



## Agenda

---

To all Members of the

# HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

**Venue:** Council Chamber, Civic Office, Waterdale, Doncaster

**Date:** Monday, 18th July, 2022

**Time:** 1.00 pm

---

**PLEASE NOTE:** The wearing of face coverings within the building is encouraged however, it is a personal choice and no longer a mandatory requirement. For those who have any concerns about their safety or wish to take additional precautions during the meeting, face masks, hand sanitiser and anti-bacterial wipes are available should you require them.

**BROADCASTING NOTICE:** This meeting is being recorded for subsequent broadcast via the Council's web site. The Council is a Data Controller under the Data Protection Act and images collected during this recording will be retained in accordance with the Council's published policy. Please be aware that by entering the meeting, you accept that you may be recorded and the recording used for the purpose set out above.

---

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

Issued on: Friday 8<sup>th</sup> July 2022

**Governance Services Officer for this meeting**

Christine Rothwell  
Tel: 01302 735682

### **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 31st January 2022 and 3rd March 2022 (*Pages 1 - 14*).
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. Overview of Adult Mental Health Services and Support in Doncaster (*Pages 15 - 38*)
7. Overview and Scrutiny Work Plan and Council's Forward Plan of Key Decisions (*Pages 39 - 50*)

### **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, Yetunde Elebuibon, Sean Gibbons, Jake Kearsley, Sue Knowles and Glynis Smith

Invitees: Jim Board UNISON

# Public Document Pack Agenda Item 4

## DONCASTER METROPOLITAN BOROUGH COUNCIL

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

MONDAY, 31ST JANUARY, 2022

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the Council Chamber, DONCASTER on MONDAY, 31ST JANUARY, 2022 at 1.30 PM

#### PRESENT:

Chair - Councillor Sarah Smith

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

#### ALSO IN ATTENDANCE:

- Phil Holmes, Director of Adults Health and Wellbeing
- Rupert Suckling, Director of Public Health

		<u>ACTION</u>
15	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Sean Gibbons and Tracey Moran.	
16	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
17	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 22ND NOVEMBER 2021</u>	
	RESOLVED: The minutes of the meetings held on the held on the 22nd November 2021 were agreed as a true record.	
18	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
19	<u>THE ALL AGE CARER'S STRATEGY FOR DONCASTER (2022 - 2025)</u>	
	The Panel received a report setting out the draft priorities of the All Age Carers' Strategy for Doncaster 2022-25 and planned activity to finalise the strategy to be launched in April 2022.	

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

**Priorities and Challenges** - Members heard that the early identification, recognition and support to carers were areas of challenge whilst the numbers of carers had progressively increased over time. It was recognised that people might struggle for a long time without realising that they were a carer and therefore the continuity of carers support was very important. It was acknowledged that carers should be everyone's business and that it was important that those people had sufficient information and support so they did not feel alone.

**Support, Information and Advice** - A Member spoke about their own experiences of caring for their parent and how they felt isolated at times. It was continued that during that period they needed support and advice, which hadn't always been easy to access. Members were made aware of Making Space, a carers support organisation in Doncaster, which provided an initial point of contact and was often staffed by carers themselves. It was commented that the strategy should itself provide a role in improving communication across carers within the Borough and raise the profile of what was available. It was felt that carers were often provided with information too late and that everything felt more like a challenge. The importance of good support, availability of advice and knowledge at an early stage was recognised and it was acknowledged that DMBC and its partners needed to work collectively pulling together all the different sources of information in order for it to be quickly accessed. Finally, the value of partnership working and greater involvement of GP practices was also viewed as important.

**Eligibility Criteria** - Clarification was sought on what the eligibility criteria included (as referred to in Paragraph 62 Legal Implications). Members were advised that this related to specific arrangements within Adult Social Care for carers services but that there was a lot the Council could do to support carers before reaching this point.

The Director of Adults, Health and Wellbeing explained how through a new contract commencing April 2022, carers who required support would be able to approach a single carers organisation about their situation and for that organisation to then connect them with the support and services that they required.

**Invisible Carers** – A Member who was not able to attend the meeting provided a statement which was read out by the Chair around identifying invisible carers and ensuring the system could coordinate the right support for them.

It was acknowledged that there were many carers who had not been identified in parts of the system and this was potentially an area that

could be picked up by the strategy. It was also recognised how restrictions around information sharing also created barriers for carers.

Members were pleased to hear that carers were working more with primary care services.

**Other Health Related Issues** – A Member asked about the impact of other related health issues such as mental health and long Covid on the carer and the person being cared for. Members were informed that there was no definite list of health conditions that was listed advising who could be supported or not. It was explained that any debilitating condition that required other people to care for that person would be factored in and the carers own health would be weighted into the support that was being provided. It was commented that understanding long covid and the specific problems that it causes was only in its early stages. It was suggested that during 2022/2023, scrutiny could consider long covid from a health perspective.

**Financial Support for Carers** – Concern was raised regarding the lack of clarity around the financial support and awareness of what carers were entitled to that included benefits and expenses for those involved in the development of Council strategies. Regarding the latter, it was noted that that this was not just about covering, for example, travel expenses, but also about an appropriate financial contribution for work undertaken on the Council's behalf.

In terms of financial support for carers, it was commented that welfare and benefit advice was available. It was also viewed that individuals needed to think wider in identifying themselves as a carer, as they may then be eligible for certain benefits.

**Relocation Across Different NHS Areas/Boundaries** – A Member raised concern about the impact on a carer and their child, following their own experiences when they relocated to a different NHS area and had to begin their child's assessment again.

The Director of Health and Wellbeing acknowledged that this was a significant issue that unfortunately many families had experienced. It was felt that organisations should ideally be working across boundaries but that there were no answers at present to address that. Members were informed of the joint work being undertaken with the Autism and Learning Disabilities Strategy and that a prompt timely diagnosis was featured high on the list of priorities.

**Sharing and Understanding of Information** – A Member shared their own experiences of caring for her mother who had dementia and then had also been diagnosed with cancer. It was relayed how information about the cancer diagnosis was not being shared and had therefore created an even more challenging situation to provide the right care.

It was noted that there could be an issue around capacity in a person who had dementia being interpreted correctly or incorrectly regarding what they might need. It was recognised that continuity around care and support for family and carers were an essential part of this.

**Next Steps and Timeframe** – Members were informed how the feedback from the Panel’s consideration of the strategy would be used as part of the process. Members were informed that there would be three further workshops undertaken with carers followed by work undertaken with officers and partners producing a set of actions and list of aspirations and challenges.

It was recognised that the strategy itself was key but that the action plan was even more important and this could be held to account by scrutiny.

**Achievements Since Carers Strategy 2015** – Members heard about what changes had been made and what achievements had taken place since the previous Carers Strategy was launched in 2015. It was highlighted that the number of carers identified had increased since this time and further work had taken place with inclusive groups in creating a clearer profile. Members were also told how further work had been undertaken with the carers service and one stop shop to ensure they had better information and advice available so that carers felt better prepared. It was also noted that effective working was taking place with carers around establishing next steps.

It was added that during the pandemic there had been advances made in primary care where GPs had been required to identify carers for vaccinations.

It was acknowledged that the previous strategy had provided some helpful steps but that more that could be done.

**What Success Will Look Like In The New Strategy** - It was considered that the most direct way to judge success was by identifying a greater number of carers who would express a higher level of satisfaction. It was commented how at the sharper end perspective of carer breakdown could often be more avoidable when they enter a crisis.

It had been highlighted from carers that the new strategy should be meaningful (and progress measured effectively). It was considered that it was very important that the Panel itself holds the strategy and its action plan to account. Members were informed that there was a bi-annual Department of Health and Adult Social Care survey that used a structured set of questions to help track progress of the strategy.

Members were informed that partners of the Health and Wellbeing Board had signed up to the Carers Charter which would act as another

mechanism linking Health and Social Care and other services. It was noted that the board would want to hear those stories and take challenges to other health partners.

**Person Centred Approach** – It was acknowledged that carers should be at the centre of the strategy and that the priorities described by carers as being the most important formed part of it. It was recognised that there was still a great deal of work to be undertaken, particularly around the person being at the centre of the actions and that work being undertaken focused on people’s own lived experiences.

**Delivery of the Strategy** – There was a brief discussion in terms of whether the strategy could be adequately resourced and supported in its delivery. It was explained that it was about listening to people in the right way and changing what was done from a professional perspective so it became more about the person at the centre. It was stated that the authority would need to see what funds became available to see what difference could be made. It was clarified that the Carers Strategic Lead was a permanent post.

**Information For Carers and Understanding Carers Rights** - it was explained that a key part of the strategy was about raising awareness, making sure information was available in the right places as well as helping carers be identified and be heard. It was acknowledged that there was an emotional context to carer’s rights and that a great deal of work had been undertaken across organisations within the Borough to make them feel more valued.

Members also heard about national organisations such as Carers UK and recognition of National Carers Rights Day. Reference was made to how we work with national organisations so their approaches were as visible in Doncaster as they may be in other places.

**Monitoring the Strategy and Action Plan** – Members were informed that the strategy and action plan would be held to account through the partnership with the involvement of carers and the lead Cabinet Members. It was explained how there would be sight on the action plan through the Carers Group (Co-Chaired by the Cabinet Member of Adult Social Care and a carer) and this would connect with other areas of governance and with relevant partners. It was reported that the Health and Wellbeing Board would also receive updates as part of its own workplan.

The Panel was pleased to hear about the planned activities taking place to finalise the strategy prior to its launch in April 2022. In particular, it was recognised that the action plan would be essential in bringing the strategy to life and provide tangible benefits to carers.

**Young Carers** – It was acknowledged that there were already well-established actions around young carers. This was identified as an

	<p>area that required further work including the development of a profile and it was recognised that there were likely to be other groups of carers as well.</p> <p><b>Financial Support</b> – The Chair provided feedback from the Panels meeting with carers, which included comments around there being a lack of financial support in place. In particular, it was felt that more clarity was needed on what financial support was available to those who have contributed to policy development such as claiming expenses.</p> <p>The Chair thanked officers for the hard work that had been undertaken to reach the point they were at now. It was noted that a briefing be held in a couple of months to talk about different parts of strategy. It was also offered that the Panel have sight of the final strategy and action plan.</p> <p><b>Resolved:</b> That the Panel supported the draft priorities of the All Age Carers Strategy and asked that the following recommendations be considered;</p> <ol style="list-style-type: none"> <li>1. That the Panel has sight of the final strategy and accompanying action plan opportunity before its launch in April 2022.</li> <li>2. That the strategy and action plan returns to the Panel in 12 months, as part of its 2022/23 workplan, with an update on progress made against priorities.</li> <li>3. That carers are provided with clearer information around the financial support available to them, particularly, when involved in policy development with the Council.</li> </ol>	
20	<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 latest Overview and Scrutiny Work Plan for the 2021/2022 municipal year and forward plan.</p> <p><b>Resolved:</b> -</p> <ol style="list-style-type: none"> <li>1. That the updated Overview and Scrutiny Work Plan for 2021/2022 be noted; and</li> <li>2. That the Council's Forward Plan of Key Decisions be noted.</li> <li>3. The Panel be provided with a briefing on the decision of 'Refresh of the Get Doncaster Moving physical activity and Sport Strategy'.</li> </ol>	



DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 3RD MARCH, 2022

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the CIVIC OFFICE , DONCASTER on THURSDAY, 3RD MARCH, 2022 at 10.00 AM

PRESENT:

Chair - Councillor Sarah Smith

Councillors Martin Greenhalgh, Laura Bluff, Linda Curran, Sue Knowles and Tracey Moran

ALSO IN ATTENDANCE:

Victor Joseph, Consultant in Public Health  
Carolyn Nice Assistant Director Adults, Health and Well-being  
Andrew Russell, Chief Nurse, Doncaster CCG (Clinical Commissioning Group)

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons and Jake Kearsley

		<u>ACTION</u>
22	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made at the meeting.	
23	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
24	<u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2021/22</u>	
	The Panel gave consideration to the annual report on health protection assurance in Doncaster covering 2021 / 22. It was acknowledged that the Covid 19 pandemic continued to remain a major health protection threat and there had been a co-ordinated and sustained response. It was also noted that work had continued to maintain the exiting duties and functions to ensure that the health protection assurance system in Doncaster was robust, safe and effective meeting the statutory duty	

placed on local government to protect the health of the people of Doncaster.

The report focused on the areas set out below with a number of issues addressed by the Panel as follows:

- Emergency preparedness, resilience and response – Coronavirus;
- Infection prevention and control;
- Vaccine, immunisation and screening programmes;
- Air quality;
- Sexual health; and
- Substance misuse.

Protocols for working with Coronavirus – in response to a question now all rules relating to Coronavirus had been relaxed, it was explained that hospitals would have their own Covid protocols for visiting or accompanying relatives when taken to Accident and Emergency. Hospitals would provide advice on their own websites with regard to current practices and procedures.

In relation to the wider context and care homes, it was explained that although Government restrictions had been lifted, such establishments had their own protocols in place to protect vulnerable residents.

It was noted that lateral flow tests were still being undertaken by care staff and visitors to care homes to protect the vulnerable and elderly.

Long Covid – with regard to whether there was a list of people suffering with long Covid, officers were unaware of such a list, however, it was explained that GPs would identify their patients and support would be tailored to their symptoms and individual need.

Members expressed concern that people who were suffering with long Covid could be impacted by loss of education and employment. It was explained, for example, that if a young person was not able to attend school then appropriate absence and assistance arrangements would be put in place.

Breast screening – a Member raised that for those ladies who had missed a breast screen due to Covid, would their time for examination be extended. It was explained that the NHS was currently in the process of writing to everyone who had missed their screening including people who had reached the age of 70. It was also explained that breast screening ceased at 70 years old but if anyone felt they needed an appointment after that age they would receive one.

Immunisation in adolescents - In response to a question, it was explained that the immunisation programme included Diphtheria, Tetanus, Meningitis and HPV (Cervical Cancer prevention). The Panel was reassured that work was being undertaken with schools to ensure vaccination programmes had not been impacted and that all vaccine requirements be completed by August 2022.

Sexual health – The table set out at page 33 relating to the increased cases of syphilis, was explained to the Panel and it was noted that it was an area that required further investigation.

With regard to HIV awareness, it was explained that campaigns with regard to this illness were embedded in the sexual health service. Additionally, because cases of TB have a close association with HIV, then patients were automatically tested for HIV when tested for TB.

Concern was expressed that there had been problems accessing sexual health clinics throughout the pandemic and this was acknowledged but as restrictions were removed normality was resuming. It was explained that safer sex was advocated as part and parcel of prevention and protection, particularly amongst the younger population and at risk categories, for example injecting drug users. There was currently no separate campaign due to it being continually promoted through everyday support however a note was taken that the Panel's concern be raised with the lead service commissioner.

It was noted that health promotion initiatives were promoted in schools, colleges and universities that covered a full range of broader sexual health messages.

Colposcopy Service – it was explained that the Carcroft facility had provided an excellent service and that it was the exception to the norm provision at a primary care level. It was noted that it was difficult to sustain the service in a GP practice therefore it was being transferred to secondary care where the workforce could better support need.

Substance misuse – following a question it was explained that there had been no dramatic increase within the service however there were challenges with helping support people during lockdown, who were facing a difficult few months ahead of their journey.

Project 3 – it was noted that with a number of services it had been difficult during the pandemic period but this service remained and support available with space for children and young people to discuss their issues with professionals.

Covid and flu vaccination programmes – The Panel noted that all partners worked tirelessly together with community connectors and addressing all inequalities, to ensure as many people as possible could be vaccinated. This included going into communities with pop-up clinics.

	<p>Doncaster was commended on the fantastic work that had been undertaken across the borough with the Panel noting the high vaccine rate generally.</p> <p>It was stressed that reducing inequalities was a high priority and gaining momentum. It was not something that was addressed at the beginning of the year but was a cyclical process where partners were learning and transferring good practice into other areas.</p> <p><b>RESOLVED:</b> That the Panel note:</p> <ul style="list-style-type: none"> <li>a) The joint work to prevent and control Covid-19 and the key role that Doncaster’s health protection professionals play in co-ordination and management of the pandemic response;</li> <li>b) The ongoing work on a range of health protection programmes including vaccination and screening programmes, air quality, sexual health and substance misuse. This also includes progress and challenges on flu vaccinations and MMR among vulnerable groups; and</li> <li>c) The overall assurance on health protection of the people of Doncaster</li> </ul>	
25	<p><b><u>QUALITY OF ADULT SOCIAL CARE SERVICES INCLUDING COVID RESPONSE</u></b></p>	
	<p>The Panel was provided with a presentation to accompany the report relating to registered care provision, Covid response and quality of provision including CQC inspection outcomes.</p> <p>The Panel noted that the Omicron Covid strain had felt much different to previous strains with much higher sickness rates however at the time of the meeting this had abated somewhat. To ensure delivery of a continued service at all times, it required strong partnership working.</p> <p>In response to a statement and comment relating to staff across the board working incredibly hard over the past 2-3 years it was explained that both internally and through the partnership, organisation leaderships need to understand why people were off sick to provide the best support from counselling to specialist support dependent on an individual’s needs. This was undertaken through sickness reports and return to work interviews. The fact that staff were now able to return to working in the office and receive peer support in person would probably assist. It was stressed that given the background of the recent pandemic and position staff had been placed in, whatever happened in the future there was a need to be careful with what staff were asked to undertake.</p> <p>With regard to the large casework and support required for staff, it was noted there had been an increased demand for services across the</p>	

whole of the Council. The Local Authority was therefore addressing innovative new ways of working, addressing how the front door could be managed more efficiently and accessing additional funds for temporary additional capacity in certain teams. It was acknowledged that staff still felt under pressure with the organisation mindful of the impact of the last 2 years.

With regard to accessing medication quickly, it was explained that it should not be a problem however, there were occasional times when certain medicines were not available due to logistical reasons but it was being monitored.

In relation to accessing mental health services, it was noted that at the acute end of service provision there were small challenging pockets but duplication avoidance was being addressed. It was stressed that there were NHS pressures cross the whole service and mental health was no different however, the CCG continued to work with RDaSH to prioritise support where required.

Responding to a question relating to what has been learnt from delivering services through the Covid Pandemic, and building on what had been put in place, it was explained that:

The 7 day service remained in place working on discharges but the NDT was an additional commissioning layer from CCG and Adult Care that would not normally operate on a 7 day service. It was explained that increasing the 7 day service would be addressed for the future, as demand warrants;

Continuing to work well as a partnership throughout the Pandemic was effective and essential to provide support and overcome barriers;

Front line staff being left to undertake their role and do what they need to do without interference;

Voice of the People - Co-production was something the Local Authority was keen to grow and develop and use people with lived experience to help develop services moving forward;

Flexibility and resilience – the current system showed that services were flexible but there was the need to ensure it was not flexed to the point that it breaks;

Integrated Commissioning Board – the Panel hoped to see more place devolved budgets with Doncaster providing a strong presence ensuring it accessed the correct budget allocation, with place based commissioning and benefits around transforming care particularly specialist and complex cases. Evaluation of what worked well across South Yorkshire was essential to move forward.

**RESOLVED** that the discussion, be noted.

The Chief Nurse NHS CCG (Clinical Commissioning Group) provided a presentation to the Panel addressing:

- Systems and processes in place to monitor the quality of care within NHS commissioned services; and
- Transition from the CCG (Clinical Commissioning Group) to the new ICB (Integrated Care Board) for South Yorkshire with a particular focus upon Quality Surveillance, Quality Assurance and Quality Improvements.

Following the presentation, the Panel noted that CQC inspection outcomes were only part of the CCG's quality assurance frameworks. As the regulator the CQC provided clear views on required provision and addressed the following areas:

Quality and Place – a member expressed concern with regard to the locality model particularly ensuring continuation of good partnership relations and working models. It was therefore questioned how the quality assurance system would transfer across to the ICS.

Firstly, it was explained that currently 1<sup>st</sup> July was the projected date to move to the ICS and the current CCG would go through the “Lift and Shift” process, meaning staff would remain in post in Doncaster but move from the CCG to the ICS with work continuing as normal, ensuring that the system would not lose its capability to provide quality and improvements. It was noted that work was required to address what would be delegated to the Place Model.

Structure of the ICB (proposed in line with guidance) – clarification was provided on who lead on each area within the Quality Stream, in line with Policy, to deliver each of their work plans. The Panel again noted the complex change from the CCG to the ICS.

Due diligence – it was noted there was a national due diligence checklist that required completion by 1<sup>st</sup> July, in readiness for commencement of the Integrated Care System. For example, outlining what tasks had been completed, what was ongoing and by whom, which required signing off by the Integrated Care Board. Checks would continually be undertaken to ensure no issues were missed, ensuring everyone's safety, up to and continuing through the transfer to the ICS.

Quality and Patient Safety Committee – it was explained that this body addressed the detailed quality and safety assurance for provision across all commissioned services, addressing possible risks and subsequent plans required. This body would still be required under the ICB. Sitting alongside this Committee was the System Quality Board (replacing the Quality Assurance Group), with the wider partnership

	<p>and membership including the Local Authority, Public Health, Health Education, Health Watch etc., providing experiences, concerns and good practice of individual providers to gather a much wider experience and information base.</p> <p><u>Audit provisions</u> – in relation to auditing the transfer from the CCG to the ICS, it was outlined that there would be an internal Audit Committee. Independent external auditors would also be appointed by the ICB to undertake the auditing role.</p> <p><u>Funding</u> – In response to a query relating to whether additional funding would be provided through the ICB, it was explained that the allocation to the NHS, was as it stands and the system could be viewed as being more efficient. It was noted that there was no additional funding for the transition from the CCG to the ICS.</p> <p><u>Chief Nurse</u> – the responsibilities on 1<sup>st</sup> July would transfer to the Chief Nurse for South Yorkshire. However, a senior nurse to provide quality at place was being sought with details of how this could work, to emerge.</p> <p><u>System Quality Board</u> – in response to concern expressed that Doncaster’s quality and needs would be lost when being merged into a South Yorkshire organisation, it was note that specifics this body would address was still being discussed but would include statutory duties, quality systems and strategies relating to how partners and systems drive quality and improvements.</p> <p>To conclude it was noted that once the ICS was established, as with the CCG it would continue to look for good outcomes for residents with the ethos of levelling up, addressing equalities and improving outcomes with no changes to services to patients. It was reiterated by a Member that the Panel’s work emphasised on prevention and was pleased to hear the responses to questions at this meeting.</p> <p>On behalf of the Panel the Chair thanked the Chief Nurse for his attendance and for explaining the complex position with regard to monitoring the quality of care moving forward as part of the ICS.</p> <p><b><u>RESOLVED</u></b> that the discussion, be noted.</p>	
27	<p><b><u>OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></b></p>	
	<p>The Senior Governance Officer outlined that the work plan had reached its conclusion for the 2021/22 civic year and asked that any areas identified for consideration moving forward, by the Panel should be forward to herself and the Chair.</p> <p>It was outlined by the Chair areas that were key for the work plan including mental health services and housing and social care relating to</p>	

	<p>health issues.</p> <p>The Chair took the opportunity to reconfirm the recommendations for all items discussed at this meeting.</p> <p><b><u>RESOLVED</u></b> that:</p> <ol style="list-style-type: none"><li>1. the work plan, be noted; and</li><li>2. recommendations from the items discussed at this meeting, be noted.</li></ol>	
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--





## Doncaster Council

### Report

---

Date: 18<sup>th</sup> July 2022

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

#### Overview of Adult Mental Health Services and Support in Doncaster

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

#### EXECUTIVE SUMMARY

1. The World Health Organisation (WHO) defines mental health as ‘a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community’<sup>1</sup>
2. Our mental health influences our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions.
3. People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety. Around 30% of people with any long-term physical health condition also have a mental health problem. Poor mental health, in turn, exacerbates some long-term conditions, such as chronic pain.
4. Mental health problems are a common human experience, affecting 1 in 4 people in any given year in England. Around 1 in 6 people experience a more common mental health problem like anxiety and depression in any given week. Between 1993 and 2014, the number of people living with a mental health condition rose by 20%. Since 2018, the number of people who have

---

<sup>1</sup> Gov.uk: Mental Health Promotion: <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health#fn:5>

died by suicide has increased nationally.

5. During the Covid pandemic more people reported experiencing a deterioration of their mental health, while mental health and wellbeing services across the health, care and voluntary, community and faith sectors in Doncaster saw an increase in demand for their services and an increase in acuity of illness.
6. Through the Appreciative Inquiry process undertaken with communities in 2021, mental health and wellbeing were identified as key areas of concern for residents, and is a key area for development and delivery through the 2022/23 Locality Plans.
7. Good mental health can mean that you are able to feel, think and react in the ways that you want to live your life. It can mean having a good sense of purpose and the ability to handle stress. There are many factors that impact on an individual's mental health. These 'wider determinants of health', include, but are not limited to, factors including housing, poverty, employment, living with other health conditions, caring responsibilities, loneliness and relationships, and the impact of the current cost of living crisis.
8. To meet the increasing needs of local people, it is essential that the health, care and local voluntary, social, community and faith sectors work collaboratively to meet those needs. Services, opportunities and resources are already available in communities to support the prevention of mental illness, promote earlier access to health services and we need to improve access and experience of these for anyone who can benefit.
9. This report aims to describe the current mental health needs of Adults in Doncaster, and the services, assets and resources available to keep people well or to meet their mental health needs. The report does not include the needs of Older People with organic mental health needs (e.g. Dementia services).
10. The report also sets out the programme of work which aims to ensure more people can access the resources, support and services that they need, when they need them, closer to home, and delivered by a system that works collaboratively to help the individual meet their needs.

## **EXEMPT REPORT**

11. No

## **RECOMMENDATIONS**

12. The purpose of this report is to provide the Scrutiny panel with an overview of support and services available to Doncaster people experiencing mental health problems. The report serves as information purposes only and no formal recommendations are made to the panel.

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

Mental Health Services across health and social care are currently subject to a system wide transformation in order that:

- a. More people in Doncaster know where and how they can access the resources and support they need to maintain and improve their mental health and wellbeing.
- b. People can access care and support closer to home.
- c. Services and resources are developed based in the priorities of the people of Doncaster.
- d. More people are supported in the least restrictive environments.

## BACKGROUND

### National Policy for Mental Health and Wellbeing

- 13. The Care Act 2014, places a duty on Local Authorities to promote individual's wellbeing: "The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life<sup>2</sup>". The Act and its associated guidance, underpin the approach taken and services developed and provided by and on behalf of, Doncaster Council.
- 14. 'Wellbeing' is a broad concept, and it is described in the Care Act (2014) Guidance (2022) to include physical and mental health and emotional wellbeing.
- 15. The Prevention Concordat for Better Mental Health (2022)<sup>3</sup>, of which Doncaster Council is a signatory, is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.
- 16. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach is enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.
- 17. The NHS Long Term Plan (LTP) published in January 2019, built on the direction set out in the NHS Five Year Forward View (2014) and describes the need to integrate care to meet the needs of a changing population.
- 18. The NHS Mental Health Implementation Plan (2019) renewed the NHS commitment to pursue an ambitious transformation of mental health care across England, whilst expanding the reach of services to those who need support.

### Local Drivers for Change

- 19. **Doncaster Delivering Together** The revised Borough Strategy (2030) was launched in Autumn 2021. It builds on the successes of the Doncaster Growing Together Plan to transform the well-being of Doncaster people and

---

<sup>2</sup> Gov.uk (2022) Care Act 2014 – Care Act Statutory Guidance (2022)  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#general-responsibilities-and-universal-services>

<sup>3</sup> Gov.uk (2022) Prevention Concordat for Better Mental Health 2022:  
<https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

places over the next 10 years. The Strategy includes 6 interconnected Wellbeing Goals which contribute to one overall Mission: Thriving People, Places and Planet. Through the engagement undertaken to develop the new borough strategy, a number of potential Wellbeing Essentials have been identified to ensure no one is left behind. All the Wellbeing Essentials will be a key part of a relentless partnership effort to reduce inequalities and ensure everyone has the opportunities and capabilities to thrive.

## 20. **Doncaster Locality Working**

Doncaster is a place of places. Each place is completely unique to the next one and as such, the support, services and investment into each community should be unique and bespoke to the residents living and thriving in each area.

21. The Locality Plans are designed to bring the aspirations and ideas of those within each community to life, to continue to improve the lives of those who live, work and visit each area. The work coming out of each plan is a collaborative effort, and as such is owned and delivered at a local level by the residents, local partners and organisations, voluntary sector groups, and businesses within each area.

22. During 2021, Well Doncaster led the Appreciative Inquiry across each of the Localities, to find out what matters most to Doncaster residents in their localities. The information was collated and arranged in themes to inform the development of the Locality Plans. The 4 locality plans<sup>4</sup>, have now been published with mental health and wellbeing a key deliverable.

23. **The Doncaster Place Plan 2019-22<sup>5</sup>** In line with the NHS Long Term Plan, Doncaster health and care services are moving towards a focus on people as opposed to services. This means that instead of looking at where care is delivered, we are now thinking about the needs of local communities.

24. Doncaster's first Place Plan was published in December 2016, highlighting how health and care services would develop and change over the next five years. The time has now come to change the way we work and think to address the issue of rising demand and fewer resources to work with, but at the same time, improve and future proof our services so people can lead healthy lives.

25. The refreshed Place Plan has the same vision and partnership working commitments at its core. It highlights how services will continue to work together to ensure seamless, coordinated services for the people of Doncaster.

26. **The Doncaster Joint Health and Social Care Living Well** life stage delivery plan 2022/23, continues to build on delivery of the national drivers for change, and addressing the gaps in local provision, including improving mental health support for those with complex needs and learning disabilities, and to support

---

<sup>4</sup> Doncaster Council (2022); Locality Plans:

<sup>5</sup> Doncaster Place Plan Refresh, 2019-2022, <https://www.doncasterccg.nhs.uk/wp-content/uploads/2019/10/DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf>

those accessing mental health services with finding stable accommodation, employment, and financial support.

## Mental Health and Wellbeing Needs in Doncaster

27. The NHS Confederation suggests that in 2021, 1 in 6 people were likely to experience a significant mental health problem, significantly higher than pre-pandemic levels of 1-10 people.

28. The latest Doncaster Joint Strategic Needs Assessment (2021)<sup>6</sup> (JSNA) highlights key findings in relation to mental health:

- a. 22% of Doncaster residents reported high levels of anxiety in 2020, this was in line with national and regional statistics
- b. 14% of Doncaster residents reported that they have feelings of unhappiness, this is considerably above the national (9%) and regional (10%) averages.
- c. Only 27% of people with a mental health problem accessing secondary mental health services were in stable accommodation throughout 2019/20 compared to 60% in 2017/18.
- d. The gap in employment rate for those in contact with secondary care mental health services is 69.2% compared to nationally at 67.2%.

29. The findings set out above are supported by the experience of mental health and wellbeing services across Doncaster which consistently report an increase in the number of people seeking support for their mental health and wellbeing needs. In addition, as the impact of the cost of living is felt by more people, especially but not only by those on the lowest income, increasing need is being identified, by services, with increasing referrals, which is expected to increase over the coming months.

30. Data from PANSI and POPPI suggest that demand for mental health and wellbeing is set to continue to rise over time.

### PANSI<sup>7</sup> – prediction of people aged 18 – 64 with mental health problems in Doncaster.

Mental health - all people	2020	2025	2030	2035	2040
<input type="button" value="Show by gender"/>					
People aged 18-64 predicted to have a common mental disorder	35,039	35,167	35,209	35,364	35,589
People aged 18-64 predicted to have a borderline personality disorder	4,450	4,466	4,472	4,492	4,521
People aged 18-64 predicted to have an antisocial personality disorder	6,263	6,288	6,314	6,360	6,411
People aged 18-64 predicted to have psychotic disorder	1,301	1,306	1,309	1,316	1,325
People aged 18-64 predicted to have two or more psychiatric disorders	13,378	13,428	13,454	13,524	13,616

<sup>6</sup> [Joint Strategic Needs Assessment \(2021\) - Team Doncaster](#)

<sup>7</sup> PANSI (2022): People aged 18 – 64 predicted to have a mental health problem over the next 20 years. <https://www.pansi.org.uk/>

## POPPI<sup>8</sup> - Prediction of people aged 65 and over to have depression in Doncaster

Total population aged 65 and over predicted to have depression	5,212	5,691	6,275	6,744	7,016
Total population aged 65 and over predicted to have severe depression	1,631	1,821	1,999	2,171	2,288

## Current Mental Health and Wellbeing Services available across Doncaster

### Information, Advice and Guidance

#### 31. Your Life Doncaster

Your Life Doncaster is an on-line information and resource service, available to the residents and professionals of Doncaster. The website provides information about the range of services, support and resources available across Doncaster, with dedicated pages with information on a range of subjects including Wellbeing, Loneliness and Mental Health.

32. “Find information and support for adults, young people and children to live happy, healthy lives, and discover what is available in your local communities”<sup>9</sup>

### Prevention and Early Intervention

#### 33. Digital Mental Health Support -Togetherall

In July 2022, Doncaster will be launching a one year pilot of Togetherall<sup>10</sup>, “...a safe, online community where people support each other anonymously to improve mental health and wellbeing...” The service provides a range of resources, in addition to online peer support and education.

#### 34. myStrength app

The ICS recently commissioned a South Yorkshire wide mental health and wellbeing App. The App is provided by Consultant Connect and is called myStrength. The app is available to anyone over the age of 16 in South Yorkshire. The myStrength app is a standalone self-care digital solution to develop skills to cope with emotional distress and increase psychological resilience. It can be accessed through an App store or online by entering the access code: “southyorkshirewellness”.

#### 35. Bereaved By Suicide Support Service

A part of the Community Based Crisis service commissioned by Doncaster Council, and provided by Doncaster Mind, the service is subcontracted to deliver Counselling, Bereavement by Suicide Support and Peer-support.

#### 36. Bereavement Counselling Service

The South Yorkshire Integrated Care System (ICS) are in the process of commissioning a bereavement counselling service for South Yorkshire,

<sup>8</sup> POPPI (2022): People aged over 65 years of age predicted to have a mental health problem over the next 20 years. <https://www.poppi.org.uk/index.php>

<sup>9</sup> Doncaster Council (2022): <https://www.yourlifedoncaster.co.uk/support-for-adults>

<sup>10</sup> Togetherall (2022): <https://togetherall.com/en-gb>

following a successful pilot throughout the pandemic.

**37. IMP;ACT**

The IMP;ACT service is provided by Open Minds and offers intense counselling to people aged 18 and over who, within the last 12 months, have had the intention to commit suicide. They may have made an attempt on their lives or have been interrupted prior to making such an attempt.

The IMP;ACT service is a low volume high intensity service ensuring that they invest the time required to save lives.

**38. Stronger Communities and Wellbeing**

The Wellbeing Team was created on the principal of ensuring that all residents of Doncaster have access to support, guidance and advice about problems and issues they may be experiencing, and to also maximise the individual's independence within the community regardless of any medical condition, physical disability, or mental health difficulty.

39. The Wellbeing vision is of strong, active and resilient communities across all the Borough of Doncaster, effectively using their strengths and assets to work in partnership with the Council and others to improve their quality of life and well-being, to make their neighbourhoods safe and supportive and to tackle the issues that matter to them.

40. The aim of Wellbeing Service, is to facilitate people with the ability to self-manage, maintain independence and choice, to live healthier and at remain at home. The service supports individuals in key life areas including mental health and social connection, finance, carers, environment and housing. The offer can be from supporting a connection of people to form a community group, to providing trusted assessor carers assessments and low level equipment provision.

**41. Well Doncaster**

Well Doncaster provides a range of services and approaches across Doncaster aimed at reducing health inequalities. Further details about their work can be found in their Annual Report (2021/22)<sup>11</sup>. The following resources and approaches are available to support people with mental health and wellbeing needs across Doncaster.

**42. Be Well Doncaster**

Be Well Doncaster (BWD) provides person-centred, one to one behaviour change support, through nine trained Health and Wellbeing Coaches across the borough. The approach utilises motivational interviewing techniques and evidence based behaviour change tools to provide a person-centred approach to identify and address the root causes of ill health and improve the quality of life of each person supported.

43. The approach is delivered in partnership with North, South and East Primary Care Networks and provide a one to one and population health approach to addressing inequalities.

---

<sup>11</sup> Well Doncaster (2022): Well Doncaster Annual Report 2021/22: [Well Doncaster Annual Report 2021-22](#)

#### **44. Community Peer Groups**

The Be Well Doncaster Coaches have been building the network of community based peer groups to support people to manage their long term health conditions.

45. The peer groups encourage people to develop their knowledge, skills and confidence to self-manage their health conditions, develop peer relationships and demonstrate what services/activities are available in their local community. The peer groups are shaped around the preferences, needs and values of the members.

#### **46. Wellbeing Therapies**

Wellbeing Therapies is a community based approach to addressing mental health challenges such as anxiety, depression, bereavement, abuse and low mood for residents over eleven years old. People can access Cognitive Behavioural Therapy (CBT), hypnotherapy and/or relaxation techniques. and can also take part in peer-support groups.

#### **47. Community Connectors**

Get Doncaster Moving and Well Doncaster have introduced local Community Connectors to support residents to try and make it easier for people to be physically active where they live. Community Connectors are there to support residents on a daily basis by signposting them to opportunities available to them in their area and encourage the community to create a healthy and active lifestyle. Their roles focus on enhancing the physical and mental wellbeing of their community by connecting local people together, with accessibility at the forefront of what they do. Delivering the approach through community organisations enables the work to be driven and owned by communities themselves.

#### **48. Shaping Stainforth**

Shaping Stainforth is a three year funded approach with The Health Foundation, focusing on laying the foundations for long-term change that will lead to a community that supports everyone to be happy and have good mental health. Good mental health is associated with being able to pursue ambitions and be happier and healthier at work. Through creating a community more conducive to good mental health, it is anticipated that residents will be able to feel more empowered to access opportunities and that businesses will consequently be supported to flourish.

#### **49. Community Based Crisis Support**

Doncaster Council has commissioned the Community Based Crisis Support Service for the past 4 years. The service offers community based, mental health and wellbeing support within the four Doncaster localities, with a focus on early intervention and prevention, and enables people to self-refer to a range of services aimed at improving their general mental wellbeing.

#### **50. Social Prescribing**

Social Prescribing provision provides a service for medical professionals to refer patients who may frequently access health services, but present with non-medical needs. Social Prescribing seeks to act as a conduit to signpost and enable such service users to access support provision in the community to meet their needs.



## **Mental Health Services provided for and by Adult Social Care and NHS**

### **51. Improving Access to Psychological Therapies (IAPT)**

The IAPT programme began in 2008 and has transformed the treatment of adult anxiety disorders and depression.

52. There are two commissioned IAPT services in Doncaster, one is provided by Doncaster, Rotherham and South Humber (RDaSH) NHS Foundation Trust and one is provided by IESO a national digital IAPT provider. Both services provide evidence-based interventions to individuals over the age of 18. The services are designed to work with mild to moderate common mental health problems, including depression and anxiety disorders in line with national guidance.

53. The IAPT service is exceeding national targets with regards to meeting wait times and expected recovery rates. The service has capacity to increase the number of referrals entering the service and are currently targeting communities through a marketing campaign and newly recruited community engagement workers.

### **54. Mental Health Ambulance**

The ICS are currently piloting a mental health ambulance in Doncaster. Doncaster was chosen as the base for the pilot because of the number of crisis alternatives available in comparison to the rest of South Yorkshire.

The Mental Health Ambulance crew are linked to Mental Health 999 and 111 calls, the paramedics try to de-escalate crisis at the scene, where this isn't an option, they will assess the individual and decide if they need NHS Mental Health Crisis support, conveyance to A&E, support from the Police or if they can be conveyed to an alternative provision such as Safe Space.

### **55. Collaboration with the ICS Mental Health Ambulance Pilot**

To support the ICS Mental Health Ambulance Pilot, Safe Space have extended its opening hours up until 2am in line with the peak number of Crisis calls received and alongside the operational times of the mental health ambulance pilot. The Safe Space team have built up a strong relationship with the paramedics and have developed strong pathways into the service.

### **56. Safe Space**

Doncaster Safe Space is provided by the People Focus Group (PFG). Safe Space is a peer-led crisis response and de-escalation service for people experiencing a mental health breakdown. The service offers an alternative to secondary care and emergency services when a clinical need is not established. The service is available for anyone who is a Doncaster resident and is over the age of 18 who has been referred via the RDaSH mental health Single Point of Access (SPA) Crisis Hub.

57. An average of 10% (115 per month) of all referrals into the Crisis Hub are referred to Safe Space, if this service was not available there may be no other option than to send these referrals to secondary care services or A&E.

**58. Thrive**

The Thrive service is provided by Doncaster Mind and delivers a recovery counselling service to people over the age of 18 who are high intensity users of mental health services, General Practitioners (GPs) and emergency services. The service offers emotional and wellbeing support, with the aim of encouraging behaviour change, self-development and independence.

59. The service works directly with A&E, the NHS RDaSH Crisis teams, emergency services and the crisis alternatives alliance to ensure that people who are high intensity users to mental health and emergency services are provided with the level of counselling and support they need to maintain positive mental health and reduce their dependence on services.

**60. Doncaster Rape and Sexual Abuse Counselling Service**

Doncaster Rape and Sexual Abuse Counselling Service (DRASACS) is an independent charity that has been helping victims of sexual violence since 1987. DRASACS provide free support services for people who have experienced rape or sexual abuse; counselling and an Independent Sexual Violence Advocacy (ISVA) service which offers practical help and support.

61. These confidential services are available for the following groups of people:

- a. Children and young people aged 18 or under, who have been raped or sexually abused
- b. Adults who have experienced rape or sexual abuse, either recently or in their past
- c. Family members who have been affected by the issue

62. Throughout 2021/22 new referrals into the service had increased by 43% compared to the previous year causing wait times to increase.

**63. Community Connector Peer Mentors**

Commissioned by NHS Doncaster CCG, PFG hosts two community connector Peer Mentors with a focus on specific groups, one connector supports ethnic minority groups and the other supports members of the lesbian, gay, bisexual and transgender (LGBT) community. Both have been instrumental in providing education, awareness raising around COVID (safety, management of illness/recovery and vaccinations), and have also connected with people from these communities and provided support and links with other services.

**64. Community Wardens**

Initially starting off as a “Winter Warden Programme” in 2021 and now being extended as “Community Wardens” throughout 2022/23, the Community Wardens offer peer led support direct to people’s homes or a place that suits them. The service visits older adults, providing ‘safe and well checks’, offering to clear and grit paths to prevent slips/trips/falls, minor repairs, shopping, but most of all connection.

65. Many older adults cite loneliness and isolation as a big problem and in some cases, the Wardens are the only people they get to see. Peers who have come through Safe Space are now working on this project because they wanted to give back to the community.

**66. Specialist Mental Health Housing and Support**

Doncaster has a range of housing and related support for people with severe mental health problems. A programme of work is underway to improve the range and availability of housing and support options for people as they step down from in-patient services, and to step up from community at times of additional need.

**Existing Statutory Mental Health Services (An Overview)**

**67. Community Mental Health**

RDASH provides Adult Mental Health Services in in-patient and community settings across Doncaster. All mental health services are accessed by referral through the Single Point of Access (SPA).

68. The SPA triages all referrals to ensure the individual is referred onto the most appropriate service for further assessment and ongoing care and treatment. Referrals are managed in 3 ways:

- a. Routine – these are transferred to the community mental health team for assessment between 9am-5pm Monday-Friday
- b. Urgent – full assessment to be undertaken by the RDASH Crisis Team within 24 hours.
- c. Emergency – individual to be assessed by the RDASH Crisis Team and be in receipt of an evidence based package of care within 4 hours

69. Community Mental Health teams are based in 4 localities across Doncaster. They provide specialist treatment and psychological interventions for people with serious mental illness. Treatment can involve medication, crisis management, talking interventions, and multi-agency working.

**70. Mental Health Social Work Team**

Social care staff in Doncaster (Mental Health Social Workers and Assessment Officers) are co-located and integrated within RDASH's Community Mental Health Teams. These social care staff work closely with health colleagues in a multi-disciplinary team environment to provide holistic recovery-based support to individuals and their families. Their role within the multi-disciplinary team is to bring the social model of mental illness into the understanding and support a person receives to aid their recovery. This includes the recognition and assessment of an individual's care and support needs (under the Care Act, 2014) and where appropriate the commissioning of personalised support to meet need. This also includes statutory duties relating to the assessment and support to carers (in line with the Care Act, 2014).

71. Unlike many other Local Authorities, Doncaster has maintained its co-location of social care staff with health colleagues in the Community Mental Health Teams (CMHT's). A Section 76 agreement exists, which cements this

integrated working.

72. The co-location at locality level of the councils Mental Health Social Care staff allows the maintenance of integrated working with attendance at multi-disciplinary allocation meetings and proximity of health colleagues allowing ease of informal and formal case discussion.

73. A dedicated team also exists, the 'Approved Mental Health Professional' Team that responds to and carry out assessments under the Mental Health Act (1983). This team operates 24 hours a day, 7 days a week, 365 days a year. Their role is to co-ordinate assessments to determine whether an individual requires an admission to a mental health ward and whether this admission needs to be under the powers available under the Mental Health Act (1983).

#### **74. In-Patient Services**

RDaSH provides a number of inpatient services including acute inpatient psychiatric services, a psychiatric intensive care unit and rehabilitation. For those with more complex needs, specialised rehabilitation may be needed, which can involve an out of area placement to meet highly specialist needs.

#### **75. Crisis Response**

The mental health and social care teams work closely with other teams across the health and care system, especially in relation to people in crisis. Key partners include Accident and Emergency, Ambulance and Police.

76. RDaSH in partnership with Rethink provides a number of NHS led crisis and home response services, including crisis accommodation, assessment and care planning at home or at a place of safety, and crisis liaison, for those who attend A&E with a mental health need. Crisis resolution and Home Treatment teams provide intensive support at home for individuals experiencing acute mental health crises.

### **Transformation of Mental Health Services**

77. Following the publication of the NHS LTP and the NHS Mental Health Implementation Plan, there was a renewed commitment to pursue the most ambitious transformation of mental health care across England.

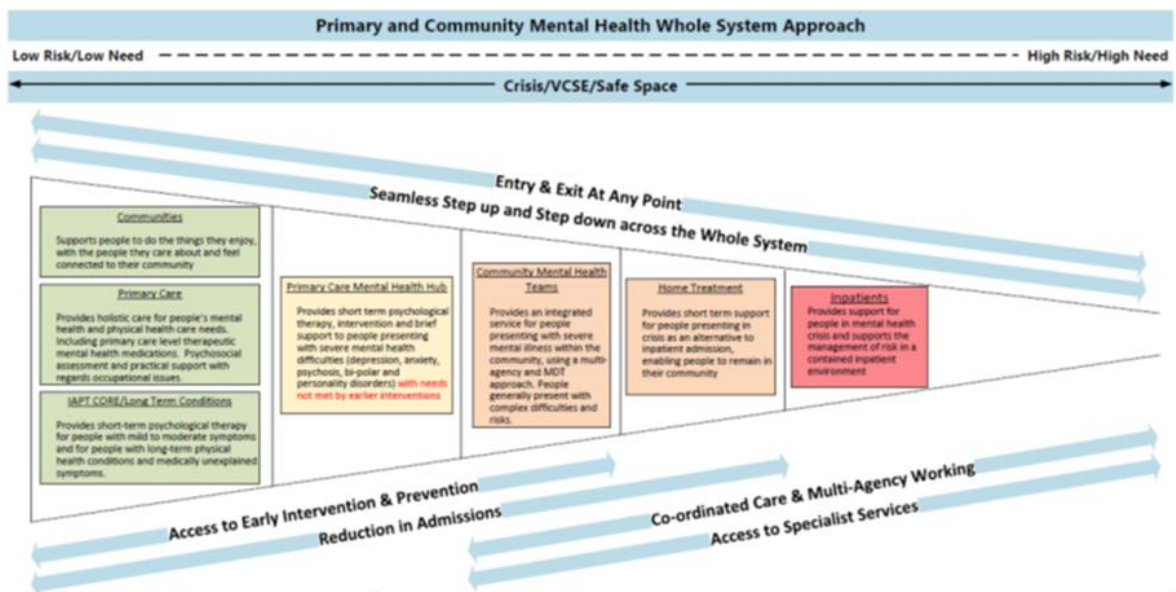
78. Transformation means reshaping community services; with the focus being on 'putting communities at the centre of community mental health services'. A big priority is ensuring work is done with and alongside residents and local communities to support redesigning and shaping core community mental health services. The aim is to move towards people being able to access mental health care where and when they need it, and contribute to and be participants in their communities.

79. The mental health transformation programme is expected to take place over a 3–5-year period from the initial launch in April 2021. The transformation programme focuses on a shift from secondary (hospital based) care services into new community models, whilst also enhancing the inpatient offer for those who will still require admission to secondary care services.

80. The current provision for older adult's services is through existing Community Mental Health Teams across the localities, which provide support for both functional mental health (generic mental health disorders) and memory services. There are separate memory services for early onset dementia and these services are not part of the transformation programme.
81. The plan to evolve the older adult services is to align them more with adult services and as part of the community mental health hub. The plan is that mental health services will provide for people of all ages, and work with a person's identified need rather than their age or diagnosis.
82. The NHS Long Term Plan (2019) includes the following ambitions:
- a. Integrated MDT working within the Community
  - b. Improved access and treatment for adults and older adults with a Personality Disorder
  - c. Improved access and treatment for adults and older adults with an Eating Disorder
  - d. Improved access and treatment for adults and older adults in need of mental health rehabilitation
83. The overarching focus on the mental health transformation is to provide more care closer to home in the community with a focus on prevention. However, for individuals who still require inpatient admission, there is an expectation that the care they receive will be gold standard.
84. Engagement and co-production has been a vital part of the programme and this has been done as part of the partnership and as part of a programme named 'Create the Change' which is led by People Focussed Group (PFG).
85. PFG have carried out a series of engagement events over the last 12 months with people with lived experience and they have provided a voice for local communities with regards to what they want from mental health services in their communities.
86. There are further Create the Change events planned over the next 6-12 months to engage wider public and communities. Engagement with community groups is a big focus which is helping to break down barriers between statutory services and local communities. RDASH staff and PFG have been working together with Create the Change and this is proving positive in hearing what the communities want.
87. Through the 'Create the Change' engagement exercise, people with lived experience described the vision they want for the programme:
- “People are seen as individuals, and their communities offer support in a variety of positive ways. Each person acknowledges their own role and we all work together to support mental wellbeing”**
88. Models to describe the new ways of working and accessing care have been drafted in response to engagement, feedback from the partnership and LTP. The whole system model is a draft model being used to show the community

as a whole and how people can access support at a basic level right through to more specialist support, including inpatient and rehabilitation needs.

**Image 1: Draft Model of the Transformed Services**



89. The model has been drafted from a healthcare perspective looking at what services and resources are already available and will also include social care, VCSE and local communities to have a whole overview of what is available, where and how to access.

90. There are four work-streams within the mental health transformation programme:

**a. Community Mental Health Transformation - Primary Care MH Hubs**

The aim of the Transformation programme is to provide a community based, primary care led model of care for those with highest complexity who are often marginalised

The model aims to maximise continuity of care for people, ensuring that statutory and community based services are more joined and accessible for people using services, and the professionals supporting them.

People accessing services are active participants in their care which supports choice and is underpinned by a single care plan accessible to all. Working with people with lived experience, the Programme identified:

- i. The need for all-age interventions and psychological therapy provision
- ii. The need for a clearly defined Personality Disorder pathway
- iii. Lack of a Specialist Eating Disorder Service
- iv. Patient Flow issues and impact on transitions within the whole system
- v. Increased pressures and capacity issues within the whole system.

As part of year 2 (2022-2023) plans, the priorities have been on establishing community mental health hubs, eating disorder services and a closer collaboration of existing services and how these will align to primary care and communities. Work is ongoing to establish a working group of specialist practitioners, people with lived experience and service leads for an eating disorder service and how this will align across the whole system.

The work is ongoing to establish the hubs in communities. Clinical posts are currently being recruited to, that will be working in the hubs. A working group is established to integrate and fully align the hubs with existing resources and provide start-up funding where needed. This will ensure that services are not duplicated and resources wasted.

The focus for year 3 (2023/2024) will be to develop pathways for support people with personality disorder. Work has started to look at a clear treatment pathway for personality disorder, agree how the service and model will look and what the clinical pathway will offer.

Additional priorities in year 3 will be to:

- i. Promote closer working between health and social care
- ii. A stronger role for the voluntary, community, social enterprise sector
- iii. Focus on collaboration between mental health, and drug and alcohol services.

## **b. Recovery & Rehabilitation**

The aim of the recovery and rehabilitation transformation is to continue to offer a hybrid of community and inpatient services, however, the emphasis will be on the community element of the pathway, with inpatient services offering a discrete and specialist service to only those patients whose needs cannot temporarily be met within the community.

There will be an enhanced level of community rehabilitation support, provided by the RDaSH assertive outreach team ensuring that more people receive the support they need to recover at home.

The transformation for recovery and rehabilitation aims to provide rehabilitation and recovery in the community, by providing people with enhanced wrap-around packages of support; and where the person needs rehabilitation in inpatient settings, such as high-dependency rehabilitation units, the care and support offer will be enhanced to meet their needs.

## **c. Inpatient therapeutic offer / capacity / patient flow & discharge**

A new patient flow team at RDaSH is supporting in the transformation of inpatient services with the vision to improve patient experience and recovery. Work has already started to improve processes and improve the experience of initial assessment and discharge. The transformation work will reduce length of stay, reduce the number of out of area placements and focus on acuity and purposeful inpatient admission. The Inpatient service will have closely linked pathways with all the transformation work-streams ensuring that

those who can receive support in the community following discharge are provided with the best care for them.

The inpatient therapeutic offer will:

- i. Improve patient experience and recovery through increased intervention and activity
- ii. Reduce length of stay by linking in with the community transformations work-streams
- iii. Connect with community health and social care assets, including housing
- iv. Improve bed flow / management with focus on acuity and purposeful inpatient admission
- v. Minimise inappropriate out of area placements

#### **d. Crisis Alternatives**

(See Impact, Thrive, Safe Space and Community Café set out above)

The Crisis Alternatives transformation seeks to improve the current services and create stronger pathways between NHS, Social Care and VCSE services. To achieve this vision a Crisis Alternatives alliance has been created, consisting of all Doncaster Crisis services. Regular Multi-disciplinary meetings will be held to ensure that the Doncaster population are receiving the right care for them, at the right place and time.

Pathways will be developed from the low-level prevention, self-referral services such as Crisis Cafés, through to the mid/high level crisis support such as Safe Space and onward to NHS services if a clinical or safety need presents. All pathways will be linked to specialised counselling services and there will be a no wrong door approach. Regardless of which service the patient enters first the MDT work together with the patient to ensure they receive the correct level of support and identify the service/s that are right for them. Crisis alternative services are led by the Voluntary Community and Social Enterprise (VCSE). They are commissioned to provide a crisis prevention and de-escalation service for people whose needs are escalating to crisis point, or who are experiencing a crisis, but do not necessarily have medical needs that require mental health secondary care services or A&E admission.

#### **91. Improving Mental Health Services for 0-25 year olds**

The NHS nationally is leading the drive to provide a comprehensive mental health service offer for 0-25 year olds, and where this isn't a possibility, transition from children and young people's services to adult services should be seamless. This work is to be undertaken over the next three to five years.

Any new services commissioned by Doncaster CCG for children and young people are expected to have pathways in place for 0-25 year olds, or (if appropriate) will be all-age services.

RDaSH have been tasked to develop proposals around improving transitions from child and adolescent mental health services (CAMHS) to adult mental health services, with the intention to implement the changes throughout



2022/23.

There is an intention to pilot voluntary community and social enterprise (VCSE) led community wellness drop-in sessions for 18-25 year olds. At present this model is dependent on what is agreed through the localities work, ensuring that there will be no duplication to services and that any additional funding given to VCSE organisations either close a gap or enhance the service offer.

More details surrounding mental health support for Children and Young people in Doncaster can be found in the “Doncaster Children and Young Peoples Mental Health and Wellbeing Strategy”<sup>12</sup>.

## **Approach to Achieve Change to Benefit Doncaster People**

### **92. Create the Change**

Engagement with members of the Doncaster community, mental health providers, public organisations and particularly those with lived experience is the driving force for change to mental health services in Doncaster.

93. Several engagement exercises with people with lived experiences have been undertaken over the last two years. A summary of the key outcomes can be found below:

- a. The need for services closer to home
- b. The need for more functional and personalised support in a community setting
- c. To be able to speak to someone who understands them and what they are going through (Peer Mentor Support)
- d. Help to navigate services, pathways, and systems
- e. The need for non-clinical, less restrictive environments
- f. The need for easy access at short notice/ a walk in service
- g. The need for a non-time-pressured environment
- h. The need to tailor services to communities
- i. A focus on hard-to-reach communities is needed, tackling inequalities, moving away from the traditional NHS clinical service models to ensure accessibility
- j. A focus on the BAME communities and those who have experienced sexual or domestic abuse is needed

94. The Mentally Well Alliance meets monthly and provides a forum for challenge around current mental health services and future commissioning intentions. It both provides an opportunity for health & social commissioners to share development thoughts / co-opt representation and take feedback from the membership about service delivery and improvement.

## **Co-Production – Mental Health Transformation**

95. The following account is provided by Glyn Butcher (Peer Ambassador and Director of The People Focused Group). Glyn’s reflections on his

---

<sup>12</sup> Team Doncaster (2022) Children and Young People Mental Health and Wellbeing Strategy [Doncaster Children and Young People’s Mental Health and Wellbeing Strategy \(moderngov.co.uk\)](#)

involvement in the transformation of adult mental health services in Doncaster provides a powerful message in relation to the importance of co-production when designing and shaping services, the impact it can have on individuals and communities and most importantly how being involved has felt for him.

## 96. Glyn's Reflections

'It may help if I firstly describe where I have come from to where I am now and what has made the difference in my journey.

97. I have been involved with mental health services from 11 years of age. I am now 50. For many years, I remained trapped in a vicious cycle. A circle of hospital admissions, drug addiction, poor mental health and loneliness. Over the past 7 years working with the council, partners and the People Focused Group, my life has changed dramatically and for the better. This is because I have been involved in my care. I was previously 'done to' and not with. I still have the same illness, the same symptoms. The difference is I now feel valued for who I am. I am seen as a person with strengths, qualities and abilities.

98. Something really special is happening in Doncaster... Working with people with lived experience (placing communities at the centre) of designing and improving mental health services, co-production is happening on many levels – the micro and the macro. Sharing power and equal partnerships are forming the basis of working together. There are many examples I can give from being appointed as the co-chair of the Making it Real Board, being invited to sit on interview panels for recruitment into key positions in RDASH and the Council to being asked to speak at conferences and training events to improve mental health awareness.

99. 'Co-production' is not one person's job, it is everyone's business; it is all of our responsibility. To me Co-production means putting people at the centre of their care. It's not just about talking it's about listening. It's about people – their hopes, dreams, that's what makes people feel valued. The new culture that has been developed in Doncaster across a range of organisations is that people are listened to, valued and invested in. When this happens, we bring together different perspectives. This enables people to think differently. Being involved in the transformation of mental health services has very much felt like 'equal partnerships' have been put at the heart of services. Everyone who has invested time in me have been part of my journey to today and I thank them for that.

100. If I had to give one take home message for the scrutiny panel it would be to ask them to recognise the change that is happening in Doncaster – the wonderful work that is happening in our communities, that sees the forming of relationships 'partnerships' to build positive change. I come back to Co-production being everyone's business. It not being an 'add on' and it is definitely not a 'tick box'. Some wonderful relationships have formed in Doncaster by investing in people with lived experience and it is by these relationships and this approach that we can really make the difference that matters to people'.

## Lived Experience

### 101. Safe Space

The following two accounts from individuals who have accessed 'Safe Space', are provided to illustrate the gravity of the positive impact such a community, peer led support services can have on mental well-being, hope and recovery:

102. *'I have been a part of safe space for a while now. I'm more comfortable than I thought I could be. It's better than any other support service I've been to because, here, they listen to me. After the hell that I have been through, the trauma and the abuse. It's easy for me to talk to them here, to be honest and tell them my truth. It's good that I am actually listened to, it's good that they want to hear. I'm so used to being shut down and turned away, that talking became a fear. So, I'm glad that I have Safe Space and I'm glad they found me because I feel like I wouldn't be here, if they weren't listening to me.'*
103. *'Safe Space in my honest opinion gives those like me hope. The staff have been where you are. The staff are beautiful passionate people. The mental health ambulance came out and actually listened and dedicated time towards me. They showed empathy. Rather than taking me to A&E I was taken to a less stressful place which in my opinion was really beneficial. Safe space brings a sense of safety and community and for people to be open and vulnerable. The staff have been brilliant in opening my horizons'.*

### 104. IAPT

105. The following two accounts are from individuals who have accessed the IAPT service to support them through historic traumas which lead to Post Traumatic Stress Disorder (PTSD).

106. *'At one point I felt suicide was my only way out, IAPT was the best thing I have ever done. It helped me to work through the trauma. It is great that I got help. Asking for help was really difficult but it was the first step to getting better. IAPT staff were absolutely brilliant. I thought they would judge me, but I never felt judged, everyone was so friendly and helpful'.*

### 107. myStrength Mental Wellbeing App

The following account is from an individual who has access support using the new mental wellbeing app commissioned by the ICS.

108. *'I'm not the type of person to talk about my feelings, especially to strangers. I have been isolated throughout the pandemic and it has made things difficult, I've been left alone with my thoughts for far too long. The mental health app allowed me to process my thoughts and understand how to use coping mechanisms and set realistic goals. I still have a long way to go, but I am much happier. I needed a tool to help me to support myself, I would have never gone to counselling so this was ideal for me. I would recommend it as a way to take control of your own mental wellbeing'.*

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
--	----------	--------------

	<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>Employment is a key factor in maintaining a person’s health and wellbeing. The interventions, resources and services described within this report, and others provided across Doncaster, aim to support people to maximise their opportunities to secure and maintain meaningful employment where this is possible.</p>
	<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>	<p>The community based approaches described in this report, contribute to the vision of Doncaster Living. From supporting people to move more, to securing accommodation that meets needs and preferences, the range of activity across Doncaster to support and improve mental health and wellbeing is central to mental health support and resources.</p>
	<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>The report has identified plans to address the mental health needs of those children and young people from 0 – 25 years over the next 3 – 5 years.</p> <p>Young people’s mental health has been a key focus over recent times, especially through the pandemic. A focus on young people’s mental health will have a positive impact on their learning and education, and future opportunities.</p>

	<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>The transformation of Adult Mental health services acknowledges the need for All age mental health services and resources.</p> <p>Early plans are emerging to achieve this aim by addressing the mental health needs of young people, and the need to align mental health services of older people with functional mental health needs (that is, non-organic mental health needs).</p>
	<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>	<p>The report has highlighted the wide range of activity, resources and approaches currently being delivered across the council, and with a wide range of partners. It has highlighted opportunities for closer collaboration between teams and partners, to meet the priorities and needs identified by residents, and people with lived experience.</p>

## RISKS AND ASSUMPTIONS

109. This report provides an overview of the current mental health and wellbeing needs of Adults across Doncaster, and the range of resources, approaches and services currently available to meet those needs. The report also provides an overview of the Mental Health Transformation Programme in place and led by NHS Colleagues at NHS Doncaster CCG and RDASH in partnership with a range of partners, including Doncaster Council.

110. The report does not make assumptions or risk assessments in relation to the above.

## LEGAL IMPLICATIONS [Officer Initials: MC Churchman Date: 28.06.2022]

111. Section 1 of the Care Act 2014 places a duty on local authorities to promote well-being when carrying out any of their care and support functions in respect of a person – the ‘well-being principle’. Well-being is a broad concept but includes:-

- physical and mental health and emotional wellbeing

112. Section 2 of the Care Act 2014 places a duty on local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—

(a) Contribute towards preventing or delaying the development by adults in its area of needs for care and support;

(b) Contribute towards preventing or delaying the development by carers in its area of needs for support;

(c) Reduce the needs for care and support of adults in its area;

(d) Reduce the needs for support of carers in its area.

113. The Prevention Concordat for Better Mental Health is a voluntary programme which provides a shared commitment of signatories to work together, through local and national action, to prevent mental health problems and promote good mental health. The Concordat includes a number of statements which signatories agree to.

#### **FINANCIAL IMPLICATIONS [Officer Initials: PW Date: 01.07.2022]**

114. As stated in the Recommendations section the purpose of this report is to provide an overview of support and services available to Doncaster people experiencing mental health problems. As such there are no actions proposed and no financial implications arising.

#### **HUMAN RESOURCES IMPLICATIONS [Officer Initials: SB Date: 01.07.2022]**

115. There are no apparent HR Implications as far as this particular report is concerned as it relates to an overview of Adult Mental Health and wellbeing across Doncaster along with the resources available and no identified changes to establishments with DMBC.

#### **TECHNOLOGY IMPLICATIONS [Officer Initials: NR Date: 28.06.2022]**

116. Any technology requirements to support the identified improvements would require further consultation with Digital & ICT. It should also be noted that the DIPs and NHS integrations must be considered as part of any wider NHS integration conversation.

#### **HEALTH IMPLICATIONS [Officer Initials: RL Date: 29.06.2022]**

117. Mental health and wellbeing is a crucial element of overall health and wellbeing of an individual. There has been progress in recent years in the reduction of stigma associated with talking about mental health and accessing support when required. This has contributed to an increased demand for mental health services that are accessible and evidence based to support recovery. This report describes the plans, aspirations, challenges and

progress made in meeting this need in Doncaster.

118. The importance of promoting and maintaining good mental health and wellbeing, and taking approaches that help people to maintain good mental health – through social connections, a sense of belonging and the physical environment they are in – is described in this report and should be considered to have the same level of priority as ensuring that mental health services are high quality.

## **EQUALITY IMPLICATIONS [Officer Initials: JK Date: 30.06.2022]**

119. Decision makers must consider the Council's duties under the Public Sector Equality Duty at s149 of the Equality Act 2010. The duty requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimization; and other conduct prohibited under the act. In addition, to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
120. This report provides an overview of the existing services and resources available currently across the borough. As such, there is no overarching equality impact statement to cover all the services, as each will be required to have Due Regard under the Equality Act 2010.

## **CONSULTATION**

121. Doncaster Council and its partners undertake continuing consultation in relation to the development of the services set out above. The Appreciative Inquiry for the Locality Plans development, and PFG led 'Create the Change' for the Mental Health Transformation programme are the two key vehicles for engagement and consultation.

## **BACKGROUND PAPERS**

122. None

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

NHS LTP – NHS Long Term Plan  
The World Health Organisation (WHO)  
The South Yorkshire Integrated Care System (ICS)  
Voluntary Community and Social Enterprise (VCSE)  
child and adolescent mental health services (CAMHS)  
People Focussed Group (PFG).  
Doncaster, Rotherham and South Humber (RDASH)  
Multidisciplinary teams (MDT)  
Single Point of Access (SPA)  
Community Mental Health Teams (CMHT's)  
Doncaster Rape and Sexual Abuse Counselling Service (DRASACS)  
Independent Sexual Violence Advocacy (ISVA)  
Improving Access to Psychological Therapies (IAPT)

Joint Strategic Needs Assessment (JSNA)

PANSI - Prediction of people aged 18 – 64 with mental health problems in Doncaster.

POPPI- Prediction of people aged 65 and over to have depression in Doncaster

## **REPORT AUTHOR & CONTRIBUTORS**

Annika Leyland-Bolton, Head of Future Options, Adult Social Care – Doncaster Metropolitan Borough Council.

Glyn Butcher, Peer Ambassador, Director - People Focused Group.

Rachael Leslie, Deputy Director of Public Health – Public Health, Strategic Commissioning and Leisure, Doncaster Metropolitan Borough Council.

Julia King, Strategic Commissioning Manager – Public Health, Strategic Commissioning and Leisure, Doncaster Metropolitan Borough Council.

Kayleigh Harper, Head of Strategy & Delivery, Adult Mental Health, National Health Service, NHS Doncaster CCG.

Tracy Ord, Clinical Lead Mental Health Transformation, Rotherham, Doncaster & South Humber Foundation Trust (RDASH).

**Phil Holmes, Director Adults Health & Well-Being**



Please note dates of meetings/rooms/support may change

**OVERVIEW & SCRUTINY WORK PLAN 2022/23**

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
April			<b>Tues, 26<sup>th</sup> April 2022, 9am MS Teams (CR)</b>		
			<ul style="list-style-type: none"> <li>Children’s Social Care Front Door Referrals (Meeting with Headteachers)</li> </ul>		
May	<b>Thurs 12<sup>th</sup> May 2022, 10am MS Teams (CR)</b>	<b>Tues, 10<sup>th</sup> May 2022, 2pm MS Teams (Joint with CYP O&amp;S) (CM)</b>	<b>Tues, 10<sup>th</sup> May 2022, 2pm MS Teams (Joint with H&amp;ASC O&amp;S) (CM)</b>		
	<ul style="list-style-type: none"> <li>Commissioning (meeting with service providers)</li> </ul>	<ul style="list-style-type: none"> <li>Children’s Mental Health Strategy</li> <li>Speech Therapist</li> <li>Health Visiting</li> </ul>	<ul style="list-style-type: none"> <li>Children’s Mental Health Strategy</li> <li>Speech Therapist</li> <li>Health Visiting</li> </ul>		
	<b>Mon 30<sup>th</sup> May 2022, 2pm MS Teams Briefing Session (CR)</b>		<b>Monday 23<sup>rd</sup> May at 1pm MS Teams (CM)</b>		
	<ul style="list-style-type: none"> <li>Poverty Position Statement</li> </ul>		<ul style="list-style-type: none"> <li>DCST and Inspection update</li> </ul>		
	<b>Mon 30<sup>th</sup> May 2022, 3pm MS Teams (CR/CM)</b>	<b>Mon 6<sup>th</sup> June 2022, 2pm MS Teams (CR/CM)</b>	<b>Tues, 14<sup>th</sup> June 2022, 10am MS Teams (CR/CM)</b>	<b>Wed, 15<sup>th</sup> June 2022, 10am MS Teams (CR/CM)</b>	<b>Thur, 16<sup>th</sup> June 2022, 4pm MS Teams (CR/CM)</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>	<ul style="list-style-type: none"> <li>Work Planning Meeting</li> </ul>
June	<b>Thurs, 9<sup>th</sup> June 2022, 2pm Council Chamber (CM)</b>		<b>Mon, 27<sup>th</sup> June 2022, 4.30pm Council Chamber (CM)</b>		
	<ul style="list-style-type: none"> <li>Youth Justice Plan (c)</li> </ul>		<ul style="list-style-type: none"> <li>Home to School Travel Assistance Policy 2022-2027(c)</li> </ul>		
	<b>Thur 23<sup>rd</sup> June 2022, 10am Council Chamber (CM/SM)</b>				
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 4 21/22 (c)</li> </ul>				

FP – Forward Plan Decision  
CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	<ul style="list-style-type: none"> <li>○ DMBC</li> <li>○ SLHD</li> <li>● Scrutiny Work Plan</li> </ul>				
July	<b>Thur 7<sup>th</sup> July 2022, 9 am Council Chamber (CR), Members Briefing</b>				<b>Fri 15<sup>th</sup> July 2022, 10am MS Teams</b>
	● DDT Investment Plan (c)				● Biodiversity Net Gain - Biodiversity Offsetting (c)
	<b>Thur 7<sup>th</sup> July 2022, 10am Council Chamber (CR)</b>	<b>Mon 18<sup>th</sup> July 2022 at 1pm Council Chamber (CM/CR)</b>	<b>Thur 21<sup>st</sup> July 2022, 4:30pm TBC</b>		<b>Thur 28<sup>th</sup> July 2022, 2pm Council Chamber (CM/?)</b>
	● DCST Performance Quarter 4 (c)	● Adult Mental Health overview (c)	● Education White Paper TBC (c)		● Community Assets/Community Assets Transfer
	<b>Thur 7<sup>th</sup> July 2022, 11am Council Chamber (CR) Members Briefing</b>				
	● Commissioning – Aspire/SY Police/ Conclusion (c)				
Aug	<b>Thur 18<sup>th</sup> August 2022 10am MS Teams (CR/?)</b>				
	● Culture Strategy (c)				
Sept	<b>Thur 8<sup>th</sup> Sept 2022, 10am Council Chamber</b>	<b>Thur 29<sup>th</sup> Sept 2022, 10am Council Chamber (CM)</b>	<b>Thur 15<sup>th</sup> Sept 2022, 4:30pm Council Chamber</b>		
	<ul style="list-style-type: none"> <li>● Qtrly Finance &amp; Performance Report – Qtr 1 22/23</li> <li>● DMBC</li> <li>● SLHD</li> <li>● DCST</li> <li>● Compliments and Complaints</li> </ul>	<ul style="list-style-type: none"> <li>● JSNA (Joint Strategic Needs Assessment) and plans to address health inequalities</li> <li>● Primary Care Update/ Adult Social Care/Access to primary care (CQC)</li> <li>● Carers Strategy Update Action Plan (TBC)</li> </ul>	<ul style="list-style-type: none"> <li>● Elective Home Education / Children Missing Education and Alternative Provision</li> <li>● Post Covid - Impact on Children to include Children's Mental Health (Strategy Update)/0-3 Year Olds</li> </ul>		
Oct	<b>Thur 13<sup>th</sup> Oct 2022, 10am Council Chamber</b>			<b>Thur 20<sup>th</sup> Oct 2022, 10am MS Teams</b>	<b>Early Oct 2022 Council Chamber</b>

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

				<ul style="list-style-type: none"> <li>Housing Allocations Review 2022/2023 Update</li> </ul>	Mid-Year Meeting as CDC to include; <ul style="list-style-type: none"> <li>domestic abuse update</li> <li>Safety for women and girls in Doncaster</li> <li>Community Safety Strategy update</li> </ul>
Nov	<b>Thur 3rd Nov 2022, 10am Council Chamber</b>	<b>Thur 24th Nov 2022, 10am Council Chamber</b>	<b>Date TBC Informal Briefing session</b>	<b>Wednesday 23rd Nov 2022, 11am Council Chamber</b>	
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Update from D&amp;BHT</li> <li>Winter Planning</li> <li>ICS Update</li> </ul>	<ul style="list-style-type: none"> <li>Social Care Front Door referrals – school experience update</li> </ul>	<ul style="list-style-type: none"> <li>Housing Allocations Policy Review 2022/23 (TBC)</li> </ul>	
Dec	<b>Thur 1st Dec 2022, 10am Council Chamber</b>		<b>Thur 8th Dec 2022, 4:30pm Council Chamber</b>		
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 2 22/23                             <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>School Education Results – December 2022</li> <li>Looked After Children (LAC)/NEET – needs further discussion</li> </ul>		
Jan	<b>Thur 26th January 2023, 10am Council Chamber</b>				
	<ul style="list-style-type: none"> <li>Budget</li> </ul>				
Feb	<b>Thur 9th Feb 2023, 10am Council Chamber</b>	<b>Thur 2nd February 2023, 10am Council Chamber</b>			<b>Thur 16th Feb 2023, 10am Council Chamber</b>
	<ul style="list-style-type: none"> <li>Budget</li> </ul>	<ul style="list-style-type: none"> <li>Links with Social Care and Housing.</li> <li>Local Account ASC perspective (for 2024)</li> </ul>			Crime and Disorder Committee - Safer Doncaster Partnership Priorities.
	<b>Thur 23rd Feb 2023, 10am Council Chamber</b>				

Please note dates of meetings/rooms/support may change

	•				
March	<b>Thur 30<sup>th</sup> March 2023, 10am Council Chamber</b>	<b>Thur 23<sup>rd</sup> March 2023, 10am Council Chamber</b>	<b>Thur 16<sup>th</sup> March 2023, 4:30pm Council Chamber</b>	<b>Thur 9<sup>th</sup> March 2023, 10am Council Chamber</b>	
	<ul style="list-style-type: none"> <li>Qtrly Finance &amp; Performance Report – Qtr 3 22/23                             <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>Public Health Protection Update (including long covid).</li> <li>CQC Access to Primary Care (including GP Services)</li> </ul>	SEND; <ul style="list-style-type: none"> <li>SEND Strategy Update/The Special Educational Needs and Disabilities Green Paper Update</li> </ul>	<ul style="list-style-type: none"> <li>Local Plan – update including delivery of key housing projects and connectivity</li> </ul>	
Apr			<b>April 2023 (TBC)</b>		
			<ul style="list-style-type: none"> <li>Youth Council Priorities (and for information Children and Young Peoples Plan).</li> <li>Youth Offer</li> </ul>		
May					

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

Poverty Position Statement – 2022/23 – updates TBA	Joint Regional Health (JHOSC) – as required Chair only to attend	SEND – meeting with families and SENCO group - ASAP	S106 – How do they support delivery of Council’s aspirations, Service Charges, affordable housing	As C&DC - Members Briefings (MS Teams meetings in between formal meetings) to include; <ul style="list-style-type: none"> <li>off-road motorbikes</li> <li>links to gang culture</li> </ul>
Corporate Plan	Speech and Language – Update – briefing TBC	Early Help Strategy/Annual Report/My Life Doncaster – Members Briefing and Annual Report for circulation	Possible planning reform legislation - timing tbc	Environmental – items to be considered individually;

Please note dates of meetings/rooms/support may change

	Borough Strategy (DDT)	Healthwatch Review (Access to Services) Members Briefing TBC – prior to September formal meeting.	Transfer of Doncaster Children's Services Trust to the Council – Updates	Major schemes; <ul style="list-style-type: none"> <li>• Update town deal</li> <li>• Levelling Up Fund (LUF) and LUF 2</li> <li>• Emerging projects (city gateway, Waterfront and Unity)</li> </ul>	<ul style="list-style-type: none"> <li>○ Environmental &amp; Sustainability Strategy Action Plan 22/23 Update</li> <li>○ Recycling and Collection of Fly-tipping – what has been successful in other areas</li> <li>○ Flooding/winter planning (including invite to Environment Agency and Yorkshire Water and information from residents on response) – Autumn 2022</li> </ul>
	Budget	Ambulance Times (need further discussion)	Youth Council – Member's briefing TBC	<ul style="list-style-type: none"> <li>• Airport regeneration sites – invitation to Peel to provide overview of proposals</li> </ul>	
	Localities (Autumn 2022 – formal meeting)	Integration White Paper - briefings through the year TBC.		Employment <ul style="list-style-type: none"> <li>• Support into employment including the provision and effectiveness of programs that help people with various barriers</li> </ul>	
	Local Plan			Housing <ul style="list-style-type: none"> <li>• Improving Council housing stock;</li> <li>• How St Leger Homes ensure VFM and work standards on improvement programmes; and</li> <li>• Housing stock condition survey – private sector</li> </ul>	
	Fairness and Wellbeing Commission				

Please note dates of meetings/rooms/support may change

**BRIEFING NOTES/FOR CIRCULATION**

		Get Doncaster Moving (requested)	Not in Education or Employment (NEET) update - briefing paper (then to meeting as an agenda item tbc).		
		Health and Wellbeing Board Annual Report (going to Council July 2022) Annual Report (going to Council July 2022)	Doncaster Children's Safeguarding Partnership Annual Report		
		RDASH Annual Quality Report (circulated by email/returned June 2022)	Early Help/ Children and Young People Plan Annual Report - prior to consideration by the Panel		
		Adult Safeguarding Report 2022 (date TBC) circulated			

**DONCASTER METROPOLITAN BOROUGH COUNCIL**  
**FORWARD PLAN FOR THE PERIOD 1ST AUGUST 2022 TO 30 NOVEMBER 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: 1st July 2022 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, 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, Yetunde Elebuibon, 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 Aug 2022	To approve the receipt of funding from the Office of Health Improvement and Disparities for Individual Placement Support (IPS), target at those affected by substance misuse in Doncaster.	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure, Culture and Planning	Portfolio holder for Public Health, Leisure, Culture and Planning	Jane Mundin, Public Health Improvement Co-ordinator Jane.mundin@doncaster.gov.uk		Open
10 Aug 2022	To accept funding to build a new GP hub on the site of Bentley library following demolition of the existing library building, And to accept funding to build a new GP hub in Rossington	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure, Culture and Planning, Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement	Cabinet	Gillian Fairbrother, Assets Manager, Assets & Property Gillian.Fairbrother@doncaster.gov.uk		Open

10 Aug 2022	To approve the creation and implementation of a new Dynamic Purchasing System (DPS) Contract, permit the award routes from the DPS Contract during its term and approve the use of the transport budget to meet costs incurred under this contract.	Councillor Lani-Mae Ball, Portfolio Holder for Education, Skills and Young People	Cabinet	Anita Linsdell Anita.Linsdell@doncaster.gov.uk		Open
10 Aug 2022	To accept the £430k grant funding from Sustrans to allow the Council to enter into a funding agreement to deliver the Trans Pennine Trail improvements between Mill Lane, Harlington and Pastures Road, Mexborough.	Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement	Cabinet	Kerry Perruzza, Senior Transport PLanner Kerry.Perruzza@doncaster.gov.uk		Open
10 Aug 2022	<i>To procure and award a contract for the provision of Doncaster's Household Waste Recycling Centres (HWRCs) and to approve the leases for the 6 sites to the successful provider.</i>	<i>Councillor Mark Houlbrook, Portfolio Holder for Sustainability and Waste</i>	<i>Cabinet</i>	<i>Lee Garrett, Head of Service - Waste and Highways Infrastructure lee.garrett@doncaster.gov.uk, Lee Richardson, Waste and Recycling Manager lee.richardson@doncaster.gov.uk</i>		<i>Open</i>
10 Aug 2022	Biodiversity Net Gain - Biodiversity Offsetting Contributions.	Councillor Nigel Ball, Portfolio Holder for Public Health,	Cabinet	Jonathan Clarke Jonathan.Clarke1@doncaster.gov.uk		Open

		Leisure, Culture and Planning, Mark Houlbrook				
10 Aug 2022	To accept Sport England capital funding of £950k	Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Andy Maddox, Business Development Manager andy.maddox@doncaster.gov.uk		Open
7 Sep 2022	To accept funding from Department for Transport to deliver an Active Travel Social Prescribing pilot in Doncaster.	Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement, Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure, Culture and Planning	Cabinet	Caroline Temperton, Public Health Improvement Co-ordinator caroline.temperton@doncaster.gov.uk, Kerry Perruzza, Senior Transport PLanner Kerry.Perruzza@doncaster.gov.uk, Jodie Bridger, LDP Programme Manager, Leisure Services, Public Health Tel: 01302 736631 Jodie.Bridger@doncaster.gov.uk		Open

This page is intentionally left blank