



# Public Document Pack

## Doncaster Council

### Agenda

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**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:** Microsoft Teams - Virtual Meeting

**Date:** Thursday, 6th August, 2020

**Time:** 5.00 pm

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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:**

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

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**Damian Allen**  
**Chief Executive**

**Issued on:** Wednesday 29<sup>th</sup> July, 2020

**Senior Governance Officer for this meeting**

Christine Rothwell  
Tel: 01302 735682

**Doncaster Metropolitan Borough Council**  
[www.doncaster.gov.uk](http://www.doncaster.gov.uk)

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 30th January, and 19th March, 2020 (*Pages 1 - 12*)
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. All Age Emotional Wellbeing and Mental Health Recovery Plan (*Pages 13 - 30*)
7. Overview and Scrutiny Draft Work Plan 2020/21 and the Council's Forward Plan of Key Decisions (*Pages 31 - 42*)

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

Chair – Councillor Councillor Andrea Robinson

Vice-Chair – Councillor Councillor Cynthia Ransome

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

**Invitees:** Jim Board UNISON

# Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 30TH JANUARY, 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, 30TH JANUARY, 2020 at 1.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors George Derx, Martin Greenhalgh and Derek Smith

ALSO IN ATTENDANCE:

**NHS Doncaster Clinical Commissioning Group**

- Anthony Fitzgerald - Director of Strategy and Delivery
- Jo Forrestall - Head of Strategy and Delivery-Community Services

**Yorkshire Ambulance Service NHS Trust**

- Stephen Segasby, Deputy Director of Operations; and
- Beth Vernon, Locality Manager
- Elaine Gibson, Head of Corporate Communications (Yorkshire Ambulance Service NHS Trust)

**Safeguarding Adults Board**

- John Woodhouse - Independent Chair of the Safeguarding Adults Board

**DMBC**

- Phil Holmes - Director of Adults Health and Wellbeing
- Chris Marsh, Project Lead – Strategy Performance Unit
- Shabnum Amin - Safeguarding Adults Board Manager

		<u>ACTION</u>
24	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Sean Gibbons, Rachel Hodson and John Gilliver.	
25	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	

26	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH NOVEMBER 2019</u>	
	The minutes were agreed as a correct record.	
27	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
28	<u>PRIMARY CARE NETWORKS (NHS CCG) AND INTEGRATED AREA BASED WORKING</u>	
	<p>The Panel was provided with a presentation from the Director of Strategy and Delivery and Head of Strategy and Delivery of Community Services (Doncaster NHS CCG) in conjunction with the Project Lead, Strategic Policy Unit (DMBC) on the following areas;</p> <ul style="list-style-type: none"> <li>• Primary Care Networks (PCNs)</li> <li>• Investment 19/20</li> <li>• New Services</li> <li>• Commissioning Intentions</li> <li>• 2020/21 onwards</li> <li>• PCNs and Neighbourhoods are the footprints</li> <li>• Integrated</li> <li>• Locality Working Prototypes</li> <li>• New Practice Model – built on relationships and the assets of people and communities</li> <li>• Neighbourhood Frailty – Thorne</li> <li>• Elizabeth's Story – Case Study</li> <li>• What have we got? A new model of preventative, local partnership working.</li> <li>• Timescales, Phasing and Scaling – outline view</li> </ul> <p>There was a discussion held and the following issues were raised;</p> <p><b>Model</b> - A Member welcomed the principles of the model and suggested that they could be delivered through effective joint working and improvements being undertaken.</p> <p>It was acknowledged that these principles had been around for some time. It was acknowledged that it was the way the system had been created that had made achieving those principles more difficult. It was noted how in the past, those services that had been contracted and commissioned had been isolated and therefore prevented cross boundary working.</p> <p>Members were assured that this new way of working was key in addressing increasing populations and therefore growing demands through a multi-discipline approach.</p>	

It was further explained that adequate systems with schools and health depended upon having the ability to spot issues at a very early stage, develop better connections and provide more effective joined up support.

Concerns were raised around whether current levels of funding were adequate to meet increased needs (as a result of higher levels of population). It was explained that it was about ensuring that the person was at the right place at the right time although it was acknowledged that there was an issue in some places with access to social care.

**Delivery of New Services** - It was questioned whether delivering new services such as the Structured Medication Review and Medicines Optimisation (to be delivered in full 20/21) had realistic timescales. Members were informed that when the specification was first published, consultation with GPs and Primary Care Networks (PCNs) were in their infancy and it was now felt that on reflection those timescales were too ambitious. It was hoped that there would be further clarification around those timescales further down the line.

**Resources** - In terms of providing sufficient GP resources, the Panel was informed that fellow practices were considering how those resources could be shared. It was noted that this was what Primary Care Networks were about, for example, when expertise could be pooled across practices. It was recognised that this may result in additional travel for certain individuals and therefore further consideration maybe needed. It was continued that additional work was being undertaken in extended GP access encouraging further take-up. It was added that a significant piece of communication and engagement had recently been undertaken.

Members were informed that the core Multi-Discipline Teams included therapy, a Physical Health Nurse, pharmacy, community pharmacy, Social Worker and a Health and Wellbeing Officer. It was continued that the wider team consisted of a GP to GP practice, Older People's Mental Health, speech and language and Parkinson's nurses. It was recognised that the system needed to be changed to be able to work in a different way.

It was concluded that services had attempted to work in this way for some time. It was recognised that there needed to be a change of mind-set and culture that would develop better links through a neighbourhood based.

Members welcomed the update and expressed their wish that this model has future success.

RESOLVED to note the report

29	<p><u><b>YORKSHIRE AMBULANCE SERVICE NHS TRUST - NEW DONCASTER HUB</b></u></p> <p>The Panel was provided with a report and brief presentation that updated them on the new Hub and Spoke model of the Yorkshire Ambulance Service NHS Trust. The report and presentation covered the following areas;</p> <ul style="list-style-type: none"> <li>• The new hub and spoke model.</li> <li>• What future impact/benefits the new model will have.</li> <li>• Information on handovers of patients from ambulances to emergency departments.</li> </ul> <p>The Panel requested that the presentation be circulated to Panel Members following the meeting.</p> <p>There was a discussion held and the following issues were raised;</p> <p><b>New Hub and Spoke Model</b> – A Member commented that the new model looked workable and practical. It was noted that response times were good and with further investment into the new Hub and Spoke model, there would be additional staffing and vehicles.</p> <p><b>Recruitment and Staffing</b> – Members were advised that the challenge when recruiting staff, was being reliant on individuals being educated to degree level through the University. Members were assured that this was being addressed by developing an internal programme to upskill staff already recruited into positions within the service. It was recognised that recruiting staff was therefore a challenge and efforts were being made to attract people into ambulance assistant roles through to paramedic and specialist paramedic and finally advanced practitioners. It was explained that 192 paramedics were required across Yorkshire and the Humber, in order to reach the desired level of staffing.</p> <p>Members were advised that, at present, the use of prescribing paramedics was in its infancy. It was explained that there was a great deal of work taking place to broaden the scope of the role to ensure that patients were in the right place at the right time and receiving appropriate care.</p> <p>It was noted that the Yorkshire Ambulance Service had previously worked with the armed forces (Catterick Garrison) although acknowledged that the skill set of military medics was slightly different between the roles (although the level of care was still there).</p> <p><b>Resources</b> - Members were informed that resources were often despatched outside of the area when work was dynamically deployed. It was explained that the new operating model and investment made, would enable the service to have the right level of resource in the right</p>	
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	<p>place with better planning, in particular, with more specialised types of care for patients suffering from conditions such as stroke and heart attacks.</p> <p><b>Use of Ambulances</b> - It was clarified that there could be up to 10 ambulances waiting outside Doncaster Royal Infirmary (DRI) although not all were necessarily Doncaster-based ambulances. It was explained that some ambulance were from other areas which was unavoidable (with up to 16 ambulances during the day). It was recognised that this figure had increased over the last 12 months, with 3 additional ambulances compared to a year ago.</p> <p><b>Hyper Acute Stroke</b> - In terms of Hyper Acute Stroke, it was explained that there were pathways that provided direct access into specific hospital services. It was explained that access was in the right areas and the direct line facility in place was good.</p> <p><b>Hospital Turnaround at DRI</b> – Members expressed deep concerns in the information presented which included:</p> <ul style="list-style-type: none"> <li>• Conveyance Demand</li> <li>• Average Turnaround</li> <li>• % handovers under 15 minutes</li> </ul> <p>As part of the discussion, it was recognised that similar issues were being faced nationally, and that Doncaster Royal Infirmary (DRI) was not alone in this. It was explained how delays were a symptom of a wider system issue that could potentially work more effectively. It was added that a greater understanding of that system was needed and specific challenges were being faced by DRI. It was hoped that more could be done to identify and influence a more effective way of working with system partners to resolve those issues faced. It was commented that some hospitals were able to deal with this issue better than others.</p> <p>Members agreed to write a letter of concern to Jackie Pederson, Chief Officer of the Doncaster Clinical Commissioning Group in her capacity as co-chair of the Accident and Emergency Delivery Board.</p> <p>RESOLVED that the Panel;</p> <ol style="list-style-type: none"> <li>i. Note the report; and</li> <li>ii. Send a letter expressing their concern Hospital Turnaround at Doncaster Royal Infirmary (DRI) to Jackie Pederson, Chief Officer of the Doncaster Clinical Commissioning Group in her capacity as Co-Chair of the Doncaster and Bassetlaw Accident and Emergency Delivery Board</li> </ol>	
30	<u>DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/2019</u>	

<p>The Panel was provided with an annual report developed by the Doncaster Safeguarding Adults Board in video format. It detailed what had been done during the year 2018/2019, in order to achieve the Boards strategic objectives, and consider how its partners safeguarded adults at risk.</p> <p>It was noted that it was the first time the report had been presented in video format and that feedback so far had been positive.</p> <p>Members were told how more joint work had been undertaken with children's and adults.</p> <p>As part of a discussion about safeguarding being everyone's responsibility, it was recognised that it needed to go wider, for example, to faith groups. It was explained that it was not about scrutinising the policies of such groups but about forming a better understanding of safeguarding.</p> <p>There was a discussion held and the following issues were raised;</p> <p><b>Communication and Engagement</b> – Members were informed that the 'Doncaster Keeping Safe Forum' event had been opened up to children's services and had proved successful with good attendance,</p> <p>It was commented that it had been a positive year with partnerships working well at a strategic level. It was also noted that work had been promoted further upstream and although that approach was proving difficult to measure, indications were showing that it had been worthwhile.</p> <p><b>Performance</b> - Reference was made to the performance section of the report, which stated that 290+ S42 Enquiries Undertaken had been made during the 2018-2019 period.</p> <p>It was commented that there had been one safeguarding adult review in 2018 and one in 2017, with an increasing number of requests to look into more.</p> <p>In reference to response times to initial referral data, it was explained that there would be an acknowledgement made within 24 hours of the individual being referred. It was acknowledged that safeguarding was not always the best form of response in some instances, as it would depend on the abuse and level of concern under investigation.</p> <p>Reference was made to the locality work being undertaken across different disciplines ensuring that nobody was missed.</p> <p>Members welcomed the information provided and the new format of the annual report.</p>	
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	RESOLVED that the Panel note the Annual Report and information presented.	
31	<u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u>	
	<p>The Panel was provided with a report on a range of areas that included;</p> <ul style="list-style-type: none"> <li>• The published Care Quality Commissions (CQC) ratings for Care Homes and Community Services as at 9th January 2020.</li> <li>• The local authority area data profile, regarding Doncaster's provider performance (that included breaches to regulations across South Yorkshire Adult Social Care Services).</li> <li>• An overview of the learning and development in Adult Health and Wellbeing (AH&amp;WB).</li> <li>• An analysis of the training offered by Doncaster Council Workforce team to external and internal providers, demonstrating how Doncaster supported providers in upskilling and retaining its workforce.</li> <li>• An outline of the current contract monitoring activity that supports providers in improving their performance</li> </ul> <p><b>Breaches</b> – It was reported that Doncaster had the second highest number of providers yet the lowest number of breaches. The main areas of breaches for Doncaster were in respect of good governance and safe care and treatment, as well as person-centred care.</p> <p>It was explained that work was undertaken with homes to ensure that they were of a good quality through providing them with adequate support. Reference was made to the level of support and work undertaken with providers as part of a rigorous approach.</p> <p><b>Training and Development</b> – Members were advised that there was a proactive approach in respect of support, training and development when working with a workforce that included frontline staff. This approach included access to different training courses from an extensive list that providers could access through classroom based sessions as well as through E-learning courses. It was noted that certain elements of training were mandatory (as required by CQC and others) and were in place to support the delivery of a quality service.</p> <p>It was explained that a strong training approach had been achieved through having a good infrastructure in place and with a focus on continual improvement. It was noted that providers might also choose to use their own approach in quality as appropriate.</p> <p><b>Performance</b> – It was reported that the Commissioning and Contracts team had worked jointly with other professionals and used the available information and data to identify who and how the authority could</p>	

	<p>support those services that had acquired an 'Inadequate' and 'Requires Improvement' rating.</p> <p>In terms of those identified as having 'Inadequate Services', it was noted that both cases had mirrored each other in that they were new providers into Doncaster, who had purchased existing services with lessons being learnt. It was explained that efforts had been made to engage with providers earlier to identify those governance issues, support information and appropriate signposting.</p> <p>Members were assured that further work was being undertaken jointly with a link nurse, nursing homes and domiciliary care. It was stated that feedback from the monitoring team had been very positive around feeling more supported from the clinical input in a wide range of areas, for example, medication. It was also confirmed that working was also taking place with Public Health colleagues around infection and prevention.</p> <p>Concerns were raised by a Member of the Panel that staff were low paid, that there was an ongoing turnover of employment within residential homes and also challenges in recruiting quality and trained individuals.</p> <p><b>Role of DMBC</b> - Members were advised how the authorities' role was separate to that of the CQC although maintaining a strong relationship with them was recognised as important. It was commented that the authority's role was to support and improve the quality of providers as much as possible.</p> <p><b>Localities</b> - Reference was made to the work being undertaken within localities and the potential benefits through care homes being located alongside its residents. It was commented that this approach would present an opportunity to wrap around support for care homes through better engagement and locality working.</p> <p><b>Resources</b> - Members were informed that there were sufficient resources within the team that included experienced monitoring officers. It was explained that those officers each had an allocation of work in their portfolio and had developed positive relationships with providers ensuring that they were available if needed. It was noted that it was a continuously changing picture and a case would be put forward if it was deemed that further resources were required. It was also commented that resources in Doncaster were adequate when benchmarking against others local authorities.</p> <p><b>Current Market</b> - A query was raised about the impact on the market through the prevention agenda when supporting individuals to remain in their own homes. It was explained that at present, the market was relatively stable with a similar level of vacancies within care homes regionally and nationally.</p>	
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	<p><b>Unannounced Visits</b> – It was explained that unannounced visits only took place when a safeguarding or serious concern had been raised and provided an opportunity to observe what was happening at that point in time. It was added that announced monitoring visits formed part of an improvement plan</p> <p>RESOLVED that the Panel note the report and the information provided.</p>	
32	<p><b><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN AND KEY DECISIONS.</u></b></p>	
	<p>The Senior Governance Officer presented the 2019/20 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>There was a brief discussion around future items for the Overview and Scrutiny workplans following the meeting's discussions.</p> <p>RESOLVED that the Overview and Scrutiny Work Plan 2019/20 and Forward Plan of key decisions be noted.</p>	

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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 19TH MARCH, 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, 19TH MARCH, 2020 at 1.00 PM

PRESENT:

Councillors Martin Greenhalgh

ALSO IN ATTENDANCE:

Councillor Glyn Jones - Deputy Mayor, Portfolio Holder for Housing and Equalities

This is the meeting of the Health and Adult Social Care Overview and Scrutiny Panel on Thursday 19th March, 2020 at 1pm.

		<u>ACTION</u>
33	<u>APOLOGIES FOR ABSENCE</u>	
	<p>Apologies for absence were received from Councillors Andrea Robinson, Cynthia Ransome, George Derx, Sean Gibbons, John Gilliver, Pat Haith, Rachel Hodson and Derek Smith and Invitee Jim Board (Unison).</p> <p>At this point in the meeting, the Senior Governance Officer announced that due to the recent Government guidance relating to the Covid-19 Pandemic, Members of the Scrutiny Panel did not attend the meeting, therefore the meeting was inquorate and was unable to continue.</p> <p>All items were therefore deferred to a future meeting.</p>	
34	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	<p>There were no declarations of interest.</p>	
35	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 30TH JANUARY 2020</u>	
	<p>This item was deferred to a future meeting.</p>	
36	<u>PUBLIC STATEMENTS</u>	
	<p>There was no public in attendance at the meeting.</p>	

37	<u>"SAFE SPACE" MENTAL HEALTH SERVICE</u>	
	This item was deferred to a future meeting.	
38	<u>PROGRESS OVERVIEW - DEMENTIA POST DIAGNOSTIC SERVICES</u>	
	This item was deferred to a future meeting.	
39	<u>ENCOURAGING A SMOKE-FREE GENERATION IN DONCASTER</u>	
	This item was deferred to a future meeting.	
40	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2019/20</u>	
	This item was deferred to a future meeting.	
41	<u>OVERVIEW AND SCRUTINY WORKPLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u>	
	This item was deferred to a future meeting.	



## Doncaster Council

6<sup>th</sup> August 2020

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

### All Age Emotional Wellbeing and Mental Health Recovery Plan

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Adult Social Care and Chair of Health and Wellbeing Board	All	None
Councillor Nuala Fennelly - Children and Schools		

#### 1. EXECUTIVE SUMMARY

- (1.1) The Panel is asked to give consideration to information provided in the report on the following areas:
- Background and National thinking.
  - Response to the pandemic – service level & strategic.
  - Plans for next 100 days and future Recovery Plan.
  - Doncaster's approach and guiding principles.<sup>2</sup>
  - The Mayoral Pledge.

#### 2. EXEMPT REPORT

- (2.1) The report is not exempt.

#### 3. RECOMMENDATIONS

- (3.1) The Panel is asked to give consideration to the information provided in the report.

#### **4. WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

(4.1) Good mental health is more than just the absence of mental illness. It can be seen as a state of mental health and wellbeing that allows people to flourish and fully enjoy life. In its broadest terms an effective all age wellbeing and mental health recovery plan will allow more Doncaster citizens to flourish and enjoy positive mental health. Getting this right will mean citizens have:

##### **Good levels of self-esteem**

(4.2) This is the value placed on individuals, including positive self-image and sense of self-worth. People with high self-esteem generally have a positive outlook and are satisfied with themselves most of the time.

##### **Feel loved**

(4.3) Children who feel loved, trusted and accepted by their parents and others are far more likely to have good self-esteem. They are also more likely to feel comfortable, safe and secure, and are better able to communicate and develop positive relationships with others.

##### **Have Confidence**

(4.4) Citizens should be encouraged to discover their own unique qualities and have the confidence to face challenges and take risks. Citizens who are brought up to have confidence in themselves are more likely to have a positive attitude, and to lead happy and productive lives.

##### **Reduce family breakup or loss**

(4.5) Separation, divorce, or the loss of a parent or sibling can be extremely painful. Finding ways to cope and adjust to the changes brought by these events is critical for everyone, but particularly for youth. By putting effective systems in place to support families will reduce the likelihood of negative impacts of breakup or loss.

##### **Positive Behaviour**

(4.6) When people are unhappy, they either internalise their unhappiness or respond negatively. The latter sometimes appears as behaviour, such as using abusive language, being aggressive or violent, damaging property, stealing, lying, refusing to comply with requests or expectations at school or home. Supporting families through the response and into recovery will create behaviours that are more positive.

##### **Achieve**

(4.7) Citizens with positive mental health and wellbeing are more likely to achieve, which in turn promotes self-esteem and positive behaviours. The impacts to both society and the economy are more positive when citizens have positive mental health and wellbeing.

## **5. BACKGROUND & NATIONAL THINKING**

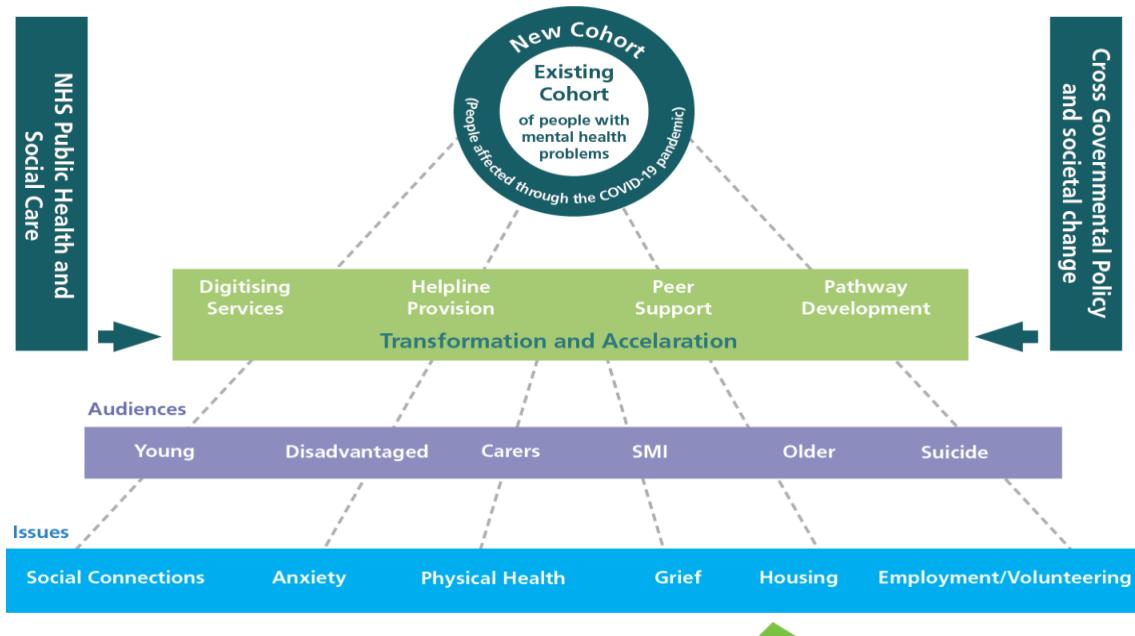
- (5.1) The Covid-19 pandemic is likely to lead to an increase in mental ill health in the UK, as a result of both the virus itself and the measures being taken to protect people from the virus.
- (5.2) During the unprecedented times of the COVID-19 pandemic and government response, mental health is likely to be significantly challenged, as some risk factors to poor mental health and wellbeing will be exacerbated- for example isolation and financial strain as well as increased levels of bereavement and traumatic experiences.
- (5.3) There are a range of emotional reactions during a pandemic as people respond to the emerging threat and adapt to new environments. Some people may have a strong sense of collective identity and display remarkable acts of altruism. However, many people it is expected will experience fear, anxiety, uncertainty, stress, frustration and boredom. These feelings can result in changes in eating patterns, difficulty sleeping, problems with concentration, increased use of alcohol, illicit substance misuse, worsening of chronic physical and mental health conditions, increased intolerance and discrimination against others, and increased aggression and domestic violence.
- (5.4) While much of the impact of COVID-19 may still be unknown, it is possible to apply learning that has been gathered in response to natural disasters that have similar features to the sudden onset of a global pandemic. A paper focussing on the psychological impact of natural disasters (Shultz et al., 2007) indicated that disasters possessing two or more of the following features may exhibit pronounced mental and behavioural impacts: (1) large numbers of injuries and/or deaths [potentially covid19], (2) widespread destruction and property damage, (3) disruption of social support and on-going economic problems [certainly covid19] and (4) intentional human causation.
- (5.5) The diagram below (developed by Hertfordshire Council) shows the potential mental health impacts of COVID-19 across the life course.

## Mental Health Impact of COVID-19 Across Life Course



Key issues to consider	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
	<ul style="list-style-type: none"> <li>Anxiety about impact of COVID on baby</li> <li>Financial worries</li> <li>Anxiety about delivery and access to care</li> <li>Isolation</li> </ul>	<ul style="list-style-type: none"> <li>Coping with significant changes to routine</li> <li>Isolation from friends</li> <li>Impact of parental stress and coping on child</li> </ul>	<ul style="list-style-type: none"> <li>School progress and exams</li> <li>Boredom</li> <li>Anxiety or depression or other MH problems</li> <li>Isolation from friends</li> <li>Impact of parental stress</li> </ul>	<ul style="list-style-type: none"> <li>Balancing work and home</li> <li>Being out of work</li> <li>Carer Stress</li> <li>Anxiety about measures and family or dependents or children</li> <li>Financial Worry</li> <li>Isolation</li> </ul>	<ul style="list-style-type: none"> <li>Isolation and disruption of routine</li> <li>Anxiety from dependent on services</li> <li>Financial worry</li> <li>Fear about impact of COVID if infected</li> </ul>
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues. People reliant on foodbanks or on low incomes or self employed may have additional stress.				

- (5.6) We already know a range of risk factors that increase the risk of poor mental health including unemployment, deprivation, poor physical health and substance misuse.
- (5.7) A recent paper highlighted that likely consequences of COVID-19 will be increased social isolation and loneliness (Holmes et al, 2020). These symptoms of poor mental health are themselves strongly associated with further mental health problems including anxiety, depression, self-harm and suicide attempts (Elovainio, 2017 and Matthews, 2019).
- (5.8) A further article indicated that many of the emerging consequences of the coronavirus pandemic and the policy response are known risk factors for suicide (Gunnel, 2020). These include;
- Loss of employment and financial stressors
  - Increased alcohol use and domestic violence
  - Social isolation, loneliness and entrapment
  - Anxiety, depression, Post traumatic stress disorder
- (5.9) The impact of the pandemic will affect a new cohort of people (those affected through the pandemic) and the existing cohort of people with pre-existing mental health issues. The diagram below captures this and sets out the nature of the challenge.



- (5.10) The psychological impact of a disaster continues well past the initial physical harm, as loss and change are enduring features for the population as they adjust to disruption in normal lives and services. The extent to which mental and behavioural impacts are seen might be related to the nature of the hazard and the individual's experience of this- for example, the intensity, duration and frequency of exposure to the harm as well as proximity to its centre. (Shultz et al., 2007). With this in mind, a key area of concern is the impact of the pandemic on the emotional well-being of the health and care workforce. The NHS and social care sector have been under immense pressure, with staff facing extremely difficult circumstances with increased exposure to loss and traumatic experiences in their day-to-day work.
- (5.11) In summary, emerging national research and learning from previous pandemics indicate the mental health impacts of the pandemic could be far reaching across the life course with impacts in the short term and longer term. Together this evidence reinforces the need for a co-ordinated dedicated response to recovery from an all age mental well-being perspective.

## 6. RESPONSE TO THE PANDEMIC

- (6.1) Doncaster's response to the pandemic has been immediate with the acknowledgement that there is much more to be done.

### Service Level - Initial Response to the pandemic

- (6.2) In recognition of the potential impact of the pandemic on people's mental health, it was identified at the outset of the pandemic that there was an immediate need to work collectively across partner organisations, to robustly monitor the impact of the pandemic from a mental health and well-being perspective and to continue to deliver mental health services. It was also acknowledged that there

was a fundamental need for a collective endeavour across key partners to focus on the impact of the pandemic on citizen's mental health and wellbeing to carefully plan to meet immediate needs and mitigate any negative impacts.

- (6.3) Mental health services (delivered by Rotherham Doncaster and South Humber NHS Foundation Trust, RDASH) have continued to be available throughout the pandemic. Continuity of care, patient safety, monitoring and support to individuals experiencing mental health problems has remained the number one priority of RDASH mental health services throughout the pandemic. At the outset of the pandemic, community mental health services (both adults and children and young people's services) in response to the challenges had to rapidly adapt and make changes to service delivery. These changes have included utilising technology (such as Airmid which is part of an electronic record system with the function to facilitate a video call, Microsoft teams and WhatsApp) to undertake client consultations. Where face-to-face contact (home visits and clinic appointments) have been required and necessary these have continued to take place. It has been important that where an adult or child / young person has needed to see someone in relation to their mental health this has been available, either remotely or in person (dependant on the needs and circumstances at that time).
- (6.4) Both adult and children's community mental health services have continued to take referrals throughout the pandemic. The Single Point of Access (SPA) has continued to remain operational, 24 hours a day, 7 days a week, for anyone who is in need of urgent mental health crisis support or assistance. The Crisis and Home Treatment Teams (from both an adults and children and young people's perspective) have also remained operational, providing intensive support to individuals experiencing a mental health crisis.
- (6.5) Access to emotional support for those experiencing a mental health crisis has continued to be available throughout pandemic. Rethink have provided a telephone helpline, providing support and information to people affected by mental illness 24 hours a day, 7 days a week. In response to the pandemic and in recognition of the value of peer support, People Focus Group have provided a telephone peer support service, providing telephone support and information to individuals affected by mental illness.
- (6.6) At the outset of the pandemic, it was recognised that the impact of the pandemic had the potential to exacerbate pre-existing symptoms for those already experiencing mental health problems. In light of this potential impact the importance of remaining in contact with individuals already in receipt of mental health services to provide monitoring and support sufficient to meet varying needs was acknowledged as extremely important. At the start of the pandemic proactive contact was made with all individuals in receipt of support from mental health services. Arrangements were made to keep in touch with people throughout the pandemic, in line with individual needs and risks. A RAG rating system was utilised to identify those individuals most at risk of experiencing a relapse in their mental health. In cases where individuals had been identified as particularly vulnerable to relapse increased support and monitoring throughout the pandemic was put in place.

- (6.7) Upon mobilisation of business continuity plans, some mental health staff were re-deployed to support critical services including the inpatient mental health wards, enhanced care home support and crisis services (providing 7 day / 24 hour a day response). A dedicated social work resource was also aligned to the inpatient wards who have worked hard to assist in getting people home as soon as is practicable once well enough for discharge.

### **Impact of COVID on mental Health Services – What is the data telling us?**

- (6.8) At the start of lockdown, both children's and adult mental health services saw a reduction in the overall number of referrals into secondary care mental health services.
- (6.9) Children and young people's mental health services observed a slight increase in the number of children / young people presenting in crisis in early May 2020. In response to this, a proactive monitoring group was developed to support multi-agency working, risk assessment and management. A Social, Emotional and Mental Health group was established for Children and Young People within Doncaster. Following on from the success of the group on the TCP footprint, the Multi-agency response allowed partners to discuss the impact initially of COVID 19 on presenting cases but have since moved to looking at including all issues relating to Social, Emotional and Mental Health. This group has ensured the community response is bolstered whilst reducing the need for secondary care provision.
- (6.10) From an adult mental health perspective, at the start of the pandemic a multi-agency demand and escalation cell was established. The cell has continued to meet twice weekly throughout the pandemic and is attended by all partners, including health, social care, police, Yorkshire ambulance service and commissioning. This partnership response has been important to monitor demand, plan for, and address future demand. Similar to children and young people's services, at the start of lockdown there was a reduction in mental health demand, less people were being referred to adult mental health services, less people were presenting in crisis and overall less people choosing to access mental health services for help and support.
- (6.11) Data indicates we are now starting to see an increase in the number of people accessing mental health services. Recently there has been an increase in the number of people requiring inpatient admission for treatment of their mental health. The acuity of people's symptoms also seems to be greater, with an increase in the number of people recently requiring admission to psychiatric intensive care for treatment.
- (6.12) Below are the headlines from May 2020 adult mental health services data:

SPA calls: Overall May recorded the highest number of calls since reporting began, at 1,870 (1,687 recorded for April 20) 46% calls transferred to triage (virtual waiting list) for a crisis response	Calls with reason crisis team: Highest month recorded calls, increased to 513 (399 for April 20)	SPA access: Total of 133 calls for May, with 16% out of hours PM Activity is not significantly different to pre Covid, although May has recorded the highest number since Sept 19	IAPT: Referrals to the service are currently below pre Covid although May has seen an increase on April to 361
IAPT: The numbers entering treatment is not significantly different to pre Covid, with May reporting 459 – a slight decrease on April's figure of 548  Moving to recovery has a target of 50%, May recorded an all time low of 44.55%	AMHP: Generally activity has been below same time last year, although May has seen an increase in MHA assessments (84 as opposed to 71 May 19)	S136 at all time high of 32. Home Treatment has increased to 9, practically 50% increase on same time last year, with CTOs staying static	The number of admissions is less than pre Covid and in comparison with same time last year 43 admissions for May, which is an increase on the dip seen in April 20, with rate of admission generally around 50% of overall MHA assessments
Delays are increasingly caused by Dr and bed availability	Detentions: 90 recorded for May, 14% of which were planned/transfer in 40% S136 suite, 28% Brodsworth, 12% Cusworth	Consistently no PICU bed availability, towards month end beds reducing on Cusworth to 5% capacity or 1 bed, Brodsworth generally running at an average of 25% capacity	

## Strategic Response

(6.13) Strategically the partnership quickly established an all age emotional wellbeing and mental health group that brought agencies together, including representatives from Doncaster Metropolitan Borough Council (DMBC), Public Health, Doncaster Clinical Commissioning Group (DCCG), Rotherham, Doncaster and South Humber Foundation Trust (RDASH), Doncaster Children's Services Trust (DCST), Education and the Voluntary, Community & Faith Sector (VCF).

(6.14) The **purpose** of the group has been to:

- Provide strategic oversight in terms of response and longer-term recovery from an all age emotional well-being / mental health perspective.
- Lead the development of a co-ordinated borough wide all age mental health recovery plan.

(6.15) The **objectives** of the group have been to:

- Bring together partners to share and get commitment for an all age approach to mental health response and recovery.
- Understand and manage any immediate risks across the partnership.
- Understand the short, medium and long-term local impacts of covid-19 on emotional wellbeing and mental health across all ages, and all sectors (health, education and social care).
- Explore best practise locally, regionally and nationally to help understand what the impacts are and would be.
- Map and analyse what groups were already in place – what was their scope and remit?

- Analysis of literature and research to identify and learn from previous pandemics – what does the literature tell us about mental health impacts and recovery.
- Develop and agree a set of guiding principles and associated areas of focus action.
- Commit to be a flexible approach that reflects the changing demands on the system.
- Mirror the approach around moving from response to recovery (4 stages). Use a Three Horizons Framework.

### **Findings from the local Impact Assessment.**

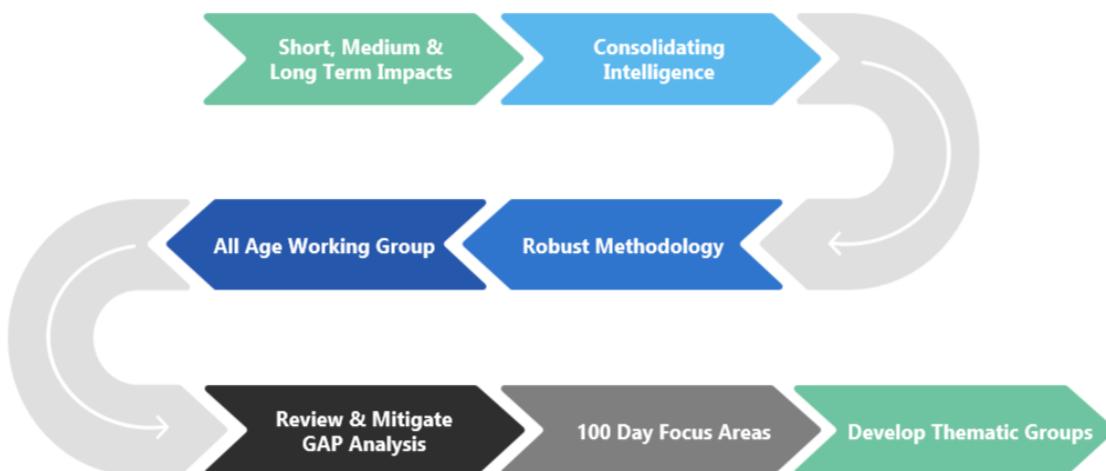
(6.16) One of the key pieces of work has been the need to understand the impacts of the pandemic for Doncaster across all ages, on people's mental health and well-being. A working group with representatives from health, education and social care across all ages was established to develop a local impact assessment. This impact assessment has been underpinned by a robust methodology which has involved scoring the short term, medium term and longer term impacts across the life course and life domains from a severity and likelihood of impact factor.

(6.17) The headline findings of this impact assessment are shared below.

<b>Short Term Top Impacts</b>	<b>Medium Term Top Impacts</b>	<b>Long Term Top Impacts</b>
<ol style="list-style-type: none"> <li>1. <i>Economic uncertainty &amp; unemployment (10 &amp; 9)</i></li> <li>2. <i>Risk of exploitation &amp; grooming (10 &amp; 9)</i></li> <li>3. <i>Disproportionate impact on BAME health and wellbeing (10 &amp; 9)</i></li> <li>4. <i>Falling into poverty (8.9 &amp; 9)</i></li> <li>5. <i>Increased risk in households with domestic abuse (10 &amp; 8)</i></li> <li>6. <i>People being isolated with abusive &amp; coercive partners/ family members – family conflict (9.1 &amp; 8)</i></li> <li>7. <i>Children isolated (4.3 &amp; 10)</i></li> </ol>	<ol style="list-style-type: none"> <li>8. <i>Increased negative behaviours (8.9 &amp; 9)</i></li> <li>9. <i>Reconnection with peers &amp; teachers (8 &amp; 9)</i></li> <li>10. <i>Increased parental conflict, domestic abuse and sexual abuse (10 &amp; 8)</i></li> <li>11. <i>Economic uncertainty &amp; unemployment (10 &amp; 8)</i></li> <li>12. <i>Poverty (8.9 &amp; 8)</i></li> <li>13. <i>Interfamilial aggression &amp; violence (9.1 &amp; 7)</i></li> <li>14. <i>Increased parental substance misuse (10 &amp; 6)</i></li> </ol>	<ol style="list-style-type: none"> <li>15. <i>Increased risk of sexual abuse and violence</i></li> <li>16. <i>Economic uncertainty/unemployment</i></li> <li>17. <i>Socioemotional development- some children will have experienced trauma/anxiety Increased exclusions</i></li> <li>18. <i>Long term loss of coping mechanism may lead to substance misuse</i></li> <li>19. <i>Families in poverty</i></li> <li>20. <i>Low income households struggling to manage</i></li> <li>21. <i>Could lead to alcohol abuse, depression</i></li> </ol>

## **7. PLANS FOR THE NEXT 100 DAYS AND FUTURE RECOVERY PLAN**

- (7.1) The diagram below outlines what the next steps will be to ensure there is an effective emotional well-being and mental health recovery plan for the Borough.



- (7.2) The immediate tasks for the group are to review the local impact assessment and sense check what functions and services are already in place to mitigate any gaps, this will be achieved through a gap analysis. Any identified gaps will form the basis for a 100-day plan to ensure the right support is offered at the right time.
- (7.3) Moving beyond that the group will begin to consider what the system needs to look like to re-imagine the offer to citizens. This will be complex and challenging and will recognise the Mayoral Pledge to tackle mental health at the cause rather than dealing with the symptoms. This means that there will be a need for a Borough wide approach across all areas of recovery, in particular those high impact areas, i.e. economic uncertainty. Supporting citizens to achieve positive mental health will take a co-ordinated effort across the partnership.

## **8. DONCASTER APPROACH AND GUIDING PRINCIPLES**

- (8.1) Six guiding principles, which are important for Doncaster people when planning for emotional wellbeing and mental health recovery have been agreed. These guiding principles should act as core anchors to guide ‘how’ recovery should be approached.

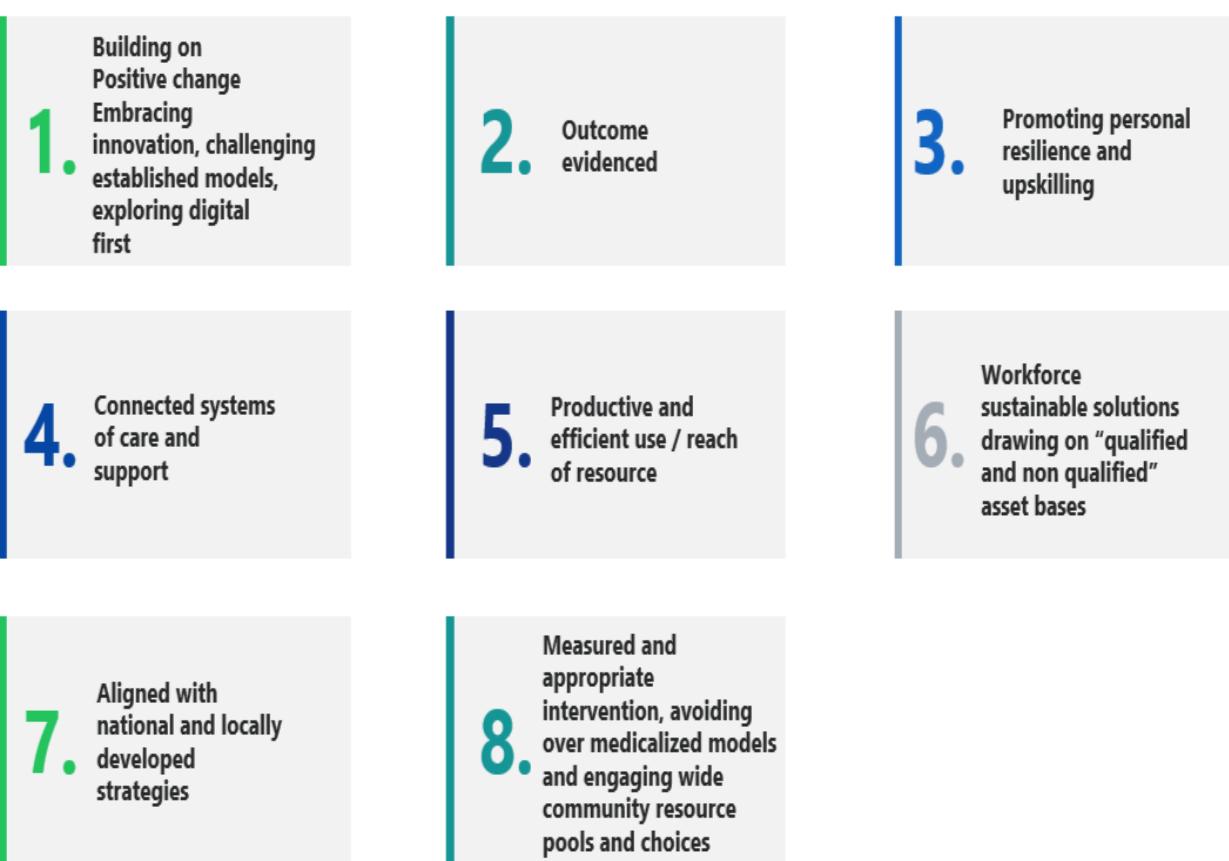


### **What do these Principles mean for Doncaster people?**

- (8.2) **1. All age person centred approach** – We are committed to connecting with the people of Doncaster (of all ages and backgrounds) to listen to and understand what is important to them. The people of Doncaster will be placed right at the heart of recovery planning. Residents will be asked how the pandemic has affected their lives, their well-being and what is important to them in the future.
- (8.3) **2. Community Led** – Our approach to mental health and well-being recovery will be rooted in our communities at grass roots. Communities have strengths, resourcefulness and already implement solutions to community needs. Communities can expect the recovery plan to build on community assets and community solutions will be supported to thrive.
- (8.4) **3. Holistic Well-being** – We will adopt a holistic wellbeing approach that incorporates mental, physical, spiritual and environmental wellbeing.
- (8.5) **4. Achieve Equity** – All Doncaster residents should experience the best possible support and care, regardless of where they live or who they are. Equity recognises different people with different levels of advantage and experience require different approaches and resources to obtain equitable outcome. Our

approach to recovery will acknowledge and seek to address the disproportionate impact of COVID-19 on certain groups of people.

- (8.6) **Protect Human Rights** – At the centre of the recovery plan will be a commitment to upholding people's human rights, with a clear focus on dignity, respect, freedom, protection, equality and fairness.
- (8.7) **Collective Endeavour** – We are very much in this together. There is a commitment to working together across Doncaster organisations, place and people to support our borough and its people to recover from the mental well-being impacts of the pandemic. A shared vision and collaboration to strategic objectives will be fundamentally important.
- (8.8) Sitting underneath the guiding principles are eight areas for focus action:



## 9. THE MAYORAL PLEDGE

- (9.1) Excitingly mental health features in the Mayoral pledges as part of the Restart, Renewal and Recovery Plans. The pledge is as follows:
- (9.2) "We will work together across Doncaster; partners, communities and people to put positive well-being and mental health at the heart of our recovery strategy."
- (9.3) This reaffirms the commitment across the partnership around well-being and mental health.

## **10. OPTIONS CONSIDERED**

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

## **11. REASONS FOR RECOMMENDED OPTION**

(11.1) There is no recommended option.

## **12. IMPACT ON THE COUNCIL'S KEY OUTCOMES**

(12.1)

	<b>Outcomes</b>	<b>Implications</b>
	<p><b>Doncaster Working:</b> 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"><li>• Better access to good fulfilling work</li><li>• Doncaster businesses are supported to flourish</li><li>• Inward Investment</li></ul>	Positive mental health and wellbeing of employees will result in increased productivity of Doncaster businesses.
	<p><b>Doncaster Living:</b> 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"><li>• The town centres are the beating heart of Doncaster</li><li>• More people can live in a good quality, affordable home</li><li>• Healthy and Vibrant Communities through Physical Activity and Sport</li><li>• Everyone takes responsibility for keeping Doncaster Clean</li><li>• Building on our cultural, artistic and sporting heritage</li></ul>	In its broadest terms an effective all age wellbeing and mental health recovery plan will allow more Doncaster citizens to flourish and enjoy positive mental health
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p>	Poor mental health and wellbeing can affect a student's

	<ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	energy levels, concentration, dependability, mental ability and optimism, making learning tougher.
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	Positive mental health and wellbeing off parents offers a much better chance for children to have the nest start in life. Children who feel loved, trusted and accepted by their parents and others are far more likely to have good self-esteem. They are also more likely to feel comfortable, safe and secure, and are better able to communicate and develop positive relationships with others.
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	The recovery plan

### 13. RISKS AND ASSUMPTIONS

(13.1) There are no risk and assumptions associated with this report.

## **14. LEGAL IMPLICATIONS (OFFICER INITIALS: MCC DATE:21/7/20)**

- (14.1) Section 1 of the Care Act 2014 states that Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person i.e. ‘the wellbeing principle’.
- (14.2) The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. For this reason, it is referred to throughout this guidance. It applies equally to adults with care and support needs and their carers
- (14.3) “Well-being”, in relation to an individual, means that individual’s well-being so far as relating to any of the following:-
- personal dignity (including treatment of the individual with respect)
  - physical and mental health and emotional wellbeing
  - protection from abuse and neglect
  - control by the individual over day-to-day life (including over care and support provided and the way it is provided)
  - participation in work, education, training or recreation
  - social and economic wellbeing
  - domestic, family and personal
  - suitability of living accommodation
  - the individual’s contribution to society
- (14.4) Section 2 of the Care Act 2014 states that A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—
- (a) Contribute towards preventing or delaying the development by adults in its area of needs for care and support;
  - (b) Contribute towards preventing or delaying the development by carers in its area of needs for support;
  - (c) Reduce the needs for care and support of adults in its area;
  - (d) Reduce the needs for support of carers in its area.
- Support in Section 2 does include support relating to mental health.
- Part 2 of the Children Act 2004 makes local authorities responsible for ensuring and overseeing the effective delivery of services for children, working closely with others. They must also promote children's welfare and well-being. Well-being in relation to children covers:
- Physical and mental health and emotional well-being;  
Protection from harm and neglect;  
Education, training and recreation;  
The contribution made by them to society;  
Social and economic well-being.

## **15. FINANCIAL IMPLICATIONS (AB 22.07.20)**

- (15.1) There are no specific financial implications arising from this report, however the likely impact of the Covid 19 pandemic leading to an increase in mental ill health could result in cost pressures across all partner organisations. Any financial implications relating to specific areas will need to be included within further reports.

## **16. HUMAN RESOURCES (CB 23.07.2020)**

- (16.1) There are no specific implications arising from the recommendations in this report. The health and wellbeing of the workforce is however, a key workforce priority for the council and it has been monitoring this during the Pandemic. Staff health and wellbeing services continued to operate including counselling and mental health first aiders. Additional support and resources were provided covering mental health during Covid19, children's mental health, bereavement, healthy homeworking, emotional and psychological trauma and help with this uncertainty, relaxation, meditation or mindfulness.

## **17. TECHNOLOGY IMPLICATIONS (PW 14.07.20)**

- (17.1) There are no specific technology implication's associated with this report.

## **18. HEALTH IMPLICATIONS (HC 14.07.20)**

- (18.1) A comprehensive strategic all age approach to emotional wellbeing and mental health will have a positive impact on the mental health and wellbeing of adults and children and young people.

## **19. EQUALITY IMPLICATIONS (LS, 21.07.20)**

- (19.1) Decision makers must consider the Council's duties under the Public Sector Equality Duty at s149 of the Equality Act 2010. The duty requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

- (19.2) A rapid due regard assessment has been undertaken.

## **20. CONSULTATION**

- (20.1) The core guiding principles of the recovery plan and the mayoral pledge outline

the commitment to consultation. It is fundamentally important to engage with citizens across Doncaster of all ages and backgrounds, to consult with them on this key piece of work. There is a commitment to place Doncaster people at ‘the heart’ of our mental health recovery plan.

- (20.2) All engagement and consultation will be carefully considered and implemented to give citizens the best possible opportunities to shape the recovery plan. Focus Groups will help to guide engagement and consultation with individuals with lived experience.
- (20.3) The mental health alliance will work closely with the groups to ensure a co-ordinated approach to engagement and consultation.
- (20.4) Doncaster Young Advisors and the mental health champions will lead this work from a child and families perspective.

## **22. BACKGROUND PAPERS**

None

### **Acronyms**

COVID-19 (Corona Virus Disease 2019)  
Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)  
Single Point of Access (SPA)  
People Focus Group (PFG)  
Risk Assessment Guidelines (RAG)  
Transforming Care Partnership (TCP)  
Doncaster Metropolitan Borough Council (DMBC)  
Doncaster Clinical Commissioning Group (DCCG)  
Doncaster Children’s Services Trust (DCST)  
Education and the Voluntary, Community & Faith Sector (VCF).

### **REPORT AUTHOR & CONTRIBUTORS**

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**Director of Adults Health and Wellbeing**

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

Please note dates of meetings/rooms/support may change

	<b>Cancelled Thurs, 16<sup>th</sup> July 2020, 10am</b>	<b>Cancelled Thurs, 2<sup>nd</sup> July 2020, 10am</b>	<b>Thursday 9<sup>th</sup> July 2020 5pm – Briefing Session</b>	<b>Thursday 23<sup>rd</sup> July 2020, 5pm – Briefing session</b>	<b>Wed, 29<sup>th</sup> July 2020, 10am</b>
<b>July</b>			<ul style="list-style-type: none"> <li>Home schooling during Covid-19 pandemic – schools approach and support and advice available</li> <li>Potential impact on educational outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Impact on delivery of major projects during the covid-19 pandemic</li> </ul>	<ul style="list-style-type: none"> <li>Update on Environmental Strategy and Climate Commission</li> <li>Work planning meeting</li> </ul>
	<b>Wed 29<sup>th</sup> July 2020 1pm</b>	<b>Mon 27<sup>th</sup> July 2020 12.30 pm</b>	<b>Cancelled Thurs, 23<sup>rd</sup> July 2020, 4:30pm</b>	<b>Thurs 30<sup>th</sup> July 2020 5pm</b>	
	Work planning meeting	Work planning meeting		Work planning meeting	
		<b>Tues 28<sup>th</sup> July 2020 11am South Yorkshire Regional Joint Scrutiny Virtual Meeting</b>			
<b>Aug</b>		<b>Thurs 6<sup>th</sup> August 2020 5pm</b>	<b>Mon 3<sup>rd</sup> Aug 2020 5pm</b>		

Please note dates of meetings/rooms/support may change

		Mental Health – impact from the covid-19 pandemic	Work planning meeting		
Sept	<b>Thurs 3<sup>rd</sup> Sept 2020, 11am</b>				
	<ul style="list-style-type: none"> <li>• Qtrly Finance &amp; Performance Report – Qtr 1 (cabinet consideration 1/9/20)           <ul style="list-style-type: none"> <li>◦ DMBc</li> <li>◦ SLHD</li> <li>◦ DCST</li> </ul> </li> <li>• O&amp;S Workplan – Sept Update</li> <li>• Licensing Strategy</li> </ul>				
	<b>Cancelled - 10<sup>th</sup> Sept 2020, 10am – meeting moved to 3<sup>rd</sup> September</b>		<b>Thurs, 17th Sept 2020, 4:30pm</b>		
			<b>Mon, 29th Sept 2020, 5:00pm</b>		

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	<b>Thurs, 8<sup>th</sup> October 2020, 10am</b>	<b>Thurs, 1<sup>st</sup> October 2020, 10am</b>		<b>Mon 12<sup>th</sup> Oct 2020 at 1pm rescheduled from Wed, 14<sup>th</sup> Oct</b>	
	<ul style="list-style-type: none"> <li>Council Compliments and Complaints</li> </ul>	<ul style="list-style-type: none"> <li>Stepping up services overview – to include services for people with learning disabilities</li> <li>Health Protection Assurance Report (deferred from meeting in March 2020)</li> </ul>			
<b>Nov</b>	<b>Mon 2<sup>nd</sup> Nov 2020, 10am rescheduled from Thurs, 5<sup>th</sup> Nov</b>	<b>Thurs, 26<sup>th</sup> Nov 2020, 10am</b>	<b>Wed 11<sup>th</sup> November, 2020 4.30pm TBC</b>		
		<ul style="list-style-type: none"> <li>Winter Planning Partnership Plan and discharges from hospital to care homes</li> </ul>			
<b>Dec</b>	<b>Thurs 3<sup>rd</sup> Dec 2020, 10am (AS)</b>		<b>Thurs, 10<sup>th</sup> Dec 2020, 4:30pm</b>		
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 2 <ul style="list-style-type: none"> <li>DMBC</li> <li>SLHD</li> <li>DCST</li> </ul> </li> </ul>				
<b>Jan</b>	<b>Wed, 20th Jan 2021 10am</b>	<b>Thurs, 28<sup>th</sup> Jan 2021, 10am</b>			
		<ul style="list-style-type: none"> <li>Childhood obesity</li> <li>Get Doncaster Moving</li> </ul>			
<b>Feb</b>	<b>Thurs, 4<sup>th</sup> Feb 2021, 10am</b>				<b>Wed, 10<sup>th</sup> Feb 2021, 10am</b>
	<ul style="list-style-type: none"> <li>Budget</li> <li>Corporate Plan</li> </ul>				<ul style="list-style-type: none"> <li>Crime and Disorder Committee</li> </ul>
	<b>Thurs, 25th Feb, 2021 10am</b>				

Please note dates of meetings/rooms/support may change

	<ul style="list-style-type: none"> <li>• Qtrly Finance &amp; Performance Report – Qtr 3           <ul style="list-style-type: none"> <li>◦ DMBG</li> <li>◦ SLHD</li> <li>◦ DCST</li> </ul> </li> </ul>			
<b>March</b>		<b>Thurs, 18<sup>th</sup> March 2021, 2pm</b>	<b>Thurs, 11<sup>th</sup> March 2021, 4:30pm</b>	<b>Wed, 3rd March 2021 – 10:00am, Council Chamber</b>
		<ul style="list-style-type: none"> <li>• Health Protection Assurance Report</li> </ul>		
<b>Apr</b>	<b>Thurs, 1st April 2021, 10am</b>			
<b>May</b>				

#### **POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED**

	Youth Justice Plan	Changes to Adult Social Care Charges 1 year on – first meeting in 2021/22			
		RDaSH Quality Accounts – December 2020			
		Adults Safeguarding – Briefing note January/February 2021			
		Invitation to the Crime and Disorder Committee in February			

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**DONCASTER METROPOLITAN BOROUGH COUNCIL**  
**FORWARD PLAN FOR THE PERIOD 1ST AUGUST, 2020 TO 30TH NOVEMBER, 2020**

The Forward Plan sets out details of all Key Decisions expected to be taken during the next four months by either the Cabinet collectively, The Mayor, Deputy Mayor, Portfolio Holders or Officers and is updated and republished each month.

A Key Decision is an executive decision which is likely:-

- (a) to result in the Local Authority incurring expenditure which is, or the making of savings which are, significant having regard to the Local Authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Local Authority;
- (c) any decision related to the approval or variation of the Policy and budget Framework that is reserved to the Full Council.

The level of expenditure/savings which this Authority has adopted as being financially significant are (a) in the case of the revenue budget, gross full-year effect of £250,000 or more b) in the case of capital budget, £1,000,000 or more in respect of a single project or otherwise across one financial year.or the decision has a significant impact on 2 or more wards.

Please note in addition to the documents identified in the plan, other documents relevant to a decision may be submitted to the Decision Maker. Details of any additional documents submitted can be obtained from the Contact Officer listed against each decision identified in this plan.

In respect of exempt items, if you would like to make written representations as to why a report should be considered in public, please send these to the contact officer responsible for that particular decision. Unless otherwise stated, representations should be made at least 14 days before the expected date of the decision.

**KEY**

Those items in **BOLD** are **NEW**

Those items in **ITALICS** have been **RESCHEDULED** following issue  
of the last plan

Prepared on: 1 July, 2020 and superseding all previous Forward Plans with effect from the period identified above.

Damian Allen  
Chief Executive

## **MEMBERS OF THE CABINET**

### **Cabinet Member For:**

Mayor - Ros Jones

Deputy Mayor - Councillor Glyn Jones

Councillor Nigel Ball

Councillor Joe Blackham

Councillor Rachael Blake

Councillor Nuala Fennelly

Councillor Chris McGuinness

Councillor Bill Mordue

Councillor Jane Nightingale

- Housing and Equalities
- Public Health, Leisure and Culture
- Highways, Street Scene and Trading Services
- Adult Social Care
- Children, Young People and Schools
- Communities, Voluntary Sector and the Environment
- Business, Skills and Economic Development
- Customer and Corporate Resources.

**Some Decisions listed in the Forward Plan are to be taken by Full Council**

**Members of the Full Council are:-**

Councillors Nick Allen, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings, Bev Chapman, Phil Cole, John Cooke, Mick Cooper, Jane Cox, Steve Cox, Linda Curran, George Derx, Susan Durant, Nuala Fennelly, Neil Gethin, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, John Healy, Rachel Hodson, Charlie Hogarth, Mark Houlbrook, David Hughes, Eva Hughes, Glyn Jones, R. Allan Jones, Ros Jones, Ken Keegan, Majid Khan, Jane Kidd, Nikki McDonald, Tosh McDonald, Chris McGuinness, Sue McGuinness, Bill Mordue, John Mounsey, David Nevett, Jane Nightingale, Ian Pearson, Andy Pickering, Cynthia Ransome, Tina Reid, Andrea Robinson, Kevin Rodgers, Dave Shaw, Derek Smith, Frank Tyas, Austen White, Sue Wilkinson, Jonathan Wood, Paul Wray.

WHEN DECISION IS EXPECTED TO BE TAKEN	KEY DECISION TO BE TAKEN	RELEVANT CABINET MEMBER	DECISION TO BE TAKEN BY	CONTACT OFFICER(S)	DOCUMENTS TO BE CONSIDERED BY DECISION MAKER	REASON FOR EXEMPTION – LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
11 Aug 2020	To accept grant funding from Ministry of Housing, Communities & Local Government awarded to South Yorkshire Local Authorities led by Barnsley MBCI, to enable delivery of Productivity Support & Grant Project to Small & Medium Enterprises (SMEs).	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Sue Harrison, Senior Key Account and Sector Growth Manager Tel: 01302 862474 sue.harrison@doncaster.gov.uk		Open
11 Aug 2020	Market Operator Temporary Financial Assistance Report	Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services, Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Drew Oxley, Head of F M - Trading Services drew.oxley@doncaster.gov.uk		Part exempt 3

<b>11 Aug 2020</b>	<b>To accept further funding from Sport England to continue to develop &amp; implement Doncaster's Sport England Local Delivery Pilot &amp; delegate to Dir. of Public Health in consultation with CFO &amp; relevant Portfolio Holder</b>	<b>Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture</b>	<b>Cabinet</b>	<b>Clare Henry clare.henry@doncaster.gov.uk</b>		<b>Open</b>
1 Sep 2020	Quarter 1 2020-21 Finance and Performance Report and the 'Delivering for Doncaster' Booklet	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk, Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk		Open
1 Sep 2020	St Leger Homes Performance Report 2020/21 Quarter 1	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Julie Crook Tel: 01302 862705		Open

1 Sep 2020	DCST 2020-21 Quarter 1 Finance and Performance Report	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
29 Sep 2020	To consider the future of the Town Centre Public Spaces Protection Order	Councillor Chris McGuinness, Portfolio Holder for Communities, Voluntary Sector and the Environment.	Cabinet	Pat Hagan, Head of Localities and Town Centre pat.hagan@doncaster.gov.uk	Anti-Social Behaviour Powers – Home Office Statutory Guidance for Frontline Professionals	Open

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