



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: Virtual Meeting Through Microsoft Teams

Date: Thursday, 26th November, 2020

Time: 10.00 am

This meeting will be held remotely via Microsoft Teams. Members and Officers will be advised on the process to follow, to attend this meeting. Any members of the public or press wishing to attend the meeting by teleconference should contact the Governance Services Team on telephone: 01302 735682 or 01302 734941 for further details.

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Items for Discussion:

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any

Damian Allen
Chief Executive

Issued on: Wednesday, 18th November 2020

**Governance Services Officer for this
meeting**

Caroline Martin
Tel: 01302 734941

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 1st October 2020 (*Pages 1 - 10*)

5. Public Statements

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

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

6. Update from Doncaster and Bassetlaw Teaching Hospitals (*Pages 11 - 46*)

7. Winter Planning Partnership Plan (*Pages 47 - 58*)

8. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions (*Pages 59 - 72*)

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

Chair – Councillor Andrea Robinson

Vice-Chair – Councillor Cynthia Ransome

Councillors Lani-Mae Ball, Phil Cole, Sean Gibbons, Martin Greenhalgh, Pat Haith, Rachel Hodson and Derek Smith

Invitees:

Jim Board UNISON

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 1ST OCTOBER, 2020

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 1ST OCTOBER, 2020 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Sean Gibbons, Martin Greenhalgh, Pat Haith, Lani-Mae Ball and Phil Cole

ALSO IN ATTENDANCE:

DMBC

- Phil Holmes – Director of Adults Health and Wellbeing
- Debbie John-Lewis - Assistant Director Communities
- Victor Joseph – Consultant in Public Health
- Shannon Kennedy – Registrar in Public Health
- Caroline Martin – Senior Governance Officer
- Rachel Wright – Governance Officer

		<u>ACTION</u>
7	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillor Rachel Hodson.	
8	<u>TO CONSIDER THE EXTENT, IF ANY, TO WHICH THE PUBLIC AND PRESS ARE TO BE EXCLUDED FROM THE MEETING.</u>	
	RESOLVED that there were no matters on the agenda requiring the press and public to be excluded.	
9	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
10	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 6TH AUGUST, 2020</u>	
	The minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 6th August 2020 were agreed as a true and	

	accurate record.	
11	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
12	<u>ACCESS TO DAY SUPPORT AND SHORT BREAKS DURING THE COVID 19 PANDEMIC</u>	
	<p>The Panel were presented with a report that outlined the Council’s approach to facilitate personalised Day Service support, Short Breaks and Carer Respite throughout the COVID-19 pandemic.</p> <p>In addition, Officers gave a verbal overview providing background and context, which included the numbers of people supported, who and how individuals access the service, and the location of day centres.</p> <p>A brief explanation was given about what happened to the day services provision since lockdown began including communication, and risk assessments on all service users. It was also explained how the buildings were adapted to comply with regulations making them COVID safe for staff and users.</p> <p>The Panel was briefed on what had happened to the short breaks service since March. Officers described how buildings were used, types of services provided, number of beds utilised, communication methods and the impacts on staff. Members were informed of the testing process for staff and service users and it was noted PPE was adequately provided at all times.</p> <p>Officers informed Members of the Outbreak Management Plan in place that in turn feeds into the corporate outbreak system.</p> <p>Contact and support for all individuals - Concern was raised by a Member that perhaps not all clients had been contacted and described the experience of a constituent with social care needs (although not learning disability or autism) who had difficulty in contacting the social care team due to phone lines not diverting correctly.</p> <p>Members were assured that all individuals had been contacted but it was recognised there had been an IT problem initially. As a result, robust measures were put in place as part of the business continuity plan and phone lines tested.</p> <p>Virtual day activities – It was acknowledged by Members that many virtual day activities were reliant on having the correct hardware/software and good broadband speed, therefore they sought more information on whether clients were supported. Officers informed the Panel that there had been no request for equipment but they had given advice to those that required it. Members were reassured that if</p>	

they had been approached an IT solution would have been provided, and going forward IT solutions would be planned in advance.

Closure of buildings – Members requested clarification on how long the buildings that the service uses were closed for.

Members were informed that all buildings had been closed on the 23rd March 2020 for 16 weeks. It was explained that the reopening of some buildings began in July with extensive modifications made making them a COVID-19 safe environment (and ensuring that social distancing guidance could be adhered to within them). It was explained that the reopening of buildings had been a huge challenge as some lend themselves better to social distancing rules. It was continued that some buildings had to be closed during parts of the week for deep cleaning and sanitisation. Members were informed that unfortunately it was looking unlikely that Bentley Library would reopen but the Redmond Centre and Bhatia Centre will reopen in the near future.

Number of people accessing day/respice services - Members received data on the number of people accessing respice services on a month-by-month basis. It was clarified that overall 384 people accessed day services on a regular basis.

Risk Rating Assessment – Members looked for detail on what the Risk Rating Assessment covered and whether it was about measuring the individuals risk/vulnerability to Covid, of risk of being at home (behaviour/abuse from being in a confined place).

Members were assured that clients were assessed by the Community Adult Learning Disability Team on a range of factors that included their risk to COVID, health conditions and current needs, home life and the mental health impact of remaining at home. It was outlined that every individual had a support plan, and those in the high-risk category had a very robust plan. Members heard that there was ongoing monitoring and support with the wider adult social care collaborative which allowed the team to recognise and respond to those who needed more support or respice over the emergency period.

Zoom sessions – Members requested figures on the proportion of clients that accessed the Zoom sessions provided.

Members were advised that about 30 people had accessed Zoom sessions. Members shared concern this meant only a small proportion of clients accessed services in this way and indicated a significant drop off in engagement. Reassurance was given that Zoom was just one communication method, that all clients had been in contact with the service through various means, and people that hadn't taken up those sessions had in some cases been spending more time with their families.

	<p>The new operating model – A Member requested information on what proportion of usual capacity allowed for under the new arrangements, and whether more sessions were needed on different days than the pre-lockdown schedule?</p> <p>Members were advised that only 10% of service users accessed the buildings, due to people not wishing to return. Many relatives felt the risk of using a building based service was too great. A Member questioned whether that meant having to offer more sessions to reach everyone and Officers explained how a variety of ways contact was made and a dashboard was being created showing what people were accessing. It was added that a quality assurance survey was sent to those that used the service to capture experiences and what users wished to see more of in this situation and this could be shared with Members once completed.</p> <p>A Member of the panel had concerns there wasn't going to be many provisions left shortly for people to access, and said there was an opportunity to look at the gaps and work in partnership with the third sector to support people in the community. It was suggested that the Panel might wish to look at how we stand communities up as part of the next phase, helping organisations and communities to make the most of what was on offer and provide support.</p> <p>The Panel was informed locality working was the next piece of work. Local community asset maps and those active in each area will help in terms of engagement.</p> <p>Members wished for it to be conveyed to all staff working within the service that there was an appreciation of all their hard work throughout a difficult time.</p> <p>RESOLVED that the Panel note the report and information provided.</p>	
13	<u>ADJOURNMENT OF MEETING</u>	
	RESOLVED That In Accordance With Council Procedure Rule (17)(L) The Meeting Stood Adjourned For A Period Of 10 Minutes	
14	<u>RECONVENING OF MEETING</u>	
15	<u>HEALTH PROTECTION ASSURANCE REPORT (DEFERRED FROM 19TH MARCH 2020)</u>	
	<p>The Panel was presented with a report on health assurance in Doncaster, the report focussed on 3 main areas:</p> <ul style="list-style-type: none"> • Immunisation and screening programme 	

- Air Quality
- Emergency preparedness resilience and response (EPRR): Flood and Coronavirus (COVID-19)

A verbal update was given to Members providing information on progress since last year particularly the work with GP practices and care homes to improve the uptake of flu vaccinations. It was recognised that there had been challenges especially with COVID around the immunisation programmes but work was being undertaken with NHS England to ensure systems were in place to overcome issues.

The Panel was reminded that this report covered the previous financial year and that the 2020/21 report will have more detail about the response to COVID-19.

Immunisations and vulnerable people – Members were interested to hear what encouragement there was for vulnerable people to take-up immunisations.

Members were informed that it was primarily the responsibility of GP practices, however, innovative work was carried out closely with providers to encourage the take up of flu vaccinations. An example of this was described to the Panel where a targeted group of homeless people were encouraged to take up the vaccination through a surgery. The Health Inequality Working Group was set up in partnership with the NHS CCG and primary care colleagues to discuss systems put in place to pick up groups that were considered at risk. It was recognised that GPs faced the same additional challenge of COVID this year.

A Member had concerns that some vulnerable people may still be fearful of going out, and therefore was there a system in place for home visits instead. The Panel was advised that individuals could approach GP surgeries and arrange a home visit from a nurse.

Measles and Rubella Elimination Strategy – Members indicated the report suggests the new Y&H Measles and Rubella Elimination Strategy would raise uptake of 1st and 2nd doses of MMR to 95%. The Panel looked for more detail on what the strategy does that it previously did not.

Officers explained the national strategy had an ambition for under 5's and those that haven't had the vaccine to be immunised. It was outlined that a local audit was carried out to understand the challenges and surveys were undertaken. In addition to this NHS England, Public Health Team, and CCG colleagues had designed a tool to understand the detail and the results were being used to build comprehensive action, bringing partners together regularly and were chaired by NHS England. Quarterly meetings with NHS England Screening and Immunisation Overview Working Group looked at the uptake on a

quarterly basis to monitor and take action required.

A Member shared concerns from a parental point of view that during the pandemic having a child immunised was perceived as a negative experience. Considering the uptake figures reported for previous years, many fell into the amber category making Members concerned for this year. It was suggested it may be something the Panel revisit as it was fundamental to health and wellbeing.

Officers thanked Members for their thoughts and advised that they would take this to the group in Doncaster to help ensure coverage.

Flu Vaccination programme - Table 1 of the report showed Doncaster vaccination rates falling 17/18, then 18/19 and 19/20 by between 2-14% in different groups, Members questioned why this happened year on year putting Doncaster further from hitting the national standard.

Members were reminded that this was a national challenge not just local, and the action plan was key to help make a change. It was felt that in order to make improvements, it was important to learn from the best performing practices and using their systems in underperforming practices would lift performance. It was noted that NHS England and CCG looked at low uptake practices to make sure they were supported to increase uptake more rapidly.

Staff flu jabs – The Panel requested information on the take up of flu jabs amongst staff and they were assured that the programme was going very well. Officers explained that a different model was used this year. Members were informed that last year, 500-600 front line staff members and those critical to business continuity received the vaccine, however, due to COVID many of the workforce were working from home, so a different model had been designed and although the programme was still being finalised over 2000 staff had expressed an interest.

Poor immunisation rates - The Panel questioned why the 8 practices with the poorest immunisation rates saw a fall of 20% in uptake. They wished to learn if this affects funding or were further sanctions in place for those with poor immunisation rates.

It was explained there was financial incentive as NHS England commission the programme and were paid on delivery of services. An example of a successful pilot scheme was described where a practice used the indices of deprivation and looked at the lowest 10% to consider why the uptake was poor. It was commented that this flagged a number of issues and solutions put in place as a result.

Members were advised of the importance of learning from surgeries that had performed well and the roll out of good practice.

Members questioned that it appeared the system led by GP's did not work effectively and asked whether immunisations could successfully be delivered in schools. Members were advised on the reasons why they were delivered in GP Practices and that the decision was not one that could be made by a Local Authority.

Screening programmes: As Doncaster achieved national standards in all of the main screening groups Members were interested to hear the potential impacts of Covid-19.

Officers advised there was a delay to the screening programmes due to COVID although NHS England was assisting stand up services in a safe manner.

Air pollution – Members were keen to know how far from the road, poor air quality extends from the A630 Marr, and whether any monitoring was undertaken from nearby houses.

The Panel was informed that there were limited studies regarding how far pollution extends but the main impact was on the houses on the main road. It was outlined how Nitrogen Dioxide concentrations were measured at 1m, 3m and 18m from the curb and the data showed that the further from the curb the smaller the concentration was..

Members requested more information on the health impacts and main causes of death that relate to the attribution of air pollution.

Officers informed the Panel that a national model/formula was used and applied to the area with respiratory diseases, asthma and heart problems forming part of a group of conditions that could be related to air pollution. It was recognised that it could be difficult to determine as it was usually a combination of areas such as smoking and that air quality could be a contributing factor or make some conditions worse.

A Member raised concerns that within their ward the measuring of the air quality levels was carried out but the figures weren't used effectively. The Panel was informed that monitoring figures were used to shape action plans to address and mitigate air pollution areas. Officers welcomed Members to approach them with ideas of what could be done so that their suggestions could be taken to the Doncaster Travel Alliance.

A Member also raised concerns that many of the initiatives in the report on air quality were based on obtaining funding not yet sourced and many had little impact as some had received no uptake in Doncaster. It was also noted that only 1 high impact measure was reported.

The Panel was sympathetic that this could not be a main concern, but voiced that in the future there were not many measures that had a high

<p>impact.</p> <p>Active Travel – Members requested data to support the impact of messages/campaigns on modal shift and questioned whether fewer people were travelling by car, or if more children were being walked to school. Concern was raised that messages communicated did not convert into people taking up the advice.</p> <p>Members were told there was evidence of the health and physical benefits to walking to school/work, but in terms of data it needed to be measured and recorded as part of the process. It was added that the long-term data on health conditions could be obtained from NHS England by looking at the number of people with certain conditions such as asthma.</p> <p>A Member shared an example of an active travel initiative in their ward and advised the Panel that this practice could have been standardised across more of schools to embed good practice.</p> <p>A Member noted that the authority was successful in obtaining funding from Defra to consider closing streets close to schools so children can walk, scoot and cycle in a safe environment.</p> <p>Members were given information about the scheme and there was preliminary work to be done around the school streets to understand which sites were appropriate and what the unintended consequences may be. Following this, work on community engagement would be carried out.</p> <p>Members wished to give thanks to Officers for interesting discussion and commended them on the work their department had undertaken throughout the crisis.</p> <p>RESOLVED that the Panel note the report and information provided and recommend the following;</p> <ul style="list-style-type: none"> • That the Mayor write on behalf of Doncaster highlighting the Panel’s concerns around local and national data in relation to the take up of immunisations and whether a different approach was needed to stay on track. <p>In terms of active travel schemes, that;</p> <ul style="list-style-type: none"> • That the Mayor write to the Secretary of State to raise the importance of obtaining the necessary funding to ensure that active travel schemes can be delivered. • That a Members seminar be held on active travel. 		
16	OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S	

FORWARD PLAN OF KEY DECISIONS

The Senior Governance Officer presented the 2020/2021 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.

The dates of the next few meetings were noted the next one being 26th November 2020 with agenda items that includes the Winter Planning Partnership Plan and an update from Doncaster and Bassetlaw Teaching Hospitals. For the latter, it was noted that Richard Parker, Chief Executive would be present.

It was commented that there was nothing specific for this Panel on the forward plan and that relevant areas were mainly for OSMC.

There was a brief discussion about other future meetings and items for the Overview and Scrutiny workplans.

RESOLVED that the Overview and Scrutiny Work Plan 2020/21 and Forward Plan of key decisions be noted.

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Doncaster Council

26th November 2020

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

Update from Doncaster and Bassetlaw Teaching Hospitals

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

EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided at Appendix A together with a presentation in Appendix B from the Chief Executive of Doncaster Royal Infirmary on the following areas:
 - What impact there has been on services as a result of the pandemic and what has been put in place (in particular on maternity services)?
 - Update on Accident and Emergency, Nurses and education.
 - Update on performance around Hospital Turnaround at DRI

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

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

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

5. Doncaster Royal Infirmary was identified as a key partner that the Panel wished to invite to a meeting as part of its 2019/20 workplan and this report provides an opportunity for a further update on identified areas (as outlined in paragraph 1 of this report) a year later. The areas for consideration are identified in paragraph 1 and further information will be provided through a briefing note attached at Appendix A and a presentation attached at Appendix B.

OPTIONS CONSIDERED

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

REASONS FOR RECOMMENDED OPTION

7. There is no recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<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 	

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

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS (HP 16.10.20)

10. The Council's Constitution states that subject to matters being referred to it by

the Full Council, or the Executive and any timetables laid down by those bodies, Overview and Scrutiny Management Committee (and its Panels) will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a). Specific legal implications and advice will be provided as required on matters brought to the Committee and Panels.

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

FINANCIAL IMPLICATIONS (D.B. 21/10/20)

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

HUMAN RESOURCES (EL 29/10/2020)

12. There are no direct HR implications in relation to this report.

TECHNOLOGY IMPLICATIONS (PW Date 19/10/20)

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

HEALTH IMPLICATIONS (RS 16.10.2020)

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

EQUALITY IMPLICATIONS (CM 29.10.20)

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

CONSULTATION

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

BACKGROUND PAPERS

17. Health and Adult Social Care Overview and Scrutiny Meeting held 28th November 2019.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

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Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Covid-19 and related challenges:

Since early March 2020, our Trust, like all NHS providers across the UK, has been dealing with the challenges related to Covid-19.

At the time of writing (9 November), we have confirmed 1,422 positive patients within our hospital, with 119 of these individuals requiring critical care. Of this cohort, we have safely discharged 850 people, while sadly 370 have passed away.

Following a significant reduction in Covid activity after wave one, a second-wave of Covid 19 pressures began to impact South Yorkshire and Bassetlaw in October and throughout October, our inpatient numbers increased, with our hospitals reporting the third-highest Covid-19 bed occupancy in the country for a short period, and the number of patients we are now caring for far surpasses the peak of the first-wave (220 as opposed to 115). As such, we are concentrating our bed and testing capacity towards emergency, urgent and cancer services.

Despite these pressures, as ever Team DBTH has risen magnificently to the challenge, and while there have been challenging moments, together we are managing these unprecedented circumstances.

It is clear is that the rate of transmission is differing from place to place, and while positive tests at Doncaster Royal Infirmary (DRI) have stabilised somewhat in the past few days (whilst remaining high), the numbers at Bassetlaw Hospital have continued to rise.

We have spent the summer preparing for a potential spike like this, and while it has occurred earlier than our projections, we are proud of our team our response. Our four-daily operations meetings have given us real clarity in terms of the pressures we are facing in different areas, our Daily Review meetings act as a catalyst for further escalation and our Executive Team are meeting at least three times a week to ensure, as a whole, we are responding appropriately.

Casting our focus back to earlier in the year, we are now benefitted from a number of mitigations put in place as we dealt with the first-wave. These include, but are not limited to:

- Increasing our Intensive Care bed capacity from around 30 to a surge, and super surge capacity of just under 130.
- Consolidating and moving service provision across site, whilst making use of Parkhill Hospital's (on-site private provider) facilities and staff. We will also complete a doubling of our piped oxygen capacity at the end of November.
- Implementing and refining a redeployment process for colleagues, as well as appropriate training.

- Introduction of in-house Covid-19 testing and related antibody testing – with more than 41,000 of the former conducted and 28,000 of the latter.
- Significantly reorganising our sites into yellow and blue risk areas to aid patient flow and minimise cross infection amongst Covid-19 positive patients and those negative.
- Our Estates and Facilities colleagues have installed a number of wash basins and similar hygiene stations, and our sites are now dotted with ‘keep left’ and other social distancing prompts.
- Further implementation of technology to aid home-working, virtual visiting and electronic observations.
- Closely managing our procurement processes, ensuring that we now have substantial stocks of relevant items.
- Restricting visitors to all but exceptional circumstances (paediatric, maternity and end of life provisions remain).
- During the first-wave we offered free meals to all staff, and this has returned once again, with the offer extending to those on the front-line, alongside other health and wellbeing initiatives, while parking on-site remains free.
- Finally, we continue to work closely with our partners, both at a Place level, regionally as well as nationally.

In addition to the above, we also have some further cause for optimism regarding a Covid-19 vaccine becoming available in the next few months. We have also recently taken delivery of 6 DNA Nudge Covid 19 point of care testing machines and we are also planning for the delivery of six Loop-mediated Isothermal Amplification (LAMP) Covid-19 testing devices. The DNA Nudge machines are now used within our Emergency Departments and allow us to process Covid 19 and Influenza tests within 90 minutes (beyond the ordinary 24 to 72 hours that was the norm).

All of this has only been made possible thanks to the truly heroic efforts of colleagues, of all grades and specialisms, to ensure that our pathways continue to function, our patients continue to receive the care they need, and our communities are given the confidence they need to ensure they can carry on about their daily lives, albeit under certain restrictions, safe in the knowledge that friends and family have a place to go if they become critically unwell.

We undoubtedly have some challenging days, weeks and months ahead, however we are confident that, as a Trust, we are as prepared as we can be. We will continue to rely on the support of our partners, as well as the goodwill of our communities, and we look forward to a time when we can put this illness behind us.

Maternity update:

Earlier this year, and as the challenges of Covid-19 became apparent, health professionals at Doncaster and Bassetlaw Teaching Hospitals (DBTH) made the difficult decision to transfer the majority of maternity services to Doncaster Royal Infirmary (DRI).

On 2 November, thanks to a successful recruitment drive we have reopened our inpatient Maternity services at Bassetlaw Hospital. This was made possible by the appointment of nine newly qualified midwives who will work and three experienced midwives. Additionally, we are currently out to advert for two more specialist midwives, as well as more labour co-ordinators.

The action to consolidate the service in March was taken to ensure that the Trust's maternity services had the appropriate staffing and resources available to ensure that both mum and baby had the safest and best possible birthing experience. The move also freed up essential staff, such as anaesthetists, to support critically ill patients treated at Bassetlaw Hospital.

With the services combined, we have delivered 2,636 babies at Doncaster Royal Infirmary, while a further eight have been successfully delivered at Bassetlaw Hospital following its reopening earlier this month.

In order to support mothers, fathers and little ones we have implemented a new digital service for our Maternity service. Using Facebook, the Doncaster and Bassetlaw Maternity Services page went live in mid-March, and since then has proved very popular.

Lead by our Digital Midwife, as well as various senior colleagues within the service, the page shares news, information and other useful updates. There is also a function to send a private message, which our matrons have an excellent track record of responding to within a short time frame. Since the page was launched, around 25,000 people engage with the page on a monthly basis.

Emergency Department update:

Throughout this year, our Emergency Departments have cared for a significant number of patients, and, at the time of writing, have seen 104,387 patients (from March to date), with 64,984 at Doncaster Royal Infirmary.

Like all services, this area has been transformed to reflect the realities of Covid-19, and there are now separate areas for those suspected of Covid-19. Again, like all services, colleagues are asked to wear high levels of PPE to ensure their safety.

Throughout October, work was undertaken within our Doncaster Emergency Department to convert the ambulance bay entrance. Completed in late October, we now have an improved admin and check-in area, with six additional assessment bays, a new paediatric area with observation space, as well as an early senior assessment area.

This work will be complemented with a new canopy which will enclose the entrance to the service, providing further privacy and dignity to those arriving by ambulance. The works will continue until January as further improvements are made.

Finally, it is absolutely crucial that we continue to ask our local communities to only use the Emergency Department when it's a genuine emergency. We are working with our partners to highlight alternative services, and while our position is difficult, we are confident that we are engaging with our local residents in this regard.

Nursing workforce and education:

Due to the challenges presented by Covid-19, our programmes of education have been severely impacted.

Routine training for colleagues was paused earlier this year, with some courses brought back during the summer, and as we entered the second-wave only moving and handling and resuscitation training takes place face-to-face - everything else is delivered virtually.

Earlier this year, you will be aware that all second year and third year trainee nurses, midwives and allied health professionals were offered the opportunity to be deployed and join the NHS workforce, while first year students saw their clinical placements paused.

As a result of this, we are now in a process of 'restoration' and 'expansion' of clinical placements. Looking at the former, this means we are bringing back all years of learners back on to site, to support individuals in undertaking their clinical placements as has happened in years prior, aligning to professional regulators requirements. While our education teams and many of our staff who work alongside our students on a daily basis are managing this process well, the need for high levels of personal protective equipment (PPE), means that on some occasions it is more difficult to teach and learn, and therefore requires more time, patience and understanding.

In order to ensure that students have the best possible placement with us, we are treating them as members of our team, educating them in our IPC standards to ensure they remain safe and practice safely, and providing appropriate face mask fittings, offering vaccination, whilst also supporting them with our in-house Covid-19 swabbing process, should they become symptomatic.

We are working with our local Universities and other education providers to be as flexible as possible, to ensure that we can continue to offer the best possible placements, whilst also ensuring we have enough educators and mentors/supervisors on hand to make sure they receive the support and training they require.

The second part of this, known as expansion, forms part of the Government's plans to increase the number of Registered Nurses by 50,000. Again, we are doing what we can to support this, however, finding appropriate placements may prove challenging, but we are doing what we can to ensure that we do not experience a gap in newly qualified nurses in years' to come, as a result of the issues experienced in 2020.

Throughout this second wave, our final year medical students (doctors) have continued on clinical placement with us. Supported by our Consultant colleagues they should complete their medical degree on time and thus be in a position to take up their Foundation Year 1 starting posts in the summer of 2021.

Finally, we continue to be innovate with our apprenticeship offer, and we are pleased to share that in January 2021, 19 of our trainee Nursing Associates complete their programme, qualify and become registered Nursing Associates. This is the first group of learners who have completed this programme here at DBTH, and we will be congratulating each of them and looking forward to them joining and enhancing our workforce. Some of these individuals will be supported to further progress to undertake an additional two years of learning which will give them a clear pathway to becoming a Registered Nurse should they choose. Additionally, this year we will introduce a four year full nursing degree apprenticeship which, once complete, will qualify the successful individuals as Registered Nurses.

Ambulance handover update:

Joint working is ongoing with Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) with weekly system meetings across both place settings to discuss delays and work with the all teams are ongoing. Longer waiting times have been seen due to increased infection control processes and the split in the estates footprint of Covid-19 and non-Covid patients.

There are ongoing challenges with “batching” of ambulances on both sites that both YAS and EMAS have acknowledged. This is multifactorial issue with ambulances crews and can cause multiple ambulances to arrive at the same time and we are working through this.

We have met with NHS Elect (who support clinical improvements) and YAS as a team and they have agreed to work with us around the delays and we have been allocated one of the team from NHS Improvement who we will work across both sites at the trust in conjunction with partners to improve the pathways and conveyance to hospital.

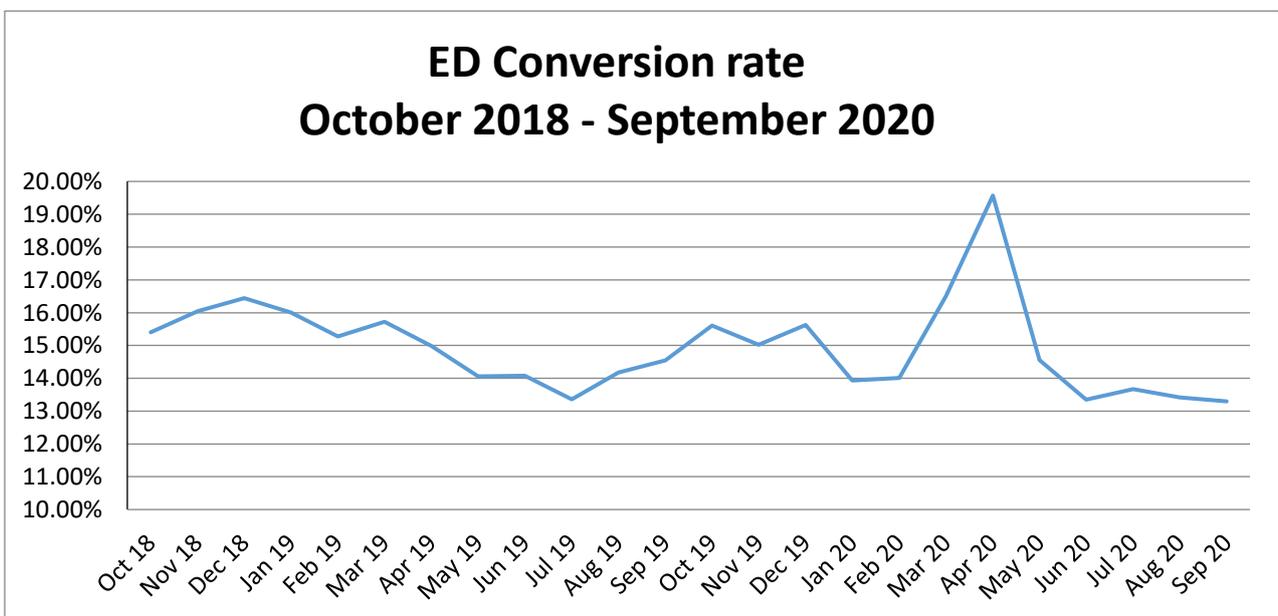
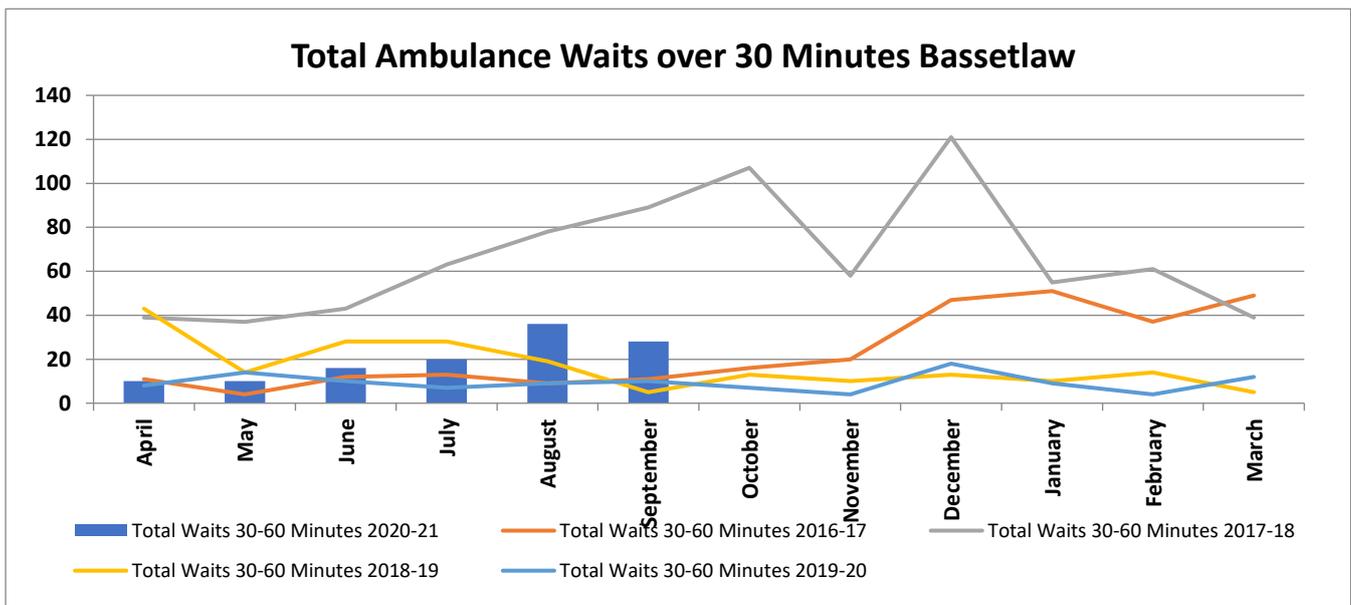
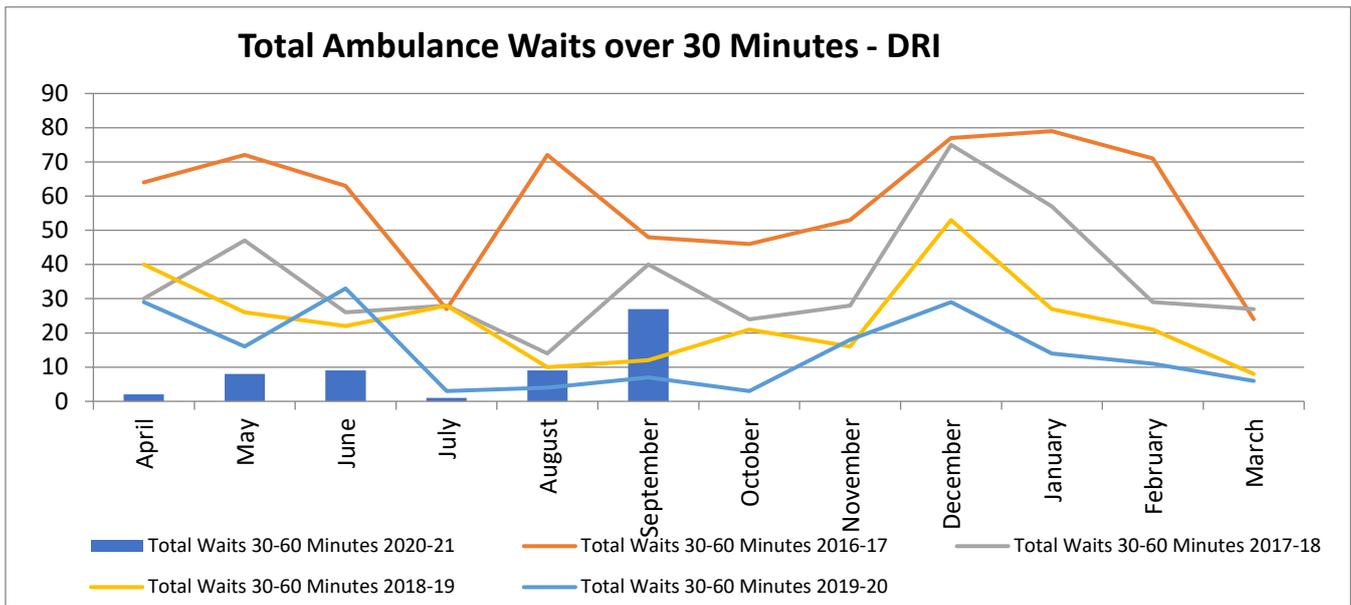
The handover challenge is just not an Emergency Department (ED) challenge. Without flow throughout the system the turnaround will still be challenged.

There is a downward trend of patients needing a hospital bed following presentation in ED. And the use of early assessment unit (EAU) supports the flow as it allows patients to be reviewed by specialities and receive further treatment in a period of time longer than four hours but no more than 12 hours. This EAU work has stopped during Covid-19 due to the area being used for the positive patient pathways.

Work to improve the ambulance pathway:

- From the 1 October 2020 the alliance provider which includes Fylde Coast Medical Services (FCMS), Primary Care Doncaster (PCD) Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and DBTH jointly deliver the urgency and emergency care across Doncaster. This will enhance partnership working and longer term will build efficiency into the pathway with ensuring patients get to see the right clinician in the right place at the right time. As from 1 December 2020 the alliance will be in a position to support Doncaster Place with a Clinical Advice Service (CAS) which will streamline patients to an appropriate service after a clinical triage has assessed them after an initial call from the patient via 111. The team will have the skills to be able to stream to a GP next day, utilise pharmacy, voluntary sector, direct admit to the hospital etc. Over time a directory of services will be expanded and local knowledge of what is needed to maximise home first.
- A full review of the Directory of Services has taken place across both system partners to maximise the opportunities of care in community settings, delivered by our partners.
- DRI – Estates footprint has been increased around the early senior assessment area with will increase cubicle capacity by six.
- On 5 November Point of Care Testing for Covid-19 patients have been put in place to support early and appropriate movement of patients to the Covid/Non-Covid-19 wards which will support the ambulance handover process.

Appendix – Ambulance Handover Charts

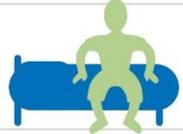


		Apr-20	May-20	Jun-20	QTR 1	Jul-20	Aug-20	Sep-20	QTR 2	Oct-20	Nov-20	Dec-20	QTR 3	Jan-21	Feb-21	Mar-21	QTR 4	YTD
CB_S7a: All handovers between ambulance and A&E must take place within 15 minutes-YAS (DRI)	> 15 Mins	389	515	488	1392	544	617	611	1772				0				0	3164
CB_S7a: All handovers between ambulance and A&E must take place within 15 minutes - YAS (DRI)	> 30 Mins	2	8	9	19	1	9	27	37				0				0	56
CBS7b: All handovers between ambulance and A&E must take place within 15 minutes - YAS (DRI)	> 60 Mins	0	0	7	7	0	0	11	11				0				0	18
CB_S7a: All handovers between ambulance and A&E must take place within 15 minutes - EMAS (BASS)	> 15 Mins	337	410	406	1153	436	439	427	1302				0				0	2455
CB_S7a: All handovers between ambulance and A&E must take place within 15 minutes - EMAS (BASS)	> 30 Mins	10	10	16	36	20	36	28	84				0				0	120
CBS7b: All handovers between ambulance and A&E must take place within 15 minutes - EMAS (BASS)	> 60 Mins	1	0	3	4	3	7	14	24				0				0	28
CB_S7a: All handovers between ambulance and A&E must take place within 15 minutes - TRUST	> 15 Mins	726	925	894	2545	980	1056	1038	3074	0	0	0	0	0	0	0	0	5619
CB_S7a: All handovers between ambulance and A&E must take place within 15 minutes - TRUST	> 30 Mins	12	18	25	55	21	45	55	121	0	0	0	0	0	0	0	0	176
CBS7b: All handovers between ambulance and A&E must take place within 15 minutes - TRUST	> 60 Mins	1	0	10	11	3	7	25	35	0	0	0	0	0	0	0	0	46

Our performance

Our indicators

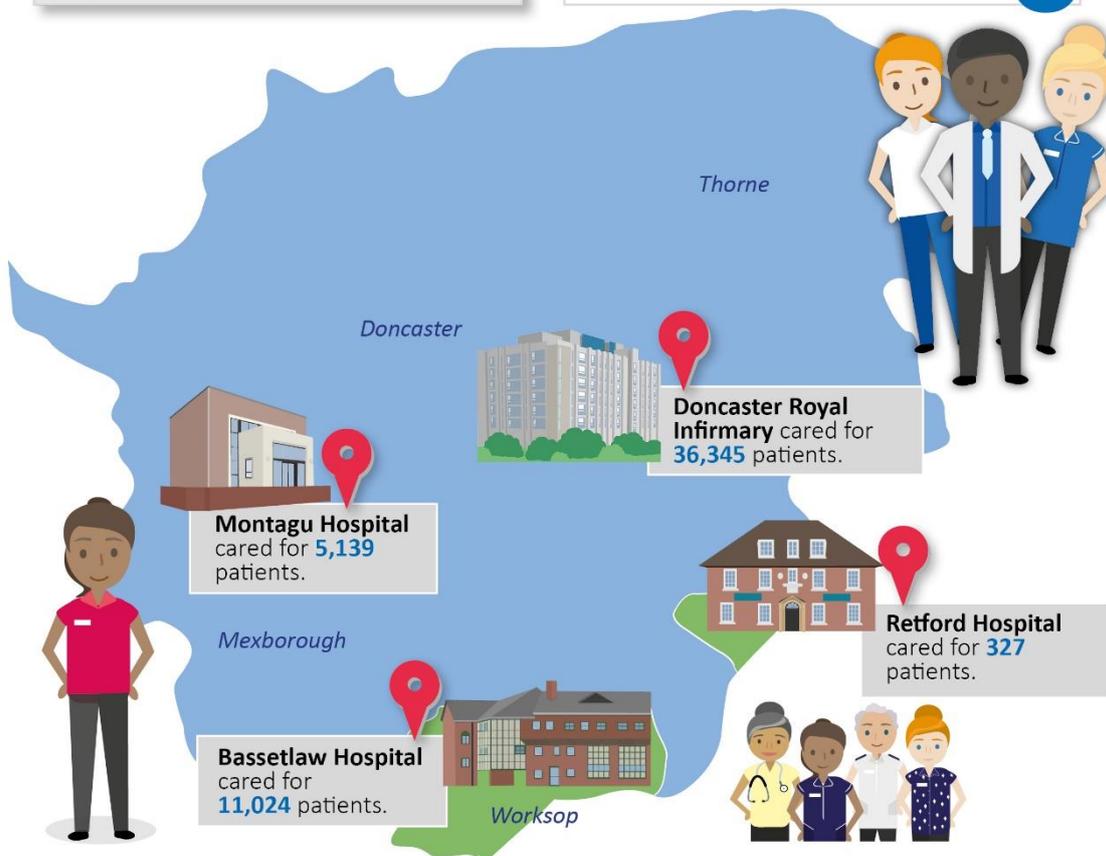
-  We achieved **82.5%** for our **four hour access target** (national 81.6%).
-  We achieved **60.7%** for **Referral to Treatment** (national 49%).
-  We achieved **four of five cancer targets** in month.
-  Our rolling 12 month **HSMR** is **103.87**.
-  We recorded **zero cases** of **MRSA Bacteraemia** in month.
-  We recorded only **four cases** of **C.Diff** in month.

We cared for **8,131** inpatients 

We cared for **31,334** outpatients 

We cared for **12,999** emergencies 

Together, we delivered **371** babies 



Benchmarking our performance:

Four hour access: Our national benchmark is against national and local performance in September – we outperformed this national mark which stood at 81.6%, however the local average was 85.1%.

Referral to Treatment: Our national benchmark is against national and local performance in August – we outperformed this national mark which stood at 49.3% as well as local one at 48.8%.

Cancer targets: Our national benchmark is against national and local performance in August – we outperformed every target both nationally and locally except one ' 62 day wait for first treatment from urgent GP referral to treatment'.

The other performance indicators do not have national or regional benchmarks and are instead internal targets.

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H&ASC November 2020

Richard Parker

Richard Parker OBE

Chief Executive



www.dbth.nhs.uk

Current position

- **Incredibly challenging October** with increased rates of admission.
- We are now beyond the **peak of the first-wave** (115 peak in comparison to 220).
- In late October, we had the third-highest bed occupancy (98.6%) in the country.
- To manage the position, we are **concentrating our bed and testing capacity** on emergency, urgent and cancer services.
- We have also **stepped up Daily Review meetings**, in addition to four-times-per-day operational meetings.





Trust changes and preparations

We have increased our intensive care bed capacity.



Respiratory Ward

Ward 20 & 21

We have consolidated and moved services.



We have redeployed and re-trained colleagues.



We have introduced in-house Covid-19 testing.

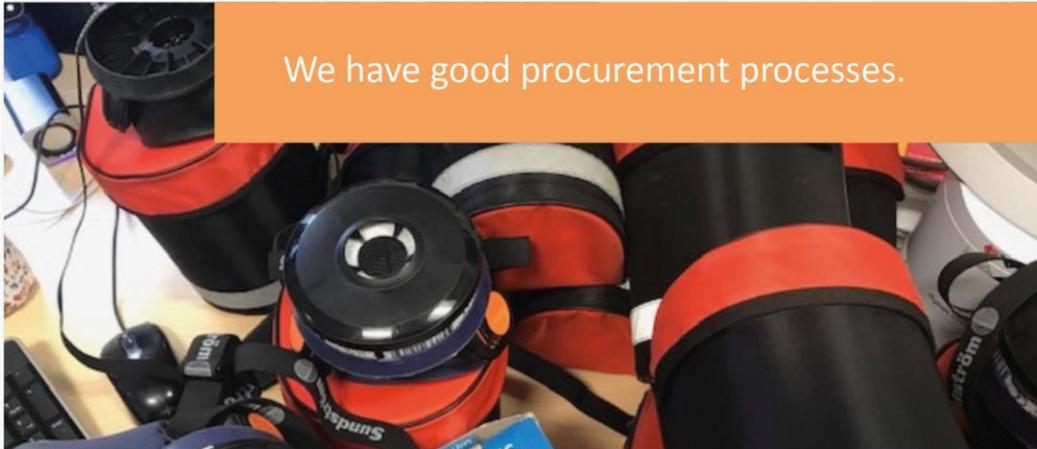
we have reconfigured patient flow within the Trust.



We have increased staff health and wellbeing support.



We have good procurement processes.



We have enhanced our use of digital technology.



Changes and developments

- **New Covid-19 diagnostic equipment** means we can complete some tests within 90 minutes.
- We continue to **vaccinate against the flu** – with over 50 percent of colleagues taking up the offer.
- **Increasing optimism related to Covid-19 vaccine**, we are gearing up to commence vaccination from 1 December, subject to vaccine approval. However the vaccine is two doses 21 – 28 days apart and individuals need to have at least a 28 day gap between the new vaccine and flu jab.



Looking ahead

- Similar to what we have seen since October, **this winter will be challenging.**
- **We are closely managing our position** and making changes and taking actions as necessary.
- **We are working with partners** both locally and regionally to ensure we are making the best use of our capacity across the patch.





Maternity update

Changes and developments

- We consolidated our Doncaster and Bassetlaw inpatient maternity services in March due to staffing concerns related to Covid-19.
- We reopened on 2 November at Bassetlaw Hospital following a successful recruitment drive which includes: nine newly qualified midwives and two experienced midwives.
- We are out to **further recruitment** for specialist midwives and labour coordinators.





Emergency Department update

Changes and developments

- Throughout the pandemic our Emergency Departments remain busy having seen 104,387 patients since March.
- Throughout October we have undertaken significant works, including:
 1. A new admin check-in area.
 2. Six new assessment bays.
 3. A new paediatric observation space.
 4. A early senior assessment area.
 5. Finally, work will commence shortly on a new canopy.





Nursing workforce and education

Changes and developments

- We have had to alter the way we deliver most training, moving much of it online for existing staff.
- This year has also been challenging in ensuring students with us have meaningful placements.
- We are currently within a process of **‘restoration’** and **‘expansion’** – essentially getting programmes back on track and supporting the Government’s ambition to train 50,000 more nurses.



Changes and developments

- Due to our work with education providers, although challenging, we don't anticipate any gaps in newly qualified professionals in the years to come.
- Throughout this second wave, our final year medical students have continued their clinical placements and will pass their medical degree on time.
- Finally, we continue to innovate, and we will soon have 19 trainee nursing associates qualify, alongside offering a four year apprenticeship for Registered Nurse training.





Ambulance handovers update

Changes and developments

- Joint work between the Trust, Yorkshire and East Midlands Ambulance Services continue with weekly meetings to discuss delays.
- Ongoing challenges in regards to the batching of ambulances and this is being worked through.
- We are working with NHS Select and YAS who will work with us around delays.
- Handover challenges are system-wide, rather than just related to the Emergency Department.



Changes and developments

- Work to improve ambulance pathways include:
 1. Increased partnership work with FCMS, RDaSH and our Trust to deliver urgent and emergency care in Doncaster.
 2. The introduced of Call for Care service and expanding it to look at interventions closer to home and concepts such as social prescribing.
 3. Improvements to our Emergency Department footprint should help capacity and flow.
 4. New Covid-19 point of care testing machines will again aid flow and handover process.





Your questions



Thank you, any questions?



Doncaster Council

Date: 26th November 2020

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

HEALTH AND SOCIAL CARE: COVID AND WINTER PLANNING IN PARTNERSHIP

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care		All	None

EXECUTIVE SUMMARY

1. Health and Care is the responsibility of a wide range of Doncaster organisations. The Council and the NHS play a key role, as do local care homes, homecare agencies and housing-related support providers. The Voluntary, Community and Faith sector are also essential. Covid 19 has created huge additional pressure this year, which will add to the challenges of winter. This report sets out the support that is planned in Doncaster this winter and how it will be coordinated.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to consider and comment on partnership plans to ensure Doncaster people receive joined-up health and social care over this winter so they are able to recover quickly from any period of ill-health.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The measures described within this report are intended to improve the health and wellbeing of Doncaster people.

BACKGROUND

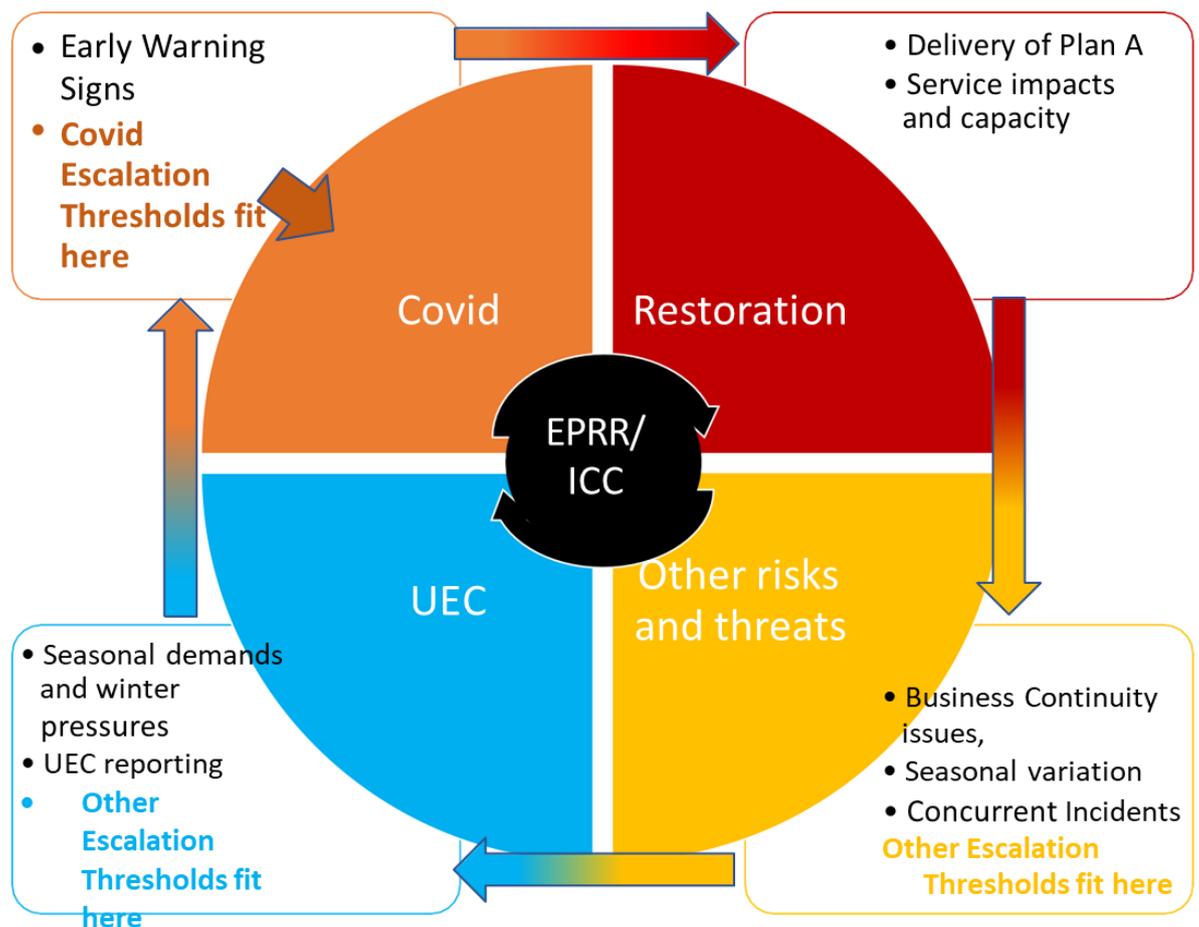
5. The Doncaster Urgent Care System - Overview

5.1. The Doncaster health and social care system is comprised as follows:

- NHS Doncaster Clinical Commissioning Group (CCG)
- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH)
- Doncaster Metropolitan Borough Council (DMBC)
- Fylde Coast Medical Services (FCMS)
- Primary Care Doncaster (PCD)
- Yorkshire Ambulance Service (YAS)

5.2. As referred to in the Executive Summary, a wider range of local organisations play a key role in delivering care to local people, including family carers. NHS organisation and the Council have a role in supporting this wider system both financially and via fostering collaboration.

5.3. The focus in the system is on managing a number of concurrent factors:



5.4. These factors are reflected in the above graphic as follows:

- The degree of Covid 19 in Doncaster communities and therefore the need to manage health and care services safely, both to support those with the virus and to protect those without it.
- The restoration of as many NHS and care services as possible following the first wave of Covid when national policy required some of these services to be stood down.
- The need to manage Urgent and Emergency Care pressures over the winter period when other respiratory infections (including but not limited to flu) are at their height and can have a significant impact on the wellbeing of frail older people in particular.
- Other risks and threats that need to be managed concurrently. The key example going into 2021 will be EU exit and the potential risks to be managed around imported goods including medicines.

5.5. “Perfect storm” is an over-used phrase but the above combination of circumstances is clearly unprecedented and requires considerable coordination. Doncaster health and care partners have agreed an escalation framework to address risks on a more granular level. Each of the areas below within the framework is informed by activity data to determine grading and therefore response:

- Covid community transmission levels
- Covid occupancy in DBTH, RDaSH and community beds
- Covid impact on available staffing
- Covid outbreaks in health and care settings
- General Accident and Emergency performance
- Community Nursing capacity and demand
- Overall bed occupancy in DBTH, RDaSH and community NHS beds
- Delayed Transfers of Care (people waiting to leave NHS beds)
- Psychiatric Intensive Care capacity
- Planned Community Mental Health capacity
- Overall demand for Mental Health support
- Overall staffing
- Care home capacity
- Restoration of full NHS services
- Adverse weather
- Primary Care capacity and demand

5.6. Operationally these pressures are managed and monitored daily. Issues are escalated to regular multi-agency meetings (for example, there are separate senior level meetings at least weekly for partners to discuss and resolve pressures on Primary Care, social care provision (care homes, supported living, Extra Care, domiciliary care) and discharge flow out of both hospital and mental health settings.

5.7. At the time of writing a Health and Care Cell meets three times per week to review all of the above risks and ensure actions are in hand. It in turn reports to the Tactical Coordination Group which is facilitated by the Council's Emergency Planning function and connects Health and care actions to wider work on the

Covid pandemic, for example public awareness, support to businesses, wider humanitarian work.

- 5.8. Chief Executives of the Council, CCG, DBTH and RDaSH meet at least weekly to review the overall position, supported by the Director of Public Health. Arrangements are also in place to brief Council Cabinet, opposition leaders and Doncaster's MPs at least weekly about Health and Care alongside wider Covid risks and actions.
- 5.9. The above paragraphs cover the health and care system's approach to coordination and escalation. The following paragraphs in Section 6 describe the content of support being provided to Doncaster people.
- 5.10. Information about Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is not provided below because that is shared in a separate report also being considered by the Overview and Scrutiny Panel today.

6 Community Health enabling Prevention, Self-Care and Support

- 6.1. Extended Access to Primary Care
 - Extended access appointments are still available in Doncaster after introduction in October 2018 (by Primary Care Doncaster) via hubs across Doncaster providing additional appointments on Saturday mornings at network level as well as additional appointments on Saturdays and Sundays at the Same Day Health Centre.
 - Where capacity allows GP Practices will run a winter rota and make additional appointments available to manage surges in demand.
 - The NHS app is now available for patients across all Doncaster practices, which allows ordering of repeat medicines and digital booking of some appointments giving patients greater choice in how they are able to book and access services.
- 6.2. Pharmacy Urgent Repeat Medication Scheme (PURM)
 - The PURM scheme provides an opportunity for urgent medication needs to be addressed in alternative settings. Focussed communications will be undertaken to promote the PURM scheme and share more general messages to Doncaster residents, care homes and GP practices around organising medications in advance of bank holiday periods in particular.
 - In addition, NHS England launched the Community Pharmacy Consultation Service (CPCS) in October 2019. This service is available via NHS 111 and connects patients who have a minor illness or need an urgent supply of medicine with a community pharmacy. As part of the response to COVID-19, patients being referred to the CPCS are being advised to phone the pharmacy and to speak to the pharmacist. Unless there is a clinical need for the patient to be seen in the pharmacy, the pharmacist can provide a consultation by telephone
- 6.3. Doncaster Same Day Health Centre and the Urgent Treatment Centre (UTC)

- The Doncaster Same Day Health Centre provides access to urgent primary care, 7 days a week. The Urgent Treatment Centre, co-located with A&E, provides a primary care response for patients identified at the A&E Front Door streaming service, and the GP Out of Hours Service.
- The Same Day Health Centre and the Urgent Treatment Centre are now provided as part of the Doncaster Provider Alliance, which enables capacity to be flexed across the urgent care system, in line with demand, and at peak periods to direct patients away from the A&E setting.

6.4. Support for vulnerable patients

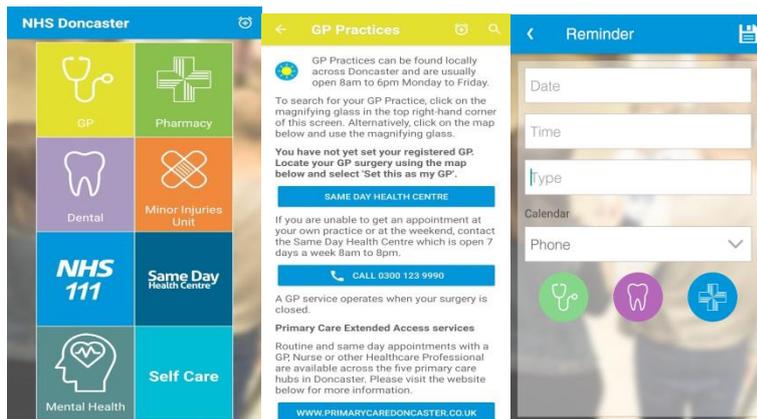
- Inclusion Health drop-in clinics have been provided across three locations hosted by Changing Lives, Wharf House Homeless Hostel and The Conversation Club at the Quaker Meeting House providing easier access to health for the more vulnerable population of Doncaster. These were paused at the start of the Covid-19 pandemic but were re-introduced in September 2020.

6.5. Signposting to the best service

- Within the Doncaster health and social care system there are a number of ways to ensure that patient and the public are signposted to the right service, the first time as much as possible. A comprehensive Communication plan is key to achieving this, and a single winter communications campaign will be running across all health and social care organisations winter 2020/21.



- The locally developed Choose Well App is available to all of our local population. The benefit for patients is to provide an easily accessible and comprehensive 'guide' to all urgent & primary care services in Doncaster at the touch of a button. The App helps patients to locate their own GP and Dental Practice, as well as find the nearest Pharmacy to their home and allow patients to input reminders of appointments. As well as information around urgent care services, the App also details information about our local mental health services and what to do in a crisis, and information about self-care. Work has also been complete to allow us to publish messages via the App when there are pressures in the system or as reminders such as remembering to order and collect repeat prescriptions.



- The Choose Well App also links to the DMBC public facing website, Your Life Doncaster, which signposts the public to various public and third sector services across Doncaster

6.6. NHS 111

- Use of NHS 111 is growing in Doncaster and work is underway to develop provision of local clinical assessment and advice, following a call to NHS 111.
- NHS 111 is also able to directly book appointments at the Doncaster Same Day Health Centre, GP Out of Hours Service, Urgent Treatment Centre at Doncaster Royal Infirmary and GP Practices. However, during the initial phase of the COVID-19 pandemic, direct booking in to these services was paused, to allow local triage and direction of patients to the most appropriate service available at that time. As part of the recovery and reset process direct booking has now been reinstated in GP Practices and is currently being re-instated at the Urgent Treatment Centre.

6.7. Supporting Professional Decision Making

- A number of referral pathways and supporting services are in place to support professionals in making the right choice within the Doncaster urgent care system. These are summarised below.
- The Integrated Doncaster Care Record is now live. This is an electronic way of storing patient data that can be seen by health staff in a wide range of services in Doncaster. The information is significant in supporting patients to be managed at home, as critical information such as assessments, current care plans and care packages can be accessed within any community setting.
- With regards to elective referrals Doncaster has rolled out the Advice and Guidance service, Consultant Connect, to more Specialties - this enables Primary Care Clinicians to contact Trust Consultants via telephone for advice and guidance prior to referral; it also allows for booking into clinics for some Specialties

6.8. Community Alternatives

- The RDaSH Single Point of Access (SPA) provides triage and access to Community Nursing, Intermediate Care Rapid Response, Mental Health and Palliative Care services. The SPA operates 24/7 and is staffed by experienced nurses to ensure that patients are directed to the most

appropriate service, and are ideally managed at home, avoiding admission to the acute hospital wherever possible.

- The Rapid Response service, based on a multi-agency team, is now well established and receives direct referrals from community healthcare professionals on a daily basis. The service ensures that appropriate patients can be supported and cared for within their own home, avoiding A&E attendances and non elective admissions. The service also works to keep people as independent as possible in their own homes.
- During Winter 2018/19 the Rapid pathway was also opened to Care Homes which has supported Care Homes in their decision making, providing on site care for patients and avoiding unnecessary A&E attendances. This approach, along with support from the Older Peoples Mental Health team will continue for winter 2020/21.

6.9. Support to Care Homes

In March 2020, version 2 of the Enhanced Care in Care Homes (ECCH) Framework was issued by NHS England and NHS Improvement (NHSE/I). The framework sets out practical guidance and best practice for CCGs, Primary Care Networks and other providers and stakeholders as they work collaboratively to develop a mature EHCH service. However, a further letter issued 1 May by NHSE/I requested that CCGs – working with general practices, community health services providers and engaging Local Medical Committees – should take immediate steps to implement the following support for care home residents:

- Delivery of a consistent, weekly ‘check in’, to review patients identified as a clinical priority for assessment and care
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

This has been put in place across Doncaster and a multidisciplinary team approach is in place to support each care home.

7 Integrated support to help people leave hospital

7.1. The Hospital Discharge Service Requirements guidance was published on 19 March 2020. This National guidance made clear recommendations for the care model required to be in place to support the discharge of patients from the acute hospital in response to the COVID-19 pandemic.

7.2. The guidance presented a number of pathways, with the recommendation that:

- Acute hospitals would be responsible for leading on the discharge of all patients where there were no ongoing health or social care needs
- Providers of community health services would lead on pathways for patients that required some ongoing care, as they will play a lead role in assessing and providing care for patients once they are home.

7.3. The approach to discharge management was adapted in Doncaster, in line with the guidance. Since that point a review has been undertaken regarding the changes, and a Quality Improvement event held, to build on the learning and

continue to improve discharge pathways. An integrated approach to discharge is still in place in Doncaster, with teams from all health and social care providers coming together to support patients and residents in their discharge, with a “home first” methodology at its heart.

7.4. Services in place to support the needs of Doncaster people on discharge include:

- Discharge to Assess beds, which enable a patient to have a longer time to recover and be assessed for future needs
- The Positive Step Unit providing short-term 24-hour reablement and support, 7 days a week. This programme introduced a number of additional Support workers meaning that the unit can take more cases awaiting discharge and potentially more complex cases.
- The STEPS Home First team providing short term domiciliary care and enablement to people in their own homes. This service is in place both to reduce waiting times for domiciliary care packages to commence and enable home based assessment of future need, potentially reducing longer-term care needs.
- Woodfield 24 provide end of life care in patients homes on a flexible basis, in line with patient need. Capacity for this service was increased in February 2018 and has been increased again during 2020, due to the success of the service model and positive patient feedback.
- The voluntary sector are critical to the urgent care system in Doncaster, providing and supporting a range of services such as Home From Hospital, Social Prescribing and the Wellbeing Officers team at DMBC. The Social Prescribing scheme works on a locality basis accepting referrals from GPs, Community Nurses and ECPs. Significant work has also taken place with a number of voluntary sector groups, including the Peoples Focused Group, in support of mental health services.
- Patient transport is essential to enable health and social care services to function effectively. However, any changes to weather conditions, especially during winter can compromise these services and their delivery. NHS Doncaster CCG has a number of patient transport contracts, with providers other than YAS, in order to manage the potential service risk and disruption caused by bad weather conditions. Close working relationships are maintained with those providers in order to maximise flexibility when needed. Support is also available from the local 4x4 club. All transport services have robust Business continuity services and plans to vaccinate their staff against flu.

OPTIONS CONSIDERED

8. Doing nothing in response to winter pressures on the health and wellbeing of Doncaster people would create significantly worse outcomes for them and also risk the sustainability of core health and social care services. If health and social care organisations attempted to address issues separately rather than together then opportunities would be missed to ensure joined up support, ensure the best experience for local people and also make the best use of resources.

REASONS FOR RECOMMENDED OPTION

9. As above.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Supporting Doncaster people with increased health and care needs over winter not only supports their own wellbeing but also those of family members, including those who work. A joined up programme to ensure people get the right support when they need it has a strong impact on all of the Council's key objectives.</p>
2.	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
3.	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	

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

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS (SF 16.11.20)

11. There are no legal implications arising from this report. All partnership organisations will continue to work in line with their statutory responsibilities.

FINANCIAL IMPLICATIONS (PW 16.11.20)

12. There are no specific financial implications arising from this report. All work already takes place within agreed budgets.

HUMAN RESOURCES IMPLICATIONS (AT 16.11.20)

13. There are no specific human resource implications arising directly from this report.

TECHNOLOGY IMPLICATIONS (PW 16.11.20)

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

HEALTH IMPLICATIONS (RS/PH 16.11.20)

15. This report describes measures to improve the health and wellbeing of Doncaster residents.

EQUALITY IMPLICATIONS (PH Date 13.11.2021)

16. There are no significant equality implications associated with the report.

CONSULTATION

17. There has been no specific consultation connected with the production of this report.

BACKGROUND PAPERS

18. None

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

- ECCH - Enhanced Care in Care Homes
- NHSE/I - NHS England and NHS Improvement
- YAS – Yorkshire Ambulance Service
- STEPS - Short Term Enablement Programme
- ECPs - Emergency Care Practitioners
- SPA - Single Point of Access
- PURM - Pharmacy Urgent Repeat Medication Scheme
- UTC - Urgent Treatment Centre

REPORT AUTHOR & CONTRIBUTORS

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DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST DECEMBER 2020 TO 31ST MARCH, 2021

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: 2 November 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
1st Dec 2020	To bid for and, if successful, receive circa £4m of government funds from the Government's Social Housing De-carbonisation Fund to enhance the specification of existing planned works to 200 Council owned homes in Balby.	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Portfolio Holder for Housing and Equalities	Richard J Smith, Energy Manager richardj.smith@doncaster.gov.uk		Open
1 Dec 2020	To develop an integrated model of adult substance misuse treatment & supported housing services, by Riverside supported housing services to be sub-contracted by Aspire & to extend the contract to 31 March 2023, to pilot & evaluate an integrated model	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Portfolio Holder for Public Health, Leisure and Culture	Helen Conroy, Public Health Specialist Tel: 01302 734571 Helen.Conroy@doncaster.gov.uk		Open
1 Dec 2020	Quarter 2 2020-21 Finance and Performance Report and the 'Delivering for Doncaster' Booklet	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Ass Director of Finance faye.tyas@doncaster.gov.uk, Louise Parker, HOS Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk		Open

1 Dec 2020	St Leger Homes Performance Report 2020/21 Quarter 2 (Non Key Decision)	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Julie Crook Tel: 01302 862705		Open
1 Dec 2020	DCST Quarter 2 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
12 Jan 2021	Approval of the Council Tax Base for 2021/22	Mayor Ros Jones	Cabinet	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
12 Jan 2021	<i>To approve the revised Housing Strategy 2020-2025</i>	<i>Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.</i>	<i>Cabinet</i>	<i>Karen Lythe, Assistant Director of Housing Karen.Lythe@doncaster.gov.uk</i>		<i>Open</i>

12 Jan 2021	To approve the Five Year New Homes Delivery Plan.	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Karen Lythe, Assistant Director of Housing Karen.Lythe@doncaster.gov.uk		Open
26 Jan 2021	Approval of a Doncaster Town Investment Plan.	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Christian Foster, Head of Policy, Insight & Change christian.foster@doncaster.gov.uk		Open
26 Jan 2021	Approval of a Stainforth Town Investment Plan.	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Christian Foster, Head of Policy, Insight & Change christian.foster@doncaster.gov.uk		Open
23 Feb 2021	Quarter 3 2020-21 Finance and Performance Report and the 'Delivering for Doncaster' Booklet	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Ass Director of Finance faye.tyas@doncaster.gov.uk, Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk		Open

23 Feb 2021	St Leger Homes Performance Report 2020/21 Quarter 3 (Non-key decision).	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Paul Tanney, Chief Executive, St Leger Homes of Doncaster paul.tanney@stlegerhomes.co.uk		Open
23 Feb 2021	DCST Quarter 3 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
23 Feb 2021	To approve new discretionary relief schemes for Business Rates for 2021/22.	Mayor Ros Jones	Cabinet	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open

Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2020/21

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May	Friday 1st May, 2020 11am – Briefing Session				
	OSMC and Vice Chairs - way forward during the Covid-19 pandemic period.				
	Wednesday 13th May, 2020 5pm – Briefing Session				
	How the Local Authority is identifying and responding to the needs of vulnerable people				
	Thursday 28th May 2020 5pm – Briefing Session				
	Use of grant funding and impacts				
June	Thursday 11th June 2020 5pm – Briefing Session				
	Street scene services, cleaner and greener; Household Waste Centres				
	Thurs, 25th June 2020, 10am (AS)				
	<ul style="list-style-type: none"> • Qtrly Finance & Performance Report – Qtr 4 <ul style="list-style-type: none"> • DMBC • SLHD • DCST • Scrutiny Work Plan 				

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

July	Cancelled Thurs, 16 th July 2020, 10am	Cancelled Thurs, 2nd July 2020, 10am	Thursday 9 th July 2020 5pm – Briefing Session	Thursday 23 rd July 2020, 5pm – Briefing session	Wed, 29 th July 2020, 10am
			<ul style="list-style-type: none"> Home schooling during Covid-19 pandemic – schools approach and support and advice available Potential impact on educational outcomes 	<ul style="list-style-type: none"> Impact on delivery of major projects during the covid-19 pandemic 	<ul style="list-style-type: none"> Update on Environmental Strategy and Climate Commission Work planning meeting
	Wed 29 th July 2020 1pm	Mon 27 th July 2020 12.30 pm	Cancelled Thurs, 23 rd July 2020, 4:30pm	Thurs 30 th July 2020 5pm	
	Work planning meeting	Work planning meeting		Work planning meeting	
		Tues 28 th July 2020 11am (CM) South Yorkshire Regional Joint Scrutiny Virtual Meeting.			
Aug		Thurs 6 th August 2020 5pm (CM)	Mon 3 rd Aug 2020 5pm		
		<ul style="list-style-type: none"> Mental Health (include suicide prevention) – impact from the covid-19 pandemic 	<ul style="list-style-type: none"> Work planning meeting 		
Sept	Thurs 3 rd Sept 2020, 12:30pm Cancelled & moved from 10 th Sept 2020, 10am (CR)				Friday 18 th Sept 2020 9.30am (CR)
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 1 (specific issue staff sickness and back to work interviews) (c) <ul style="list-style-type: none"> DMBC SLHD DCST O&S Workplan – Sept Update (c) 				<ul style="list-style-type: none"> Flooding Briefing session

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"> Licensing Strategy (c) 				
	Tues, 22nd Sept 2020 at 4pm Briefing Session		Thurs, 17th Sept 2020, 4:30pm (CM)		
	<ul style="list-style-type: none"> Planning White Paper Consultation (c) 		<ul style="list-style-type: none"> Theme - Early intervention in localities supporting families in the place (c) 		
			Ext Tues, 29th Sept 2020, 5:00pm (CM)		
			<ul style="list-style-type: none"> Theme – Participation Child Friendly Borough (c) Doncaster Offer (Youth Strategy) (c) 		
Oct				Thurs 8th Oct 2020 at 4pm R and H Briefing Session (All Members welcome)	
				<ul style="list-style-type: none"> Housing Strategy Housing Delivery Plan 	
	Thurs, 8th October 2020, 10am	Thurs, 1st October 2020, 10am (CM)		Mon, 12th Oct 2020 at 1pm rescheduled from Wed, 14th Oct	Thurs, 22nd October 2020 At 2pm (CM)
	<ul style="list-style-type: none"> Council Compliments and Complaints (c) 	<ul style="list-style-type: none"> Ensuring access to day support and short breaks during the Covid 19 pandemic (c) Health Protection Assurance Report (deferred from meeting in March 2020) (c) 		<p>Economic impact arising from COVID (c)</p> <ul style="list-style-type: none"> To include Business Support Grants (main fund and discretionary fund) <ul style="list-style-type: none"> how has this been utilised. 	<p>Flooding (c)</p> <ul style="list-style-type: none"> Section 19 requirements; Winter preparations for flooding assurance ahead of winter period
Wed, 21st October 2020, 4pm Members Seminar –OSMC led					

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"> Planning White Paper Consultation (c) 				
Nov	<p>Mon 2nd Nov 2020, 10am rescheduled from Thurs, 5th Nov</p>	<p>Thurs, 26th Nov 2020, 10am</p>	<p>Wed 4th November, 2020 at 4pm – Members Briefing</p>		<p>Wed 25th November, 2020 at 10am</p>
	<ul style="list-style-type: none"> Digital Recovery & Renewal Strategy(c) 	<ul style="list-style-type: none"> Winter Planning Partnership Plan to including hospital discharges to care homes, track and trace (local) and CV-19 Doncaster position (c) Update from Doncaster and Bassetlaw Teaching Hospitals 	<ul style="list-style-type: none"> Doncaster Offer (Expect Youth) 		<ul style="list-style-type: none"> Domestic Abuse (during the pandemic) – briefing session (c) Briefing session Environmental Strategy development (c)
			<p>Extraordinary- Wed 11th November, 2020 4.30pm</p>		
<ul style="list-style-type: none"> Theme Education, Skills and Curriculum Recovery Achievements in relationships with Academies; Reintegration into education; NEET; Skills and transition into employment. Education achievement and attendance (c) Learning Provision Organisation Strategy; (c) 					
Dec	<p>Thurs 3rd Dec 2020, 10am (AS)</p>		<p>Wed 2nd December, 2020 at 4pm – Members Briefing</p>		
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 (c) <ul style="list-style-type: none"> DMBC SLHD DCST 		<ul style="list-style-type: none"> Big Picture Project Update 		
		<p>Thurs, 10th Dec 2020, 4:30pm</p>	<ul style="list-style-type: none"> Theme – Safeguarding Whole System including demand management; Doncaster Children’s Safeguarding Board Annual Report (c) 		

Please note dates of meetings/rooms/support may change

Jan	Wed, 20th Jan 2021 10am	Thurs, 28th Jan 2021, 10am			
	<ul style="list-style-type: none"> Review of Ward Budgets 	<ul style="list-style-type: none"> Childhood obesity Get Doncaster Moving (to include invite to DCLT) (c) Substantial variation GP Practice Proposed Merger (c) 			
Feb	Thurs, 4th Feb 2021, 10am				Wed, 10th Feb 2021, 10am
	<ul style="list-style-type: none"> Budget (TBC) Corporate Plan Education and Skills Strategy 				Crime and Disorder Committee <ul style="list-style-type: none"> Reflection on Covid period 2020
	Thurs, 25th Feb, 2021 10am				Member Briefing - TBC
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC SLHD DCST 				<ul style="list-style-type: none"> Update on Winter preparations for flooding
March		Thurs, 18th March 2021, 2pm	Thurs, 11th March 2021, 4:30pm	Wed, 3rd March 2021 – 10:00am, Council Chamber	
		<ul style="list-style-type: none"> Health Protection Assurance Report 	<ul style="list-style-type: none"> Theme – Health and well-being of children; How to promote and transition of children with learning disability into Adult Education. 	-	
Apr	Thurs, 1st April 2021, 10am				

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

May					

POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED

<p>Youth Justice Plan – being dealt with through a different process in 2020</p>	<p>Changes to Adult Social Care Charges 1 year on – first meeting in 2021/22</p>	<p>Doncaster Offer (Delivery Strands) (TBC)</p>	<p>Town Centre Car Parking (TBC)</p>	<p>Environmental/Climate Change</p> <ul style="list-style-type: none"> • Climate Change Commission Report – Oct • Transportation (link to Climate Change/Covid) – Review – timing tbc link to Regeneration and Housing • Hatfield Moors Fires • Environment Strategy (Cleaner/Green proposed early January) <p>Other areas arising out of the above will be reviewed throughout the year and maybe rolled over on a continual basis.</p>
<p>DGT 2 and Borough Strategy (Early January 2021)</p>	<p>RDaSH Quality Accounts – December 2020</p>	<p>All Age Learning Disability Strategy (TBC)</p>		<p>•Water Management Consortium and Doncaster East Internal Drainage Board–update following 2018/19 Flood Review (deferred from 2019/2020 tbc)</p>
<p>Budget 21/22 – October 2020 onwards (including CSR settlement)</p>				

Please note dates of meetings/rooms/support may change

	Ward budgets – 6 months on – addressing community vibrancy, lessons learnt particularly operating through Covid-19, barriers - review				
	Contract commissioning – roll over to 2021/22				
		<p><u>Briefing Note</u></p> <p>Adults Safeguarding – January/February 2021</p>		<p><u>Briefing Notes</u></p> <ul style="list-style-type: none"> • Homelessness – <ul style="list-style-type: none"> ○ response to homelessness (in response to Covid 19) and implications on housing stock/budget/support ○ ending of suspension of evictions for those renting in private renting (23rd Aug) when court actions can resume ○ impact on number that could be made homeless ○ support to those finding new accommodation/ sustaining tenancies • Council Properties Rent Payments; 	<p><u>Briefing Notes</u></p> <ul style="list-style-type: none"> • Rapid Improvement Programme • Future parks' and green space • Social Isolation and Loneliness Alliance Update

Please note dates of meetings/rooms/support may change

				<ul style="list-style-type: none">○ Impact from job losses/redundancies/delays in Universal Credit○ measures in place to support those impacted.● Flooding– flooding being addressed by C & E so may need to review what is covered to avoid duplication and ensure the issues remained linked<ul style="list-style-type: none">○ Flood resilience and housing – how we can become more resilient to flooding.○ Economic impact from flooding● SCR Devolution● Funding Streams and progress made eg. Towns Fund January 2021	
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