



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, 30th January, 2020

Time: 1.00 pm

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Item

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 28th November 2019 (*Pages 1 - 10*)

Damian Allen
Chief Executive

Issued on: Wednesday 22nd January 2020

Governance Services Officer for this meeting

Caroline Martin
01302 734941

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

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. Primary Care Networks (NHS CCG) and Integrated Area Based Working (*Pages 11 - 40*)
7. Yorkshire Ambulance Service NHS Trust - New Doncaster Hub (*Pages 41 - 50*)
8. Doncaster Safeguarding Adults Board Annual Report 2018/2019 (*Pages 51 - 58*)
9. The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care (*Pages 59 - 72*)
10. Overview and Scrutiny Work Plan and the Council's Forward Plan and Key Decisions. (*Pages 73 - 88*)

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

Chair –Councillor Andrea Robinson

Vice-Chair –Councillor Cynthia Ransome

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

Invitee: Jim Board (UNISON)

Public Document Pack Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 28TH NOVEMBER, 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, 28TH NOVEMBER, 2019 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors John Gilliver, Martin Greenhalgh and Pat Haith

ALSO IN ATTENDANCE:

DMBC: -

- Phil Holmes - Director of Adults Health and Wellbeing
- Rupert Suckling - Director of Public Health

Other: -

- Richard Parker – Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- Emma Shaheen, Head of Communications and Engagement
- Jackie Pederson - Chief Officer, Doncaster Clinical Commissioning Group
- Rebecca Joyce – Chief Operating Officer of the Doncaster and Bassetlaw NHS Foundation Trust.

		<u>ACTION</u>
16	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors George Derx, Derek Smith and Sean Gibbons.	
17	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
18	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 26TH SEPTEMBER, 2019</u>	
	The minutes were agreed as a correct record.	
19	<u>PUBLIC STATEMENTS</u>	

	There were no public statements made.	
20	<u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS</u>	
	<p>The Panel was provided with a presentation from the Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on the following areas;</p> <ul style="list-style-type: none"> • Strategic issues including future aspirations; • Future challenges and impacts; • Cancer Care waiting times; • Maternity Care – Hospital Services Review • Setting the scene • Our True North • Our Workforce • Our Estate • Patients 2018/2019 • People 2018/2019 • Performance 2018/2019 • Prevention 2018/2019 • Partners 2018/2019 • Quality Improvement 2018/2019 • Future Challenges 2018/2019 • Cancer Waiting Times • Maternity Times <p>There was a discussion held and the following issues were raised;</p> <p>CQC Inspection – A Member raised concern that the last published CQC Inspection report deemed the inspected Urgent and Emergency Care Services as ‘requiring improvement’. Members were informed that a more recent CQC Inspection had taken place in October 2019 (as part of the inspection cycle the Trust undertakes with core services lines including: - Accident and Emergency, Maternity, Children and Outpatient Services) which was to be made public in January 2020. It was explained that it was hoped that the outcome would show progress and potentially raise the current rating to ‘good’. Members were told how following this, it was the intention of the Trust that 2 years forward they would look to achieve an improved rating of ‘outstanding’. It was also commented that inspections taking place during the autumn/winter period often presented their own challenges. It was added that part of the rating assessment considered how resources were utilised to their best potential.</p> <p>Estate – Reference was made to the age of the buildings that formed part of the estate and were now requiring significant costs to modernise, refresh and rebuild as necessary.</p>	

Workforce – A Member asked about the potential of individuals being able to become fully qualified nurses within Doncaster. It was stated by the Chief Executive of the Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust, that the Trust wished to provide an educational facility within Doncaster to further enable this to happen, and were strategic intentions to work with Partners in order to achieve this. In terms of timescales, the Panel was informed that the Trust was already working with partners to consider how quickly this could be taken forward.

Members were informed that workforce retention was higher in Doncaster than the national average (although it was recognised that there were still challenges within certain fields). For example, it was explained that there were vacancies in Pathology in Yorkshire and the Humber. However, the South Yorkshire and Bassetlaw Pathology programme was in place to support the development of pathology services. It was commented that in light of increasing demand, NHS services were performing well and specific challenges were being worked through. Members heard that historically Doncaster had employed staff from wider fields across the commonwealth, it was emphasised that the focus was on recruiting good staff from wherever the opportunity arises. References were made to those employees who had benefited from working overseas, although it was stressed that there was a desire to make sure that those individuals returned back to the NHS.

In terms of what was in place for children and young people around education and careers opportunities, it was explained that there was a Foundation School for Health with Hallcross Academy in place. This aimed to benefit student's education through close links working with health professionals as well as helping to develop the skills and experience for a future local workforce in the NHS. Members were informed how through this opening, students could be supported with job prospects post 16 and this work demonstrated how opportunities could be delivered locally with involvement from higher education.

It was explained that all professional training was university based involving a high level of skilled technical knowledge. Members were informed that there was a desire to attract mature students through providing the right opportunities at the right time.

Performance – It was explained that there were challenges around performance, particularly in relation to certain cancer care targets. Members were informed that patients in this type of care were on complex pathways that involved two elements of standards, which required the care to be co-ordinated between providers. This meant that there was shared ownership of the target with one part needing to be undertaken on time so that the other part could be completed within its own timescale. It was also acknowledged that this target could be challenged by other factors such as responses to national awareness

campaigns and the tests involved.

Never Events – It was explained that ‘Never Events’ related to unexpected issues where the aim was for the event to never happen. The information on Serious Incidents and Never Events was reported nationally and locally. It was noted that over the previous 4 years, 1 ‘Never Event’ had been recorded annually and the aim was to drive to ensure that a ‘Never Event’ did not occur. It was explained that there were national learning reviews available, and that the Trust reported on ‘Never Events’ within its monthly performance report. It was explained that NHS providers were encouraged to learn from mistakes and that any organisation that reported a ‘Never Event’ was expected to conduct an investigation in order to learn from it and take action on the underlying causes.

Prevention - Reference was made to how the Trust was moving forward with partners to look at what prevention measures could be put in place to support prevention and screening and implement the best service model for the patient, for example the Hyper Acute Stroke Services.

Prisoners attending Accident and Emergency – Concern was raised around prisoners who attended Accident and Emergency departments. Members were assured that the prison population was not a significant factor affecting performance and that there was a great deal of successful work being undertaken with prisons in Doncaster through the use of technology in preventing conveyance. It was further explained that a project was underway to ensure that prisoners were only conveyed when they really needed treatment at hospital. Reference was made to incidents experienced by staff and the police within Accident and Emergency departments. It was recognised that there could be certain limitations in relation to the environment across the estate when dealing with particular patient groups. Members heard that there was a challenge about treating people in order of presentation so they did not differentiate. Members were informed that new initiatives had been introduced, such as floorwalkers. A Member felt that further improvements could be made within Accident and Emergency.

It was requested that a briefing be supplied to Members providing an overview. The Chief Executive of the Trust offered to provide information on the types and number of incidents of staff effected and update from project taking place with prison service.

Smoking Cessation – Members were informed that the Trust had implemented a no smoking site for all facilities. It was explained that there were significantly less people smoking at the main entrances mainly due to new signage placed in the entrance.

The Chair of the Panel thanked the Chief Executive of the Trust for

Chief
Executive,
Doncaster and
Bassetlaw
Teaching
Hospitals NHS
Foundation
Trust.

	<p>their time and the positive work taking place.</p> <p>It was requested that an update be presented to the Panel on an annual basis, with a focus in 2020 on Accident and Emergency, Nurses and education.</p> <p>RESOLVED that the;</p> <ol style="list-style-type: none"> I. Report be noted; and II. That as part of the Health and Adult Social Care Overview and Scrutiny Panel workplan 2020/21 that there be a future update on the Doncaster Royal Infirmary with a focus on Accident and Emergency, Nurses and education. 	Senior Governance Officer
21	<p><u>STRATEGIC ISSUES AND CHALLENGES - WINTER PLANNING IN PARTNERSHIP</u></p>	
	<p>The Panel was provided with a presentation from the Chief Executive of Doncaster NHS CCG and the Chief Operating Officer of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, which focused on;</p> <ul style="list-style-type: none"> • Winter Planning Context • Approach to Winter Planning/Managing Winter <p>It was reported that there was a well-established system in Doncaster through joint planning undertaken across health and social care involving partners from both the public and private sector.</p> <p>Members were informed that specific activities had been commissioned although resources could be an issue when planning. It was explained that there had been a focus on different topics throughout the year using major communication campaigns (including the use of social media).</p> <p>It was explained that there had been a winter 2018/19 review and evaluation to understand the impact of schemes on the urgent and emergency care system with a demand and capacity analysis for local urgent care system as a whole.</p> <p>Members were informed about areas being taken forward as the part of the approach to managing winter that included;</p> <ul style="list-style-type: none"> • Established approach to system escalation • Planned proactively for Christmas and the New Year period. • Commissioned changes. • Additional staff and beds plus strengthened processes of DBTH. • Use of the LA Winter Pressures Fund <p>Members were assured that a Doncaster Winter Plan document set to</p>	

ensure that all actions were aligned and that the urgent care system was sighted on the risks and associated contingencies as a whole.

In terms of continuity, Members were advised that the same grant had been rolled forward from last year. It was commented that it would be useful to have long term funding within Adult Social Care to be able to plan effectively. Members were informed that greater investments had been made in independent home care and short stay approaches in care homes to ensure that there was the correct provisions in place.

It was reported that it was a challenging context with unpredictability over the winter period and therefore vital to remain strong to be able to address any future challenges that may arise.

There was a discussion held and the following issues were raised;

Water born viruses arising from the recent floods within Doncaster – Members were informed that at this time of year there tended to be a rise in cases of norovirus and influenza that generally resulted from the seasonally cold weather. It was explained that data collected did not always include the causes of such viruses and therefore would be difficult to determine whether a rise in cases would have been due to the recent flooding in Doncaster. Members were assured that Public Health England would monitor data over that time and investigate any increases arising from geographical data. A Member commented that groups within emergency services such as the fire service had been effected in the past and recorded statistical information as a result. It was suggested that this could be considered as part of the recovery work going forward.

Chaperoning people who are elderly or with dementia (needing support) - Members were informed that there was a positive navigation service for patients with dementia within the NHS. It was outlined that this set out to provide navigation through services through accessing a person to provide support. In terms of social care, it was considered that more could be achieved and with better coordination for people in certain high dependency groups, however, it was noted that this was a similar story to other areas outside of Doncaster.

It was also explained that work had been undertaken to help improve the skills of staff across the board through a Dementia Specialist Nurse who provided inductions to other staff. There was also a practice where case studies were reviewed when something had not worked well.

NHS 'Apps' – It was stated that there was a NHS 'app' that could be downloaded and it was questioned what could be done to install confidence in the public to use this and other modern technology effectively. A Member raised their concern that the development of an NHS 'app' was at the expense of other areas. Concern was also

	<p>raised about the ability of those who were elderly or with dementia when using it. It was commented that new technology provides a range of potential benefits including for example, allowing the individual to view information to help them make real decisions. It was added by the Chief Operating Officer of the Doncaster and Bassetlaw NHS Foundation Trust, that the standards applied in technological and health care had received positive experiences.</p> <p>The Director of Public Health suggested that this could be a potential topic for a future overview and scrutiny to consider the use of technology in health and social care and how people were not excluded.</p> <p>Members were informed that although the NHS CCG considered best practice outside of Doncaster, the partnership in place was one of maturity that had become stronger since the new Emergency Care Model had been introduced 4 years ago. The Director of Adult Health and Wellbeing commented that it was not about being complacent but about understanding the day-to-day challenges. The Chief Executive of Doncaster NHS CCG commented that the CCG constantly questioned what more could be undertaken to improve what was already in place.</p> <p>There was a brief discussion about the increasing demand of those individuals who attended Accident and Emergency Departments (who did not need to be there) and the possible reasons behind it.</p> <p>It was noted that GP data was not collected nationally, but recognised that there were frustrations with GPs working within Primary Care.</p> <p>RESOLVED that the Panel note the report and update provided.</p>	<p>Senior Governance Officer</p>
<p>22</p>	<p><u>SUICIDE PREVENTION</u></p>	
	<p>The Panel was provided with a presentation from the Public Health Theme Lead which focused on;</p> <ul style="list-style-type: none"> • 2016 – 2018 Data Release (Males/Persons/Females) • Patterns and Trends • Wave 1 Funding, local Doncaster Delivery/South Yorkshire and Bassetlaw <p>There was a discussion held and the following issues were raised;</p> <p>Community Facilities – Concern was raised about the impact caused as a result of the reduction in traditional community facilities such as Working Men’s Clubs. It was noted that causes behind suicides were so complex than such socioeconomic factors were likely to have an influence. Reference was made to small grants available in communities to enable them to undertake more within their areas to</p>	

	<p>address this.</p> <p>It was commented that suicide was ultimately a result of a chain of factors and with 'at risk' areas including those with high levels of poverty and debt and family breakdown being more likely to experience higher rates. It was explained that the challenge was to work as far upstream as possible. It was outlined that there were opportunities through the Integrated Care System to address this and that nationally the Local Governance Association was looking at prevention plans to work backwards through public mental health. It was explained that the Health and Wellbeing Board concordat work were assessing this issue looking at the resource activity in that area and the flex in spending Public Health Grant money.</p> <p>Samaritans – A Member requested an update on the role of the Samaritans and it was outlined that they were considered as a key partner in the local Suicide Prevention Group who consistently provided a great deal of support throughout the process.</p> <p>Public Health Grant (Budget) - In terms of the budget, it was explained that there was guidance in place with statutory instruments guiding where resources should be spent. Members were informed that the Government was minded to remove the ring-fence from the Public Health grant to become part of business rates retention. It was explained that there were advantages and disadvantages in undertaking this.</p> <p>At the same time as proposing changes to the national financial regime there are discussions about how national oversight by Public Health England would work, which could be an OFSTED like regulator or rely on existing Sector Led Improvement methods. It was acknowledged that there was a good process in place in Doncaster. There were also potential risks around additional burdens for local authorities.</p> <p>RESOLVED that the Panel note the report and update provided.</p>	
23	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</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 outline of areas that had come out of the Members briefing on Fees and Charges and update that had been circulated separately to Panel Members. The Senior Governance Officer updated the Panel that the item would be further considered by OSMC with an invite to Health and Adult Social Care Overview and Scrutiny Panel Members, to ensure that there was full consideration of the impact of health services to those effected. The update of</p>	

	<p>meetings included that future Fees and Charges meetings would take place on the;</p> <ul style="list-style-type: none"> • 22nd January 2020 – Members Briefing • 21st February 2020 – OSMC <p>There was a brief discussion around future items for the Overview and Scrutiny workplans following the meeting’s discussions.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none"> 1. The Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted; and 2. It was agreed that it be suggested for the following to be added to the respective Overview and Scrutiny workplans; <ul style="list-style-type: none"> • Communities and Environment Overview and Scrutiny Panel - Flooding – lessons learnt – health impacts LA NHS and emergency services exposure to flood water. • Health and Adults Social Care Overview and Scrutiny Panel - Ageing well March 2020 – Dementia – navigation around services, use of technology 	<p>Senior Governance Officer</p>
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Doncaster Council

30th January 2020

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

Primary Care Networks (NHS CCG) and Integrated Area Based Working

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 in the report together with short presentations on the following areas:
 - Primary Care Networks
 - Integrated Area Based Working

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by the NHS Doncaster CCG and DMBC.

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. The Doncaster Place Plan sets out an ambition to develop health and social care services in Doncaster to become more joined up with each other and also more localised and responsive to the needs of specific communities.
6. This report provides an update on two key aspects of this work, which are the drive to ensure Primary Care services are more responsive locally and connected across local patches through new Primary Care Networks, and how health and care services are joining up at local level across all ages.

Primary Care Networks

7. The aim of Primary Care Networks is to build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.
8. "Investment and Evolution: A Five Year Framework for GP Contract Reform to Implement the Long Term Plan" was published in January 2019. This document detailed the plan for the introduction of Primary Care Networks (PCNs) across the country from 1 July 2019. This was to be supported by significant additional investment in return for the employment of additional workforce and delivery of seven national service specifications over the five - year period of the framework and is to be enacted through the GP Contract of the constituent members through a Network Contract Directed Enhanced Service (DES).
9. Primary Care Networks had to submit a registration form to the CCG by 15 May 2019 and have all member practices signed up to it. The CCG was responsible for confirming the registration requirements had been met by 31 May 2019.
10. The registration requirements were to ensure that all 40 practices (at the time) had signed up to a network, that the network covered the whole geographical area and that a Clinical Director had been appointed.
11. The CCG's Primary Care Commissioning Committee confirmed that the requirements had been met for Doncaster, which has resulted in five Primary Care Networks being established:
 - North PCN
 - South PCN
 - Central PCN
 - East PCN
 - 4 Doncaster PCN (4 practices in Thorne Road area)
12. The presentation accompanying this report in Appendix A, will provide for members the detail on population coverage, who the Clinical Directors are and which practices are in which Network. It also describes where PCNs fit with the CCGs commissioning intentions
13. All five PCNs are located within one of the four neighbourhoods (DMBC

Localities). The Central neighbourhood, which is the most heavily populated, has two PCNs (Central and 4Doncaster). National guidance suggested that PCNs should have around 30,000 – 50,000 population. However, to support the work that had already commenced on the Place Plan and Integrated Neighbourhood Working which had commenced two years prior to the national guidance being implemented, it was felt that the neighbourhood (Locality) boundaries continued to make sense in Doncaster and therefore larger PCNs covering the same footprint was not an issue and continued to make sense for local partnership working.

14. The Network Agreement is the formal basis for working with other community based organisations and by the end of March 2020 the PCNs must revise their agreement to include other partners which will further support PCNs becoming the cornerstone of the integrated neighbourhood working model.

Integrated Area Based Working

15. The development of integrated area based working has been driven forward since principally through the work of prototypes, which were initiated in Spring 2019.
16. The prototyping work has placed a focus on bringing people together across the health and care system to develop practical and tangible changes to ways of working that would make a difference to local people. Working closely with service users and local communities has been key to the approach. The work is driven by a joint development group called 'engine room' to ensure all agencies are contributing to the work.
17. The prototypes have focused on Frailty, in the Thorne area, and on preventing demand for children's social care services, in both Denaby Main and Hexthorpe. These also built on earlier prototyping in Complex Lives, which was one of the original Place Plan Areas of Opportunity identified as the focus of joining up.
18. In each case, the focus of the prototypes has been to:-
 - Establish ways to anticipate people becoming vulnerable and identify them early (whether children, families or frail older people)
 - Plan around the whole person and their outcomes, involving the whole family and support networks
 - Developing relationships and building trust as a crucial factor
19. The work of the prototypes has been very helpful in building relationships at strategic and local level, and each has started to see real successes at local level. A short presentation to the Panel (Appendix A) will illustrate these.
20. Work is now under way as part of a wider push on Locality working to spread this practice across the Borough, also broadening the partners involved in the work so it feels like whole Team Doncaster effort. An aiming point of 1 April 2020 has been set to start to test this approach in other areas where there is intensive demand across the Borough, alongside a focus on community engagement and

empowerment activity.

21. We are confident that that a move to integrated locality working is vital in the current climate, to ensure we identify and support people as early as possible, and to engage local communities in solutions. This will continue to be a major focus of activity during 2020 and beyond.

OPTIONS CONSIDERED

22. There are no specific options to consider within this report as it provides an opportunity for the Panel to consider the information provided in the report.

REASONS FOR RECOMMENDED OPTION

23. There is no recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 24.

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

	<p>learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>The development of more joined up and localised health and care services is a major strategic change task. It has implications for commissioning, service design, engagement and empowerment and the role of service users. A key success measure of this work is to generate more prevention and early intervention, so this work should impact on the level of presentations for acute and expensive health and care services.</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>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

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

LEGAL IMPLICATIONS (ND 14/1/2020)

26. Section 1 of the Localism Act 2011, allows a Council to do anything which an individual may do. 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 people who live in their area.

FINANCIAL IMPLICATIONS (DB 15/01/2020)

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

HUMAN RESOURCES (BT 14/01/2020)

28. There are no immediate HR implications as the Directorate HR & OD team are closely involved with the Transformation Agenda as necessary. Any developments which have potential staffing implications will be co-ordinated by the HR & OD team in collaboration with Senior Management including Job Role Profiling for any new or existing posts as well as the timely joint consultation with the Trades Unions and implementation of Service Reviews under the auspices of the Council's Industrial Relations Framework.

TECHNOLOGY IMPLICATIONS (NR 15.01.2020)

29. There are no specific technology implications for Doncaster Council arising directly from this report. Work between DMBC and DCCG is ongoing to ensure that technology effectively supports integrated working, for example in relation to case records.

HEALTH IMPLICATIONS (VJ; Date: 14.01.2020)

30. Access to, and quality of, clinical care has the potential to contribute up to 20% of health status of population. This report and the accompanying presentation in Appendix A, aims to ensure that Primary Care services are more responsive locally and connected across local patches through new Primary Care Networks, and how health and care services are joining up at local level across all ages. This is a key factor in improving population health and well-being and to enable people to live independently at home and in their own communities. This will also contribute towards reducing health inequalities. The impact on population health improvement and reduction in health inequalities will need to be monitored by the commissioners through contract mechanisms.

EQUALITY IMPLICATIONS (CM 29.11.19) -

31. 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.

32. A key focus of the design and delivery of integrated and localised health and social care is to ensure that the needs of the most disadvantaged groups are identified and met.

CONSULTATION

33. To give consideration to information to be provided by Doncaster NHS CCG and DMBC.

BACKGROUND PAPERS

34. There are no background papers.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

DMBC – Doncaster Metropolitan Borough Council

NHS – National Health Service

CCG – Clinical Commissioning Group

PCN – Primary Care Networks

DES – Directed Enhanced Service

REPORT AUTHOR & CONTRIBUTORS

Carolyn Ogle (Associate Director of Primary Care & Commissioning) -
NHS Doncaster Clinical Commissioning Group

Chris Marsh – Project Lead (Strategy and Performance Unit)

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Director of Adults Health and Wellbeing

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DONCASTER GROWING TOGETHER



Joined up Health & Social Care at local level

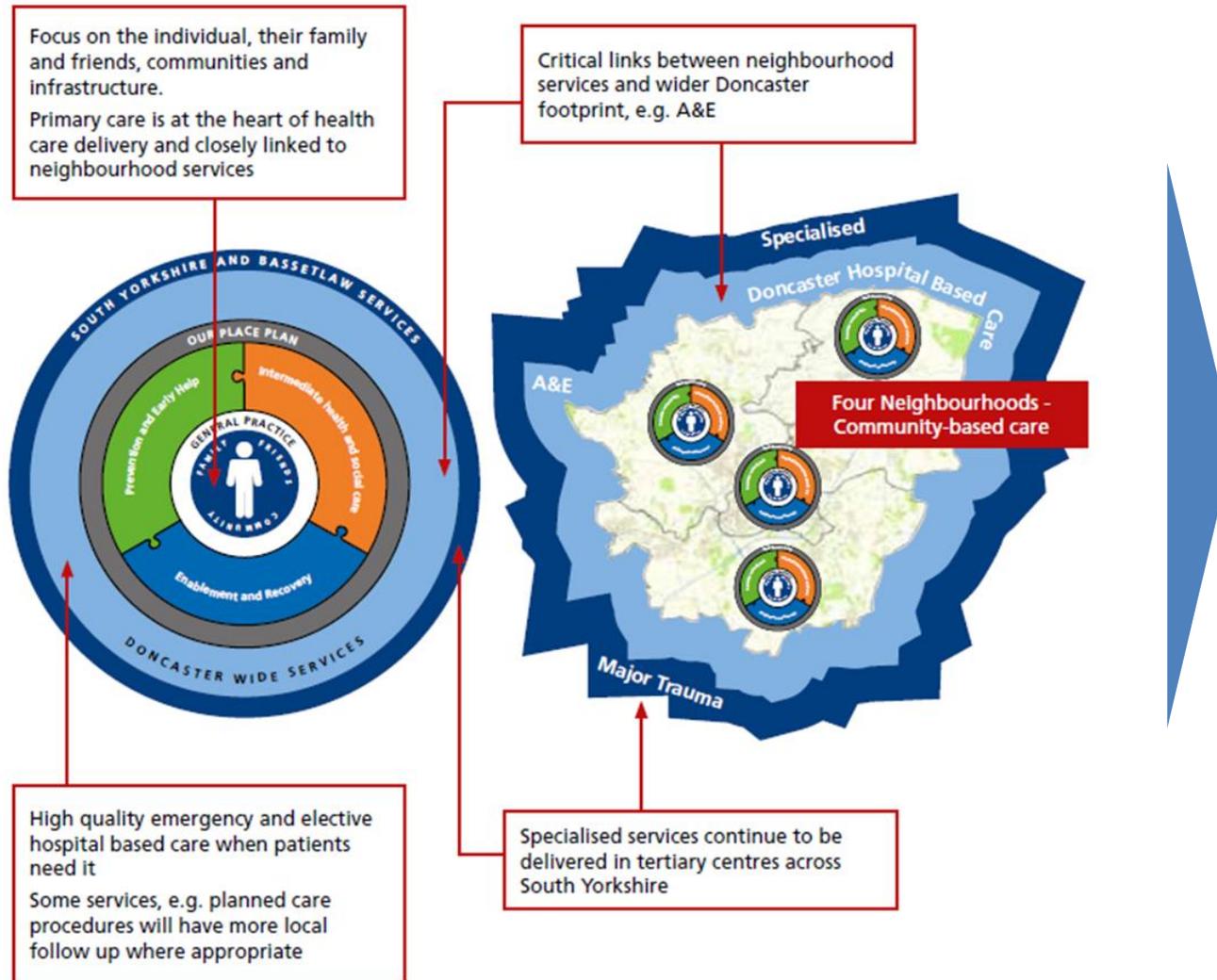
Adults Health & Social Care Overview and Scrutiny Panel
30 January 2020

Our moment to shine



Our Joint Place Plan set out a commitment to a local, joined up approach

Doncaster Place Plan v1



In practical terms this ambition has been driven forward by two key linked developments:

- **Primary Care Networks**
- **Integrated Area Based Working**

Primary Care Networks

Neighbourhood	Primary Care Network	Number of Practices	Practices in the Network	Population covered (Jan 19 list size)	Clinical Director
North	North	11	The Great North Practice Group (C86001), The Ransome Practice (C86002), The Lakeside Practice (C86016), Bentley Surgery (C86023), Scawsby Health Centre (C86032), Petersgate Medical Centre(C86038), Askern Medical Practice (C86605), The Nelson Practice (C86613), Park View Surgery (C86626), Conisbrough Medical Practice (C86625), Denaby Medical Practice (C86616)	75,652	Dr Alagu Vijay Kumar - vijay.kumar@nhs.net AMP Healthcare Ltd Dr Stephanie Teanby Clark – stephanie.teanby-clark@nhs.net Lakeside Practice
South	South	10	Tickhill and Colliery Medical Practice (C86013), The Rossington Practice (C86015), West End Clinic (C86621), Mexborough Health Centre (C86005), The Mayflower Medical Practice (C86009), Conisbrough Group Practice (C86024), The Edlington Practice (C86026), The Nayar Practice (C86033), The New Surgery (C886034), Barnburgh Surgery (C86606)	66,121	Benjamin Scott - benjamin.scott1@nhs.net Conisbrough Group Practice ANP
East	East	7	Hatfield Health Centre (C86003), Northfield Surgery (C86018), The Field Road Surgery (C86037), Dunville Medical Centre (C86611), Thorne Moor Medical Practice (C86614), White House Farm Medical Centre (C86021), The Village Group Practice (C86609)	60,070	Dr Rumit Shah – rumit.shah@nhs.net Hatfield Health Centre
Central	Central	7	The Regent Square Group Practice (C86006) The Oakwood Surgery (C86012), The Sandringham Practice (C86022), The Flying Scotsman Health Centre (Y05167), The Scott Practice (C86019), St John's Group Practice (C86020), The Medical Centre (C86025).	68,929	Dr Kathryn Mansfield – kate.mansfield@nhs.net The Scott Practice
Central	4 Doncaster	4	The Burns Practice (C86007), The Mount Group Practice (C86011) The Kingthorne Group Practice (C86017), St Vincent Medical Centre (C86029)	51,646	Dr Nick Tupper – alison.maw@nhs.net Kingthorne Group Practice
		39		322,418	

PRIMARY CARE NETWORKS

Anthony Fitzgerald – Head of Strategy and Delivery,
Doncaster CCG



Investment 19/20

- ❖ Network Participation Payment (£0.147 per weighted patient payable from July 19 following sign up to the Network Contract DES)
- ❖ 0.25 WTE Clinical Director contribution (£0.514 per patient)
- ❖ Staff reimbursement, Clinical Pharmacists (70%) & Social Prescribing Link Workers (100%) actual costs to maximum level monthly in arrears
- ❖ Recurrent funding from CCG core budget £1.50 per pt per year monthly in arrears
- ❖ Extended Hours DES delivery £1.099 per pt
- ❖ OD & Development funding £168k for Doncaster



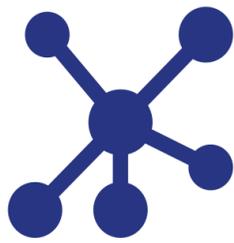


New Services

- Structured Medication Review and Medicines Optimisation delivered in full 20/21
- Enhanced Health in Care Homes delivered in full 20/21
- Anticipatory Care phased in from 20/21
- Personalised Care phased in from 20/21
- Supporting Early Cancer Diagnosis phased in from 20/21
- Cardiovascular disease prevention and diagnosis, through case finding introduced in 2021

Action to tackle Health Inequalities introduced in 2021

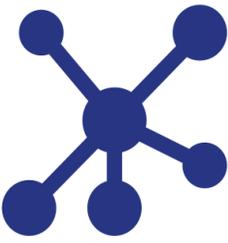




Commissioning Intentions

- **2020/21 onwards:**
 - Joint Health & Social Care Commissioning
 - Contracting on a PCN level for GP focussed
 - Contracting with alliances of providers where neighbourhood focussed
 - Investment on a neighbourhood basis
 - Outcomes focus
 - Neighbourhood profiles to support
 - 3 life stage outcomes per neighbourhood to make realistic changes.
 - **PCNs key part of this**

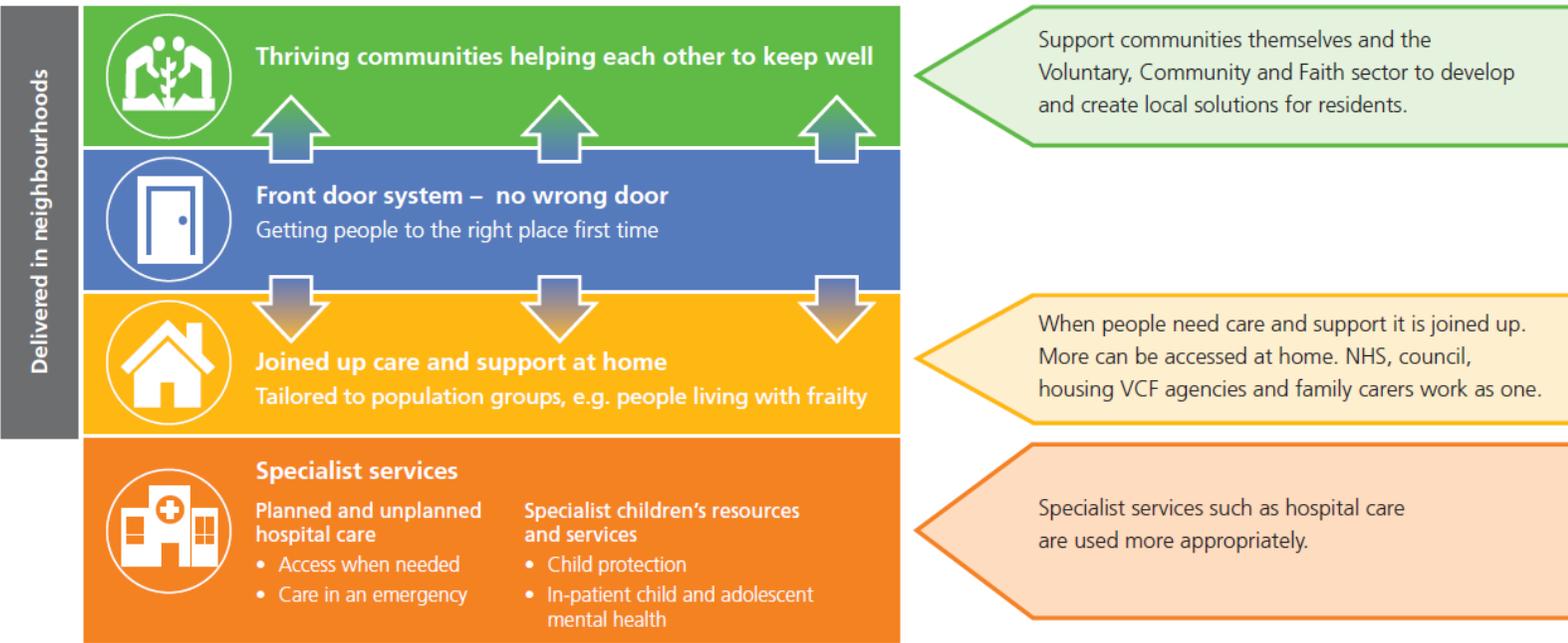




Commissioning Intentions

PCNs and neighbourhoods are the footprints around which integrated community based teams will develop:

- **To deliver services to people with more complex needs**
- **Provide proactive and anticipatory care**



INTEGRATED AREA BASED WORKING

Karen Johnson & Chris Marsh, DMBC

Rachael Webb & Jo Forrestall, DCCG

- Driven by Multi - Agency 'Engine – Room' Group

Prototyping in:-

- Denaby Main – Starting Well
- Hexthorpe – Starting Well
- Thorne – Ageing Well (Frailty)

And not forgetting....

- Town Centre - Complex Lives

- The basis of the practice model for prototyping was produced by local front work design teams with the Innovation Unit
- These key design features provide the framework for local prototyping, learning and adjustment

OPERATIONAL FEATURES: three operational features needed for families, communities and practitioners to work together more effectively at a local level.



ENABLING FEATURES: three foundational features at a system level that will enable people to work together differently.

4. Practice model and principles

With relationships at the heart, the practice model will enable people to work holistically with whole families, communities, other professionals and across organisations. It provides a shared language and a picture of what good looks like and shapes how we learn and support each other.

5. Vision and outcomes

Children and families will be: Living in safe, stronger families and communities; supported to reach their full potential; thriving and emotionally well and becoming self-reliant and confident.

6. Governance and leadership

The governance and leadership of the approach provides structures for clear accountability and risk management whilst creating space and permissions for more professional autonomy and creativity. This is true both at a local and borough-wide level.

A **universal proactive** approach for ageing persons in Doncaster, utilising the **knowledge** and **skills** of a **multi-professional team** (across health, social and third sector organisations) to **understand** the individual's circumstances and **jointly** create a **strengths-based, appropriate, proportionate** and **flexible system** response; focussing on maintenance of **autonomy** and **re-ablement** to keep people *integrated* and *contributing* to their neighbourhood



Neighbourhood Frailty - Thorne

Anticipate and Identify early

eFI poor correlation to function and independence

Find our Pareto 20

Plan around the whole person and their outcomes

Capture them in their own words

Conversation record

Outcomes Star

Include whole family and support network

Links with voluntary services (Age UK)

Need capacity for carers to make contact with team and be part of the conversation

Relationship-based

Increased efficiency with time and dealing with people, not forms

Ikigai

General Practice

- Week 1
 - Identification; relationship-building; documentation
- Week 2
 - relationship with GP practice; eFI
- Week 3
 - Local knowledge; Care home; GP HIUG

Anticipate and Identify early

eFI poor correlation to function and independence

Find our Pareto 20

Plan around the whole person and their outcomes

Capture them in their own words

Conversation record

Outcomes Star

Include whole family and support network

Links with voluntary services (Age UK)

Need capacity for carers to make contact with team and be part of the conversation

Relationship-based

Increased efficiency with time and dealing with people, not forms

Ikigai

General Practice

Environment

Co-location (RAPID)

Physical – access to building etc.

Virtual – mobile working

Workforce

Whole person rather than task focussed

Comfort with the status quo and 'normal working environment'

Lived experience of prototyping

Process

Referral – Triage –
Standard work –
Wider MDT –
Proactive care (health protection/promotion)
– link to crisis management

Elisabeth's Story



Next Steps

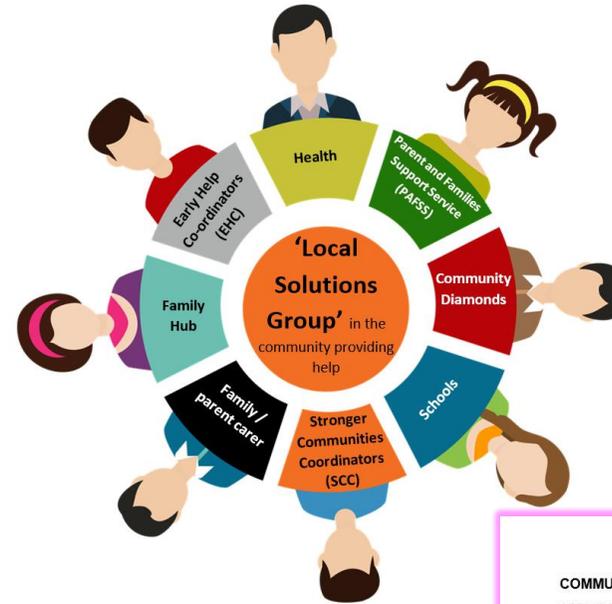
- Identification
 - Informal carers
 - Self funding
- Redesign KPIs
- Rotational posts with extended roles
- Communication
- Data sharing/IT solutions/Estates
- Report to Leadership Board in January 2020

Also....Denaby & Hexthorpe: Starting Well

Delivering the model

A multiagency **Local Solutions Group** on a operational level representing the partnership from the design team and directly interfacing with the Early Help Hub and the Children's Social Care front door

- The approach is **Relationship and Strengths based**
- The response is **swift, local and simple**
- The model is **conversation lead**



COMMUNITY HELP AND EARLY HELP

OPERATIONAL GUIDE FOR LOCAL SOLUTION GROUPS

Community Help

Doncaster is committed to ensuring that families receive the right support at the right time that is proportionate to their presenting needs. Doncaster is comprised of a number of communities that are rooted in place. Community Help has been developed to strengthen these communities and to promote professional connectivity.



Working Together 2018 is clear that "providing early help is more effective in promoting the welfare of children than reacting later". Doncaster has embedded Early Help support through a network of Lead Professionals. We have introduced the concept of "Community Help" to ensure that families are receiving the earliest possible help at a universal level.



The principle of Community help is "Family First" that families should support each other and support themselves. However, the community is there to strengthen families and build resilience so that communities help each other. Services are to be required only when the family or their community cannot meet the needs.

What have we got? A new model of preventive, local partnership working

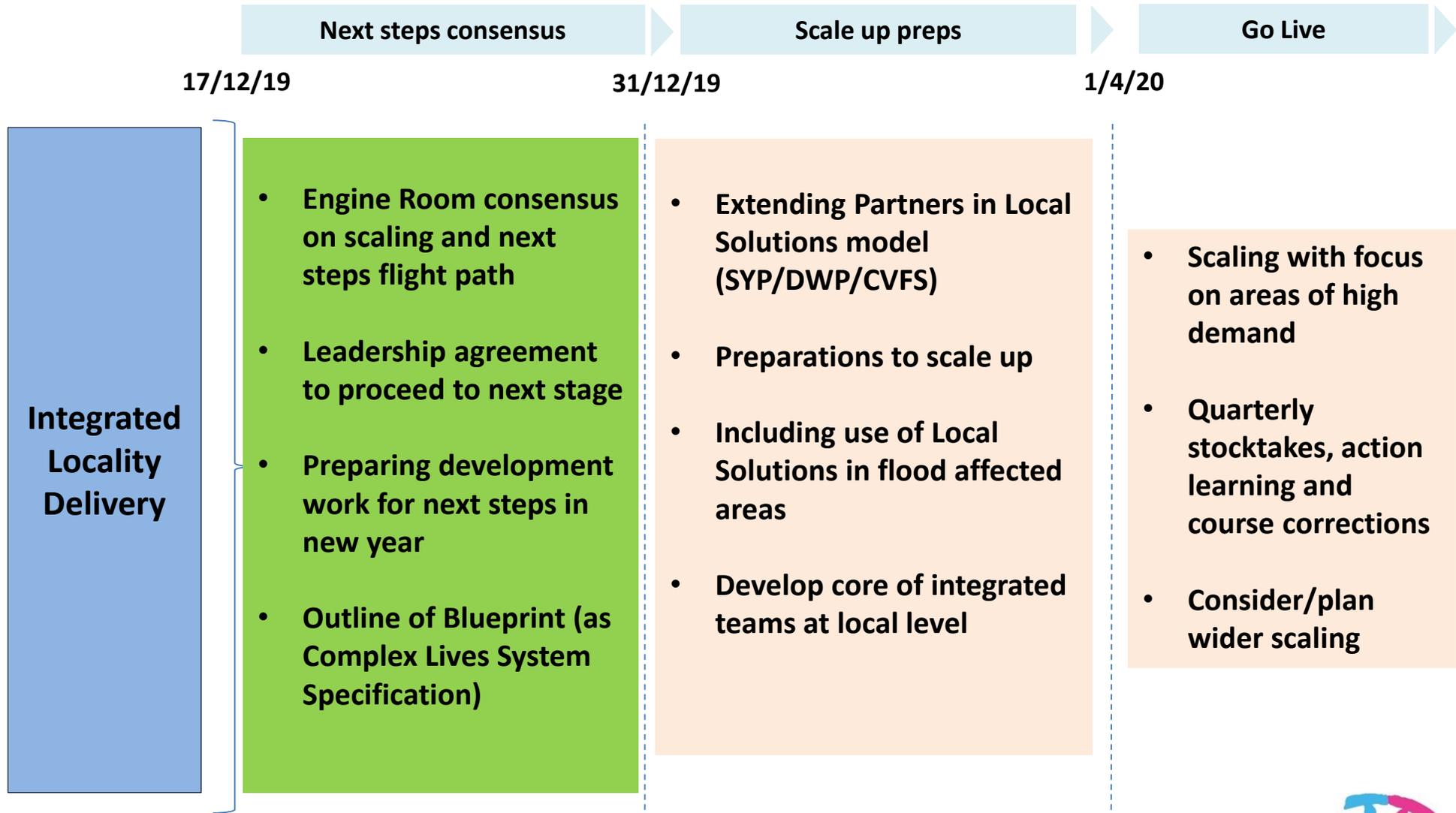
A localised multi agency process to:-

- Identify people who are vulnerable at an early stage
- Multi agency local triage
- Co-produced judgements about best course of action
- One common process
- Clear focus on cohorts (Starting Well/Living Well/Ageing Well)
- Whole family focus throughout
- Use individual and community assets

& Confidence and relationships to move forward!



Timescales, Phasing and Scaling – outline view



Questions/Discussion





Doncaster Council

30th January 2020

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

Yorkshire Ambulance Service NHS Trust – New Doncaster Hub

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	No

EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided in Appendix A and in a presentation that will be provided at the meeting. The Yorkshire Ambulance Service NHS Trust approached the Chair of the Panel previously in respect of the new Hub and Spoke model and it was agreed for the following information to be brought to the next meeting as part of its workplan 2019/20:
 - The new hub and spoke model
 - What future impact/benefits the new model will have.
 - Information on handovers of patients from ambulances to emergency departments.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to consider the information provided by the Yorkshire Ambulance Service NHS Trust in Appendix A together with the presentation that will be delivered at the meeting.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Reviewing such issues ensures the Panel is responding to important issues, which ultimately have an impact on residents across the borough.

BACKGROUND

5. As part of Trust-wide plans to review and develop the estate of the Yorkshire Ambulance Service NHS Trust, consideration has been given to the Trust's future requirements and the evaluation of options for configuring the current estate into a 'Hub and Spoke' model.
6. The introduction of a Hub and Spoke model will use hub buildings and spoke locations from which to operate resources. Hubs are facilities where vehicles are taken to be thoroughly cleaned, re-stocked and necessary repairs or maintenance undertaken. Once vehicles are prepared and ready for use, they are taken by their crews to spokes - strategically located points around the area they serve where there are facilities for staff and where they can be on stand-by.
7. The aim of the model is to create a number of hubs at strategic points across the region which will support a network of ambulance 'spokes' based within communities. Further details about the Hub and Spoke Model and Doncaster Hub can be found in the attached briefing note in Appendix A.
8. Further information will be provided at the meeting through a presentation, which will include information on handovers of patients from ambulances to emergency departments.

OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

9. There are no specific options to consider within this report. It provides an opportunity for the Panel to consider the information provided in Appendix A briefing note and the presentation and provide feedback and comments.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 10.

	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 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>

	<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, 	

	<p>whole life focus on the needs and aspirations of residents</p> <ul style="list-style-type: none"> • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	
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RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS (NC DATE 15.01.20)

12. The Council's Constitution sets out the terms of reference for the Health and Adult Social Care Overview and Scrutiny Panel, which includes reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local regions. This would encompass the work of the Yorkshire Ambulance Service NHS Trust.

FINANCIAL IMPLICATIONS (PW Date: 16.01.20)

13. There are no financial implications for Doncaster Council arising directly from this report

HUMAN RESOURCES IMPLICATIONS (AT 20.01.20)

14. There are no human resources for Doncaster Council arising directly from this report.

TECHNOLOGY IMPLICATIONS (PW 15.01.20)

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

HEALTH IMPLICATIONS (CW Date: 16.01.20)

16. Ambulances need to be located at designated locations so in case of an emergency the patients can be reached in a time-efficient manner. The locations described for the hub and spoke model appear to be distributed across the broad area of the borough ensuring resources can be maintained and used effectively.

EQUALITY IMPLICATIONS (AS 17.01.20)

17. Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

18. No specific consultation has been undertaken in respect of this report.

BACKGROUND PAPERS

19. There are no background papers.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

NHS – National Health Service

REPORT AUTHOR & CONTRIBUTORS

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Elaine Gibson, Head of Corporate Communications
Yorkshire Ambulance Service NHS Trust

Phil Holmes
Director of Adults Health and Wellbeing

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January 2020

Briefing Note on the new Doncaster Hub

About Yorkshire Ambulance Service NHS Trust

Yorkshire Ambulance Service NHS Trust covers almost 6,000 square miles of varied terrain from isolated moors and dales to urban areas, coastline and inner cities and provides 24-hour emergency and healthcare services to a population of more than five million people in Yorkshire and the Humber. It employs over 5,800 staff and has valuable support from over 1,100 volunteers.

The Trust receives an average of 2,700 emergency and routine calls each day in its emergency operations centres in Wakefield and York. Staff respond to 999 calls by arranging the most appropriate response to meet patients' needs and get help to patients who have serious or life-threatening injuries or illnesses as quickly as possible.

The non-emergency Patient Transport Service takes eligible patients to and from their hospital and treatment centre appointments and made just under one million journeys in 2018-19.

The Trust's NHS 111 urgent medical assistance and advice line helped 1.6 million patients across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire during 2018-19.

In addition Yorkshire Ambulance Service:

- has a Resilience and Special Services Team (incorporating a Hazardous Area Response Team) which plans and leads the response to major and significant incidents such as those involving public transport, flooding, pandemic flu or chemical, biological, radiological or nuclear (CBRN) materials.
- provides clinicians to work on the two helicopters operated by the Yorkshire Air Ambulance charity.
- provides vehicles and drivers for the specialist Embrace transport service for critically-ill infants and children in Yorkshire and the Humber.
- provides clinical cover at major sporting events and music festivals.
- provides first aid training to community groups and actively promotes life support initiatives in local communities.

We are the only NHS trust that covers the whole of Yorkshire and the Humber and we work closely with our healthcare partners including hospitals, health trusts, healthcare professionals, clinical commissioning groups and other emergency services.

Our Hub and Spoke Programme

Overview of the Hub and Spoke Model

The ambulance sector has made significant achievements in bringing pre-hospital clinical care to patients and developing local care pathways that best meet their needs.

Our clinicians have direct access to specialist centres for major trauma, heart attack and stroke and are playing an increasingly important role in urgent care, linking patients into community services and providing care in patients' own homes.

As clinical care has developed, our response model has also developed. Ambulances and rapid response vehicles are deployed to locations across the region from which they are best placed to respond to emergencies in known areas of high demand. In busy urban areas, our staff now spend the majority of their shift away from their base station, either responding to calls, at hospitals or on stand-by.

Whilst ambulance pre-hospital care has transformed over recent years, the Yorkshire Ambulance Service estate was inherited from three former ambulance trusts and many buildings are old and not in optimum locations to meet demand.

As part of Trust-wide plans to review and develop our estate we have been looking carefully at the Trust's future requirements and evaluating the options for reconfiguring the current estate into a 'Hub and Spoke' model.

The introduction of a Hub and Spoke model will use hub buildings and spoke locations from which to operate our resources. Hubs are facilities where vehicles are taken to be thoroughly cleaned, re-stocked and necessary repairs or maintenance undertaken. Once vehicles are prepared and ready for use, they are taken by their crews to spokes - strategically located points around the area they serve where there are facilities for staff and where they can be on stand-by.

The aim of the model is to create a number of 'hubs' at strategic points across the region which will support a network of ambulance 'spokes' based within our communities.

The hubs will cover a larger geographical area and vehicles will be taken there at the end of a shift. They will accommodate an extensive range of resources and services which will enhance patient care and provide better facilities for our staff.

At Yorkshire Ambulance Service, the Hub and Spoke Programme is overseen by a dedicated Programme Board which is made up of representatives from key departments across the Trust. It is responsible for developing the Hub and Spoke strategy and managing the programme and has recommended the prioritisation of hub locations in Doncaster and Bradford as the Trust's initial developments.

Doncaster Hub

The Hub and Spoke Team has worked on a business case to determine the best option for the creation of a Doncaster Hub.

The preferred proposal was to remodel and upgrade the existing facility at Doncaster Ambulance Station in Clay Lane West and design the Trust's first hub. This will also accommodate staff and vehicles from the nearby Bentley Ambulance Station which is over 30 years old and in need of replacement.

Initial approval for the funding of this proposal was obtained from the South Yorkshire and Bassetlaw Accountable Care System.

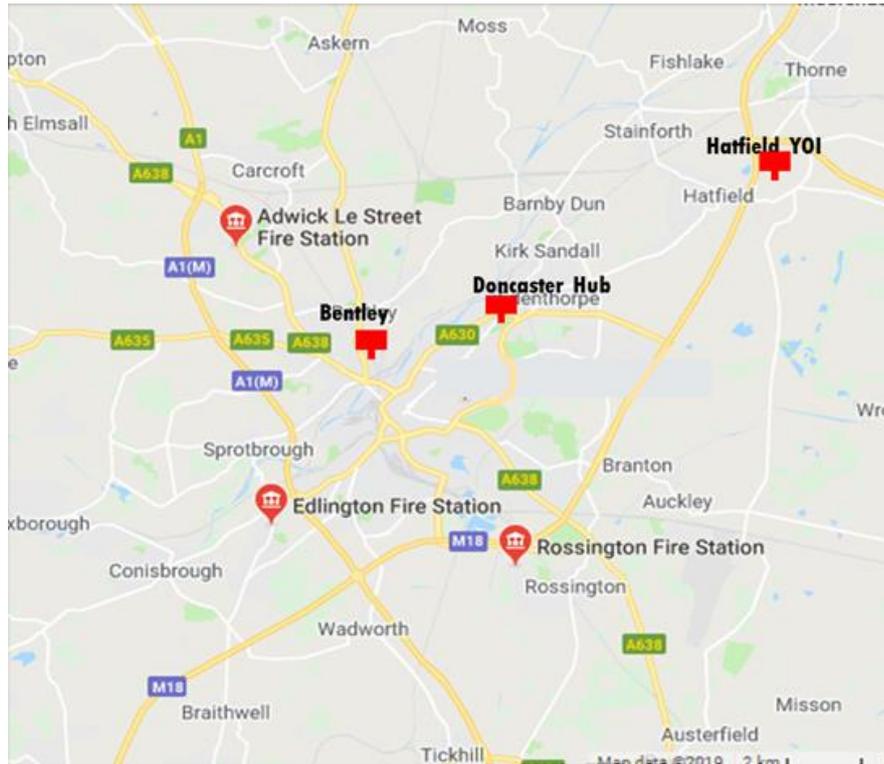
Feedback from staff based at Doncaster and Bentley ambulance stations has helped to shape the design of the Hub and ensure their views are reflected in the final construction and layout of the buildings.

Work began at the Clay Lane West site during 2019 and our staff remain working from Doncaster and Bentley while the work is carried out on the upgraded co-location facility. Arrangements are in place to ensure that patient services are not affected during the construction period, to the point where we are confident that patients have not even noticed the change happening. Construction work is expected to be complete in early 2020.

In addition to securing improved conditions for staff, we expect there to be additional benefits including increased vehicle availability leading to improved response times, standardised vehicle stocking and improved infection control.

The spokes can be a shared facility with a public sector or emergency service partner, commercial accommodation or modular buildings depending on where sites and accommodation are available in the areas we have determined.

The optimum locations for the spokes are **Adwick, Bentley, Edlington, Hatfield and Rossington**. A number of site options have been established and planning applications are underway. They are Edlington Fire Station, Adwick Fire Station, Rossington Fire Station and Hatfield YO1 (see map overleaf). A new site in Bentley is still to be sourced and until this can be arranged there will be a facility for staff at the Trust's current location on Yarborough Terrace, off Bentley Road.



Doncaster Hub Project Team

A small dedicated Doncaster Hub Project Team is overseeing the project.

We will ensure all stakeholders remain updated on the development of the Doncaster Hub but, in the meantime, please contact Carol Weir, Hub and Spoke Transformation Programme Lead, email carol.weir1@nhs.net or Elaine Gibson, Head of Corporate Communications, email elaine.gibson8@nhs.net if you have any immediate questions.



Doncaster Council

Report

Date: 30th January 2020

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

Doncaster Safeguarding Adults Board Annual Report 2018/19

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

EXECUTIVE SUMMARY

1. The Doncaster Safeguarding Adults Board (DSAB) is established in line with duties set out in the Care Act 2014 as the mechanism for agreeing how Partner Agencies within Doncaster collaborate to protect adults at risk, prevent neglect and abuse and promote the wellbeing of adults in its area.

Doncaster Safeguarding Adults Board has created an annual report video detailing what it has done during the year to achieve its strategic objectives and how its partners safeguard adults at risk.

EXEMPT REPORT

2. No

RECOMMENDATIONS

3. To note the contents of the annual report video and accompanying summary.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The multi-agency activities undertaken during 2018-19 by the Doncaster Safeguarding Adults Board have been intended to safeguard adults at risk and prevent abuse from occurring wherever possible.

BACKGROUND

5. Historically Safeguarding Adults Annual reports have been quite lengthy documents that detail performance and activity during the year reporting on

www.doncaster.gov.uk

progress in relation to the strategic plan. While these documents were well received, at a senior strategic level they tended to have a limited reach and it was therefore decided to devise a video based annual report that would be accessible to a wider audience. There is also a short executive summary report that provides a written narrative on outcomes achieved by the Safeguarding Adults Board in 2018/19. The executive summary is attached to this summary and titled Appendix A, the video will be shown at the scrutiny meeting.

OPTIONS CONSIDERED

5. Not Applicable

REASONS FOR RECOMMENDED OPTION

6. Not Applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

7.

	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>If Doncaster people are safeguarded they will be in a much stronger participation to participate, whether in family, community, learning or work.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p>	

	<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 	<p>Safeguarding effectively means the Council being able to work in a coordinated way with both local people and partners</p>

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [Name: SRF Date: 21/1/20]

17. The Care Act 2014 sets out the duty of Local Authorities to safeguard any adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs)
 - is experiencing, or at risk of, abuse or neglect

- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

These also include the responsibility of the Safeguarding Adults Board to keep policies and procedures under review and to publish an annual report detailing what it has done during the year to achieve its main objective, implement its strategic plan and set out what each member has done to implement the strategy. It should also give detail regarding the findings of any safeguarding adult reviews and any subsequent action taken.

FINANCIAL IMPLICATIONS [Officer Initials: PW Date: 16/01/20]

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

HUMAN RESOURCES IMPLICATIONS: AT Date: 17/01/2020

19. There are no HR implications arising directly from this report.

TECHNOLOGY IMPLICATIONS [Officer Initials: PW Date: 17/01/20]

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

HEALTH IMPLICATIONS (Officer Initial: VJ; Date: 16/01/2020)

21. Safeguarding adults who have care and support needs will promote more positive physical and mental health outcomes than would otherwise have been the case. Address the health and social care needs of this group of population will not only improve health, but it is an important way of addressing health inequalities in Doncaster. These outcomes can be monitored as part of ongoing annual report, as shown in the statistics embedded in the video, and as part of the work of the respective agencies.

EQUALITY IMPLICATIONS [Officer Initials: TDK. Date: 13/11/19]

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

CONSULTATION

23. Not applicable

BACKGROUND PAPERS

24. Doncaster Safeguarding Adults Board Annual Report 2018/19 Executive Summary with embedded video

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

25. The reference to S42 enquiries refers to the formal legal process for action that must be taken if certain criteria is met. S42 enquiries focus both on what happened but also in identifying what action needs to be taken to prevent the harm and abuse from happening again.

REPORT AUTHOR & CONTRIBUTORS

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Phil Holmes,
Director of Adults, Health and Wellbeing

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Doncaster Safeguarding Adults Annual Report Executive Summary 2018/19

Summary from Dr John Woodhouse (independent Chair)

For the third year as Independent Chair of the Doncaster Safeguarding Adults Board I am delighted to introduce our Executive Summary and Annual Report Video. We are trying a new format to present the work of the Safeguarding Adults Board, which is largely based on a video. The reason is to see if we can make our report more accessible and meaningful to a wider audience. A link to the video can be found here (<https://www.youtube.com/watch?v=JP0pXawwtHw&feature=youtu.be>). The safeguarding partners and I work all the time to see if we can do things better. Constantly trying to improve is essential if we are going to address the complex safeguarding problems that some Doncaster residents face.

Following the Introduction of new statutory guidance Working Together to Safeguard Children 2018 my role now includes being Independent Convenor for Doncaster Safeguarding Children Partnership. These new arrangements have meant closer and wider partnerships across adults and children services. The Doncaster Safeguarding Children and Adult Partnership was formed to allow agencies to hear of developments of the work of the Boards and allow a closer link. This report later details the first event that has taken place.

I am pleased to report that we have largely met our objectives for this year. Though there has been an increase in the number of referrals received, through the development of an in-depth dashboard through Power Bi (a computerised recording and analysis system) we are able to understand better the types referrals received and how effectively we are responding. The dashboard is a notable achievement for the DSAB partners. We are rather proud that there is regional recognition of its quality and information.

“Safeguarding Adults is - Agencies working together to keep adults at risk of abuse safe in Doncaster”

Adults at risk can be vulnerable to the following types of abuse:

Physical abuse

Emotional or psychological abuse

Neglect

Financial or Sexual Exploitation or abuse

Organisational abuse

Modern slavery

Self-Neglect

Discrimination

Sexual Abuse

Domestic Abuse

The Care Act 2014 provided us with legislation to support adults at risk to live free from abuse and harm and outlines what should happen if someone is experiencing or is at risk of abuse or neglect.

The Safeguarding Adults Board is a statutory Board which means that by law each local authority should have one.

The Doncaster Safeguarding Adults Board and Doncaster Children’s Board are committed to partnership working. The development of new arrangements have brought the Board Partners together with joint Board Meetings allowing the sharing of joint functions. Agencies including the Local Authority, NHS, Police, St Leger Housing and Healthwatch meet on a quarterly basis to work together to keep adults safe in Doncaster.

There are now new governance arrangements in place with the core statutory partners (Doncaster Council, Doncaster Children’s Trust, Doncaster Clinical Commissioning Group, South Yorkshire Police) part of the Chief Officers Safeguarding Operations Partnership (COSOP).



<u>Our Priorities</u>	
Priority 1	Priority 2
Assure Effectiveness and impact of Safeguarding arrangements	Lead and shape safeguarding practice
Priority 3	Priority 4
Ability to respond to current and emerging issues	Collaborate, trust and build partnerships

- How have we performed:**
- 290+ S42 Enquiries Undertaken
 - 69% feel safer due to safeguarding intervention.
 - 50% of 2146 cases reported outcomes
 - 48% of 2100 reported feeling safer
 - 60% of concerns within own home

Keeping Safe Forum:
 The Forum has existed for 5 years and has gone from strength to strength. Bi-monthly meetings are held at the Deaf Community college. A wide range of groups and people attend. The Forum has information form a range of services such as Safeguarding Awareness training, Engaged with Officers from South Yorkshire Police and South Yorkshire Fire and Rescue Service to provide information on key messages around Keeping Safe in Doncaster, examples have included information on scam awareness and fire safety in relation to hoarding and self-neglect.

Developed partnerships with colleagues in the Public Health team to share messages and information on public health campaigns with members of the Community including the Winter Warmth Campaign where over 450 people were engaged and informed.

- There are three subgroups of the DSAB that oversee the priorities. These are:
- **Quality and Performance** – meets on a quarterly basis to analyse multi-agency safeguarding adult’s performance. This year there has been a focus on the development of the Performance Framework. The dashboard developed in Power Bi has offered an in-depth analysis of performance across the 6 key principles of safeguarding. It has been recognised as one of the top 4 effective Dashboards in the region.
 - **Review and Learning** – Safeguarding Adults Reviews requests received and those undertaken. The subgroup has the responsibility to commission suitable authors and ensure a timely response to requests. A Learning and improvement cycle is in place and activity has increased in Reviews undertaken (1 in 2017/18, 1 in 2018/19) through a robust procedure for conducting Safeguarding Adult Reviews.
 - **Keeping Safe Subgroup** – joint membership across children and adults. The subgroup has looked at including widening the group to include members of the Keeping Safe Forum and to hold it as a meeting for members of the public to attend. The subgroup is developing a joint Keeping Safe campaign for both adult and children service and will look at a joint leaflet and Communication and Engagement Strategy. The subgroup also reviews and discusses workforce development and analysis of training performance and needs.

Safeguarding Week 9 – 13th July 2018
 To launch the South Yorkshire Safeguarding week the Safeguarding Awards took place on 9th July. The event celebrated how children and adults had supported people in their communities, schools or families to keep safe. We heard from children as young as 6 who saved pocket money to support a local charity helping residents. A number of schools also received awards for their contribution to tackle bullying. Among the adults, awards were given to members of the Keeping Safe Forum, Jodie Keegans (Domestic Abuse Survivor) and poet JB Barrington who has worked with Public Health to produce a film about Suicide Prevention.

Keeping Safe Event:
 Approximately 122 people attended the event with the majority (70%) from people in the community or who use services in Doncaster. Young people attend the event mainly from Doncaster College.

The aim of the event was to allow engagement and networking for people. These were many activities on tables for people to take part in throughout the day. Some geared to learning about safeguarding and others for fun such as the anagram quiz sheets with the chance to win a hamper put together by Healthwatch.

This was an opportunity to hear about the work of the Keeping Safe Forum over the year and through a short film showcase its achievements. The Forum membership has grown with many groups wishing to be involved and seeing the Forum as a platform to be involved in safeguarding.

The highlight of the event was a performance from Lost Voice Guy, Lee Ridley (winner of Britain’s Got Talent 2018). Lee highlighted the need for people with care and support needs to be vocal and championed the work done in Doncaster. Lee’s comments can be found on the annual report video.





Doncaster Council

Report

Date: 30th January 2020

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. The purpose of this report is to provide overview and Scrutiny Committee with:-
 - The published Care Quality Commissions (CQC) ratings for Care Homes and Community Services as at 9th January 2020.
 - The local authority area data profile, regarding Doncaster's provider performance including the breaches to regulations across South Yorkshire Adult Social Care Services.
 - An overview of the learning and development in Adult Health and Wellbeing (AH&WB).
 - An analysis of the training offered by Doncaster Council Workforce team to external and internal providers, to demonstrate how Doncaster is supporting providers in upskilling and retaining their workforce.
 - Outline the current contract monitoring activity that supports providers in improving their performance.

EXEMPT REPORT

2. This report is not exempt.

RECOMMENDATIONS

3. To note the contents of this report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The CQC ratings and Area Data Profile for AH&WB provision within the Doncaster Borough, demonstrate a largely positive picture with Doncaster comparing well to national and regional comparators.

BACKGROUND

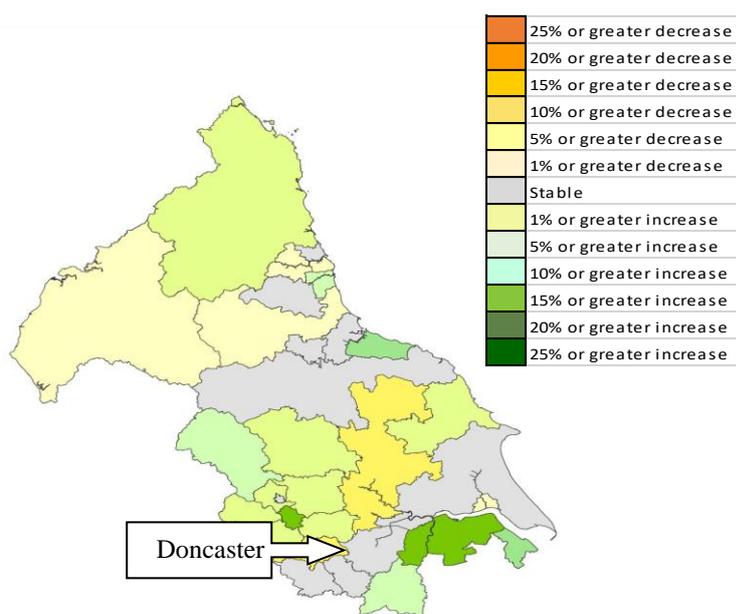
5. The number of active rated locations, by latest overall rating within this report are provided directly from the CQC Inspection Manager for the North Region and are the published ratings extracted from CQC Area Data Profiles on 9th January 2020.
6. To further demonstrate how Doncaster continues to compare highly against other local authorities, the percentage and outcome of all active Adult Social Care Services by Yorkshire and The Humber Authorities within this report are provided directly from the Association of Directors of Adult Social Services (ADASS).
7. Doncaster Council uses the analysis to assist in identifying which Providers require support to improve and the areas that Providers need to focus on. All intelligence and information is used to contract manage those Providers. Quality and Risk Meeting are held with the Council, CCG and other professionals to identify the possible risks, themes and patterns of concern and jointly agree, across Social Care and Health professionals, the action(s) to be taken to manage those risks or concerns. We also recognise those Providers that have achieved an improved rating.

AREA DATA PROFILES INFORMATION

8. The area data profiles are published by CQC to encourage improvement by supporting local areas to explore some of the themes in the State of Care annual assessment published by CQC. On their own, the area data profile maps do not imply a judgement about how well areas perform. It is important to look at a wider range of indicators and information held locally for example, reasons for entrants or exits to the market.

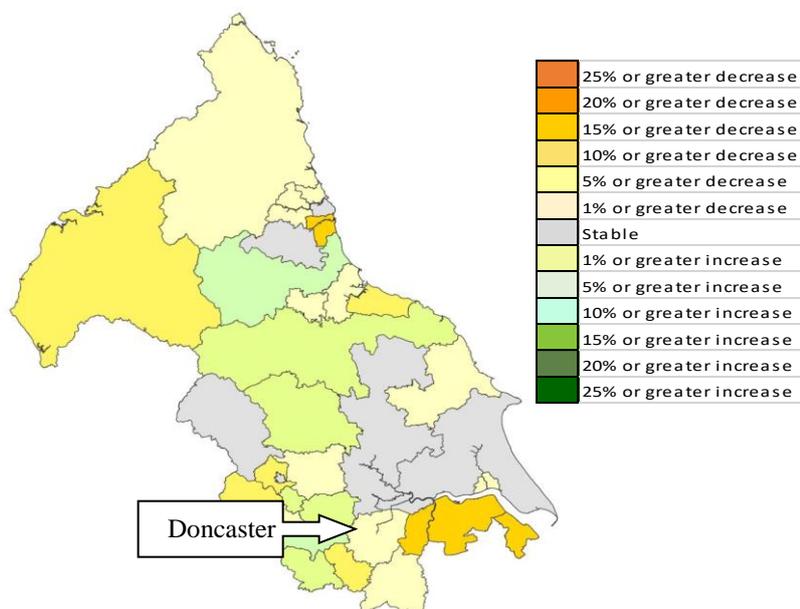
Access to Care:
 Percentage change in nursing home beds

State of Care 2018/19
 The number of residential and nursing home beds has steadily fallen in all regions over the last five years



9. The map of the region shows that Doncaster remains stable. The small percentage change in nursing home provision is not impacting on our ability to place people in nursing care, which is a true reflection of our current nursing bed capacity in Doncaster.

Access to Care:
 Percentage change in residential home beds



10. The map shows that Doncaster has a small 1% decrease in the provision of residential beds, which reflects the two homes that have closed in Doncaster over the last 12 to 18 months. Despite the small reduction in residential provision there has not been an impact on our ability to place people who need residential care in care homes.

11. The number of residential and nursing home beds has been falling steadily in the South Yorkshire region, this reflects the national and local ambition to support people to remain at home for as long as possible. Over the last 6 years Yorkshire and The Humber has seen a 6% decrease.
12. The table below, which is taken directly from the Capacity Tracker (developed in partnership with NHS England, Local Authorities and care home Providers) provides care home bed capacity and availability across South Yorkshire:

Local Authority and Vacancy Type	Vacancies	Total Capacity	Used Capacity	% Utilisation
Barnsley Metropolitan Borough Council	329	1995	1666	84%
Doncaster Metropolitan Borough Council	308	2240	1932	86%
Rotherham Metropolitan Borough Council	246	1900	1654	87%
Sheffield City Council	358	3977	3619	91%

13. **CQC Ratings of Health and Social Care Services**

CQC are responsible for the regulation and inspection of health and social care services. At the conclusion of each inspection, CQC publish their findings in Inspection reports. Services are rated as follows:

The table below provides a brief definition of each rating:



[Outstanding](#)

The service is performing exceptionally well.



[Good](#)

The service is performing well and meeting CQC expectations.



[Requires improvement](#)

The service is not performing as well as it should and CQC have told the service how it must improve.



[Inadequate](#)

The service is performing badly and CQC has taken action against the person or organisation that runs it.

ADULT SOCIAL CARE CQC AND ADASS RATINGS DATA

14. The following information presents a more detailed breakdown of the CQC published ratings from CQC and ADASS, across Yorkshire and The Humber.
15. Tables are included that provide comparatives against other Local Authorities, the previous Inspection and Regulation reports as well as analysis of that data. This allows comparison of Doncaster's Provider performance against the region and nationally.
16. **Table 1 - The percentage and outcome of all active Adult Social Care Services by Yorkshire and The Humber Authorities.**

<u>Local Authority</u>	Total locations with a CQC rating	Total active locations	Inadequate	Requires Improvement	Good	Outstanding	Good or Outstanding
North Lincolnshire	76	78	0%	13%	79%	8%	87%
Doncaster	109	121	2%	12%	85%	1%	86%
North Yorkshire	318	349	0%	15%	81%	4%	85%
York	62	67	3%	13%	81%	3%	84%
Rotherham	105	119	1%	15%	82%	2%	84%
East Riding of Yorkshire	172	183	2%	15%	80%	4%	84%
Kingston upon Hull, City of	110	119	1%	17%	80%	2%	82%
Leeds	245	280	2%	17%	80%	1%	81%
Sheffield	196	218	2%	17%	81%	0%	81%
Wakefield	132	145	4%	16%	77%	3%	80%
Bradford	177	198	2%	18%	78%	2%	80%
North East Lincolnshire	68	71	0%	21%	74%	6%	79%
Calderdale	83	89	6%	18%	73%	2%	76%
Kirklees	175	187	1%	29%	69%	2%	70%
Barnsley	93	102	1%	31%	67%	1%	68%

Doncaster has the second highest percentage of active locations with a published rating of Good or Outstanding.

17. **Table 2 - The number and outcome of Residential and Nursing Homes and Community 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	All providers	3	93	15	2	11	124
	Residential Service	2	59	10	2	7	80
	Residential	2	39	7	1	3	52
	Nursing	0	18	3	1	4	26
	Community Service	1	34	5	0	4	44

The table above provides a breakdown of service type and numbers of locations rated at each level.

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

Breach Type	Regulation Number	Regulation Name	Count of Actions			
			Barnsley	Doncaster	Rotherham	Sheffield
HSCA RA Regulations 2010	Section 33	Failure to comply w ith a condition				1
HSCA RA Regulations 2014	Regulation 09	Person-centred care	5	7	5	7
	Regulation 10	Dignity and respect	3	2	1	4
	Regulation 11	Need for consent	11	2	9	6
	Regulation 12	Safe care and treatment	13	13	12	28
	Regulation 13	Safeguarding service users from abuse and improper treatment	2	5	2	3
	Regulation 14	Meeting nutritional and hydration needs	2		1	1
	Regulation 15	Premises and equipment	3	1	1	
	Regulation 16	Receiving and acting on complaints	1		1	3
	Regulation 17	Good governance	24	16	16	29
	Regulation 18	Staffing	13	6	7	19
Registration Regulations 2009	Regulation 14	Notifications – notices of absence				1
	Regulation 18	Notifications of other incidents	4			5
Total			92	53	57	117

The table above provides a breakdown of the breaches in regulations and the areas these breaches relate to, broken down by Local Authority.

Doncaster has the second highest number of providers but the lowest number of breaches.

The main areas of breaches for Doncaster are in respect of:

- Good governance
- Safe care and treatment
- Person-centred care

Doncaster Council Current Contract Monitoring and Improvement Activity

19. As noted at point 5, the Commissioning and Contracts team, working jointly with other professionals, use all the above information to identify who and how we need to support those services that acquired an 'Inadequate' and 'Requires Improvement' rating.
20. The Contract Monitoring Team continues to support providers to increase quality of care but specific targeted visits are carried out to improve service delivery for those Providers with poor CQC ratings.
21. From April 2019 to date, the team has:
 - Undertaken 60 audits
 - Completed 76 follow up visits with 43 Providers to ensure action plans are being progressed – some of which required more than 1 visit
 - Completed 25 multi-agency visits with 9 Providers where concerns and issues had been identified
 - Completed 17 unannounced visits to 10 providers – some of which required more than 1 visit
 - Undertaken 43 response visits to 21 Providers following concerns and issues raised directly with Contracts Monitoring Team or as part of the Professionals meetings, which are held to discuss and agree actions following numerous or serious concerns being identified.
 - Carried out 10 Introductory audits
 - Carried out 3 visits to investigate 3 Complaints
22. For every visit undertaken, a full report is produced that details findings and necessary actions needed to ensure the Provider is compliant with Doncaster Councils relevant contract.
23. 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.

Doncaster Council Workforce Overview and Data

24. 2018 brought about reforms to apprenticeships and qualifications across the adult social care sector. Ultimately, the quality of care on offer to those accessing care and support services is the driving force behind all workforce learning and development decisions.
25. Adult social care organisations have a responsibility to create a workforce that is "suitably qualified, competent, skilled and experienced". The Local Authority is supporting this through the Adults Workforce team.

26. The “social care workforce” covers all those working with and in contact with people who need support to continue to live their life as independently as possible in Doncaster. This can be in their own homes, care homes, day care, and health establishments or in the wider neighbourhoods or community. These can include Independent and Private sector social care workforce, Doncaster Council staff, Personal Assistants, unpaid family carers, universal services etc.

Learning and Development

27. We have jointly developed with the CCG a Workforce Strategy for the whole of the Adults Workforce in Doncaster. A copy can be viewed here:

<https://www.doncaster.gov.uk/services/adult-social-care/strategies-plans-and-standards>

28. We are seeking to channel the focus of the workforce into the common issues of early intervention, prevention and choice with a core ethos of true person centred care, across the Borough.
29. It is the Providers Registered Manager’s responsibility to ensure that individual training needs for staff are identified in accordance with their organisations / individual policies through the supervision/Personal Development/one to one process,
30. Doncaster Council’s Adults Workforce Team works with managers and providers to identify the training required and ensure the offer meets appropriate local and national standards and requirements. Please see the Training Offer in section 8 of the Adult Social Care Learning and Development Link;

<https://www.doncaster.gov.uk/services/adult-social-care/training-and-qualifications>

Social Care Information and Learning Site (SCILS)

31. The Council subscribes to SCILS, which provide resources, information and discussion boards to assist providers to develop their workforce.

Adults Workforce Team work closely with Skills for Care.

32. The Skills for Care Learning & Development Guide, aims to provide managers/proprietors with a starting point to consider the best ways to develop their workforce and sustain learning, including refreshing knowledge and skills in a variety of topic areas based on a review of a wealth of legislation, guidelines, statutory guidance, standards and recommendations. This was produced in partnership with a panel of social care employers, learning providers and representative organisations.

Care Certificate

33. The Care Certificate is an agreed set of standards that set out the knowledge, skills and behaviours expected of those new to the health and social care sectors. It describes the minimum requirements for support workers within

their first 12 weeks of employment.

The Care Certificate:

- is the beginning of the career journey for those new to care
- is a foundation for health and adult social care integration
- ensures those new to the sector are supported
- is endorsed by CQC
- is a CQC expectation that all employers should be offering it.

34. The Adults Workforce Team offer the knowledge elements of the care certificate as a mixture of e-learning and classroom courses to support providers to meet the standards. Other subject areas specific to certain provider types are available in greater depth as a carer progresses in their career. The most popular courses are set out below.

Course Name
Moving and Handling - Update
Safeguarding Adults
Care Certificate
The Mental Capacity Act
Deprivation of Liberty Safeguards (DoLs)
Safeguarding Adults - Basic Awareness
Handling of Medications

35. Family carers, charity organisations, voluntary sector, social enterprises, NHS, RDaSH, Council and Personal assistants accessed our training across 15+ various course types, such as Moving & Handling, Safeguarding and First Aid.

OPTIONS CONSIDERED

36. None Applicable

REASONS FOR RECOMMENDED OPTION

37. None Applicable

IMPACT ON THE COUNCIL'S KEY OUTCOMES

38.

	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 	<p>Quality social care provision promotes a strong and consistent workforce, that results in a value service for the people of Doncaster</p>

	<ul style="list-style-type: none"> • 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 	Quality social care provision is a component of a thriving and resilient economy
	<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 	Quality social care provision supports and encourages adults to learn and further expand their skills and knowledge.
	<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 	Quality social care provision is a component of a thriving and resilient economy

	assets and strengths <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

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

LEGAL IMPLICATIONS [Officer Initials NJD Date 14/11/19]

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

It is important that robust contracts are entered into prior to the provision of services being commenced and that effective contract monitoring and management are maintained for the duration of those contracts.

FINANCIAL IMPLICATIONS [Officer Initials PSW... Date 08/11/19]

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

HUMAN RESOURCES IMPLICATIONS [Officer Initials BT. Date: 08/11/2019]

42. There are no obvious HR implications associated with this Report as the Commissioning & Contracts plus Adults Workforce teams are working with both internal and external Providers on the identification of training needs and undertaking inspections which contribute to these statistics / ratings under their respective Assistant Directors, Strategic Leads and Managers. Any additional resource which changes the staffing establishment would be consulted as necessary through the Council’s Service Review policies and processes and new posts evaluated / created through the established HR processes and systems

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...07/11/19]

- 43 There are no technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials: VJ. Date: 11//11/2019]

44. Access to Health and Social Care Services has the potential to impact on the health of the population. Evidence suggests that this could contribute up to 25% 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 the CQC report showed largely positive picture with Doncaster comparing well to national and regional comparators; with 86% of adult social care services being rated as good or outstanding in Doncaster, being the second highest in the region. There

needs to be a continuing effort to maintain and improve on the good outcome rating by the CQC. 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: 13/11/19]

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

CONSULTATION

46. Not applicable

BACKGROUND PAPERS

47. 20191001 ADASS Monthly update FINAL V.1
20190925 CQC ASC data

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

CQC – Care Quality Commission
AH&WB – Adults Health & Wellbeing
ADASS – Association of Director of Adult Social Services
AH&WB – Adults Health and Wellbeing Board

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Phil Holmes
Director of Adults, Health and Wellbeing

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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

Please note dates of meetings/rooms/support may change

Aug		Thursday 8th August 2019 1.30pm (CR) (joint CYP)	Thurs 8th August 2019, 4pm (CM)		Monday 19th August 2019 10.30am (CR)
		<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

	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)		
		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 - Notts CC. 					
		Mon, 21st Oct 2019, 10am (CM/AS)				
<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged 						

Please note dates of meetings/rooms/support may change

	Communities, with Devolved Locality Budgets (5)				
	Mon, 28th Oct 2019, (CR/AS)				
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets (6) 				
Nov	Thurs, 7th Nov 2019, 10am (CR/CM/AS) - Informal	Thurs, 28th Nov 2019, 10am (CM)		Fri 1st November 2019 10am (CM)	Mon 18th Nov 2019 10am (CR)
	<ul style="list-style-type: none"> Scrutiny Review - Empowered, Engaged Communities, with Devolved Locality Budgets 	<u>Living Well Theme</u> DRI <ul style="list-style-type: none"> Strategic issues and Challenges Cancer Care waiting times; and Maternity Care – HSR DMBC <ul style="list-style-type: none"> Strategic Issues and Challenges (Winter Planning in Partnership) Other areas TBC <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 – item deferred at the meeting Social Isolation Alliance Update on Work of Climate Change Local Commission and Development of the Environment Strategy – item deferred at the meeting Street Scene Rapid Improvement Programme – item deferred at the meeting Scrutiny Workplan
Dec	Mon 16th December 2019, 1pm (AS)		Thurs 5th Dec 2019, 4:30pm (CM)		Thurs 5th Dec 2019, 10:30am Briefing Session
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 <ul style="list-style-type: none"> DMBC 		<ul style="list-style-type: none"> Placement Strategy Youth Services 		<ul style="list-style-type: none"> Cycling Strategy

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	<ul style="list-style-type: none"> ○ SLHD ○ DCST 		<ul style="list-style-type: none"> • Doncaster Children's Safeguarding Board Annual Report (TBC) 		
Jan	Wed 22nd Jan 2020 11am Council Chamber (CR) Briefing session	Thurs, 30th Jan 2020, 1pm (CM)		Wed 15th January 2020, 10am (CM) Briefing Session	Mon 20th January 2020, 1pm (CM)
	<ul style="list-style-type: none"> • Adult Social Care Fees and Charges Briefing <p>Invite to H&ASC O&S</p>	<p><u>Living Well Theme</u></p> <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) • Yorkshire Ambulance Service 		<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 	<ul style="list-style-type: none"> • Climate Change Agenda And Strategy • Street Scene Rapid Improvement Plan
	Fri, 31st Jan 2020, 2pm Council Chamber (CR)				
	<ul style="list-style-type: none"> • Budget – Briefing 				
Feb	Thurs, 6th Feb 2020, 10am (CR)				Wed, 12th Feb 2020, 10am (CM)
	<ul style="list-style-type: none"> • Budget • Corporate Plan • Scrutiny Review Empowered, Engaged 				<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

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	Communities with Devolved Localities Budget				<ul style="list-style-type: none"> • Knife Crime • Long-term stabilisation of people with complex needs • Crime in prisons • Child criminal exploitation • Selective Licensing Hexthorpe (TBC)
	21st February, 2020 (CR)				
	<ul style="list-style-type: none"> • 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)	Mon, 2nd March 2020 – 1:30pm, Council Chamber (CR)	
	<ul style="list-style-type: none"> • Home to School Transport Policy (2021/25) Key decision 	<u>Ageing Well Theme</u> <ul style="list-style-type: none"> • Frailty – (NHS CCG) • Other areas TBC • Dementia – navigation around services, use of technology <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 • Education And Skills 2030 Framework For Consultation Update 	<ul style="list-style-type: none"> • Homelessness and Rough Sleeping Strategy 	
				Thurs 26th March 2020, 1:30pm (CM)	Wed 4th March 2020, 10am (CR)

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

			<ul style="list-style-type: none"> Suicide Prevention – lessons learnt/support provided through Education/Schools 	<ul style="list-style-type: none"> Update on Business Doncaster Update on the delivery of the Management of Doncaster Markets. 	
Apr	(Date to be confirmed)		Thur 23rd April 2020 10am in Rm 210		
	<ul style="list-style-type: none"> DGT 		<ul style="list-style-type: none"> Members Briefing (invite to OSMC) - Academies (overview/ scoping) 		
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"> 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 Gaps in housing for Children in Care between 17 and 18 	<ul style="list-style-type: none"> Doncaster Inclusive Growth Strategy (with a focus on individuals faced with a number of barriers gaining employment) – to be considered during 2020/21 	<p>Meeting to consider the following updates:</p> <ul style="list-style-type: none"> Waste; Tree Policy and 5G installation;
	<ul style="list-style-type: none"> Overview and Scrutiny – review/sharing best practice 		<ul style="list-style-type: none"> Elective Home Education 		<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

Please note dates of meetings/rooms/support may change

	<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"> Child Poverty 		<ul style="list-style-type: none"> Deferred from 18th November, 2019 IMDB – update following 2018/19 Flood Review
	<ul style="list-style-type: none"> Universal Credit Overview – first meeting 2020/2021 - potential for further work to be considered at Panel level e.g. impact on children attending at primary level 		<ul style="list-style-type: none"> Youth Strategy 		<ul style="list-style-type: none"> Social Isolation Alliance – First meeting 2020/2021
			<ul style="list-style-type: none"> Demand Management – Update 2020 (TBC) Mid-June 20/21 		

DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST FEBRUARY, 2020 TO 31ST MAY, 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: 2nd January 2020 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
11 Feb 2020	Review of the Selective Licensing Scheme in Hexthorpe (Non-Key Decision)	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities., Councillor Chris McGuinness, Portfolio Holder for Communities, Voluntary Sector and the Environment	Cabinet	Paul Williams, Team Manager Housing (Enforcement Team), PaulJ.Williams@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	To accept European Social Investment Fund (ESIF) for the delivery of Community Wealth Builders programme	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Vanessa Powell-Hoyland, Public Health Improvement Coordinator Tel: 01302 734020 vanessa.powell-hoyland@doncaster.gov.uk	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
25 Feb 2020	Finance and Performance Report and the 'Delivering for Doncaster' Booklet - Quarter 3 2019-20	Mayor Ros Jones	Cabinet	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.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	DCST 2019-20 Quarter 3 Finance and Performance Report (Non-Key Decision)	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk		Open
5 Mar 2020	Annual Report of the Director of Public Health	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Council	Dr Rupert Suckling, Director of Public Health rupert.suckling@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 Housing Revenue Account 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	HRA Budget 2019/20	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 Council Tax and Statutory Regulations 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	Council Tax Setting Statutory Resolutions 2019/20	Open

<p>10 Mar 2020</p>	<p>Smoke Free Public Spaces in Doncaster</p>	<p>Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture, Councillor Rachael Blake, Portfolio Holder for Adult Social Care, Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools</p>	<p>Cabinet</p>	<p>Victor Joseph, Consultant in Public Health victor.joseph@doncaster.gov.uk</p>		<p>Open</p>
<p>24 Mar 2020</p>	<p><i>Big Picture Learning</i></p>	<p><i>Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools</i></p>	<p><i>Cabinet</i></p>	<p><i>Riana Nelson, Director of Learning, Opportunities and Skills (DCS) riana.nelson@doncaster.gov.uk</i></p>		<p><i>Open</i></p>

24 Mar 2020	Joint Commissioning Agreement between Doncaster Council and the and the NHS Clinical Commissioning Group (CCG) for the period 1st April 2020 to 31st March 2022	Councillor Rachael Blake, Portfolio Holder for Adult Social Care	Cabinet	Denise Bann, Strategic lead Commissioning denise.bann@doncaster.gov.uk		Open
21 Apr 2020	To Agree a Revised Home to School Travel Assistance Policy as part of the Strategic Travel Assistance Review (STAR)	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Anita Linsdell Anita.Linsdell@doncaster.gov.uk	Doncaster Home to School Transport Policy 2015 Travel Assistance Policy Consultation Document	Open