



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber, Floor 2, Civic Office, Waterdale, Doncaster

Date: Monday, 31st January, 2022

Time: 1.30 pm

PLEASE NOTE: Due to current 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 Tel: 01302 734941 or 735682 no later than 12 noon on Thursday 27th January, 2022. 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. If you do not notify the Governance Team in advance, you may still be able to attend the meeting on the day if there are spaces available, however, this cannot be guaranteed. You are therefore advised to contact us in advance if you wish to attend. Anyone attending the meeting must wear a face covering throughout the meeting and when using all communal areas in the Civic Office, including washrooms and lifts, unless they are exempt or experience discomfort. Face covering can be removed when speaking.

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Damian Allen
Chief Executive

Issued on: Friday 21st January 2022

Governance Services Officer for this meeting

Caroline Martin
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Doncaster Metropolitan Borough Council
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 22nd November 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. The All Age Carer's Strategy for Doncaster (2022 - 2025) (*Pages 11 - 22*)
7. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions (*Pages 23 - 36*)

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

MONDAY, 22ND NOVEMBER, 2021

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held in the Chamber at the Civic Office, DONCASTER on MONDAY, 22ND NOVEMBER, 2021 at 1.30 PM

PRESENT:

Chair - Councillor Sarah Smith

Councillors Martin Greenhalgh, Laura Bluff, Jake Kearsley, Sue Knowles and Tracey Moran

ALSO IN ATTENDANCE:

DMBC;

- Carolyn Nice – Assistant Director for Adults, Health and Wellbeing,
- Rachael Leslie – Deputy Director of Public Health

External;

- Richard Parker - Chief Executive (Doncaster and Bassetlaw Teaching Hospitals)
- Adam Tingle - Senior Communications & Engagement Manager (Doncaster Bassetlaw Teaching Hospital)
- Ailsa Leighton - Ailsa Leighton, Deputy Director Strategy and Delivery, Doncaster NHS CCG.

		<u>ACTION</u>
8	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Linda Curran and Sean Gibbons.	
9	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
10	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 30TH SEPTEMBER 2021</u>	
	RESOLVED: The minutes of the meetings held on the held on the 30 th September 2021 were agreed as a true record.	

11	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
12	<u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS</u>	
	<p>The Panel received a presentation from the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals, which outlined the following areas;</p> <ul style="list-style-type: none"> • Covid-19 Data • Safety, Care and Infection Control • Estates and Facilities • Procurement • Health and Wellbeing • Vaccination and Testing • Communications and Engagement • What comes next and bed surge? • Priorities for 2021/22 • Activity Year-To-Date • Benchmarking <p>The Chair passed thanks for the work undertaken during the pandemic.</p> <p>There was a discussion held and the following areas were highlighted;</p> <p><u>Staff Welfare</u></p> <p>Sickness Absent Rates - Concern was raised around the impact of increased sickness absence rates within the hospitals during winter and due to other pressures arising from the pandemic. Members were assured that appropriate support measures had remained in place, such as counselling services and occupational health. It was added that there were also standard levels of support such as helplines and contact through Vivup, an external provider and HR teams. It was noted that in addition to absence levels affecting areas like the availability of beds, there was also quality of patient care to consider, all of which was staff dependent. Recruitment was considered important with colleagues being recruited from overseas to reduce vacancy rates (there were currently more vacancies than students qualifying) and changing workforce profiles to allow more flexibility where appropriate. Finally, Members were informed about what communication was taking place for staff to understand current pressures as well as what mechanisms were in place. These involved four times a day meetings around staff allocation on wards, a pool system for shift allocations, pay enhancements for hourly rate for pool systems where allocated and use of agencies when needed. It was explained that as a last resource, the hospitals would stop activities</p>	

such as additional training and in some instances stop elective and planned care and procedures, to redeploy staff to try to ensure that areas were adequately and safely staffed.

Staff Leave – Further clarification was sought regarding whether staff were taking their allocated leave (that had not been taken during the pandemic). Members were informed that the Government had previously agreed that leave could be carried over a 2-year period to help manage staff pressures and that support was in place for staff to take it sooner. It was added that monitoring indicated that the majority of staff were taking their leave entitlement. It was also explained that there was a process in place to allow flexibility, where staff could sell their leave back to the hospital for a financial payment.

Staff Mental Health – Members reiterated that they were pleased to hear about what was currently in place and asked what further support was planned. The Panel was informed that a great deal of impact had been seen on people's mental health and therefore efforts had been made to ensure appropriate access to hospital services. It was noted that over the next 3 years demand for mental health services was expected to increase across all elements of the system and therefore work was needed to be undertaken with staff to identify what they needed and look at what works well. A brief outline was provided around what was being done in respect of workforce plans to ensure that the right staff were in place and that there will be capacity in the future where needed.

Mandatory Covid Vaccination for Frontline staff – Members were informed that efforts were being taken in checking information and looking at why individuals have not been vaccinated. It was explained that the Trust was waiting for further detail from within the legislation. Members heard that there was a wish to address staff concerns and issues before the situation reached a point where difficult decisions needed to be made.

Waiting Times

Cancer Referrals - Concern was raised that data (from the South Yorkshire Cancer Alliance Board) indicated that Doncaster was missing over 3,000 people who had not been through the cancer referral and diagnostic pathway. Members were informed that in response to this information, efforts were being made to accelerate faster diagnosis. It was explained that it was about identifying the local needs and inequalities that existed within Doncaster's communities. It was added that consideration needed to be given around how there could be better access to a faster diagnosis. An example was given around how lung health checks were being taken to people within their local area and it was felt that work being undertaken by GPs looking at signs of those most at risks and encouraging those on practice lists to get tested were also part of the answer. It was commented that the impact

of people not accessing services during the pandemic was now being felt and that this gap needed to be closed as quickly as possible. Members were also informed about work taken to increase diagnostic capacity such as the creation of a diagnostic centre at Mexborough further to a successful bid. It was continued that further bids were being made to central funding streams, and there was an aspiration to see waiting times become more consistent and equal across the board.

Cancer Targets – Members were pleased to see that Doncaster was outperforming some cancer standards but raised concern around the most underperforming area being the 62-day target from screening service to definitive treatment. Confirmation was provided that this month the 62-day standard had been achieved but remained challenging.

It was explained that this was a pathway, which usually involved more than one provider on more than one site and required enough skilled experts to complete it in time order. It was explained that providers were working as a system to try to improve waiting times. Members were informed that work would be undertaken to try and return to previous levels of performance.

It was explained how going forward there would be more system working across the whole of South Yorkshire and to offer patients more choice during the next period of recovery. It was commented that it was that patient's choice and right to decline appointments with another provider who had the capacity. It was considered important though to ensure that those patients had that choice and did not therefore have to wait a prolonged period of time.

Waiting times for the provision of assessments – Further information was sought regarding hospital care for waiting times for assessments that helped to prevent people going into hospital.

Members were informed that detailed board papers were publically available which contained a range of information. It was outlined that the majority of services had a 6-week wait prior to the pandemic, but this wait had been since extended. It was commented that a more specialist pathway would usually involve more of a wait than a less complicated pathway. It was noted that pre pandemic some pathways like Attention Deficit Hyperactivity Disorder (ADHD) had much longer waiting times and these had also lengthened during the pandemic as there was a requirement to have skilled practitioners to undertake those pathways. Members were informed that the biggest challenge was around the workforce to undertake a greater scale of work than anticipated and it was recognised that further work was needed to bridge this gap as quickly as possible.

Ambulance Care

It was noted that in October 2021 there was a significant increase in hospital waits of 30 - 60mins. Clarification was sought around the reason behind this increase and the level of delays currently being experienced in Doncaster around ambulance handovers.

The Panel heard that the 30-60 minutes target was an indicator of how well a system was responding. The Chief Officer spoke about current challenges to Doncaster Royal Infirmary, which was due to having a large Emergency Department and the issues that had arisen from April 2021 onwards when its bed base had been impacted by the loss of beds when a major water leak caused serious damage to the electricity system. Further detail was provided about waiting times and the impact of the number of patients along with the fact that ambulances went to both major and minor units. It was explained that it was about balancing the risk of taking patients off ambulances as quickly as possible, safely and into the right level of care. Members were told about the Accident and Emergency refurbishment where an ambulance handover area had been built but that with Covid and non Covid pathways it was now not large enough on certain days. It was stated that Doncaster and Bassetlaw Teaching Hospitals Trust was one of the Trusts in the lowest 10% for ambulance handover delays and therefore options were being considered to address this. It was commented that for ambulances, flow remained the best option and there was an expectation that this was going to be challenged during the next 2 to 3 weeks. It was commented that in 3 weeks, beds would be brought back into the system through the modular build to maintain flow and improve ambulance handover times. It was explained that at present this was a key priority and an area of focus, with monitoring taking place 4 times per day reviewing ambulances. It was considered essential to work as a team with the ambulance service.

Improving locality and community working and access to GPS – It was acknowledged that GPs were as busy as they had ever been, though working in different ways. It was felt that the likelihood of returning to all face-to-face interaction was extremely unlikely, and viewed that communication was now much better than it had been previously. It was added that although all measures were successful, demand was now greater with the potential to bring added value and quality. A Member commented that the new ways of working was helpful for those who worked full-time.

It was considered that due to the latent demand built, there was a need to work through that before the system could be thoroughly evaluated. It was viewed that in the short-term there was a need to increase the capacity to address the backlog before identifying whether that capacity was needed long term.

12 Hour Waits in Emergency Department – Concern was raised about those people who waited 12 hours or more and what could be done to reduce this wait. It was explained that numbers varied on a

daily basis and that if necessary, a bed would be moved into the Emergency Department to avoid a trolley wait (or waiting in corridors). It was explained that this was treated as a quality standard, which would be about the patients being seen, treated and discharged in a reasonable amount of time. It was stated that there was an aspiration to return to pre-pandemic performance when 90 – 95% of patients were dealt with within a 4-hour waiting time as standard. It was commented that it would be better in terms of capacity as they move out of winter into next year and stabilise the position. It was stated that there was a need to make sure that the Trust was hitting their set targets even on a busy day.

Children's Ward/Care – Concern was raised around the reduction in children's beds, which had been highlighted as being the 3rd biggest risk in Yorkshire and Humber. Further information was sought on what plans were in place, especially due to children's excess need of respiratory support during the winter and accessing the right care.

Members were reminded about the reduction of beds at Doncaster Royal Infirmary and informed that the bed base would improve once the modular build was completed and about what was in place across South Yorkshire. It was explained that as a result of a Respiratory Syncytial Virus (RSV) outbreak that took place during the summer months, huge pressure had been placed on the South Yorkshire bed base. It was clarified that immunity had not been as high as normal and therefore the RSV outbreak had spread even more.

It was added that mutual aid would be sought where appropriate to ensure that the child had an admission bed and received the appropriate care before returning to a normal bed base next April. It was added that where possible, the Trust would itself try to respond to additional needs, for example, where a cot was needed.

The Deputy Director of Public Health explained how children across the country remained the biggest group not vaccinated against Covid. It was outlined that 'bubbles' at school had been removed, resulting in children and young people coming back together. Members were told how steps were being taken such as flu vaccinations for children and the communication of simple steps to keep children well in winter such as handwashing.

In terms of respiratory illness, it was explained that children were in the largest group of people who had not been vaccinated were not in contact with each other (resulting in higher respiratory issues). Reference was made to opportunities around flu vaccinations and sending out simple messages around the prevention of transmitting illnesses.

Mental Health Care

	<p>Suicides Amongst Young Men – It was noted how there had been a significant increase of young male suicides across Doncaster over the last few months. Concern was raised about bed capacity for mental health care and crisis access across Doncaster in view of recent challenges and pressures in view of increased demand.</p> <p>Members were informed that this would be addressed through either first response ambulances or otherwise where attempts of suicide had been made. It was explained that the patients would go direct to the Emergency Department before being referred to RDaSH and other providers who would undertake an assessment and look at the patients future needs. It was noted that admission to beds in relation to mental health was relatively small and managed by RDASH</p> <p>The Deputy Director Strategy and Delivery, Doncaster NHS CCG commented that they was not aware of any reductions of beds and assured Members that there was a great deal of support in place for that particular group those patients. It was offered that further information would be provided outside of the meeting.</p> <p>It was acknowledged that demand for mental health support had risen across all age groups ranging from children to adults. It was recognised that Doncaster Child and Adolescent Mental Health Service (CAMHS) was currently under a significant amount of pressure following the pandemic.</p> <p>It was noted how Mental Health involved real partnership work and might be helpful for the Panel to consider in the future as part of its workplan.</p> <p>RESOLVED that the Panel note the information provided.</p>	
13	<p><u>HEALTH AND SOCIAL CARE: COVID AND WINTER PLANNING IN PARTNERSHIP</u></p>	
	<p>The Panel received a presentation from the Deputy Director, Strategy and Delivery, NHS Doncaster CCG, and the Assistant Director of Adults, Health and Wellbeing.</p> <p>The presentation covered the following areas;</p> <ul style="list-style-type: none"> • Current Context • Other Demand Pressures • What Have We Done So Far? • Stress Testing the Plan • System Escalation • Investment • The Covid Vaccination Programme • Mandatory Vaccination Programme 	

- Current Covid Staff Booster Vac Position

There was a discussion held and the following areas were highlighted;

Support/Care Package For Supporting Social Care Staff - It was explained that staff had a range of measures available that included occupational health and access to counselling services. Members were informed that the main difference was that the workforce was spread across a range of providers and it was important to communicate effectively across them all to see how they was supporting their staff, making sure that they have access to support. Members heard that regular meetings had been set up with providers to discuss with them direct any concerns that they have about their workforce, any support the Council can provide or what other support was needed. It was continued that £3M had been invested into the sector to try and ensure that the workforce was as robust as possible, and efforts were being made to raise the profile of social care using the Council's and NHS communications mechanisms. It was considered that it was about how we ensure the workforce is looked after, with a hope that providers set incentives, apply the national living wage, offer childcare vouchers and support working mums.

Catch Up Work/Waiting times

Waiting Times For The Provision Of Assessments - It was explained that this would fluctuate according to need and across all assessments with the current average number of working days for an assessment at 59.48 (from start of the assessment all the way through). It was acknowledged that this would be based on what the level of need and the complexity was. It was recognised that there had been an increase in demand and consideration was being given as to how this figure could be reduced.

Financial Assessment – Concern was raised regarding how many individuals were waiting to undertake a financial assessment in relation to the costs of their care, the time it was taking to complete this and the number of assessments in progress. Members were informed that there was 371 assessments, with the longest waiting referral dating back to 1st October 2021, 39 referrals booked in for next week (face-to-face support with financial assessments) and 50–60 requests for financial assessments were made per week. It was explained that as a result of the pandemic there was now a backlog and additional capacity was being brought in to address that. Members heard how consideration was being given in seeking to implement a local digital solution known as 'Looking Local', which was an online assessment form that families, individuals or staff could do which would reduce that backlog down even further.

Bed Capacity/Care Capacity

Concern was raised around the capacity of care available bearing in mind agencies and providers that were going out of business and the risks associated with that happening.

Members were informed that a care home within the Borough was closing down in the near future (although not solely in relation to financial sustainability). It was explained that there were a number of beds available within Doncaster care homes (in excess of 400 beds on a daily basis) and this was therefore not an area of concern at the current time. Members were told that there was more concern around workforce availability than the number of beds available.

Members were reminded that the Council had a duty to manage the market and therefore engaged with providers regularly. It was acknowledged that some parts of the Borough were better served than others for providers and the market forces would determine what took place. The duty to manage the market would influence and inform the Council's response to any provider who experienced difficulties. It was acknowledged that agencies were more challenged. It was not expected that any provider agencies would be lost within domiciliary care. Members heard that contingency plans were being explored to see what capacity and alternative provision was available, should it was needed through winter. Members were reminded that Doncaster was fortunate to have a STEPs service, which could be drawn on if needed.

Prevention

Flu Vaccinations - Regarding flu vaccinations, concern was raised about adults and children who have not been able to access their vaccinations easily.

The Panel was told how the aim was to reach a similar uptake to the exceptional levels experienced last year through vaccinations being offered through GPs, community pharmacies and schools (for school age children). A Member spoke about their own experience in struggling to get their child a flu vaccination after they had missed it at school. It was explained that the flu catch-up programme was challenged at the moment with both flu and Covid vaccination programmes taking place for 12-15 years old at the same time. It was noted that the system should however, be easier to navigate for those children who had missed the vaccination. Members were told that this feedback would be taken back to colleagues within the NHS.

Accessibility/Take-up of Covid Booster Vaccines - It was explained that there was a vaccination site located in each of the localities and confirmed that some centres had moved location to improve access. It was continued how the system was back to a scenario similar to before whereby people were being invited in order to book appointments and may therefore have a longer wait than previously. It was explained that

	<p>further walk-in centres would be provided but this was being managed alongside a high number of booked appointments.</p> <p>Communication - Members were informed that the winter booklet providing general advice, would be distributed to every household in the Borough. Other examples of communication were outlined that included transfer of care information in hospitals, information being distributed through GP surgeries, a health bus circulating the Borough, advertising through local radio, HealthWatch website and locally, more neighbourhood based work. It was acknowledged that there was a great deal of information about, which could prove a challenge to ensure at the right information was communicated effectively without missing anything. It was noted that Communication Team was used to plan how to best communicate, identify which important messages should be sent out using a mixed form of media. It was recognised that Councillors had a role to play in getting information out to communities and officers welcomed any further suggestions.</p> <p>RESOLVED That the Panel resolved to note information received regarding 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.</p>	
14	<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"> 1. The updated Overview and Scrutiny Work Plan for 2021/2022 be noted and to include mental health and accessible housing; and 2. That the Council's Forward Plan of Key Decisions be noted. 	



Doncaster Council

Report

31st January 2022

To the Chair and members of the
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THE ALL AGE CARERS' STRATEGY FOR DONCASTER (2022 – 2025)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Robinson Councillor Blake	All	Yes

EXECUTIVE SUMMARY

1. The purpose of this report is to:
 - set out the draft priorities of the All Age Carers' Strategy for Doncaster 2022-25,
 - set out planned activity to finalise the strategy,
 - seek agreement to progress with the launch of the full strategy in April 2022.
2. The new strategy is being developed in partnership with young carers and adult carers, NHS Doncaster Clinical Commissioning Group (CCG), Doncaster and Bassetlaw Hospital Trust, NHS England, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), representatives of the Voluntary, Community and Faith sector including, Doncaster Partnership for Carers, Parent Carers Voice, Doncaster Carers Reach Out Service, and staff who work both directly and indirectly with young carers and adult carers.
3. The strategy will address key priorities as identified by Doncaster Carers of all ages and is informed by national legislation, guidance, policy and emerging evidence.
4. The key priorities for the strategy have been coproduced with carers and based on engagement with over 200 carers from Doncaster.
5. Stakeholders from partner organisations have endorsed the priorities set by carers, and have been asked to identify key actions they can undertake to support in achieving the priorities.

6. The six key priority areas identified by carers as most important are:

- Identification
- Recognition
- Information and Advice
- Rights
- Connection
- Independence and wellbeing

Three cross cutting themes will be identified across the plans developed, these include:

- Young carers preparing for adulthood
- Working Carers
- Carers from various circumstances

7. Carers will continue to work alongside officers in planning and undertaking the actions in support of the strategy. The Carers' Action Group will receive regular updates from carers working on projects but also from partner leads.
8. The Carers' Steering Group will be responsible for the delivery of the emerging plans. The Carers' Strategic Oversight group will have oversight, having provided endorsement to the emerging priorities. Both groups have representatives from all partner organisations to ensure progress will be made.
9. The impact of COVID-19 has been significant for society as a whole. For many carers COVID-19 presents an even greater challenge, with increased isolation, reduced or no breaks from their caring role and further financial pressures. This will be reflected in the new strategy.

EXEMPT REPORT

10. This is not an exempt report.

RECOMMENDATIONS

11. The Overview and Scrutiny Panel is asked to:
 - Note and comment upon the draft priorities of the All Age Carers' Strategy for Doncaster 2022-25;
 - Note and comment upon planned activity to finalise the strategy; and
 - Note and comment upon plans to launch the full strategy in April 2022.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

12. Carers identified the following priorities they would like to see in Doncaster:
13. Identification: Carers are identified at the earliest opportunity to enable them to connect with support. In engaging earlier, carers will have the chance to access more community based and sustainable support prior to their needs becoming urgent.

14. Recognition: Carers are heard, respected and valued. Services recognise carers, treating them as equal partners, valuing their involvement and respecting their choices.
15. Information and Advice: Carers will have better access to information and advice. Information and advice specific to carers will be readily available, easy to understand and will promote self-determination through encouraging carers to plan ahead and build resilience.
16. Rights: Carers know their rights and have access to advocacy. In knowing their rights, carers are confident communicating their needs and exercising their rights. Where carers have difficulties, advocacy will be readily available to support.
17. Connection: Carers will have a community where they can be supported through others with lived experience. Carers will be supported to join and form local networks and groups where carers have similar interests/experiences. Formal support will be delivered through peers to improve carer experience.
18. Independence and Wellbeing: Carers will have improved wellbeing and the opportunity to have a life of their own. The support available to carers enables them to improve their wellbeing; promoting opportunities for carers to have a life outside of caring.

BACKGROUND

19. There are an estimated 33,000 carers in Doncaster of whom about 730 are aged under 25. Approximately 19,000 are female and 14,000 are male.
20. In excess of 9,000 people combine caring with work and a further 5,200 work part time as a result of caring.
21. 14,377 (43% of) carers provide care for over 20 hours a week, including 4,400 carers who are over the age of 65 years.

Refreshing the strategy

22. In June 2021 the Carers' Strategic Lead in Adults, Health and Wellbeing, and the Young Carers' lead worked with a number of Doncaster carers to look at the refresh of the All Age Carers' Strategy with key partners from the Carers' Steering Group (key stakeholders).
23. Doncaster's Carers' Action Group (CAG) established a subgroup; the Carers' Strategy Working Group and since its inception five lead carers have been working with the Carers' Strategic Lead to shape further engagement activity and communications with carers, which has enabled a greater depth of understanding of the key issues. Through engagement activity over 200 carers have given feedback on their experiences.

Vision and carer outcomes

24. The Carers' Strategy Working Group agreed the vision and carer outcomes based on what they felt was important, feeding in local feedback and some regional work that had recently taken place.

25. Carers agreed the vision for this strategy is;

"We want every person in Doncaster to live in the place they call home with the people and things that they love, where they look out for one another, doing things that matter to them."

26. Carers also agreed the following "I" statements which will be used to hold local services and organisations to account within the strategy and subsequent work;

- a. I feel that what I do as a Carer is recognised, understood and valued*
- b. I feel the communities around me understand my situation and support me to have a choice which is meaningful and appropriate*
- c. I feel that I am supported to look after my own health and wellbeing*
- d. I have access to good quality information (including training opportunities) and advice which is relevant to me in my caring role*
- e. I am supported to navigate the systems and connected to resource and support which enable me to maintain my caring role*
- f. I get to have a break and some time for myself or with other family and friends which will give me an opportunity for a life outside of caring*
- g. I am able to balance caring with my education, paid work, volunteering, and / or personal interests*
- h. I am listened to and feel part of the team planning and delivering care for the person I care-for, as an equal*
- i. I know where to get help from when I need it including when things go wrong, challenging decisions, and getting my voice heard as an equal*
- j. I feel supported when I am no longer able or willing to be a Carer or my caring role ends*
- k. I can make plans for the future*

Setting priorities

27. To form some priority areas of work for the strategy the Carers' Lead held 54 interviews with carers through the following partnerships;

- Young Carers' Groups
- The Ethnic Minority Partnership
- the Learning Disability Partnership
- The Autism Partnership
- Rethink and Mental Health Carers Support
- Donmentia
- People Focused Group (PFG) and
- Doncaster Parent Carers' Voice.

28. In addition to this an online and paper survey was promoted through partners and services accessed by carers. 148 survey responses were worked into the results to give an overview across three key areas of their

experience: what worked well, what didn't work so well and what support would help in the future.

29. The feedback received was recorded and collated to give an overview of carer experiences.

What worked well

30. Those who already accessed support from carers' organisations or partnerships appreciated this and said that being around other carers helped them;

"Coming to these groups is a life line" A young carer.

The support available was readily praised by all those who accessed it, though this was particularly highlighted by young carers. Around 45% of all carers stated that support worked well, when they accessed it.

31. Where carers had support / networks around them, they were content within their caring role:

"Whilst I give most of the care to mum, my sister helps me out at weekends and holidays"... "Everything is working well".

What didn't go so well

32. When asked what didn't go so well carers identified some key areas for improvement including; recognising themselves as a carer and being recognised as a carer; even at a carers' event one ethnic minority carer stated

"I am not a carer, just his wife".

33. Services recognising carers is an issue that was raised by many of the carers interviewed; When trying to get support a carer of three young people with learning disabilities stated that

"Everything is a battle".

34. Carers felt they are not valued, with one older carer stating that "most other benefits are higher than carers' allowance and yet we save so much money in giving care".

35. Isolation and loneliness are key challenges for carers;

"We don't get the chance to see family and friends like we used to."

A carer of someone with dementia.

36. Managing the balance between work and caring was discussed with many carers, whilst some had good experiences, some continued to have poor experiences:

"My manager asked if I can give them more of an idea of when mum will be ill."

A working carer of an elderly parent. 40% of carers identified this as a challenge.

37. Over 55% of carers identified that the support did not always work well for them with many citing they need more support/ time. 56% stated they have no time to themselves.

"I can't get a break sorted, I would just like the chance to have a bath."

A parent carer of three people with a learning disability.

What would improve support in the future

38. When asked what would improve support in the future carers stated:

"We need to be involved in planning support for the person we care for."

With 52% stating they want their caring role recognised by professionals.

39. 40% of carers felt a little more time to themselves would improve their overall wellbeing, with one parent carer of a person with a learning disability stating:

"I would just like to have a meal out with friends, where I can relax". Parent Carer of a person with a Learning Disability.

Another stated:

"It would be great to do more gardening again".

Carer of someone with Dementia.

40. Carers want to have the opportunity to engage with other carers of similar experience;

"I want to talk to someone who really understands what I am going through"

A carer of someone with a life limiting illness.

Another carer felt the support of other carers would help as:

"I have no one to ask things of, someone who has experience of the things I am going through"

41. Carers agreed six work streams, reflecting the key priorities from the feedback received (as set out in paragraphs 13-18 above), these are:

- Identification
- Recognition
- Information and advice
- Rights
- Connection
- Independence and Wellbeing

42. Three cross cutting themes were suggested, and to be considered within all work streams;
- Young carers preparing for adulthood
 - Working carers
 - Carers from various circumstances

Progress to date

43. Over the past six months some work has been progressed, and these areas remain priorities within the refreshed strategy. Highlighted achievements include:
- A young adult carers' project to improve the young adult carer pathway
 - The procurement of the Carers' Wellbeing Service which will improve support for carers
 - The development of a GP practice resource pack for carers coordinated by NHS England
 - A hospital led review of the discharge pathway,

Next steps

44. Carers' representatives have been asked what actions they would like to see from each of the priorities. Over the coming weeks the Carers' Lead will engage with stakeholders to ensure actions are worked up for delivery over the life of the strategy.
45. The Carers' Strategy and accompanying action plan will be presented to Council Cabinet for approval on 30th March.
46. The launch of this strategy is planned for April 2022 and will coincide with start of the new Carers' Wellbeing Service which will improve the arrangements for supporting informal carers of Doncaster people with care and support needs. The model for the service has been shaped by carers and they have been involved throughout the design and tender for the service; it aligns to the key priorities of the All Age Carers' Strategy.

National and local policy, guidance and emerging evidence

47. The vision, purpose and outcomes are aligned with the Doncaster Borough Strategy, the Doncaster Place Plan, and the Adult Social Care practice framework.
48. The Care Act 2014 and the Children and Families Act 2014 outline the way in which carers of any age can access a carer's assessment if they appear to have need. The Care Act also places a duty on local authorities to promote an individual's 'wellbeing', local authorities have to consider the impact of the caring role on carer wellbeing. The strategy will reflect these rights.

49. Carers UK identifies that four out of five unpaid carers (81%) are currently providing more care than before lockdown. More than three quarters (78%) of carers reported that the needs of the person they care for have increased recently. Most carers (64%) have not been able to take any breaks at all in the last six months. More than half (58%) of carers have seen their physical health impacted by caring through the pandemic, 64% of carers said their mental health has worsened.
50. Local engagement (an online survey with feedback from 125 carers, in May 2021) supports this, with almost 50% of Doncaster carers who engaged stating their caring role had increased due to Covid-19 pandemic and 55% stated that their mental health had been adversely affected. The strategy will take into account the additional challenge of the pandemic and reflect actions to further support carers.
51. The Children and Young People's Plan is currently being refreshed but will set out our ambition to be the most child friendly borough in the country, ensuring the voice of children and young people is included in all we do. The Carers' Strategy will support this.
52. The NHS has two pieces of guidance which support carers; "Supporting Carers in General Practice" and the NHS England Commitment to Carers, both promotes identification and support from carers through general practice and in a hospital setting. Activity to support in achieving these elements is incorporated into the All Age Carers' Strategy for Doncaster.
53. Personalisation is a key concept to be realised within the All Age Carers' Strategy delivery. Making It Real (TLAP 2018) describes a framework and a set of statements describing what good, citizen-focussed, personalised care looks like from the point of view of people themselves. This will be reflected in the finalisation and monitoring of the strategy going forward.
54. In November 2021, the Health and Wellbeing Board signed up to the Carers' Charter which incorporates key principles for delivery by all partners, these align to the priorities identified by carers. The Strategy will therefore support Health and Wellbeing Board members in meeting its commitment to carers.

OPTIONS CONSIDERED

55.

a) Do nothing

If the strategy refresh was not progressed, the plans would risk not being reflective of Doncaster carers' needs. The engagement has identified the need to change focus and this would not be achieved without a refresh of the strategy. In addition, the Strategy would not have a formal launch at the same time as the launch of the new service.

56.

- b) Refresh and formally launch the strategy

Refreshing the strategy provides the opportunity to:

- a. Launch the strategy across the Borough, which will support in raising the carer profile and identification of more carers
- b. Celebrate progress that has been made in the delivery so far.
- c. Ensure emerging issues and best practice are embedded in all developments.

REASONS FOR RECOMMENDED OPTION

57. The refresh of the All Age Carers' Strategy has been coproduced with carers; this means the vision, purpose, outcomes and priorities reflect those of all carers in Doncaster.

58. The plans supporting the strategy will align with the strategic plans including the Doncaster Place Plan and are supported by the Adult Social Care Framework, as well as all relevant legislation. Regular updates and challenge will take place through the carer governance structures and an annual report will be presented to the Health and Wellbeing board. Launching the strategy will provide the opportunity for partners to note the progress made so far, celebrate success and continue to deliver the plans to positively impact Doncaster carers.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

59.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	Working carers will be better supported through the delivery of the strategy, thus able to sustain in employment whilst providing care for longer.
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none">• The town centres are the beating heart of Doncaster• More people can live in a good quality, affordable home• Healthy and Vibrant Communities through Physical Activity and Sport	Carers will have the opportunity to follow more personal interest such as physical activity or art through the implementation of the strategy. This will result in improved wellbeing for carers.

	<ul style="list-style-type: none"> • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Young carers and young adult carers will be supported and encouraged to continue in education and build foundations for their future. Young adult carers will be better supported in preparing for adulthood.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>All age carers will be better supported through the implementation of a strategy which promotes improved identification and recognition. Carers will be encouraged to access support to improve their wellbeing at the earliest opportunity. In supporting carers more people with needs for support will be able to stay in their own homes for longer.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>Through focussing on improved identification and recognition the carers will be supported at an earlier point and have access to carer networks and support. The strategy promotes the development of resilience and connection which will reduce ongoing needs and offers good value for money.</p>

RISKS AND ASSUMPTIONS

60. There is an assumption that those who have supported in the development of the strategy will continue to invest time and resources in the delivery of the plans.
61. There is an assumption that whilst the pandemic continues, there will be no other significant challenges such as lockdowns/ closures of services as was previously and services will be able to sufficient priority to the strategy actions.

LEGAL IMPLICATIONS [PCoI Date...13/1/22]

62. Under the Care Act 2014 the Council has a duty to support Carers who are ordinarily resident in its area and carry out an assessment when it appears the carer may have needs for support, whether currently or in the future, considering what must be done to meet the needs of the carer when eligibility criteria are met.

The Carers All Age Strategy should reflect these obligations and shape the Council's approach from 2022 to 2025.

FINANCIAL IMPLICATIONS [PW Date 13/01/22]

63. There are no specific financial implications arising from this report and any further developments arising from embedding the Carers' Strategy should be reported as appropriate as more is known. Any associated financial implications will need to be covered as part of that process.

HUMAN RESOURCES IMPLICATIONS [CB..Date12/01/22.]

64. There are no immediate HR implications arising from this report and any resulting requirements that may impact on the establishment will need to be subject to a separate report.

The council does already have supportive provisions for its workforce and makes temporary or permanent adjustments to assist employees through the Maximising Attendance Procedure.

TECHNOLOGY IMPLICATIONS [PW...Date 1/01/22]

65. There are no anticipated technology implications in relation to this report. However, any requirement for new, enhanced or replacement technology to support the delivery of the All Age Carers' Strategy for Doncaster 2022-2025 must follow the agreed technology governance processes for the Council and partners.

HEALTH IMPLICATIONS [LR .Date 12/01/22]

66. The health and wellbeing of carers in Doncaster is not only vital to carers themselves and their families, it is vital for the wider economy. Pressures on health and social care services particularly during the pandemic are increasing and consequently the health and wellbeing of all residents of Doncaster are paramount. Carers of all ages are entitled to respite from caring commitments and to ensure that their own health and care needs are

met whether it be physical or mental wellbeing and, in particular, peer support and mechanisms to reduce the impact of social isolation should always be available. The co- design element of the carers strategy and carer wellbeing support service ensures that the carers voice is heard and health and wellbeing needs are at the centre of what should always be a person centred approach.

EQUALITY IMPLICATIONS [TB Date 07.01.22]

67. The strategy will recognise carers of various circumstances and will ensure that the work undertaken accurately meets a diverse range of carers needs to ensure equality of access and experience of support. As a result of the strategy work and findings, support mechanisms in Doncaster will work proactively with more diversely affected groups including: young adult carers, parent carers, working carers, carers of those with mental illness, carers of those with a learning disability, carers supporting those with dementia, ethnic minority carers, carers of those with a long term and life limiting illness, and carers supporting those at end of life.
68. As part of the strategy overview, the Carers' Strategic Oversight Group and the Carers' Action Group will monitor work streams to ensure equality of access and experience of work delivered through the strategy.

CONSULTATION

69. As mentioned within the report. Extensive consultation has taken place to feed into the development of the All Age Carers' Strategy, with carers coproducing the vision, purpose, outcomes and principles. The strategy has been developed based on 148 survey responses and 54 interviews with carers from diverse circumstances - these will be fully reflected with the strategy and plans.

BACKGROUND PAPERS

70. None.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

71. Not applicable.

REPORT AUTHOR & CONTRIBUTORS

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Phil Holmes
Director of Adults, Health and Wellbeing

Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2021/22

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

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	Tuesday 3rd August, 2021 at 9.30am – MS Teams Briefing meeting (CR)				
	<ul style="list-style-type: none"> • Locality working (c) 				
	Tuesday 10th August, 2021 at 11.00am – MS Teams Briefing Session – postponed from 8th July (CR)				
	<ul style="list-style-type: none"> • Commissioning (c) 				
Aug	Extraordinary OSMC – Thurs 19th August 2021 at 10am, Council Chamber (CR/RW)		Tues 10th August 2021 at 9am Briefing Meeting (CM)		
	<ul style="list-style-type: none"> • Local Plan (c) • Doncaster Delivering Together (Borough Strategy 2030) (c) • Sproborough Neighbourhood Plan (TBC) (c) 		<ul style="list-style-type: none"> • Children and Young People overview including relationship with Doncaster Children's Services Trust and invitation to Young Advisors and Youth Council (Make Your Mark) Further shaping of the work plan (c) 		
Sept	Thurs 9th Sept 2021 at 10am Council Chamber (CM/RW)	Thurs 30th Sept 2021 at 10am Council Chamber (CM)	Thurs 16th Sept 2021 at 4.30pm Council Chamber (CR)		
	<ul style="list-style-type: none"> • Qtrly Finance & Performance Report – Qtr 1 (c) <ul style="list-style-type: none"> ◦ DMBC ◦ SLHD7th ◦ DCST • Compliments and Complaints (c) 	<ul style="list-style-type: none"> • Changes to NHS working (ICS - White Paper) and what this will mean for the Borough's residents (timing TBC) (c) • Joint Strategic Needs Assessment (c) 	<ul style="list-style-type: none"> • Safeguarding theme to include Children's Social Care with the Early help element of focus (c) 		

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

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

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

Dec	Thurs 2nd Dec 2021 at 10am Council Chamber (AS/RW)		Thurs 9th Dec 2021 at 4.30pm (CM/CR) Council Chamber		
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 (c) <ul style="list-style-type: none"> DMBC SLHD DCST 		<ul style="list-style-type: none"> Theme Education and Skills to include school organisation with comparators for attendance, exclusions, NEET, education outcomes post 16 employment and education and Big Picture (pre cabinet decision) SALT and Neurodevelopment pathway New Education and Skills 2030 programme (c) 		
Jan	Thurs 27th Jan 2022 at 10am Microsoft Teams (briefing session) (CM)	Mon 31st Jan 2022 at 1.30pm (CM)			
	<ul style="list-style-type: none"> Budget (c) Corporate Plan (c) 	<ul style="list-style-type: none"> Carers Strategy – to include people with lived experience (c) 			
	Thurs 10th Feb 2022 at 10am Council Chamber (CM)				Wed 9th Feb 2022 at 10am Council Chamber (CR)
	<ul style="list-style-type: none"> Budget (c) Corporate Plan (c) 				<ul style="list-style-type: none"> Crime and Disorder Committee (c)
	Mon 21st February 2022 at 9am - cancelled (CR)				
	<ul style="list-style-type: none"> Fuel Poverty Strategy to be rescheduled 				
	Thurs 24th Feb 2022 at 10am deferred to 15th March				

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

March	Tuesday 15th March 2022 at 10am Briefing Session (CM) Microsoft Teams				
	<ul style="list-style-type: none"> Localities update (c) 				
	Thurs 31st March 2022 at 10am, Council Chamber (AS/RW)	Thurs 3rd March 2022 at 10am, Council Chamber (CR)	Thurs 17th March 2022 at 4.30pm (CM)	Wed 9th March 2022 at 10am (RW/CM/CR)	
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 (c) <ul style="list-style-type: none"> DMBC SLHD DCST 	<ul style="list-style-type: none"> Part 1 - CQC Inspection and Regulation Update – Doncaster Care Quality including inspection ratings. Covid impact and how care providers have risen to the challenge (c) Part 2 - CQC possible part two - Chief Nurse CCG – NHS settings (c) Health Protection – link with the implications of long Covid(c) 	<ul style="list-style-type: none"> SEND Strategy and Behaviour Transformation Programme (pre cabinet decision) (to include a focus on Education health Care plans) (c) 	<ul style="list-style-type: none"> Employment programme opportunities following Covid easing with possible invite to DWP (c) 	
Apr					
May					

POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED

Quarter 4 Performance OSMC 23 rd June, 2022	Adult Safeguarding Report 2022 (date TBC) to be circulated	<ul style="list-style-type: none"> Theme: Sufficiency (potential for 2022/23) 	Impact of Brexit (ongoing through quarterly OSMC performance management meetings)	Environmental Improvement Plan (timing TBC)
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FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

			Reports to include comparators and best practices with comparisons to like authorities.		
	Impact of Brexit (ongoing through quarterly performance management meetings)	Joint Regional Health (JHOSC) – as required Chair only to attend	Following issues to be fed into the themes considered: <ul style="list-style-type: none"> Transition of young disabled adults to adulthood; 	Housing Allocations Policy Review 2022/23	
	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"> Doncaster Children's Safeguarding Partnership Annual Report – to circulate for comments 	Local Plan – update including delivery of key housing projects and connectivity – item for 2022/23 work plan spring 2023	
	Commissioning – meeting with providers	<ul style="list-style-type: none"> Children's Health Related Issues (Briefing) to include <ul style="list-style-type: none"> Children's Mental Health (Strategy) SALT (TBC) Health Visitors (CYP / HASC) 	<ul style="list-style-type: none"> Update on the funding provided for additional family practitioners and difference they have made – including risks associated. 	Town Centre Transport	
	Poverty Strategy – 2022/23 (TBC)		<ul style="list-style-type: none"> Children's Health Related Issues (Briefing) to include <ul style="list-style-type: none"> Children's Mental Health (Strategy) SALT (TBC) Health Visitors (CYP / HASC) 	Car Parking Strategy	
	Compliments and Complaints September 2022		<ul style="list-style-type: none"> Youth Council (Priorities) – July 2022 	Town centre regeneration and development	
	Cultural Strategy – deferred from 2 nd February briefing session new date TBC		<ul style="list-style-type: none"> Children and Young People's Plan (invite HASC Scrutiny Panel) TBC 		

Please note dates of meetings/rooms/support may change

			<ul style="list-style-type: none"> Meeting with Headteachers to address front door referrals. 		
			<ul style="list-style-type: none"> SEND – meeting with families and SENCO group. 2022/2023 workplan 		
BRIEFING NOTES					
		Update on Scawthorpe Merger - circulated 031121		Housing Allocations Policy – circulated 2021.	Veterans – Briefing note general update with focus on homelessness – circulated 151021

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DONCASTER METROPOLITAN BOROUGH COUNCIL
1ST FEBRUARY TO 31ST MAY 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: 23 December 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
2 Feb 2022	To outline the proposed implementation plan and review funding requirements for the delivery of the Education and Skills Strategy 2030.	Councillor Lani-Mae Ball, Portfolio holder for Education, Skills and Young People	Cabinet	Leanne Hornsby, Assistant Director, Education, Skills, Culture and Heritage leanne.hornsby@doncaster.gov.uk		Open
2 Feb 2022	To approve the following admission arrangements for the 2023/24 Academic Year.	Councillor Lani-Mae Ball, Portfolio Holder for Education, Skills and Young People	Cabinet	Neil McAllister, School Organisation Manager neil.mcallister@doncaster.gov.uk		Open
16 Feb 2022	To approve new discretionary relief schemes for Business Rates for 2022/23.	Mayor Ros 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	Council, Cabinet			Open

28 Feb 2022	To approve the Treasury Management Strategy Statement 2022/23 - 2025/26.	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 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 Capital Strategy & Capital Budget 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
28 Feb 2022	To approve the Revenue Budget 2022/23	Mayor Ros Jones	Cabinet, Council	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@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

2 Mar 2022	Quarter 3 2021-22 Finance and Performance Report	Mayor Ros Jones	Cabinet	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk		Open
2 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
2 Mar 2022	DCST Quarter 3 Finance & Performance Report	Councillor Rachael Blake, Portfolio Holder for Children's Social Care, Communities and Equalities	Cabinet	Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk		Open
16 Mar 2022	To approve the commencement of a Compulsory Purchase Order for the acquisition of properties necessary to deliver the Doncaster Town Deal project.	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business.	Cabinet	Neil Firth, Head of Service, Major Projects and Investment neil.firth@doncaster.gov.uk		Part exempt 3

30 Mar 2022	Doncaster Council House Build Programme Phase 2.	Portfolio Holder for Housing and Business	Cabinet	Adrian Robertshaw adrian.robertshaw@doncaster.gov.uk		Open
11 May 2022	Refresh of the Get Doncaster Moving physical activity and sport strategy.	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure, Culture and Planning	Cabinet	Andy Maddox, Business Development Manager andy.maddox@doncaster.gov.uk		Open