



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU

Date: Thursday, 8th February, 2024

Time: 10.00 am

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**Damian Allen
Chief Executive**

Issued on: Wednesday, 31st January 2024

Governance Services Officer for this meeting

Caroline Martin
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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 23rd November 2023 (*Pages 1 - 6*)
 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. NHS Integrated Care Board Update (*Pages 7 - 32*)
 7. Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions (*Pages 33 - 50*)

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

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

Councillors Laura Bluff, Linda Curran, Yetunde Elebuibon, Sean Gibbons, Julie Grace, Jake Kearsley and Sue Knowles

Invitees: Jim Board UNISON

Public Document Pack Agenda Item 4

CITY OF DONCASTER COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 23RD NOVEMBER, 2023

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the , DONCASTER on THURSDAY, 23RD NOVEMBER, 2023 at 10.00 AM

PRESENT:

Chair - Councillor Glynis Smith

Councillors Martin Greenhalgh, Linda Curran, Julie Grace and Sue Knowles

ALSO IN ATTENDANCE:

City of Doncaster Council.

- Phil Holmes – Director of Adults, Wellbeing and Culture (DASS)

External.

- Richard Parker – Chief Executive – Doncaster & Bassetlaw Teaching Hospitals
- Ailsa Leighton – Director of Transformation (NHS South Yorkshire ICB)

| | | <u>ACTION</u> |
|----|--|---------------|
| 7 | <u>APOLOGIES FOR ABSENCE</u> | |
| | Apologies for absence were received from Councillor Laura Bluff, Councillor Jake Kearsley and Councillor Sean Gibbons. | Note |
| 8 | <u>DECLARATIONS OF INTEREST, IF ANY</u> | |
| | There were no declarations of interest made. | Note |
| 9 | <u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH SEPTEMBER 2023</u> | |
| | RESOLVED: That the minutes of the meetings held on the 28th September 2023 be agreed as a correct record and signed by the Chair. | Note |
| 10 | <u>PUBLIC STATEMENTS</u> | |
| | There were no public statements made. | Note |

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| 11 | <p><u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS (DBTH)</u></p> | |
| | <p>The Panel received a presentation from the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals, which covered the following areas;</p> <ul style="list-style-type: none"> • Urgent and Emergency Care • Emergency Access • Ambulance Handover • Improvement Work • Winter Plans • Reducing Long Waits • Non-surgical Oncology • Estates and Infrastructure <p>There was a discussion held and the following areas were highlighted;</p> <p>Ambulance Handover Times – A Member referred to information reported last year on ambulance times and was pleased to see that the metrics for measuring ‘Ambulance Handover Performance’ had improved. References were made to the importance of releasing ambulances and creating flow and capacity to deal with unexpected challenges.</p> <p>There was a brief outline of issues around bed capacity at Doncaster Royal Infirmary and that they had the highest bed occupancy in South Yorkshire. It was explained that there were challenges around working with partners, in order to make that flow work, however it was noted that improvements had been seen.</p> <p>Emergency Care Access - It was noted that although the performance of Emergency Care Access for September (seen within 12 hours), appeared good at 4.97%, this, meant 460 people. Reference was made to the recent experience of a Panel Member of attending Accident and Emergency (A&E). Feedback from this experience referred to concerns around cleanliness, potential health hazards and facilities for families with children, particularly when waiting for prolonged periods.</p> <p>It was acknowledged that the example provided was not the standard nor the ambition of care that the hospital was looking to provide. It was explained that certain times and days of the week presented significant challenges. Members heard that the department had been built to take 220 patients per day. It was explained that there were children’s waiting areas within the hospital and efforts were being made to maintain hospital policies and procedures to minimise risks.</p> <p>ACTION: That information from the Panel Member be provided direct to the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals.</p> | <p>Senior Governance Officer</p> |

Another Member made reference to their own experience when in the A&E waiting room, of feeling intimidated by other individuals present. It was recognised that there were times, such as during the weekend and in the evening when there could be more challenges. It was responded that this was managed through staff roles addressing these situations as they developed.

It was recognised that frustrations often occurred when booking into A&E or after waiting for long periods of time. Members were informed that there was an additional building near reception, with a space to be used as a secondary waiting area. It was noted that the solution and aim was to keep queues low and see people within 4 hours.

Increase in Minor Injuries - It was acknowledged that there had been a rise in attendance at the Emergency Department (ED) because of minor injuries. Reference was made to challenges of accessing GPs that often resulted in more people going to the ED as they believed it was a quicker way of accessing medical advice or treatment. It was noted that if used in the right way, the whole system could be in a better position to respond more effectively. It was felt that it was about looking at alternative local solutions and working to a greater extent in partnership with others. An example was shared how a NHS Community Diagnostic Centre (CDC) had opened in a Barnsley shopping and leisure destination, The Glass Works. It was reported that as a result of this service changing (alongside greater communication with the public), Did Not Attend (DNA) had fallen by 50% and people taking up the screening invitations had increased by 33%. It was noted that often attendance at ED was from those residing in the most deprived communities and it was felt that more needed to be done in terms of stabilising the service and moving towards prevention. There was a brief discussion about issues such as inequalities, the challenges of getting people back to work and the impact of long waiting lists.

From a public health perspective and prevention services, Members heard about School Nursing Visits and working with parents to prevent injuries and accident.

Patient Initiated Requests to Move Provider (PIDMAS) - A brief overview was provided of the PIDMAS initiative (which allows NHS patients to request a move to a different hospital for earlier care or treatment). Members learnt about its potential positive outcomes, which included how it aimed to reduce the length of time and number of patients on waiting lists. Concern was raised for those individuals that may lose their jobs or benefits whilst waiting for treatment.

Members were informed that PIDMAS could have a positive impact on budgets as the hospital would be able to treat another patient instead. It was explained that the costs of treatment chosen were paid for through a national resource. It was noted that it was important to try

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| | <p>and ensure that it was fair, equal, and accessible for all as, for example, patients would need to fund their travel costs up front. It was clarified that this formed part of mutual aid with Barnsley, Rotherham and Sheffield. Examples were shared of what was currently taking place in South Yorkshire, for example, mutual aid being provided to Sheffield from Leeds to treat spinal cases.</p> <p>Consultations (with Vulnerable Adults) – Concern was raised regarding the standard and level of consultations being undertaken, for example, through Easy-Read documents with a broad range of adults considered as being more vulnerable. It was questioned why Easy Read was not undertaken more routinely for all consultations and included more within our communities. Members were informed that efforts were made to try and provide information across a range of areas. Reference was made to the differences arising from where a service was located and that it was about being accessible and affordable. It was viewed that there had been positive implications arising from digital advancements and intelligence information.</p> <p>Artificial Intelligence (AI) – It was explained that the Doncaster and Bassetlaw Teaching Hospital Foundation Trust, would have an Electronic Patient Records (EPR) system implemented 2025/26. Reference was made to progress made in Artificial Intelligence across South Yorkshire, which included blood tests results that could be viewed by any Clinician in South Yorkshire.</p> <p>RESOLVED that the Panel note the information provided.</p> | |
| 12 | <p><u>HEALTH AND SOCIAL CARE: WINTER PLANNING IN PARTNERSHIP</u></p> | |
| | <p>The Panel received an overview from the Director of Adults, Health and Wellbeing and Director of Transformation, NHS South Yorkshire ICB, Doncaster Place. The following areas were raised as part of the discussion.</p> <p>Discharge Planning – A Member raised concern about the pressures placed by winter on discharge planning. Enquiries were made about the Discharge Unit and availability of packages of care, in light of feedback provided around an individual being discharged without a pack.</p> <p>Members were assured that although that should not be happening, a situation might have taken place when pressures had occurred, and the pack may have been provided after. It was acknowledged that winter placed more pressure on wards which created challenges around discharges. There was a brief discussion about the process and what should take place and it was acknowledged that this service was operating in a more reactive manner at present. Members were pleased to hear that there were initiatives and opportunities going</p> | |

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|----|---|---------------------------|
| | <p>forward within each of the workstreams and benchmarking information available to help measure performance.</p> <p>Public Health Winter Predictions – Members expressed concern around reduced handwashing, post Covid and felt that more could be undertaken to encourage this practice, particularly with children and young people within schools. It was acknowledged that good infection prevention and control was important. In terms of national infectious diseases, Members heard that measles had been on the increase nationally although there were presently no cases in Doncaster and that prevention was key.</p> <p>Comparisons in Data and Performance with Neighbouring Local Authorities – There was a brief discussion around comparison with neighbouring Local Authorities and the reasons behind the differences in performances and data.</p> <p>Communication – Members were assured that information was being placed where it would reach those who needed it the most and were provided with examples of what was taking place. Assurances were given, that this would be evaluated to ensure it was happening and was effective.</p> <p>RESOLVED: The Panel recommended that consideration be given to delivering wider publicity (including a school campaign), to encourage greater handwashing to prevent viruses from spreading.</p> | |
| 13 | <p><u>OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p> | |
| | <p>The Panel gave consideration to the Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions.</p> <p>Action: The Senior Governance Officer noted the Doncaster Adult Social Care Local Account 2024 and offered to circulate it when it became available.</p> <p>There was a brief discussion around the Yorkshire Ambulance Service and the Chair outlined that she would like the Panel to consider this as part of the future workplan from a Doncaster perspective.</p> <p>RESOLVED: that the report, be noted and that the Yorkshire Ambulance Service be added to the workplan.</p> | Senior Governance Officer |

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City of Doncaster Council

Report

8th February 2024

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

Update from Integrated Care Board (ICB)

| Relevant Cabinet Member(s) | Wards Affected | Key Decision? |
|---|----------------|---------------|
| Councillor Sarah Smith - 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 in this report and at Appendix A (briefing paper) and presentation and discussion with Anthony Fitzgerald, Executive Place Director NHS South Yorkshire Integrated Care Board on the following areas:
 - Primary Care Access recovery plan for Doncaster area.
 - Pharmacy access, demands and national position
 - Oral health to include Dentistry access, demands and national position

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by Anthony Fitzgerald, Executive Place Director 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 and highlights the importance of areas which ultimately have an impact on its residents across the borough.

BACKGROUND

5. NHS South Yorkshire ICB was identified as a key partner that the Panel wished to invite to a meeting as part of its 2023/24 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 | | | | ✓ |
|  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 | | | | ✓ |
| Fair & Inclusive | | | | ✓ |

Legal Implications

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

Financial Implications

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

Human Resources Implications

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

Technology Implications

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

RISKS AND ASSUMPTIONS

- 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

ICB – South Yorkshire Integrated Care Board

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Primary Care Access Recovery Plan for Doncaster

Introduction

On 9th May 2023 NHS England and the Department of Health and Social Care published a Delivery Plan for recovering access to primary care available here:

<https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>

The main purpose of the plan is to prevent patients having to ring at 8am to get an appointment and to make it quicker and easier for patients to get the support they need. It also aims to ensure that those patients attending the practice on the day are clear how their case will be managed.

The plan covers four key areas which are replicated in the Doncaster plan:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy

This briefing covers each key area in turn.

Empowering Patients

It is really important to make sure that patients who need to access general practice are able to do so and to support those people who need better access to information to manage their own care or to find support from other providers.

Demand for appointments in primary care is extremely high with over half of the Doncaster population accessing booking appointments every month. Unfortunately consistently around 10% of those appointments are not used each month either because patients do not turn up (DNA) or for reasons unknown. The table below shows this in more detail and the impact of the pandemic can clearly be seen.

| MM/YY | Appts booked | % population booking | % appts used | % appts face to face | % appts telephone |
|----------|--------------|----------------------|--------------|----------------------|-------------------|
| Oct 2018 | 177,117 | 55 | 90 | 89 | 7 |
| Oct 2019 | 178,564 | 55 | 89 | 88 | 7 |
| Oct 2020 | 154,218 | 47 | 90 | 69 | 27 |
| Oct 2021 | 166,404 | 51 | 90 | 71 | 25 |
| Oct 2022 | 184,152 | 56 | 90 | 77 | 19 |
| Oct 2023 | 194,858 | 58 | 88 | 74 | 21 |

The appointments above are those provided in GP practices both during core practice hours and in the extended hours period it does not cover appointments provided at the same day health centre or through the out of hours provider which are additional to this.

Key actions to empower patients are:

- Promoting the use of the NHS app
- Increasing self referral pathways and home monitoring services
- Expanding community pharmacy provision (see pharmacy section)

Implementing Modern General Practice

The modern general practice model allows patients needs to be captured in one place whether they call on the phone, walk in or put in an online request. A care navigator then directs the request to the most appropriate services or team and deals with the associated administrative requirements. This will mean the patient is quickly seen by local services, advised on self care or assessed further by one of the practice team which is overseen by a GP.

This section also includes:

- Better digital telephony
- Simpler online requests
- Faster navigation, assessment and response

Digital telephony

All practices on analogue phone systems with a limited number of lines and no call management system are to move to digital telephone systems by March 2025. 19/37 practices are moving to digital systems by March this year. The remainder are already with an approved supplier but may need to make an adjustment to their contracts to achieve full functionality. National funding has been provided to Doncaster to enable these upgrades to happen. This means that patients should no longer get engaged tones when they phone their practice and will know how far in the queue they are as well as having the call back functionality

Simpler online requests

This includes better websites that are easily accessible and usable for each practice. Easier ways of booking appointments, ordering repeat medication and contacting the practice by email as well as accessing their medical records on line. In Doncaster we have secured support from Redmoor Health to encourage digital champions in our practices and networks to support the move to more digital options.

We are also acutely aware that not everyone has access to digital tools and the traditional ways of accessing general practice will remain however there is a huge digital inclusion project which is underway which has since 1st July 2024 enabled over 400 local people to undertake training in digital skills and 170 devices including phones to be provided to groups and individuals.

Faster Navigation, assessment and response

Care navigation training has been provided to all Doncaster practices. It is anticipated that around 15% of current GP appointments could be navigated out of the practice to self care, community pharmacy, to admin teams or other more appropriate local services.

National funding has been made available for practices to have some dedicated time to work up a modern general practice access model based on their individual needs

and the needs of their patients. This involves for example looking at capacity and demand and moving appointments around so that the busiest times of the week have the most appointments available. 10 practices have expressed interest so far in taking this forward.

Building Capacity

This includes work to:

- Develop larger multidisciplinary teams
- Provide more new doctors
- Retain experienced GPs and enable them to return
- Give higher priority for primary care in new housing developments

Teams

There are over 20 new types of roles working in primary care from clinical pharmacists to mental health co-ordinators, nurse associates to physicians associates and GP assistants and personalised care staff providing care co-ordination, health and well being and social prescribing support. PCNs have workforce plans in place which collectively will result in over 200 additional staff working in primary care in Doncaster.

It is planned that this national funding will continue to enable the workforce to be sustained there is a challenge in Doncaster that the funding available is less than the national calculation indicates it should be but we are working with NHS England to ensure that this is rectified.

We already have a good track record of partnership working in service delivery and multi-disciplinary teams already exist in a number of areas including care homes services this will be further expanded to maximise care and avoid duplication and silo working.

Doctors

There are a number of actions being undertaken nationally to increase the GP workforce. A national workforce strategy has been published ¹ [NHS England » NHS Long Term Workforce Plan](#) and the SY Strategic Plan for primary care sets out how the South Yorkshire Workforce and Training Hub will help in this area. The work programme for the hub for the next year includes supporting people new to general practice and supporting supervision as well as the development of rotational and hybrid roles.

In Doncaster we have a local GP retention scheme whereby doctors who would otherwise have left general practice are supported to remain in primary care with additional support and education being provided. The pandemic has enabled more flexible working for some doctors too so that they can undertake remote consultations for example from home to enable a better work life balance

Estates

With the increasing workforce becomes an issue of adequate space to house all of the staff. Developments are underway to build new primary care hub facilities in Bentley and Rossington and two practices have been supported to extend their existing premises the Petersgate practice in Scawthorpe and the Scott practice in Balby.

We are supporting PCNs to develop their estates strategies to ensure all space is utilised and integration between different providers is maximised. A Strategic Estates Group brings all providers together including planning teams so that there is early warning of new housing developments and the impact that this will have on local services is better understood.

Cutting Bureaucracy

This has included national work to reduce the number of targets that practices and networks have to deliver. A national consultation exercise has commenced on getting the balance right between incentivising practices to improve quality through the ongoing provision of targets to providing enough time for clinical care.

About 30% of GP time is spent on administrative functions and part of this plan is to reduce the burden particularly at the secondary to primary care interface

- to reduce the number of referrals back to a GP to make a referral into another specialty for the same patient
- hospitals to provide fit notes for patients they discharge
- hospital call and recall systems for follow up tests and appointments
- improve communication routes

There are also further national plans to reduce the burden on GPs having to provide evidence of illness for people called for jury service unless asked for by the court and updating guidance on when people wishing to access social housing need to seek medical advice.

How we will deliver this

NHS England is providing funding for high quality digital tools to enable the shift to online.

NHS England has provided on average £13,500 per practice to support practices that commit to transforming the way they work.

All five PCNs have developed robust capacity and access plans which take forward the recommendations of the Delivery Plan. These are monitored quarterly by the ICB and payment will be made on achievement of key deliverables.

Funding has continued to expand the workforce in primary care in a number of roles including pharmacists, physiotherapists, health and well being coaches and other staff to take the pressure off the GP. For Doncaster this will have increased the primary care workforce by over 200 whole time equivalent staff by end March 2024.

We will continue providing evening and weekend appointments in our practices, patients can book these through their GP practice and be directed as to where to attend. The local health bus will also continue to deliver services to our most

vulnerable communities as part of this initiative. The Same Day Health Centre will continue to provide more urgent appointments to patients 7 days per week if they cannot get in to see healthcare professionals at their usual practice.

For those patients who attend the emergency department but are better seen in primary care, our out of hours provider is working closely with hospital colleagues to redirect patients into the urgent treatment centre instead (it is in the hospital close to the emergency department so patients can be seen and if appropriate treated quickly).

We are on a mission to move more services from the hospital out into the community so that they are accessible to our populations. As a first step a community diagnostic centre has been developed on the Mexborough Montague site to enable a one stop shop for checks scans and tests and will include facilities for CT scans, MRI scans, ultrasound and endoscopy significantly increasing the number of patients that can be seen.

Our practices routinely declare their capacity and demand pressures through a primary care capacity and demand tool so that the ICB can quickly see where practices may require additional support and resource. Primary Care Doncaster the local federation is working with local practices to ensure their ongoing resilience and engaging practices in structured support level framework discussions. Practices can also seek help from the national general practice improvement programme to better improve the way they work reducing pressure and increasing capacity at the right time to meet demand.

Primary Care Doncaster led a practice improvement week exercise with the Burns practice in September 2023 which provided the opportunity to look in detail at presentations in a primary care setting as to their appropriateness by collecting live data about demand across a week. This was done not only from a patient's point of view but also from the practice referring patients on to other services or patients being referred back into practice to identify any issues and put mitigations in place to reduce inappropriate attendances, processes and procedures and remove any obstacles. We are discussing with the Federation how this learning can be shared.

Continue to engage with our localities in the development of integrated neighbourhood teams to respond to our local residents needs and ensure that services are provided as close to home as possible with the right care providers. Workshops will continue into 2024/25 to further develop our integration plans.

We will supplement any national campaigns with local communications around digital access and the promotion of the NHS app, promotion of the wider primary care team and signposting patients to the right care (example winter leaflet posted to peoples homes which includes right care information)

We will also use our contract review meetings with practices to ensure that the contract is being delivered particularly around the contact with the practice clauses to remove the ongoing requests to patients to ring again at 8am the following day.

Community Pharmacy Access

Through active leadership within our ICB Primary Care Provider Alliance and through our Community Pharmacy Forum, we are developing our collective understanding of the opportunities for Community Pharmacy, our aim being to strengthen the foundations for a more integrated, consistent, clinically focused offer in community pharmacies across South Yorkshire, recognising the potential for pharmacies to do more to support patients and local communities.

Locally commissioned services provided by Community Pharmacy are already in place across Doncaster, these are currently being reviewed to establish an up-to-date baseline of current services, to review the service specifications, digital platforms and funding model for current services and to make recommendations to the South Yorkshire Primary Care Provider Alliance about opportunities to achieve consistency and efficiency across South Yorkshire.

NHS South Yorkshire ICB is part of the NHS England Independent Prescribing Pathfinder programme for Community Pharmacy and will be hosting 10 pathfinder sites across our four Places, taking the opportunity to work together to redesign pathways and increase the use of the clinical skills within community pharmacy. The work to develop the South Yorkshire IP Pathfinder programme is underway, working with each of the South Yorkshire Local Medical Committees (LMCs), Community Pharmacy South Yorkshire (CPSY) and other stakeholders in the development of our clinical models and the required governance.

The outcome of the South Yorkshire pathfinder sites will be to share learning with the national NHS England programme and to inform the future of Community Pharmacy commissioning and ensuring that Pharmacists will be able to utilise their prescribing qualification whilst working in the Community Pharmacy sector.

Nationally there have been changes to the Community Provider landscape and this is reflected in Doncaster. The following information provides a summary of changes to Community Pharmacy provision in Doncaster since 1 January 2023.

| Pharmacy Type | No at 01/01/2023 | No at 01/01/2024 |
|----------------------|-------------------------|-------------------------|
| 40 hour | 60 | 59 |
| 100 hour | 10 | 8 |
| DSP | 2 | 3 |
| DAC | 1 | 1 |
| Total | 73 | 71 |

Definitions:

40-hour – Pharmacies that have 40 core opening hours per week. The contractor may choose to open the pharmacy for more than 40 hours; these are known as supplementary opening hours and can be removed by the contractor with five weeks' notice.

100-hour – Pharmacies that were subject to a 100-hour condition although they may now be opening fewer than 100 hours per week following changes to the pharmaceutical regulations which came into effect on 25 May 2023.

DSP – Distance Selling Pharmacy. There are specific conditions that apply to this type of pharmacy. A DSP must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it. The pharmacy procedures for the premises must be such as to secure the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and the safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else’s behalf, and the applicant or the applicant’s staff.

DAC – Dispensing Appliance Contractor

The following data shows the reduction to the total number of Community Pharmacy opening hours in Doncaster. However, it is important to note that loss of opening hours does not necessarily create a gap in service if there is alternative local provision that patients can access and also provision might not be inadequate if there is no alternative provision as it might be that there is no demand for pharmaceutical services during those hours that a contractor has chosen to reduce hours.

| Total opening hours per week 01.01.2023 | Total opening hours per week 01.01.2024 | Reduction in opening hours per week |
|--|--|--|
| 4056.83 | 3622.08 | 434.75 |

The table below sets out the changes to late night and Sunday opening of Community Pharmacies across Doncaster.

| | 01/01/2023 | 01/01/2024 |
|--|-------------------|-------------------|
| Number of pharmacies open later than 21:00 Monday to Friday | 10 | 0 |
| | 01/01/2023 | 01/01/2024 |
| Number of pharmacies open on Sunday | 12 | 10 |

The reduction in opening hours has resulted from:

- Closures, where the Pharmacy Contractor has determined that the Pharmacy is no longer viable;
- Closures as part of a consolidation, the ICB having determined that granting the application would not create a gap in pharmaceutical services provision that could be met by a routine application;
- Reductions to the core opening hours of 100-hour pharmacies. With effect from 25 May 2023, the Pharmaceutical Regulations were amended so that a pharmacy contractor can now apply to the ICB to reduce the total core opening hours of their 100-hour pharmacy to at least 72 core opening hours

per week, which must include core opening hours between 5pm and 9pm Monday to Saturday and core opening hours on a Sunday between 11am and 4pm, if the pharmacy currently has core hours at these times.

- Reductions to the supplementary opening hours of 40-hour pharmacies.

The above information has been shared with Doncaster Health and Wellbeing Board to inform work on reviewing the current Pharmaceutical Needs Assessment (PNA), which will identify whether there are any gaps in provision as a result of these changes. This piece of work is currently ongoing.

Demands on Community Pharmacy

A wide range of services are delivered by Community Pharmacy. In addition to the essential services, including dispensing of medication, support for self-care, disposal of unwanted medicines and support to patients following discharge from hospital with new medications, Community Pharmacy also provides a range of advanced services, including Blood Pressure checks, Flu vaccinations, COVID vaccinations and Contraception Services.

One of the biggest challenges for Community Pharmacy, as with other healthcare services, is to recruit and retain its workforce. The South Yorkshire Workforce Board is in the final stages of developing a South Yorkshire Pharmacy Workforce Strategy, structured around four themes:

- Ensuring a sustainable workforce for today's demand.
- Building a sustainable workforce for the future.
- Improving retention of existing staff.
- Creating opportunities for expanded roles.

National Position on Community Pharmacy

As part of the NHS England Primary Care Access Recovery Plan, the new Pharmacy First scheme is due to launch from the end of January 2024 and will enable Pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. In Doncaster and across South Yorkshire there have been Minor Ailments schemes in operation, which will provide a helpful foundation for implementing this more wide-ranging service.

To date, 70 pharmacies across Doncaster have signed up to confirm they are able and willing to deliver this new service from 31st January 2024. The ICB is working with Doncaster Local Medical Committee to support building strong working relationships between GP Practices and Community Pharmacies to enable effective implementation of this new service and to maximise its benefits for patients, GP Practices and Community Pharmacies.

Oral Health in Doncaster

Oral health and access to dental services is a significant concern for the people we serve with Doncaster experiencing high levels of poor oral health. Improving dental

services is a priority for the ICB.

Good oral health is essential for good general health and wellbeing, yet Doncaster residents experience some of the highest levels of tooth decay, gum disease, and mouth cancer which can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating and drinking affecting nutrition, sleeping, communicating, socialising and quality of life.

Oral diseases are largely preventable and share common risk factors (e.g. dietary sugars, tobacco, alcohol, poor oral hygiene) with other health problems such as obesity, diabetes, stroke, heart disease and aspiration pneumonia.

Oral diseases place significant costs on the NHS and also have a wider social impact, and as with other conditions, poor oral health disproportionately affects the most vulnerable and socially disadvantaged individuals and groups in society.

A health equity audit approach has been developed to produce a profile for Doncaster (NHSE, 2022 – see Appendix 1). This has identified areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need and will be referred to by the ICB guide future commissioning of services in Doncaster.

Dental Access / Demands / National Position

There are 37 dental practices in Doncaster providing mandatory dental services with a total of 1,448.20 opening hours between Monday – Friday and with 2 practices opening on a Saturday morning totalling 8 hours. The distribution of dental practices across Doncaster is good with practices focused in areas of population density including deprived areas.

Access rates for both adults and children in Doncaster are higher than the national rates. Adult patients seen by an NHS dentist in the last 24 months and child patients seen in the last 12 months as a percentage of the population for local authorities in south yorkshire and England shows that Doncaster has 63.4% of adults and 60.5% of children seen to June 2023. This remains slightly lower than pre covid levels (66.2% and 66.0% respectively) but has been steadily rising year on year and compares favourably to the other 3 Local Authority areas in SY. Access includes those appointments for regular access aswell as urgent care.

There is no simple formula for estimation of unmet need in an area. Dental needs can be unmet due to a variety of reasons such as:-

- Waiting lists/volume commissioned
 - Cost
 - Physical access to premises, ability to travel
 - Opening hours/ability to take time off work/caring responsibilities
- Physical Access in more deprived neighbourhoods - The local place profile for Doncaster has indicated that in future the ICB may consider that any investment to focus on need and addressing inequalities should be on the following areas:

| Reallocation of resources to existing practices (within year / small numbers of Units of Dental Activity) | |
|--|---|
| Wards with the highest level of deprivation (IMD 1) in the first instance | Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough Town |
| Commissioning in a new location/recommissioning in an existing location/retaining an existing practice | |
| IMD 1 – NO GDS services | Balby South |
| IMD 4 – NO GDS services | Edenthorpe & Kirk Sandall |
| IMD 5 – NO GDS services | Roman Ridge |
| IMD 1 – GDS services | Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough Town |

- National position - Dental System Reforms - The outcome of the national 2022/23 dental contract system reform negotiations were confirmed by NHS England; this represents the first significant change to the contract since its introduction in 2006. These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. Not all changes are yet in place, some are dependent on the timescale for legislative changes.

Stage 2 – scoping discussions are taking place with relevant professionals led by the national team focusing on further regulatory and other changes.

- Dental funding – The dental budget, under national direction is ringfenced from 1st April 2024 which includes clawback funding from those contracts which have not met their contractual obligations. This will allow the re-investment of funding (non recurrently) to maximise patient access. Funding in 2023/24 has been used to fund additional urgent access sessions to target those patients in greatest need.

Initiatives to Strengthen and Improve Access and Reduce Inequalities

Examples of specific programmes of work which focus on improving access to reducing oral health inequalities are:

- The flexible commissioning programme - There are currently 13 NHS dental practices in Doncaster involved in this programme, which aims to deliver: whole population evidence-based prevention in dental practice in line with Delivering Better Oral Health (OHID, DHSC, and NHSEI, 2021); targeted prevention for specific groups; access to care; utilisation of skill mix within the dental team.

In Doncaster, these practices accept referrals for children at high risk of poor oral health who do not have their own NHS dentist from health visitors, the Single Point

of Contact (SPOC), the looked after children's team and former community dental services patients who are now in a position to accept care in a general practice setting. This pathway is also being extended to receive referrals from the school nursing team, and recent feedback suggests flexible commissioning is positively supporting many families to access dental care.

This programme has also been extended to address an unmet need where children with high dental needs with no regular dentist and have accessed urgent care allowing them to be signposted to a flexible commissioning practice to have their wider clinical dental needs assessed and an appropriate treatment plan put in place which may include onward referral to specialist services.

Current arrangements for the programme are in place until March 2024. A review across the 3 ICBs in Y&H is now underway with plans to:

- Consider an expansion to the programme to support a more ambitious commissioning approach to provide more scope for innovation.
 - Target practices in areas of high need that don't currently have flexible commissioning practices.
 - Review entry criteria for practices in identified areas, opportunity for the ICB to review this and develop measures that will consider outcomes rather than a focus on the target.
 - The specification of the scheme will be revised to pick up a targeted approach such as for hard to reach / hard to engage patients, supporting practices with large waiting lists to increase access for patients.
- Improving access for those experiencing homelessness - A dental service for those experiencing homelessness in Doncaster is also in place, this is based on a successful pilot in Leeds. This involves partnership working with local homeless charities/organisations which support clients 'on the ground' with a centrally-located dental practice based in the Flying Scotsman Health Centre. Clients will be supported by the charities/organisations to make appointments and be chaperoned to dedicated treatment sessions. The dental practice will also have an oral health champion who will support the charities and do outreach oral health promotional work. This is in the early stages of operation and is being closely monitored and supported during its mobilisation.
- Urgent access sessions for patients experiencing poorest oral health – SY ICB has been supporting the continuation of these sessions which originally started in November 2022 by NHS England to support the patient pathway due to the demand in the system for patient access. The current arrangement is due to end in March 2024. There are currently 24 practices providing urgent access sessions across SY with just 1 of these in Doncaster supporting the urgent care patient pathway. This scheme also provides access to routine dentistry and complete courses of treatment for patients.

Options to continue to commission these sessions are to be considered by the ICB and may be continued if deemed a priority and funding is identified via the funding plan for 2024/25.

If the scheme is to continue all eligible practices (to be determined) will be contacted to submit an expression of interest, this will also allow an opportunity to target any identified areas of need in Doncaster.

- SYB Acute Federation Paediatric Innovator Programme (Dental) – dental is one of 4 clinical specialities with the biggest waiting lists. Work is underway to work collaboratively to transform care and pathways for children and young people living in South Yorkshire. The aim is to improving access for paediatric dental services. This isn't without challenge, there is high demand, limited capacity and high waiting lists particularly for specialist/consultant led care and a limited workforce.
- Improving access for the housebound - With the aging population, there are increasing needs for dental care for older people. Provision of domiciliary care for the housebound of all ages who still live in their own homes is still a challenge.

In Doncaster there is one dental practice which provides two dedicated sessions per week to provide domiciliary care either in the patients own home or within a care home. This is a reactive service but is working well.

A review on a wider footprint across Yorkshire and the Humber on domiciliary care is also underway and within South Yorkshire the Local Dental Network will be comparing provision across the ICB.

- Workforce- the recruitment, retention, training and education and development of the whole dental workforce is a key area and one in which the ICB is keen to support. The dental workforce needs to be suitably trained and educated to be able to deliver evidence-based patient care, given the challenges of the burden and complexity of oral and general health.

Workforce challenges are a key issue for local practices with a number of providers including corporate organisations, struggling to recruit to vacant positions resulting in a negative effect on access for patients, this includes practices in Doncaster. The Covid-19 pandemic and Brexit have both impacted on dental workforce recruitment and retention. An option being explored and one in which will be presented to the ICB is an innovative approach using flexible commissioning to recruit and retain overseas dentists.

- Interpretation Services - To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. Dental practices and urgent care providers have arrangements in place. Arrangements in Doncaster are in place for practices to use The Big Word and funded by the ICB for interpreting services; face to face and telephone, language and British Sign Language.

The Oral Health Needs Assessment (OHNA) identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language

barriers in accessing dental care. Migrants do not require proof of address or proof of immigration status in order to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

- **Mental Health** - The Community Dentistry Service provides special care dentistry and paediatric dentistry for patients who have difficulty getting treatment in their "high street" dental practice. They look after people with severe learning and/or physical disabilities or who have a profound mental illness and patients who are elderly or housebound and those patients who have a medical condition which compromises dental care provision. Patients are referred into the service by a health care professional, this does not have to be a dentist. Patients do need to meet eligibility criteria to be able to access CDS.

The development of two information leaflets, one for people with additional needs (and those who support them) and the other for organisations and health professionals. These have been developed initially in Sheffield with oral health promotion teams and the CDS service. Work is underway with the ICB communications team for these to be tailored and produced for the rest of South Yorkshire areas with input from the local place stakeholders.

Urgent Care

Patients in pain should have access to urgent dental care and treatment (UDT), regardless of whether they have access to a regular dentist. Where a patient has access to a regular dentist, then they should access in-hours urgent dental care through their regular dentist.

Urgent care for dentistry is commissioned as a stand-alone service for patients calling NHS111. The South Yorkshire urgent care treatment provider delivers appointments from two sites in Doncaster the predominant one is the Flying Scotsman, the other being Field Side Dental, Thorne. Other sites in South Yorkshire are in Rotherham and Sheffield. Patients accessing urgent care via NHS111 are clinically triaged and if deemed appropriate are offered an UDT appointment with a provider nearest to where they live, however some patients may find it more convenient to attend at another location.

The Urgent Care appointments are available across South Yorkshire 365 days a year with the Flying Scotsman providing the majority of appointments, however patients may choose to attend at other sites.

The NHS111 UDT appointments for SY are part of a Yorkshire & the Humber appointment book and data shows that the demand from Doncaster residents whose calls were answered was slightly less than the available appointments, resulting in a stable position with 0.94 patients per appointment in December 2023 compared to 0.92 in December 2022. It is recognised that not all calls are answered due to demands on NHS111 vs call handlers.

| | Dec. 2022 | Dec. 2023 |
|---------------------------|-----------|-----------|
| No. appointments required | 1159 | 1348 |

| | | |
|-------------------------------|------|------|
| No. appointments available | 1259 | 1441 |
| No. patients per appointments | 0.92 | 0.94 |

The urgent care appointments available for patients since November 2022 also included additional urgent access appointments in primary care across a number of practices as described above.

In addition to the above, commissioners are including the need for practices to provide NHS111 appointments as part of contractual terms and condition changes when appropriate, e.g. service reviews, business case submissions to relocate premises.

Fluoridation

By far, the most cost-effective means of improving oral health, with the lowest carbon footprint would be to introduce water fluoridation. Although previously LAs were responsible for investigating the feasibility of new water fluoridation schemes and proposing new schemes, this responsibility has recently moved to the Secretary of State for Health and Social Care in line with the Health and Care Act 2022.

Benefits of fluoridation include:

- Reduces prevalence and severity of tooth decay in adults and children
- Adults living in fluoridated areas may retain more teeth when compared to adults living in non-fluoridated areas.
- 5 year olds in fluoridated areas have less tooth decay than those in non-fluoridated areas.
- People in deprived areas benefit the greatest from water fluoridation.
- No behaviour change required to reap the benefits.
- Cost effective oral health programme.

Dental Locality Profile – Doncaster

March 2023

Overview

- Doncaster is a unitary authority in West Yorkshire (population 312,785) which in common with the remainder of the region has an **increasing and ageing population**.¹
- There is a relatively small ethnic minority population¹.
- Doncaster is one of the 20% most deprived districts/unitary authorities in England². Deprivation is strongly correlated with experience of dental disease for both children and adults.
- The rate for alcohol-related harm hospital admissions, estimated levels of excess weight in adults (aged 18+) and smoking prevalence in adults (aged 18+) are worse than the England average². These conditions share common risk factors (tobacco, alcohol and sugar) with oral diseases.

Positives

- Distribution of practices across Doncaster is good with practices focussed in areas of population density and includes more deprived areas (see maps).
- Access rates for both adults and children in Doncaster are higher than the national rates.
- UDAs commissioned per capita in Doncaster is higher than WY ICB and YH
- Primary care specialist orthodontic and IMOS practices.
- Good local engagement with YH developments (transitional / flexible commissioning, access programme).
- Local development of level 2 paediatric services in NHS dental practice (pilot imminent)
- Access to data – the local authority has the commissioning responsibility for the epidemiology fieldwork and they have a provider. It is essential that epidemiological surveys continue to be commissioned to enable identification of oral health inequalities.

1

Challenges

- In Doncaster the average levels of dental decay are above the national average for 5-year-olds in England. Within Doncaster, the highest levels of experience of dental decay can be found in the Central locality.^{3,4}
- Relatively high delivery of commissioned UDAs but less than 96% (91% in 2019/20).
- **Poor oral health is largely preventable.** Oral disease developed in childhood has lifelong consequences. Access to timely prevention and care needs to adopt a **life course approach** and should include increasing access to fluorides, dietary control of sugars and reducing tobacco and alcohol use.
- There is no simple formula for **estimation of unmet need** in an area. Dental needs can be unmet due to a variety of reasons (waiting lists/volume commissioned, cost, physical access to premises, ability to travel, opening hours/ability to take time off work/caring responsibilities). Most patients would like a relationship/registration with a named practice of the type that exists for general medical services and to access those services as they choose (either regularly or

Doncaster Locality Profile – Final 17.03.23

NHS England DPH Team

only occasionally or when they have an urgent need). GP practices have patient lists whilst dental practices are contracted to delivery activity. Dental practices are obliged only to deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

- **Expectations of retaining some or all dentition for life** will be resource intensive. Maintenance of a heavily restored dentitions is complex potentially requiring specialist skills and often compounded by medical complexity, polypharmacy and the ability to self-care as an individual ages.
- Local engagement has highlighted poor oral health of communities living in Hexthorpe ward (including those from Eastern Europe), as well as dental access for individuals residing in Hexthorpe and asylum seekers as areas of concern. Also highlighted were concerns of the oral health of prisoners/prison leavers and dental access once they leave prison.

Current workstreams

- Review of YH **Community Dental Services** which has led to focussed work on recovery of dental GA services, workforce development (including level 2) and development of dental sedation services.
- NHSE YH accreditation of **level 2 paediatric practitioners** from the 1st cohort of the 2yr training programme developed by HEE YH. 3rd training cohort currently being recruited.
- **Level 2 Special Care** Dentistry training programme has also been developed and the 1st cohort are being recruited.
- **Transformational commissioning** – review and further development / merging of flexible commissioning and access programmes focussed on need and addressing inequalities.
- **Waiting list validation** – seeking to understand how practices record and manage waiting lists.
- **Domiciliary care** – access to dental care for those patients who are for housebound and unable to access local dental practices.

In the future we need to consider....

- **Access to prevention** interventions for all ages (life course), including expansion of delivery of prevention focussed practices (transformational/flexible commissioning)
- Patient facing **communications** – NHS dentistry how and when to access, recall intervals based on need (NICE guidance)
- Development of pathways that meet the **needs of an ageing population** - not just domiciliary services. Integration of pathways with the wider system (eg. post diagnosis), development of the dental team (level 2 SCD etc), estate/physical access.
- **Investment** – focussed on need and addressing inequalities. The OHNA assessment and commissioning data leads to the identification of the following areas:

| Reallocation of resources to existing practices (within year / small numbers of UDAs) | |
|--|---|
| Wards with the highest level of deprivation (IMD 1) in the first instance. | Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough |

| | |
|--|---|
| | Town |
| <i>Commissioning in a new location/recommissioning in an existing location/retaining an existing practice</i> | |
| IMD 1- no GDS services commissioned | Balby South |
| IMD 4 – no GDS services commissioned | Edenthorpe & Kirk Sandall |
| IMD 5 – no GDS services commissioned | Roman Ridge |
| IMD 1 – GDS services commissioned | Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough Town |

Investment decisions should also consider:

- Population distribution – see maps.
- Accessibility / transport links
- Contract delivery – poorer delivery may have underlying factors that investment may mitigate, for example opportunities for career/practice development/specialisation
- Contemporary intelligence from key local stakeholders

Population and their oral health needs

| | Doncaster | SY ICB | Yorkshire & the Humber | England |
|--|-----------|--------|------------------------|---------|
| Population¹ | 312,785 | | | |
| Predicted change in population (2020-2040) -All ages | 7% | 8% | 6% | |
| 0-19 years of age | -5% | 1% | -2% | |
| 20-64 years of age | 2% | 4% | 0% | |
| 65+ years of age | 35% | 32% | 33% | |
| 85+ years of age | 65% | 60% | 66% | |
| Epidemiology | | | | |
| 5-year-olds (2019)^{3,4} | | | | |
| % with experience of decay | 37.2% | N/A | 28.7% | 23.4% |
| Mean number of teeth affected in those with decay (mean dmft (dmft>0)) | 3.7 | N/A | 3.8 | 3.4 |
| % with sepsis | 3% | N/A | 1.4% | 1% |
| Mildly dependant older (2016)⁵ | | | | |
| Edentulous (no teeth) | 53.8% | N/A | 32.4% | 27% |
| Of those with teeth - reporting pain in mouth | 7% | N/A | 9.7% | 9.5% |
| % evidence of infection/sepsis | 11.6% | N/A | 10.7% | 7.8% |
| Oral cancer⁶Standardised rate per 100,000 | | | | |
| Incidence - lip, oral cavity and pharynx (C00-C14) | 14.36 | N/A | 15.26 | 14.55 |
| Incidence - oral cavity (C00- C06) | 8.04 | N/A | 8.7 | 8.36 |
| Mortality - lip, oral cavity and pharynx (C00-C14) | 4.14 | N/A | 4.7 | 4.54 |
| Mortality - oral cavity (C00- C06) | 2.1 | N/A | 2.18 | 2.19 |

Red - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

Commissioned dental services

| | Doncaster | SY ICB | YH | England |
|--|---|----------------|-----------------|---------|
| Primary Care Services | | | | |
| Numbers of GDS providers | 40 | 173 | 611 | |
| Wards in Doncaster with an NHS dental practice | 17 wards. 18 practices in IMD decile 1- (most deprived) | | | |
| Wards without an NHS dental practice in Doncaster | Balby South (IMD 1) Edenthorpe and Kirk Sandall (IMD 4), Roman Ridge (IMD 5) | | | |
| UDAs commissioned (2019-20) | 632,540 | 2,515,632 | 8,665,024 | |
| UDAs delivered (2019-20) | 572,487 | 2,375,214 | 8,003,442 | |
| Total value of commissioned UDAs | £19,848,693.21 | £80,834,070.25 | £279,907,703.56 | |
| UDAs commissioned per capita | 2.02 | 1.78 | 1.6 | |
| Specialist primary care services | | | | |
| Orthodontic providers | 8 (4 north and 4 south) | 28 | 75 | |
| IMOS providers | 3 | 7 | 19 | |
| CDS providers | 1 (RFT) | 2 | 9 | |
| Dental Access⁷ | | | | |
| Adult (% pop ⁿ in 24 months to 30 th June '22) | 47.6% | | 41.8% (NHS NEY) | 36.9% |
| Child (% pop ⁿ in 12 months to 30 th June '22) | 50.4% | | 48.9% (NHS NEY) | 46.2% |
| Oral Health Prevention | | | | |
| Fluoride varnish - (0-17yrs) ⁸ - FP17 forms (Nov 2021-Oct 2022) | 61.7% | 65% | 59.5% | 54.6% |
| Innovation in primary care | | | | |
| Flexible commissioning practices | 15 | 57 | 152 | |
| Practices in Access scheme | 0 | 15 | 55 | |
| Practices providing additional urgent access sessions (to end March 2023) | 4 | 34 | 106 | |
| Practice locations prioritised under 'Golden Hello' scheme (IMD 1) | 8 | 19 | 120 | |

Red - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

Figure 1: NHS GDS providers in Doncaster superimposed on deprivation (IMD, 2019) (darker = more deprived).

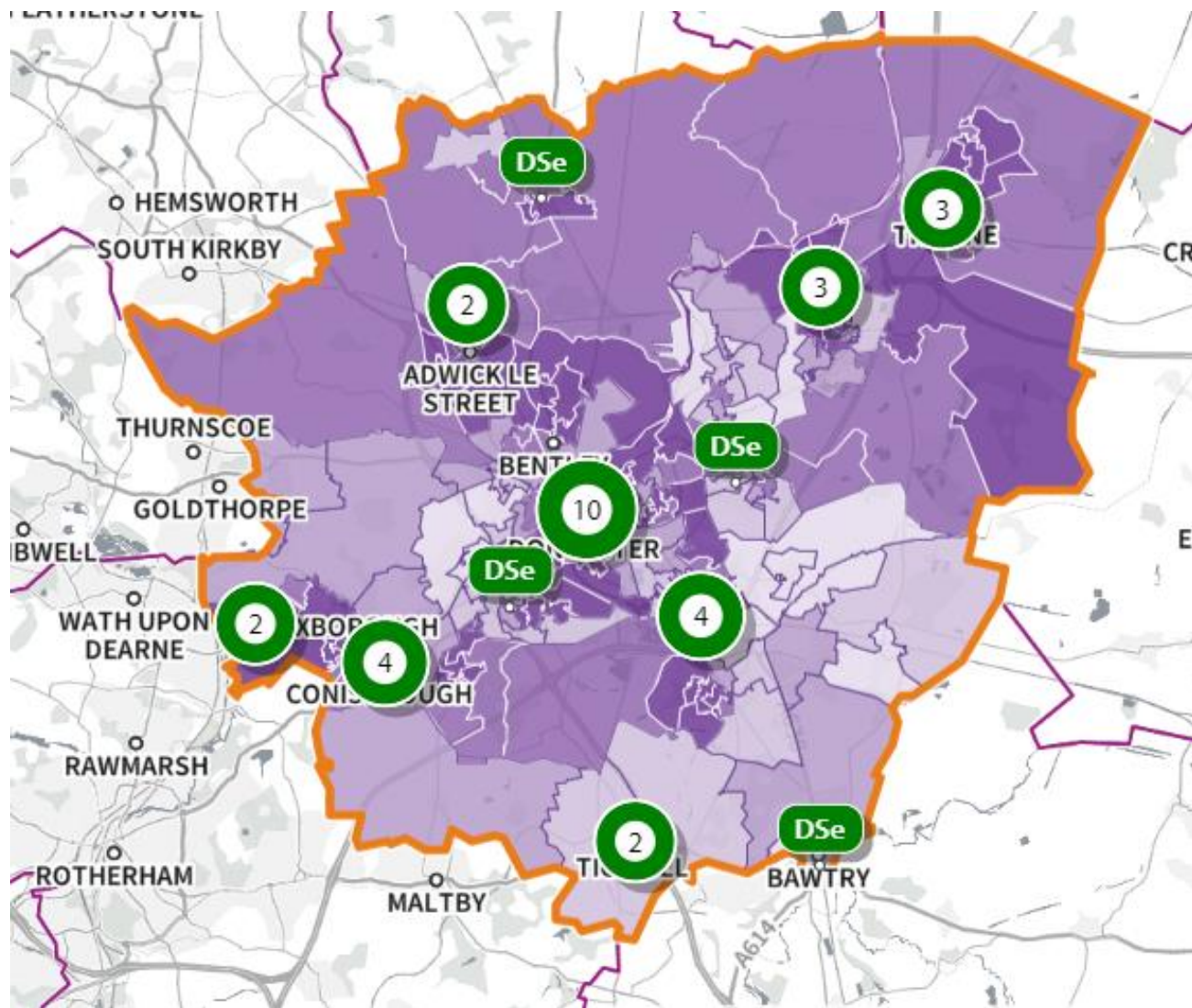
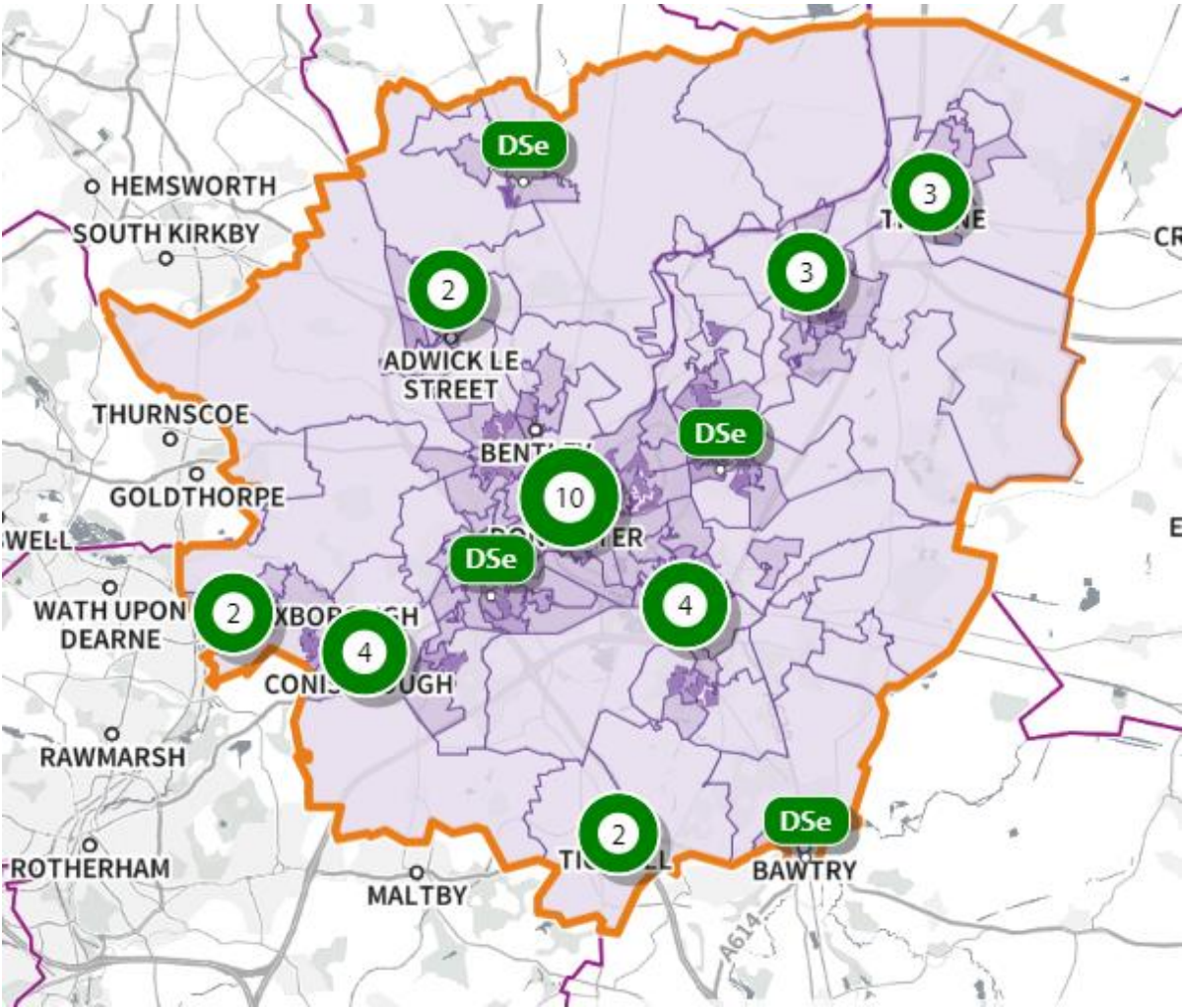


Figure 2: NHS GDS providers superimposed on population density (mid-2020) for Doncaster (darker = greater population density) with mapped (source NHSBSA)



References

1. Oral Health Needs Assessment, NHS England YH, May 2022
2. Local Authority Health Profile 2019 <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000017.html?area-name=Doncaster>
3. Doncaster oral health profile of 5-year-old children, PHE, revised April 2021. [Public library - UKHSA national - Knowledge Hub \(khub.net\)](https://publiclibrary.ukhsa.nhs.uk/knowledge-hub/khub.net)
4. Oral health survey of 5-year-old children 2019. PHE, 2020 <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>
5. Oral health survey of mildly dependent older people 2016. PHE, 2019. <https://www.gov.uk/government/publications/oral-health-survey-of-mildly-dependent-older-people-2016>
6. Oral cancer in England Incidence, survival, and mortality rates of oral cancer in England from 2012 to 2016, PHE, 2020. <https://www.gov.uk/government/publications/oral-cancer-in-england>
7. Access data; Annex 2; Table 1 (e and f). NHS BSA <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-annual-report>
8. Fluoride varnish data download. NHS BSA, November 2022.

Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2023/24

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|-------|---|-----------|--|--|---|
| April | Monday 17th April at 1pm Informal briefing session MS Teams | | Wednesday 19th April at 4pm Informal Briefing Session MS Teams | Monday 24th April 2023 10am MS Teams Members briefing (CR) | |
| | <ul style="list-style-type: none"> Doncaster Delivering Together (DDT) Investment Plan (c) | | <ul style="list-style-type: none"> Transition of Children Social Care (c) Update briefing on Government response Stable homes built on love | <ul style="list-style-type: none"> Improving Council housing stock and How St Leger Homes ensure VFM and work standards on improvement programmes; (c) Repairs Excellence ph 2 (c) | |
| | | | Thursday 20th April 2023, 2pm, Informal Briefing Joint Meeting with C&E | | Thursday 20th April 2023, 2pm, Informal Briefing Joint Meeting with CYP |
| | | | <ul style="list-style-type: none"> Play Parks Strategy | | <ul style="list-style-type: none"> Play Parks Strategy |
| | | | Wednesday 26th April 2023 at 12pm, Informal Briefing session, MS Teams – CANCELLED | | |
| | | | <ul style="list-style-type: none"> Referrals – school experience update Social Care Front Door – meeting with headteachers Update on overview of social care theme pressure points | | |
| | | | Thursday 27th April 2023 at 4.30pm MS Teams or Council Chamber TBC | | |

Please note dates of meetings/rooms/support may change

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|------|--|--|---|--|---|
| | | | <ul style="list-style-type: none"> Youth Council Priorities (and for information Children and Young Peoples Plan).(c) Youth Offer (c) | | |
| | | | Thursday 27th April 2023 at 10am MS Teams Briefing Session | | |
| | | | <ul style="list-style-type: none"> SEND inspection framework and Government response to Green Paper | | |
| May | | Thursday 11th May 2023 at 10am Council Chamber (CR) | | Tuesday 23rd May 2023 at 1.30pm Briefing Session MS Teams (CM) | |
| | | <ul style="list-style-type: none"> Bentley and Rossington Primary Care estate developments ICB Public Health Protection Update | | <ul style="list-style-type: none"> Local Lettings Policy Gypsy and Traveller Pitch Allocation Policy | |
| | | Thursday 25th May 2023 at 10am, MS Team | | | |
| | | Work Planning | | | |
| | | | | | |
| | | | | | |
| June | Thursday 1st June 2023 at 10am Council Chamber | | Thursday 15th June 2023 at 4pm, MS Teams | Thursday 6th June 2023 at 2pm, MS Teams | Thursday 1st June 2023 at 2pm, MS Teams |
| | <ul style="list-style-type: none"> Work Planning | | <ul style="list-style-type: none"> Work Planning | <ul style="list-style-type: none"> Work Planning | <ul style="list-style-type: none"> Work Planning |

Please note dates of meetings/rooms/support may change

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|------|--|---|--|--|---|
| | Thursday 1st June 2023 at 11am, Council Chamber (CM) | | | Friday 30th June 2023 at 10.30am Briefing Session MS Teams (CM) | |
| | <ul style="list-style-type: none"> Youth Justice Plan | | | <ul style="list-style-type: none"> Transport (invite to SYMCA) (c) | |
| | Thursday 29th June 2023 at 10am, Council Chamber (CM/AT) | | | | |
| | <ul style="list-style-type: none"> Finance and Performance (invite to Cabinet Members Cole and Houlbrook) (c) Agree Scrutiny Work Plan | | | | |
| July | Thursday 20th July 2023 at 10am, MS Teams (CM) | Thursday 6th July 2023 at 10am, Members Briefing, Council Chamber (CR) | Thursday 27th July 2023 at 4.30pm, MS Teams (CM) | Monday 17th July 2023 at 1.30pm, Council Chamber (CR) | |
| | <ul style="list-style-type: none"> St Leger Homes future priorities and services (R&H O&S to be invited) (c) | <ul style="list-style-type: none"> Joint Strategic Needs Report: <ul style="list-style-type: none"> Summary of specific areas of data What's new/ performance deterioration (c) | <ul style="list-style-type: none"> Child Exploitation | <ul style="list-style-type: none"> Local Lettings Policy Gypsy and Traveller Pitch Allocation Policy (c) | |
| Aug | | | | | Thursday 3rd August 2023 at 10am Briefing Session MS Teams (CM) |
| | | | | | <ul style="list-style-type: none"> Community Assets – Mary Woollet Centre Update on recommendations from the Corporate Assets Policy Review Local Flood Risk Management Strategy – |

FP – Forward Plan Decision

CR or CM– Officer Responsible

Please note dates of meetings/rooms/support may change

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|------|---|--|---|--|--|
| | | | | | outline pre 5 th October meeting <ul style="list-style-type: none"> PSPO – Town Centre – pre cabinet decision |
| | | Wednesday, 23rd August 2023, 10am Sheffield Council (CR) | | | |
| | | <ul style="list-style-type: none"> JHOSC (Chair only to attend) | | | |
| Sept | Thursday 7th September 2023 at 10am, Council Chamber (CR) | Thursday 28th September 2023 at 2pm, Council Chamber (CM) | Wednesday 20th September 2023 at 9.30am Site Visit (CR) | | |
| | <ul style="list-style-type: none"> Annual Compliments and Complaints (c) | <ul style="list-style-type: none"> Mental Health aged 18 to 25 Invite PFG (c) | <ul style="list-style-type: none"> Site visit to Adwick Family Hub (c) | | |
| | Thursday 7th September 2023 at 10am, Council Chamber (CR) | | | | |
| | <ul style="list-style-type: none"> Fairness and Wellbeing Commission (c) | | | | |
| | | | Monday 9th October 2023, 12:30pm, MS Teams (CM) | | |
| | | | <ul style="list-style-type: none"> Referrals – school experience update Social Care Front Door – meeting with headteachers (c) | | |
| Oct | Thursday 12th October 2023 at 10am, Council Chamber (CR) | Thursday 26th October 2023 at 10am, MS Teams | Tuesday 31st October 2023 at 4.30pm Council Chamber (CR) | Thursday 19th October 2023 at 10am, Council Chamber (CR) | Thursday 5th October 2023 at 10am Council Chamber (CM) |

FP – Forward Plan Decision

CR or CM– Officer Responsible

Please note dates of meetings/rooms/support may change

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|---|---|--|---|--|---|
| | <ul style="list-style-type: none"> Finance and Performance (invite to Cabinet Member Blackham) (c) | <ul style="list-style-type: none"> JHOSC – Chair only as appointed Member on Committee | <ul style="list-style-type: none"> Child Poverty report on discussions from site visit Youth Council to attend (c) | <ul style="list-style-type: none"> Housing - New regulatory regime for social housing Housing biodiversity | <ul style="list-style-type: none"> Safer Doncaster Partnership (c) <ul style="list-style-type: none"> Update from February position focus on Retail Crime Flood Risk Management Strategy Pre-Cabinet decision (c) |
| Nov | <p>Thursday 2nd November 2023 at 10am, MS Teams/Council Chamber TBC (CR)</p> | <p>Cancelled Wednesday 22nd November 2023 at 2pm, Sheffield</p> | | | |
| | <ul style="list-style-type: none"> Customer Experience Strategy (c) | | | | |
| | <p>Tuesday 7th November 2023 at 2pm, MS Teams (CR)</p> | <p>Thursday 23rd November 2023 at 10am Council Chamber (CM)</p> | | | |
| | <ul style="list-style-type: none"> Update on Localities Community Prevention Model | <ul style="list-style-type: none"> Doncaster and Bassetlaw Hospital Trust and. Areas for consideration to be agreed: <ul style="list-style-type: none"> A&E position Waiting lists Staff Recruitment and Retention Winter planning (c) | | | |
| | <p>Monday 27th November 2023 at 3pm MS Teams (CM)</p> | | | | |
| <ul style="list-style-type: none"> Fairness and Wellbeing Commission | | | | | |
| | <p>Wednesday 13th December 2023 at 9am, Council Chamber (CM)</p> | <p>Thursday 7th December 2023 at 2pm, Sheffield (CM)</p> | <p>Thursday 7th December 2023 at 4.30pm, Council Chamber (CR)</p> | | <p>Thursday 7th December 2023 at 10am, MS Teams (CR)</p> |

Please note dates of meetings/rooms/support may change

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|-----|--|--|---|--|---|
| | <ul style="list-style-type: none"> Finance and Performance (invite to Cabinet Members Blake and L Ball) | <ul style="list-style-type: none"> JHOSC – Chair only as appointed Member on Committee | <ul style="list-style-type: none"> SEND Strategy (c) Educational Outcomes (c) | | <ul style="list-style-type: none"> Street Scene and Enforcement (c) |
| Jan | <p>Tuesday 23rd January 2024 at 10am Briefing Session MS Teams (CM/CR)</p> | | | | <p>Monday 22nd January 2024 at 10am Council Chamber Briefing session (CR)</p> |
| | <ul style="list-style-type: none"> Budget Corporate Plan (c) | | | | <ul style="list-style-type: none"> Waste and Recycling to include current/future contract and changes to regulations/impact on future green agenda (c) Future Parks Scheme (c) Heatwave Update (c) |
| Feb | <p>Monday 5th February 2024 at 1pm, Council Chamber (CM/CR)</p> | <p>8th February 2024 at 10am, Council Chamber (CM)</p> | | <p>Friday 2nd February 2024 at 11am Briefing Session MS Teams (CR)</p> | <p>Thursday 15th February 2024 at 10am Crime & Disorder Committee, Council Chamber (CR)</p> |
| | <ul style="list-style-type: none"> Budget Corporate Plan (c) | <ul style="list-style-type: none"> Integrated Care Board – invite (c) <p>Primary Care Access recovery plan for Doncaster area</p> <p>Pharmacy access, demands and national position</p> <p>Oral health to include Dentistry access, demands and national position</p> | | <ul style="list-style-type: none"> St Leger Homes Tenancy Agreement | <ul style="list-style-type: none"> Safer Doncaster Partnership (c) |
| | <p>Thursday 22nd February 2024 at 10am, Council Chamber (informal) (CR)</p> | | | | |
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Please note dates of meetings/rooms/support may change

| | OSMC | H&ASC O&S | CYP O&S | R&H O&S | C&E O&S |
|-------|--|--|---|--|---------|
| March | Thursday 28th March 2024 at 10am, Council Chamber (CM) | Thursday 21st March 2024 at 2pm, Council Chamber (CM) | Thursday 14th March 2024 at 4.30pm, Council Chamber (CR) | Thursday 7th March at 2pm, Council Chamber (CR) | |
| | <ul style="list-style-type: none"> Finance and Performance (invite to Cabinet Members N Ball and G Jones) (c) | <ul style="list-style-type: none"> Public Health Protection Annual Report (c) | <ul style="list-style-type: none"> Social care demand management and child neglect (c) | <ul style="list-style-type: none"> Local Plan update (C) | |
| | Informal session following the above meeting. (CM) | | | | |
| | <ul style="list-style-type: none"> Doncaster Delivering Together Investment Plan update. | | | | |
| | JHOSC (TBC) | | | | |
| April | | | | Wednesday 10th April 2024 at 10am Council Chamber | |
| | | | | <ul style="list-style-type: none"> St Leger Homes Tenancy Agreement | |

| POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED | | | | | |
|---|--|---|--|--|--|
| | Quarterly performance 18 th July 2024 (Invite to Cllrs Smith and Nightingale) | Dementia – 2024/25 TBC | Inclusion Update/Elective Home Education - – possibly for the future | Market and Corn Exchange update – possible invite to MAM – Early 2024/25 TBC | |
| | SLH Complaints appeal policy – with R and H briefing session new year 2024 | Consultations from Directorates as required | Universal Services - how it is being impacted by cost of living and post pandemic school language and school ready – addressed 22/23 | | |

Please note dates of meetings/rooms/support may change

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|--|--|---|---|--|--|
| | Fairness and well-being commission update | | EPIC - Biodiversity Net Gain - May 2024/25 (poss invite to OSMC) | Biodiversity Net Gain - could be covered of with section in Local Plan report | |
| | Update on Community Prevention Model requested at 7 th November meeting | Age Friendly City – early input, plans and practicalities – how can the Authority drive this? TBC | Work Experience, NEET, work opportunities for SEND – include visit to café – March 2025 (as outlined at the 7 th Dec meeting 2023) | 1. Housing crisis – aging population /Outcomes from the OT medical assessment (H&ASC O&S undertook dedicated meeting in 2022/23) - possibly for the future | |
| | | Invite to Aspire – Substance misuse – possibly for the future | | 2. Regeneration and Economy: Connectivity – new technology availability, impact of working from home and town centre footfall – picked up through Development update and Finance and Performance at OSMC. | |
| | | Maternity care – possibly for the future | | SLH Complaints appeal policy – with OSMC briefing session new year 2024 | |
| | | Learning Disability and Autism Strategy review late 2023/24 work plan programme - possibly for the future | | Retro-fitting and new heat pump systems/Investment in apprenticeships (raised at Panel on 19 th October 2023) – TBC | |
| | | Health and Well-being Strategy late 2023 / early 2024 | | | |
| | | RDaSH – Strategy moving forward – possible invite to address outcomes and difference being made for future delivery – 2024/25 | | | |

Please note dates of meetings/rooms/support may change

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| | | YAS – possibly for the future (on JHOSC workplan as part of regional health scrutiny update) | | | |
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DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1 FEBRUARY 2024 TO 31 MAY 2024

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: Wednesday 3rd January 2024 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 Sarah Smith

- Budget and Policy
- Housing and Business
- Early Help, Education, Skills and Young People
- Public Health, Communities, Leisure and Culture
- Highways, Infrastructure and Enforcement
- Children's Social Care and Equalities
- Finance, Traded Services and Planning
- 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, Ken Guest, John Healy, Leanne Hempshall, Charlie Hogarth, Mark Houlbrook, Debbie Hutchinson, 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 |
|---------------------------------------|---|---|---|---|--|---|
| 5 Feb 2024 | Approval to tender and award Homelessness and Rough Sleeping Related Contracts | Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Business. | Portfolio Holder for Housing and Business | Mark Wakefield Mark.Wakefield@doncaster.gov.uk | | Open |
| 6 Feb 2024 | <i>To accept Government funds to support resettlement integration and early prevention work across all wards and to allow delegation on any changes in the spending profile</i> | <i>Mayor Ros Jones</i> | <i>Mayor Ros Jones</i> | <i>David Hey, Integration and Partnerships Manager Tel: 01302 736930 David.Hey@doncaster.gov.uk</i> | <i>Funding Instruction (V1.0) for local authorities in support of the United Kingdoms Afghan Schemes - hotel and temporary accommodation wraparound support - FY 23-24</i> | Open |
| 7 Feb 2024 | To approve the discretionary Retail, Hospitality and Leisure relief scheme for Business Rates for 2024/25 (extension of 2023/24 scheme). | Mayor Ros Jones | Cabinet | Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk | | Open |

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|-------------|--|---|---|--|--|-------------|
| 7 Feb 2024 | To undertake Capital investment & service enhancements at the Doncaster Dome. | Councillor Nigel Ball, Portfolio Holder for Public Health, Communities, Leisure and Culture | Cabinet | Andy Maddox, Strategic and Service Lead leisure Services. andy.maddox@doncaster.gov.uk | | Part exempt |
| 14 Feb 2024 | Approval to renew the Section 76 Agreement with South Yorkshire Integrated Care Board (SYICB) for a period of 5 years, for the provision of building-based day services for people with Learning Disability and/ or Autism with enhanced needs. | Councillor Sarah Smith, Portfolio Holder for Adult Social Care | Portfolio Holder for Adult Social Care | Julia King julia.king@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To approve the Revenue Budget 2024/25 - 2026/27 | Mayor Ros Jones | Council, Cabinet | Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To approve the Capital Strategy & Capital Budget 2024/25 - 2027/28 | Mayor Ros Jones | Council, Cabinet | Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk | | Open |

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|--------------------|--|------------------------|------------------|--|--|-------------|
| 26 Feb 2024 | To approve the Housing Revenue Account Budget 2024/25 | Mayor Ros Jones | Council, Cabinet | Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To approve the Treasury Management Strategy Statement 2024/25- 2027/28 | Mayor Ros Jones | Council, Cabinet | Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To approve the Council's Corporate Plan 2024/25 | Mayor Ros Jones | Council, Cabinet | Lee Tillman, Assistant Director, Chief Executives Tel: 01302 734552 lee.tillman@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To approve the level of the Council Tax for 2024/25 and to pass appropriate statutory resolutions including the Council Tax requirement for 2024/25. | Mayor Ros Jones | Council | Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To update the Council Tax Long-term Empty Homes Premium from 1st April 2024. | Mayor Ros Jones | Council | Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk | | Open |

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|-------------|---|--|---------|--|--|------|
| 26 Feb 2024 | To introduce a Council Tax Second Home Premium from 1st April 2025. | Mayor Ros Jones | Council | Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk | | Open |
| 26 Feb 2024 | To approve the Council's Pay Policy Statement for 2024/2025. | Mayor Ros Jones | Council | Rebecca Hardwick, Head of Service, Human Resources Tel: 01302 736278 RebeRebecca.Hardwick@doncaster.gov.uk | | Open |
| 13 Mar 2024 | To sign off the 'Your Care and Support': Doncaster Adult Social Care Local Account 2024. | Councillor Sarah Smith, Portfolio Holder for Adult Social Care | Cabinet | Bryony Shannon, Strategic Lead, Directors Office, Adults, Health and Wellbeing Bryony.Shannon@doncaster.gov.uk | | Open |
| 13 Mar 2024 | To approve and accept funding of circa £2,496,000 over a 5 year period commencing April 2024, in relation to the new national plan - Stopping the Start: new plan to create a smokefree generation. | Portfolio Holder for Public Health, Communities, Leisure and Culture | Cabinet | Victoria Shakleton, Public Health Improvement Co-ordinator Tel: 01302 862146 Victoria.Shackleton@doncaster.gov.uk | | Open |

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|-------------|---|---|----------------|---|--|------|
| 13 Mar 2024 | <i>To authorise the Carers' local account (entitled Local Carers' Journey, 2023/2024) which describes what we achieved in 2022 - 2023 and priorities agreed with Doncaster people for the year ahead.</i> | <i>Councillor Sarah Smith, Portfolio Holder for Adult Social Care</i> | <i>Cabinet</i> | <i>Bal Mohammad, Contracts Officer, Adults, Health and Wellbeing Tel: 01302736577 Bal.Mohammed@doncaster.gov.uk</i> | | Open |
| 13 Mar 2024 | To accept up to £17,950,341 Levelling Up Fund (Round 3) money for the delivery of the Levelling Up Doncaster North programme. | Mayor Ros Jones | Cabinet | Jonathan Bucknall, Head of Strategic Investment and External Funding jonathan.bucknall@doncaster.gov.uk | | Open |
| 13 Mar 2024 | Quarter 3 2023-24 Finance and Performance Report. | Councillor Phil Cole, Portfolio Holder for Finance, Traded Services and Planning, Mayor Ros Jones, Mayor of Doncaster with responsibility for Budget and Policy | Cabinet | Matthew, Smith, Head of Financial Management Tel: 01302-737663 matthew.smith@doncaster.gov.uk, Sennette Wroot, Senior Strategy & Performance Manager Tel: 01302 862533 Sennette.Wroot@doncaster.gov.uk | | Open |
| 13 Mar 2024 | 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 |

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|-------------|---|--|---------|--|--|------|
| 17 Apr 2024 | To accept £6,958,555 of funding for delivery of the Local and Neighbourhood Transport Complementary Programme, through the City Region Sustainable Transport Settlement via the South Yorkshire Mayoral Combined Authority. | Councillor Joe Blackham, Portfolio Holder for Highways, Infrastructure and Enforcement | Cabinet | Neil Firth, Head of Service, Major Projects and Investment neil.firth@doncaster.gov.uk, Kerry Perruzza, Senior Transport PLanner Kerry.Perruzza@doncaster.gov.uk | | Open |
| 17 Apr 2024 | To approve the Doncaster Delivering Together Investment Plan 2024/25. | Mayor Ros Jones | Cabinet | Jonathan Bucknall, Head of Strategic Investment and External Funding jonathan.bucknall@doncaster.gov.uk | | Open |