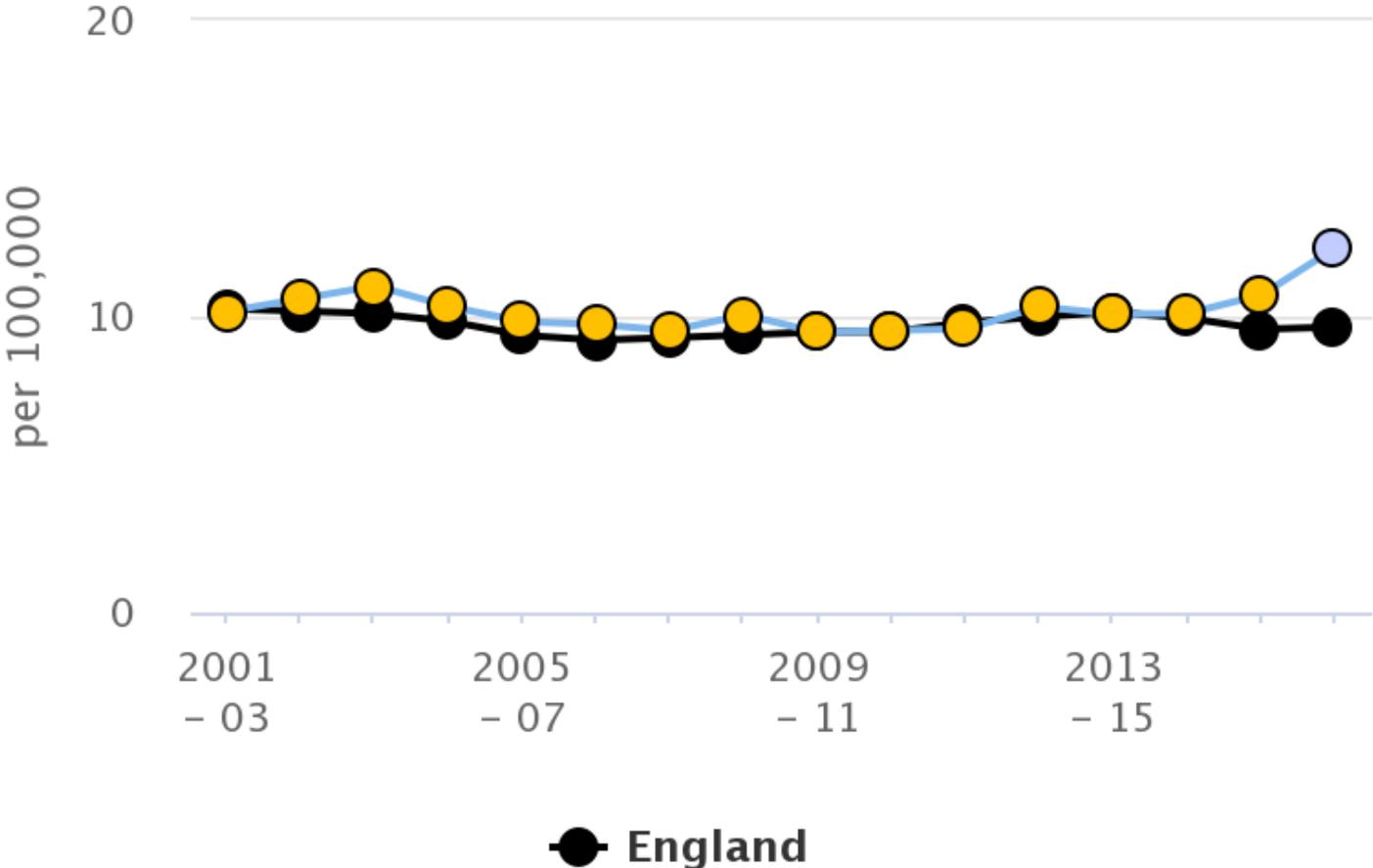
Males

Suicide rate (Male) for Doncaster



Persons

Suicide rate (Persons) for Doncaster



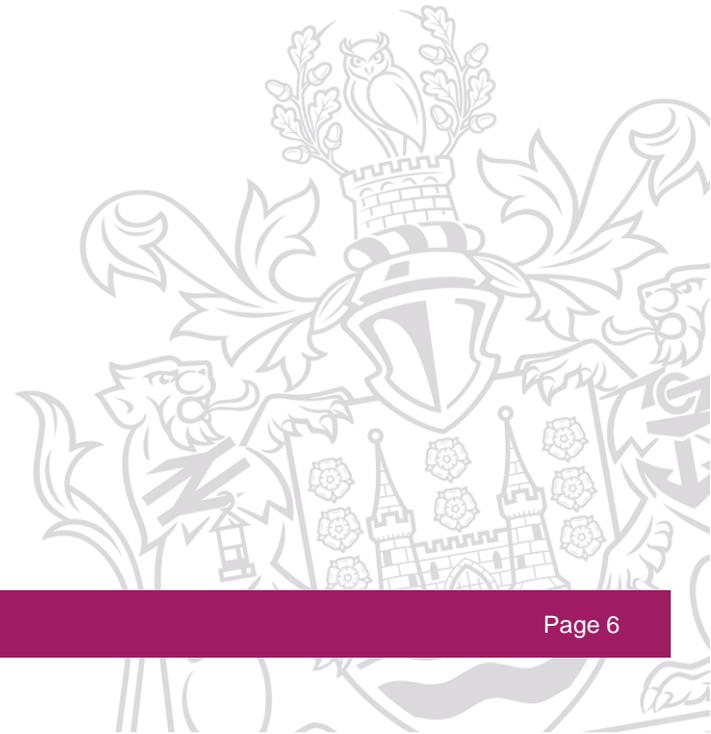
Females

Suicide rate (Female) for Doncaster



Patterns and trends

- Suicide rates tend to fluctuate on a year to year basis. It is therefore too early to say whether the latest increase represents a change in the recent trend. The factors behind any increase in suicide rates are complex. However a change in the standard of proof used by coroners may have affected the latest figures.
- There were 33 suicides in Doncaster in 2017 and 35 in 2018.



Wave 1 funding, local Doncaster delivery

- #anotherway campaign
- <https://www.yourlifedoncaster.co.uk/s4s/WhereILive/Council?pageId=4701&locKLA=True>

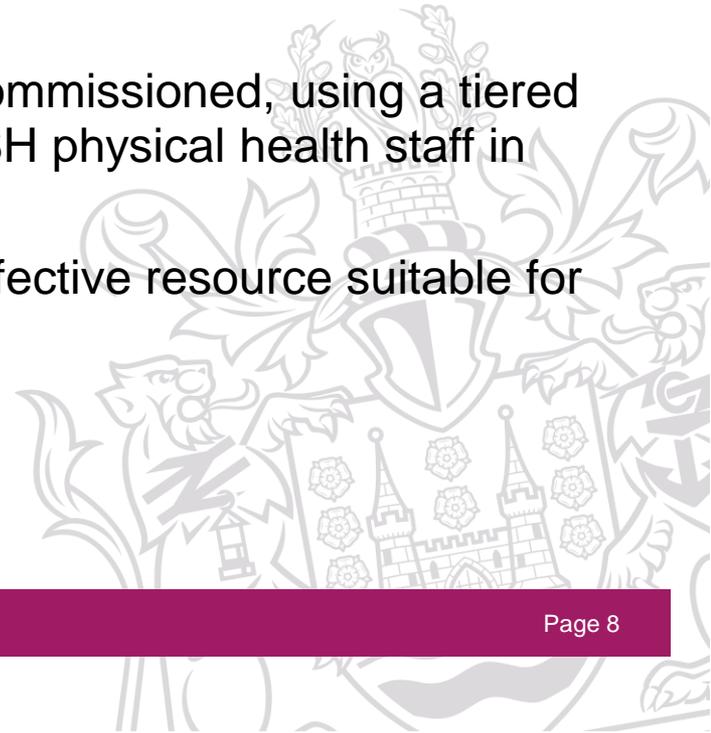
Another Way Video - Total

PLATFORM	TOTAL REACH	TOTAL ENGAGEMENT	TOTAL SHARES	Avg. % viewed	TOTAL VIDEO VIEWS
Facebook	186,781	25,735	2,202	4%	69,169
Twitter	205,746	7,665	405	N/A – although twitter gives a 1.2% "completion rate"	45,187
YouTube	181,332	75	N/A	64%	10,035
TOTAL	573,859	33,375	2,607	N/A	124,391

Insight: Each platform has its own merits. Clearly Facebook has been a phenomenally successful channel for engagement around the campaign despite low viewing percentage. YouTube on the other hand has been much more about people watching the video and taking it all in. Given it's over 2 minutes, 64% is a high viewing percentage. Twitter sits in between the two. In short, a multi-channel approach has been absolutely the right call.

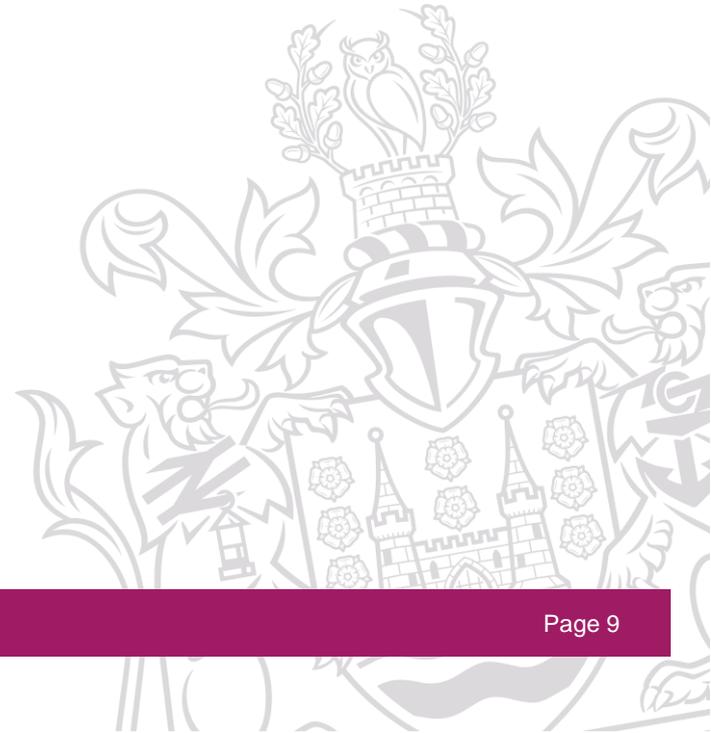
Doncaster wave 1 delivery:

- Self harm and suicide awareness training, April –December 2019: if the training evaluates well and there is demand, more sessions will be commissioned
- LGBTQ young people's (Stonewall) training: a train the trainer approach for schools, addressing the wellbeing of LGBTQ young people
- Primary care campaign: coinciding with World Suicide Prevention Day on 10 September 2019, achieved coverage of all GP practices across the Doncaster area, using the #anotherway campaign and provision of a resource pack to use with patient participation groups
- RDASH training for physical health staff: being commissioned, using a tiered approach to suicide awareness training for RDASH physical health staff in Doncaster
- Promotion of Zero Suicide Alliance training: an effective resource suitable for all to use. Please promote the link!
- www.zerosuicidealliance.com



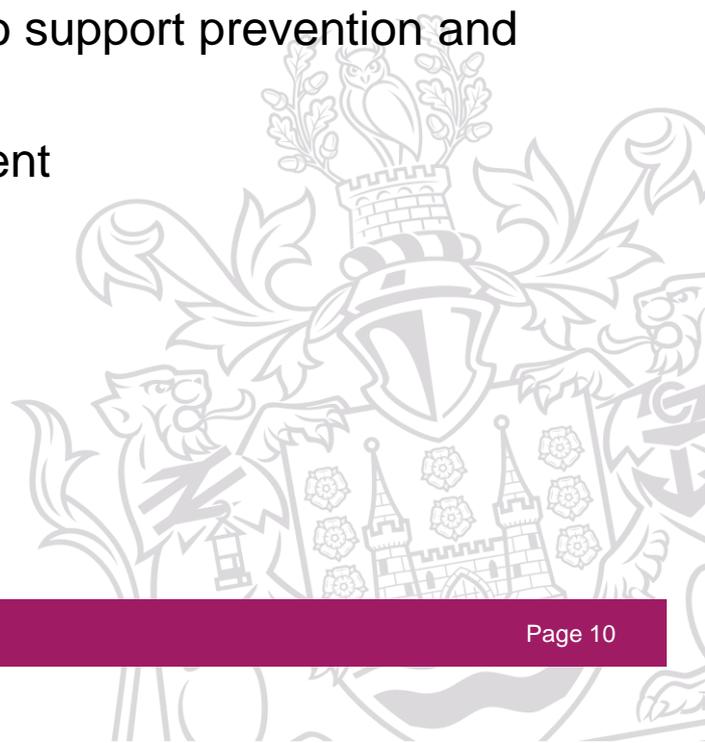
Wave 1 delivery, South Yorkshire and Bassetlaw

- South Yorkshire and Bassetlaw Coroner's audit: a deep dive, looking at patterns, trends and learning across South Yorkshire and Bassetlaw, currently underway
- Early Alert System (one South Yorkshire and Bassetlaw post, hosted by South Yorkshire Police), now operational, notifying local areas of suicides on a real time basis. Plans to develop the system in future to include attempts/near misses



Wave 2 delivery, Doncaster

- Bereavement support service: now operational, commissioned from Amparo, to provide support to families of those bereaved by suicide, from the time of death until the inquest. Service will be reviewed in December 2019 with a view to continuation of the service
- Further development of #anotherway campaign: in co-operation with DMBC Communities Teams for World Mental Health day 10 October 2019, links also with national 'Every Mind Matters' campaign
- Local small grants scheme: under development, to support prevention and early intervention
- Follow up after suicide attempts: under development



Thank you, and any questions?

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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)				
	<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 				
July	Thurs, 11th July 2019, 10am (CANCELLED)	Thurs, 4th July 2019, 10am (CR)			Wed, 17th July 2019, 10am (CM)
		<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"> Social Isolation & Loneliness Alliance Update Scrutiny Workplan
Aug		Thursday 8th August 2019 1.30pm (CR) (joint CYP)	Thurs 8th August 2019, 4pm (CM)		Monday 19th August 2019 10.30am (CR)

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

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		<ul style="list-style-type: none"> Autism & Learning Disability Strategy evidence gathering 	<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"> South Yorkshire Fire and Rescue Service – Integrated Risk Management Plan
		Thursday 29th August 2019 3.30pm (joint CYP)			
		<ul style="list-style-type: none"> Autism & Learning Disability Strategy evidence gathering 			
Sept	Fri, 6th Sept 2019, 11am	Thurs 26th Sept 2019, 1pm (CR)	Thurs 5th Sept 2019, 4:30pm (CM)		
	<ul style="list-style-type: none"> Empowered, Engaged Communities, With Devolved Locality Budgets (1) - Overview 	<u>Starting Well Theme (invite to CYP O&S)</u> <ul style="list-style-type: none"> Hidden Harm Childhood Obesity/Tooth Decay Scrutiny Workplan 	<ul style="list-style-type: none"> Early Help Demand Management Educational Attainment/Schools Performance Tables Scrutiny Workplan 		
	Thurs, 12th Sept 2019, 10am (AS)				
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 1 <ul style="list-style-type: none"> DMBC SLHD DCST Annual Complaints Report O&S Workplan – Sept Update 				

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	Mon 16th Sept 2019 (AS)				
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (2) Site Visit 				
Oct	Thurs, 3rd Oct 2019, 10am (CM)			Wed, 16th Oct 2019, 10am (CR)	
	<ul style="list-style-type: none"> Medium-term Financial Strategy (MTFS) for 2020/21 to 2022/23. Scrutiny Workplan 			<ul style="list-style-type: none"> Delivery of the Management of Doncaster Markets Scrutiny Work Plan 	
				Wed, 16th Oct 2019, to follow above meeting (CM)	
				<ul style="list-style-type: none"> Housing Needs Study – Panel Briefing meeting 	
	Thurs, 10th Oct 2019, 10am (AS)				
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (3) Meeting with Locality Working Leads 				
17th October 2019					
<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (3) Best Practice review - Nottingham CC. 					

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	<p>Mon, 21st Oct 2019, 10am (CM/AS)</p>				
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (5) 				
	<p>Mon, 28th Oct 2019, (CR/AS)</p>				
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (6) 				
Nov	<p>Thurs, 7th Nov 2019, 10am (CR/CM/AS)</p>	<p>Thurs, 28th Nov 2019, 10am (CM)</p>		<p>Fri 1st November 2019 10am (CM)</p>	<p>Mon 18th Nov 2019 10am (CR)</p>
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (TBC) 	<p><u>Living Well Theme</u></p> <p>DRI</p> <ul style="list-style-type: none"> Strategic issues and Challenges Cancer Care waiting times; and Maternity Care – HSR <p>DMBC</p> <ul style="list-style-type: none"> Strategic Issues and Challenges (Winter Planning in Partnership) <p>Other areas TBC</p> <ul style="list-style-type: none"> Suicide Prevention Update 		<ul style="list-style-type: none"> Homelessness and Rough Sleeping Strategy (SLHD) to include Complex Lives – (joint area with C&E O&S) Scrutiny Workplan 	<ul style="list-style-type: none"> IMDB – update following 2018/19 Flood Review Social Isolation Alliance Update on Work of Climate Change Local Commission and Development of the Environment Strategy Street Scene Rapid Improvement Programme Scrutiny Workplan

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		Briefing Session to follow HASC Suicide Prevention – lessons learnt/support provided through Education/Schools			
Dec	Mon 16th December 2019, 1pm (AS)		Thurs 5th Dec 2019, 4:30pm (CM)		Thurs 5th Dec 2019, 4:30 (CM) Time TBC Briefing Session
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 <ul style="list-style-type: none"> DMBC SLHD DCST Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (Final Report) 		<ul style="list-style-type: none"> Placement Strategy Youth Services Doncaster Children's Safeguarding Board Annual Report (TBC) Child Poverty 		<ul style="list-style-type: none"> Cycling Strategy
Jan	Wed 22nd Jan 2020, 10am (CR)	Thurs, 30th Jan 2020, 1pm (CM)		15th January 2020, 10am (CR/CM) Briefing Session	
	<ul style="list-style-type: none"> Universal Credit Update 	<u>Living Well Theme</u> <ul style="list-style-type: none"> Adult Safeguarding Annual Report and the Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. Primary Care Networks (NHS CCG) and Integrated Area Based Working (invite to C&E O&S) 		<ul style="list-style-type: none"> Urban Centre Master Plan and Major Projects Large centres located outside Doncaster - areas to be agreed for the Panel to consider Transport Infrastructure Policy TBC 	

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

Appendix A

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	Wed 22nd Jan 2020 (CR) briefing session to follow Panel			January 2020 - TBC	
	Adult Social Care Fees and Charges Briefing			<ul style="list-style-type: none"> Homelessness and Rough Sleeping Strategy 	
Feb	Thurs, 6th Feb 2020, 10am (CR)		Thu, 6th Feb 2019, 10am in Rm 210		Wed, 12th Feb 2020, 10am (CM)
	<ul style="list-style-type: none"> Budget (TBC) 		<ul style="list-style-type: none"> Members Briefing (invite to OSMC) - Academies (overview/ scoping) 		<p>Specific areas from the list below to be confirmed:</p> <ul style="list-style-type: none"> Update on Safer Doncaster Partnership priorities and performance Knife Crime Long-term stabilisation of people with complex needs Crime in prisons Child criminal exploitation Selective Licensing Hexthorpe (TBC)
	21st February, 2020				
	Adult Social Care Fees and Charges Consultation				
	Thurs, 27th Feb 2020, 10am (AS)				
	<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 (CM)	Wed, 19th March 2020, 1pm (CR)	Thurs 12th March 2020, 4:30pm (CM)	Wed 4th March 2020, 10am (CR)	

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		<u>Ageing Well Theme</u> <ul style="list-style-type: none"> Frailty – (NHS CCG) Other areas TBC <u>Other</u> <ul style="list-style-type: none"> Public Health Protection Smoke Free Doncaster Action Plan 	<ul style="list-style-type: none"> Youth Council – Feedback on key issues Children & Young People Plan Universal Credit – impact on children Education And Skills 2030 Framework For Consultation Update 	<ul style="list-style-type: none"> Doncaster Inclusive Growth Strategy (with a focus on individuals faced with a number of barriers gaining employment) Update on Business Doncaster Update on Markets. 	
Apr	(Date to be confirmed)				
	<ul style="list-style-type: none"> DGT 				
May					
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"> All Age Learning Disability and Autism Strategy – (DMBC/NHS CCG) – date to be confirmed 	<ul style="list-style-type: none"> Suicide Prevention – lessons learnt/support provided through Education/Schools (H&ASC O&S update to be provided following HASC on 28th November.) 	<ul style="list-style-type: none"> SY Bus Review – Feedback on consultation (TBC) 	Meeting to consider the following updates: <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 	<ul style="list-style-type: none"> Progress on new initiatives being undertaken to support people with gambling addiction and actions taken through 	<ul style="list-style-type: none"> Briefing notes – Academies 		Environment Strategy theme – to be prioritised <ul style="list-style-type: none"> What does a Smart City look like; Fly tipping update following

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

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

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	attending at primary level	Gambling and Financial Inclusion Group – briefing note.			the action week; <ul style="list-style-type: none"> • 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"> • 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"> • 20mph zones date and Panel to be confirmed(possible roll over onto 2020/2021 workplan) 		<ul style="list-style-type: none"> • Gaps in housing for Children in Care between 17 and 18 (to be discussed when Regeneration and Housing address the Housing Needs Study) 		
			<ul style="list-style-type: none"> • Demand Management – Update 2020 (TBC) Mid-June 20/21 		
			<ul style="list-style-type: none"> • Elective Home Education 		

DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST DECEMBER 2019 TO 31ST MARCH 2020.

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.or the decision has a significant impact on 2 or more wards.

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: 1 November 2019 and superseding all previous Forward Plans with effect from the period identified above.

Damian Allen
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
3 Dec 2019	To approve Doncaster's Affordable Housing Programme 2019-2025	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Karen Kellett, Programme Manager, Strategic Housing Team Tel: 01302 736029 karen.kellett@doncaster.gov.uk		Part exempt
11 Dec 2019	To consider and approve proposals to introduce an Empty Homes Loan Scheme in Doncaster and approval of the Empty Homes Policy Framework, and updates made to the Financial Assistance Policy.	Portfolio Holder for Housing and Equalities	Portfolio Holder for Housing and Equalities	Christine Tolson, Head of Asset Management christine.tolson@stlegerhomes.co.uk		Open
17 Dec 2019	To review the change in services for the future placement of children and young people, including short breaks, residential provision and offer for young people to stay put in a foster care placement.	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Lee Golze, Head of Service Business Transformation and Strategic Commissioning lee.golze@doncaster.gov.uk		Open

17 Dec 2019	Adoption of the new 'Get Doncaster Cycling' Strategy	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture, Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Kerry Perruzza, Senior Transport PLanner Kerry.Perruzza@doncaster.gov.uk	Get Doncaster Cycling	Open
17 Dec 2019	Leisure Facility Investment Options	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Andy Maddox, Business Development Manager andy.maddox@doncaster.gov.uk	Strategic Leisure Facility 'Accelerated Investment' Options Appraisal	Open
7 Jan 2020	To decide on the future operating model for the Aspire (substance misuse services) and financial envelope for the 2 year contract extension	Portfolio Holder for Public Health, Leisure and Culture	Portfolio Holder for Public Health, Leisure and Culture	Helen Conroy, Public Health Specialist Tel: 01302 734571 Helen.Conroy@doncaster.gov.uk		Open
14 Jan 2020	Approval of Council Tax Base for 2020/21	Mayor Ros Jones	Cabinet	Marian Bolton, Head of Revenues and Benefits marian.bolton@doncaster.gov.uk		Open

14 Jan 2020	Big Picture Learning	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Riana Nelson, Director Learning, Opportunities and Skills. riana.nelson@doncaster.gov.uk		Open
11 Feb 2020	Review of the Selective Licensing Scheme in Hexthorpe	Councillor Chris McGuinness, Portfolio Holder for Communities, Voluntary Sector and the Environment, Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Tracey Harwood, Head of Service Regulation & Enforcement tracey.harwood@doncaster.gov.uk		Open
11 Feb 2020	Admission arrangements for Entrance to Schools for the 2021/22 Academic Year	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Neil McAllister, School Organisation Manager neil.mcallister@doncaster.gov.uk		Open

25 Feb 2020	Finance and Performance Report and the 'Delivering for Doncaster' Booklet - Quarter 3 2019-20	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk, Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk		Open
25 Feb 2020	DCST 2019-20 Quarter 3 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@dcs trust.co.uk, Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk		Open
25 Feb 2020	St Leger Homes Performance Report 2019/20 - Quarter 3 (Non-Key Decision)	Portfolio Holder for Housing and Equalities	Cabinet	Julie Crook Tel: 01302 862705		Open

25 Feb 2020	Adult Social Care Charges.	Councillor Rachael Blake, Portfolio Holder for Adult Social Care	Cabinet	Howard Monk Howard.Monk@doncaster.gov.uk, Debbie John-Lewis, Interim Assistant Director of Communities debbie.john-lewis@doncaster.gov.uk		Open
5 Mar 2020	Approval of the Revenue Budget 2020/21.	Mayor Ros Jones	Cabinet, Council Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk		Open
5 Mar 2020	Approval of the Capital Strategy, Capital Programme and Treasury Management Strategy 2020/21 to 2023/24.	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk	Revenue Budget 2019/20 - 2020/21 MTFS 2020/21 to 2022/23	Open
5 Mar 2020	Approval of the Housing Revenue Account budget 2020/21	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 11th February 2020 prior to Full Council approval	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk	HRA Budget 2019/20/	Open

<p>5 Mar 2020</p>	<p>Approval of the Council Tax and Statutory Regulations 2020/21.</p>	<p>Mayor Ros Jones</p>	<p>Cabinet, Council Decision to take to Cabinet 11th February 2020 prior to Full Council approval</p>	<p>Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@do ncaster.gov.uk</p>	<p>Council Tax Setting Statutory Resolutions 2019/20</p>	<p>Open</p>
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