



## 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:** Council Chamber, Floor 2, Civic Office, Waterdale, Doncaster

**Date:** Monday, 22nd November, 2021

**Time:** 1.30 pm

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**PLEASE NOTE:** Due to restrictions arising from the Covid-19 pandemic, there will be 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 734941 or 735682 to request a place, no later than 12 noon on 19<sup>th</sup> November, 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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**Damian Allen  
Chief Executive**

Issued on: Friday 12<sup>th</sup> November 2021

**Governance Services Officer for this  
meeting**

Caroline Martin  
01302 734941

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

## **Items for Discussion:**

1. Apologies for Absence.
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on the 30th September 2021 (*Pages 1 - 10*)
5. Public Statements  
[A period not exceeding 20 minutes for statements from up to 5 members of the public on matters within the Panel's remit, proposing action(s) which may be considered or contribute towards the future development of the Panel's work programme].

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

6. Update from Doncaster and Bassetlaw Teaching Hospitals (*Pages 11 - 46*)
7. Health and Social Care: Covid and Winter Planning in Partnership (*Pages 47 - 56*)
8. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions (*Pages 57 - 70*)

## **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)

# Public Document Pack Agenda Item 4

## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 30TH SEPTEMBER, 2021

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 SEPTEMBER, 2021 at 10.00 AM

Chair – Councillor Sarah Smith  
Vice Chair – Councillor Martin Greenhalgh

Councillors;

Martin Greenhalgh, Laura Bluff, Linda Curran, Jake Kearsley and Sue Knowles

Invitee: - Jim Board (Unison)

#### **ALSO IN ATTENDANCE:**

##### **External;**

Jackie Pederson – Chief Officer (Doncaster NHS CCG)

##### **DMBC;**

Rupert Suckling – Director of Public Health  
Carolyn Nice – Assistant Director of Adults, Health and Wellbeing

**Other Councillors:** Councillor Jane Kidd

		<u>ACTION</u>
1	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Councillors Tracey Moran, Austen White, Sean Gibbons and the Invitee Jim Board.	
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	Councillor Jane Kidd declared an interest by virtue that she works for the voluntary sector.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH JANUARY 2021 AND 18TH MARCH 2021</u>	
	RESOLVED: The minutes of the meetings held on the held on the 28th January 2021 and 18th March 2021 were agreed as a true record.	

4	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
5	<u>CHANGES TO NHS WORKING (INTEGRATED CARE SYSTEM - WHITE PAPER) AND POTENTIAL IMPACTS OF CHANGES</u>	
	<p>The Panel received a presentation from the Chief Officer of Doncaster NHS CCG, outlining the possible impacts of changes and how the NHS operates in England (subject to parliamentary approval) as Clinical Commissioning Groups become part of Integrated Care Systems (ICS).</p> <p>The presentation covered the following areas;</p> <ul style="list-style-type: none"> <li>• How the NHS and Doncaster works now?</li> <li>• How the NHS will look in the future?</li> </ul> <p>There was a discussion held and the following areas were highlighted;</p> <p><b><u>Integrated Care System (ICS) - Focus on Inequality</u></b></p> <p>In terms of how the Integrated Care System focused on inequality, it was explained that this was seen as a 'place' responsibility although the ICS may itself set some ambitions around that. It was continued that this was being tested out within different locality areas when considering the differences and that solutions were being considered alongside providers. It was commented that this is in our gift to advise the future Integrated Care Partnership which priorities need addressing. It was noted that it as everyone's responsibility to help implement those ambitions through the ICS, by asking them to take action and holding them to account.</p> <p>The Director of Public Health stated that in absence of a national target around inequalities, it was down to us as the 'place' to set out its ambitions. It was advised that this in part, could be achieved through the Joint Strategic Needs Analysis (JSNA) and Health and Well-being Strategy (which were both tasks of the Health and Well Being Board).</p> <p>It was expected that the role of overview and scrutiny would continue in terms of considering particular issues and major service changes and by setting the workplan. It was viewed that these issues may be addressed either as individual Panels or jointly across South Yorkshire.</p> <p>Members were advised that there was still going to be statutory organisations who would need to fulfil their equalities duties and due regard obligations.</p> <p><b><u>Integrated Care System (ICS) – Children and Young People</u></b></p>	

Members raised concern as to whether there was sufficient focus on the health and wellbeing of children and young people within the Integrated Care System (ICS).

Members were told that it would be about feeding it through the JSNA and Health and Well-Being Board into the Integrated Care Partnership (ICP). Comments were made around sectoral collaborations across the ICS geography, with a children's collaboration that was also being looked at. It was stressed that at present, the only requirement was for Mental Health and an Acute collaborative within the Integrated Care System (ICS), but that the ICS was keen to ensure that children were a priority. It was recognised that responsibility rested at Doncaster level as well as the Integrated Care Board (ICB), that discussions had been held and there was a need to make sure that it takes place as part of the partnership arrangements.

Reference was made to Doncaster Council's Young Advisors that sat within the Children and Young People directorate. It was outlined that the Young Advisers had recently undertaken a survey and identified that domestic violence and mental health was important to young people in Doncaster. It was recognised that they represented a key voice in taking the Integrated Care System forward. Members were assured that the voice of Young Advisors would be taken account of and recognised that domestic abuse had been raised before as an issue.

The Director of Public Health explained that through the Health and Wellbeing Board and the Cabinet Member for Children's Social Care, Communities and Equalities, they were keen to increase the attendance of those with lived experience to attend the Board and would consider how the Young Advisers model could be brought in. It was added that previously, representatives from the Carers Group and those with autism had attended the Board.

Members were informed from the Chief Officer of Doncaster NHS CCG that a patient story was considered at the beginning of every monthly governing body meeting and would be continued.

### **Integrated Care System (ICS) – Health and Well Being Board and Scrutiny Functions**

There was a brief discussion as to how the Integrated Care System would work alongside the Doncaster Health and Wellbeing Board (and Scrutiny) to ensure that there were joint planning and public accountability. It was explained that it was for the Integrated Care Board and the local authority to design the Integrated Care Partnership. It was continued that as equal and joint partners on the committee and board, conversations were taking place about how that would be established. It was expressed that there would likely be some parameters but also the likelihood of some flexibility.

It was considered that a sensible approach would be if there was a Care Strategy for South Yorkshire and an Integrated Care Partnership, a Committee of the local authority and health and that Health and Well Being Boards from each place fed into that arrangement. It was further explained that the Director for Public Health would lead the development of the JSNA, which would help identify Doncaster's priorities and feed through Doncaster partners and the Doncaster Strategy through into the Integrated Care Partnership.

Regarding Overview and Scrutiny, it was explained that it may be about scrutinising major decisions (substantial variations) and through setting the workplan. It was commented that there would likely be some cross-representation on groups.

### **Integrated Care System (ICS) - Prevention**

It was explained that the Integrated Care System model provided a greater opportunity to place more emphasis on prevention work, than through commissioning or contracting models.

Members were told that there was an opportunity not only to focus on health but to consider the wider determinants through the Health Strategy developed by the Integrated Care Partnership (through the Board). It was viewed the Borough Strategy was a positive example of how effective a strategy could undertake that purpose. It was recognised that once people contacted health services then you were then dealing with consequences, it was therefore felt that there was a need to go further upstream. It was hoped that the Integrated Care Boards would have a significant influence on wider determinants and work across the sectors on a prevention model.

### **Integrated Care System (ICS) - Funding**

In view of how funding was allocated, it was questioned how we would be able to commission for local needs. Members heard that although there was control over moving money across, it also created difficulties and challenges. It was stated that there was a need to support non-recurrent resource investment as this is a very useful way to support change and transformation.

It was viewed that targets could be set or a percentage of the budget may be allocated to be spent on prevention. Members were informed that the intention and challenge would be around moving investment upstream and there needed to be more encouragement around innovation and different ways of working.

It was felt that there was a need to reach a stage where decisions were made around one pot of money as opposed to whether it was local authority, public health or NHS.

Regarding the current NHS funding for Doncaster, concern was raised in the event that the money would be allocated to other South Yorkshire areas more favourably than Doncaster. Members were informed that there was uncertainty around how the allocation formula would work in the future. The Chief Officer of Doncaster NHS CCG recognised that this was a real concern but commented that this could be mitigated through working with and helping design the Integrated Care Partnership.

In terms of how the financial allocation of funding would be decided for South Yorkshire, it was noted that there was still uncertainty as this had not yet been agreed and guidance was not yet available. Assurances were provided that it was unlikely that there would be a great deal of change this current year.

### **Integrated Care System - Adult Social Care**

Members heard how there were a number of common ambitions included as part of ongoing conversations with the Integrated Care System. Officers referred to examples such as that the care of elderly that would mostly happens within communities, whereas, other services such as intensive care could be managed by the Integrated Care System. It was acknowledged that responsibility was part of a local approach and localities work was being undertaken by the Director and Assistant Director of Adults, Health and Wellbeing.

The Assistant Director of Adults, Health and Wellbeing explained how there were positive working relationships being developed within localities which would be underpinned by an evidence base for plans around neighbourhoods

The Director of Public Health commented that Adult Social Care was more than about discharging early and needed to be part of a narrative.

### **Integrated Care System (ICS) - Structure**

Concern was raised around how clinical representation was to be included within the structure. Members were informed that conversations around the preferred model were now being presented for consideration. It was viewed important that there was clinical and possibly lay representation as well. It was noted how as 'place', a recommendation had been put forward that a small group be set up to take this forward and consider the points that have been made

### **Integrated Care Boards (ICB)**

It was explained that there a draft constitution had been published and a national constitution made available, which currently stipulated the minimum requirements of the Board.

It was explained that until the Integrated Care System was established, it would be difficult to know how providers may have more control over how resources would be used, how money would be spent and where services would be delivered.

### **Integrated Care System – Reducing Bureaucracy**

It was asked how the Integrated Care System would help reduce bureaucracy to support Doncaster resident's health and care needs. The Chief Officer of Doncaster NHS CCG provided a positive example of where a contract had been created with a lead provider resulting in contractors coming together to lead on Emergency Care.

In terms of capturing the voice of the voluntary sector, it was explained that the Chief Executive of Voluntary Action Board was a key partner and involved in local forums to establish operating arrangements from 22/23. It was acknowledged that there was a place for the voluntary sector to be there when providers were receiving funds.

### **Integrated Care System – Training and Recruitment of Workforce**

Members were advised that there was uncertainty around forward planning and influence of the NHS workforce. Members were informed how part of the Integrated Care Boards requirements would be to have a People's Directorate, which would be responsible for such issues.

It was added that it was more than about providing health skills, training, developing people and identifying where the gaps were. It was acknowledged that the retention of NHS staff was a significant challenge.

**Integrated Care System (Public Engagement)** - In terms of the responsibility of the NHS Integrated Care System design framework to communicate what it was, changes that were being made and what it would achieve for communities, Members were informed that it would be taken forward (although at present it was not the right time to undertake this task).

**Integrated Care System (Shaped by Local Needs)** - It was questioned how the Integrated Care System would ensure that decisions that might affect Doncaster would be made alongside local people and communities.

Members were reminded that it Doncaster intentions and approach had been recently agreed. It was explained that the Integrated Care System would have a statutory responsibility and would take this forward on their behalf through a Committee arrangement. It was recognised that the process needed to be open and transparent, for example, through public meetings and that further work would be

	<p>undertaken to see how that will be established as a partnership.</p> <p>The Chair thanked the Chief Officer of the Doncaster NHS CCG and the Director of Public Health for the presentation and responses to the Panels questions.</p> <p>RESOLVED to note the information provided.</p>	
6	<p><u>UPDATE ON DONCASTER JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</u></p>	
	<p>The Panel received a presentation from the Service Manager of Policy, Insight and Change, on an interim update, which highlighted the work undertaken to date on the 2021 JSNA and the forward plan.</p> <p>It was explained how the JSNA provided an intelligence overview of the health and wellbeing in the Borough and should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes.</p> <p>The presentation covered the following areas;</p> <ul style="list-style-type: none"> <li>• Health and Well-Being Update</li> <li>• 2021 Policy Refresh</li> <li>• New Publications</li> <li>• JSNA Overview</li> <li>• Insights</li> <li>• Immediate Next Steps – Short Term</li> <li>• Work Plan</li> </ul> <p>There was a discussion held and the following areas were highlighted;</p> <p><b><u>Engagement</u></b></p> <p>It was noted that the information would be collated through a number of ways such through what was already available and by identifying what has already been captured, such as through Young Advisors’ Make Your Mark surveys and adult social care surveys. It was continued that consideration would be given as to how that knowledge would be shared across teams and partners.</p> <p>In terms of reflecting what was happening in communities, Members were reminded of Doncaster Talks project that comprised of surveys, engagement and was centred around the Borough Strategy. It was acknowledged that public engagement was fundamental to the work.</p> <p>The Director of Public Health assured Members that decision makers would still have responsibility in making sure that the ‘voice’ was captured and taken into account as part of the decision making</p>	

process.

### **Asset Based Approach**

Members heard how the JSNA was framed around needs, which required further understanding and to provide us with more leverage, for example, hard assets (buildings), wider determinants of infrastructure, service assets, locality, universal offer or individual places. It was added that the hardest to measure would be the soft assets such as community groups, feelings, aspirations, culture and leisure.

The Director of Public Health agreed the localities element was very important.

### **Communication of JSNA**

Members were informed that the work and communication around the JSNA was ongoing and that the website would be made available shortly.

### **Challenges in Developing the JSNA**

It was explained that challenges taking forward the JSNA included:

- Factual representation.
- Validity of information – is the information reflective of people's experiences.
- Delay of national statistics publishing data and availability of local up-to-data.
- How the pandemic has affected information?

### **Integrated Care System (ICS) and JSNA**

There was a brief discussion around what role the Integrated Care System would take with the JSNA (and vice versa). It was explained how the importance of 'place' was recognised through official statistics or understanding people.

It was outlined that the JSNA included a section on age (that included children and young people). In addition to this, it was explained that there was information around what was going to happen and the wider determinants. Members were told how the JSNA was used by the Council to develop and influence the Health and Wellbeing Strategy and identify its priorities.

Regarding strategic influences, it was advised that statistics indicated what the key issues were, what had been learnt from findings and how that would be fed into decision-making, plans and service performance.

	<p>It was commented that there may be a better way of commissioning deep dives and how scrutiny can be involved.</p> <p>RESOLVED that the Panel note the information provided</p>	
7	<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 report for the 2021/2022 municipal year.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none"> <li>1. The Overview and Scrutiny Work Plan for 2021/2022 be approved; and</li> <li>2. The Council's Forward Plan of Key Decisions, be noted.</li> </ol>	

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## Doncaster Council

22<sup>nd</sup> November 2021

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

#### Update from Doncaster and Bassetlaw Teaching Hospitals

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball Portfolio Holder for Public Health, Leisure, Culture and Planning Councillor Andrea Robinson Portfolio Holder for Adult Social Care	All	None

#### EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided at Appendix A together with a presentation in Appendix B from the Chief Executive of Doncaster Royal Infirmary on the following areas:
  - Waiting times (for hospital and social care).
  - Number of beds available at DRI.
  - Delayed Transfers of Care (DTOCs).
  - Supporting/Expanding Primary Care.
  - Capacity of care available through the agencies.
  - Impact of Covid and seasonal flu (numbers, new strains of Covid).
  - Staff wellbeing.

#### EXEMPT REPORT

2. The report is not exempt.

#### RECOMMENDATIONS

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

## WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

## BACKGROUND

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

## OPTIONS CONSIDERED

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

## REASONS FOR RECOMMENDED OPTION

7. There is no recommended option.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

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

	<p>quality, affordable home</p> <ul style="list-style-type: none"> <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>	
	<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> <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>	
	<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>	
	<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>	

**RISKS AND ASSUMPTIONS**

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

#### **LEGAL IMPLICATIONS (SRF 09.11.21)**

10. There are no specific legal implications arising from this report. Advice can be provided on any matters arising.

#### **FINANCIAL IMPLICATIONS (D.B. 10/11/21)**

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

#### **HUMAN RESOURCES (EL 11/11/2021)**

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

#### **TECHNOLOGY IMPLICATIONS (ET Date 10/11/21)**

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

#### **HEALTH IMPLICATIONS (RS 09/11/2021)**

14. Access to high quality health care services makes a significant contribution to population health. The update from Doncaster and Bassetlaw Teaching Hospitals covers a range of issues. Panel members will want to assure themselves that activity and outcomes are delivered in partnership and reduce health inequalities.

#### **EQUALITY IMPLICATIONS (CM 10/11/21)**

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

#### **CONSULTATION**

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

#### **BACKGROUND PAPERS**

17. Health and Adult Social Care Overview and Scrutiny Meeting held 28<sup>th</sup> November 2019 and 26<sup>th</sup> November 2020.

#### **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

NHS – National Health Service

DBTH – Doncaster and Bassetlaw Teaching Hospitals

DRI – Doncaster Royal Infirmary

PPE – Personal Protective Equipment  
PCR Test – Polymerase Chain Reaction Test  
ICS - Integrated Care System  
MMC – Modern Methods of Construction

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Doncaster and Bassetlaw Teaching Hospitals (DBTH)

**Phil Holmes**  
**Director of Adults Health and Wellbeing**

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## Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

### Covid-19 and related challenges:

Throughout the past 22 months, DBTH, like all NHS providers across the UK, has been dealing with the challenges related to Covid-19.

At the time of writing (2 November), we have cared for 4,066 patients who were admitted to hospital with COVID-19, and 419 (10.3%) of these patients required critical care. Of this cohort, we have safely discharged 3,902 people, while sadly 905 have passed away.

As a Trust, we have experienced around five sustained periods of COVID-19 activity since March 2020, and as such have had to concentrate our bed and testing capacity towards emergency, urgent and cancer services at certain points in time, which has created a backlog of elective and diagnostic work.

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

Below are some of the changes, developments, and achievements:

### Safety, care, and infection control:

- Creation of **Enhanced Operations team** and daily meetings to handle initial outbreak and monitor situation closely.
- Implementation of **wide-ranging guidance around Personal Protective Equipment (PPE) and infection control** and rapid programme for 'FFP3 fit mask testing'.
- Modelling of predicted COVID-19 activity, and **bed capacity increased** as a result to anticipate periods of sustained activity.
- Creation of '**yellow**' and '**blue**' pathways for patients to separate COVID-19 patients from those without the illness and increase safety within the hospital.
- In addition to provision of face-to-face appointments we moved to provide **virtual consultations**, as well as establishment of successful '**drive-thru**' services to reduce footfall wherever necessary,
- Restriction of visitors into hospitals and other foundational changes have been required throughout the year – however these policies are now less stringent.

## APPENDIX A

### Estates and Facilities

Significant investment of £20.3m on our sites throughout the year, including the **relocation of some services**, including:

- Further **expansion of oxygen capacity** to meet requirements of COVID-19 challenges.
- Fire precaution works on all three sites, totalling £2.6 million
- Emergency department flow and related ventilation works totalling £1.8 million.
- Improvements to Endoscopy services totalling £220,000
- Diagnostic improvements, including new CT scanner totalling £200,000
- Prevention of legionella works, totalling £800,000.

A full rundown of investments made at the Trust in the past year can be viewed in our 2020/21 Annual Report, page 23, here: <https://www.dbth.nhs.uk/about-us/how-we-are-run/annual-report/>

### Procurement

- **Day-by-day stock takes** with updates on how much PPE remained and how long it would last – we have not encountered any shortages and we have good stock levels, and provision, as we move into winter.
- Tireless work with suppliers to ensure **Trust never ran out of critical PPE even at critical moments**.
- Overall, more than **three million items of PPE** were sourced in the first 12 months of the pandemic, this has increased exponentially since.
- Help from local companies, organisations, and people in donating items of PPE throughout the first phase of the pandemic which helped to bolster our supplies.

### Health and wellbeing

- As a result of COVID-19, we enhanced our health and wellbeing offer for all staff. Due to isolation and other matters, our sickness absence rate has been higher than usual, with a rate of 6.33% registered on 1 November 2021.
- All colleagues who isolate, or who are on long-term sickness absence, are phoned by our Health and Wellbeing team to ask how they are, and if they need further support during their absence. This service has received extremely positive feedback from staff.
- To support colleagues, we offer several different counselling services as well as alternative therapies such as Reiki – with colleagues recently offered two free sessions with our partners at Aurora.
- We have created two ‘Rainbow Garden’ spaces, which staff can access as a place of comfort and mark their respects to those who have passed.
- We are working with local caterers to enhance and increase the variety of meals that are on offer to staff, with suppliers offering pizzas, crepes, Greek cuisine, and other catering offerings.
- In September we hosted a ‘thank you’ event at the Yorkshire Wildlife Park, with over 3,000 members of staff attending, with friends and family, bringing the overall attendance to over 6,600 on the day. All those who couldn’t attend on the day were offered a free ticket, plus two discount entries to be used at a time of their choosing.

## APPENDIX A

- Finally, we have a schedule of 'Random Acts of Kindness' (supported by charitable funds) to help further boost staff morale as we move into the winter months. In the past these have included a free cup of tea and cake delivered to all colleagues, a free bag of sweets and other assorted treats, and we plan to continue with these acts.

### Vaccination and testing

- In early April 2020, the Trust introduced PCR testing via a drive-thru services for all staff, as well as patients undergoing planned procedures.
- This also led to an increase in our in-house testing provision, with, to-date, over 175,000 PCR tests having taken place at the Trust. Our testing is extremely sensitive, at a rate of around 97% of producing true positives.
- All staff are asked to undertake a twice-weekly regime of lateral flow testing, which continues today with good take-up.
- We have also delivered over 13,000 COVID-19 vaccines to colleagues across two doses. 85% of all staff received the dual vaccine, with the remainder opting out largely due to medical exemption.
- At the time of writing, more than half of all colleagues have received the booster vaccine, while we have administered more than 4,000 flu vaccines.

### Communications and Engagement

- As a Trust we have substantially increased the amount of internal and externally messaging over the past 20 months, updating colleagues and our communities on our position, as well outlining new guidance and so on.
- We created a **Coronavirus Resource Hub** for colleagues to access, which contains everything from PPE policy to how staff book a PCR test – this continues to be maintained daily and accessed and referenced by colleagues, on average, around 17,000 times per week.
- Been a key partner in Team Doncaster communications cell, communicating key messages to communities through the 'Let's do it for Doncaster campaign'
- We have also kept in **constant contact with our local communities via social media** and other platforms – with a weekly Facebook 'reach' of over 100,000 and increasing followers to the organisation's page from 10,000 to almost 50,000 by November 2021. The Trust also has a private Facebook group which is used by more than 80% of all employed colleagues.

### What comes next?

Throughout the past number of weeks, we have developed our winter plans as we expect to care for the usual seasonal illnesses, as well as further cases of COVID-19. This includes:

**Provision of additional capacity:** 10 extra beds Emergency Surgical Ambulatory Care as well as £958,000 investment to reconfigure our Critical Care surge capacity and Discharge Lounge service. Further investments of £2.4 million include:

1. Additional support services and staff to support the Emergency Department including portering for tests and pharmacy, additional Rapid Assessment Team staff and keeping day surgery running until midnight .

## APPENDIX A

2. Introducing a virtual fracture clinical at weekends supported by additional junior doctors and beds will be available through private sector providers on an ad hoc basis.

### **Bed capacity and managing surges in activity:**

Last year, we took the opportunity to be able to increase our intensive bed capacity from around 30 to 130 to match the possible level of demand but thankfully this was not required. Moving through this winter we have some flexibility in our current capacity, however the position this will be challenging because of staffing pressures.

The Trust's overall bed capacity before the pandemic was approximately 670. With enhanced infection, prevention, and control measures this reduced to 610 (9% reduction) and since then we lost an additional 40 beds following the incidents in the Women's and Children's Hospital (15% overall reduction from 20/21) – however we hope to recover this position somewhat by December (more information further into this report in the Maternity and Paediatric section).

As we look towards the challenges of winter our in-house testing capacity also screens for influenza, and as such existing infection prevention and control processes will help to contain outbreaks from other viruses, with the same ICP principals applied to Covid -19, Influenza and norovirus.

Finally, we continue to work with our Integrated Care System partners to flex our capacity as required, helping our partners in times of high activity in neighbouring localities, while similar support is available should the communities we serve come under stress. These arrangements also exist at a nation level.

### **Priorities throughout the next 12 months:**

While we tackle winter, the Trust, and Integrated Care System (ICS), have several priority areas we wish to tackle throughout the remainder of 2021/22:

#### **Restoration and recovery of elective and cancer care:**

- Waits over 104 weeks to be eliminated by March 2022 (except where patients choose to wait).
- The number of 52 weeks waiters to stay the same or reduce (providers will be given individual trajectories through the planning process).
- Waiting lists to stabilise at the level seen in September 2021.
- Return the number of people waiting for longer than 62 days the February 2020 by March 2022.
- Meet the faster diagnosis standard from Q3 with 75% of patients having cancer diagnosed or ruled out with 28 days of referral.

#### **Urgent and emergency care:**

- Reduce the number and duration of ambulance to hospital handover delays.
- Eliminate any 12 hour waits in Emergency Department.

## APPENDIX A

- Ensure safe and timely discharge of patients without clinical criteria to reside, especially individuals on pathway 0 (as outlined by the Hospital Discharge Service Operating Model (<https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>)).

### Discharge and system working:

- A key area of focus in reducing length of stay (particularly over 21 days).

### Other key areas:

- Meet the uptake ambitions for the flu jab set out in the national flu letter.
- All NHS board performance reports must include reporting by deprivation and ethnicity.
- All individuals eligible for a vaccine should be offered one by 1 November.
- Systems must deliver their 2021/22 Mental health plan.
- Systems should continue to deliver improvements in maternity care including responding to Ockenden review.

### Maternity and paediatric update:

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

On 2 November 2021, thanks to a successful recruitment drive we have reopened our inpatient Maternity services at Bassetlaw Hospital. This was made possible by the appointment of several newly qualified midwives as well as appointment to other specialised roles.

We do not anticipate that we will have to consolidate maternity services this winter.

Unfortunately, in April and October 2021, the Women's and Children's Hospital at Doncaster Royal Infirmary experienced two significant water leaks. These occurred in covered pipework at the very top of the building and caused damage to the electrical infrastructure within the east side of the building.

Ever since, extensive repair works have been underway within the Women's and Children's Hospital which are not expected to be completed for some time.

As part of our contingency plans, we have relocated our paediatric wards to the hospital's South Block for the time being, whilst our Maternity services are able to operate solely within the west side of the building.

As part of a £12.4 million investment, two wards are now being developed at the rear of the Women's and Children's Hospital, alongside significant enabling works, which, once complete, will house surgical theatres, related plant room, as well as two-storey paediatric inpatient services. The

## **APPENDIX A**

buildings are constructed using modern methods of construction (MMC) and cutting-edge technology by ModuleCo – with similar techniques employed in the construction of facilities such as university student accommodation, the hotel industry, as well as hospitals about to be built as part of the Government’s new programme.

With an expected handover date of early December, once complete, paediatric services will transition back within the footprint of the Women’s and Children’s Hospital and will eventually move back within the building once repair works are complete. The additional ward areas we have created will be used for additional surge capacity and are built to last.

### **Emergency Department update:**

Throughout this year, our Emergency Departments have cared for a significant number of patients, and, at the time of writing, have seen 118056 patient’s financial year to-date (up from 104,387 in the same period last year – 13.1%) with 70,701 (up from 64,984 – 8.8%) at Doncaster Royal Infirmary.

Throughout last year and into 2021, work was undertaken within our Doncaster Emergency Department to convert the ambulance bay entrance. Largely complete, we now have an improved admin and check-in area, with six additional assessment bays, a new paediatric area with observation space, as well as an early senior assessment area.

Work has also been completed on a new canopy which will enclose the entrance to the service, providing further privacy and dignity to those arriving by ambulance. While the entrance way to the service, known as Gate 2 and 3, has been significantly improved with better access for patient transport and ambulances.

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

### **Nursing workforce and education:**

Last year, due to the challenges presented by COVID-19, our programmes of education were severely impacted including our clinical placement offer for pre-registration students and doctors in training.

We are now in a process of ‘restoration’ of clinical placements. This means we have brought our pre-registration learners back on to site, to support individuals in undertaking their clinical placements as has happened in years prior, aligning to professional regulators requirements. While our education teams and many of our staff who work alongside our students daily are managing this process well, there remains some challenge with the number of students we can support aligning to our workforce availability and maintaining quality education standards.

In relation to our in-house education programmes, we have continued to deliver these complying with IPC standards and ensuring that we can continue to offer appropriate learning requirements to meet

## APPENDIX A

educational standards as required e.g., National Resuscitation Council. The challenge around our staff being able to be released from direct clinical care remains of significant concern and is reviewed, discussed and staff are prioritised monthly to ensure we maintain safe care.

Finally, to address any local shortfalls of nursing colleagues, we have undertaken overseas recruitment of Registered Nurses from India. In total we expect around 50 new starters to join us, who will help to staff a variety of areas. For our part, we are putting them through the relevant qualifications to ensure they are able to practice within the United Kingdom.

Predominately from India, the first cohort of Registered Nurses sat their Objective Structured Clinical Examinations (OSCEs) in Northampton on 18 October, and the second group on 8 November. These exams allow the newly recruited nurses to practice within the United Kingdom and, upon receiving passing grades, these individuals will be placed within a variety of a clinical settings at Doncaster Royal Infirmary.

### **Benchmarking our performance:**

The below is based on last available data in September:

**Four-hour access:** Our national benchmark is against national and local performance in September – we achieved 78.2% compared to the National average of national mark 83.7%. This was due to workforce pressures, high attendance levels, the impact of the women and children’s incident on the inpatient bed base and surges in COVID-19 activity in South Yorkshire.

**Referral to Treatment:** Our national benchmark is against national and local performance – we outperformed this national mark which stood at 64.6% registering 71.6%. In the coming weeks and months, we hope to improve this performance further as we further implement our Rapid Diagnostic Service, as well as launch the Community Diagnostic Hub at Montagu Hospital – the intention for both is to provide a one-stop-appointment for diagnostic tests for those suspected of cancer. We will have a further update on this soon.

**Cancer targets:** Our national benchmark is against national and local performance in August – we outperformed every target both nationally and locally except one – the maximum 62 waits from referral from NHS cancer screening service to first definitive treatment

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

**Waiting times:** Can be viewed in our Board of Directors report for November, which will be made available here: <https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-directors/board-directors-meetings/>

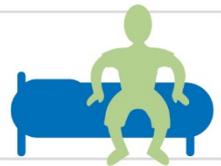
# Our activity

Below you can see Team DBTH's activity throughout the **financial year-to-date** broken down by type of patient, and where these individuals received care and treatment.

We cared for **271,702** outpatients



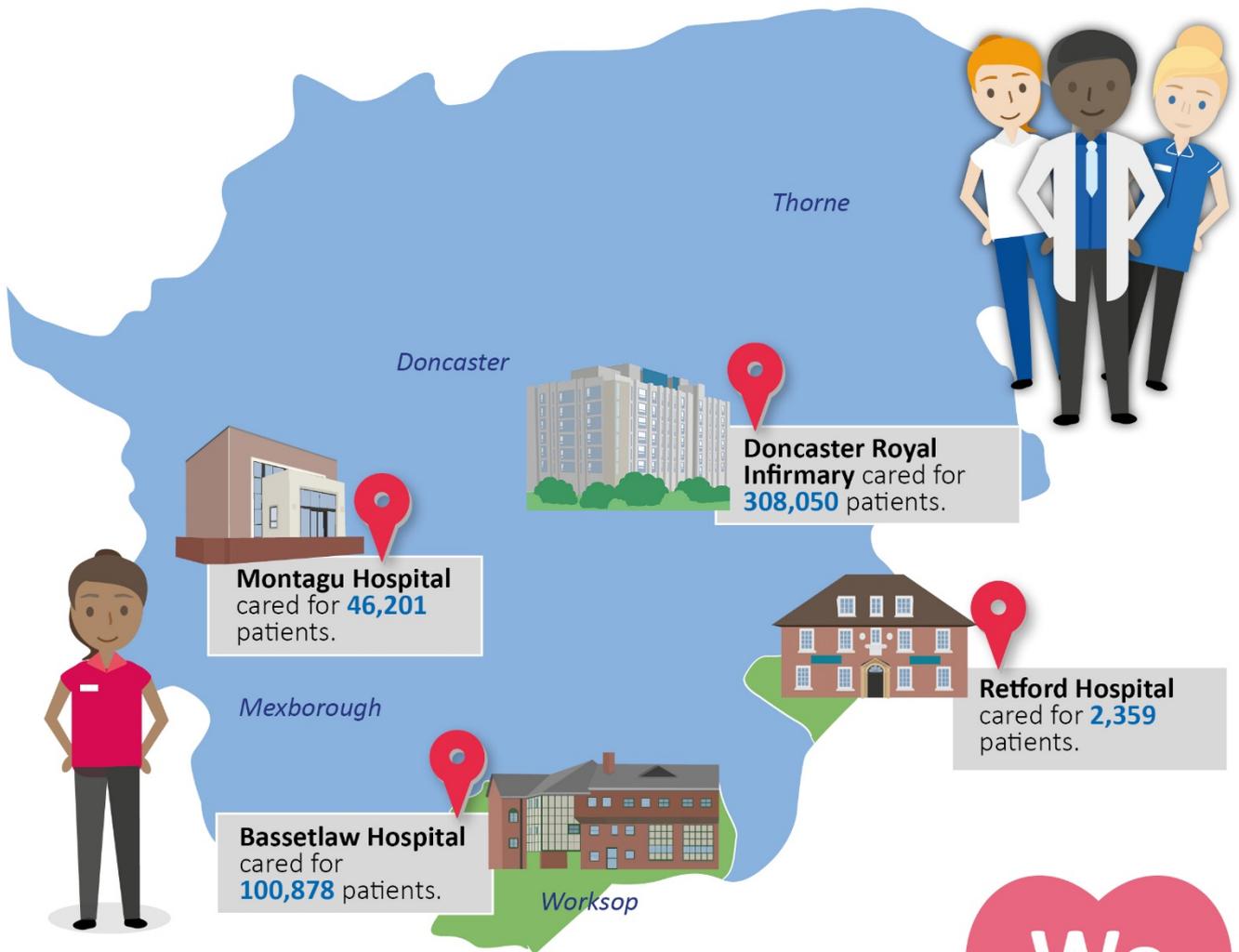
We cared for **65,174** inpatients



Together, we delivered **2,556** babies



We cared for **118,056** emergencies



## APPENDIX A

### Ambulance Handover Update:

Joint working is ongoing with Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) with monthly system meetings across both place settings to discuss delays and improvement opportunities. Longer waiting times continue to be seen due to increased infection control processes and the split in the estate's footprint of COVID-19 and non-COVID patients.

The iUEC Programme has supported a joint Acute Walk Through with GIRFT (Getting it Right First Time), ECIST (Emergency Care Improvement Support Team - who support clinical improvements) and the ambulance services. They have also completed a diagnostic audit of ambulance conveyances and handovers times over a two-day period to identify opportunities to improve patient flow and ambulance handover times. ECIST have subsequently agreed to work with us around the ambulance delays identified and we have been allocated one of the team from NHS Improvement who will work across both sites at the Trust in conjunction with partners to improve the pathways and conveyance to hospital.

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

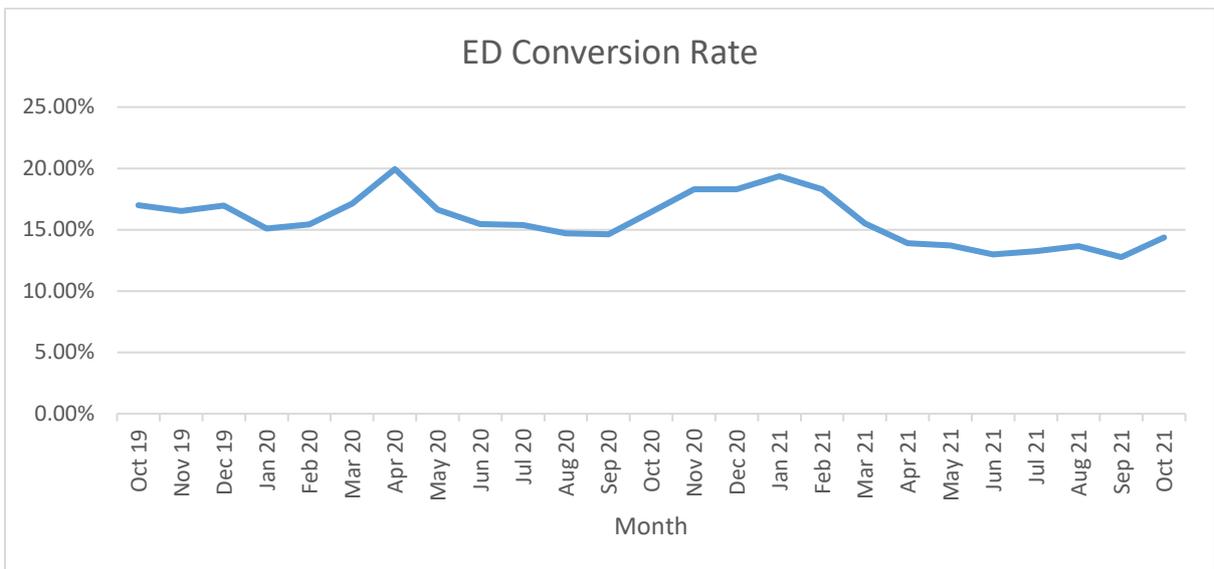
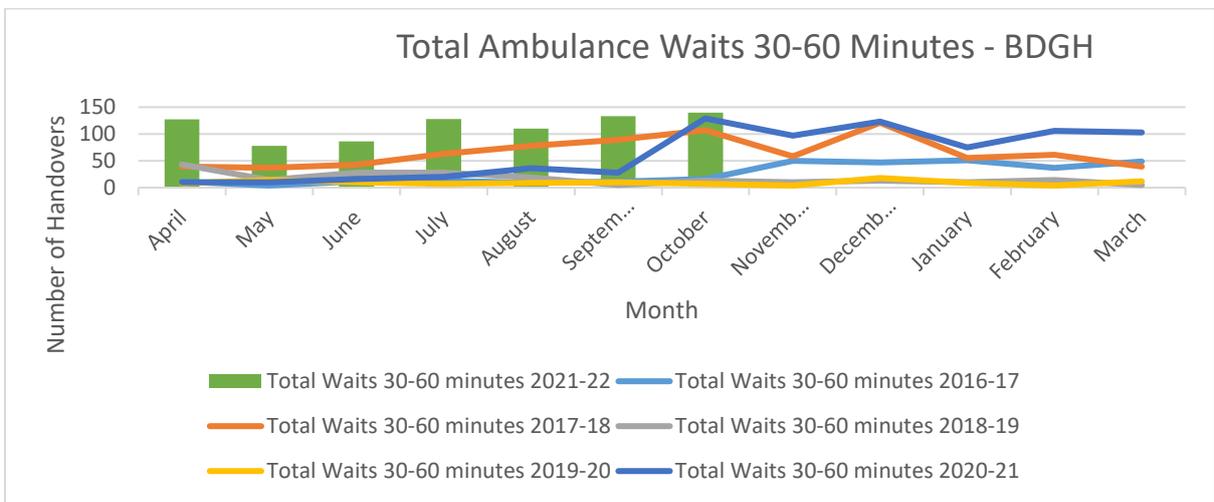
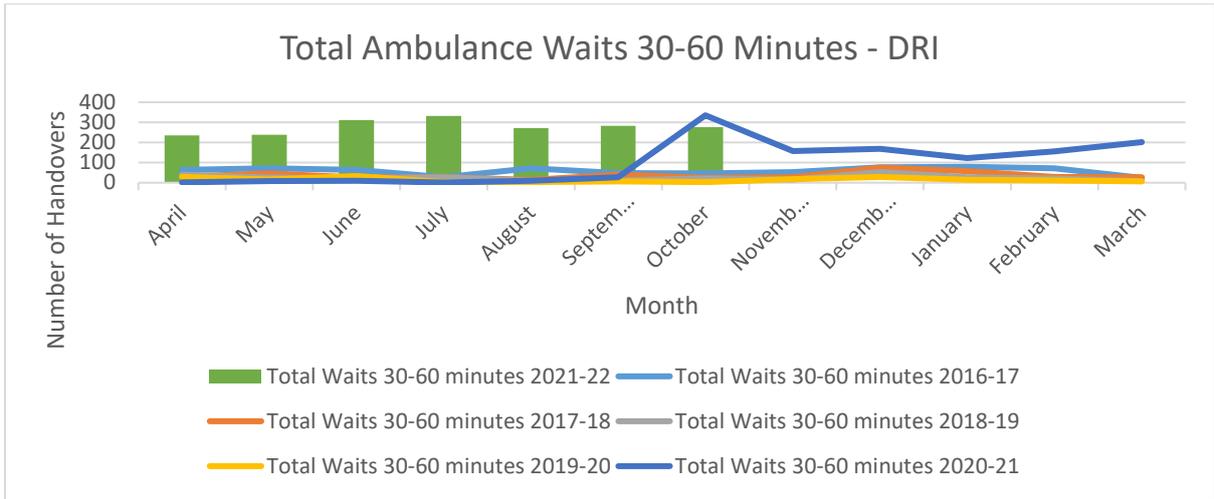
There is a continuing downward trend of patients needing a hospital bed following presentation in ED and the planned re-configuration of the Acute Medical Unit with integration into ED at DRI will aim to ensure that patient flow is maintained and patients requiring discharge or admission are in the right place, receiving the right care and treatment within no more than 12 hours of arriving in ED. Use of the Clinical Decision Unit (CDU) at Bassetlaw also aims to support patient flow as it allows patients to be reviewed by specialities and receive further treatment within the same timescales.

Work to improve the ambulance pathways include:

- Additional GP hours in urgent primary care to support ambulance crews where discussion needed with GP
- Extend Same Day Health Centre offer to YAS and South Yorkshire Police for patients that need minor injuries support
- Pilot with new geriatrician at DRI to support conveyance avoidance, particularly around frailty
- Work underway to promote the Rapid Response service with ambulance crews
- YAS direct pathway to SDEC, ESAC now implemented, to be duplicated at BDGH
- Single point of access for GPs to facilitate direct admission to SDEC, ESAC
- Early senior review in ambulance bay to identify patients suitable for SDEC, ESAC and fit to sit
- Implement Screening and Redirection tool, supported by signposting away and early senior review
- A full review of the Discharge Lounge to increase capacity to support decompression of ED in a morning has been completed
- Implementation of Criteria to Reside, Red to Green, and MDT Long Stay Wednesday walk-arounds aim to reduce LoS and increase discharges
- Mutual aid is also in aid at Place and across SYB
- We are also working closely with partners to identify additional options for bedded capacity and increase support to care homes and domiciliary care

### Appendix – Ambulance Handover Charts

**APPENDIX A**





# DBTH update November 2021

# Covid-19 data

**As of 11am on 2 November:**

- Total number of patients who have been cared for: **4,066**
- Total Covid-19 discharges: **3,902**
- Total number of patients who have died: **905**

**\* It is expected numbers to stabilise and spike again towards end of month, and this will be sustained throughout the winter.**



# Safety, care and infection control

- Creation of **Enhanced Operations team**.
- Implementation of **wide-ranging guidance around Personal Protective Equipment (PPE)**.
- Modelling of predicted COVID-19 activity, and **bed capacity increased** as a result to anticipate periods of sustained activity.
- Creation of '**yellow**' and '**blue**' pathways for patients.
- Provision of face-to-face appointments and **virtual consultations**, as well as establishment of successful '**drive-thru**' services.
- Visiting restrictions to maintain strict, and evolving Infection Prevention and Control measures, have been required throughout the year.



# Estates and Facilities

- Significant **investment of £20.3m** on our sites throughout the year.
- Further **expansion of oxygen capacity** to meet requirements of COVID-19 challenges.
- **Fire precaution works** on all three sites, totalling £2.6 million
- **Emergency department flow** and related ventilation works totalling £1.8 million.
- Improvements to **Endoscopy services** totalling £220,000
- **Diagnostic improvements**, including new CT scanner totalling £200,000
- Prevention of legionella works, totalling £800,000.



# Procurement

- **Day-by-day stock takes** with updates on how much PPE remained and how long it would last.
- Tireless work with suppliers to ensure that the **Trust never ran out of critical Personal Protective Equipment (PPE)**.
- Overall, more than **three million items of PPE** were sourced in the first 12 months of the pandemic.
- Local companies, organisations, and people donating items of PPE throughout the first phase of the pandemic which helped to bolster our supplies.



# Health and wellbeing

- Our current **sickness absence rate** sits at 6.33% (2 November)
- To support colleagues, we introduced a **shepherding service** to stay in touch with colleagues when isolating.
- We are offering **counselling services and alternative therapies** for all staff.
- With charitable donations we have created two **Rainbow Gardens**.
- The Trust has enhanced its catering options with external companies pitching on different days of the week.
- In September we hosted a special '**Thank You**' event at the **Yorkshire Wildlife Park**.



# Vaccination and testing

- In April 2020, the Trust introduced **PCR testing in-house**.
- Since then, **175,000 tests** have been completed.
- Colleagues are asked to undertake **twice weekly lateral flow testing**.
- We delivered over **13,000 COVID-19 1<sup>st</sup> and second dose vaccines** earlier in the year, and have now provided 70% of all staff with the booster jab.



# Communications and Engagement

- Since the beginning of the pandemic, we have **substantially increased the amount of internal and external communications** from the Trust.
- We created a special '**Coronavirus Resource Hub**' for our staff which hosts all information and relevant guidance, and commands around 17,000 views each and every week.
- Finally we improved our social media reach substantially, increasing Facebook followers from 10,000 to almost 50,000 and sharing messages with around **100,000 every seven days**.



# Winter 2021 Planning

- **Additional capacity:** 10 extra beds Emergency Surgical Ambulatory Care as well as £958,000 investment to reconfigure our Critical Care surge capacity and Discharge Lounge service. Further investments of £2.4 million can be viewed in the report.
- **Bed capacity:** Our current position is 610 beds, which is a slight reduction from pre-pandemic. We hope to recover some of this in the coming weeks as works are completed at our Women's and Children's Hospital. We will also continue to work with partners.
- **Managing viral infections:** We are prepared for illnesses such as flu and norovirus, with our PCR tests able to detect the former, and our IPC arrangements in place for COVID-19 also to be able to combat similar illnesses.
- Working with **PLACE partners** to manage demand and flow in and out of hospital.



# Priorities for 2021/22

## Restoration and recovery of elective and cancer care:

- Waits over 104 weeks to be eliminated by March 2022 (except where patients choose to wait).
- The number of 52 weeks waiters to stay the same or reduce (providers will be given individual trajectories through the planning process).
- Waiting lists to stabilise at the level seen in September 2021.
- Return the number of people waiting for longer than 62 days the February 2020 by March 2022.
- Meet the faster diagnosis standard from Q3 with 75% of patients having cancer diagnosed or ruled out with 28 days of referral.



# Priorities for 2021/22

## Urgent and emergency care:

- Reduce the number and duration of ambulance to hospital handover delays.
- Eliminate any 12 hour waits in Emergency Department.
- Ensure safe and timely discharge of patients without clinical criteria to reside, especially individuals on pathway 0 (as outlined by the Hospital Discharge Service Operating Model).

## Discharge and system working:

- A key area of focus in reducing length of stay (particularly over 21 days).



# Priorities for 2021/22

## Other key areas:

- Meet the uptake ambitions for the flu jab set out in the national flu letter.
- All NHS board performance reports must include reporting by deprivation and ethnicity.
- All individuals eligible for a vaccine should be offered one by 1 November.
- Systems must deliver their 2021/22 Mental health plan.
- Systems should continue to deliver improvements in maternity care including responding to Ockenden review.





New theatres and paediatric wards

[www.dbth.nhs.uk](http://www.dbth.nhs.uk)

We cared for around **65,174** inpatients

[Last year 103,240]



We cared for approximately **271,702** outpatients

[Last year 425,561]



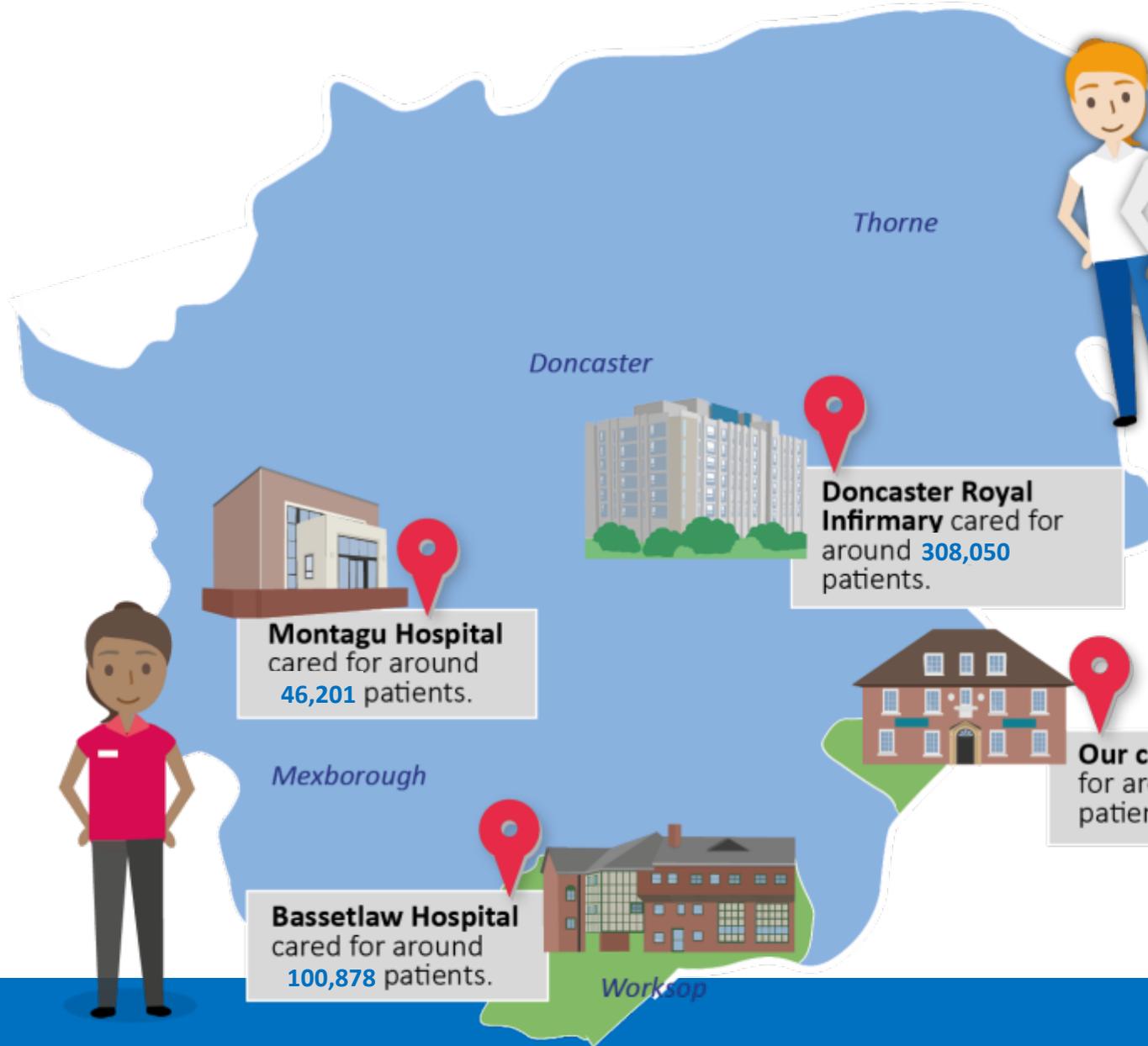
We cared for approximately **118,056** emergencies

[Last year 165,780]



We delivered approximately **2,556** babies

[Last year 4,730]



Thorne

Doncaster

Mexborough

Worksop

# Our activity year-to-date

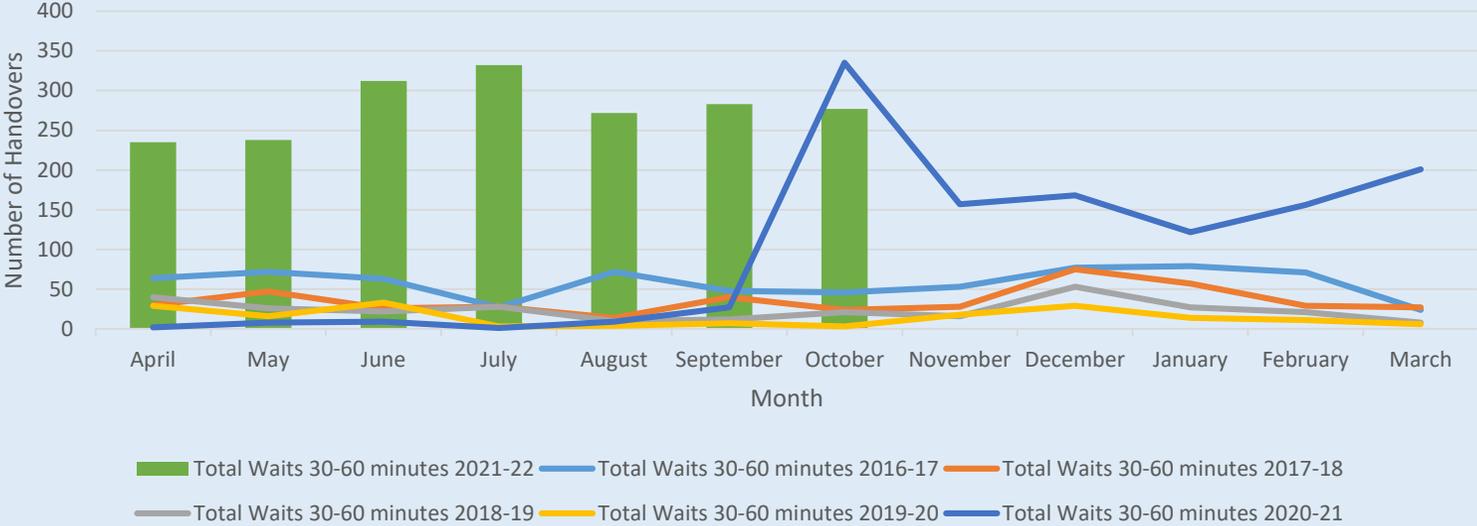
# Benchmarking

- **Four-hour access:** Our national benchmark is against national and local performance in September – we achieved 78.2% compared to the National average of national mark 83.7%.
- **Referral to Treatment:** Our national benchmark is against national and local performance – we outperformed this national mark which stood at 64.6% registering 71.6%. In the coming weeks and months, we hope to improve this performance further as we further implement our Rapid Diagnostic Service.
- **Cancer targets:** Our national benchmark is against national and local performance in August – we outperformed every target both nationally and locally except one.



# Ambulance handovers

Total Ambulance Waits 30-60 Minutes - DRI



# Ambulance handovers

ED Conversion Rate





**Any more questions/comments?**

# Stay in touch

Keep up-to-date with the Trust by following our social media accounts and checking our website (link in the bottom right corner).



**Facebook**

@DBHNHS



**Twitter**

@DBH\_NHSFT



**FB Staff group**

DBTH Staff



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## Doncaster Council

Date: 22<sup>nd</sup> November 2021

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

### HEALTH AND SOCIAL CARE: COVID AND WINTER PLANNING IN PARTNERSHIP

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

#### EXECUTIVE SUMMARY

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

#### EXEMPT REPORT

2. The report is not exempt.

#### RECOMMENDATIONS

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

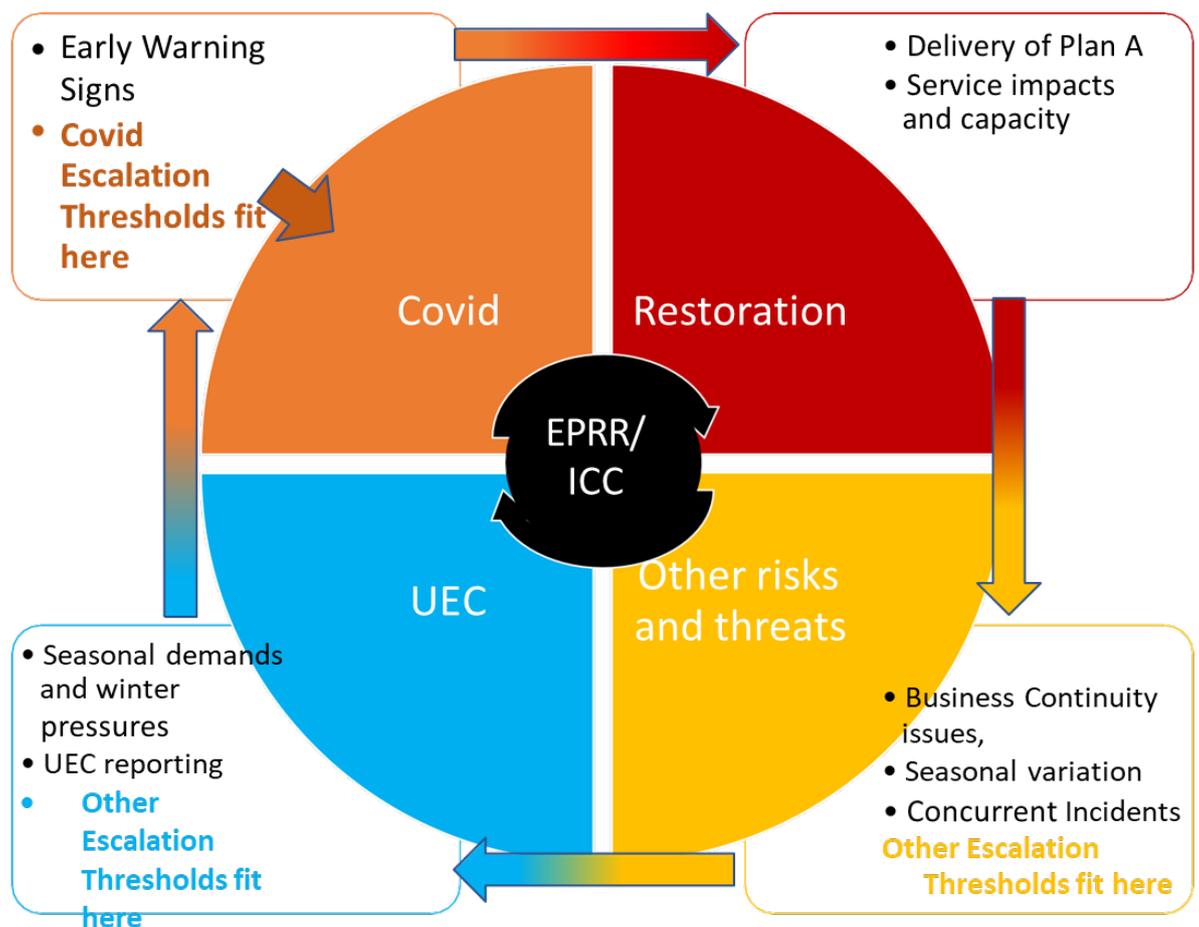
#### WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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

## BACKGROUND

### 5. The Doncaster Urgent Care System - Overview

- 5.1. The Doncaster health and social care system is comprised as follows:
- NHS Doncaster Clinical Commissioning Group (CCG)
  - Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
  - Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH)
  - Doncaster Metropolitan Borough Council (DMBC)
  - Fylde Coast Medical Services (FCMS)
  - Primary Care Doncaster (PCD)
  - Yorkshire Ambulance Service (YAS)
- 5.2. As referred to in the Executive Summary, a wider range of local organisations play a key role in delivering care to local people, including family carers. NHS organisation and the Council have a role in supporting this wider system both financially and via fostering collaboration.
- 5.3. The focus in the system is on managing a number of concurrent factors:



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

- The degree of Covid 19 in Doncaster communities and therefore the need to manage health and care services safely, both to support those with the virus and to protect those without it.
  - The need to manage Urgent and Emergency Care pressures over the winter period when other respiratory infections (including but not limited to flu) are at their height and can have a significant impact on the wellbeing of frail older people in particular.
  - The resultant impact of services that were stood down during earlier waves of the pandemic
  - Other risks and threats that need to be managed concurrently.
- 5.5. The above combination of circumstances continue to require considerable coordination. Since the report to the Panel in 2020, the Doncaster health and care partners have put into action the local escalation framework, including the escalation dashboard, which provides the data behind the grading of escalation level and drives the response.
- 5.6. Operationally these pressures are managed and monitored daily. Issues are escalated to regular multi-agency meetings (for example, there are separate senior level meetings at least weekly for partners to discuss and resolve pressures on Primary Care, social care provision (care homes, supported living, Extra Care, domiciliary care) and discharge flow out of both hospital and mental health settings.
- 5.7. At the time of writing a Health and Care Cell now meets once a week to review all of the above risks and ensure actions are in hand. It is supported by a System Partner call, which is currently meeting on a daily basis, and flexes up and down, depending on pressures within the system. The Health and Care Cell continues to report to the Tactical Coordination Group which is facilitated by the Council's Emergency Planning function and connects Health and care actions to wider work on the Covid pandemic, for example public awareness, support to businesses, wider humanitarian work.
- 5.8. Chief Executives of the Council, CCG, DBTH and RDaSH meet at least weekly to review the overall position, supported by the Director of Public Health.
- 5.9. The above paragraphs cover the health and care system's approach to coordination and escalation. The following paragraphs in Section 6 describe the content of support being provided to Doncaster people.
- 5.10. Information about Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is not provided below because that is shared in a separate report also being considered by the Overview and Scrutiny Panel.

## 6. Community Health enabling Prevention, Self-Care and Support

6.1. The support described in the report to Panel last year still stands; however, there are additional actions being undertaken this year as noted in the table below.

6.2. In light of the level of pressure being faced this year, the plan has been stress tested by setting out a series of key questions:

- How do we help get our population to the right service first time when they need help
- How are we increasing capacity
- How are we preventing admissions
- How are we reducing our delays
- How are we maximising our staffing resource
- How are we using our resources to the greatest impact

6.3. The key, high level actions are noted below:

Key Question	Action
How do we get our patients to the right service, first time	Implementing the streaming and redirection tool in A&E and using the opportunities to signpost away
	Communicating with our public
How are we increasing capacity	Re-introducing the Urgent Treatment Centre at Mexborough
	Supporting the Primary Care Networks and urgent primary care services to respond to the rise respiratory cases/ more general demand
	Increasing paediatric and adult acute bed capacity
	Range of staffing for winter at DBH to support flow and discharge
	Increasing the number of rehab assistants on the Rehabilitation wards at RDASH
	Increasing Mental Health bed capacity
	Exploring potential for additional bed bases
	Increasing reablement bed capacity to support flow

	Exploring opportunity to support staffing within care homes
	Exploring additional portering to support discharge medication reaching wards on a timely basis and transport for medication when not ready at time of discharge
	Increasing home care/ care home and STEPS capacity over winter
	Targeted support for our vulnerable population during winter (Intake)
	Additional resources at the Wellness Centre including foodbank
How are we preventing admissions	Delivering the flu and covid vaccination programmes, including targeted support for our complex lives, more vulnerable cohorts and domiciliary carers
	Increasing SDEC
	The patients on the Community Nursing caseload will be reviewed and individuals supported remotely by the Telephone Nursing Service where appropriate
How are we increasing our patient flow and reducing LOS/ delays	Implementing Right to Reside across Doncaster, utilising the System Perfect approach to launch the use of the letters in particular
	Explore use of care home beds as an out of hospital alternative for people ready to be discharged but cannot yet go to their final destination
	Focus on flow within DBH and RDASH
How are we maximising our staffing resource	Using equipment to its fullest potential (particularly in primary care, care homes and home care), including single handed care "moving with dignity"
	Joint recruitment campaign across health and social care
How are we using our resources to the greatest impact	Reviewing the system surge plan for standing down

## OPTIONS CONSIDERED

7. Doing nothing in response to winter pressures on the health and wellbeing of Doncaster people would create significantly worse outcomes for them and also

risk the sustainability of core health and social care services. If health and social care organisations attempted to address issues separately rather than together then opportunities would be missed to ensure joined up support, ensure the best experience for local people and also make the best use of resources.

## REASONS FOR RECOMMENDED OPTION

8. As above.

## IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<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>	<p>Supporting Doncaster people with increased health and care needs over winter not only supports their own wellbeing but also those of family members, including those who work. A joined up programme to ensure people get the right support when they need it has a strong impact on all of the Council's key objectives.</p>
2.	<p><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>	
3.	<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> <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</li> </ul>	

	<p>better</p> <ul style="list-style-type: none"> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	
4.	<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>	
5.	<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>	

## RISKS AND ASSUMPTIONS

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

## LEGAL IMPLICATIONS [OFFICER INITIALS: SRF DATE: 05.11.21]

11. There are no legal implications arising from this report. Specific legal advice can be provided on any issues arising from the meeting.

## FINANCIAL IMPLICATIONS [OFFICER INITIALS: DB DATE: 05.11.21]

12. There are no specific financial implications arising from this report. The Councils

investment in increasing home care, care home and STEPS capacity referred within this report includes additional increases to provider rates for registered community care services and increased STEPS staffing/support capacity, which were both from existing budgets and covered under officer decision records. There are also ongoing discussions underway around the block purchase of step down bed capacity within care homes, but again will be from existing approved budget.

#### **HUMAN RESOURCES IMPLICATIONS [OFFICER INITIALS: AT DATE: 08/11/21]**

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

#### **TECHNOLOGY IMPLICATIONS [OFFICER INITIALS: PW DATE: 08.11.21]**

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

#### **HEALTH IMPLICATIONS [OFFICER INITIALS: CW DATE: 05.11.21]**

15. Access to health and social care services has the potential to impact on the overall health of the population. Evidence suggests that this could contribute up to 25% of factors that can determine the health status of the population. The system wide, partnership approach to responding to winter pressures and covid-19, enabling people to access the appropriate support when it is needed will benefit recovery, outcomes and overall health and wellbeing. This report describes measures to improve the health and wellbeing of Doncaster residents.

#### **EQUALITY IMPLICATIONS [Officer Initials PH Date 13.11.2021]**

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

#### **CONSULTATION**

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

#### **BACKGROUND PAPERS**

18. None

#### **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

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

- EPRR = Emergency Preparedness Resilience and Response
- ICC = Incident Coordination Centre
- SDEC = Same Day Emergency Care
- STEP = Short Term Enablement Programme

## **REPORT AUTHOR & CONTRIBUTORS**

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ailsa.leighton@nhs.net

**Phil Holmes**  
**Director of Adults, Health and Wellbeing**

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Please note dates of meetings/rooms/support may change

**OVERVIEW & SCRUTINY WORK PLAN 2021/22**

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May		<b>Friday 4th June, 2021 at 3.30pm, MS Teams</b>	-		
		<ul style="list-style-type: none"> <li>Work Planning Meeting</li> </ul>			
June	<b>Thurs 3<sup>rd</sup> June 2021 at 10am, MS Teams</b>		<b>Tues 15<sup>th</sup> June 2021 at 10am, MS Teams</b>	<b>Wed 9<sup>th</sup> June 2021 at 10.30am, MS Teams</b>	<b>Monday 7<sup>th</sup> June 2021 at 2pm, MS Teams</b>
	<ul style="list-style-type: none"> <li>Work Planning Meeting</li> </ul>		<ul style="list-style-type: none"> <li>Work Planning Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Work Planning Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Work Planning Meeting</li> </ul>
	<b>Thurs 24<sup>th</sup> June 2021 at 10am Council Chamber (AS/RW)</b>				
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 4 (c) <ul style="list-style-type: none"> <li>DMBC</li> <li>SLHD</li> <li>DCST</li> </ul> </li> <li>Youth Justice Plan (c)</li> <li>Edenthorpe Neighbourhood Plan (c)</li> </ul>				
July		<b>Thurs 1<sup>st</sup> July 2021 at 10am- MS Teams Briefing Session (CR)</b>	<del>Thurs 22<sup>nd</sup> July 2021 at 4.30pm Cancelled</del> <b>Tues 10<sup>th</sup> August 2021 at 9am Briefing Meeting</b>		<b>Wed 28<sup>th</sup> July 2021 at 10am, Council Chamber (CM)</b>
		<ul style="list-style-type: none"> <li>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)</li> </ul>			<ul style="list-style-type: none"> <li>Sustainability/ Environmental Strategy update and next steps – 111 actions and maximising funding (c)</li> <li>NEW Social Inclusion Alliance Update (c)</li> </ul>

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

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

Please note dates of meetings/rooms/support may change

Oct	<b>Thurs 7<sup>th</sup> Oct 2021 at 11am Briefing Session, MS Teams (CM)</b>		<b>Fri 1<sup>st</sup> Oct 2021, 2pm Briefing Sessions, MS Teams (CM)</b>	<b>Wed 13<sup>th</sup> Oct 2021 at 11.30am, Chamber (CR)</b>	<b>Mon 11<sup>th</sup> Oct 2021 at 10am , Chamber (CM)</b>
	<ul style="list-style-type: none"> <li>Localities (general update and the executives proposals for Governance)</li> </ul>		<ul style="list-style-type: none"> <li>Overview of upcoming policies</li> </ul>	<ul style="list-style-type: none"> <li>Social Housing - Post Covid easing restrictions – consequences of rehousing people in temporary accommodation (c)</li> </ul>	<ul style="list-style-type: none"> <li>Flood Planning Preparation (c)</li> <li>Domestic Abuse Strategy(c)</li> </ul>
Nov	<b>Thurs 4<sup>th</sup> Nov 2021 at 10am Council Chamber (CR)</b>	<b>Mon 22<sup>nd</sup> Nov 2021 at 1.30pm Council Chamber (CM)</b>	<b>Tues 9<sup>th</sup> Nov 2021, 1pm Virtual Meeting (CR) Deferred TBA</b>	<b>Briefing Session Wed 10<sup>th</sup> Nov 2021, 10:30am Virtual Meeting (RW/CM)</b>	<b>Briefing Session Wed 10<sup>th</sup> November 2021 2pm Virtual Meeting (CR)</b>
	<ul style="list-style-type: none"> <li>The Statement of Licensing Policy Gambling Act 2005 (c)</li> </ul>	<ul style="list-style-type: none"> <li>Winter Planning</li> <li>Update from Doncaster and Bassetlaw Teaching Hospitals (c)</li> </ul>	<ul style="list-style-type: none"> <li>Evidence gathering session – meeting with teachers (c)</li> </ul>	<ul style="list-style-type: none"> <li>Town Deal Doncaster and Stainforth – update including priorities, next steps plus outline of the levelling up funding bid for the town centre.(c)</li> <li>Town Centre update including Waterdale area, strategy and plans for, Housing, retail, hospitality and engagement with businesses and how they are responding to challenges (c)</li> </ul>	<ul style="list-style-type: none"> <li>Environmental Strategy (Sustainability)</li> <li>Naturalisation</li> </ul>
	<b>Thursday 4<sup>th</sup> November following the formal meeting Council Chamber (CR)</b>			<b>Tues, 30<sup>th</sup> Nov 2021, 10am Council Chamber (CM)</b>	<b>Thursday 25<sup>th</sup> November at 2pm (CR)</b>
	<ul style="list-style-type: none"> <li>Commissioning – discussions with service users re: drug and alcohol abuse (c)</li> </ul>			<ul style="list-style-type: none"> <li>Update on the Market (MAM contract).(c)</li> <li>Town Centre economy including impact from Covid, footfall, nighttime economy, Alfresco dining, market economy.(c)</li> </ul>	Community Safety Strategy(c)

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

Dec	<b>Thurs 2<sup>nd</sup> Dec 2021 at 10am Council Chamber (AS/RW)</b>		<b>Thurs 9<sup>th</sup> Dec 2021 at 4.30pm (?) Council Chamber</b>		
	<ul style="list-style-type: none"> <li>• Qtrly Finance &amp; Performance Report – Qtr 2 (c) <ul style="list-style-type: none"> <li>○ DMBC</li> <li>○ SLHD</li> <li>○ DCST</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• SEND Strategy and Behaviour Transformation Programme (pre cabinet decision) (to include a focus on Education health Care plans)</li> <li>• 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)</li> <li>• SALT and Neurodevelopment pathway New</li> <li>• Education and Skills 2030 programme (c)</li> </ul>		
Jan	<b>Thurs 27<sup>th</sup> Jan 2022 at 10am (briefing session)</b>	<b>Mon 31<sup>st</sup> Jan 2022 at 1.30pm</b>			
	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Corporate Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Carers Strategy – to include people with lived experience</li> </ul>			
Feb	<b>Thurs 10<sup>th</sup> Feb 2022 at 10am Council Chamber</b>				<b>Wed 9<sup>th</sup> Feb 2022 at 10am Council Chamber</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 (c)</li> </ul>
	<b>Thurs 24<sup>th</sup> Feb 2022 at 10am deferred to 15<sup>th</sup> March</b>				

Please note dates of meetings/rooms/support may change

March	<b>Tuesday 15<sup>th</sup> March 2022 at 10am Briefing Session Microsoft Teams</b>				
	<ul style="list-style-type: none"> <li>Localities update</li> </ul>				
	<b>Thurs 31<sup>st</sup> March 2022 at 10am, Council Chamber (AS/RW)</b>	<b>Thurs 3<sup>rd</sup> March 2022 at 10am, Council Chamber</b>	<b>Thurs 17<sup>th</sup> March 2022 at 4.30pm</b>	<b>Wed 9<sup>th</sup> March 2022 at 10am</b>	
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 3 <ul style="list-style-type: none"> <li>DMBC</li> <li>SLHD</li> <li>DCST</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Part 1 - CQC Inspection and Regulation Update – Doncaster Care Quality including inspection ratings. Covid impact and how care providers have risen to the challenge</li> <li>Part 2 - CQC possible part two - Chief Nurse CCG – NHS settings</li> <li>Public Health report – link with the implications of long Covid</li> </ul>	<ul style="list-style-type: none"> <li>Young people's mental health and resilience (Mental Health strategy and implementation Plan going to H&amp;WBB in Jan)</li> <li>Children and Young People's Plan (invite HASC Scrutiny Panel)</li> <li>Youth Council (Domestic Abuse TBC)</li> </ul>	<ul style="list-style-type: none"> <li>Employment programme opportunities following Covid easing with possible invite to DWP</li> <li>Local Plan – update including delivery of key projects and connectivity</li> </ul>	
Apr					
May					

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

Quarter 4 Performance OSMC 23 <sup>rd</sup> June, 2022	Adult Safeguarding Report 2022 (date TBC)	<ul style="list-style-type: none"> <li>Theme: Sufficiency</li> </ul> Reports to include comparators and best	Impact of Brexit on housing improvements – building materials and maintenance timeframes (TBC – difficult to provide full picture at time of	Briefing meeting Environment Strategy - sustainability information briefing meeting date to be arranged.
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FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

			practices with comparisons to like authorities.	work planning possibly – link with OSMC)	
	Impact of Brexit – to be addressed through performance: Lack of carers Housing improvements Private sector house building	Joint Regional Health (JHOSC) – as required Chair only to attend	Following issues to be fed into the above themes: <ul style="list-style-type: none"> <li>• Transition of young disabled adults to adulthood;</li> <li>• Covid theme – impact of children being home schooled;</li> </ul>		Briefing meeting – naturalisation update
	Local Plan update Autumn 2022	Links with Social Care and Housing (added following discussion with Chair and Director) TBC maybe 2022/23	<ul style="list-style-type: none"> <li>• Doncaster Children’s Safeguarding Partnership Annual Report – to circulate for comments</li> </ul>		Environmental Improvement Plan ( timing TBC)
	Localities March 2022 – including feedback on Public Health grant	Children’s Mental Health – CYP leading and Panel is to be invited to CYP 17 <sup>th</sup> March	<ul style="list-style-type: none"> <li>• Update on the funding provided for additional family practitioners and difference they have made – including risks associated.</li> </ul>		
<b>BRIEFING NOTES</b>					
		Adult Safeguarding Annual report 2021 to be circulated		Housing Allocations Policy circulated	Veterans – Briefing note general update with focus on homelessness (151021)
		Substantial Variation – Update on merger Scawthorpe/Bentley		Preston Model - towns and cities transforming community wealth building	Green Space and Parks Champion – Briefing note re: green assets (TBC)
				City Status Bid	

**DONCASTER METROPOLITAN BOROUGH COUNCIL**  
**FORWARD PLAN FOR THE PERIOD 1ST DECEMBER 2021 TO 31ST MARCH 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: 28 October 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 and Trading Services
- 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
1 Dec 2021	Resource Requirements to Support Specialist Safeguarding	Portfolio holder for Children’s Social Care, Communities and Equalities	Cabinet	Riana Nelson, Director of Learning, Opportunities and Skills (DCS) riana.nelson@doncaster.gov.uk		Open
1 Dec 2021	To outline the proposed implementation plan and secure funding for the smart hub roll out programme in light of the digital switch over Public Switched telephone Network (PSTN), for the Home Emergency Alarm Response Team (HEART) Service.	Councillor Andrea Robinson, Portfolio Holder for Adult Social Care	Cabinet			Open
1 Dec 2021	Quarter 2 2021-22 Finance and Performance Report	Councillor Phil Cole, Portfolio Holder for Finance and Trading Services	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@dcs trust.co.uk		Open
15 Dec 2021	To outline the proposed implementation plan and review funding requirements for the delivery of the Education and Skills Strategy 2030.	Portfolio holder for Education, Skills and Young People	Cabinet	Leanne Hornsby, Assistant Director, Education, Skills, Culture and Heritage leanne.hornsby@doncaster.gov.uk		Open
19 Jan 2022	<b>To accept £18.6m Levelling Up Fund money and £125k Levelling Up Capacity Grant Funding</b>	<b>Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business.</b>	<b>Cabinet</b>	<b>Christian Foster, Head of Policy, Insight &amp; Change christian.foster@doncaster.gov.uk</b>		<b>Open</b>

19 Jan 2022	Approval of the Council Tax Base for 2022/23	Mayor Ros Jones, Mayor of Doncaster with responsibility for Budget and Policy	Cabinet	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
20 Jan 2022	Community Safety Strategy 2022 to 2025.	Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities and Equalities	Council, Cabinet	Rachael Long, Crime and Safer Doncaster Theme Manager rachael.long@doncaster.gov.uk		Open
20 Jan 2022	Re-procurement of External Audit.	Councillor Phil Cole, Portfolio Holder for Finance and Trading Services	Council	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk		Open
20 Jan 2022	Determination of the Doncaster Council Statement of Policy (Gambling Policy 2022) as required under Section 349 of the Gambling Act 2005.	Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement	Cabinet, Council	David Smith, Licensing Officer david.smith@doncaster.gov.uk, Dave McMurdo dave.mcmurdo@doncaster.gov.uk		Open

16 Feb 2022	To approve new discretionary relief schemes for Business Rates for 2022/23.	Councillor Richard A Jones	Cabinet	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
28 Feb 2022	To approve the 2022/23 Corporate Plan	Mayor Ros Jones	Cabinet, Council	Alan Wiltshire, Head of Policy and Partnerships, Tel. 01302 862307, allan.wiltshire@doncaster.gov.uk		Open
28 Feb 2022	To approve the level of the Council Tax for 2022/23 and to pass appropriate statutory resolutions including the Council Tax requirement for 2022/23.	Mayor Ros Jones, Mayor of Doncaster with responsibility for Budget and Policy	Council	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
28 Feb 2022	To approve the Revenue Budget 2022/23	Mayor Ros Jones	Council, Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
28 Feb 2022	To approve the Capital Strategy & Capital Budget	Mayor Ros Jones	Council, Cabinet	Faye Tyas, Chief Financial Officer and		Open

	2022/23 - 2025/26.			Assistant Director of Finance faye.tyas@doncaster.gov.uk		
28 Feb 2022	To approve the Housing Revenue Account Budget 2022/23	Mayor Ros Jones	Council, Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
28 Feb 2022	To approve the Treasury Management Strategy Statement 2022/23 - 2025/26.	Mayor Ros Jones	Cabinet, Council	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
1 Mar 2022	St Leger Homes Performance Report 2021/22 Quarter 3	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business.	Cabinet	Dave Richmond, Chief Executive, St Leger Homes of Doncaster dave.richmond@stlegerhomes.co.uk, Julie Crook Tel: 01302 862705		Open

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