



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber - Civic Office

Date: Thursday, 30th September, 2021

Time: 10.00 am

PLEASE NOTE: Due to restrictions arising from the Covid-19 pandemic, there will be very limited capacity in the public gallery for observers of the meeting. If you would like to attend to observe in person, please contact the Governance team on telephone 01302 735682 to request a place, no later than 12 noon on 28th September, 2021. Please note that the pre-booked places will be allocated on a 'first come, first served' basis and once pre-booked capacity has been reached there will be no further public admittance to the meeting. For those who are attending the meeting, please bring a face covering, unless you are exempt.

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Items for Discussion:

1. Apologies for Absence

Damian Allen
Chief Executive

Issued on: Wednesday 22nd September 2021

Governance Services Officer for this meeting

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

Caroline Martin
01302 734941

2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 28th January 2021 and 18th March 2021 (*Pages 1 - 18*)
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. Changes to NHS working (Integrated Care System - White Paper) and Potential Impacts of Changes (*Pages 19 - 24*)
7. Update on Doncaster Joint Strategic Needs Assessment (JSNA) (*Pages 25 - 28*)
8. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions (*Pages 29 - 40*)

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

Chair – Councillor Sarah Smith
Vice-Chair – Councillor Martin Greenhalgh

Councillors Laura Bluff, Linda Curran, Sean Gibbons, Jake Kearsley, Sue Knowles, Tracey Moran and Austen White

Invitees: Jim Board (Unison)

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 28TH JANUARY, 2021

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL held a MICROSOFT TEAMS - VIRTUAL MEETING on THURSDAY, 28TH JANUARY, 2021 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Lani-Mae Ball, Phil Cole and Pat Haith

ALSO IN ATTENDANCE:

Carolyn Ogle, NHS

Emma Ross, NHS

Andy Maddox - Business Development Officer (Leisure Services)

Jodie Bridger - LDP Programme Manager (Public Health)

Michael Hart, Chief Executive (DCLT)

Carrie Wardle - Public Health Specialist

Karen Horrocks - Public Health Improvement Coordinator

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons, Martin Greenhalgh, Rachel Hodson and Derek Smith

		<u>ACTION</u>
25	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made.	
26	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 26TH NOVEMBER 2020</u>	
	RESOLVED: That the minutes of the meeting held on 26 th November, 2020 were agreed as a correct record.	
27	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
28	<u>SUBSTANTIAL VARIATION GP PRACTICE PROPOSED MERGER</u>	

A report was presented to the Panel relating to the merger of the GP practices at Bentley, High Street, Bentley with the Nelson Practice which has its main site on Amersall Road Scawthorpe and a branch site at Newton Medical Centre Sprotbrough. It was outlined that the proposal also included plans to close the Scawthorpe site and consolidate on the Bentley and Sprotbrough sites.

The Panel was provided with information relating to the benefits of the merger for patients, including access to a wider range of practitioner services, improved telephone access and a streamlined back office function.

Doncaster Healthwatch confirmed that Doncaster CCG had consulted with the organisation relating to public engagement, and it was confirmed it was happy with the approach undertaken, outlining that the process had been open, honest and transparent.

The following areas were addressed by the Panel:

Patient numbers – it was noted that there were approximately five thousand patients that would be split equally across the two practices at Bentley and Sprotbrough. The surgeries would share the same practice manager.

Consultation - the Panel expressed concern that the majority of consultation had been undertaken online with very limited face to face discussions. It was acknowledged that there had been paper based information in the surgeries but bearing in mind the current Covid-19 pandemic people had been advised not to attend unless absolutely necessary. Therefore it was stressed that some people may not have been aware of the proposals or able to take part in the consultation.

It was apparent from the consultation that patients were very loyal to their GP's and had indicated that they would travel to either Sprotbrough or Bentley in the future.

Merger timing – the GP merger was proposed to start in April, 2021 with the patient list merging into one. The closure of the Amersall Road site would not take place until 2023 to undertake upward expansion at the Petersgate site, therefore the lease had been extended. Works required at the Sprotbrough site would be completed in an earlier timeframe. The merger would provide patient access to all doctors and services across the board. It was noted that there would be more scope to engage with patients about the closure of the Amersall Road site.

GP operational practices – it was acknowledged that surgeries were working differently due to the Covid-19 pandemic with more remote video and telephone consultations, which would continue for the immediate future and maybe beyond. It was also appreciated that

<p>some of the older population required face to face meetings but this was not always with a GP and could be a practice nurse.</p> <p><u>Impact following previous GP mergers</u> – it was noted that the exact patient figures affected by previous GP mergers in this area were not to hand for this meeting. However, there had been minimal impact following patients re-registering with other GP's as they tended to be loyal to their current GP.</p> <p><u>Positive Impact of the GP merger</u> – it was outlined that an equality impact assessment must be provided for the Primary Care Commissioning Committee that gives approvals for the Merger and practice site closures and it addressed the wider position relating to the merger. It highlighted the sustainability of future practice services accessible to patients, including support for religion, ethnicity and gender with access to more female doctors. It would also provide an increased training programme for the practice to develop a strong core.</p> <p>With regard to GP profit it was stated that the proposals were patient driven ensuring that they were provided with improved facilities including car parking, buildings, being able to train staff on site and expand the local workforce. Both practices were very well thought of and the Bentley practice had a CQC (Care Quality Commission) outstanding review with good for outstanding and caring.</p> <p><u>Journey time</u> – following concern expressed with regard to the length of time it could take some patients to access the surgeries, including two bus journeys at Sprotbrough and Bentley it was accepted that this would have an impact on some patients. However it was stressed that the dial a ride service was available, taking 19 minutes. It was also outlined that there had been no concern expressed in the consultation about mode of transport to visit a GP surgery and everyone had a choice to transfer to another practice if they wished. It was noted that some patients in the Scawthorpe area were already travelling to the Sprotbrough surgery.</p> <p><u>Future siting of local GP's</u> – It discussed that GP surgeries were still family orientated however practices tend to be merging and moving toward a central hub, one stop shop approach.</p> <p>The Chair of the meeting concluded that consultation had been adequate in relation to the time allowed and the Panel had been given the opportunity to highlight their comments and concerns relating to the proposed impact on residents in the Scawthorpe areas.</p> <p><u>RESOLVED</u> that:-</p> <ol style="list-style-type: none"> 1. The Panel was satisfied that: <ol style="list-style-type: none"> a) the proposal is in the interests of people in the area; 	
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	<p>b) consultation on the proposal had been adequate in relation to the content in time allowed, but greater consideration be given to informing residents by means of a letter.</p> <p>Reason: Some people do not have access to on line facilities and additionally were prevented from visiting surgeries under the current Covid pandemic. Therefore a letter could have been circulated to the most vulnerable, if not all patients. Additionally, the Panel would also have preferred the leaflet to have been distributed more widely to patients.</p> <p>2. The Panel receive an update on the position in 6 to 12 months, in relation to the Petersgate Partnership.</p> <p>Reason: The Panel has been asked to consider the removal of healthcare services in the Scawthorpe area twice within the last 3 years and wish to hear what impact it may have had on future and existing patients.</p>	
29	<u>GET DONCASTER MOVING</u>	
	<p>The Panel received a presentation to accompany the report, outlining the “Get Doncaster Moving” Strategy Framework and approach to increase levels of physical activity and sport through the strategies broad themes:</p> <ul style="list-style-type: none"> • Walking; • Cycling; • Parks and open spaces; • Sport; and • Dance. <p>Members noted that the work had been recognised by Sport England for the Local Authority’s compelling vision for change. This has enabled to the Council to access significant support and funding, including capital funding for the Doncaster Cycle Circuit.</p> <p>The Chair thanked officers for their presentation and discussed the following areas:</p> <p><u>Scawthorpe Health Walk</u> – A Councillor thanked the Get Doncaster Moving team who had helped her progress the health walk in her ward, but unfortunately during the Covid-19 pandemic has had to cease for the time being.</p>	

Increased exercise during Covid-19 pandemic – it was recognised that during the pandemic a lot more families and individuals were taking exercise, but also recognised that those people who usually worked in hospitality and been furloughed were not undertaking as much exercise. In response to the comments it was explained that current exercise regimes were mixed and it had seen both a local and national increase and decrease. It was recognised that parks and walking paths were being used more. Concern was expressed that exercise in young people had reduced during the lockdown in March and November 2020 therefore it was expected to be a very similar position for the January/February 2021 lockdown period with inequalities widening.

The Chief Executive from Doncaster Cultural and Leisure Trust explained that there was a wealth of initiatives being undertaken including the launch of healthy at home online live classes for both mental and physical well-being which in reality was a general get together for the over 60's. They were also working alongside the Localities Team accessing people who were socially isolated to offer support and assistance and a survey of existing members addressing being healthy at home. Finally he reported that a bid had been made to the National Leisure Recovery fund to assist young people and local clubs with grass roots sports.

Sport England local delivery pilot – it was explained that Doncaster had been chosen due to it's set pathway and approved 10 year physical activity and sports strategy. Physical activities across the borough were poor and required a better offer and this has embedded increased activities, which was what the strategy aimed to achieve. With regard to funding, prior to the Covid – 19 pandemic it was being accessed really well.

It was noted that Doncaster's success was the vision and power to change the behaviours towards physical activity to increased what matters to people in communities and had opened up a range of support with Sport England. The partnership provided investment however it was as important to ensure the vision worked with community vision and collaboration.

With regard to the weekly personal activity goal of 150 minutes per week, set by the Government, it was noted that on average in Doncaster approximately 30% do less than 30 minutes and in some of the most deprived areas this figure reached 57%. Therefore the challenge in these areas was much greater. It was noted that "Well Doncaster" was working with these communities focusing on their strengths and connectivity to improve the position. It was noted that approximately 25% of people undertake more than 150 minutes per week.

It was accepted that due to the current pandemic less car journeys were

being made but more people were using their cars rather than public transport. It was recognised that the whole approach to travel and connectivity was being addressed. For example, biking to the station and catching a train. The active travel agenda was also being addressed across the Sheffield City region.

The distance people travelled to get to Doncaster town centre from outlying villages and towns was addressed and accepted that it was possibly over 5 miles and therefore people would generally prefer to use their car rather than walk or cycle and concern was expressed that this behaviour may not change over the next 10 years.

Other issues addressed included car parking for the town centre, a good transport offer, school road closures and the walking bus or scooter to school initiatives. It was noted that the road closures worked well with the schools piloted and had received positive comments from residents. Last year further school road closure/non parking trials, working alongside residents were due to be undertaken to gather evidence, because what suits one school may not suit another, but unfortunately due to the pandemic this could not currently be undertaken.

Leisure facilities – in response to a question, it was explained that, pre Covid, there were 19,000 memberships with 7,000 children on swimming programmes. Approximately 2 million visits had been made throughout the year, with a small number of people undertaking regular visits. From a recreation perspective, visits included ice skating and five a side football

Visits were approximately broken down as follows:

Frequent users = 19,000

Lagoons = 83,000 visits per year;

Unique visits = 100,000;

Lane Swimming = 3 to 5 times per week

Local visits to the Dome = 1 per month locally with 1 in 3 months from a wider area.

Litter picking – it was recognised that different ways of communities being physically active without knowing, was being addressed. For example, a community litter pick and working in green spaces.

Use of school sports facilities outside school hours – concern was expressed that this could become a commercial enterprise. It was noted that research in Doncaster had shown that the DCLT had 4 quality sports hall sites with the remainder within school sites. It was noted that accessibility to school sites was mixed with some open to many sporting activities with costing schedules that enticed people to use the facilities, but others had a more commercialised route. However work was being undertaken to create a culture within the

	<p>school community to promote physical activity and provide exercise facilities for the local areas.</p> <p><u>RESOLVED</u> that the officers seek to attend Councillor ward meetings to address how communities and local schools could contribute to the Get Doncaster Moving agenda.</p>	
30	<u>CHILDHOOD OBESITY</u>	
	<p>A presentation was provided by Carrie Wardle, Public Health Specialist, outlining the whole systems prevention approach tailored to local needs to address childhood obesity. The Panel noted the complexity of the issue with multiple causes and no simple solution to address a persons body weight and size.</p> <p>Following the presentation the following key areas were addressed by the Panel:</p> <p><u>Instant food advertising</u> – concern was expressed with regard to the amount of fast food advertising was currently shown on television and it was noted that a Public Health project had just commenced focusing on the levels of high sugar, fat and salt in fast foods and it was hoped that this type of advertising would reduce in future.</p> <p><u>School healthy eating programmes</u> – the Panel was encouraged to hear that some of the Borough's schools had achieved the Healthy Learning, Healthy Lives award but the exact numbers of schools that had achieved this was unknown.</p> <p>It was acknowledged that the Public Health team had presented to schools and governing bodies on how they could assist with and promote healthy eating programmes. It was noted that there were currently four strands to the accreditation that schools had to provide evidence against, providing an holistic approach to well-being. It was stressed by a Member that a number of Councillors were School Governors and whilst schools could not be forced to undertake the accreditation, it would be useful if they could encourage schools to take part.</p> <p>It was also noted that the Healthy Learning, Healthy Lives programme criteria was due for review and that an enhanced award was currently available for schools if they chose to go over and above requirements of the current criteria.</p> <p><u>Role Model approach within communities</u> – it was stressed that this was important for young people and children to receive support, particularly in response to the challenges social media could create, for example reactionary responses to dieting. Good examples were again raised, including walking clubs and nutrition information sessions.</p>	

	<p><u>Mindful eating</u> – the approach by Public Health with regard to weight management and relationships with food was welcomed. For example, acknowledging hunger and fullness positions in children, for example, ensuring a child had time to eat in a calm environment and understanding that they did not have to finish their plate if they had eaten enough.</p> <p>Other issues addressed included:</p> <ul style="list-style-type: none"> • Licensing and Planning applications – it was noted that Public health was consulted on and provided evidence with regard to any new applications for food establishments. • the national obesity position – national childhood data 2020 identified Doncaster as now being worse the national average; • Learning the basics of nutrition, practical skills and cooking at school; • Behaviour change to tackle obesity, particularly over the past 10 to 20 years – it was noted that the whole systems approach was required to impact on a persons ability to make healthier choices. Education alone and providing information was not enough to change behaviour to nutrition and healthy eating but creating a circumstance for people to make the changes is required; • Consultation through Doncaster Talks with the assistance of an academic from Leeds University asking questions around the family dynamics, for example, where do you shop, what food is available to you, do you cook regular meals from scratch, do you have family meals together; • Food production and its effect on obesity – mass manufactured processed food that contained high salt, sugar and fat levels; • Interventions required in Doncaster – a tiered approach would be undertaken from information provision to more intensive support being offered through the school nursing service to provide tailored support with families. It was noted that not all families would welcome assistance from the school nursing system; • School nurse resources - concern was expressed that approximately 20 school nurses could not cover and support the large remit but it was acknowledged that if the interventions proposed make a difference then this was a good start to push for additional resources; • Stronger Families Unit – it was noted that this team supported work being undertaken by Public Health; <p>RESOLVED: That the report and discussion, be noted.</p>	
31	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	

	<p>The Senior Governance Officer presented the Overview and Scrutiny work plan and the Council's Forward Plan of Key Decisions. She reminded the Panel that it's work for the 2020/21 year was nearly complete and asked Members to give consideration to areas they may wish to address moving forward.</p> <p>RESOLVED: That the report be noted.</p>	
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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 18TH MARCH, 2021

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held by VIRTUAL MEETING THROUGH MICROSOFT TEAMS, DONCASTER on THURSDAY, 18TH MARCH, 2021 at 2.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

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

ALSO IN ATTENDANCE:

Councillors;

Councillor Jane Kidd – Chair of OSMC
Councillor John Healy – Vice Chair of OSMC

DMBC

- Phil Holmes, Director of Adults Health and Wellbeing
- Julia King, Commissioning Manager (Public Health)
- Dr Victor Joseph, Consultant (Public Health)
- Shannon Kennedy, Public Health Speciality Registrar
- Lisa Croft - Senior Pollution Control Officer
- Carys Williams - Public Health Emergency Planning Lead

EXTERNAL

- Ailsa Leighton, Deputy Director, Strategy and Delivery, NHS Doncaster CCG
- Sarah Gill, Screening and Immunisation Coordinator (Clinical), Yorkshire and the Humber (Doncaster), North East and Yorkshire Region, Public Health England
- Kathy Wakefield – NHS England

32	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Cllr Derek Smith and Cllr Rachel Hodson	
33	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	None	

34	<u>PUBLIC STATEMENTS</u>	
	None	
35	<u>COVID - 19 VACCINATION PROGRAMME - NHS DONCASTER CCG</u>	
	<p>The Panel received a presentation from the Deputy Director, Strategy and Delivery of the NHS Doncaster Clinical Commissioning Group (CCG) on the Covid-19 Vaccination programme.</p> <p>Vaccinations at Home - It was explained that injections undertaken at home were done so through the Primary Care Network sites, where the vaccines delivered by GP practices combined to work through a network site and that they would set up a roving team. It was outlined that the roving team would contact the individual first to inform them they were eligible and to book an appointment before that team would then vaccinate them at home.</p> <p>Track and Trace - it was recognised that Doncaster was performing well at 71% and acknowledged that there was some personal responsibility in making this process effective.</p> <p>Volunteers - In terms of the percentage of volunteers supporting centres, it was explained that the stewards were a mix of volunteers and staff. A Councillor asked what percentage of Marshalls were volunteers and it was offered that this information be provided outside of the meeting.</p> <p>Vaccination Sites – It was explained that sites would be open 7 days a week once they had the supply. Members were assured that Cohorts 10-12 would include working adults and it was therefore recognised that those individuals were less likely to attend an appointment during the day. It was explained that a range of options such as opening centres on evenings and weekends would also be considered.</p> <p>It was clarified that the national letters were determined by NHS England who would look at which cohorts of people need to be invited next possibly through age range and or other groups such as unpaid carers. It was explained that this was centrally co-ordinated sent to people who fit the cohorts. From a local perspective, there was a direction from NHS England on who the invites need to be sent to. It was recognised that travelling to a large-scale site was not always suitable and therefore a local option could be more suitable.</p> <p>Comments were raised around the use of large-scale vaccination sites and the number of people that had been vaccinated there (compared to other types and sizes of venues). It was explained that a number of issues had been taken into account when choosing local venues such as accessibility and car parking facilities. In terms of the number of</p>	

	<p>people vaccinated at Keepmoat Stadium, it was noted that the number had been higher than originally expected.</p> <p>Reference was made to those venues that had been closed during the last year and using them as a vaccination centre to ensure that they are spread out and embedded in the community. It was responded that there was an option to consider that on a temporary basis (such as a pop-up site) as formal vaccination sites designated by NHS England were the locations where vaccines supplies were delivered to and that could not be changed. Members were informed that data was being collated to identify issues around take-up and the reasons behind them.</p> <p>Astra Zeneca Vaccines – In terms of concerns around the Astra Zeneca jab, Members were informed that some impact had been seen in Doncaster. It was explained that issues around the vaccine were discussed with the individual as part of the consenting process and it was clarified that national advice was being followed.</p> <p>It was explained that GPs or other clinicians would attempt to have conversations with those that had turned down this vaccine. It was added that the Public Health team welcomed the NHS CCG to signpost such individuals to them.</p> <p>Complex Lives – Concern was raised around vaccinating those individuals with complex lives (in particular with 2nd doses). Members were assured that work was being undertaken with services to provide a tailored offer and utilise opportunities to take the vaccine out to those individuals.</p> <p>Potential Vaccine Shortage – Members were informed that there was an understanding that the reported potential shortage of vaccines only related to 1st vaccinations and that 2nd ones would continue to go ahead. Members were assured that those with vaccinations already booked in would not be cancelled. Finally, it was noted that efforts were being made to allocate vaccinations across Doncaster.</p> <p>The Chair of the Panel thanked those at the meeting for attending and sharing the information.</p> <p>The Panel resolved to note the information provided.</p>	
36	<p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2020/21</u></p>	
	<p>The Panel was provided with the annual report on health protection assurance in Doncaster covering the financial year 2020/2021;</p> <p>The Panel was interested to hear about the following areas;</p> <p>Resources and Capacity – It was recognised that there had been a</p>	

coordinated and sustained response to the COVID-19 pandemic whilst existing duties and functions had been maintained. Members were assured that the Council was meeting its priorities in response to the pandemic prior to receiving any funding.

Later in the meeting, there was a brief conversation regarding the success of multi-agency working and how there was a shared aspiration to build on that learning and collaboration.

Flu Vaccination and MMR – Members were pleased to learn that there had been improvements for all cohorts, The following areas were discussed;

- Increased take-up of vaccines - In terms of the reasons behind higher take-up of flu vaccinations, it was explained that individuals had wanted their flu vaccination prior to when the Covid vaccine was to be made available. It was acknowledged that a significant improvement had been seen this year.
- Antenatal Clinics - Members welcomed the offering of flu vaccinations through antenatal clinics. It was explained that uptake did not appear higher due to data quality issues that had been raised nationally and the complex definitions/eligibility associated with this cohort. Members were told that data quality issues were being addressed nationally for the next season and that providers were now well placed to increase take-up in the future.
- Pneumonia vaccinations - there was a brief discussion around the low take-up reported for Pneumonia vaccinations and it was explained that there had been a challenge with logistics which was being looked into.
- Staff Take-Up of Vaccinations - In terms of staff take-up of vaccinations, Members were informed that there had been a positive uptake amongst staff. It was also acknowledged that staff take-up of vaccinations were not mandatory and were based on the individuals consent.
- Vaccination in Schools - A Member raised concern that flu vaccination take-up within schools was only 55-60%. It was explained that school closures had presented a challenge but there had continued to be an offer to provide a vaccine to all pupils.

Cervical screening - It was explained that cervical screening had continued in all practices across Doncaster (that restarted June 2020) and had shown increases during the last few months. Reference was made to work being undertaken by the Cancer Alliance and Jo's Trust website which contained further information

Members were assured that plans were now in place to address the

	<p>staffing issues experienced by Gateshead laboratory (managed by North East Cumbria commissioning team). It was noted that there had been an improvement shown with the service now running at 32 days (from target of 14 days). Member were assured that work was being undertaken with North East, North Cumbria with the laboratory to bring that down and that colleagues from quality assurance in Public Health England were supporting that work and that NHS England was heavily linked into the plans in place.</p> <p>It was requested that a written update be provided on progress being made to reduce the number of days back to the 14 days target.</p> <p>It was further explained that the delay was in relation to notifying the woman of the result if there had been a positive test. Assurances were made that this would not affect the women being referred into services or the diagnosis of it.</p> <p>Sexually Transmitted Diseases – There was a brief discussion around decreases in Sexually Transmitted Diseases and what would happen once restrictions have been lifted.</p> <p>Members were informed that this decreasing trend had predated lockdown. It was recognised that this might have been a result of wider behavioural change following on from many years of work taken to address it. It was acknowledged that lessons could be learnt from what has taken place during the lockdown and how the service had reached more people in terms of support and advice. It was noted that there was a challenge around access to contraceptive services, which were currently limited, and it would be further considered how else this could be increased and built upon.</p> <p>Substance Misuse – Members raised concerns around the increasing use of nitrous oxide and other drugs used for recreational purposes amongst the local communities. The Panel was assured that the Public Health team was aware of this issue although limited evidence available (apart from products found in the community). It was explained that there had been communications work undertaken with young people to relay appropriate messages as well as raising awareness with adults as part of ongoing work. It was recognised that this issue was having a significant impact on communities and mental health, particularly in young males. It was requested that further information be provided on the medical effects of nitrous oxide.</p> <p>Air Quality - The Panel considered the ongoing work to tackle air quality in Doncaster that included what was taking place in certain areas such as Hickleton and Marr. Members were reminded of other work across the Council and partners, such as the wider Environment Strategy and active travel.</p> <p>The discussion highlighted the following areas;</p>	
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- Roadside –There was a brief discussion around the impact of pollution in relation to the distance from houses to the roadside, reference was also made to the location of air quality devices.
- Local Air Quality Management (LAQM) Action Plan – Concern was raised around how areas in the LAQM action plan were prioritised. Members were assured that measures were considered fairly for all areas and that such information was made available publicly (through the Defra website) and opportunities had been presented to Members to become engaged in the process. Members raised concern about the extent to which the number of people affected by poor air quality influenced the allocation of resources. The Panel was reminded of the Council's action plan, which included measures over a 10-15 year period.
- Communication and Profile – In terms of communication, it was felt that more could be done to make public information become more appealing and accessible. Members were of the opinion that communication around air quality across the Borough needed to be widened and profiles raised. It was felt that present forms of communication were not impactful enough and examples of alternative methods of communication were referred to, such as the use of a short video film for the public to disseminate information.

The Panel therefore resolved to;

- a. note the joint work on infection prevention and control of coronavirus (covid-19), and the key role that Doncaster's health protection professionals play in coordination and management of the pandemic response.
- b. note the ongoing work with local partners in addressing immunisation update rates in Doncaster, in particular flu vaccinations and MMR among vulnerable groups.
- c. note the progress made, and efforts to address the challenges in relation screening programmes.
- d. note ongoing work to tackle air quality in Doncaster.
- e. note overall assurance on health protection of the people of Doncaster.

And proposed that consideration be given to the follow recommendations;

1. That in relation to nitrous oxide (and other recreational drugs), that the Director of Public Health writes on behalf of Doncaster to the Secretary of State for Health highlighting the Panel's concerns about the increased use about nitrous oxide and what steps were being taken to address this.
2. In relation to Air Quality, that further consideration be given to

	improving communication of information to the public, for example, through the use of short video, to make it more appealing and accessible.	
37	<u>DONCASTER ALL AGE STRATEGY FOR AUTISTIC PEOPLE AND PEOPLE WITH A LEARNING DISABILITY</u>	
	<p>An update was provided on progress made in response to recommendations made by the Panel to the Executive in the context of the Doncaster All Age Learning Disability and Autism Strategy 2021/24 and also on the report provided to Cabinet on the 9th March 2021.</p> <p>The following issues were discussed;</p> <p>Panel Recommendations - Members were informed that the fundamental challenge to come out of the recommendations were in seeking assurances that the strategy would be actioned and monitored. It was explained that, as part of the work that went to Cabinet there was an invitation to continue to be challenged on it. Reference was made to examples of where improvements had been made during the last year although it was recognised that more needed to be done.</p> <p>Vaccinations and Health - In terms of vaccinations, it was acknowledged that there had been developments around those with a disability being vaccinated. It was added that work had been undertaken with primary care practices during the pandemic. It was continued that work had also been undertaken with those with learning disabilities and providers over the past year to ensure that they were safe. It was noted that there had been some challenges although these had been reduced through proactive partnership work.</p> <p>Diagnosis - It was commented that there was a number of adults and older people with autism or learning disability who had not been diagnosed. It was responded that it was not just about the diagnosis of those coming through the school system, but also about diagnosis later in life and finally post diagnostic support. Reference was made to the Priority – Access to Autism Diagnosis (within the strategy) and it was recognised that there was still a long way to go.</p> <p>Issues and Challenges - Finally, concern was raised around challenges to issues such as improving transitions, improving pathways into work and in relation to healthcare, in particularly, following the disruptions experienced during the last year and how expectations going forward could be managed. It was recognised that young people of any diagnosis already experienced a difficult time and that the most important component yet biggest challenge was having the voice of those with experience themselves to come through more strongly.</p> <p>The Panel resolved to;</p>	

	<ul style="list-style-type: none"> a. Note the progress of actions against each of the recommendations. b. Note the status and progress of the Learning Disability and Autism Strategy c. Consider the appropriate elements of the 'Doncaster All Age Strategy For Autistic People And People With A Learning Disability' as part of the Health and Adults Social Care and Children and Young People Overview and Scrutiny workplans during 2021/2022. 	
38	<u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u>	
	<p>The Senior Governance Officer presented the 2020/21 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 future workplan following the meeting's discussions.</p> <p>RESOLVED the Overview and Scrutiny Work Plan 2020/21 and Forward Plan of key decisions be noted.</p>	



Doncaster Council

30th September 2021

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

Changes to NHS working (Integrated Care System - White Paper) and Potential Impacts of Changes

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Andrea Robinson - Portfolio Holder for Portfolio Holder for Adult Social Care	All	No

EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to a presentation (to be provided at the meeting), which will describe the possible impacts of changes how the NHS operates in England (subject to parliamentary approval) as Clinical Commissioning Groups become part of Integrated Care Systems (ICS).

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to consider the information provided by the Doncaster NHS CCG and the Director of Public Health in the form of a presentation that will be delivered at the meeting.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

BACKGROUND

5. The NHS is changing the way it operates in England (subject to parliamentary approval) as Clinical Commissioning Groups become part of integrated care systems (ICSs). ICSs are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.
6. They exist to achieve four aims:
 - **improve outcomes** in population health and healthcare
 - **tackle inequalities** in outcomes, experience and access
 - enhance **productivity and value for money**
 - help the NHS support broader **social and economic development**.
7. Further background information can be found under the following link - [The health and social care White Paper explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/health-and-social-care/white-paper-explained)
8. The presentation will describe the possible impacts of these changes on local people, organisations and any implications for the role of the Local Authority

OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

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

IMPACT ON THE COUNCIL'S KEY OUTCOMES

10. 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.

	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>ICSs are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.</p> <p>They exist to achieve four aims:</p>

		<ul style="list-style-type: none"> • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social and economic development. <p>The presentation will describe the possible impacts of these changes on local people, organisations and any implications for the role of the Local Authority</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money 	

	<ul style="list-style-type: none"> • 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 	
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RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS (INITIALS: SRF DATE: 15.09.21)

12. The Council's Constitution sets out the terms of reference for the Health and Adult Social Care Overview and Scrutiny Panel, which includes reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local regions. Further tailored legal advice can be provided on any matters arising.

FINANCIAL IMPLICATIONS (INITIALS: CR DATE: 17.9.2021)

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

HUMAN RESOURCES (INITIALS: EL DATE: 15/09/21)

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

TECHNOLOGY IMPLICATIONS (INITIALS: PW DATE: 14/09/21)

15. There are no specific technology implications at this stage. However, any emerging technology requirements will require Digital & ICT engagement at the appropriate time.

HEALTH IMPLICATIONS (INITIALS: RS DATE: 14/09/2021)

16. Scrutiny members will want to ensure that the proposed changes do lead to improvements in health and reduction health inequalities

EQUALITY IMPLICATIONS (CM DATE: 14/09/21)

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

CONSULTATION

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

BACKGROUND PAPERS



19. Further background information can be found under the following link - [The health and social care White Paper explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/white-papers/the-health-and-social-care-white-paper-explained)

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

- ICS - Integrated Care System
- NHS – National Health Service

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Director of Public Health

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Doncaster Council

Report

Date: 30th September 2021

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

Update on Doncaster Joint Strategic Needs Assessment (JSNA)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachael Blake Cllr Nigel Ball	All	No

EXECUTIVE SUMMARY

1. The JSNA provides an intelligence overview of health and wellbeing in the borough. It should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes. The Health and Well Being Board (HWBB) agreed a revised JSNA policy in June 2021.
2. A presentation will be provided to the Health and Adult Social Care Overview and Scrutiny Panel at its meeting on the 30th September 2021. The presentation will give an interim update by showcasing the work done to date on the 2021 JSNA and the forward plan.

EXEMPT REPORT

3. This report is not exempt.

RECOMMENDATIONS

4. The Health and Adult Social Care Overview and Scrutiny Panel are asked to;
 - To note the findings of the JSNA to date; and
 - To note the forward plan.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Improved health and social care intelligence to inform the Health and Wellbeing Strategy and strategic commissioning. Making data public will also help support transparent decision making and help external partner organisations understand population health challenges and opportunities for their own policy making.

BACKGROUND

6. The revised JSNA policy was agreed at the Health and Well Being Board (HWBB) in June 2021. An interim update was also provided to the HWBB in September 2021.

OPTIONS CONSIDERED

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

REASONS FOR RECOMMENDED OPTION

8. The Scrutiny Panel will have a chance to review progress to date, as well as the overall policy agreed by HWBB.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 9.

	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>Looking at “wider determinates” data through a population lens will allow an understanding of the inequalities faced by Doncaster residents. This combined with more traditional health sets will allow for a greater understanding of the challenges across the communities as well as the assets to build upon.</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 	
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; <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 	
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; <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 	The insights gathered from the intelligence will improve the commissioning and service development of the NHS, Public Health and social care services.
	Connected Council: <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. There is a risk that publishing data is not enough to inform policy decisions. This is why there will be a focus on communication and dissemination as part of this work rather than merely publishing alone.

LEGAL IMPLICATIONS [Officer Initials SRF Date 16.09.21]

11. Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended by s192 Health & Social Care Act 2012) made Local Authorities and CCGs jointly responsible for the production of a Joint Health Needs Assessment through the Health & Wellbeing Board

FINANCIAL IMPLICATIONS [HR Date 15/09/21]

12. There are no financial implications arising as a result of this report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 17/09/21]

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

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...15/09/21]

14. There are no technology implications specific to the recommendations in the report. However, any emerging technology requirements will require Digital and ICT engagement at the appropriate time.

HEALTH IMPLICATIONS [Officer Initials JG.....Date 13.9.21]

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

EQUALITY IMPLICATIONS [Officer Initials JG Date 13.9.21]

16. Health inequalities are an important aspect of this report. Much of the work of the JSNA looks to understand the inequalities of health and wellbeing outcomes across the borough's communities.

CONSULTATION

17. The revised JSNA policy was agreed at HWBB in June 2021. An interim update also went to the HWBB in September 2021.

BACKGROUND PAPERS

18. N/A

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

- JSNA – Joint Strategic Needs Assessment
- H&WBB – Health and Well Being Board

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Dr Rupert Suckling
Director of Public Health

Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2021/22

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May		Friday 4th June, 2021 at 3.30pm, MS Teams	-		
		<ul style="list-style-type: none"> Work Planning Meeting 			
June	Thurs 3rd June 2021 at 10am, MS Teams		Tues 15th June 2021 at 10am, MS Teams	Wed 9th June 2021 at 10.30am, MS Teams	Monday 7th June 2021 at 2pm, MS Teams
	<ul style="list-style-type: none"> Work Planning Meeting 		<ul style="list-style-type: none"> Work Planning Meeting 	<ul style="list-style-type: none"> Work Planning Meeting 	<ul style="list-style-type: none"> Work Planning Meeting
	Thurs 24th June 2021 at 10am Council Chamber (AS/RW)				
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 4 (c) <ul style="list-style-type: none"> DMBC SLHD DCST Youth Justice Plan (c) Edenthorpe Neighbourhood Plan (c) 				
July		Thurs 1st July 2021 at 10am- MS Teams Briefing Session (CR)	Thurs 22nd July 2021 at 4.30pm CANCELLED Tues 10th August 2021 at 9am Briefing Meeting		Wed 28th July 2021 at 10am, Council Chamber (CM)
		<ul style="list-style-type: none"> Asset Based Community Development and Well Doncaster – update and Annual Report. Links with Localities, Adult Social Care addressing the way people live day to day, with a focus on local communities becoming healthier. (c) 			<ul style="list-style-type: none"> Sustainability/ Environmental Strategy update and next steps – 111 actions and maximising funding (c) NEW Social Inclusion Alliance Update (c)

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	Tuesday 3rd August, 2021 at 9.30am – MS Teams Briefing meeting (CR)				
	<ul style="list-style-type: none"> • Locality working (c) 				
	Tuesday 10th August, 2021 at 11.00am – MS Teams Briefing Session – postponed from 8th July (CR)				
	<ul style="list-style-type: none"> • Commissioning (c) 				
Aug	Extraordinary OSMC – Thurs 19th August 2021 at 10am, Council Chamber (CR/RW)		Tues 10th August 2021 at 9am Briefing Meeting (CM)		
	<ul style="list-style-type: none"> • Local Plan (c) • Doncaster Delivering Together (Borough Strategy 2030) (c) • Sproborough Neighbourhood Plan (TBC) (c) 		<ul style="list-style-type: none"> • Children and Young People overview including relationship with Doncaster Children's Services Trust and invitation to Young Advisors and Youth Council (Make Your Mark) Further shaping of the work plan (c) 		
Sept	Thurs 9th Sept 2021 at 10am Council Chamber (CM/RW)	Thurs 30th Sept 2021 at 10am Council Chamber (CM)	Thurs 16th Sept 2021 at 4.30pm Council Chamber (CR)		
	<ul style="list-style-type: none"> • Qtrly Finance & Performance Report – Qtr 1 (c) <ul style="list-style-type: none"> ◦ DMBC ◦ SLHD ◦ DCST • Compliments and Complaints (c) 	<ul style="list-style-type: none"> • Changes to NHS working (ICS - White Paper) and what this will mean for the Borough's residents (timing TBC) (c) • Joint Strategic Needs Assessment (c) 	<ul style="list-style-type: none"> • Safeguarding theme to include Children's Social Care with the Early help element of focus (c) 		

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

Oct	Thurs 7th Oct 2021 at 10am Briefing Session (CM or CR)		Fri 1st Oct 2021, 2pm Briefing Sessions, MS Teams (CM)	Wed 13th Oct 2021 at 11.30am (RW)	Mon 11th Oct 2021 at 10am
	<ul style="list-style-type: none"> Localities (general update and the executives proposals for Governance) 		<ul style="list-style-type: none"> Overview of upcoming policies 	<ul style="list-style-type: none"> Social Housing - Post Covid easing restrictions – consequences of rehousing people in temporary accommodation (c) 	<ul style="list-style-type: none"> Community Safety Strategy Flood Planning Preparation Domestic Abuse Strategy(c)
Nov	Thurs 4th Nov 2021 at 10am	Mon 22nd Nov 2021 at 1.30pm		Briefing Session 10th Nov 2021, 10:30am	
	The Statement of Licensing Policy Gambling Act 2005 (c)	<ul style="list-style-type: none"> Winter Planning Update from Doncaster and Bassetlaw Teaching Hospitals (c) 		<ul style="list-style-type: none"> Town Deal Doncaster and Stainforth – update including priorities, next steps plus outline of the levelling up funding bid for the town centre. Town Centre update including Waterdale area, strategy and plans for, Housing, retail, hospitality and engagement with businesses and how they are responding to challenges 	
	Thursday 4th November following the formal meeting			Tues, 30th Nov 2021, 10am Council Chamber	
	Commissioning – discussions with service users re: drug and alcohol abuse (c)			<ul style="list-style-type: none"> Update on the Market (MAM contract). Town Centre economy including impact from Covid, footfall, nighttime economy, Alfresco dining, market economy. 	
Dec	Thurs 2nd Dec 2021 at 10am Council Chamber (AS/RW)		Thurs 9th Dec 2021 at 4.30pm		

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"> Qtrly Finance & Performance Report – Qtr 2 (c) <ul style="list-style-type: none"> DMBC SLHD DCST 		<ul style="list-style-type: none"> SEND Strategy and Behaviour Transformation Programme (pre cabinet decision) (to include a focus on Education health Care plans) Theme Education and Skills to include school organisation with comparators for attendance, exclusions, NEET, education outcomes post 16 employment and education and Big Picture (pre cabinet decision) SALT and Neurodevelopment pathway New Education and Skills 2030 programme 		
Jan	Thurs 27th Jan 2022 at 10am (briefing session)				
	<ul style="list-style-type: none"> Budget 				
Feb	Thurs 10th Feb 2022 at 10am Council Chamber				Wed 9th Feb 2022 at 10am Council Chamber
	<ul style="list-style-type: none"> Budget 				<ul style="list-style-type: none"> Crime and Disorder Committee – theme TBC (Police Resources)
	Thurs 24th Feb 2022 at 10am				

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	Thurs 31st March 2022 at 10am, Council Chamber (AS/RW)	Thurs 3rd March 2022 at 10am, Council Chamber	Thurs 17th March 2022 at 4.30pm	Wed 9th March 2022 at 10am	
March	<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"> Public Health report – link with the implications of long Covid 	<ul style="list-style-type: none"> Young people's mental health and resilience (Mental Health strategy and implementation Plan going to H&WBB in Jan) Children and Young People's Plan (invite HASC Scrutiny Panel) 	<ul style="list-style-type: none"> Employment programme opportunities following Covid easing with possible invite to DWP Local Plan – update including delivery of key projects and connectivity 	
Apr					
May					

POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED

	Quarter 4 Performance OSMC 23 rd June, 2022	Adult Safeguarding Report 2022 (date TBC)	<ul style="list-style-type: none"> Theme: Sufficiency <p>Reports to include comparators and best practices with comparisons to like authorities.</p>	Impact of Brexit on housing improvements – building materials and maintenance timeframes (TBC – difficult to provide full picture at time of work planning possibly – link with OSMC)	Environment Strategy strands eg. Moorland management, tree planting, carbon emissions and rewilding
	Impact of Brexit on housing improvements – building materials and maintenance timeframes (TBC – difficult to provide full picture at time of work planning – link with R and H)	Joint Regional Health (JHOSC) – as required Chair only to attend	<p>Following issues to be fed into the above themes:</p> <ul style="list-style-type: none"> Transition of young disabled adults to adulthood; 		Veterans – specific area to be discussed further

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"> • Covid theme – impact of children being home schooled; • Domestic Abuse (Youth Council/Young Advisors) 		
	Local Plan update Autumn 2022	<p>Part 1 - CQC Inspection and Regulation Update – Doncaster Care Quality including inspection ratings. Covid impact and how care providers have risen to the challenge</p> <p>Part 2 - CQC possible part two - Chief Nurse CCG – NHS settings</p>	<ul style="list-style-type: none"> • Doncaster Children's Safeguarding Partnership Annual Report – to circulate for comments 		Environmental Improvement Plan (timing TBC)
	Gambling Policy (TBC)	Children's Mental Health – CYP leading and Panel is to be invited to CYP 17 th March			Green Space and Parks Champion – Briefing note update timing TBC
		Carers Strategy			
		Links with Social Care and Housing (added following discussion with Chair and Director) TBC maybe 2022/23			
BRIEFING NOTES					
		Adult Safeguarding Annual report 2021 to be circulated		Housing Allocations Policy	
		Substantial Variation – Update on merger Scawthorpe/Bentley		Preston Model - towns and cities transforming community wealth building	
				City Status Bid	

DONCASTER METROPOLITAN BOROUGH COUNCIL

FORWARD PLAN FOR THE PERIOD 1ST OCTOBER 2021 TO 31ST JANUARY, 2022

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: 31 August 2021 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 Lani-Mae Ball
Councillor Nigel Ball
Councillor Joe Blackham
Councillor Rachael Blake
Councillor Phil Cole
Councillor Mark Houlbrook
Councillor Jane Nightingale
Councillor Andrea Robinson

- Budget and Policy
- Housing and Business
- Education, Skills and Young People
- Public Health, Leisure, Culture and Planning
- Highways, Infrastructure and Enforcement
- Children's Social Care, Communities and Equalities
- Finance
- Sustainability and Waste
- Corporate Resources.
- Adult Social Care

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

Members of the Full Council are:-

Councillors Nick Allen, Bob Anderson, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Daniel Barwell Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings Glenn Bluff, Laura Bluff, Bev Chapman, James Church, Gemma Cobby, Phil Cole, Jane Cox, Steve Cox, Linda Curran, Amiee Dickson, Susan Durant, Sue Farmer, Sean Gibbons, Julie Grace, Martin Greenhalgh, John Healy, Leanne Hempshall, Charlie Hogarth, Mark Houlbrook, Debbie Hutchinson, Barry Johnson, Glyn Jones, R. Allan Jones, Ros Jones, Jake Kearsley Majid Khan, Jane Kidd, Sue Knowles, Sophie Liu, Tracey Moran, John Mounsey, Emma Muddiman-Rawlins Tim Needham, David Nevett, Jane Nightingale, Thomas Noon, Ian Pearson, Andy Pickering, Cynthia Ransome, Rob Reid, Andrea Robinson, Dave Shaw, Glynis Smith, Sarah Smith, Gary Stapleton, and Austen White

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
Not before 12th Oct 2021	Continued support for those people required to self- isolate as part of the COVID- 19 response	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure, Culture and Planning	Portfolio Holder for Public Health, Leisure and Culture	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncast er.gov.uk		Open
20 Oct 2021	Medium-term Financial Strategy (MTFS) Budget Update 2022/23 to 2024/25	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncast er.gov.uk		Open
20 Oct 2021	To approve Domestic Abuse Strategy 2021-2024.	Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities and Equalities	Cabinet	Karen Shooter, Domestic Abuse Strategic Lead Karen.shooter@donc aster.gov.uk		Open

17 Nov 2021	To update on the development of the new Big Picture alternative provisions and to approve the new financial and contractual arrangements since last year.	Councillor Lani-Mae Ball, Portfolio Holder for Education, Skills and Young People	Cabinet	Martyn Owen martyn.owen@doncaster.gov.uk		Open
18 Nov 2021	Community Safety Strategy 2022 to 2025.	Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities and Equalities	Cabinet, Council	Rachael Long, Crime and Safer Doncaster Theme Manager rachael.long@doncaster.gov.uk		Open
1 Dec 2021	Quarter 2 2021-22 Finance and Performance Report	Councillor Phil Cole, Portfolio Holder for Finance	Cabinet	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk		Open
1 Dec 2021	St Leger Homes Performance Report 2021/22 Quarter 2	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business.	Cabinet	Julie Crook Tel: 01302 862705, Dave Richmond, Chief Executive, St Leger Homes of Doncaster dave.richmond@stlegerhomes.co.uk		Open

1 Dec 2021	DCST Quarter 2 Finance & Performance Report.	Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities and Equalities	Cabinet	James Thomas, Chief Executive of Doncaster Children's Services Trust James.Thomas@dcstrust.co.uk		Open
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