



# Doncaster Council

## Agenda

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To all Members of the

## HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

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

**Date:** Thursday, 24th November, 2022

**Time:** 9:45am

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**Damian Allen**  
Chief Executive

Issued on: Wednesday 16<sup>th</sup> November 2022

**Governance Services Officer for this meeting**

Caroline Martin  
01302 734941

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

## **Items for discussion:**

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 29th September 2022 (*Pages 1 - 10*)

5. Public Statements

*[A period not exceeding 20 minutes for Statements from up to 5 members of the public on matters within the Panel's remit, proposing action(s) which may be considered or contribute towards the future development of the Panel's work programme].*

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

6. Update from Doncaster and Bassetlaw Teaching Hospitals (*Pages 11 - 38*)
7. Health and Social Care: Winter Planning in Partnership (*Pages 39 - 46*)
8. Integrated Care System Update (ICS) (*Pages 47 - 60*)
9. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions (*Pages 61 - 74*)

## **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

THURSDAY, 29TH SEPTEMBER, 2022

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the , DONCASTER on THURSDAY, 29TH SEPTEMBER, 2022 at 10.00 AM.

#### PRESENT:

Councillors Martin Greenhalgh, Sue Knowles, Jake Kearsley, Glynis Smith and Linda Curran.

#### ALSO IN ATTENDANCE:

- Phil Holmes, Director Adults Health and Well-being.
- Geoffrey Johnson- (Former Carer & Co Chair of Carers Strategic Oversight Group).
- Glyn Butcher - People Focus Group (PFG)/Safe Space
- Campbell McNeil (NHSE - Leadership Support Manager/Commitment to Carers- North East and Yorkshire Region).
- Hayley Naish (Project Support Officer Strategy and Delivery).
- Cath Magee - Regional Head of Operations- Making Space/Doncaster Carers Wellbeing Service.
- Anthony Fitzgerald, Executive Place Director – Doncaster – NHS South Yorkshire Integrated Care Board
- Dr Nabeel Alsindi, Place Medical Director

		<u>ACTION</u>
7	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Laura Bluff and Sean Gibbons.	
8	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made.	
9	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 18TH JULY 2022.</u>	
	RESOLVED: That the minutes of the meetings held on the 18 <sup>th</sup> July 2022 be agreed as a correct record and signed by the Chair.	

10	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
11	<u>CARER'S STRATEGY AND ACTION PLAN UPDATE</u>	
	<p>The meeting was attended by both people with lived experience and partner representatives. Those in attendance provided statements and an overview of the completed actions and next steps to be delivered across the partnership as part of the Carers' Strategy 2022-25 and Carers' Action Plan 2022-23.</p> <p>Geoffrey Johnson, a Former Carer and Co-Chair of the Carers Strategic Oversight Group provided an overview of his experience as a carer and involvement with the Carers Strategic Oversight Group. He informed the Panel of his support for the Doncaster All Age Carers Strategy 2022-2025 and the Carers Action Plan for 2022-23, which was approved by Cabinet on the 11th May 2022. The Panel also received from partners an update of the Carers Strategic Oversight Group and examples of Good Practice that have taken place.</p> <p>Members heard that all partners had now received the Doncaster All Age Carers Strategy 2022-2025 and the Carers Action Plan 2022-23, with measurable outcomes being discussed to be taken away and updated annually. Reference was made to the lack of attendance from some partners at Group meetings and a wish that they provided representation that would help send a message that Carers were valued. It was noted that carers have concerns of both carer recognition and discharge in hospitals</p> <p>It was continued that the Carers Action Group have co-produced along with the Communications Team, a Carers flyer, which would require further funding to be broadened to other languages.</p> <p>Finally, Mr Johnson passed his congratulations and thanks to Tommy Shaw, leaving Chair of the Young Carers Council, for supporting young carers in the Borough. He expressed his wish that such Carers who have stood down, should receive a letter of thanks after the contribution and time they have given to Doncaster Council.</p> <p>Glyn Butler, voice of a carer (and People Focus Group (PFG)/Safe Space), vocalised his experience of caring and its impact on mental health.</p> <p>The Director for Health and Wellbeing, then provided a presentation updating the Panel on the following areas</p> <ul style="list-style-type: none"> <li>• What Carer's Contribute.</li> </ul>	

- Doncaster’s All Age Carers Strategy 2022 - 2025
- Doncaster Carer’s Group Governance Structure
- Doncaster Carer’s Strategy and Action Plan
- Progress So Far
- Doncaster Carers Action Group
- Next Steps

Further insights were provided by Campbell McNeil (Commitment to Carers Programme/NHS England), and Cath Magee (Making Space/Doncaster Carers Wellbeing Service), who provided overviews of what was currently taking place and what was available for carers.

The Director of Health and Wellbeing stated how there had been tangible developments although it was felt that larger organisations needed to scale up their involvement.

The Panel continued to address the following areas:

**Locality Working** – Concern was raised that there was still a disconnect between carers in the communities and what was taking place within localities. It was asked, what was available in terms of training and signposting to key organisations such as Making Space and Doncaster Carers Wellbeing Service

Cath MacGee spoke about how there was an aspiration to make locality areas more carer friendly and spoke about the training and learning opportunities available. It was recognised that there was still a lot to learn within localities to understand and be able to support carers effectively. An outline was provided about what communication and publicity had taken place to update and assist those out in communities.

Glyn Butler explained how there was an important message for carers in what was being made available. He spoke about the importance of training, opportunities arising from funding, people going into community groups, the power of the connection of organisations coming together and staff frontline being equipped. On a final note, Glyn stressed how carers were everyone’s business.

**Carers and Hospitals** – Reference was made to the feedback received from carers, when the person they were caring for was being treated for in the hospital. Concern was raised that the action, that “Health services will align policies and practice to ensure that carers are recognised at every conversation from admission, within wards to hospital discharge”, was not being addressed until 2023. Members sought clarification on what was currently taking place, particularly in view of the additional challenges that winter could bring. It was explained that this was about how the hospital could become more carer friendly and across the board, being clearer about what has been

	<p>done and what is being done.</p> <p>Members were assured that work would be taking place, although it was shared that at present it was not known what those actions were or who was leading on them. Members were reminded that two reports was coming to the Panel in November 2022 on Doncaster and Bassetlaw hospitals and Winter Planning. It was suggested that this opportunity could be used to look at how carers could be better supported this winter</p> <p>Gyn Butcher spoke about the different approaches that each organisation might take, from a GP, hospital, Council and communities perspective and how they value home carers and engage them in order to make services more carer friendly. Reference was made to John's Campaign for the right to stay with people with dementia (and for the right of people with dementia to be supported by their family carers).</p> <p><b>Information and Communication</b> – In terms of how the strategy was reaching out to carers more widely, it was felt that Easy Read documents had proved a useful tool in making strategies more understandable and accessible. A Member of the Panel commented that if more things were made mandatory, it would be simpler and make jobs more easier. Reference was made to the use of availability of hospital passports in helping carers.</p> <p>The Director of Health and Wellbeing supported comments made around the importance of Easy Read. Reference was made to the set of actions in place around communications and that it was considered important that these actions were properly resourced and connected. In addition, it was felt that communication activities should continue in line with the nature of caring, and not just take place once.</p> <p>The Chair commented that they were pleased to hear about the Primary Care Carers Package and would welcome an invite to the online launch event.</p> <p>RESOLVED that the Panel;</p> <ul style="list-style-type: none"> <li>i. Note and support the information provided by Carers and partners contained as part of the presentation content and delivery; and</li> <li>ii. Requested an update on the Carers' Strategy 2022-25 and Carers' Action Plan 2022-23 in approximately 12 months' time, as part of the Panel's workplan for 2023-2024.</li> </ul>	
12	<u>ACCESS TO PRIMARY CARE UPDATE</u>	
	The Panel was asked to give consideration to a presentation, which covered;	

- Findings of the latest GP Patient Survey;
- Current access to primary care across Doncaster;
- National, South Yorkshire and Local approaches to improvement; and
- Primary Care Estate development across Doncaster.

The Panel discussed the following areas:

**GP Survey** – Clarification was sought around information provided on the presentation showing results from the GP Survey. This related to green bars indicating experiences of Primary Care Networks to be lower than that of national and Integrated Care System levels. It was explained that there were a number of questions asked within the survey that formed part of a particular theme. Members heard how this was about tailoring the offer back as part of the support for quality, telephony, capacity and demand where it can be sought from other practices, tailoring to that particular Primary Care Network. It was acknowledged that this might be different in the south to what it was in the north.

It was explained that there could be 7/8 practices in a Primary Care Network. Members were informed that the survey had not brought up any areas that they were not already aware of. It was recognised that what was important was what was being done going forward.

It was added that many areas undertaken nationally, were still split on list size or numbers. It was explained that this had not yet moved towards a more needs based approach and it was felt that this was perhaps the national direction, from an inequalities point of view.

In relation to the Inverse Care Law, it was explained that when a practice was struggling, it could become a difficult place to work and therefore attracting new people became more challenging. Members heard that although this was the reason behind the new roles, there was a need to make those struggling practices (particularly those linked to areas of deprivation) a good place to work with the hope that people will remain.

A question was asked about the origin of the qualitative data. It was explained that the consultation around Enhanced Access was undertaken with the GP Federation working with HealthWatch. It was added that Primary Care Doncaster and North Primary Care Network, had also undertaken some initial engagement on what the local population wanted. It was continued that from a broader point of view around how they work with practices, a triangulation of evidence was brought together that included; the data, qualitative information and what the practices were providing. Finally, it was explained that work had been carried out to share intelligence from good practices to be used to support those practices that were struggling.

Glyn Butcher thanked Primary Care for what they do and explained his observations from the work that he had undertaken with communities and SafeSpace. It was felt that people often attended their GPs due to habits and intergenerational patterns and that the key to addressing demand included promotion and re-educating people to consider alternative routes and to change mind-sets. It was also noted that there was potential in what could be achieved within communities to provide alternative ways. Finally, Glyn spoke about the success of the mental health alliance, SafeSpace, Openminds and Mind and believed that a different approach was required with GPs and Primary Care.

The Director of Health and Wellbeing spoke about the Fuller review (by Dr Clare Fuller commissioned by NHS England to assess how newly formed Integrated Care Systems and primary care could work together to improve care for patients.), and that all Integrated Care Board leads (including South Yorkshire) had publicly co-signed a letter supporting the 15 recommendations made (8 of which were for the Integrated Care Boards).

Reference was made to a recommendation, which was to 'Enable all Primary Care Networks to evolve into integrated neighbourhood teams'. This was about thinking creatively with neighbourhood teams being a group of people that will listen to and understand the needs of local people. It was added that this was behind efforts being made by the Primary Care Network to bring Integrated Care more closely with the locality agenda. A second recommendation was highlighted to 'work alongside local people and communities and the planning and implementation process and ensure plans were appropriately tailored towards local needs taking into account demographic and cultural factors'. It was considered positive that we have an Integrated Care Board that was signed up to these recommendations and recognised these as clear issues that were in line with what the Panel would like to see happen.

The Chair welcomed an opportunity for local councillors or community members to a look at creative ways of integrating neighbourhood teams. The Executive Place Director also recognised the value of spending time with GP Practices.

**Role of Nurse Practitioners** – Concern was raised about the recent practice of including Nurse Practitioners within the GP:Patient ratio. It was questioned whether Nurse Practitioners taking a more central role, was being recognised and rewarded appropriately for their additional responsibilities and role within the practice. In terms of nurse roles, it was explained that nurse roles in general practice weren't typically 'Agenda for Change' and it was down to each practice, as an individual business, as to how much they paid, reflecting the achievement of a diploma to become an Advanced Nurse, level of expertise and autonomy that went with this role.



	<p><b>Impact of New Housing Developments</b> - Concern was raised around the impact of new housing developments on local GP Practices and how those practices would be able to meet increasing demands when they were already very busy.</p> <p>The Executive Place Director discussed the work taking place across the Borough that included Rossington, Bentley and Thorne. Members informed that there was an Estates Strategy in place for where such builds were being made. It was outlined that GP practices were paid by numbers on their lists and with increasing numbers, there should be the investment into their workforce to meet demand. It was noted that there continued to be ongoing challenges around recruiting individuals into such posts.</p> <p><b>Telecommunication Systems in GP Surgeries</b> – The Executive Place Director explained that they were waiting for the national response due to the complexities involved and were trying to take a Primary Care Network and practice-by-practice approach. It was noted that less than a third of practices had cloud-based solutions at their practices but that more were being included in this, as time progressed. It was commented that this was not the only solution and that one size did not fit all, for example, work was being undertaken on the digital triage of patients at Conisborough.</p> <p>It was added that the telephone system would continue to play a significant part for the foreseeable future.</p> <p>A Member of the Panel spoke about a local merger of practices and sought clarification on the process and consultation that would have taken place.</p> <p>A Member of the Panel raised concerns around the impact arising from cross county developments concerns in terms of increased demand. The Executive Place Director noted the benefits of a South Yorkshire Integrated Care Board, which would have sight of such things.</p> <p>RESOLVED that the Panel note and comment on the information provided by the NHS South Yorkshire Integrated Care Board around Access to Primary Care update.</p>	
13	<p><u>UPDATE ON DONCASTER JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</u></p>	
	<p>The Panel received a presentation showcasing the work undertaken to date on the 2022 JSNA, the forward plan and the enabling infrastructure. This included:</p> <ul style="list-style-type: none"> <li>• Doncaster’s 2022 JSNA and Reports</li> </ul>	

- 2021 Census
- JSNA Outcomes framework
- Mortality Analysis
- Forward Plan
- Next Steps

It was reported that the JSNA provided an intelligence overview of health and wellbeing in the borough and should be used for strategic commissioning purposes to understand the needs and assets in communities as well as health and wellbeing outcomes. Members were informed that the Health and Well Being Board (HWBB) agreed a revised JSNA policy in June 2021 as a continuous process of investigations and outcomes monitoring rather than a static annual document.

There was a discussion and the following was raised;

**Future Challenges and Health Problems** – Concern was raised around the cost of living crisis that could create more health issues against the already present challenges around deprivation across the Borough. It was noted that food banks were now asking for food items that needed warming up rather than ingredients to be cooked. It was added that because dental health was so poor in deprived areas, softer and liquid type foods were easier to eat to digest.

Officers agreed that although the data was important, it was about understanding the drivers, for example, women’s healthy life expectancy, and which headlines were important to target and monitor effectively. It was viewed essential that this information helps feed into the wider policy work and places that need it most. It was explained that it was also about understanding multiple deprivation and intersectionality between different policy drivers and how that reflects in the data, for example, the team was currently working within the next phase of Stronger Families, which was a significant piece of data driven work involving 35 data sets.

In respect of current concerns, it was explained that a response cell (similar to that created during the pandemic) could be established to monitor social and economic impacts (over the winter). This would help consider issues such as unemployment trends, business bankruptcy, empty shops, footfall in town and economic centres as well as health problems seen by Accident and Emergency departments. It was explained that it was particularly important what was taking place going forward.

The Chair thanked officers for providing this information and commented on how valuable it was for the Panel in identifying future issue to be addressed through the workplan.

RESOLVED that the Panel note the findings of the JSNA to date and

	the forward plan.	
14	<u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u>	
	<p>The Senior Governance Officer presented the Scrutiny Work Plan that had recently been agreed by the Overview and Scrutiny Management Committee and the Council's Forward Plan of Key Decisions.</p> <p>RESOLVED: That the update be noted.</p>	

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## Doncaster Council

### Report

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Date: 24th November 2022

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

Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Relevant Cabinet Member(s)	Wards Affected	Key Decision?
Councillor Rachael Blake - Portfolio Holder for Adult Social Care and Chair of Health and Wellbeing Board	All	None

### EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided at Appendix A and discussion with Richard Parker, the Chief Executive, DBTH NSH Foundation Trust on the following areas:

- Accident and Emergency waiting times & ambulance handover;
- Transfer of Care (discharge plans);
- Operational performance and activity;
- Winter plans;
- Staffing health and wellbeing; and
- Estates and infrastructure.

### EXEMPT REPORT

2. The report is not exempt.

## RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by Richard Parker, the Chief Executive, DBTH NSH Foundation Trust

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

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

## BACKGROUND

5. Doncaster Bassetlaw Teaching Hospitals was identified as a key partner that the Panel wished to invite to a meeting as part of its 2022/23 Scrutiny workplan and this report provides an opportunity as part of an annual update on identified areas (as outlined in paragraph 1 of this report).

## OPTIONS CONSIDERED



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







## REASONS FOR RECOMMENDED OPTION

7. There is no recommended option.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

8. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough. The Panel will receive information on a range of issues detailed at paragraph 1. There will be an opportunity for Members to consider the information received and impacts on our key priorities at the meeting. It is expected there could potentially be a mix of positive and negatives, this is reflected in the table below.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change				✓
 Developing the skills to thrive in life and in work				✓

 <b>Making Doncaster the best place to do business and create good jobs</b>				✓
 <b>Building opportunities for healthier, happier and longer lives for all</b>				✓
 <b>Creating safer, stronger, greener and cleaner communities where everyone belongs</b>				✓
 <b>Nurturing a child and family-friendly borough</b>				✓
 <b>Building Transport and digital connections fit for the future</b>				✓
 <b>Promoting the borough and its cultural, sporting, and heritage opportunities</b>				✓
<b>Fair &amp; Inclusive</b>				✓

### Legal Implications

9. No Legal Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

### Financial Implications

10. No Financial Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

### Human Resources Implications

11. No Human Resource Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

### Technology Implications

12. No Technology Implications have been sought for this report. Further specific

advice can be provided in relation to any issues raised by the Committee.

## **RISKS AND ASSUMPTIONS**

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

## **CONSULTATION**

14. No consultation was required for the report.

## **BACKGROUND PAPERS**

None

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

DBTH – Doncaster Bassetlaw Teaching Hospital

DRI – Doncaster Royal Infirmary

EOC – Elective Orthopaedic Centre

CDC – Community Diagnostic Centre

ICB – South Yorkshire Integrated Care Board

GP – General Practitioner

## **REPORT AUTHOR & CONTRIBUTORS**

Richard Parker, the Chief Executive, DBTH NSH Foundation

Christine Rothwell

 01302 735682  [christine.rothwell@doncaster.gov.uk](mailto:christine.rothwell@doncaster.gov.uk)

**Phil Holmes**  
**Director Adults Health and Well-being**

**Rupert Suckling**  
**Director Public Health**

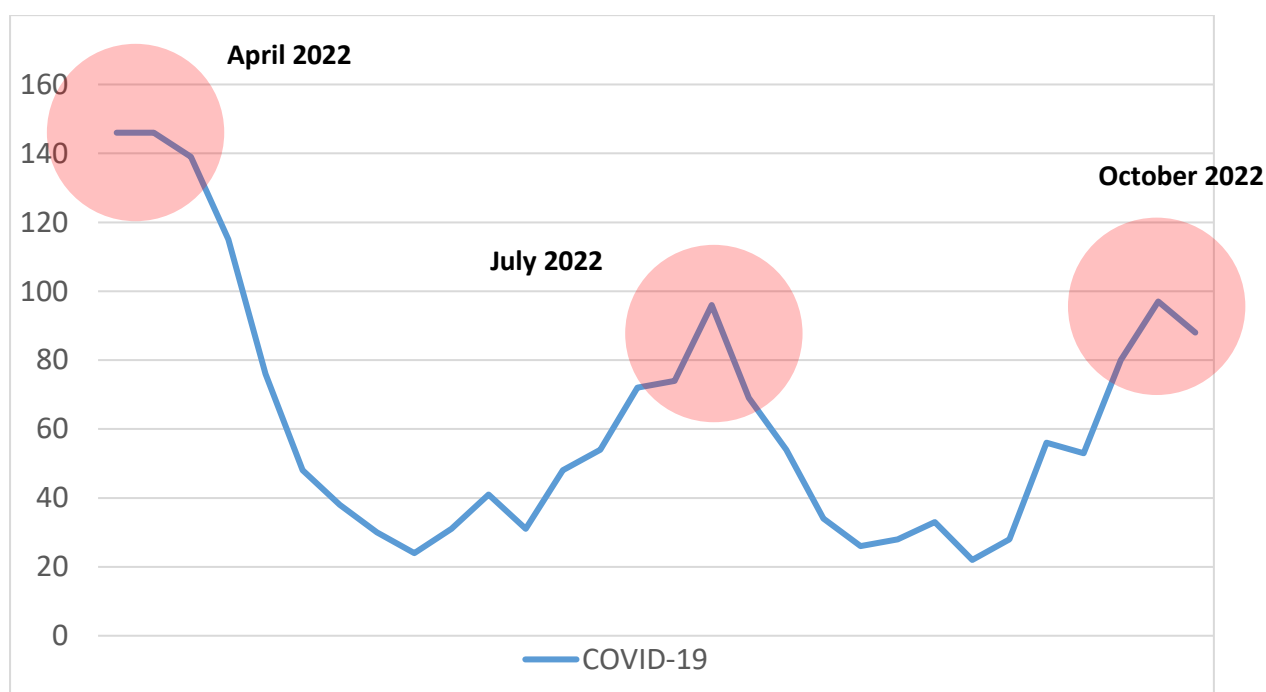


## Update from Doncaster and Bassetlaw Teaching Hospitals (DBTH)

### Emergency Department waiting times and ambulance handover

In 2022, we have seen Emergency Department attendances return to pre-pandemic levels, and in some instances daily attendances have been at the highest recorded levels.

Throughout October, services were particularly challenged as we saw spikes in COVID-19 activity, and high levels of delayed transfers of care.



This created significant pressures within the Trust and required work to be refocused and reprioritised to maintain urgent and emergency care services, and urgent elective and cancer care. This level of concerted pressure did have a knock-effect on our performance.

#### General Emergency Department activity:

From August through to October, our urgent and emergency services across both Doncaster Royal Infirmary and Bassetlaw saw 47,985 attendances. In 2021 attendances in the same period were 44,693, representing an increase of 7.3%. Broken down to a local level for Doncaster Royal Infirmary, this represents:

**August:** 11,071 attendances of which 56% were classed as a minor illness/injury and 5.4% of attendees left without treatment.

**September:** 10,782 attendances of which 55% were classed as a minor illness/injury and 4.76% of attendees left without treatment.

**October:** 11,094 attendances of which 53% were classed as a minor illness/injury and 5.20% of attendees left without treatment.

In September, 68.4% of patients waited less than four hours for treatment/admittance, still some ways away from where we want to be, but higher than the regional average of 57%. The October data is still being analysed.

**Ambulance data:**

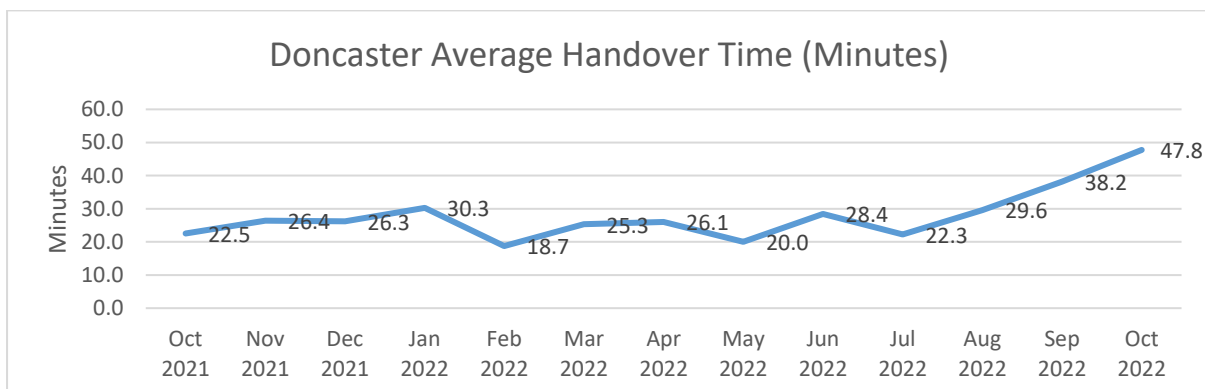
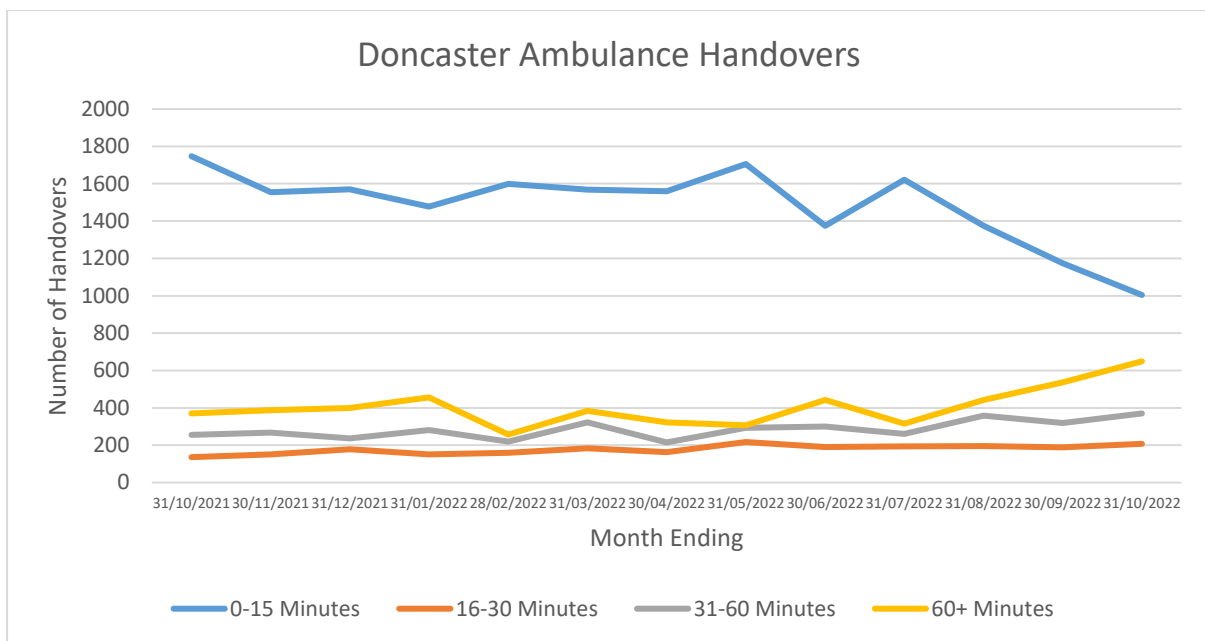
Broken down to a local level for Doncaster, our ambulance conveyance was:

**August:** 2,372, of which 57% were handed over to our care within 15 minutes and 18% waited more than 60 minutes.

**September:** 2,218, of which 52% were handed over to our care within 15 minutes and 24% waited more than 60 minutes.

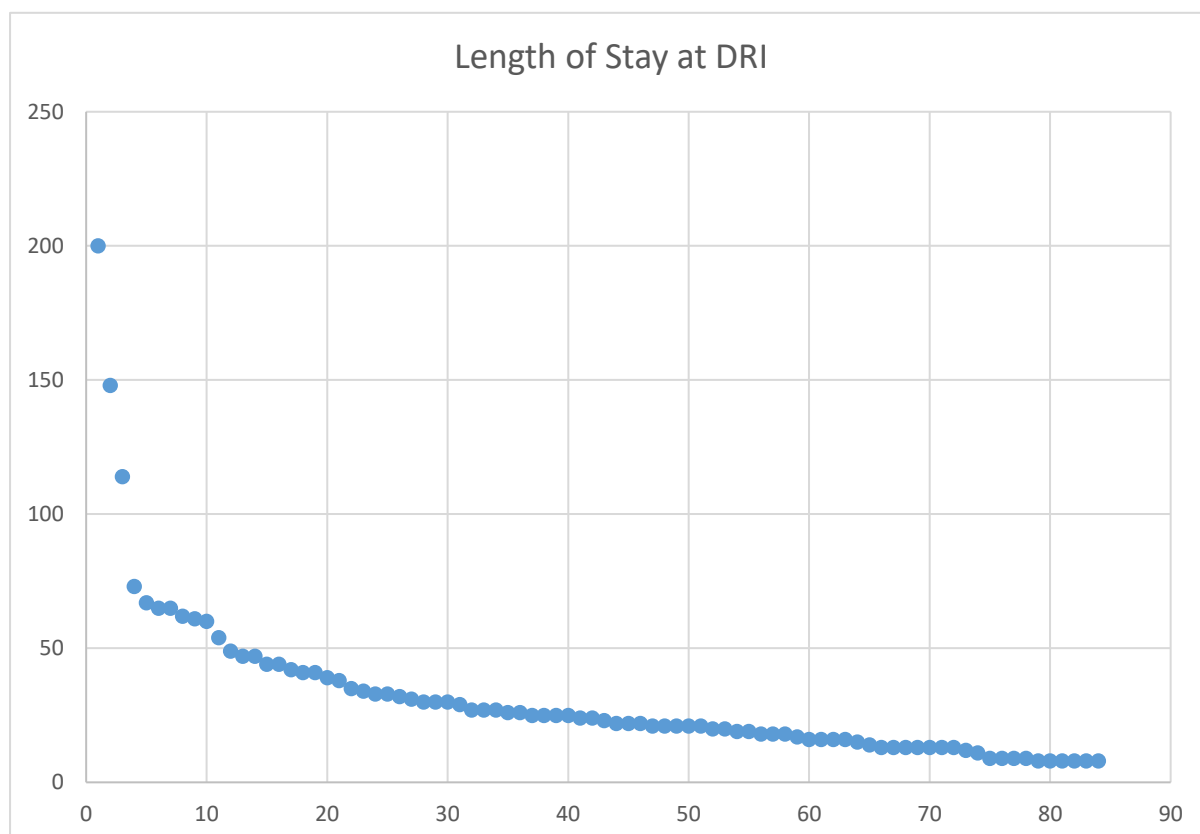
**October:** 2,230, of which 45% were handed over to our care within 15 minutes and 29% waited more than 60 minutes.

In September and October, as a resulted of flow through the department to the inpatient wards we saw increased delayed handovers and ambulances waiting outside Doncaster Royal Infirmary. We continue to work hard to try to reduce handover delays.



## Transfer of Care (discharge plans)

At the time of writing (1 November 2022), we continue to have high levels of patients who require complex and specific discharge plans with an average of 70 to 120 patients recorded as medically fit for discharge but with no discharge date identified. This is a fluid position as patients conditions and circumstances do change whilst waiting for discharge, and there are some particularly challenges for patients with neurological conditions who require specialist supported living placements. The average length of stay in this group of patients is 25 days.



To give a sense of the pressures we currently face, for the week commencing 31 October, the Integrated Discharge Team at the Trust received 27 new referrals (including Bassetlaw). Compared to week commencing 24 October where this figure stood at just 15 – representing an 80% increase in just seven days. We expect this to continue as we head further into winter.

At present, our Discharge Lounge team are facilitating on average 35 discharges a day. This is an important service as it facilitates available admission beds earlier in the day which supports flow through the admission pathways. The usage of this service does fluctuate, and we are trying to raise the profile to ensure that people get home earlier if they have no reason to remain in hospital.

Housing can be a particular issue for some patients who are homeless at the time of their admission to hospital, and we continue to work with partners to support discharge from hospital.

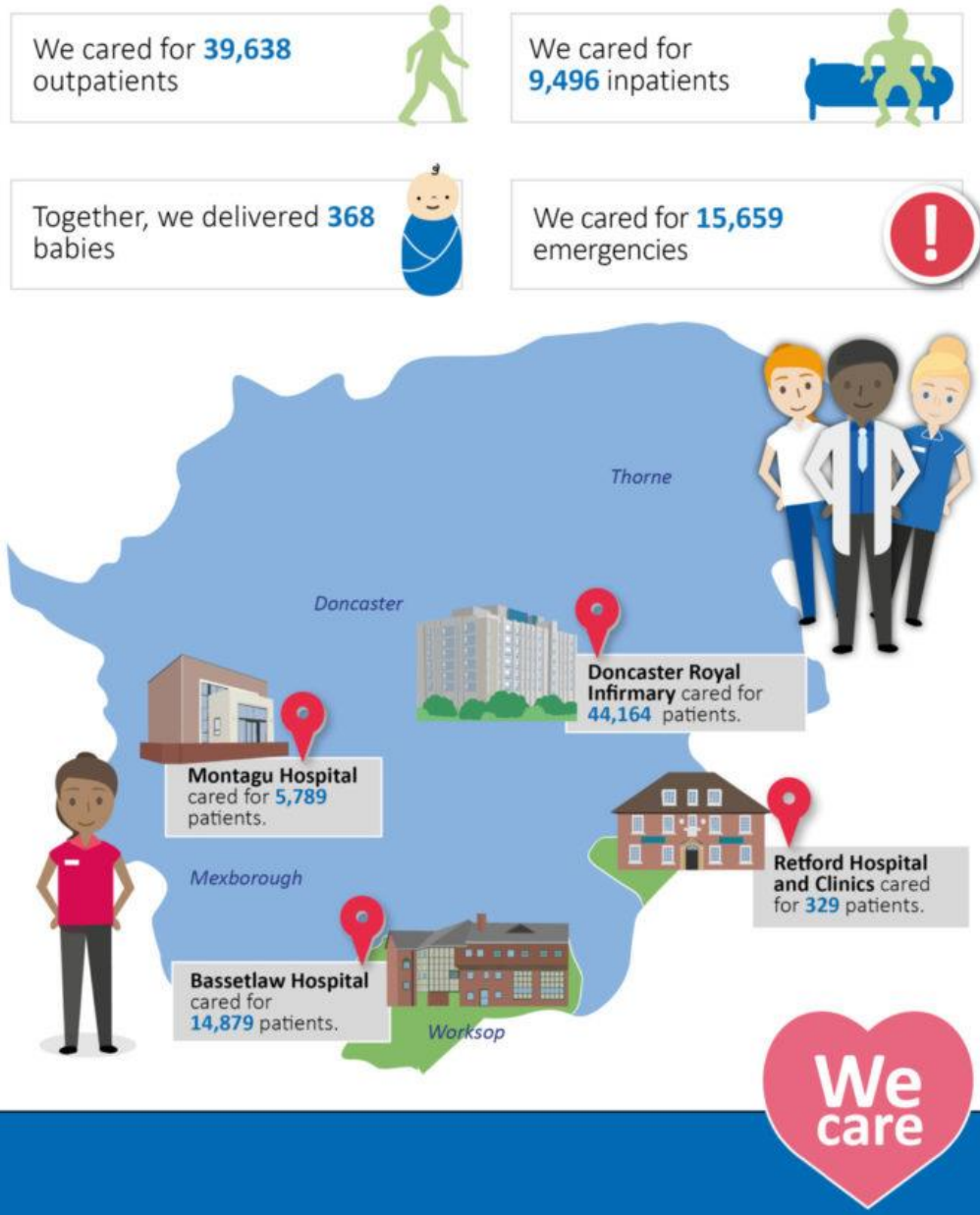
To help with the challenges of delayed transfer of care we are currently working with partners on both sites to implement Transfer of Care Hubs and they are both due to go live on 7 November.

Additionally, PLACE partners have potential provision for an additional 12 community Transfer of Care beds (10 with one provider and two with another).

## Operational performance and activity (September)

# Our activity

Below you can see Team DBTH's activity throughout **September** broken down by type of patient, and where these individuals received care and treatment.



## Backlog activity and waiting lists:

Significant work is underway at present to address our backlog of activity, as well as reduce our overall waiting times.

- In August 2022, our waiting list stood at 50,601. For comparison, in March 2020 (when the pandemic began), this was 27,509, a change of 83.9%.
- Of these waiting patients, 7,963 are awaiting an inpatient admission.
- Of our waiters, 1,382 have been waiting more than 52 weeks.

Trust average waiting times for first appointment:

- **Breast:** 3 weeks
- **Cardiology:** 10 weeks
- **ENT:** 7 weeks
- **General Surgery:** 9 weeks
- **Gynaecology:** 12 weeks
- **Orthopaedics:** 9 weeks
- **Upper GI surgery:** 27 weeks
- **Vascular:** 9 weeks
- **Ophthalmology:** 8 weeks
- **Pain Management:** 20 weeks
- **Urology:** 11 weeks

**Elective:** We are expanding our capacity to deal with backlogs, however elective activity is affected by pressures in emergency and urgent care services from COVID, delayed transfers of care and workforce pressures.

To help with our backlog, a business case on behalf of DBTH, Rotherham Foundation Trust and Barnsley Hospital Foundation Trust is being submitted to secure funding for an Elective Orthopaedic Centre (EOC) at Montagu Hospital, which has been chosen as it is the site in South Yorkshire which is not affected by emergency pressures creating fixed resources for elective care. Having the EOC on a 'cold' site will allow the development of a centre of excellence for elective orthopaedics as part of the plan to reduce waiting times locally.

**Cancer and diagnostics:** Performance on our six-week standards are improving, with CT waits decreasing in June and July by 40%.

Our Referral to Treatment rate currently sits at 66.2% (consultant-led treatment begun within 18 weeks of referral), slightly ahead of the regional average of 62.2%.

Since August, we have begun to implement the Faster Diagnosis Framework. The vision of this workstream is to provide personalised, accurate and speedy investigations, all of which will help us to start treatment quickly if needed, as well as provide a better patient experience.

Innovations that the FDF is looking to develop, implement and embed within the Trust are:

- Pilot a 'One-stop ovarian, cervical/vulval straight-to-test clinics and implementation of best practice timed pathways for gynaecology pathways.
- Evaluation of additional monthly ultrasound core biopsy clinics for head and neck pathway and implementation of best practice timed pathways.

- Histology – testing/evaluating new ways of working using new rapid tissue processors installed 2022.
- Further upper and lower gastroenterology improvements.
- General non-specific symptoms pathway improvements.
- General skin pathway improvements.
- Prostate – one stop clinics and additional capacity for Clinical Nurse Specialists and Patient Navigators.

Additionally, just over £9 million is being invested at Montagu Hospital in the coming months, as plans to further expand and enhance the site’s Community Diagnostic Centre (CDC) are approved by The National CDC Programme, with support from the South Yorkshire integrated Care Board (ICB).

In 2021, Montagu Hospital was selected to host one of a pair of ‘Community Diagnostic Centres’ (CDCs) within South Yorkshire, following a £3 million investment from NHS South Yorkshire, of which Doncaster and Bassetlaw Teaching Hospitals (DBTH) received around £230,000 of initial capital funding.

Phase one of the project began in January 2022 when a mobile MRI was placed at Montagu Hospital, and this was joined in early February by a CT scanner. Between January and the end of March, around 2,600 patients were seen – work that has helped to reduce the backlog of activity which has accumulated because of COVID-19-related restrictions throughout the past two years.

Following completion of phase one the Trust’s Strategy and Improvement team and service leads have been hard at work to develop a new business case to enhance services offered by the CDC as it enters its second phase, with further funding secured as a result.

The CDC will be housed in vacated space within the main area of Montagu Hospital, referred to as the ‘rotunda’, which will be familiar to many who are local to the site. The additional monies will expand diagnostic services, as well as increase staffing for the service, and developments will include:

- The provision of a new endoscopy suite.
- The creation of ultrasound facilities and related rooms.
- The development of multifunctional clinic rooms which can be used for screening and mobile services.
- Further training facilities to develop workforce for the future.

These facilities will create much-needed capacity for imaging and other diagnostic services and enable patients to get their diagnosis quicker, in one place within a community setting.

Colleagues at the Trust also plan to prepare a further business case to procure static CT/MRI facilities on site, which will replace the mobile units which are currently being used. This work will form part of the next phase of the CDC’s development, and the three-to-five-year plan for the project, with an emphasis upon developing ‘hub and spoke’ models in other areas of Doncaster and Bassetlaw, working closely with primary care (services such as GP practices) to develop pathways like cardio-respiratory and lung health within the community.

**Did not attend:** From June through to September, 4,684 patients did not attend their first appointment (around 11.4%). This is in addition to 7,979 who did not attend their follow-up appointment (around 10.4%).

#### **Financial position (month five)**

The Trust finished month five £1m adverse to our plan with an overall deficit of £7.9m (adverse to plan by £1.4m).

The breakdown is as follows:

- £4.7m overspend on temporary staff usage because of vacancies, sickness, and activity pressures.
- We have seen some underspend against elective recovery £2.4m
- We have also received £1m relating to the damage caused by the significant water leak in the Women's and Children's Hospital.
- The current financial position is challenging.

Throughout winter we will see further pressures regarding staffing, as well as spend on bank/agency as a result.

There will also be further cost pressures related to our winter ward (Ward 22) which has been opened much earlier than planned to respond to the pressures in October. This facility will now be in place until at least Spring 2023.

## **Winter plans**

Since summer, we have been developing our winter plan. This is an ongoing process - ensuring we meet spikes in activity, as well as closely monitoring capacity, staffing levels, and refocusing priorities wherever it is appropriate to do so.

The Place winter plans have been tested in September and October, responding to the spikes in COVID-19 and other pressures and further work and capacity will be needed and Doncaster Place is focused in implementing national guidance, developing rapid response services, alternatives to hospital admission, virtual wards, vaccination programmes and in response to more recent guidance local and regional control centres.

Working towards low levels of COVID-19, Influenza and Norovirus will be key to the degrees of pressure across health and social care this winter and in addition to maximising the vaccination in our community's infection prevention and control measures will also be encouraged and in some hospital and social care settings may be mandated by health professionals – hands, face, space, and ventilation.

At DBTH we have kept in place many of the restrictions and guidance related to COVID-19. This means that we still routinely screen colleagues for the illness if they become symptomatic, with an in-house swabbing service which is accessed via our Sickness Absence Line.

Members of staff are also asked to wear a mask in all clinical settings, and the Infection Prevention and Control team routinely work with wards and services in relation to any outbreaks to minimise nosocomial spread within the hospital.

Additionally, we continue to ask members of the public to wear a mask when coming to and from site, as well as consider their attendance as a visitor if they are unwell.

We are anticipating a spike viral infection, with specific caution relating to the FIFA World Cup, which is to be held in mid-November, and will likely lead to communities meeting in larger numbers indoors as will the festive period in December.

With key operational challenges in mind, and while we intend on reacting as necessary to related pressures, our focus remains on recovering services, as well as reducing our backlog. This remains 83% higher than at the start of the pandemic, and as such it is a key priority of the Trust to bring it down as much as possible, and as quickly as it is safe to do so.

## Health and wellbeing

Throughout the pandemic we invested heavily in our health and wellbeing offer which is now well-established and remains in place for colleagues should they need it.

In terms of general health and wellbeing, this includes our TLC team, staff helplines and counselling – all of which can be found on our Trust intranet and are regularly sign-posted to colleagues if they are struggling and need extra support. We also have a Health and Wellbeing Team who routinely promote their work, as well as support managers.

We also have looked at more innovative and proactive measures, such as the introduce of visits from therapy pets for teams, as well as offering complimentary therapies to colleagues. These include things such as reflexology and reiki, and began in October 2021, with eight sessions funded at DRI, four at Bassetlaw and four at Montagu Hospital each week. Funding has been put in place for a further six months (at least) to ensure this continues throughout the winter – since implementation, hundreds of colleagues have benefited from this free offer.

We have also put specific emphasis on financial health and wellbeing and our package includes access to VIVUP – a service which includes access to counselling support, as well as salary sacrifice schemes on discount items such as electronic and white goods, with significant savings passed on to colleagues.

We also work with Transave a credit union, and WageStream, which offers an alternative to pay-day lenders, and allows colleagues to access a portion of their wage early without interest. The service also provides financial planning advice, a savings service and much more.

On our intranet we offer links to numerous sites and services regarding economic stability, as well as how colleagues can access help such as food banks, should they find themselves in a particularly difficult position.

Finally, we have recently revamped our bank and agency system, meaning that colleagues are paid more in-line with their substantive contract when picking up additional hours – meaning staff can earn a little extra if they need to this winter.

## Reward and Recognition

The Trust has a rolling schedule of reward and recognition projects, with a few highlighted below, and many more planned in November/December:

**Six Weeks of Summer Giveaway:** This began in August and ended in early September. Every member of Team DBTH was entered into a random prize giveaway each week for the duration of the giveaway.

With ten vouchers given away each week, prizes included a family pass to the theatre, free passes to the Yorkshire Wildlife Park, Virgin Experience days, dining experiences and free entry to the Doncaster Dome's leisure centre.

Colleagues were drawn at random every Friday afternoon and announced by Richard Parker, Chief Executive.

**£130 Club:** This began in October and will run monthly until March. Winners will receive a £130 Love2Shop voucher. This is a random giveaway which is linked to a specific activity within the Trust.

In September, to enter colleagues had to comment on our DBTH Staff Facebook group (or fill in an online form provided via the Hive if they are not a social media user) as well as download our DBTH Staff app. We had over 2,000 entries, and downloads for the app reached over 4,000 as a result.



Similarly in October, we ran the same system however asking colleagues to complete their Staff Survey. At the time of writing, 2,200 colleagues will be eligible for the draw and our Staff Survey response rate sits at 56% - the highest in the country at the time of writing.

**Team building:** In August 2022, the Trust launched a scheme to fund team building activities for all services, departments, and directorates. Each area can bid for up to £400 (or £20 per person) and must have a conversation about their targets/vision as part of the day.

At the time of writing 32 bids have been received, with a spend of £7,757. Activities include escape rooms, outdoor activity centres, mini golf, alpaca walking and bowling.

**Hearts for Doncaster:** Launched as a fundraising project in mid-2021, this is a nine-foot memorial which is adorned with acrylic hearts, all of which have a personal message engraved upon them. Once complete, the statue will look like a rainbow arch, with the hearts making up the constituent colours.

Since launch we have been working closely with Doncaster Council on planning permission, and this has been now sited at the Archive Centre in Chequer Road. Around 1,000 hearts have been sponsored (of a possible 5,000), with many members of Team DBTH dedicating messages to one another, and managers sponsoring shapes for their entire team/department.

The memorial is now open to view and is in profit from a fundraising perspective.

## **Estates and Infrastructure.**

General capital expenditure last financial year was £35.5 million, this included:

- Women's and Children's critical incident - £11.6m
- Targeted Investment Fund for Estates and Technology - £5.3m
- Fire Safety - £4.8m
- Building backlog maintenance - £4.1m

In addition to the expenditure above, we made significant capital investments within our hospital throughout the year – both to combat COVID-19, as well as to enhance the Trust's infrastructure. Works accounted for £25.49m and included 120 projects, some of which are listed below (note all costs are approximates):

- **Electrical incident, reinstatement, and recovery (£14.683m):** Works related to the water leak within the Women's and Children's Hospital.
- **Maintenance backlog and critical infrastructure (£7.827m):** Works to improve our electrical infrastructure, fire precautions, water safety, minor repair works, road and footpath upgrades, roofing, window replacement, lifts, ventilation, and preparatory works.
- **COVID related works (£620,000):** This includes 72 projects related to safe working, air scrubbing and partitioning wards and corridors.
- **Divisional works (£1,380m):** This includes the enhancement of wards, offices, and bathrooms within the hospital.
- **General infrastructure (£535,000):** This includes IT systems, security, site utilisation surveys and rationalisation

While all of the above amounts to a substantial amount of investment, and work, it doesn't necessarily mean that the hospital is moving forward in terms of infrastructure.

The site's backlog maintenance and age mean that we must spend a significant amount to stay in place, and unforeseen events such as the critical incident within the Women's and Children's Hospital

are the types of risks we see as we continue to use facilities which, in some cases, are reaching almost 100 years old.

It also means that we have pressures when installing new technology, such as scanners, and ensuring we have the right electric infrastructure to power equipment, some of which is right at the cutting edge and revolutionary for the care we provide for local people.

As such, we continue to make the case for a new hospital in Doncaster, and have a team dedicated to developing a business case.



# Update from DBTH

*Richard Parker*

**Richard Parker OBE**

Chief Executive

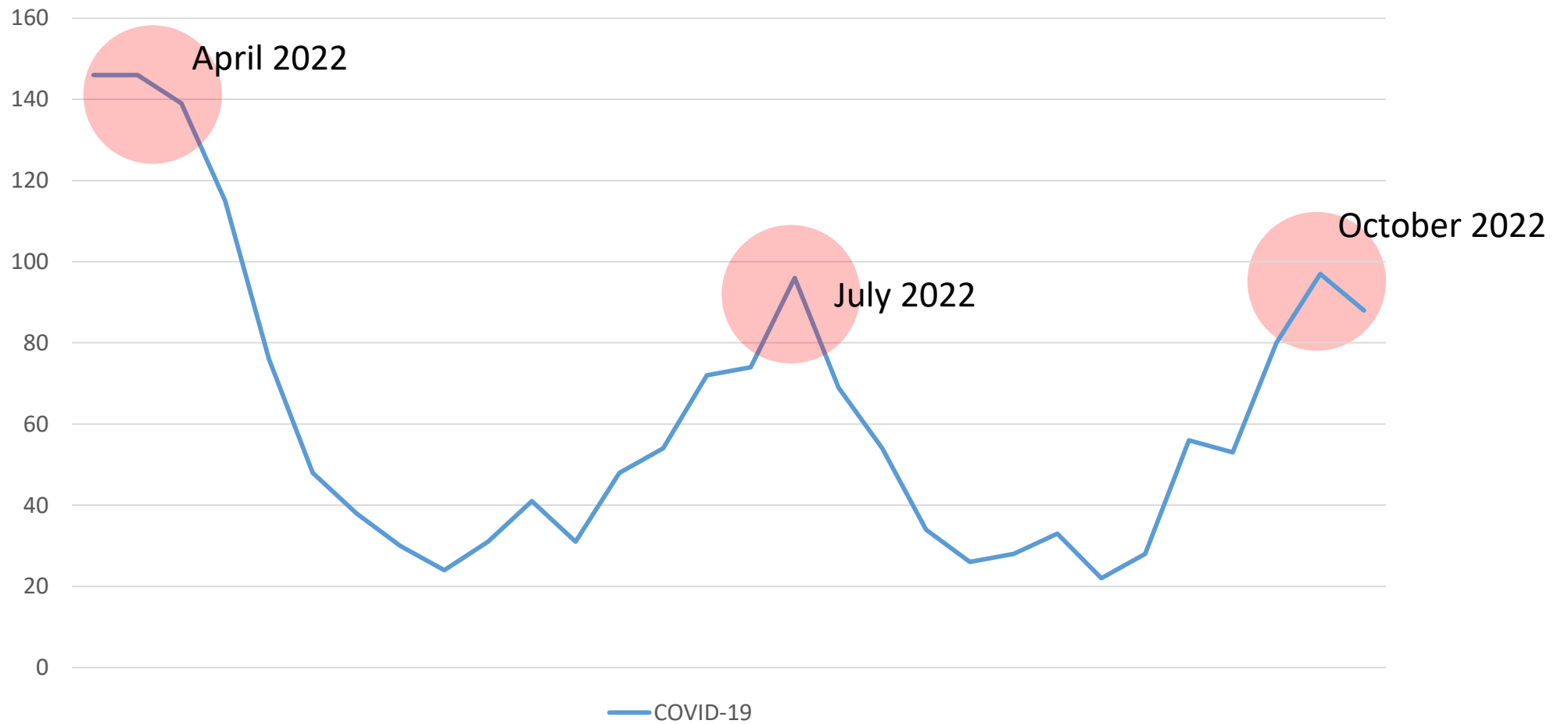


[www.dbth.nhs.uk](http://www.dbth.nhs.uk)

# Urgent and emergency care

- **General activity:** From August to October, we cared for 47,985 people. This represents a 7.3% increase on the same period in 2021.
- **COVID-19:** As the next slide shows, we have been particularly affected by increasing rates of COVID-19 in late September/October, which affect performance.
- **Care provided:** Of the 32,947 attendances cared for at DRI during September and October an average of 54% required care/treatment for minor illness/injury and an average of 5.12% left without treatment.
- **Waits under four hours:** Stood at 67.4% in September – higher than the national average of 57% but still not where we would want to be.





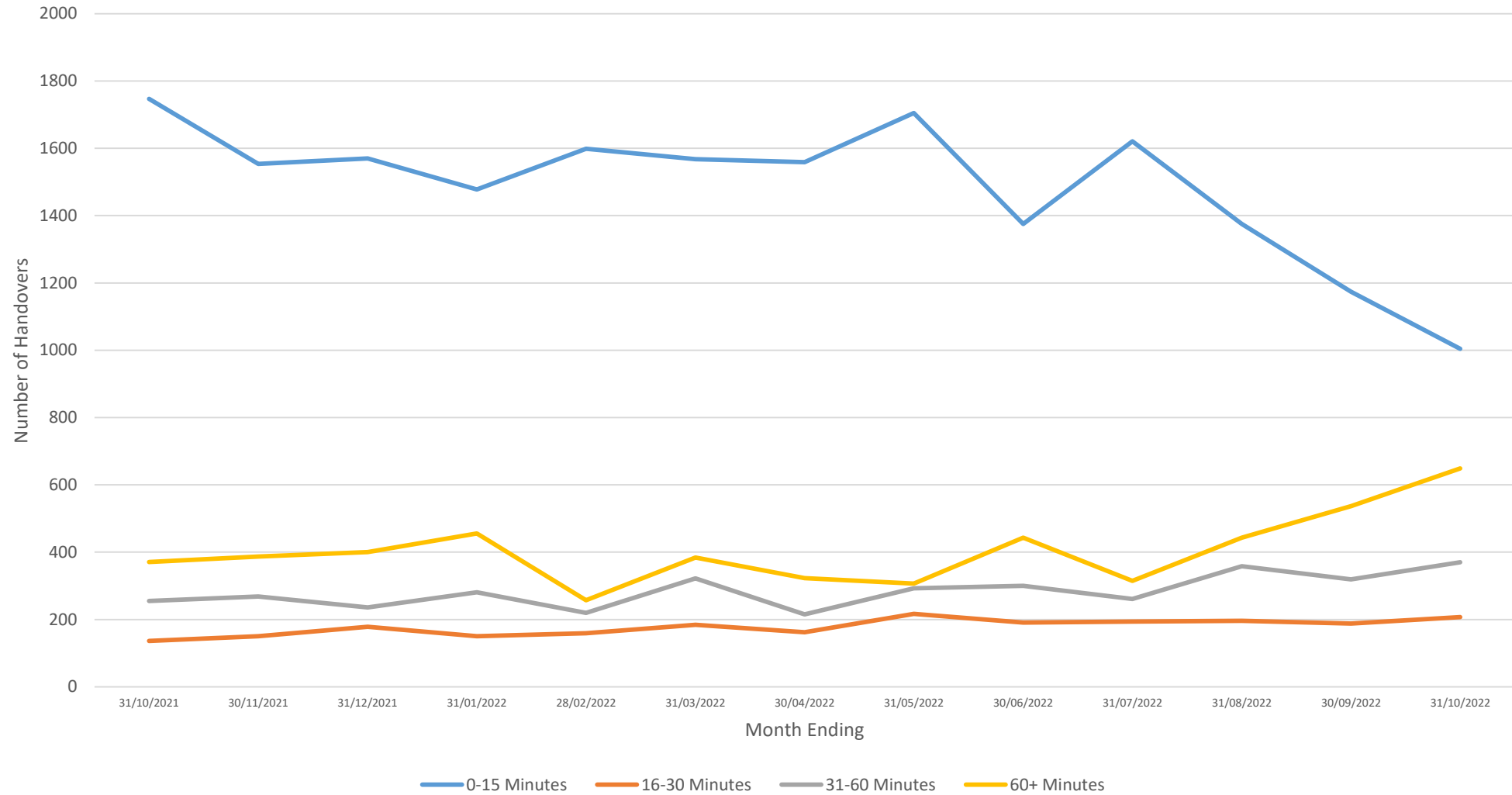
# Rates of COVID-19

# Ambulance data

We experienced significant pressures in September and October, which increased handover delays – we are working hard to reduce these as we tackle a return to autumn and winter pressures.

- **August:** 2,372 conveyances, of which 57% were handed over to our care within 15 minutes and 18% waited more than 60 minutes.
- **September:** 2,218 conveyances, of which 52% were handed over to our care within 15 minutes and 24% waited more than 60 minutes.
- **October:** 2,230 conveyances, of which 45% were handed over to our care within 15 minutes and 29% waited more than 60 minutes.





# Ambulance handovers



# Transfer of care

- **Complex and specific discharge plans:** An average of 70 to 120 patients are recorded as medically fit, but due to complexities, have no discharge date identified (due to the need for specialist living arrangements and discharge support).
- **Average length of stay:** For complex patients sits at around 25 days.
- **General activity:** Our Discharge Team experienced an 80% increase in the number of referrals in late October, with the Discharge Lounge facilitating 35 discharges a day.
- **Care hubs:** We have worked with partners to implement Transfer of Care Hubs, which went live 7 November, additionally, we are looking to increase community Transfer of Care beds by 12.



We cared for around  
**9,496** inpatients  
*+744 compared with 9/2021*



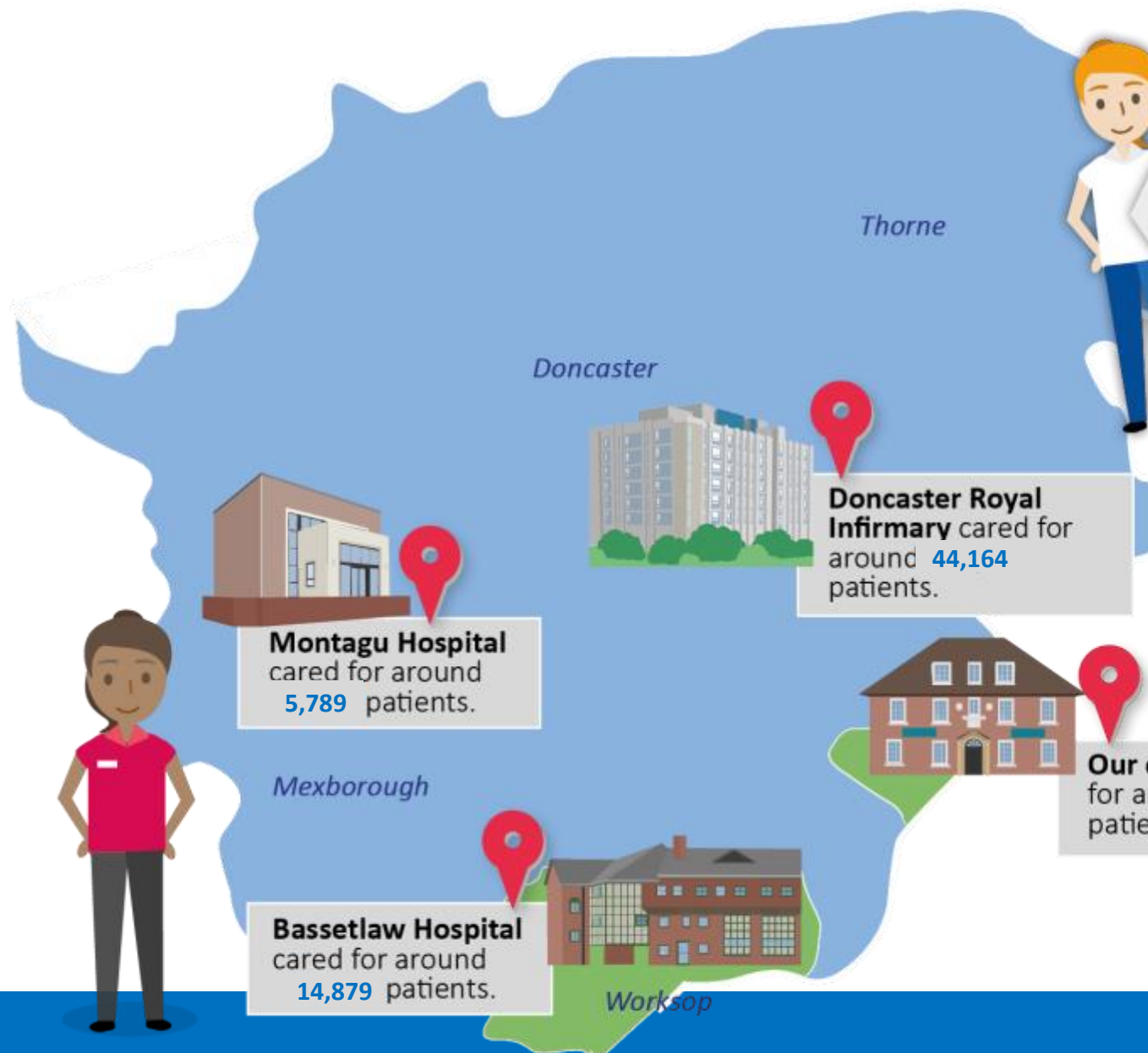
We cared for approximately  
**39,638** outpatients  
*+2,722 compared with 9/2021*



We cared for approximately  
**15,659** emergencies  
*-830 compared with 9/2021*



We delivered approximately  
**368** babies  
*-37 compared with 9/2021*



# Our activity in September

# Elective, Cancer and Diagnostics

- **Elective Backlog:** Has increased by 83% since March 2020. We are working hard to bring this down.
- **Elective work:** We are expanding our capacity to deal with elective backlog work – however, this is often impacted by spikes in activity. A business case has been developed to secure funding to create an Elective Orthopaedic Centre at Montagu Hospital.
- **Cancer and diagnostics:** Our Referral to Treatment rate sits at 66.2% - slightly ahead of the regional average of 62.2%. To help in general cancer work, we have implemented the Faster Diagnostic Framework, which contains numerous projects, as well as continue to secure funding for the Community Diagnostic Centre at Montagu Hospital, which will soon enter phase two.



# Finance in month Five

- The **Trust finished month five £1m** adverse to our plan with an overall deficit of £7.9m (adverse to plan by £1.4m). **The break down is as follows:**
  - As the NHS has now returned to more normal financial arrangements the position at month five is challenging
  - £4.7m overspend on temporary staff usage as a result of vacancies, sickness and activity pressures. As the annual leave reduces and newly qualified colleagues join the teams it is anticipated that expenditure will reduce towards normal levels.
  - We have seen some underspend against elective recovery £2.4m as a result of lower than planned activity.
  - We have also received £1m from insurance relating to the flood damage in the Women's and Children's Hospital.





# Winter planning

- **General plans:** This is an ongoing process – we are focused on implementing national guidance and best practice, developing rapid response services, alternatives to hospital admissions including virtual wards, vaccination programmes and other schemes and initiatives to help with pressures.
- **COVID-19:** Remains a clear and present danger for the Trust as we head further into winter with concern that we may face a significant challenge from Influenza and Norovirus. Many restrictions remain in place, and we continue to ask colleagues and the public to wear masks, alongside other IPC measures.
- **Partnership Working:** We will continue to work with our local and regional partners to ensure we deliver the very best care, as well as supporting during times of acute activity.



# Health and wellbeing

- **Health and wellbeing:** Is more important than ever – we have an extensive offer available to colleagues – if individuals are struggling, we ask colleagues and leaders to signpost them to the support we have available.
- **Financial wellbeing:** Similar, this winter may be tough for many people. We have financial resources available on our internal website, as well as tools such as WageStream, VIVUP, and the Transave.
- **Reward and recognition** – We have a rolling programme to ensure we are recognising the efforts of colleagues – going the extra mile to offer team building sessions, prize giveaways and other bits of recognition.

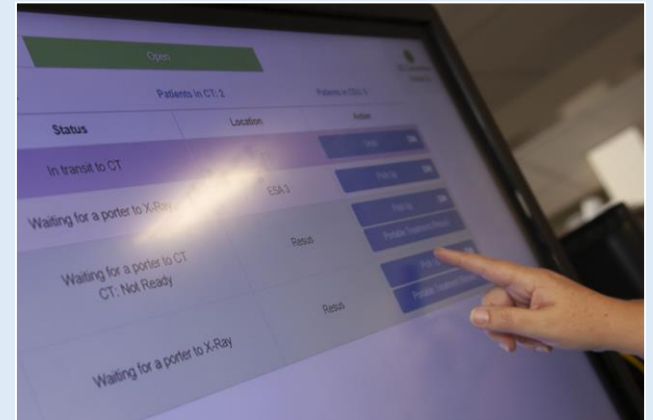


# Estates and infrastructure

General capital expenditure last financial year was £35.5 million, this included:

- Women's and Children's critical incident - £11.6m
- Targeted Investment Fund for Estates and Technology - £5.3m
- Fire Safety - £4.8m
- Building backlog maintenance - £4.1m

The site's backlog maintenance and age mean that we must spend a significant amount to stay in place, and unforeseen events such as the critical incident within the Women's and Children's Hospital are the types of risks we see as we continue to use facilities which, in some cases, are reaching almost 100 years old.





**Any questions/comments?**





## Doncaster Council

### Report

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24<sup>th</sup> November 2022

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

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

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

#### EXECUTIVE SUMMARY

1. Health and care is the responsibility of a wide range of Doncaster organisations. The Council and the National Health Service play a key role, as do local care homes, homecare agencies and housing-related support providers. The voluntary, community and faith (VCF) sectors are also essential. This report sets out the support that is planned in Doncaster this winter and how it will be coordinated.

#### EXEMPT REPORT

2. The report is not exempt.

#### RECOMMENDATIONS

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

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

4. The measures described within this report are intended to support the wellbeing of Doncaster people over the winter even in spite of the great pressure on health and care services.

## **BACKGROUND**

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

- 5.1. The Doncaster health and social care system is comprised as follows:
- South Yorkshire Integrated Care Board (ICB) at Doncaster Place
  - Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
  - Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH)
  - Doncaster Metropolitan Borough Council (DMBC)
  - Fylde Coast Medical Services (FCMS)
  - Primary Care Doncaster (PCD)
  - Yorkshire Ambulance Service (YAS)
- 5.2. As referred to in the Executive Summary, a wider range of local VCF organisations play a key role in delivering care to local people. Family carers are also critical. NHS organisations and the Council have a role in supporting this wider system both financially and via fostering collaboration.
- 5.3. The range of health and care functions supporting Doncaster people and the way they relate to one another is set out in the Appendix A infographic. This report will go on to break down the different areas of partnership activity and set out their focus for the coming winter. Primary Care was the subject of a recent in-depth report to Scrutiny so is not covered here.
- 5.4. Covid will play a significant role this winter. Further waves of infection are expected. At the time of writing, Covid prevalence is beginning to decline from a recent peak but there is likely to be further fluctuations throughout the winter. Covid creates two impacts on health and care, firstly increasing the number of sick people who need support (including hospitalisations), and secondly reducing the availability of workforce to care for them. Seasonal influenza is also expected to have a significant impact this winter. One of the key actions for health and care partners going into this winter is to maximise vaccinations, both of staff and of the at-risk Doncaster population, to reduce the impact that both Covid and influenza would otherwise have.

### **6 Urgent and Emergency Care**

- 6.1. Urgent and Emergency Care activity relates to rapid support required both in the community and in hospital to address an emergency issue. Challenges here manifest as long waits to be seen. These can occur within the Accident and Emergency Department itself or, increasingly frequently, in ambulances waiting outside the hospital for space to become available so people can be seen.
- 6.2. Actions established to build capacity this winter from key partners such as DBTH, RDaSH and FCMS include:
- Increase in Urgent Community Response capacity and pathways

- Consolidation of the Emergency Assessment unit within the Accident and Emergency footprint
- Increase the cubicle capacity within minors at Doncaster Royal Infirmary
- Increase out of hours capacity for Advance Nurse Practitioners / Advance Clinical Practitioners / Acute Nurse/ CARE Practitioners
- Trauma activity increase in line with increased Trauma presentations
- Increase diagnostic capacity, particularly Magnetic Resonance Imaging (MRI)
- Increase pharmacy/junior doctor support at weekends
- Additional 10 beds at Mexborough Montague hospital: 10 beds
- Additional 4 beds on the DRI site ward 22
- Increase in Same Day Emergency care equivalent to 9 beds
- Virtual Ward Development across Doncaster care equivalent to up to 60 beds
- Additional 4 surgical Beds on ward 19

6.3. There is also significant partnership focus on ambulance handover delays which is a particular area of under-performance for Doncaster, and a symptom of the pressures within urgent care.

## **7 Home First**

7.1. “Home First” refers to a set of actions picking up support for people after the emergency stage, ensuring they recover as quickly as possible and are able to get back on with their lives.

7.2. NHS England have set out ten best practice initiatives to ensure strong performance. Four of these relate to proactive organisation within hospital and a further four relate to organisation of appropriate support outside hospital. The remaining two relate to cross-cutting issues across both hospital and community: the ability to provide support seven days per week and a shared recognition that it is harmful, both physically and mentally, for people to be kept too long in hospital and associated settings. A programme of activity has been set up to develop each best practice initiative for Doncaster.

7.3. Actions established to improve timeliness and build capacity this winter include:

- Launch information for people in hospital that explains “why not home, why not today” approach and ensures people receive this on admission
- Launch shared vision for staff across partner organisations that builds on “why not home, why not today” approach that is centred on making best use of time for people in hospital and intermediate care.
- Support early hospital discharge before 12pm and 5pm for as many people as possible
- Shift from bedded to home models of rehab for lower acuity people
- Monitor weekend discharges to maintain flow 7 days a week
- Embed new Home from Hospital contract with VCF organisation to increase simple discharges where person requires a little bit of support but does not need statutory services

- Extend discharge lounge hours in hospital equivalent impact of 3 beds
- Commission additional transport capacity to facilitate discharges at earlier stage, equivalent impact of 3 beds
- Ensure focus on “No Right to Reside” in RDaSH and DMBC intermediate care beds as well as in the hospital
- Transfer of Care Hub developed and daily Multi-Disciplinary Team meetings in place across hospital and community
- Provision of additional therapy capacity in the community to support people on discharge
- “Transfer of Care” beds in care home settings to support discharge and flow over the winter period
- Allied Health Professional recruitment and reduction of waiting times across services
- Improve efficiency of DMBC Short Term Enablement Programme (STEPS) to increase assessments from 63 to 93 per week
- Increase STEPS care hours from 2112 to 2496 per month
- Increase homecare and care home capacity through recruitment support and marketing as part of the “Proud to Care” campaign
- Additional social care support depending on clarity about if and when national government plan to release the Hospital Discharge Fund to Councils

## **8 Mental Health**

- 8.1. It is essential there is parity of esteem for Mental Health in Doncaster, which faces similar challenges and needs a similar focus, firstly on dealing better with emergencies and secondly ensuring timely discharge and return to daily life in the community.
- 8.2. Actions established to build capacity this winter include:
  - Enhancing use of Safe Space crisis drop in to provide emotional and practical support to people in need, including looking at direct referral by Yorkshire Ambulance Service (YAS)
  - Ongoing use of four crisis beds provided by ReThink as an alternative to admission including exploring options to increase the number of beds
  - Explore options for extending crisis line provision to support children and young people
  - Mental Health ambulance pilot
  - Increased oversight of mental health Emergency Department presentations and twelve hour breaches to support rapid improvement
  - Exploring options for providing enhanced support into learning disability care homes, including supporting vaccine uptake and health promotion, to reduce placement breakdown
  - Review of Doncaster mental health Psychiatric Decision Unit (PDU)
  - Increased focus on discharge to reduce delays, maximising flow and capacity and reducing the need for out of area placements, including options for securing an additional discharge coordinator.

- Considering block booking of independent sector beds to ensure prompt admission and reduce distance from home by minimising out of area moves
- Improve system support to identify appropriate placements for individuals with complex needs, in particular those with personality disorders, who are autistic or who have a learning disability
- Joint housing event to identify opportunities and initiatives for improved working with housing services to reduce delays in securing appropriate accommodation to facilitate discharge
- Further embedding discharge peer support
- Increased Social Care Assessment capacity to support early discharge planning (subject to discharge grant approval and recruitment)

## **9 Cost of living**

9.1. Unprecedented cost of living pressures in Doncaster's communities are likely to affect the health and wellbeing of local people and also of many staff working in the health and care sector. There is a potential that this will impact upon demand for health and care, and also upon availability and productivity of workforce. The following principles have been agreed across health and care partners:

- Take a compassionate approach throughout the cost of living crisis – being hungry and cold isn't a lack of personal responsibility, it's a lack of money
- Support our own staff who are impacted by this
- Encourage staff to take a holistic approach to people they are working with - showing professional curiosity
- Maximise local social value when making investment decisions

9.2. Wider work on reducing the impact of cost of living pressures also includes:

- Understand who is being impacted by the cost of living crisis
- Provide financial support, information advice and guidance
- Reduce costs of housing including work to address fuel poverty
- Increase skills and training
- Support for voluntary, community and faith sectors including supporting welcoming community spaces and the food system
- Reduce the consequences of digital and social isolation
- Supported by communication and campaigning approach
- Alignment with work happening in localities to maximise focus, promotion and communication

## **OPTIONS CONSIDERED**









10. Doing nothing in response to winter pressures on the health and wellbeing of Doncaster people would create significantly worse outcomes for them and also risk the sustainability of core health and social care services. If health and social care organisations attempted to address issues separately rather than together then opportunities would be missed to ensure joined up support, ensure the best experience for local people and also make the best use of resources.

## REASONS FOR RECOMMENDED OPTION

11. As above.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

12. Health and care might be viewed as primarily focused on healthier, happier and longer lives for all, but actions planned over this winter actually impact all eight priorities below in a positive way.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change	✓			
 Developing the skills to thrive in life and in work	✓			
 Making Doncaster the best place to do business and create good jobs	✓			
 Building opportunities for healthier, happier and longer lives for all	✓			
 Creating safer, stronger, greener and cleaner communities where everyone belongs	✓			
 Nurturing a child and family-friendly borough	✓			
 Building Transport and digital connections fit for the future	✓			
 Promoting the borough and its cultural, sporting, and heritage opportunities	✓			

<b>Fair &amp; Inclusive</b>	✓			
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**Legal Implications [Officer initials: SRF                      Date: 09.11.2022]**

13. There are no specific legal implications associated with this report. Further specific advice can be provided in relation to any issues raised by the Committee.

**Financial Implications [Officer initials: DB                      Date:10.11.2022]**

14. There are no specific financial implications arising from this report. Increased capacity, including STEPs referred, already has approved funding in place and any additional capacity or support that is subject to national government discharge grant approval will need to be covered in a separate decision record once allocated.

**Human Resources Implications [Officer initials: AT                      Date 09.11.2022]**

15. There are no direct human resource implications in relation to this report.

**Technology Implications [Officer initials: PW                      Date: 09.11.2022]**

16. There are no technology implications in relation to this report.

**RISKS AND ASSUMPTIONS**

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

**CONSULTATION**

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

**BACKGROUND PAPERS**

19. Appendix A: Doncaster’s Urgent and Emergency Care System

**GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

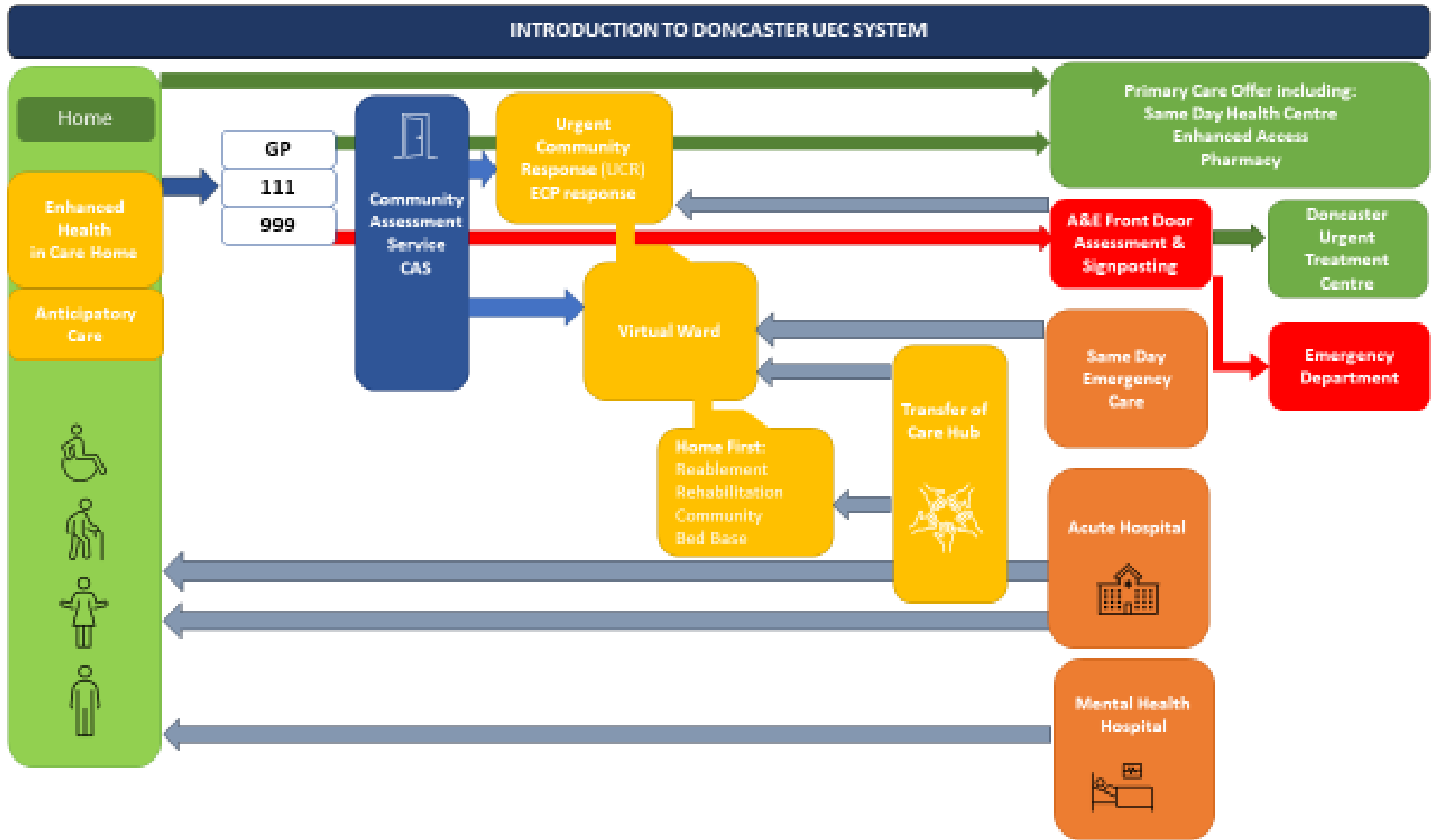
All acronyms and abbreviations explained in main report

**REPORT AUTHOR & CONTRIBUTORS**

Phil Holmes, Director of Adults, Health and Wellbeing

01302 737529                      [phil.holmes@doncaster.gov.uk](mailto:phil.holmes@doncaster.gov.uk)

## Appendix A: Doncaster's Urgent and Emergency Care System







## Doncaster Council

### Report

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24<sup>th</sup> November 2022

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

#### **Integrated Care System Update**

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

#### **EXECUTIVE SUMMARY**

1. The Panel is asked to give consideration to a presentation, in Appendix A, which will describe the current planning processes underway across NHS South Yorkshire and within the Doncaster Place.

#### **EXEMPT REPORT**

2. The report is not exempt.

#### **RECOMMENDATIONS**

3. The Panel is asked to consider and comment on the information provided by the NHS South Yorkshire Integrated Care Board.

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

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

#### **BACKGROUND**

5. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires integrated care partnerships

(ICPs) to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments (JSNA)) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE). Integrated care strategies should be published by December 2022.

6. The expectation of integrated care strategies is that they will build on existing work and momentum to further the transformative change needed to tackle challenges such as:
  - reducing disparities in health and social care
  - improving quality and performance
  - preventing mental and physical ill health
  - maximising independence
  - preventing care needs, by promoting control, choice and flexibility in how people receive care and support
7. Work is taking place across South Yorkshire on the journey of strategy development, cognisant not only of all the work done to date within each place, but also the short timescales for the strategy to be published. It is therefore expected that over time the integrated care strategy will mature and develop and that it will be refreshed as JSNAs are updated.

## **OPTIONS CONSIDERED**





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

## **REASONS FOR RECOMMENDED OPTION**

9. None

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

10. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough. The Panel will receive information on a range of issues detailed at paragraph 1. There will be an opportunity for Members to consider the information received and impacts on our key priorities at the meeting. It is expected there could potentially be a mix of positive and negatives, this is reflected in the table below.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change				✓
 Developing the skills to thrive in life and in work				✓
 Making Doncaster the best place to do business and create good jobs				✓
 Building opportunities for healthier, happier and longer lives for all	✓			
<p>In considering the South Yorkshire population health needs the key challenges faced are that 37% of South Yorkshire live in the most 20% deprived areas nationally. Life expectancy in South Yorkshire, and nationally, is no longer increasing. People living in South Yorkshire are dying younger and living fewer years in good health. There is also a difference in the number of years people can expect to live in good health for those living in the most deprived areas compared to more affluent areas in South Yorkshire.</p> <p>There is, therefore, a compelling case for the ICP to further support the work of place partnerships to meet South Yorkshire health and care needs and to work together to address health inequalities.</p>				
 Creating safer, stronger, greener and cleaner communities where everyone belongs	✓			
 Nurturing a child and family-friendly borough	✓			
 Building Transport and digital connections fit for the future				✓
 Promoting the borough and its cultural, sporting, and heritage opportunities				✓

Fair & Inclusive	✓			
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### Legal Implications

11. No Legal Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

### Financial Implications

12. No Financial Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

### Human Resources Implications

13. No Human Resources Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

### Technology Implications

14. No Technology Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Committee.

## RISKS AND ASSUMPTIONS

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

## CONSULTATION

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

## BACKGROUND PAPERS

17. None

## GLOSSARY OF ACRONYMS AND ABBREVIATIONS

ICS – Integrated Care System

ICB – Integrated Care Board

ICP – Integrated Care Partnership

## REPORT AUTHOR & CONTRIBUTORS

**Anthony Fitzgerald**  
**Executive Place Director Doncaster**  
[Anthony.fitzgerald3@nhs.net](mailto:Anthony.fitzgerald3@nhs.net)



**South Yorkshire**  
Integrated Care Board

# South Yorkshire ICB Update: Planning 2022-23

Anthony Fitzgerald, Executive Place Director,  
Doncaster

# Introduction

Focus of the presentation today is to discuss:

- The national planning context for 2022/23 and beyond
- The South Yorkshire approach
- The Doncaster approach
- Next steps

# The National Context

- Integrated Care Partnership (ICP) Strategy
  
- Integrated Care Board (ICB) 5 Year Forward Plan
  
- ICB 2 Year Operational Plans



# What is the ask?

The new **Integrated Care Strategy** represents both an opportunity to **do things differently**, but to also **build on the good work across the system** and within each of the **Places**

The **ICP** is responsible for developing the **Integrated Care Strategy**

Statutory requirements in developing the Integrated Care Strategy	
Must set out how the <b>'assessed needs'</b> from the joint strategic needs assessments in relation to its area <b>are to be met</b>	Consider whether the needs <b>could be more effectively met</b> with an arrangement under <b>section 75</b>
<b>Have regard</b> to the <b>NHS mandate</b> in preparing the integrated care strategy.	<b>Involve</b> in the preparation of the integrated care strategy: <b>local Healthwatch organisations</b> and <b>people who live and work in the area.</b>
<b>Publish</b> the integrated care strategy	Consider <b>revising</b> the integrated care strategy whenever they <b>receive a joint strategic needs assessment</b>



# What is the ask?

## Requirements of an ICB Joint Forward Plan

The new **ICB Joint Forward Plan (JFP)** should be a **single, cohesive plan** that addresses both system and place priorities, alongside universal NHS commitments.

The JFP **should build on existing system and place plans**, and should describe how the ICB, its partner NHS and Foundation Trusts intend to **meet the physical and mental health needs of their population** through arranging or providing NHS services

The **responsibility** for development, consultation, delivery and monitoring of the JFP lies with the **ICB and their partner NHS and Foundation Trusts**, working with local partners.

# What is the ambition?



- Sets out the ICP Strategic intention, drawing out the benefits of integrated working across the South Yorkshire patch

- Defines the way in which the health and social care elements of the ICP strategy will be delivered

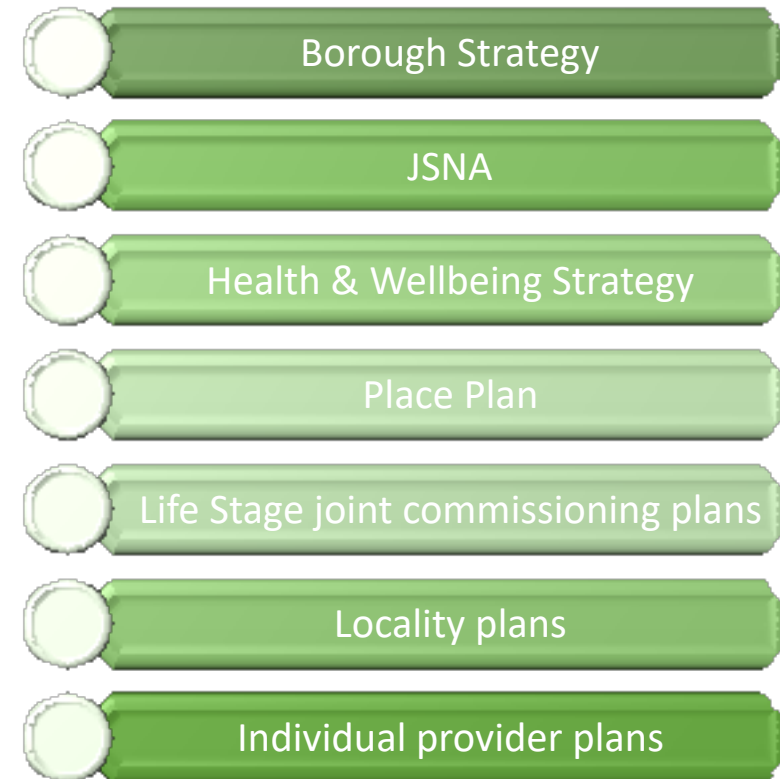
- Sets out the plan for Doncaster Place, across health, social care and the wider determinants of health

# Where did we start?

## South Yorkshire ICP



## Doncaster Place



NATIONAL MUST BE DONES

# Where are we now?

## 1. SY Integrated Care Partnership

- First meeting 23 September
- ICP Working Group established 10<sup>th</sup> October

## 2. Work to Date

- Considerable progress already made in places, collaboratives and alliances and SY
- Consideration of South Yorkshire population health needs and outcomes.
- Consideration of current strategies and plans and emerging priorities
- Consideration what an integrated care strategy for South Yorkshire might look like
- Consideration of a draft ICP constitution and approval of Chair, vice-chair and nominations for membership

## 3. Engagement

- Patients & public – building on work to date...
  - Phase 1 - Gathering insight (draft report awaited)
  - Phase 2 - Targeted additional engagement, linking with Healthwatch & VCSE & Health Foundation
- Stakeholders engagement – mapped / propose using existing mechanisms and/or drop in sessions early /mid Nov

## 4. Plan for ICP Session 28<sup>th</sup> October

- Understand SY population health needs
- Listening to what people have told us is important
- Co creating our vision for the SY ICP Strategy
- Working together to consider our shared outcomes & areas of focus
- Considering what we might do differently this time

# Where are we now?

## Joint Forward Plan

- Draft guidance developed
- Final guidance expected early November
- Guidance expected to:
  - Clearly list requirements
  - Support a partnership approach
  - Describe the relationships between strategies and plans
  - Set out the relevant statutory duties and content areas

## Doncaster 1 Plan

- Local Working Group in place
- Refreshed JSNA
- Review of existing plans
- Scope being defined
- Timing is crucial



NATIONAL MUST BE DONES

# What Next

- Further development of the ICP Strategy Content
- Engagement on the ICP Strategy
- Refining the scope of the 1 Doncaster Plan

**Ask of the Panel today:**

**To consider the developing plans and note the series of engagements that will be taking place with our population in the coming months**

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	<p><b>Thur 7<sup>th</sup> July 2022, 9 am Council Chamber (CR), Members Briefing</b></p>				<p><b>Fri 15<sup>th</sup> July 2022, 10am MS Teams</b></p>
	<ul style="list-style-type: none"> <li>● DDT Investment Plan (c)</li> </ul>				<ul style="list-style-type: none"> <li>● Biodiversity Net Gain - Biodiversity Offsetting (c)</li> </ul>
	<p><b>Thur 7<sup>th</sup> July 2022, 10am Council Chamber (CR)</b></p>	<p><b>Mon 18<sup>th</sup> July 2022 at 1pm Council Chamber (CR)</b></p>	<p><b>Thur 21<sup>st</sup> July 2022, 4:30pm MS Teams Briefing Session (CM)</b></p>		<p><b>Thur 28<sup>th</sup> July 2022, 2pm (CM/CR) Briefing Session in Council Chamber</b></p>
	<ul style="list-style-type: none"> <li>● DCST Performance Quarter 4 (c)</li> </ul>	<ul style="list-style-type: none"> <li>● Adult Mental Health overview (c)</li> </ul>	<ul style="list-style-type: none"> <li>● Education White Paper (c)</li> </ul>		<ul style="list-style-type: none"> <li>● Community Assets/Community Assets Transfer (c)</li> </ul>
	<p><b>Thur 7<sup>th</sup> July 2022, 11am Council Chamber (CR) Members Briefing</b></p>				
	<ul style="list-style-type: none"> <li>● Commissioning – Aspire/SY Police/ Conclusion (c)</li> </ul>				
Aug	<p><b>Thur 18<sup>th</sup> August 2022 10am MS Teams (CR)</b></p>				<p><b>Mon 8<sup>th</sup> August 2022 4:30pm MS Teams (CR)</b></p>
	<ul style="list-style-type: none"> <li>● Culture Strategy (c)</li> <li>● Fairness and Wellbeing Commission</li> </ul>				<ul style="list-style-type: none"> <li>● Members Briefing – Update on SSDP Priorities and Crime Statistics (c)</li> </ul>
Sept	<p><b>Thur 8<sup>th</sup> Sept 2022, 10am Council Chamber (CM/RW)</b></p>	<p><b>Thur 29<sup>th</sup> Sept 2022, 10am Council Chamber (CM)</b></p>	<p><b>Cancelled Thur 15<sup>th</sup> Sept 2022 moved to 13<sup>th</sup> October at 4.30pm, Council Chamber (CR)</b></p>		<p><b>Cancelled Fri 16<sup>th</sup> Sept 2022, 10am, MS Teams (CM) Moved to 25<sup>th</sup> Nov 2022 11:30am</b></p>
	<ul style="list-style-type: none"> <li>● Qtrly Finance &amp; Performance Report – Qtr 1 22/23 <ul style="list-style-type: none"> <li>● DMBC</li> <li>● SLHD</li> <li>● DCST</li> </ul> </li> <li>● Compliments and Complaints (c)</li> </ul>	<ul style="list-style-type: none"> <li>● JSNA (Joint Strategic Needs Assessment) and plans to address health inequalities</li> <li>● Primary Care Update/ Adult Social Care/Access to primary care (CQC) - Presentation</li> </ul>			<ul style="list-style-type: none"> <li>● Community Assets/Community Asset Transfer</li> </ul>



Please note dates of meetings/rooms/support may change

		<ul style="list-style-type: none"> <li>Carers Strategy Update Action Plan (c)</li> </ul>				
Oct			<p><b>Thurs 13<sup>th</sup> October at 4.30pm Council Chamber (CR)</b></p>	<p><b>Tuesday 4<sup>th</sup> Oct 2022 at 4pm MS teams (CM)</b></p>		
			<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 (c)</li> </ul>	<ul style="list-style-type: none"> <li>How Section 106 Agreements work and how is it secured through the planning process;</li> <li>How is it used / impacts for regeneration purposes and how is it monitored;</li> <li>Community Infrastructure Levy. (c)</li> </ul>		
					<p><b>Thur 20<sup>th</sup> Oct 2022, 10am MS Teams (CM/RW)</b></p>	<p><b>Thur 27<sup>th</sup> Oct 2022, 1pm Council Chamber (CR)</b></p>
		<p><b>CANCELLED Thur 13<sup>th</sup> Oct 2022, 10am Council Chamber</b></p>			<ul style="list-style-type: none"> <li>Housing Allocations Policy Review 2022/2023 Update</li> <li>Economic Strategy Overview 2030 (c)</li> </ul>	<ul style="list-style-type: none"> <li>Flooding Update</li> <li>Mid-Year Meeting as CDC to include; <ul style="list-style-type: none"> <li>Domestic abuse update</li> <li>Violence AWG Strategy</li> <li>Community Safety Strategy update (c)</li> </ul> </li> </ul>
Nov	<p><b>Thur 3<sup>rd</sup> Nov 2022, 10am Council Chamber (CR)</b></p>	<p><b>Thur 24<sup>th</sup> Nov 2022, 10am Council Chamber (CM)</b></p>	<p><b>Thursday 10<sup>th</sup> November at 1 to 2pm Briefing Session MS Teams (CR)</b></p>	<p><b>Wednesday 23<sup>rd</sup> Nov 2022, 11am, Council Chamber (CM/RW)</b></p>	<p><b>Friday 25<sup>th</sup> Nov 2022, 11:30am, MS Teams (CM)</b></p>	
	<ul style="list-style-type: none"> <li>Localities (Autumn 2022 – formal meeting) (c)</li> </ul>	<ul style="list-style-type: none"> <li>Update from D&amp;BHT</li> <li>Winter Planning</li> <li>ICS/ICB Update (c)</li> </ul>	<ul style="list-style-type: none"> <li>SEND Strategy (c)</li> </ul>	<ul style="list-style-type: none"> <li>Housing Allocations Policy Review 2022/23 (c)</li> <li>Housing stock conditions – private sector (c)</li> </ul>	<ul style="list-style-type: none"> <li>Community Asset Transfer Review (c)</li> </ul>	
	<p><b>Tuesday 22<sup>nd</sup> November 2022, 1pm Briefing Session MS Teams (CR)</b></p>					
	<ul style="list-style-type: none"> <li>Doncaster Fairness and Well-being Commission Call for Evidence</li> </ul>					

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

Dec	<b>Thur 1st Dec 2022, 10am Council Chamber (CR)</b>		<b>Thur 8<sup>th</sup> Dec 2022, 4:30pm Council Chamber (CM)</b>	<b>Wednesday 7<sup>th</sup> December 2022 at 10am (MS Teams TBC)</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 (c)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>School Education Results – December 2022 (c)</li> <li>Looked After Children (LAC)/NEET – needs further discussion (c)</li> </ul>	<ul style="list-style-type: none"> <li>Employment (c)</li> <li>Economic Strategy ©</li> </ul>	
Jan	<b>Thur 26<sup>th</sup> Jan 2023, 10am Council Chamber (CR/CM)</b>				<b>Mon 23<sup>rd</sup> Jan 2023 4:00pm Council Chamber (CM)</b>
	<ul style="list-style-type: none"> <li>Budget</li> <li>Corporate Plan</li> <li>Borough Strategy (DDT) TBC May be slightly later</li> </ul>				<ul style="list-style-type: none"> <li>Environmental &amp; Sustainability Strategy Action Plan 22/23 Update (c)</li> <li>Environment/Climate Change lessons learnt from the summer heat wave; (c)</li> <li>Community Asset Transfer Review Recommendations</li> </ul>
Feb	<b>Thur 9<sup>th</sup> Feb 2023, 10am Council Chamber (CM/CR)</b>	<b>Thur 2nd February 2023, 10am, Council Chamber (CM)</b>		<b>Wednesday 28<sup>th</sup> Feb 2023. 10am (MS Teams TBC)</b>	<b>Thur 16<sup>th</sup> Feb 2023, 10am Council Chamber</b>
	<ul style="list-style-type: none"> <li>Budget</li> <li>Corporate Plan</li> <li>Borough Strategy (DDT) TBC maybe slightly later</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>		<ul style="list-style-type: none"> <li>Major Schemes update: Emerging projects (TBC)</li> <li>Airport update and regeneration – Scott Cardwell (TBC)</li> <li>Levelling Up Fund update – Christian Foster / Mitch Salter / Jonny Bucknall / Michelle Beeney</li> <li>Town Deal update (TBC)</li> </ul>	<ul style="list-style-type: none"> <li>Crime and Disorder Committee - Safer Doncaster Partnership Priorities.</li> </ul>
	<b>Thur 23<sup>rd</sup> Feb 2023, 10am Council Chamber</b>				
	TBC				

Please note dates of meetings/rooms/support may change

March	<b>Thur 30<sup>th</sup> March 2023, 10am Council Chamber (CM)</b>	<b>Thur 23<sup>rd</sup> March 2023, 10am Council Chamber (CM)</b>	<b>Thur 16<sup>th</sup> March 2023, 4:30pm Council Chamber (CR)</b>	<b>Thur 9<sup>th</sup> March 2023, 1.00pm Council Chamber (CR)</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>		
				<b>Date TBC Informal Briefing session</b>	<b>Thurs 9<sup>th</sup> March 2023 2.30pm Council Chamber Members briefing (CR)</b>	
			<ul style="list-style-type: none"> <li>Social Care Front Door referrals – school experience update</li> </ul>	<ul style="list-style-type: none"> <li>Improving Council housing stock and How St Leger Homes ensure VFM and work standards on improvement programmes;</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	Possible planning reform legislation – not available at this time (as of August 2022). Timing TBC	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> </ul>
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FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

		Speech and Language – Update – briefing TBC	Early Help Strategy/Annual Report/My Life Doncaster – Members Briefing and Annual Report for circulation		<ul style="list-style-type: none"> <li>○ links to gang culture</li> </ul>
		Healthwatch Review (Access to Services) Members Briefing TBC	Transfer of Doncaster Children’s Services Trust to the Council – Updates		<ul style="list-style-type: none"> <li>○ Environmental – items to be considered individually;</li> <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 / November 2022</li> </ul>
		Ambulance Times - TBC	Youth Council – Member’s briefing TBC		
		Integration White Paper – 2023/2024 – due to being on hold nationally.			

Please note dates of meetings/rooms/support may change

**BRIEFING NOTES/FOR CIRCULATION**

	Get Doncaster Moving (circulated June 2022)	Not in Education or Employment (NEET) update (briefing paper circulated 14 <sup>th</sup> July 2022).		
	Health and Wellbeing Board Annual Report (circulated 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			

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**DONCASTER METROPOLITAN BOROUGH COUNCIL**  
**FORWARD PLAN FOR THE PERIOD 1ST DECEMBER, 2022 TO 31ST MARCH, 2023**

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: Monday, 31st October 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
14 Dec 2022	Acceptance of City Region Sustainable Transport Settlement funding'	Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement	Cabinet	Kerry Perruzza, Senior Transport Planner Kerry.Perruzza@doncaster.gov.uk, Neil Firth, Head of Service, Major Projects and Investment neil.firth@doncaster.gov.uk		
14 Dec 2022	To approve the new Doncaster Economic Strategy 2030	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business.	Cabinet	Allan Wiltshire, Head of Policy and Partnerships allan.wiltshire@doncaster.gov.uk		Open
14 Dec 2022	To approve the proposed Strategic Asset Management Strategy 2023-2030	Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement	Cabinet	David Stimpson David.stimpson@doncaster.gov.uk		Open

18 Jan 2023	To sign off the Adults, Health and Wellbeing local account entitled Your Care and Support, which describes what we achieved in 2020 - 2022 and priorities agreed with Doncaster people for the year ahead.	Councillor Andrea Robinson, Portfolio Holder for Adult Social Care	Cabinet	Bryony Shannon, Strategic Lead, Directors Office, Adults, Health and Wellbeing Bryony.Shannon@doncaster.gov.uk		Open
18 Jan 2023	Customer Experience Strategy 2022-26	Councillor Jane Nightingale, Portfolio Holder for Corporate Resources	Cabinet	Julie Grant, Assistant Director of Customer Service and ICT julie.grant@doncaster.gov.uk		Open
18 Jan 2023	Approval of the Council Tax Base for 2023/24	Mayor Ros Jones	Cabinet	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
15 Feb 2023	Approval to extend Doncaster's Borough-wide Public Space Protection Order (PSPO) Dog Fouling and Control for a further 3 years, following a public consultation.	Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement	Cabinet	Robert Scarborough Tel: 01302 734654 robert.scarborough@doncaster.gov.uk		Open

27 Feb 2023	To approve the level of the Council Tax for 2023/24 and to pass appropriate statutory resolutions including the Council Tax requirement for 2023/24.	Mayor Ros Jones	Council	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
27 Feb 2023	To approve the Treasury Management Strategy Statement 2023/24 - 2026/27	Mayor Ros Jones	Cabinet, Council	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
27 Feb 2023	To approve the Revenue Budget 2023/24-2025/26	Mayor Ros Jones	Cabinet, Council	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
27 Feb 2023	To approve the Housing Revenue Account Budget 2023/24	Mayor Ros Jones	Cabinet, Council	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
27 Feb 2023	To approve the Capital Strategy & Capital Budget 2023/24 - 2026/27	Mayor Ros Jones	Cabinet, Council	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open

1 Mar 2023	Quarter 3 2022-23 Finance and Performance Report	Mayor Ros Jones, Councillor Phil Cole, Portfolio Holder for Finance and Trading Services	Cabinet	Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@dooncaster.gov.uk		Open
1 Mar 2023	St Leger Homes Performance Report 2022/23 Quarter 3	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business.	Cabinet	Julie Crook Tel: 01302 862705		Open