

To all Members of the

## **DONCASTER HEALTH AND WELLBEING BOARD**

### **AGENDA**

Notice is given that a Meeting of the Health and Wellbeing Board is to be held as follows:

**VENUE** Room 007a and b - Civic Office, Waterdale, Doncaster, DN1 3BU  
**DATE:** Thursday, 2nd November, 2017  
**TIME:** 9.30 am

#### **PLEASE NOTE VENUE FOR THIS MEETING**

<b>Items</b>	<b>Time/ Lead</b>
1. Welcome, introductions and apologies for absence	5 mins (Chair)
2. Chair's Announcements.	5 mins (Chair)
3. To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
4. Public questions.  (A period not exceeding 15 minutes for questions from members of the public.)	15 mins (Chair)
5. Declarations of Interest, if any.	1 min (Chair)

Jo Miller  
Chief Executive

Issued on: Wednesday 25<sup>th</sup> October 2017

Governance Officer for this  
meeting:

Jonathan Goodrum  
01302 736709

- |  |  |   |
|--|--|---|
| 6.   | Minutes of the Meeting of the Health and Wellbeing Board held on 7th September 2017. <i>(Attached – pages 1 – 8)</i>                               | 5 mins<br>(Chair)                           |
| <b>Delivery of Health and Wellbeing Strategy</b> |  |   |
| 7.   | HWB Outcomes Framework and Areas of Focus Update.<br><i>(Paper attached – pages 9 – 26)</i>  | 20 mins<br>(Dr Rupert Suckling)             |
| <b>Board Assurance</b>                           |  |   |
| 8.   | Doncaster Place Plan Update.<br><i>(Paper attached – pages 27 – 42)</i>  | 10 mins<br>(Dr Rupert Suckling)             |
| 9.   | Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust - Strategic Direction.<br><i>(Presentation/Cover sheet attached – pages 43 – 44)</i> | 20 mins<br>(Karen Barnard/<br>Marie Purdue) |
| 10.  | Doncaster Safeguarding Children Board Annual Report 2016-17.<br><i>(Paper attached – pages 45 – 182)</i>   | 20 mins<br>(Rosie Faulkner)                 |
| <b>Developments and Risk Areas</b>               |  |   |
| 11.  | Safe and Well Pilot.<br><i>(Presentation/Paper attached – pages 183 – 186)</i>   | 10 mins<br>(Steve Helps)                    |
|  | Let's be Fire Safe Together.<br><i>(Video)</i>   |   |
| <b>Board Development</b>                         |  |   |
| 12.  | Report from HWB Steering Group and Forward Plan.<br><i>(Paper attached – pages 187 – 208)</i>  | 5 mins<br>(Dr Rupert Suckling)              |

**Date/time of next meeting: Thursday, 11 January 2018 9.30 a.m. – St Catherine's House, Balby.**

### **Members of the Health and Wellbeing Board**

**Chair** – Councillor Rachael Blake – Portfolio Holder for Adult Social Care

**Vice-Chair** – Dr David Crichton, Chair of Doncaster Clinical Commissioning Group

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome	DMBC Conservative Group Representative
Dr. Rupert Suckling	Director of Public Health, Doncaster Council
Kathryn Singh	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning NHS England (Yorkshire and Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Damien Allen	Interim Director of People, DMBC
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Chief Superintendent Tim Innes	District Commander for Doncaster, South Yorkshire Police
Paul Tanney	Chief Executive, St. Leger Homes of Doncaster
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue
Paul Moffat	Chief Executive of Doncaster Children's Services Trust
Peter Dale	Director of Regeneration and Environment, Doncaster Council

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## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND WELLBEING BOARD

THURSDAY, 7TH SEPTEMBER, 2017

A MEETING of the HEALTH AND WELLBEING BOARD was held in Rooms 007A AND B - CIVIC OFFICE on THURSDAY, 7TH SEPTEMBER, 2017, at 9.30 a.m.

<u>PRESENT:</u>	Chair -	Councillor Rachael Blake, Portfolio Holder for Adult Social Care
	Vice-Chair -	Dr David Crichton, Chair of Doncaster Clinical Commissioning Group (DCCG)
Councillor Nigel Ball		Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly		Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome		Conservative Group Representative
Dr Rupert Suckling		Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Rosie Johnson		Deputy CEO, RDaSH, substituting for Kathryn Singh
Richard Parker		Chief Executive, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Damian Allen		Director of People (DCS/DASS), DMBC
Steve Shore		Chair of Healthwatch Doncaster
Paul Tanney		Chief Executive, St Leger Homes of Doncaster
Karen Curran		Head of Co-Commissioning, NHS England (Yorkshire & Humber)

#### Also in attendance:

Chris Marsh, Strategy and Performance Unit, DMBC  
Pat Hagan, Head of Service (Communities), DMBC  
Lee Golze, Head of Strategy and Delivery, DCCG  
Councillor Derek Smith (Observer)

#### 13 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Kathryn Singh (Rosie Johnson deputised), Jackie Pederson, Paul Moffat and Steve Helps.

#### 14 CHAIR'S ANNOUNCEMENTS

Councillor Rachael Blake, Cabinet Member for Adult Social Care, stated that she was very pleased to be the new Chair of the Board.

#### 15 PUBLIC QUESTIONS

Mr Doug Wright pointed out that he was still waiting to receive answers to some of the points he had raised at the Board's last meeting.

In referring to the update on the Better Care Fund on today's agenda, Mr Wright expressed concern that plans would be subject to regional assurance and moderation and asked whether this meant that Doncaster's Plan could potentially be changed on a regional level. In reply, Dr Rupert Suckling confirmed that there was a process of regional assurance by the Local Government Association (LGA) and the NHS, but he explained that while they could refer Plans back for suggested amendments, they could not change Plans. He added that there would need to be a serious conversation in the event that there was a difference of opinion as to whether the Plan should be amended or not, with the overarching aim being to submit a Plan that was realistic and which worked for Doncaster.

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Councillor Derek Smith referred to the 4 main areas of focus in the Better Care Fund Plan and queried why Learning Disability Services was not included in these. In response, Dr Rupert Suckling explained that there was a separate programme and funding stream for learning disabilities, hence its absence from the BCF Plan. He stressed, however, that learning disability services were considered to be a key priority and that assurances were sought from the Learning Disability Partnership Board as a means of monitoring performance in this area. Damian Allen added that Learning Disabilities was also one of the areas of opportunity set out in the Doncaster Place Plan.

16 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

17 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 29TH JUNE 2017

RESOLVED that the minutes of the Health and Wellbeing Board held on 29th June 2017 be approved as a correct record and signed by the Chair.

18 UPDATE ON BETTER CARE FUND 2 YEAR PLAN

Members received a paper which updated the Board on the development of the Better Care Fund Plan for 2017-19. In presenting the paper, Dr Rupert Suckling drew particular attention to the reduction in the number of national conditions from eight to four, which local areas would need to meet through the planning process in order to access the funding. Dr Suckling also highlighted the specific focus on reducing the number of delayed transfers of care, as poorly performing areas in this regard could be the subject of financial clawback by the Government when it reviewed the 2018-19 allocations of the social care funding. He added that the submission date for Plans was 11 September 2017. Dr Suckling then summarised the salient points in the Narrative Plan template 2017/19. Members noted the intention to bring quarterly updates on performance against the national metrics and a high level risk register to future Board meetings.

Discussion followed, during which Members acknowledged that winter pressures could impact on the Plan, with quality standards being at risk, if a hard winter was experienced.

Dr David Crichton stressed the importance of viewing the BCF as transformation funding, and not for spending on the delivery of day to day services, as the latter would not result in positive changes being made.

In response to questions by the Chair, Dr Rupert Suckling confirmed that the submission of Doncaster's BCF Plan was on track. He also gave an assurance that, as far as the short term was concerned, partners were taking all necessary steps in relation to risk mitigation.

After the Board had noted, with regard to the timeline for the BCF Plan, that the formal approval letters were expected to be issued in the week commencing 6 October 2017, it was

RESOLVED to agree to delegate sign off of the Plan to the Chair of the Board and to note that the final version once assessed by NHS England will be brought to the Board thereafter for ratification.

## 19 HEALTHWATCH DONCASTER ANNUAL REPORT 2016-17

Steve Shore, Chair of Healthwatch Doncaster, presented to the Board the Healthwatch Doncaster Annual Report 2016/17. He reported that the last 12 months had seen a period of change and transformation for the organisation, with the creation of a new Community Interest Company (CIC), relocation to new premises and the appointment of a new Chief Operating Officer all taking place within the space of three months. Steve was also pleased to confirm that Healthwatch Doncaster had recently been awarded the Healthwatch contract by Doncaster Council for the next 3 years, with options for two more years after that.

Steve then gave an overview of the wide ranging work carried out by Healthwatch Doncaster in relation to engaging with local people, communities and groups and providing feedback to health providers, and the various initiatives that the organisation was involved in. He explained that, as Healthwatch Doncaster moved forward into 2017-18, it would maintain its focus on engagement with local people to support them to share their stories and experiences with a commitment to using the common themes to influence commissioners and providers of local health and care services to make improvements and developments.

General discussion ensued, during which Board Members commented on the content of the Annual Report and raised the following points:-

- Paul Tanney stated that he would welcome the opportunity to engage with Healthwatch Doncaster to look at ways of raising awareness amongst the Council's tenants of the work of the organisation and providing a platform for greater engagement between tenants and Healthwatch Doncaster.
- In welcoming the report, Damian Allen suggested that some of the feedback collected by Healthwatch Doncaster could be used to help inform commissioning activities when considering providers of services.
- On the issue of public awareness, Councillor Nigel Ball stated that he was unsure as to whether many people in his Ward would know about Healthwatch

Doncaster and the work that it did. He also queried the reasons behind the significant increases quoted on page 19 of the Report in the provision of signposting and information to people in relation to ICAS Advocacy and GP Surgery/Health Centres. In reply, Steve Shore explained that this was mostly due to Healthwatch Doncaster being more proactive, together with increased publicity and public awareness of the work of Healthwatch Doncaster and the services it provided.

- In commending the Report, Dr Rupert Suckling advised that Healthwatch Doncaster were welcome to use this Board and the partners around the table where it was felt that partners might be able to collectively help with specific issues, particularly those concerned with cross-cutting services.
- The Chair felt that the name 'Healthwatch' did not do enough justice to the wide ranging work of the organisation, including its activities in relation to Social Care. She added that she felt it would be beneficial to strengthen links further with Healthwatch Doncaster as a means of gathering intelligence and learning more about people's concerns and suggested that it would be useful to arrange a future seminar for all Members on the work of Healthwatch Doncaster.

It was then

RESOLVED:-

- (1) to note the contents of the Healthwatch Doncaster Annual Report 2016/17; and;
- (2) that a future Members' Seminar be arranged on the work of Healthwatch Doncaster.

20 DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST - STRATEGIC DIRECTION

The Board received a verbal update from Richard Parker, Chief Executive of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH FT) on the Trust's Strategic Direction, which was due to be launched at the Trust's AGM on 20<sup>th</sup> September, 2017 at Montagu Hospital (Rehabilitation Centre), Mexborough. It was noted that the Strategic Direction, which would set out the Trust's ambitions for the next 5 years, would present a vision of sustainability and safety, with the overarching aim of improving the quality of services provided. Members noted that it was proposed that the Board would receive a more detailed report on the Strategic Direction at its next meeting, once it had been officially launched.

RESOLVED to note the verbal update on the DBTH FT's Strategic Direction and agree to receive a more detailed report at the Board's next meeting.

21 COMPLEX LIVES UPDATE

Members considered a report which updated the Board on progress on work with people with complex lives, one of two pilots for developing new ways of working

between partners in Doncaster. The report and appendix outlined the creation of a 'Complex Lives Alliance', a whole system specification and provided information on progress with the implementation of the new model.

In presenting this item, Chris Marsh and Pat Hagan gave an overview of how this pilot was being practically applied in Doncaster. They explained that this work was set in the context of the partnership governance and delivery arrangements now emerging through the Doncaster Place Plan, as one of two more advanced areas of opportunity (the other being intermediate care). In practice this meant the complex lives work would be used to model how the Place Plan conceptual frameworks and agreements would be applied to improve outcomes and reduce demand and costs.

The Board noted that this was an extremely challenging piece of work, due to the complexity involved in developing an integrated approach, including the strengthening of joint commissioning, integrated case management and establishing clearer routes into the homelessness and supported housing system pathways. The officers explained that resulting from intensive case work focusing on Doncaster Town Centre, the number of individuals in the town centre identified as being in the cohort of people with complex lives currently stood at 97, while across the Borough the total number of people was estimated to be in the region of 4500. Members noted that a key aim of this work was to develop a stronger multi-agency and proactive approach to helping these individuals, who typically were passed around between the various agencies.

Members then discussed at length various aspects of the Complex Lives work and made a wide range of comments/observations on issues, including:-

- Concerns over the potential future impact of welfare reform and universal credit on individuals and the additional pressures this might place on this work;
- The intention to focus on working closer with Prisons in managing discharges in order to carry out more pre-emptive work with Prison leavers;
- Damian Allen stressed that a significant amount of collective working had gone into this initiative, which he fully supported. Moving forward, he suggested that it would be useful to receive regular reports back on progress, as part of the developmental evaluation and learning strategy.
- Paul Tanney stated that he wished to thank the officers for the amount of time they had devoted to this project. He then spoke of the challenges being faced from a housing perspective, and drew the Board's attention to a number of issues, including the importance of being able to offer supported accommodation to individuals, the steps being taken to encourage people to engage with St Leger Homes in light of the changes to the housing allocations system, and his support for the proposed creation of a Complex Lives Team.
- It was recognised that the Complex Lives work would have implications for a wide range of teams, such as Stronger Families, so it was vital that there was a

collective buy-in at the most senior level within the Council and across the partnerships;

- The Chair stated that people with complex lives often felt let down by various services and asked what steps were being taken to ensure that lessons were learned. In response, Chris Marsh explained that the evaluation strategy allowed for ongoing learning and reflection, and a User Group would be established to provide regular feedback to service providers.

RESOLVED:-

- (1) to note the progress in developing the Complex Lives Alliance and whole system model; and;
- (2) to confirm the Board's support for the next steps in full mobilisation of the model in the context of the Place Plan.

22 CHILDREN'S MENTAL HEALTH (LOCAL TRANSFORMATION PLAN) UPDATE

The Board received a paper and presentation by Lee Golze which gave an update on progress with the Local Transformation Plan (LTP) at the end of Quarter one, 2017/18 in respect of children and young people's mental health and emotional wellbeing.

In receiving the progress update, Members noted that a focus on supporting schools to provide advice and help to pupils in relation to mental health had resulted in 81% of schools now having a named mental health champion in place. In addition, 31 schools were helping to drive forward the development of a new schools competency framework, with the ultimate aim of achieving equal standards across schools in dealing with mental health and emotional wellbeing.

During subsequent discussion, Members acknowledged the vital role carried out by CAMHs workers in providing early help to people in cases where GP referral was unnecessary. It was also recognised that often children and young people felt more comfortable seeking help via their school rather than going through a formal medical route.

Damian Allen highlighted that more resources were needed to help deal with low level mental health issues in schools and asked what Indicators would be used to evidence that positive results were being achieved, once the number of CAMHs workers was at full capacity. In reply, Lee Golze reported that a local systems dashboard was being developed as a means of providing performance indicators in the future, and he offered to share details of this with the Board when available. Dr Rupert Suckling added that there would be an opportunity to consider how young people's outcomes would be taken forward when the Board looked at the new Outcomes Framework at its workshop in October, including identifying which Boards/Partnerships should manage those outcomes on this Board's behalf.

RESOLVED to note the information and progression of the LTP.

## 23 REPORT FROM HWB STEERING GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the HWB Steering Group to deliver the Board's work programme and also provided a draft Forward Plan for future Board meetings, as set out in Appendix A to the report.

In particular, the report included updates for the Board on:

- Health and Wellbeing Board Outcome Framework;
- Doncaster Festival of Research 2017;
- Antimicrobial Resistance;
- Yorkshire and the Humber HWB Chairs' Event; and
- Forward Plan for the Board.

In addition to the events detailed in the report, Dr Rupert Suckling informed the Board that the Council would also be supporting World Suicide Awareness Day, which was to be held on Sunday 10<sup>th</sup> September.

Dr David Crichton reported that the DCCG's Annual General Meeting was to be held on Thursday 28 September at the Keepmoat Stadium, Doncaster, from 6.30 -8.30 p.m. and all were welcome to attend.

### RESOLVED to:

- (1) receive and note the update from the HWB Steering Group;
- (2) agree the proposed Forward Plan, as detailed in Appendix A to the report.

CHAIR:\_\_\_\_\_

DATE:\_\_\_\_\_

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## Doncaster Health and Wellbeing Board

Date: 2 November 2017

**Subject:** Health and Wellbeing Board Outcomes Framework & Areas Focus Update

**Presented by:** Rupert Suckling

| Purpose of bringing this report to the Board |   |
|----------------------------------------------|---|
| Decision                                     |   |
| Recommendation to Full Council               |   |
| Endorsement                                  |   |
| Information                                  | X |

| Implications                     |                                      | Applicable Yes/No |
|----------------------------------|--------------------------------------|-------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) | X                 |
|                                  | Mental Health                        | X                 |
|                                  | Dementia                             | X                 |
|                                  | Obesity                              | X                 |
|                                  | Children and Families                | X                 |
| Joint Strategic Needs Assessment |                                      | X                 |
| Finance                          |                                      |                   |
| Legal                            |                                      |                   |
| Equalities                       |                                      | X                 |
| Other Implications (please list) |                                      |                   |

| How will this contribute to improving health and wellbeing in Doncaster?                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The paper gives an update on the potential Outcomes Framework for the Health and Wellbeing Board, specifically updating the board on the board workshop held 05.10.17. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on the key outcomes and indicators identified as important for the Board.</p> <p>The Areas of Focus updates are an interim update on progress answering four questions;</p> <p>What is going well?</p> <p>What needs development?</p> |

What is being done about it?

What needs Escalating to the Board?

### **Recommendations**

The Board is asked to:-

- a) Note the write up to the workshop and changes to the Outcomes Framework
- b) Note the progress statements for each of the areas of focus.

**To the Chair and Members of the Health and Wellbeing Board**

**HEALTH AND WELLBEING BOARD OUTCOMES FRAMEWORK & AREAS  
FOCUS UPDATE**

**EXECUTIVE SUMMARY**

1. This paper gives an update on the potential Outcomes Framework for the Health and Wellbeing Board, specifically updating the board on the board workshop held on 05.10.17. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on key information identified as important for the board.
2. There is also an interim update on the key areas of focus as identified in the Health and Wellbeing Strategy.

**EXEMPT REPORT**

3. N/A

**RECOMMENDATIONS**

4. The Board is asked to:-
  - a) Note the write up to the workshop and changes to the Outcomes Framework
  - b) Note the progress statements for each of the areas of focus.

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

5. Good Performance Management arrangements of the priorities set out in the Health and Wellbeing Strategy will help ensure services improve and people's experience of the health and wellbeing system is positive.

**BACKGROUND**

6. Regular performance reporting has outlined the position for the areas of focus identified in the Health and Wellbeing Strategy (HWS). This has given the board a good sense of progress in these areas over the previous 3 years but has not provided a good enough link across the areas of focus nor towards the rest of the priorities identified in the HWS.
7. The performance report for Q3 2016-17 prompted a discussion by the board on the value of monitoring progress towards a wider set of outcomes across

the health and care system allowing the Board to have a strategic understanding of current performance.

8. Furthermore there are some clear areas of responsibility that can be covered by multiple theme boards i.e. the Children and Families Executive Group will cover young people's health issues. Having a co-ordinated response to ensure we maximise the Board's focus on the issues that matter most will become increasingly important.
9. The Health and Wellbeing Board workshop (05.10.17) considered the required content and the presentation of any future Outcomes Framework at the board.

### **Workshop Write Up: Session 1**

10. The task in the first session was to comment on the draft outcomes and indicators against two criteria so a matrix can be formed. Firstly against a life course categorisation and secondly against a segmentation of care. The life course categorisation would align outcomes to;
  - Starting well (ages 0-18),
  - Living well (ages 19-64),
  - Ageing well (ages 65+)
  - An all age category.
11. The Care Categorisation would align outcomes to;
  - Well-Being
  - Prevention
  - Care
  - Support and Dying Well
12. Participants worked in groups to discuss and comment on each of these areas feeding back by placing post it notes onto relevant parts of the matrix. The full write up of this can be found in **Appendix A<sup>1</sup>**.
13. The general themes that emerged were;
  - Are the categories right as it feels like the 'Dying Well' categorisation is an 'add on' and perhaps merits its own space in the matrix or better placed within the 'care category'
  - Some outcomes feel really big and perhaps could be more focussed.
  - The issue of health inequalities was raised in all areas and we may need to report on these measures throughout the matrix
  - What is our approach to geographic inequalities?

### **Workshop Write Up: Session 2**

14. The task on the second session was to discuss the characteristics of good

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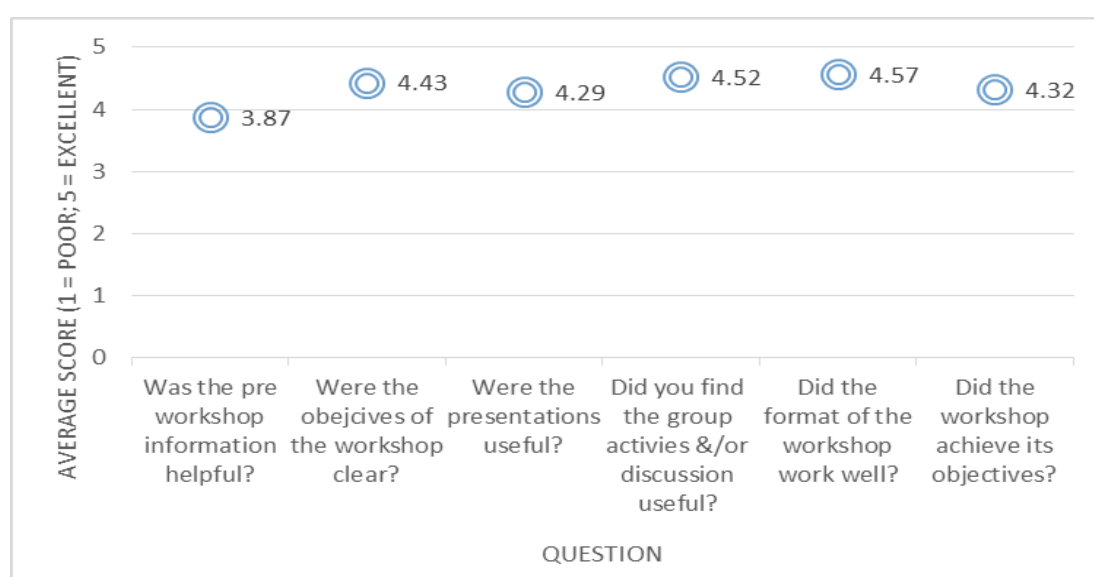
<sup>1</sup> Multiple comments and questions were put forward and this has been summarised for ease of access. A full picture of evidence can be seen if needed. The Starting Well category has not been summarised as there is a direct relationship with the Children and Families Exec Board that have agreed an outcomes framework linked to the Children and Young People's Plan.

performance reporting. Attendees were asked to describe what is useful and what should feature as part of any future reporting arrangements to the board. The key points are summarised below;

- Report should include a high level trends and comparisons for our key measures on a graph.
- There should be some analysis that tells us what it means – WHY not what. We have far too much descriptive analysis and not enough meaningful insight
- We should know our baseline so we understand distance travelled
- It should be based around exception reporting – why? – what’s worked? Where are the concerns?
- HWB needs to ask “so what” – what is it doing, what is the outcome we want, when will it happen.
- We need to understand and focus on health inequalities and big issues only
- We need to hold board members to account for delivery
- We need to make sure there is synergy with other reporting specifically for the place plan
- Infographics are easy to digest so let’s use them
- Qualitative info as well as quantitative – real life surveys and technical appendix to combine to give a well-rounded picture
- The report should not be presented for information but for action
- Could the steering group take some ownership on actions between board meetings?

### Workshop Write Up: Evaluation & Next Steps

15. The workshop evaluation sheet was filled in by attendees at the end of the workshop. The average scores for the questions are shown below.



16. The next steps to follow on from the workshop will be to use the feedback gathered to construct a new version of the matrix and distribute to the Board

and steering group for comment. Finally to present a fully populated outcomes framework back to the HWB Steering Group on 14<sup>th</sup> December and the Board early in 2018.

## Areas of Focus Update

17. As an interim measure the Health and Wellbeing Steering group thought a simple update from each area of focus would be a useful addition to this report answering four questions;
- What is going well?
  - What needs development?
  - What is being done about it?
  - What needs escalating to the Board?

18. The full response from each area is contained in Appendix B.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

19.

|  | Outcomes                                                                                                                                                                                                                                                                                                                              | Implications                                                                              |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|  | <p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul> |                                                                                           |
|  | <p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>                                                                                        | <p>Reduce Obesity.<br/>Reduce<br/>Substance<br/>Misuse<br/>Dementia<br/>Mental Health</p> |
|  | <p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>    |                                                                                           |
|  | <p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>                                                                                                                                                                                        | <p>Stronger Families<br/>Programme</p>                                                    |
|  | <p>Council services are modern and value for money.</p>                                                                                                                                                                                                                                                                               |                                                                                           |
|  | <p>Working with our partners we will provide strong leadership and governance.</p>                                                                                                                                                                                                                                                    |                                                                                           |

## **RISKS AND ASSUMPTIONS**

20. NA

## **LEGAL IMPLICATIONS**

21. No Legal Implications have been sought for this update paper.

## **FINANCIAL IMPLICATIONS**

22. No Financial Implications have been sought for this update paper.

## **HUMAN RESOURCES IMPLICATIONS**

23. No HR Implications have been sought for this update paper.

## **TECHNOLOGY IMPLICATIONS**

24. No Technological Implications have been sought for this update paper.

## **EQUALITY IMPLICATIONS**

25. The theme of health inequalities was raised throughout the workshop session and has been identified as a key theme in the development of an outcomes framework for the board. Understanding inequalities in health and care outcomes and how we can measure that as part of the Outcomes Framework is a vital part of our success. As we develop the framework there may be a need to establish new flows of data and information to support a more sophisticated view of health inequalities in Doncaster.

The health inequalities working group has been developing a health inequalities dashboard and this will be considered alongside the development of the Outcomes Framework.

## **CONSULTATION**

26. Identified previously in the paper as part of the workshop write up (Para 10-16)

## **BACKGROUND PAPERS**

27. NA

## **REPORT AUTHOR & CONTRIBUTORS**

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**Dr. Rupert Suckling**  
**Director of Public Health**

## APPENDIX Ai: OUTCOMES MATRIX FEEDBACK

| OUTCOMES   | All Age                                                                                                                                                                                                                                                                                                                                                            | Starting Well                                                                        | Living Well                                                                                                      | Ageing Well                                                                                                                                                                                                                                                                           |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Well-Being | Healthy Life Expectancy increases*                                                                                                                                                                                                                                                                                                                                 | Children have the best start in life**                                               | More people make healthy lifestyle choices relating to smoking, alcohol consumption and achieve a healthy weight | More people are independent for longer*                                                                                                                                                                                                                                               |
|            | People's quality of life is good and we reduce social isolation*                                                                                                                                                                                                                                                                                                   | Children and young people are healthy and have a sense of wellbeing**                |                                                                                                                  | People's quality of life is good and we reduce social isolation*                                                                                                                                                                                                                      |
|            | More people are physically active*                                                                                                                                                                                                                                                                                                                                 | Fewer children living in poverty**                                                   |                                                                                                                  |                                                                                                                                                                                                                                                                                       |
|            | <b>Feedback:</b> <ul style="list-style-type: none"> <li>• What about the 5 ways to well Being Focus (Be Active/ Take Notice / Give / Learn / connect)</li> <li>• Housing / homelessness/ Needs to be More Prevalent</li> <li>• Employment needs to be more prevalent</li> <li>• Community Capacity</li> <li>• Is quality of life the same as happiness?</li> </ul> | Children and young people's development is underpinned through a healthy lifestyle** |                                                                                                                  | <b>Feedback:</b> <ul style="list-style-type: none"> <li>• Split the Outcome on Quality of life into two – Quality of life and Social Isolation.</li> <li>• Include 'improve uptake of primary care screening programmes'.</li> <li>• More people with Dementia living well</li> </ul> |



**Prevention**

Domestic abuse practice is transformed across Doncaster\*\*\*

Fewer people experience Domestic Abuse\*

Preventable Deaths Reduce\*

Improved Air Quality

All people get the vaccinations at the right time

**Feedback**

- **What are we trying to prevent?**
- **Greater Access to Health Services (especially from BME populations)**
- **Community Support/ Capacity**
- **Uptake of Health Checks from all people**

Children have access to the right services at the earliest opportunity\*\*

Keeping teenagers and young people safe\*\*

Ensure no child suffers significant harm from neglect\*\*

Improve the detection and response to the major causes of preventable deaths;

- Cancer
- Heart Disease
- Diabetes

**Feedback**

- **Access to good food and nutrition**
- **Need to include sexual Health**
- **Include Liver Disease**

The right homes are available that meet people's needs - allowing them to safely stay in their home for longer.

Fewer older people have serious falls that require them to go to hospital

**Feedback**

- **Need a better understanding of customer journey through health and social care systems.**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Care</b> | <p>Fewer people require health and social care services*</p> <p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>• People are satisfied with their care</li> <li>• Identification and effective management of people who frequently access emergency care</li> <li>• Uptake on Self Care i.e. Telehealth</li> <li>• Services are provided in the community where appropriate – Dermatology?</li> </ul> | <p>Children and young people have access to quality mental health services</p> | <p>Mental Health care is on an equal footing to Physical care</p> <p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>• Less People are admitted to hospital from care homes</li> <li>• There are less frequent users of emergency health care linked to substance misuse</li> <li>• Learning disability care is on an equal footing to physical care</li> </ul> | <p>Fewer people are delayed from leaving hospital*</p> <p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>• Care homes provide good quality care</li> </ul> |
|             | <p><b>Support &amp; Dying Well</b></p> <p>Improved understanding of the needs of carers and ensuring we have the appropriate support available</p> <p>Reduced social isolation</p> <p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>• National Dying Well strategy includes being pain free, with dignity, in place of you own</li> </ul>                                                           | <p>Young Carers</p>                                                            | <p>Continue to enhance the options and support available for people who care for people</p>                                                                                                                                                                                                                                                                                | <p>Continue to enhance the options and support available for people who care for older people, particularly people with dementia</p>                                   |

- choosing and access to psychological support.
- **Doncaster Caring Strategy Outcomes**
- **What is our end of life strategy in Doncaster?**

**ANNEX Aii: DRAFT INDICATORS MATRIX FEEDBACK**

| INDICATORS        | All Age                                                                                                             | Starting Well                                      | Living Well                                                                                                                                                                                                     | Ageing Well                                                                                                                  |
|-------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Well-Being</b> | Healthy Life Expectancy at birth (years) for Females                                                                | Monitored by Children and Families Executive Board | Smoking prevalence in adults                                                                                                                                                                                    | Quality of Life Measure                                                                                                      |
|                   | Healthy Life Expectancy at birth (years) for Males                                                                  |                                                    | Alcohol related admissions to hospital                                                                                                                                                                          | Social Isolation Measure (General)                                                                                           |
|                   | Quality of Life Measure                                                                                             |                                                    | Excess weight in adults                                                                                                                                                                                         | Rate of permanent admissions to Residential Care per 100,000 (65+)                                                           |
|                   | % of population that achieve 150 mins Physical activity per week                                                    |                                                    | <b>Feedback</b> <ul style="list-style-type: none"><li>• <b>Number of People with LD living at home with friends and family</b></li><li>• <b>Number of People with LD admitted to Residential Care</b></li></ul> | <b>Feedback</b> <ul style="list-style-type: none"><li>• <b>Number of People with Dementia living in Care homes</b></li></ul> |
|                   | <b>Feedback</b> <ul style="list-style-type: none"><li>• <b>Suicide Rates</b></li><li>• <b>Crime Rates</b></li></ul> |                                                    |                                                                                                                                                                                                                 |                                                                                                                              |

|                   |                                                                                                                                           |                                                    |                                                                                                                                                                                                 |                                                                                                                              |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Prevention</b> | Rate of Domestic Abuse Incidents (Crimed) per 1000 pop                                                                                    | Monitored by Children and Families Executive Board | Mortality from all cardiovascular diseases in persons less than 75 years of age per 100,000 population                                                                                          | % of eligible adults aged 65+ who have received the flu vaccine                                                              |
|                   | Fraction of mortality attributable to particulate air pollution                                                                           |                                                    | Mortality from all cancers in persons less than 75 years of age per 100,000 population                                                                                                          | Rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population                   |
|                   | Preventable deaths in local population                                                                                                    |                                                    |                                                                                                                                                                                                 | <b>Feedback</b> <ul style="list-style-type: none"> <li>• % of people over 65 living in their own home</li> </ul>             |
|                   | <b>Feedback</b> <ul style="list-style-type: none"> <li>• Primary Care Screening Rates</li> <li>• Repeat domestic abuse victims</li> </ul> |                                                    | <b>Feedback</b> <ul style="list-style-type: none"> <li>• Mortality Rate – Liver Disease</li> <li>• Repeat episodes of Drug and Alcohol treatments</li> <li>• Uptake of Health Checks</li> </ul> |                                                                                                                              |
| <b>Care</b>       | Proportion of Children in Need per 10,000 population                                                                                      | Monitored by Children and Families Executive Board | Excess under 75 mortality rate in adults with serious mental illness                                                                                                                            | Delayed Transfers of Care from hospital                                                                                      |
|                   | Requests for Support for Adult Social Care per 10,000 population                                                                          |                                                    | <b>Feedback</b> <ul style="list-style-type: none"> <li>• IAPT Recovery rate</li> </ul>                                                                                                          | Emergency Hospital Admissions per 100,000 (65+)                                                                              |
|                   | <b>Feedback</b> <ul style="list-style-type: none"> <li>• Referral to treatment times (all)</li> </ul>                                     |                                                    |                                                                                                                                                                                                 | <b>Feedback</b> <ul style="list-style-type: none"> <li>• People still living at home 91 days after discharge from</li> </ul> |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                                                                      |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <ul style="list-style-type: none"><li>• % of people accessing online primary care</li><li>• Patient Satisfaction</li></ul>                                                                                                                                                                                                                                                              |                                                           | <ul style="list-style-type: none"><li>• hospital</li><li>• % of care homes and home care providers achieving a CQC rating of good or above</li></ul> |
| <b>Support &amp; Dying Well</b> | <p>Social isolation percentage of adult carers who have as much social contact as they would like.</p> <p><b>Feedback</b></p> <ul style="list-style-type: none"><li>• All people who have a terminal diagnosis have an EOL plan.</li><li>• Deaths in Hospital Rate</li><li>• Advice and Support provided to Carers</li><li>• Proportion of carers who receive respite support</li></ul> | <p>Monitored by Children and Families Executive Board</p> | <p>Prevalence of Dementia</p> <p><b>Feedback</b></p> <ul style="list-style-type: none"><li>• Less people with dementia dying in hospital</li></ul>   |

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## **Appendix B: Areas of Focus interim Update**

### **Obesity**

#### **a) What is going Well**

- A strategic group, Healthy Doncaster was established in September 2016 and consisted of representation from physical activity/leisure (DMBC leads), workplace health, planning, transport, licensing, early years, communications, Strategic Performance unit, the Doncaster Commissioning group and the Local Medical Committee. This is based on an approach to develop a whole system approach as obesity is everyone's business not just one organisation or one directorate
- The group have co-ordinated a number of work streams around physical activity, food (Delicious Doncaster), environment, workplace health and planning. A high level plan is currently being developed to co-ordinate this work plan and will be shared with the HWBB in due course
- The Delicious Doncaster Food Hack event was held in June and the subsequent Doncaster Food Partnership Board has evolved as part of this group and an internal food group for DMBC officers has been established
- The public health team have developed a Healthy Learning Healthy Lives website with local schools which is currently being planned for launch in January 2018. The daily mile is also currently being developed in local schools
- The Health visiting service has been re-commissioned and an oral health strategy is currently being developed and nutrition training in development for specific settings
- Work place is a local priority and plans are in place to review our local offer and to promote the workplace charter to a wider number of local businesses; a cross organisational group of workplace leads from DMBC, DCCG, DBTH , Rdash, SY Fire service and St Leger Homes are meeting to look at working together across common themes such as communications and delivering joint key health campaigns
- Get Doncaster Moving has become a pillar in the Growing Together strategy and there have been further developments around physical activity including:
  - Review and re-launch of the physical activity strategy – consultation is taking place currently
  - Work with Town and Country Planning Association to look at the environment and planning
  - An active travel alliance is established and reviewing active travel plans
  - Work is taking place around usage of parks
  - Doncaster Dance Activator programme for older people has been approved and the first phase has commenced
  - Sport England bid has been submitted to the second wave and a decision should be made in November 2017
- The current Tier 3 weight management service for adults is currently under review with a view to a possible 12 month extension in 2018/19

## **b) Areas for Development**

- Plans to incorporate health implications in all corporate reports is underway
- The Food Partnership Board is currently developing an action plan and applying to register for sustainable food cities status as well as bidding for external funding in partnership with local food providers and the voluntary and community sector
- The Food partnership Board and network is in development
- The local workplace offer is currently under review
- Healthy Learning, Healthy Lives website to be launched and the daily mile across local schools
- MECC on line package and wider dissemination currently in development
- LGA Design bid approved using customer insights, MECC and self-management approaches

## **c) What are we doing about it**

- The high level plan is being developed and will be shared at the HWBB
- Current work streams are picking up all key areas including physical activity, planning, food, workplace health, childhood obesity, active travel and the environment

## **d) What needs escalating to the Boards attention**

- If it's a whole system approach to obesity it needs buy in from everyone – would the Board be willing to consider a Healthy weight charter as seen in other parts of the country? Lancashire (Blackpool has a good model).
- The issue needs to be a cross organisational objective not just one organisation...
- In some areas a sugar tax has been implemented – is this a consideration for Doncaster?

## **Substance Misuse**

### **a) What is going Well**

- Treatment effectiveness: Doncaster is ranked 9<sup>th</sup> out of 147 local authorities for successful treatment exits for alcohol, and non- opiates

### **b) Areas for Development**

- 'Blue Light' treatment resistant drinkers: there is a need to develop a co-ordinated multi- disciplinary approach to treatment resistant drinkers who have a high impact on acute services
- Seeking to introduce urine testing for fentanyl in the Aspire and Project 3 services and provision of take home kits for service users to test their drugs for presence of fentanyl

### **c) What are we doing about it**

- Seeking data and information from DBTH to define and profile features of blue light drinkers presenting at Doncaster hospital, to identify if there is

overlap with clients presenting at CCG vulnerable people's panel and DMBC's complex lives initiative

- Seeking endorsement from the HWBB for the introduction of fentanyl testing

**d) What needs escalating to the Boards attention.**

- DBTH high intensity user group for 'frequent fliers' has identified some of the treatment resistant cohort but lacks a mechanism to deliver effective multi-disciplinary working
- We request that the Board endorses the decision to introduce fentanyl testing
- Challenges implementing Hidden Harm work – recommendation for the strategy to sit within / under the neglect agenda and be overseen by DCST.

**Families (Stronger Families)**

**a) What is going Well**

- We have exceeded the number of families we need to have identified and engaged in the programme under the TF definitions to ensure we retain our Attachment funding. We have also been influential in working with DCLG to look at the future of the national programme and subsequent changes. We continue to see positive results with families. The Stronger Families Principles are being used to develop the Complex Lives work under the DGT framework. We have recently undertaken a partnership Maturity review with the Place Plan T&F group and will develop an action plan from this work. This is a requirement of DCLG as part of the programme.

**b) Areas for Development**

- Our claim rates are still very low which has two implications; firstly this means we as Doncaster partners are missing out on large amounts for reward funds which could be ploughed into supporting transformation changes across partners inc Place Plan initiatives and secondly means the Government see Doncaster as not being able to deliver and this has a reputational impact and increases the pressure as time progresses.

**c) What are we doing about it**

- We have reviewed our cohort figures and where we see the issues are seated. We have begun a focussed piece of work with DCST PAFS teams to increase their focus on SF requirements so we can increase claims from their work. This includes identifying SF Champions in each team, providing workshops and extra support to help unblock the problems. We have discussed with health colleagues how we work with them and they agree to increase the number of families on EHM so we can track and monitor their progress. This is x currently very low and so there are very few families from health colleagues we are able to claim for. We have recently funded 4 Parent engagement officers to work in the Family hubs to work with families who meet the SF criteria and help deliver outcomes and claims. We are currently reviewing funding and seeking to provide extra step down support for families who have been worked with but have some residual issues that take time to resolve and track through to claims. We are applying for more upfront funds to help commission this extra resource to help us quickly improve our figures.



**d) What needs escalating to the Boards attention**

- The low numbers of claims and the push for **ALL** partners to engage with the programme to seek to draw out claims from the work they do with families especially health colleagues.

**Mental Health**

**a) What is going Well**

- Number of work streams established across the ACS including Perinatal Mental Health, Acute Liaison and IAPT. Each of these areas have developed business cases for bidding in the next 6-12 month as well as looking at enhancing the care across Long Term condition pathways.

**b) Areas for Development**

- There is currently no lead for MH within Doncaster CCG due to staff illness and work streams are continuing but not at a pace that would be preferable to the CCG. Further work also needs to be established for SMI and improvements to Physical activity within Mental Health which has not currently developed.

**c) What are we doing about it**

- Continuing to work closely with our partners to ensure bids are successful, developing future commission strategies and feeding into regional ACS plans

**d) What needs escalating to the Boards attention.**

- Lack of resource has meant plans are continuing but not at the pace we would have liked.

**Dementia**

**a) What is going Well**

- 95% of referrals to RDASH for dementia diagnosis are diagnosed within 10 weeks. Commissioners are working with providers to achieve 6 weeks from referral to diagnosis by 2020

**b) Areas for Development**

- The current service model for the post diagnostic service has been extended following a paper to JCCC for a further two years until March 2020 (subject to a business case to BCF panel). The current contracts in place will be lead by CCG contracting. The extension will allow time for development of the model and work will have progressed with the Place Plan.

**c) What are we doing about it**

- All partners have been informed and will meet mid-November to form an Alliance and progress with the model.

**d) What needs escalating to the Boards attention.**

- To ensure the Board are aware of the extension and the new contracting arrangements

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**Subject:** Doncaster Place Plan – Delivery Update October 2017

**Presented by:** Rupert Suckling

| Purpose of bringing this report to the Board |   |
|----------------------------------------------|---|
| Decision                                     |   |
| Recommendation to Full Council               |   |
| Endorsement                                  |   |
| Information                                  | X |

| Implications                     |                                      | Applicable Yes/No |
|----------------------------------|--------------------------------------|-------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) | X                 |
|                                  | Mental Health                        | X                 |
|                                  | Dementia                             | X                 |
|                                  | Obesity                              | X                 |
|                                  | Children and Families                | X                 |
| Joint Strategic Needs Assessment |                                      | X                 |
| Finance                          |                                      |                   |
| Legal                            |                                      |                   |
| Equalities                       |                                      | X                 |
| Other Implications (please list) |                                      |                   |

| How will this contribute to improving health and wellbeing in Doncaster?                        |
|-------------------------------------------------------------------------------------------------|
| The Doncaster Place Plan is the major change programme for health and social care in Doncaster. |

| Recommendations                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Board is asked to:-</p> <ul style="list-style-type: none"> <li>a) Note the update; and</li> <li>b) Consider how well the Place Plan delivers against the Health and Wellbeing Strategy and identify any major risks.</li> </ul> |

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## **Doncaster Place Plan – Delivery Update October 2017**

### **Introduction**

The purpose of this briefing is to provide the Health and Wellbeing Board with an overview of the work streams that are in train to deliver the ambition of the Doncaster place plan.

### **Background**

The Doncaster place plan set out the ambition for local health and care services to narrow three gaps. The gaps are the health and wellbeing gap, the quality gap and the finance gap. The place plan has now been incorporated into Doncaster Growing Together and is the major transformation programme within the caring theme.

### **Work streams**

- A. In developing the place plan 6 immediate areas of opportunity were identified

*Intermediate care*

*Complex lives*

*Starting well*

*Vulnerable adolescents*

*Urgent and emergency care*

*Dermatology*

The complex lives and intermediate care work is the most advanced with new delivery models agreed and being tested. All organisations are considering how their internal change programmes contribute to these areas e.g. the adult's transformation programme within the council.

- B. 4 other areas were identified for further work

*Mental health*

*Learning Disability (this may move into the areas of opportunity)*

*Primary Care*

*Continuing Health Care*

These areas are in the process of being scoped

- C. These are supported by a number of cross cutting work streams

*Workforce and education*

*Back Office*

*Integrated neighbourhood delivery*

*Governance*

To support the move to more collaborative working changes to the governance of the place plan, health and care commissioning and provision were identified and these are currently being developed. The place plan is now led by the Accountable Care Leadership group comprising the chief executives of the local health, care and housing organisations, with joint commissioning approaches being developed first and is expected to be discussed by both the CCG governing body and the

Council's cabinet in November 2017. To support this change in commissioning work has started to identify the role of a 'strategic commissioning unit' by pulling together resources, skills and knowledge from across the system to support the change.

### **Funding Streams**

The place plan is supported by 2 national funding streams

1. The Better Care fund (BCF)

The Health and Wellbeing Board discussed the 2017-19 plan at its September Board meeting and national approval is awaited. Until then no quarterly reporting is required. However Delayed Transfers of Care (DTOC) one of the national metrics is under increasing national scrutiny and this is linked to the improved Better Care Fund (see below).

2. The improved Better Care Fund (iBCF)

The improved Better Care Fund plan for 2017/18 and 2018/19 was noted at the June health and Wellbeing Board and was approved as part of the Council's budget setting process in June 2017. The quarter 2 report is due in October. Funding in the iBCF is linked nationally to reducing DTOC and areas which are unable to meet the trajectories set out in their BCF plans are likely to be reviewed in the autumn, with the ultimate sanction a withdrawal of iBCF funding. Doncaster should prepare itself for a review.

### **Links to the South Yorkshire and Bassetlaw Accountable Care System (ACS)**

At the same time as concentrating on the place plan Doncaster health and care providers and commissioners are contributing to the development of the South Yorkshire and Bassetlaw ACS.

The last set of approved minutes is attached. Items to note:

Transformation funding. For NHS organisations the ACS is the route for capital and increasingly all transformation funding.

Sustainable hospital services review.

R Suckling

October 2017

**South Yorkshire and Bassetlaw Sustainability and Transformation  
Partnership**

**Collaborative Partnership Board**

**Minutes of the meeting of**

**8 September 2017**

**The Boardroom, 722 Prince of Wales Road**

**Decision Summary**

| <b>Minute reference</b> | <b>Item</b>                            | <b>Action</b>                                                                                                                                                                                                                                                  |
|-------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 88/17                   | National update                        | (a) that a mechanism would be put in place to provide updates on the national workstreams for the ACS <b>(WCG)</b>                                                                                                                                             |
| 89/17                   | Hospital Services Review               | (a) that a discussion would take place outside of the session on the Hospital Services Review (HSR) public engagement event that took place in August 2017 <b>(MR/HS/AN)</b>                                                                                   |
|                         |                                        | (b) that a clear definition of the five specialties for CPB would be developed as part of the paper for the HSR Steering Board <b>(AN)</b>                                                                                                                     |
|                         |                                        | (c) that the work must be put in context of all other services, linking to the fourth objective of the HSR <b>(AN)</b>                                                                                                                                         |
|                         |                                        | (d) that the section 1a report would record all governance clearly <b>(AN)</b>                                                                                                                                                                                 |
| 91/17                   | Communications and engagement strategy | (a) that a meeting would be established of all communications directors across the patch, attended and supported by CEOs to work through resources to deliver the strategy <b>(HS)</b>                                                                         |
| 92/17                   | Workstream Charters                    | (a) that all provide comments on charters and the workforce strategy presented to Marianna Hargeaves in the ACS team <b>(ALL)</b>                                                                                                                              |
| 93/17                   | Finance update                         | (a) that the Directors of Finance develop 3-5 key areas to accelerate the transformation programme for 18/19 finances across the system to bring about the largest savings, to be produced on three tiers: by organisation, place and system level <b>(JC)</b> |

|              |                                               |                                                                                                                                                                                           |
|--------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |                                               |                                                                                                                                                                                           |
|              |                                               | (b) that business rules, with a clear and defined set of criteria around transformation funding would be developed for the next available CPB <b>(JC)</b>                                 |
| <b>94/17</b> | <b>Cancer 62 day recovering and assurance</b> | (a) that all confirmed each place would work to the agreed inter-provider transfer policy to ensure the ACS would meet the 62 day recovery target <b>(ALL)</b>                            |
|              |                                               | (b) that each organisation was asked to consider representation at the Cancer Alliance Board and confirm amendments to LS <b>(ALL)</b>                                                    |
| <b>96/17</b> | <b>Primary Care workforce</b>                 | (a) that a business case would be presented in conjunction with the Primary Care Steering board around resources required to support the findings of the SYB Primary Care Workforce Group |



**South Yorkshire and Bassetlaw Sustainability and Transformation  
Partnership**

**Collaborative Partnership Board**

**Minutes of the meeting of**

**8 September 2017**

**The Boardroom, 722 Prince of Wales Road**

| Name                     | Organisation                                                      | Designation                                                                            | Present | Apologies | Deputy for                |
|--------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------|-----------|---------------------------|
| Sir Andrew Cash<br>CHAIR | South Yorkshire and<br>Bassetlaw ACS                              | ACS Lead/Chair and<br>CEO, Sheffield<br>Teaching Hospitals NHS<br>FT                   | ✓       |           |                           |
| Adrian England           | Healthwatch Barnsley                                              | Chair                                                                                  |         | ✓         |                           |
| Ainsley Macdonnell       | Nottinghamshire County<br>Council                                 | Service Director                                                                       |         | ✓         | Anthony<br>May CEO        |
| Alison Knowles           | Locality Director North<br>of England,                            | NHS England                                                                            |         | ✓         |                           |
| Alan Davis               | South West Yorkshire<br>Partnership NHS FT                        | Deputy Chief Executive                                                                 | ✓       |           |                           |
| Alexandra Norrish        | South Yorkshire and<br>Bassetlaw ACS                              | Programme Director –<br>Hospital Services<br>Review                                    | ✓       |           |                           |
| Andrew Hilton            | Sheffield GP Federation                                           | GP                                                                                     |         | ✓         |                           |
| Anthony May              | Nottinghamshire County<br>Council                                 | Chief Executive                                                                        |         | ✓         |                           |
| Ben Jackson              | Academic Unit of<br>Primary Medical Care,<br>Sheffield University | Senior Clinical Teacher                                                                | ✓       |           |                           |
| Chris Edwards            | NHS Rotherham Clinical<br>Commissioning Group                     | Accountable Officer                                                                    | ✓       |           |                           |
| Des Breen                | Working Together<br>Partnership Vanguard                          | Medical Director                                                                       | ✓       |           |                           |
| Diana Terris             | Barnsley Metropolitan<br>Borough Council                          | Chief Executive                                                                        |         | ✓         |                           |
| Greg Fell                | Sheffield City Council                                            | Director of Public Health                                                              |         | ✓         | John<br>Mothersole<br>CEO |
| Fiona Goudie             | Sheffield Health &<br>Social Care NHS FT                          | Clinical Director for<br>Strategic Partnerships<br>Consultant Clinical<br>Psychologist | ✓       |           |                           |
| Frances Cuning           | Yorkshire & the Humber<br>PHE Centre                              | Deputy Director – Health<br>& Wellbeing                                                | ✓       |           |                           |
| Hayley Tingle            | NHS Doncaster Clinical<br>Commissioning Group                     | Chief Finance Officer                                                                  | ✓       |           | Jackie<br>Pederson        |
| Helen Stevens            | South Yorkshire and<br>Bassetlaw ACS                              | Assoc. Director of<br>Comms & Engagement                                               | ✓       |           |                           |

|                   |                                                    |                                                             |   |   |                |
|-------------------|----------------------------------------------------|-------------------------------------------------------------|---|---|----------------|
| Idris Griffiths   | NHS Bassetlaw Clinical Commissioning Group         | Accountable Officer                                         | ✓ |   |                |
| Jackie Pederson   | NHS Doncaster Clinical Commissioning Group         | Accountable Officer                                         |   | ✓ |                |
| Janette Watkins   | Working Together Partnership Vanguard              | Director                                                    | ✓ |   |                |
| Janet Wheatley    | Voluntary Action Rotherham                         | Chief Executive                                             |   | ✓ |                |
| Jeremy Cook       | South Yorkshire and Bassetlaw ACS                  | Interim Director of Finance                                 | ✓ |   |                |
| John Mothersole   | Sheffield City Council                             | Chief Executive                                             |   | ✓ |                |
| John Somers       | Sheffield Children's Hospital NHS Foundation Trust | Chief Executive                                             | ✓ |   |                |
| Jo Miller         | Doncaster Metropolitan Borough Council             | Chief Executive                                             |   | ✓ |                |
| Julia Burrows     | Barnsley Council                                   | Director of Public Health                                   | ✓ |   |                |
| Kate Woods        | SYB ACS                                            | Project Management Office, Project Manager                  | ✓ |   |                |
| Kathryn Singh     | Rotherham, Doncaster and South Humber NHS FT       | Chief Executive                                             |   | ✓ |                |
| Kevan Taylor      | Sheffield Health and Social Care NHS FT            | Chief Executive                                             |   | ✓ |                |
| Lesley Smith      | NHS Barnsley Clinical Commissioning Group          | SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG | ✓ |   |                |
| Louise Barnett    | The Rotherham NHS Foundation Trust                 | Chief Executive                                             | ✓ |   |                |
| Mark Janvier      | NHS England                                        | Head of Operations and Delivery                             | ✓ |   | Alison Knowles |
| Maddy Ruff        | NHS Sheffield Clinical Commissioning Group         | Accountable Officer                                         | ✓ |   |                |
| Matthew Groom     | NHS England Specialised Commissioning              | Assistant Director                                          |   | ✓ |                |
| Matthew Robinson  | Health Education England                           | NHS Graduate Management Training Scheme Trainee             | ✓ |   |                |
| Matthew Sandford  | Yorkshire Ambulance Service NHS Trust              | Associate Director of Planning & Dev                        | ✓ |   | Rod Barnes     |
| Mike Curtis       | Health Education England                           | Local Director                                              | ✓ |   |                |
| Neil Taylor       | Bassetlaw District Council                         | Chief Executive                                             |   | ✓ |                |
| Paul Moffat       | Doncaster Children's Services Trust                | Director of Performance, Quality and Innovation             |   | ✓ |                |
| Paul Smeeton      | Nottinghamshire Healthcare NHS Foundation Trust    | Chief Operating Executive                                   | ✓ |   |                |
| Richard Henderson | East Midlands Ambulance Service NHS Trust          | Chief Executive                                             |   | ✓ |                |
| Richard Jenkins   | Barnsley Hospital NHS Foundation Trust             | Chief Executive                                             | ✓ |   |                |
| Richard Parker    | Doncaster and Bassetlaw Teaching Hospitals NHS FT  | Chief Executive                                             | ✓ |   |                |
| Richard Stubbs    | The Yorkshire and Humber Academic                  | Acting Chief Executive                                      |   | ✓ |                |

|                  |                                            |                                          |   |   |                   |
|------------------|--------------------------------------------|------------------------------------------|---|---|-------------------|
|                  | Health Science Network                     |                                          |   |   |                   |
| Rob Webster      | South West Yorkshire Partnership NHS FT    | Chief Executive                          |   | ✓ |                   |
| Rod Barnes       | Yorkshire Ambulance Service NHS Trust      | Chief Executive                          |   | ✓ |                   |
| Roger Watson     | East Midlands Ambulance Service NHS Trust  | Consultant Paramedic Operations          | ✓ |   | Richard Henderson |
| Rupert Suckling  | Doncaster Metropolitan Borough Council     | Director of Public Health                | ✓ |   |                   |
| Ruth Hawkins     | Nottinghamshire Healthcare NHS FT          | Chief Executive                          |   | ✓ |                   |
| Sharon Kemp      | Rotherham Metropolitan Borough Council     | Chief Executive                          | ✓ |   |                   |
| Simon Morritt    | Chesterfield Royal Hospital                | Chief Executive                          | ✓ |   |                   |
| Steve Shore      | Healthwatch Doncaster                      | Chair                                    | ✓ |   |                   |
| Tim Moorhead     | NHS Sheffield Clinical Commissioning Group | Clinical Chair                           |   | ✓ |                   |
| Will Cleary-Gray | South Yorkshire and Bassetlaw ACS          | Sustainability & Transformation Director | ✓ |   |                   |

| Minute reference | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 84/17            | <p><b>Welcome and introductions</b></p> <p>The Chair welcomed members to the meeting. It was noted that a strong structure was now in place for collaborative working for the population of South Yorkshire and Bassetlaw (SYB). The vision of the Accountable Care System (ACS) was reiterated as:</p> <ul style="list-style-type: none"> <li>- To deliver the best health and care system in the country</li> <li>- To deliver the social determinants of health for the population that the ACS serves</li> </ul> <p>The ACS would now move into phase 2. A dashboard would be presented to the ACS Executive Steering Group and implemented by the October CPB meeting, developing an understanding of how this translated in terms of delivery within each ACP. Cancer would be a priority (62 day delivery), as would finances and the key transformation projects (an opening draft of key 3 priorities would be presented at coming CPBs). AJC raised the need for clear leadership arrangements and set of behaviours to enable the system to help with potential issues through collaboration. Finally, the ACS must sign off the national MOU by 18<sup>th</sup> September.</p> |        |
| 85/17            | <p><b>Apologies for absence</b></p> <p>AJC noted apologies for absence.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| 86/17            | <p><b>Minutes of the previous meeting held 14<sup>th</sup> July 2017</b></p> <p>The minutes of the previous meeting were agreed as a true record.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 87/17 | <p><b>Matters arising</b></p> <p><b>ACS Memorandum understanding (MOU) 75/17</b><br/> It was reported that two meetings had taken place with the SYB Health and Wellbeing Board Chairs. A joint statement would be produced to be used for responses around the MOU, supporting the direction of travel. A further meeting would take place with AJC on place plans. A meeting was also held with Clinical Commissioning Group (CCG) Chief Officers, identifying a number of areas they are working on at place level that they wish to collaborate on and share learning.</p> <p>All other items would be picked up as part of the agenda.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| 88/17 | <p><b>National Update</b></p> <p><b>ACS Development Day</b><br/> A national event took place on 19<sup>th</sup> July formally launching 44 Sustainability and Transformation Partnerships. AJC updated all on the session which was set out in three parts:</p> <ul style="list-style-type: none"> <li>• An STP launch, attended by leaders and the media – introducing the scoring system and the 8 advanced ACSs</li> <li>• A session of the 8 leading ACSs private session with Jeremy Hunt and other leaders. This included a question and answer session</li> <li>• A discussion around national workstreams</li> </ul> <p>WCG would ensure a mechanism was put in place to provide updates on the national workstreams.</p> <p>Development days would take place each quarter.</p> <p><b>National MOU</b><br/> All had signed up to the direction of travel. Finances and delivery would be crucial for the ACS. SK advised that correspondence would be received around this from the Local Authorities. WCG asked the group to note the link with the regulators. This was clear in the national MOU in terms of how the ACS lead would engage with NHS England and NHS Improvement (NHSE/NHSI) and the detail of this work would be addressed over the next six months. The scorecard for the system that would be implemented from quarter 3 onwards. Some improvement was required on this for the ACS. This would be worked on as a system.</p> | <p><b>WILL CLEARY-GRAY</b></p> |
| 89/17 | <p><b>Hospital Services Review</b></p> <p>A presentation was delivered on progress of the review.</p> <p>The group was reminded of the objectives of the review, noting the work would:</p> <ul style="list-style-type: none"> <li>• Define and agree a set of criteria for what constitutes 'Sustainable Hospital Services' for each Place and for South and Mid Yorkshire, North Derbyshire and Bassetlaw.</li> <li>• Identify any services (or parts of services) that are</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
|  | <p>unsustainable, short, medium and long-term including tertiary services delivered within and beyond the ACS</p> <ul style="list-style-type: none"> <li>• Put forward future service delivery model or models which will deliver sustainable hospital services</li> <li>• Consider how local services can continue to be provided for the whole population of South Yorkshire and Bassetlaw in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision</li> </ul> <p>A request was made for a steer from the CPB on:</p> <ul style="list-style-type: none"> <li>• Whether the Partnership Board was content to agree the proposed approach to reviewing services.</li> <li>• Whether the Partnership Board was content with the approach that the review will take over the next 2 months.</li> </ul> <p>The group was invited to comment.</p> <p>For clarity, the group was advised that the ACS Oversight and Assurance Group would oversee the process.</p> <p>Regarding maternity, CE advised that the Better Births guidance had stipulated that maternity services needed transforming. The current offer in SYB was focused on consultant led services. This was happening in parallel to the HSR. Regarding the acute paediatrics work, maternity must be addressed at the same time.</p> <p>A comment was noted around the process and how decisions were made around the 20 services. It is crucial that the messages for the public need to be clear and transparent. Regarding the message for the services not included, it was confirmed that this needed to be clear and transparent also. This was agreed.</p> <p>A comment was made around the emphasis of this work. It had been understood that the work was to address what was currently not sustainable and felt that the review had moved towards implementing new guidance.</p> <p>A request was made that checks be done to ensure the CQC guidance was correct.</p> <p>Regarding process and transparency, AN confirmed that the interdependencies between maternity and acute paediatrics in conjunction meant they would need to be addressed together. The workstream must be fully open and transparent as to why this was the case.</p> <p>The CPB was updated on the next steps.</p> <p>Regarding stroke and the review of the Hyper Acute Stroke Units, a comment was made that the decision process around this should not be delayed while the HSR work was taking place.</p> <p>Some concerns raised at the NHS Sheffield governing body meeting around the public engagement session held in August 2017 would be picked up outside of the session.</p> | <p><b>A NORRISH,<br/>M RUFF,<br/>H STEVENS</b></p> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|              | <p>Regarding Urgent and Emergency Care, a comment was made that the review needed to clearly describe how a member of the public would access the service they require.</p> <p>A comment was made around the importance of a consistent assessment across the patch.</p> <p>A comment was made that there were workforce challenges around maternity and acute however there were also gaps in other services.</p> <p>A discussion took place around the fourth objective of the HSR, and a comment made that this required further consideration setting in context of local place system and the wider ACS. Need to consider strategically and then the challenge of configuring a system that meets the needs across the patch.</p> <p>AJC summarised the discussion:</p> <ul style="list-style-type: none"> <li>• A clear definition of the five specialties for CPB would be developed as part of the paper for the HSR Steering Board</li> <li>• Maternity was included due to Better Births report, CQC issues and links to the acutely ill child work, and the governance trails around this and the stroke work needed to be coherent and clear</li> <li>• This work referred to planned, specialised and lifetime condition services which were urgent services and therefore must be put in context of all other services, linking to the fourth objective of the HSR</li> <li>• The section 1a report would record all governance clearly</li> </ul> | <b>ALEXANDRA NORRISH</b> |
| <b>90/17</b> | <p><b>Oversight and Integrated Operational Report</b></p> <p>The CPB noted that work was underway to develop metrics and a dashboard to align with a national oversight streamlining piece of work. At the ACS Executive Steering Group this would be presented in detail. In response to a query, work was happening to break this down to place level. The ACS and CPB would receive a single operational report.</p> <p>A comment was made in relation to real time metrics and some refinement would be required on the report.</p> <p>Discussions would take outside the meeting around UEC and workforce metrics.</p> <p>A query was made around collaboration of staff across the system in response to an urgent workforce issue, AJC confirmed that the business rules needed further clarification.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| <b>91/17</b> | <p><b>Communications and Engagement Strategy</b></p> <p>HS highlighted that the majority of comments and feedback received regarding the HSR engagement event held at the source indicated that this had been a robust and informative event. All comments and feedback would be considered.</p> <p>Regarding the ACS Strategy, the plan for the forthcoming 6-9 months</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|              | <p>and the HSR plan was presented to the group. All were asked to note the resource implication put forward due to the work involved to engage staff, clinicians and the public. All were asked to consider how much of the current resource in the system could be put forward to assist. The importance of this was emphasised by AJC and by LS.</p> <p>A comment was made that discussion could take place at place level to integrate core communications services.</p> <p>After discussion, it was agreed that a meeting would be established of all communications directors across the patch, attending and supported by CEOs to work through this.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>HELEN STEVENS</b> |
| <b>92/17</b> | <p><b>Workstream Charters</b></p> <p>Charters were circulated to all on the key areas highlighted, building on the original cases for change. The documents presented detail of the delivery plans focused on activity, capturing aims, objectives, benefits and outcomes. The key three priorities of each workstream were being developed. Comments were welcomed over the coming weeks. A second tranche of Charters would be circulated for the next CPB.</p> <p>On 19<sup>th</sup> September, the top three priorities for Urgent and Emergency Care, Mental Health and Learning Disabilities and Elective and Diagnostics workstreams would be presented. Some focused time would be given to these at the October CPB.</p> <p>The group was asked to note the links to local and national MOUs. It was important to connect good work locally with improvement delivery and metrics.</p> <p>The reports were available on the ACS extranet for viewing. Comments on the documents should be directed to Marianna Hargreaves in the ACS team.</p> <p>The group was asked to note a different approach to workforce; with a strategy developed in place of a charter. Comments and feedback on this were welcomed also.</p> <p>It was noted that the ACS would be as transparent as possible and therefore a plain English versions of the charters would be drawn up in due course.</p> | <b>ALL TO NOTE</b>   |
| <b>93/17</b> | <p><b>Finance update</b></p> <p>JC updated all on key finance developments and the group was invited to comment.</p> <p>Regarding the 18/19 position it was requested that the Directors of Finance develop 3-5 key areas to accelerate the transformation programme for finances across the system to bring about the largest savings. This was agreed would be produced on three tiers, by organisation, place and system level.</p> <p>A comment was made around the benefits of modelling and addressing CIP and QIPP plans in collaboration.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>JEREMY COOK</b>   |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
|              | <p>A comment was made around ensuring the ACS had a clear and defined set of criteria around transformation funding and how this would be weighted. It was agreed that business rules would be developed for this and discussed at the next available CPB meeting.</p> <p>A comment as made on how local place plans were being reviewed within the criteria for funding. Clarity on this was welcomed. LAs should be collaborated with in partnership to this.</p> <p>The CPB noted that a pot of money would be available for digital IT and this was being worked on.</p>                                                                                                                                                                                                                                                                                                                                                                              | <b>JEREMY COOK</b>                  |
| <b>94/17</b> | <p><b>SCR/STP health led IPS employment service</b></p> <p>Fiona Goudie updated the CPB members, noting that a bid had been successful for £5-6m funding into the Sheffield City Region for a health led employment service to support people with mild mental health and musculo-skeletal problems to get into work. The trial procurement process was out to market. It was noted that this would not be the IAPT workforce.</p> <p>A joint board between the ACS and the combined authority to oversee this work would be established.</p> <p>There would be an opportunity to bid for national transformation money to deliver support and information for people with complex and serious mental illness. It was noted that leading ACSs would bid from quarter 4 for this on ACS footprint, collaborating with LAs.</p> <p>RS highlighted a Doncaster bid for funding to support the drug and alcohol service.</p> <p>Members noted the update.</p> |                                     |
| <b>95/17</b> | <p><b>Cancer 62 day recovering and assurance</b></p> <p>The group, noting the ACS vision to be the best delivery system in country, confirmed that all places would work to the agreed inter-provider transfer policy. This would help to ensure the ACS would meet the 62 day recovery target.</p> <p>Each organisation was asked to consider representation at the Cancer Alliance Board and confirm to LS if wish to amend.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>ALL</b></p> <p><b>ALL</b></p> |
| <b>96/17</b> | <p><b>Primary Care workforce</b></p> <p>A presentation was delivered on the work of the primary care workforce group.</p> <p>The CPB noted the next steps for success:</p> <ul style="list-style-type: none"> <li>• Primary Care Programme Board to adopt and operationalize the proposal, monitor and report on progress, support co-ordinated activity across the region</li> <li>• Other ACP workstreams to describe impact on primary care</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |



|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
|              | <p>workforce of planned changes</p> <ul style="list-style-type: none"> <li>• Greater understanding of how 'new models of primary care workforce will impact on services</li> </ul> <p>In response to a query around the GP transformation recommendation from the primary care workforce to the system it was advised that change was required at practice level. Discussions were happening around this.</p> <p>A comment was made that this was core to ensuring the success of the ACS agenda. A five year programme would be required. A business case would be presented in conjunction with the PC Steering board around resources required to support this work.</p> | <b>BEN JACKSON</b> |
| <b>97/17</b> | <p><b>Date and Time of Next Meeting</b></p> <p>The next meeting will take place on 13<sup>th</sup> October 2017 at 9.30am to 11.30am in Birch/Elm Room at Oak House, Rotherham.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |

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**Subject:** Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)  
– Strategic Direction

**Presented by:** Marie Purdue, Director of Strategy & Transformation, DBTH  
Karen Barnard, Director of People & Organisational Development, DBTH

| Purpose of bringing this report to the Board |   |
|----------------------------------------------|---|
| Decision                                     |   |
| Recommendation to Full Council               |   |
| Endorsement                                  |   |
| Information                                  | X |

| Implications                     |                                      | Applicable Yes/No |
|----------------------------------|--------------------------------------|-------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) |                   |
|                                  | Mental Health                        |                   |
|                                  | Dementia                             |                   |
|                                  | Obesity                              |                   |
|                                  | Children and Families                |                   |
| Joint Strategic Needs Assessment |                                      |                   |
| Finance                          |                                      |                   |
| Legal                            |                                      |                   |
| Equalities                       |                                      |                   |
| Other Implications (please list) |                                      |                   |

| How will this contribute to improving health and wellbeing in Doncaster?                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The presentation provides an overview of how the DBTH Strategic Direction contributes to improving health and wellbeing in Doncaster and aligns with local place plans and strategies. |

| Recommendations                                             |
|-------------------------------------------------------------|
| The Board is asked to note the content of the presentation. |

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## Doncaster Health and Wellbeing Board

Date: 2<sup>nd</sup> November 2017

**Subject:** Doncaster Safeguarding Children Board Annual Report

**Presented by:** Dr John Woodhouse, Interim Chair of DSCB/Rosie Faulkner

### Purpose of bringing this report to the Board

1. The Independent Chair of the Doncaster Safeguarding Children Board (DSCB) prepares and publishes an Annual Report, reviewing the work of the Board in the previous year and setting out its view about the effectiveness of safeguarding in Doncaster. The Chair presents the report to the Health and Well-Being Board (HWB). The purposes of the report to HWB are to:
  - inform the commissioning priorities for children and young people (particularly in respect of safeguarding);
  - challenge the work of the HWB partners in order to ensure that children are properly safeguarded.

The DSCB Annual Report 2016-17 was published on October 19<sup>th</sup> 2017. At the meeting of HWB the Chair will set out the key findings from the report.

|                                |   |
|--------------------------------|---|
| Decision                       |   |
| Recommendation to Full Council |   |
| Endorsement                    | x |
| Information                    |   |

| Implications                     |                                      | Applicable Yes/No |
|----------------------------------|--------------------------------------|-------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) | X                 |
|                                  | Mental Health                        | X                 |
|                                  | Dementia                             |                   |
|                                  | Obesity                              |                   |
|                                  | Children and Families                | X                 |
| Joint Strategic Needs Assessment |                                      | X                 |
| Finance                          |                                      |                   |
| Legal                            |                                      |                   |
| Equalities                       |                                      | X                 |
| Other Implications (please list) |                                      |                   |

|                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>How will this contribute to improving health and wellbeing in Doncaster?</b>                                                                                                                                                                                                                                                               |
| Drawing on the findings from the DSCB Annual Report 2016-17, HWB partners will take the required action to improve the effectiveness of safeguarding. Action on the key issues highlighted in the DSCB Annual Report will enable partners to deliver priorities in the Doncaster Health and Well-Being Strategy 2015 – 2020 more effectively. |

|                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Recommendations</b>                                                                                                                                                                                                                                                                                                                                     |
| The Board is asked to consider the DSCB Annual Report and note:<br><br>(a) the key implications for children and young people's commissioning priorities;<br><br>(b) the action required by HWB partners to improve the effectiveness of safeguarding in Doncaster, particularly in the context of the Doncaster Health and Well-Being Strategy 2015-2020. |

# DSCB Annual Report 2016-17





## Foreword

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I am pleased to present the Annual Report of the Doncaster Safeguarding Children Board (DSCB) for 2016-17. The report provides an assessment of the performance and effectiveness of local services in safeguarding and promoting the welfare of children in Doncaster over the past twelve months, as well as providing an account of the activities, development and impact of the Board in meeting its statutory responsibilities. It is intended to be read by both professionals and members of the public.

This is the fourth annual report to be published since I was appointed as Independent Chair of Doncaster Safeguarding Children Board (DSCB) in January 2014. Looking back at the areas of concern that were evident at that time, the Annual Report for 2016/17 shows that safeguarding in Doncaster has improved significantly. There is now a much stronger **culture of challenge** between partner agencies. **Partnership working** is more effective at a strategic level and in day-to-day work with children and families. There is a more coordinated response to **key safeguarding risks** such as Child Sexual Exploitation and Domestic Abuse. **Safeguarding practice** continues to improve. The DSCB itself is more influential in driving **learning and improvement** across the partnership and can demonstrate the impact of its work.

Nevertheless, the 2016/17 Annual Report highlights key challenges ahead to ensure that recent improvements are embedded and areas of continuing concern are addressed. With an increasingly strong foundation in partnership working at all levels, we should be confident about responding to those challenges.

I am proud of the work of the DSCB and would like to take this opportunity to thank Board members, partners and the DSCB Business Unit for their unstinting commitment and support.

Report Author  
Date of Publication  
Availability and accessibility  
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## Executive Summary

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The DSCB Annual Report evaluates the effectiveness of the work of partner agencies to safeguard children in Doncaster and promote their welfare, and sets priorities for the year ahead. It covers the work undertaken in the financial year April 2016 to March 2017 and incorporates emerging themes in quarter one of the next financial year.

The main body of the report provides the context of safeguarding and looks at the effectiveness of key safeguarding functions including early help, child protection, looked after children, domestic abuse and child sexual exploitation. Annex 1 provides detailed information from each partner providing assurance about the work they have individually taken to safeguard children and about how they have supported partnership working through the DSCB. Annex 2 provides an in depth look at the work the Board has undertaken to improve safeguarding practice by learning from a range of sources, in particular performance reporting, audit and case review. It also identifies how the Board has challenged partners to improve practice and the impact of those challenges and the work of the Board in general.

This Annual Report demonstrates the progress which has been made in safeguarding in Doncaster since the development of the 2014 - 2017 strategic plan. In a climate where demand for safeguarding services has never been higher, with the numbers of referrals, children subject to child protection plans and children in care continuing to increase throughout the period, this report demonstrates the good practice which is taking place across the DSCB partnership to safeguard children.

The Board now has all its statutory requirements in place and these are embedded within the work of the Board. The DSCB has made progress against all its strategic priorities and this work is beginning to have an impact on outcomes for children.

The Board has continued to have oversight and to influence to progress of Early Help. Although development is still required, there is increasing evidence that thresholds for intervention are embedded and there are an increasing number of professionals taking on the lead professional role and undertaking early help assessments. Further work is needed to ensure the quality and effectiveness of the early help assessments, and to improve the transitions between social care and early help.

Work in the area of child sexual exploitation has continued to progress well. The group now has a comprehensive dataset which enables a more complete picture of CSE to be provided. The 'Protecting Vulnerable Young people group' is beginning to mature in its ability to identify hotspots, individuals and activities of concern. Excellent links have been made with the industry sector such as hoteliers, taxi drivers and fast food establishments to raise awareness of CSE.

Growing Futures continues to show positive impact, particularly in reducing the number of times families were re-referred to MARAC. The commitment to continue the project after government funding ended is testimony to the commitment the partnership has to this way of working. The DSCB will continue to receive assurance of progress of this important work.

The DSCB has developed a neglect strategy and a supporting tool for practitioners to use to assess the risk posed. Multi-agency training has been provided to staff across the partnership and this has been disseminated by partners into their own agencies. An audit is planned to evaluate the impact of this work.

The Board has developed an effective culture of challenge which is well evidenced through the work of the Performance Accountability Board, through the Board and its sub-groups and in the Challenge Log.

The DSCB performance report has enabled the Board to identify safeguarding issues such as the need for improved referrals to Project 3 (substance misuse service) when young people have presented themselves at A&E. The DSCB has developed its case review methodology to enable the learning to be accessed more easily from practice. It has commenced learning lessons reviews on a number of cases and learning from these will be disseminated across the partnership in the coming year. The DSCB has undertaken a number of multi-agency audits and findings from these have been incorporated into practice.

The Signs of Safety approach has been rolled out across the partnership and there is clear evidence of it being used in a large number of cases. There has been much improvement in services for looked after children against a backdrop of increasing numbers of children in care. There has been a decrease in the numbers of children looked after in distant local authorities and an improvement in ensuring where possible that children are safely supported to reside with their parents. Good work has been undertaken to ensure children are supported to participate in their reviews and a range of methods have been developed to do this.

DSCB provides a wide range of training, this is well-evaluated and there is some evidence of this having an impact on practice. Progress has been made in coordinating the training offer across the partnership and this will be the focus of work in the coming year. This will ensure that the impact of the training is more effective on practice.

The Board has ensured it has listened to children and young people through presentations directly the Board and through seeking feedback on practice in the multi-agency audits. It has worked with young people at the DMBC Democracy Event and ensured their views have been incorporated into the Children and Young People's Health and Wellbeing Transformation Plan. The Board will seek further direct input from young people in the coming year.

Partnership working continues to be strong with all partners contributing to the Board meetings and its sub-groups. Partners have demonstrated through their contribution to the annual report and the activities they have undertaken to safeguard children, their high commitment to safeguarding children in Doncaster.

## 1. Purpose of the Report

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This is the annual report and business plan for the Doncaster Safeguarding Children Board. It covers the work undertaken in the financial year April 2016 to March 2017 and incorporates emerging themes in quarter 1 2017/18. It evaluates the overall effectiveness of local safeguarding arrangements in Doncaster, identifying the key issues and constructive challenges for organisations that have safeguarding responsibilities. The report assesses the progress made by the Board in delivering its Business Plan and outlines ways in which the Board itself can perform its functions to better effect. It is a statutory requirement under Working Together 2015.

The report's format has changed from previous years due to the increased quantity and quality of information provided from partner's contributions. The main report includes an overview of progress and effectiveness. More detailed information on partners' contributions to safeguarding is available in a separate annex which can be accessed on the DSCB website also (Annex 1). More information about the Board's Learning and Improvement can be found in Annex 2.

The report is intended for professionals in partner agencies and voluntary organisations as well as others who have an interest in the safeguarding of children and young people, not least children, young people and their families and carers whose lives we look to improve through the work of DSCB. A child-friendly version of the report is being developed and will be available on the DSCB website.

The report has been prepared by John Harris, Independent Chair and Rosie Faulkner, Board Manager with contributions from Board partners and the DSCB Business Unit. Information in the report has also been taken from a number of sources and reports approved by the Board:

- Annual Private Fostering Report 2016/17
- Annual Independent Reviewing Officer Report 2016/17
- Annual Local Authority Designated Officer Report 2016/17
- Joint Strategic Needs Assessment 2014
- Doncaster Children and Young Peoples Strategic needs Assessment 2014
- Department of Education 'Characteristics of children in need in England 2014-15'

The report will be considered formally by the Mayor of DMBC, the Chief Executive and the Health and Wellbeing Board. It will also be shared with the Schools, Children and Young People Scrutiny Panel, and the Children and Families Strategic Partnership Board, who all have a wider remit to promote better outcomes for children. DSCB leads and influences the safeguarding agenda in these wider political and partnership arenas and is held to account for its impact.

## 2. What is a Local Safeguarding Children Board (LSCB)?

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The remit for DSCB is set out in Section 13 of the Children Act 2004 as well as in the statutory guidance '**Working Together to Safeguard Children**' (2015)

The statutory objectives of any LSCB are to:

- Coordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area of the authority; and
- Ensure the effectiveness of what is done by each such person or body for that purpose.

## 3. Functions of Doncaster Safeguarding Children Board

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Detailed guidance on the organisation of LSCBs is set out in Chapter 3 of **Working Together 2015**. In the light of this guidance DSCB defines its key functions as:

- Developing policies and procedures for safeguarding and promoting the welfare of children, including on:
  - Action where there are concerns, including thresholds
  - Training of people who work with children
  - Recruitment and supervision
  - Investigation of allegations
  - Privately fostered children
  - Co-operation with neighbouring authorities.
- Communicating the need to safeguard and promote the welfare of children and young people.
- Monitoring the effectiveness of what is done to safeguard and promote the welfare of children and young people.
- Participating in the planning of services for children in Doncaster
- Undertaking Serious Case Reviews.
- Procedures to ensure a co-ordinated response to unexpected child deaths
- Collecting and analysing information about child deaths

These functions are the shared responsibility of all the DSCB member agencies.

In order to fulfil its functions the DSCB must as a minimum:

- Assess the effectiveness of the help being offered to children and families, including early help
- Assess whether partners are fulfilling their statutory obligations to safeguard children
- Quality assure practice, including through case file audits
- Monitor the effectiveness of training to safeguard and promote the welfare of children.

Working Together 2015 also requires that the Chair of the Board publishes an annual report. This report should contain:

- Rigorous and transparent assessment of the performance and effectiveness of local services
- Identify areas of weakness, the causes of those weaknesses and the action being taken to address them
- Include lessons from serious case reviews, child death reviews and other relevant reviews
- Report on the outcome of assessments undertaken on the effectiveness of Board partners' responses to CSE
- Include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families
- Include data on children missing from care, and how the LSCB is addressing the issue.

## 4. Safeguarding in Context

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## 4.1 Context for Safeguarding Children and Young People in Doncaster

Approximately 306,397 people live in Doncaster, in terms of the Indices of Multiple Deprivation (IMD) 2015 Doncaster is:

- 48th most deprived out of 326 Local Authority areas in England
- 4th most deprived out of 21 Local Authority areas in the Yorkshire and Humber Region
- The 2nd most deprived area in South Yorkshire
- The 4th most deprived area in its comparator group
- 1 in 5 Lower Super Output Areas in Doncaster is within the most deprived 10% of the UK.

A rise in the number of cohabiting partners, step families, lone parents and the recording of same sex relationships in the past 10 years has changed family composition in Doncaster. The latest 'Information for Doncaster' (information provided by DMBC) shows that nearly 71.9% of families with dependent children are a couple; which means nearly 1 in 3 families (28.1%) are lone parent families. The main difference between Doncaster and the national picture is the higher proportions of families that are cohabiting, particularly where this involves step-families.

The population of young people aged 0-24 is 89,254 which is 29.1% of the total population. This is the same as our comparator group and but slightly lower than national proportions at 30.2%.

The number of children in poverty in Doncaster is 24.1%, which is higher than the national average of 19.9%. This equates to around 16,035 children and young people aged 19 and under. Poverty is not distributed equally across the borough with some lower super output areas (LSOA) having over 50% of children in poverty compared to other area only having 5%.

In Doncaster 6.2% of Doncaster residents were born outside the UK. The main group outside of white British is 'white other' which equates to 3.1% of the population aged 0-24. The main language in Doncaster, for people aged 3-15, if not English, is Polish.

Doncaster is the second largest economy in South Yorkshire; a large proportion of the population is in receipt of state benefits. Approximately 11.1% of the population in Doncaster is claiming 'out of work benefit' compared to 8.1% nationally. In the 18-24 age category, 1.8% of the population is claiming job seekers allowance compared to 0.8% nationally.

The number of 16-18 years old not in education, employment or training is 4.2% of the population as at the end of 2015 (450 young people). This is higher than the national average.

The proportion of people in Doncaster who achieve a Level 2 or level 3 qualifications by the age of 19 is 78% and 45% respectively. This is lower than the regional (85%) and (54%) and national (85%) and (57%) averages respectively.

The NSPCC have estimated that one in five children in the UK is impacted by domestic abuse. However, Growing Futures estimate that in Doncaster this is one in three children. This suggests that more children compared to the national average are entitled to services to achieve their best outcomes.

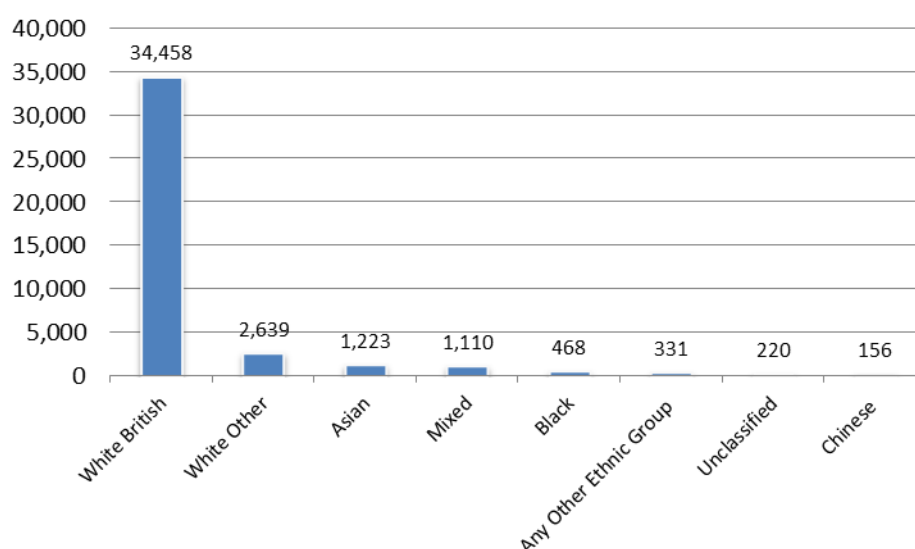
## 4.2 Population

The population of young people aged 0-24 in Doncaster is 89,254 representing 29.1% of the population. The relative age profile, with national and regional comparisons, is shown in the table below.

| Age        | Doncaster | Yorkshire & The Humber | England |
|------------|-----------|------------------------|---------|
| Aged 0-4   | 6.1%      | 6.1%                   | 6.2%    |
| Aged 5-9   | 6.4%      | 6.2%                   | 6.2%    |
| Aged 10-14 | 5.6%      | 5.6%                   | 5.6%    |
| Aged 15-19 | 5.5%      | 5.9%                   | 5.8%    |
| Aged 20-24 | 5.6%      | 7.1%                   | 6.4%    |
| Aged 0-24  | 29.1%     | 30.9%                  | 30.2%   |

### 4.3 Ethnicity

The numbers of pupils in Doncaster are predominantly White British (34,458), with a smaller amount of White Other (2,639) and Asian (1,223).



Doncaster has fewer school age children from ethnic minority groups than regional and national averages. The percentage of primary and secondary school age children from ethnic minority groups is 15.9% and 13.0% respectively. This is much lower than the regional (26.3% and 23.3%) and national (32.1% and 29.1%) averages respectively.

### 4.4 Supportive Health Data

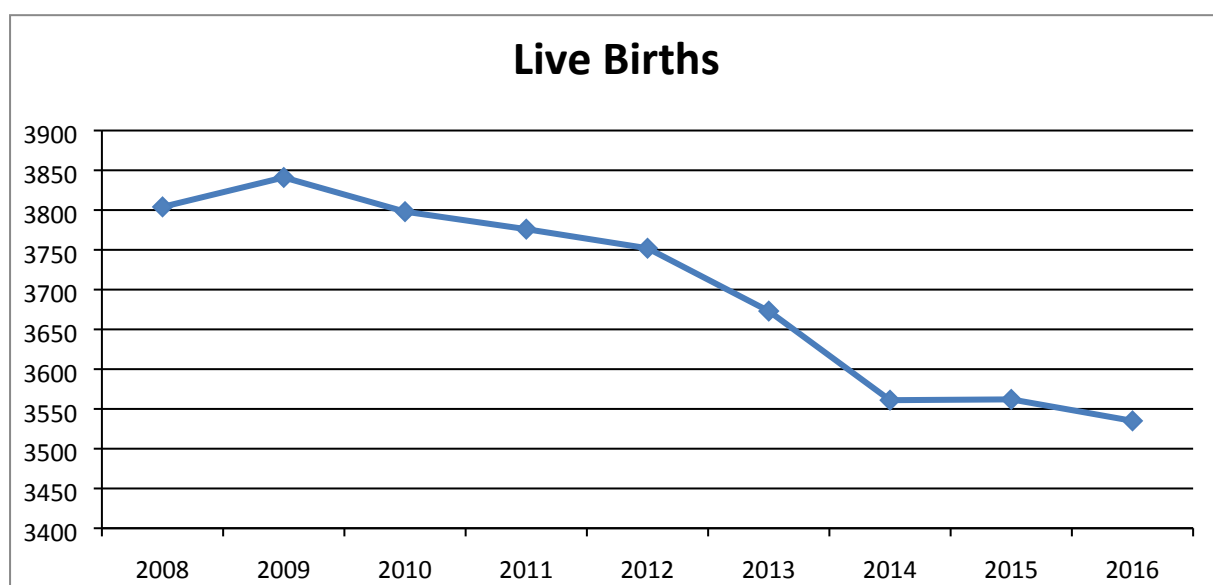
The health and wellbeing of children in Doncaster is generally worse than the England average. The infant mortality rate of 5.2 per 1000 is higher than both the regional and national rate of 4.3 and 3.9 respectively.

The smoking status of mothers at time of delivery in Doncaster is higher, at 12.9%, compared to the national average of 10.6% (2015/16).

Children in Doncaster have average levels of obesity: 23.8% of children aged 4-5 years and 33.9% of children aged 10-11 years.

The live birth rate has decreased steadily since 2008 as shown in the table below.

| Year | Live Births |
|------|-------------|
| 2008 | 3804        |
| 2009 | 3841        |
| 2010 | 3798        |
| 2011 | 3776        |
| 2012 | 3752        |
| 2013 | 3673        |
| 2014 | 3561        |
| 2015 | 3562        |
| 2016 | 3535        |



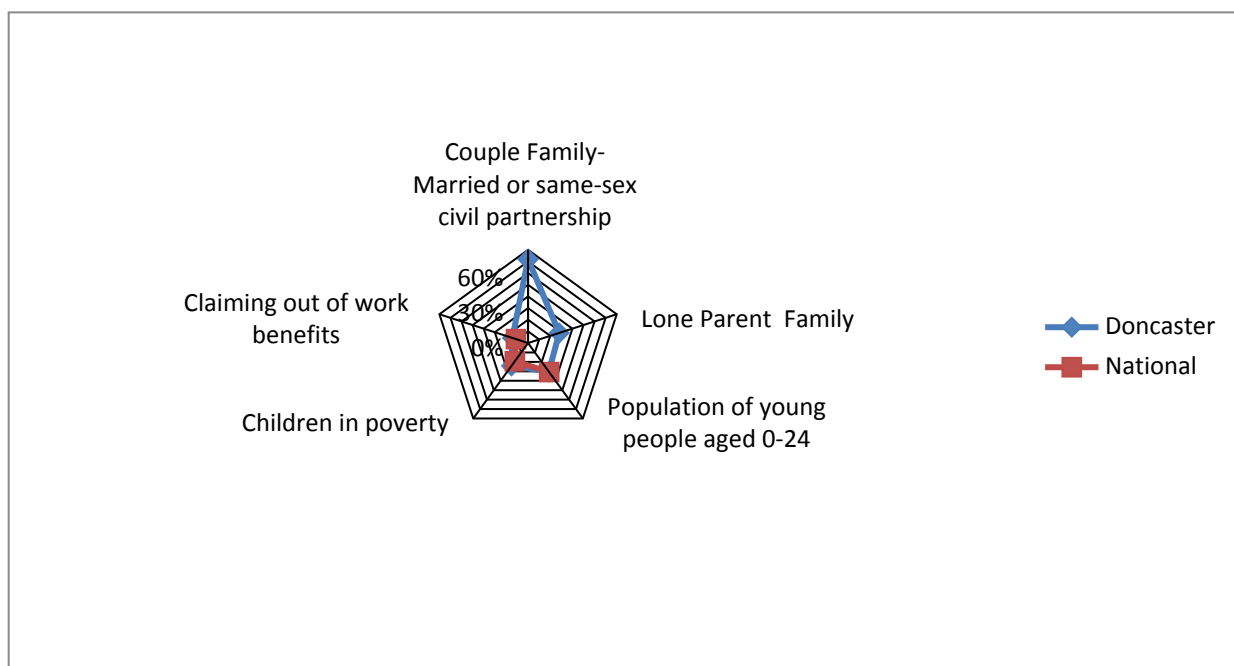
Life expectancy at birth for males, in Doncaster is 77.6, lower than the regional and national averages in 2013-2015. There is a higher life expectancy for females at 81.6 however this still compares unfavourably with regional and national averages.

|       | Doncaster Average | Yorkshire and Humber Average | National Average |
|-------|-------------------|------------------------------|------------------|
| Boys  | 77.5              | 78.7                         | 79.5             |
| Girls | 81.6              | 82.4                         | 83.2             |

## 4.5 Family Composition

Family composition is changing in numbers, with variable arrangements rather than the traditional married family household. A rise of cohabiting partners, step families, lone parents and same sex relationships in the past decade has resulted in a very different profile of family composition in Doncaster. The latest information shows that over 71.9% of families with dependent children are couples, with almost one in three children living in lone parent families (28.1%). A key difference between the family composition profile in Doncaster and that found nationally, is the higher proportion of families that are co-habiting.

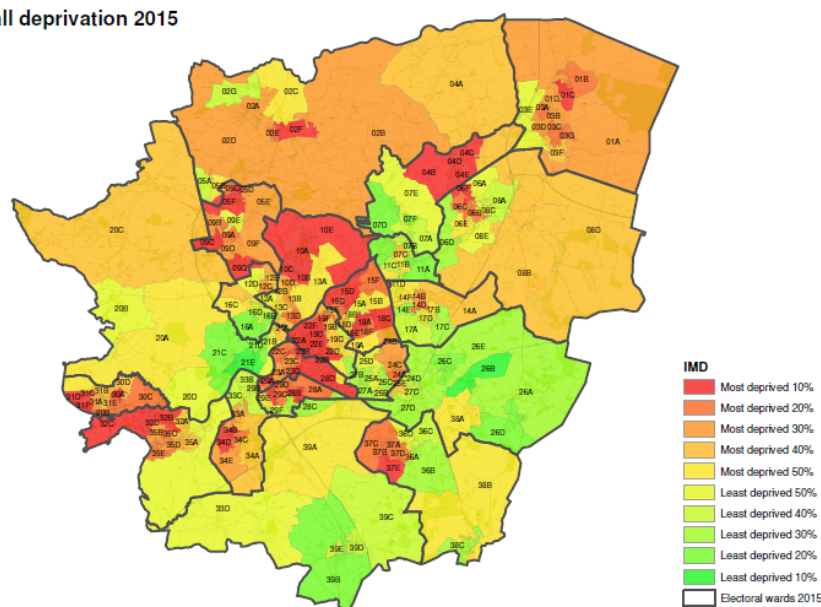




## 4.6 Deprivation

Doncaster is currently ranked 48 out of 326 local authorities according to the index of multiple deprivation and is fourth worst of the 21 Yorkshire and Humber local authorities. One in five of LSOA areas in Doncaster is in the most deprived 10% nationally.

Overall deprivation 2015



The proportion of children and young people living in poverty in Doncaster is higher at 24.1%, than that found nationally. The rate of family homelessness is better than the national average.

The levels of deprivation in Doncaster reflects in the number of issues relating to school aged children, for example, the number of pupils eligible and claiming free school meals is higher than the national average at 17.1%.

| Doncaster average | Yorkshire and The Humber average | England average |
|-------------------|----------------------------------|-----------------|
| 17.1%             | 16.8%                            | 14.7%           |

Proportion of primary age pupils eligible for Pupil Premium is higher than the regional and national average.

| Doncaster Average | Yorkshire and Humber Average | National Average |
|-------------------|------------------------------|------------------|
| 32.9%             | 28.2%                        | 25.9%            |

Proportion of secondary age pupils eligible for Pupil Premium is higher than the regional and national average.

| Doncaster Average | Yorkshire and Humber Average | National Average |
|-------------------|------------------------------|------------------|
| 34%               | 30.4%                        | 28.9%            |

In summary, this data suggest that the challenges Doncaster and its Children's Services face are greater than those found nationally. Therefore, it is essential that the local authority and partner agencies commission an appropriate range of services that meet the needs of the area, particularly in relation to health and education. Children and families should also have access to a wide range of early help, including parenting and wider family support.

## 5. Governance and accountability structure of DSCB

### 5.1 Chairing

The DSCB is chaired by an Independent Chair who was appointed in January 2014 by the Local Authority Chief Executive in conjunction with the DSCB partners and Lay Members. The Chief Executive holds the Chair to account for the effective working of DSCB. A performance management framework is in place to assist the Chief Executive in holding the Chair to account for his work. The Board has a Vice-Chair, who complements the role of the Independent Chair and has oversight of the coordination of the Board's business plan. Doncaster Children's Services Trust has responsibility for administering the Board and employs and line-manages the DSCB Business Support Unit.

### 5.2 Membership

In order to fulfil its core functions, DSCB is made up of one designated representative from each of a number of partners who form the DSCB. The Board members are:

- Doncaster Metropolitan Borough Council (DMBC)
- Doncaster Children's Services Trust (DCST)
- South Yorkshire Police (SYP)
- Doncaster Clinical Commissioning Group (CCG)
- South Yorkshire National Probation Service (NPS)
- Youth Offending Service
- NHS England
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- CAFCASS
- Doncaster and Bassetlaw Teaching Hospital
- St Leger Homes

- Primary, Secondary and Special Schools
- Doncaster College
- 2 Lay Members
- Safe@Last
- The South Yorkshire Community Rehabilitation Company Ltd
- Doncaster Safeguarding Adults Board
- South Yorkshire Fire and Rescue Service
- HM Prison Service
- Primary Care
- Yorkshire Ambulance Service NHS Trust
- Expect Youth

The Board has ensured the voices of children and young people influence its work in a number of ways. These are detailed in Section 8.1 Voice of the Child and Community Engagement.

Designated representatives of the statutory Board Members are expected to serve a minimum of three years on the Doncaster Safeguarding Children Board. The DSCB also has a small number of professional advisors from key agencies. Members of the DSCB are Chief Officers from within their own organisation with a strategic role in relation to safeguarding and promoting welfare of children and young people within their organisation. They are able to:

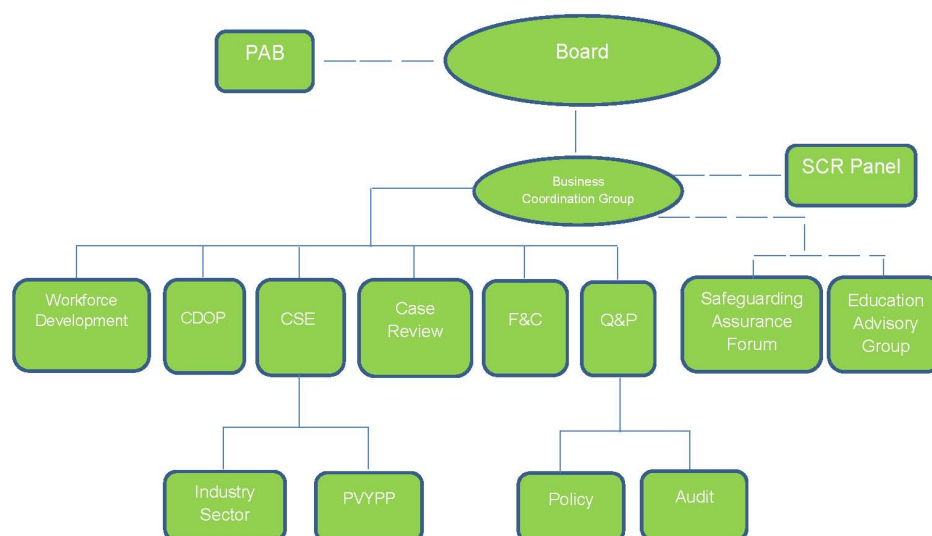
- Speak for their organisation with authority
- Commit their organisation on safeguarding and promoting welfare policy and practice matters
- Hold their own organisation to account and hold others to account and collate management information to demonstrate effectiveness.

DSCB Board Members have a clear role description, which includes disseminating the work of the Board within their respective agencies. They self-assess their effectiveness within an agreed performance framework. DSCB has appointed two Lay Members who operate as full members of the Board with defined roles and responsibilities. They are both active members of Doncaster community. They bring their local knowledge and expertise to support the work of the DSCB. Both are regular attenders of the Board and its sub-groups. In particular, one has driven forward the work of the Faith and Culture Group and the other has provided support for the CSE work and provided the Board with challenge in relation to cultural competency training. Both members have provided a summary of their contribution to the Board at appendix 3 and 4. They have also provided feedback on the progress of the Board that they have observed in the last year.

### **5.3 Board Structure**

The Board is supported in its work by a number of sub-groups as depicted below. The structure was reviewed in September 2016 and the Learning and Improvement Group was ended in favour of a less hierarchical structure. It was replaced by the Quality and Performance Group (Q and P Group) which deals directly with performance information and audits, rather than having two additional groups sitting under it. The Q&P Group reports to the Business Coordination Group whose membership was reviewed to ensure all key partners are represented. The changes to the structure have significantly reduced duplication of work leading to swifter movement of work and more robust challenge from partners.

## Sub Group Structure



The sub-groups progress the Board's strategic priorities and ensure the Board meets its statutory functions. The Health Assurance Forum and Education Advisory groups encompass their respective communities and are administered through the CCG and DMBC. Task and finish groups are established to work on specific themes as required. Attendance and commitment of partners has been good and has enabled the Board to take forward its priorities.

In January 2016 the Performance Accountability Board (PAB) was created. Its key purpose was identified in its terms of reference as:

- To act as a 'strategic summit' group for the DSCB at Chief Executive level to oversee improvement in children's safeguarding, focusing in particular on cross-cutting issues that require effective interdependent working from partner organisations
- To review progress with Improvement Plans following inspection
- To identify and resolve key areas of performance risk
- To identify barriers to progress and agree solutions

The PAB was established to meet the expectation from the Department for Education (as part of the Secretary of State's Direction to the Council) that there is a partnership body at executive level to oversee, monitor and challenge improvement. Given the leadership role of the DSCB in challenging and assuring the effectiveness of local safeguarding arrangements, it was agreed by partners that the PAB would operate within the governance framework of the DSCB and would be chaired by the Independent Chair of the DSCB. It is attended by chief officers from the key agencies: SYP, RDASH, CCG, DBHFT, DMBC and DCST. The group is administered by the DSCB.

## 5.4 Board Meetings in 2016-17

The Board has met four times during 2016/17 and also held a Board Development Day in January 2017 to agree our priorities for 2017/18. Attendance at Board level is good. Low attendance tends to be from agencies where there is only one representative from that agency or where an agency represents a number of Boards in the region. Increasingly, Board members are able to provide constructive challenge. The Board keeps a log of all the challenges made and the outcomes of these. See Annex 2, section 2.0 – Impact of the Board – Responding to Challenge, for more information.

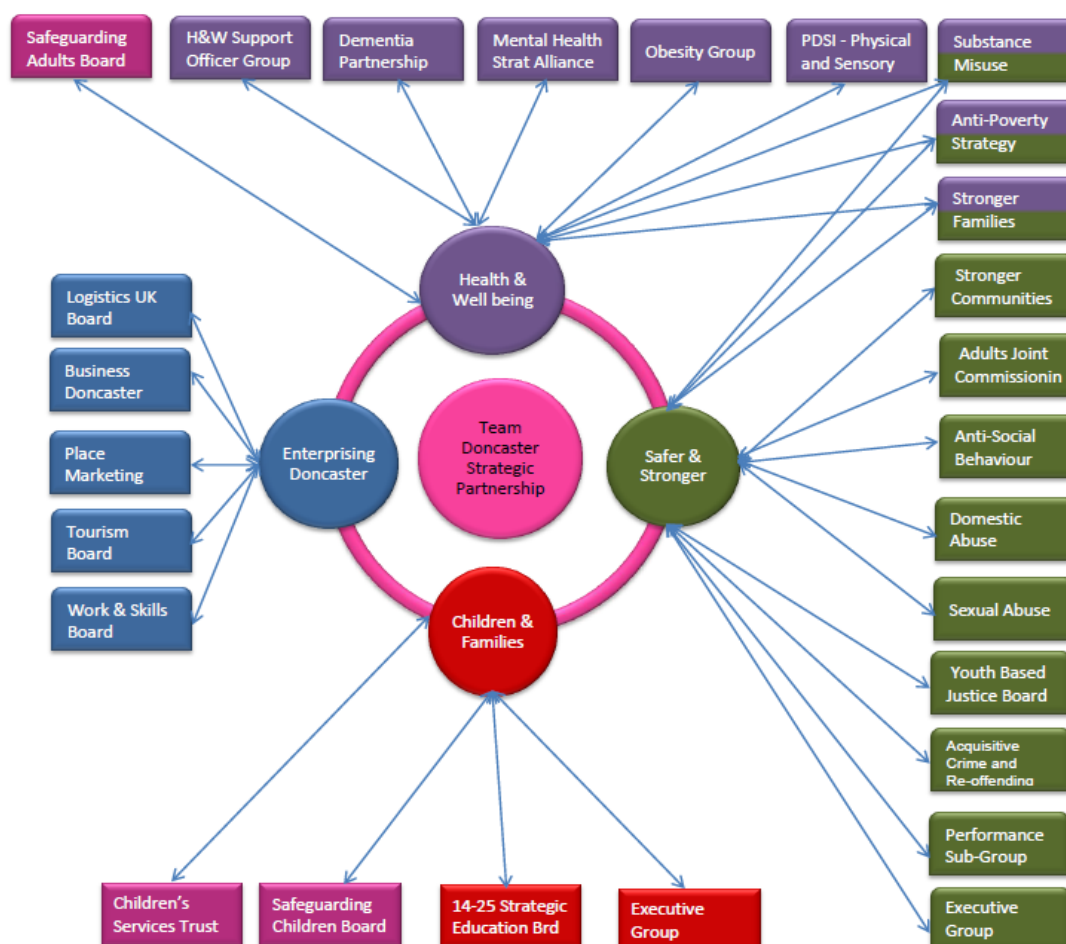
| Period Covered – April 2016 to March 2017 with 4 meetings |                                                 |                                 |                            |                 |     |           |
|-----------------------------------------------------------|-------------------------------------------------|---------------------------------|----------------------------|-----------------|-----|-----------|
| Agency                                                    | No of times attended                            | No of times representative sent | No of times apologies sent | No of times DNA | N/A | Overall % |
| Doncaster CCG                                             | 4                                               |                                 |                            |                 |     | 100%      |
| Primary Care                                              | 3                                               |                                 | 1                          |                 |     | 75%       |
| NHS England                                               | 3                                               |                                 | 1                          |                 |     | 75%       |
| DBHFT                                                     | 3                                               |                                 |                            | 1               |     | 75%       |
| DBHFT (Designated Dr)                                     | 3                                               |                                 |                            | 1               |     | 75%       |
| RDaSH                                                     |                                                 | 3                               | 1                          |                 |     | 75%       |
| Safeguarding & Standards, DCST                            | 4                                               | 1                               | 1                          |                 |     | 100%      |
| YOS - DCST                                                | 2                                               |                                 | 2                          |                 |     | 50%       |
| DCST (CEX)                                                | 4                                               |                                 |                            |                 |     | 100%      |
| Public Health, DMBC                                       | 3                                               |                                 |                            | 1               |     | 75%       |
| DMBC (Director)                                           | 3                                               |                                 | 1                          |                 |     | 75%       |
| Education, DMBC                                           | 2                                               | 1                               |                            |                 | 1   | 50%       |
| DMBC (Cllr)                                               | 4                                               |                                 |                            |                 |     | 100%      |
| Legal Team - DCST                                         | Attending on an advisory capacity, when needed. |                                 |                            |                 |     |           |
| Safeguarding Adults                                       | 3                                               |                                 | 1                          |                 |     | 75%       |
| SY Police                                                 | 4                                               |                                 |                            |                 |     | 100%      |
| SY Fire Service                                           | 2                                               |                                 | 2                          |                 |     | 50%       |
| SY Ambulance Service                                      | 2                                               |                                 | 1                          | 1               |     | 50%       |
| St Leger                                                  | 4                                               |                                 |                            |                 |     | 100%      |
| Doncaster College                                         | 3                                               | 1                               |                            |                 |     | 75%       |
| Safe @ Last                                               | 4                                               |                                 |                            |                 |     | 100%      |
| Lay Member(s)                                             | 3                                               |                                 | 1                          |                 |     | 75%       |
| NPS                                                       | 3                                               |                                 | 1                          |                 |     | 75%       |
| Community Rehabilitation Co.                              | 3                                               |                                 | 1                          |                 |     | 75%       |
| CAFCASS                                                   |                                                 |                                 | 3                          | 1               |     | 75%       |
| HMP                                                       |                                                 |                                 |                            | 4               |     | 0%        |
| Primary School                                            | 2                                               |                                 | 1                          | 1               |     | 50%       |
| Secondary School                                          | 3                                               |                                 | 1                          |                 |     | 75%       |
| Special School                                            | 2                                               |                                 | 2                          |                 |     | 50%       |

## 5.5 Links with other strategic partnerships

The DSCB is supported by established protocols to ensure good communication, collaboration and alignment with the Doncaster Safeguarding Adults Board, Health and Wellbeing Board and Safer Stronger Doncaster. There is reciprocal attendance on the Safeguarding Adult and Safeguarding Children Boards by the Board Managers. In the last year, the two Safeguarding Boards worked collaboratively to undertake a joint self-assurance exercise (more commonly known as Section 11 audit). This exercise is detailed in Section 10.8 DSCB Partners Self-Assessment (S.11) audit of this report.

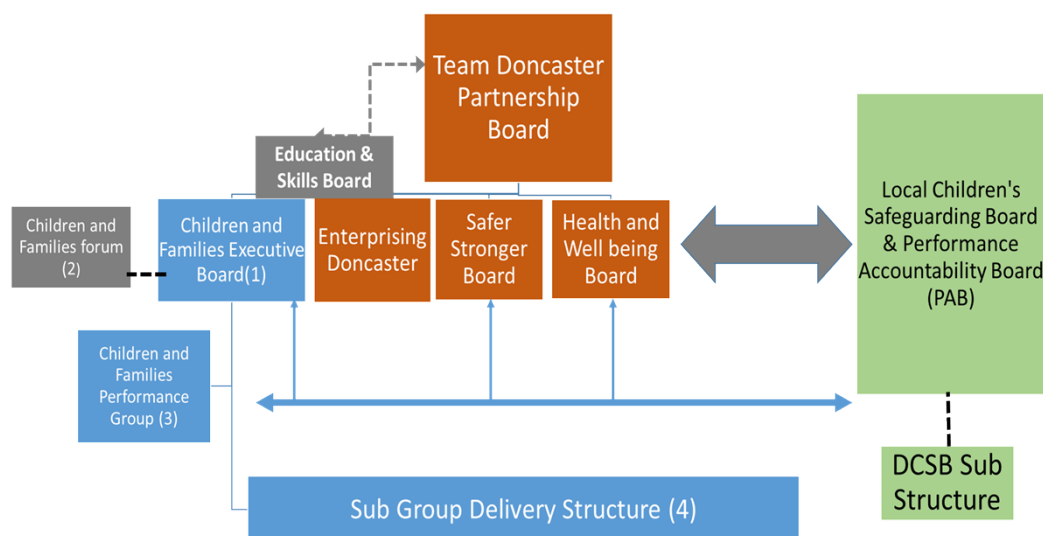
The Chair of the DSCB meets regularly with Chairs of the other Boards and is a member of the Children and Young People's Strategic Partnership. The DSCB receives assurance reports from the Safer Stronger Doncaster Partnership in relation to Prevent and Domestic Abuse. Assurance reports have been provided from the Health and Wellbeing Board regarding the progress of the Mental Health and Wellbeing Transformation Plan.

The diagram below sets out the full 'Team Doncaster' partnership framework.



Over the past twelve months, the DSCB has contributed to a fundamental review of the work of the Doncaster Children and Families Strategic Partnership (CFSP) led by the DMBC Director of Children's Services. As a result of the review, there is now a modified organisational structure for the partnership, with a clear role for the DSCB in terms of scrutiny and challenge of the work of the

partnership in respect of its work to promote and coordinate safeguarding priorities. This is shown below:



During 2016/17, in partnership with the Local Authority has developed a new Children and Young People's Plan, 2017-20, based around four key themes: healthy and happy, equality, safety, and achievement. Through the Children and Families Executive group, the partnership will be held to account for the delivery of the plan. The DSCB will receive assurances from the Children and Families Executive Group in relation to the plan and specifically on the theme of 'Safe'. This will include for example, the coordination of partnership activity in relation to early help and neglect.

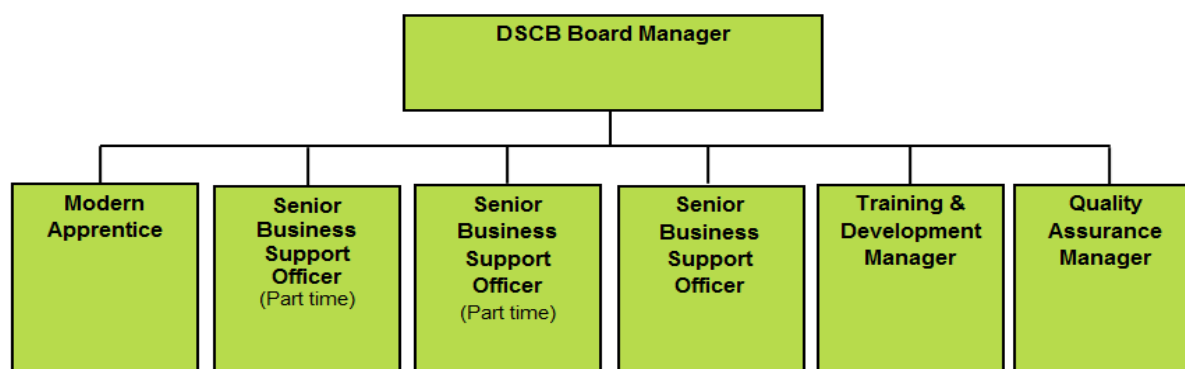
In the coming year it is expected statutory guidance on the Children and Social Work Act will come into being. The DSCB has agreed some 'key change propositions' to inform future development, whilst maintaining a 'business as usual' approach during transition.

- Work through the current LSCB in developing modified multi-agency safeguarding arrangements that represent 'best fit' for key partners.
- Retain Independent Chair role, with remit to work with key partners to initiate and lead streamlining of multi-agency safeguarding arrangements (in effect, taking forward key requirements from CSW Act 2017 and statutory guidance, within a retained LSCB framework to promote continuity and reduce risk).
- Promote values and behaviours that champion children and foster partnership working.
- Strengthen focus on local assurance, scrutiny and challenge. Key areas of focus to include: understanding and application of thresholds; response to key safeguarding risks (Neglect, Domestic Abuse, CSE, Emotional Health and Well-Being); impact of early help; consistency of core processes; quality of practice.
- Maintain an overview of the effectiveness of local arrangements, identifying areas for learning and improvement.
- Consider opportunities for functions to be carried out on a joint, sub-regional or regional basis where this would promote greater consistency and efficiency
- Encourage a regional or sub-regional approach to issues such as FGM and CDOP.
- Ensure regional dissemination of shared learning from local learning enquiries.

## 5.6 DSCB Business Support Unit

DSCB is supported by a Board Manager and dedicated business support team which is managed within the Safeguarding and Standards Unit of the Doncaster Children's Services Trust. There have

been a number of changes within the Business Unit at the latter end of 2016/17 which has provided the team with challenges in ensuring 'business as usual'. Some support has been provided from outside the unit to enable work to continue but the lack of a stable team has had impact on the continuity and progress has slowed as a result. Recruitment has been underway to replace staff and the team expects to be fully staffed again by August 2017.



## 5.7 Board Partner Financial Contributions and Board Expenditure 2016/17

The table below sets out the financial contributions of partner agencies to support the work of the Board and the expenditure in 2016/17. Partner agencies continue to manage increasing financial pressures however once again they have provided the same level of contribution to the Board as in previous years. It was considered that the core funding provided by partners was sufficient to maintain the Board's statutory responsibilities however; DMBC did contribute an additional £9.5k towards improving the training provided around Early Help. This additional funding was used to pay for additional temporary business support to facilitate the smooth running of the training courses. In-kind contributions are received from Doncaster College and DBHFT to support the training offer. DCST provide support through line-management, HR functions and other back office support.

| <b>DSCB<br/>Budget Report 2016/17</b> |                       |
|---------------------------------------|-----------------------|
| <b>Employee costs</b>                 | <b>224,259</b>        |
| <b>Supplies and services</b>          | <b>52,237</b>         |
| <b>Training</b>                       | <b>22,447</b>         |
| <b>Total expenditure</b>              | <b><u>298,943</u></b> |
| <b>Funded by:</b>                     |                       |
| <b>Doncaster CCG</b>                  | <b><u>97,880</u></b>  |
| <b>CAFCASS</b>                        | <b><u>550</u></b>     |
| <b>South Yorkshire Police</b>         | <b><u>26,000</u></b>  |
| <b>NPS</b>                            | <b><u>2,050</u></b>   |
| <b>DMBC</b>                           | <b><u>171,597</u></b> |
| <b>Total income</b>                   | <b><u>298,077</u></b> |
|                                       | <b>- 866</b>          |

The budget for 2017/18 has been agreed and partner contributions have once again stayed at the same level. The contribution from DMBC has increased slightly as a result of inflationary pressures



mainly on employee costs. This budget is in line with other LSCBs of similar size to Doncaster and will be sufficient to meet current needs. The DSCB will ensure that appropriate prioritisation is given to create the biggest impact; however it only provides limited scope for innovation or contingencies for emerging issues. Resourcing will need to be kept under review and if new demands arise it may be necessary to approach partners for a one-off contribution.

| <b>SAFEGUARDING BOARD 17/18 BUDGET</b> |                |
|----------------------------------------|----------------|
| DMBC                                   | 177,675        |
| POLICE                                 | 26,000         |
| CAFCASS                                | 550            |
| PROBATION SERVICE                      | 2,050          |
| CCG                                    | 97,880         |
| <b>TOTAL</b>                           | <b>304,155</b> |

## **6. Summary of Progress against DSCB Priorities**

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## 6.1 Progress and Impact against Strategic Priorities 2014 – 2017

In February 2016, the Board approved a new Business Plan for 2016/17 which brought together action in response to the Board's strategic priorities and the recommendations from OFSTED's review of the Board in October 2015. In January 2017, the DSCB held its annual development day and sub-group chairs were asked to evaluate (with evidence) the impact the work of their respective sub-groups against the outcomes in the 2016/17 Business Plan using an agreed impact rating: 1= Planned, 2 = under development, 3 = implemented with early impact, 4 = established with sustained impact. Good progress has been made in most areas however, impact is not always demonstrated. Below is a summary of progress against the DSCB strategic priorities with clear linkages made to the Ofsted recommendations (identified in the text by the reference **ORn**).

**Strategic priority 1: DSCB communicates effectively to ensure that the work of the Board is well publicised, that learning is disseminated and that the voice of children, young people, practitioners and the wider community (including minority groups and faith groups) are able to influence the Board's work.**

- a) **Develop and implement a communications strategy which clearly identifies what messages will be shared with which groups and how this will be done and identifies delegation arrangements**

(**OR9, para 155**) Develop a communication strategy for the Board to ensure that the work of the Board is well publicised and that the learning identified through the Board's scrutiny and review functions is disseminated across the children's services workforce and the communities in Doncaster. A Communications Strategy is in place which identifies how and who the Board will communicate with. Each sub-group is responsible for adding to the communications timetable when it has identified issues which need to be shared. The Board has used a variety of methods to communicate its work:

- The Board shared the progress of its work through the publication of its annual report on the DSCB website and disseminated through partner agencies represented on the Board.
- Information identified through the Child Death Overview Panel has provided information to parents on overlaying.
- The CSE sub-group has developed a communications plan on CSE which is being implemented.
- A Children and Young People Participation strategy has been developed as part of the Communications Strategy and work has already commenced on this (see 1 (b) below).
- The Board currently runs two conferences per year and a newsletter is produced to coincide with these. The last conference was used to launch the neglect strategy and disseminate lessons from serious case reviews.
- Dissemination of learning from case reviews and audits happens via briefings disseminated to all partners and placed on the DSCB website.

Communication occurs at different tiers of organisations, for example through the Performance Accountability Board at Chief Officer level, through practitioner groups, the Conferences and training and also through the website and newsletters and briefings.

Although communications have taken place as identified above, the approach has not provided a strategic approach to the dissemination of information. There has not yet been a coherent evaluation of the current strategy and its impact. Links have recently been made with the multi-agency communications group to provide advice and support in ensuring key messages are consistently shared appropriately. Recent publicity has been undertaken to raise the profile of the Board in the

wider community by taking out an advert in the Doncaster Rovers match publicity and developing CSE awareness cards. Again the impact of these campaigns has yet to be evaluated.

Overall Impact Rating = 2- Under development

**b) Implement young people's participation strategy and ensure messages from young people are evidenced in the Board's work**

**(OR7) Improve the measurement of the impact of the DSCB work, including ensuring the experience of the child is at the centre of partnership working and monitoring of activities. See also OR9 above)**

Children and Young People's Participation is included within the Board's communications strategy which was signed off by the Board in April 2016. This includes a number of ways of engaging with children and young people and this work is in progress. To ensure that the experience of the child is at the centre of partnership working their views are now incorporated into all audit activity and the audit tool includes a focus on how the voice of the child is demonstrated. The case review group has challenged all partners to provide an assurance report on how they have incorporated the voice of the child in service development and these have now been received. This is also included in the S11 self-assessment which will be undertaken in the early part of 2017/18.

In order to achieve direct feedback from young people, representatives of the Youth Parliament have attended both the BCG and the Board meeting. A presentation was provided on the Make your Mark questionnaire and members of the Young Carers group attended the BCG to request support with the young carers service. The BCG has asked that this be progressed by the Children and Young People's Strategic Partnership Board.

In April 2016 young people from Doncaster College provided a workshop at the DSCB Spring Conference on communicating with young people and in October they filmed the DSCB Conference. This provides a way of raising the profile of the DSCB with young people. The DSCB has now developed a new website which has a young person's section to enable more child and young person focussed information to be readily available.

A key issue identified through the engagement activity was that of children and young people's mental health. The Board made a commitment to championing mental health issues for young people and as a result ran a workshop at the young people's Democracy event in July 2017. Young people identified that not enough was known about mental health and asked that there should be greater awareness raising within schools. This had previously been provided by Public Health Service 'carousels'. When the Board learnt that these were no longer being resourced a challenge was raised resulting in their reinstatement until alternative arrangements could be made.

Overall Impact Rating = 2 Under development

**c) Develop mechanisms to ensure practitioners' views influence the work of the Board**

The Board has established a Practitioner Forum to enable practitioners to comment and influence aspects of the DSCB work. The group have provided feedback on the Neglect Strategy and the issues which they feel are critical to safeguarding in Doncaster. This information was then compared with the issues the Performance Accountability Group had identified and showed that both Chief executives and frontline practitioners had a similar view of what needs to be done. The Forum also helped devise a questionnaire for practitioners on the impact of early help which resulted in changes

being made to the Early Help Module and Liquid Logic. (see Annex 2 'Learning from Practitioners' for more information)

The DSCB has undertaken a programme of work to improve links directly with front-line practice. This has included attending schools' safeguarding leads meetings and team meetings for all front-line social work teams within DCST. In 2015/16 Board members undertook a 'Floor walking exercise' where members visited children services teams across the partnership to gain a better idea of the challenges facing staff. This exercise was extended until 2016/17 when its impact was evaluated. Board members were provided with a pro-forma which gave a focus to the visit and enabled them to record the views of practitioners. The results of this exercise have been collated and have informed the Board's challenges around early help and information sharing. One key point was the difficulty accessing multi-agency training which has led to more places being made available.

To ensure that there are effective communications with practitioners, access to the multi-agency procedures and training information is provided through the DSCB website and any updates are highlighted using the DSCB mailing list which now includes over 3000 practitioners. This mailing list was used to obtain feedback for the survey on Early help, resulting in 450 responses.. The effectiveness of this method is evidenced by the fact that all courses are fully booked and both Conferences were fully booked within a week of being advertised.(see Annex 2 DSCB Conferences for more information on the workshops and topics covered at the conferences). The DSCB also produces a bi-annual newsletter which is available on the DSCB website and is provided for participants at the DSCB Conferences.

Information from serious case reviews, learning lessons reviews and the findings of multi-agency audits are also provided on the DSCB website including links to National Serious Case Reviews and essential reports such as NSPCC report on Neglect and Serious case Reviews. The 'Latest News' section on the website which has included information for practitioners on Female Genital Mutilation and a practice briefing on self-asphyxial behaviour.

Overall Impact Rating = 3 Implemented with early impact

**d) DSCB develops clear links with the wider community through the work of its Faith and Culture group and can evidence how safeguarding practice has improved as a result**

The Faith and Community Group held a development day in January 2016 where it reaffirmed commitment from the group. However it was recognised that a change in the arrangements was required to continue progress. The work of the group has since been taken forward with additional resources being provided by DCST. This has enabled support to be offered to a range of communities including Muslim, Hindu, Turkish and Tamil. (See section 7.2 for more information about work undertaken with faith and community groups).

The Board has also progressed its work with the voluntary and community sector through its links with the Doncaster Youth Alliance and other sporting organisations. A similar approach has been adopted to that of the faith Community, with assurance being sought from the Board on whether safeguarding standards are in place. This has led to training and procedures being provided to a large number of organisations. (See section 7.2 for more information on this work).

Overall rating = 3 Implemented with early impact

**e) DSCB ensures that children's workforce understands the importance of cultural competency in safeguarding children**

The DSCB has developed learning outcomes to ensure the children's workforce understands the importance of cultural competency when working with vulnerable families. Some training has been provided however, this only covers a small proportion of the children's workforce and no evaluation of impact has yet been undertaken. The next step will be for partners to provide assurance about how cultural competency is included in their single agency training.

Overall rating = 2 Under development

**f) DSCB redevelops its website to ensure it provides up to date information in an easy to understand format for all key stakeholders**

The redeveloped DSCB website went live in November 2016, providing a range of information to professionals, parents and children and young people. The DSCB Business Unit has a mailing list of over 3000 practitioners from across the partnership that are provided with updates to training, procedures and briefings from learning lessons reviews.

Overall rating = 3 Implemented with early impact

**Strategic Priority 2: DSCB is assured that effective arrangements are in place for responding to key safeguarding risks including early help, child sexual exploitation (abuse), neglect, domestic abuse, mental health of children and young people and that there is consistently good practice across safeguarding services.**

**a) DSCB is assured that the early help strategy is effectively implemented and there is evidence of the impact this has had on outcomes for children, young people and their families**

**(OR1, para 147) Monitor partner agencies contribution to early help through robust audit and tracking of the number of early help assessments completed and lead professional roles undertaken.**

Since the DSCB commissioned its independent review of the Early Help and thresholds in July 2015 much work has been undertaken by the partnership to implement the new early help strategy, handbook and thresholds document. The Performance Accountability Board discussed barriers to progress and the need for the expectations of partner agencies to be made explicit. As a result the Early Help assurance framework was provided which clearly identified partnership roles and responsibilities. The DMBC Director of DCS has presented updates to the DSCB and the PAB and held PAB members to account for their role and commitment to the Early Help Framework. The DCS commissioned an external improvement partner and reshaped the Early help Implementation group to ensure improved delivery and wider partnership ownership of the strategy. The improvements made have been acknowledged by Achieving for Children in their monitoring reports for the DfE and the Local Government Association in their peer review in 2016/17.

The DSCB has implemented an extensive programme of early help awareness raising sessions to ensure frontline practitioners understand the changes and know what their role is. From July 2016, additional courses were provided for practitioners who undertake the Early Help Assessment and Lead Practitioner role. The number of Early Help Module sessions (eCAF) were doubled to ensure practitioners were able to access these.

The Board has received regular assurance reports on progress from the Early Help Strategy Group (EHSG). The DSCB performance report includes a summary of the Early Help dataset which enables challenge to be made if progress falters. The Early Help 'service pathway' has been established which includes the Early Help Hub. The Hub receives referrals and provides advice and information to practitioners across the partnership. Work continues to provide a single point of access at the DCST front door. The DSCB was provided with further assurance on this and the development of the MASH at its meeting in February 2017.

Regular audits are undertaken by the DMBC Early Help Coordinators and an assurance report was provided to the DSCB Quality and Performance Group in September 2016 which demonstrated that the quality of early help assessments has improved, although this was from a low base. The Board has undertaken a further multi-agency audit in December 2016 which found that a great deal of progress had been made. Further work is required on the quality of the early help assessments and the pathway from social care back into early help. The Board has jointly commissioned with DCST a further review of the DCST front door in 2017/18. (See Section 7.3.1 for more information on Early Help).

Overall Impact Rating = 3 Implemented with early impact

**b) DSCB thresholds are understood by practitioners and are embedded in practice**

The training and awareness sessions outlined above (2 (a)), include information on DSCB thresholds. Work has commenced on analysis of the post course evaluation and further work will be undertaken on the impact of the training on practitioner understanding of thresholds. The Early Help Review commissioned through the improvement partner 'Indigo' demonstrated an improvement in the understanding of thresholds across the partnership.

Monthly audits of the DCST 'front door', the ongoing audits undertaken by the DMBC Early Help Coordinators and multi-agency audits of S47 enquiries and strategy discussions have begun to suggest that thresholds are being more consistently understood and applied. The multi-agency audit undertaken by the Board identified that thresholds are generally understood and embedded in practice. The DSCB undertook a survey of front line practitioners on their view of early help and thresholds with over 300 respondents. Most respondents said they were confident in their understanding and application of thresholds.

Despite the training and practitioner confidence the Performance Accountability Board considered an extended topic on 'Demand management' at its November 2016 meeting focussing on the operation of the DCST front door. It identified that 40% of referrals result in no further action. A further review of the front door was jointly commissioned by DSCB and DCST in July 2017, which indicates that thresholds are generally understood. This leads the Board to be increasingly confident about the application of thresholds at the front door. However concerns remain about the reason for the high number of referrals and whether this is due to a lack a poor early help response to families. (For more information on thresholds see section 7.3.1 Thresholds and Early Help)

Overall Impact Rating = 3 Implemented with early impact

**c) Children and young people who are victims of sexual exploitation and abuse are provided with effective support which leads to improved outcomes**

The Child Sexual Exploitation and Missing sub-group has developed a dataset which provides a clearer picture of CSE in Doncaster. A repeat audit of CSE cases has been undertaken during

2016/17 which shows improvement in outcomes for individual young people. A communications plan has been developed and a timetable of communications on CSE has begun to be rolled out (linked in to the overall DSCB communications timetable).

Excellent links have been made with local industry to ensure a greater awareness of CSE. For example, over 900 taxi drivers have been trained in the last 2 years, which equates to approximately 94% of Doncaster taxi drivers with a further 81 ( 98%) of private hire companies. During 2016/17 South Yorkshire Police undertook a covert operation to establish whether hoteliers knew what action to take if they suspected CSE. Out of the 13 hotels visited, 7 responded robustly to the situation presented. Positive feedback will be provided to these hotels and the remainder have received feedback and have been offered further training. An action plan has also been developed, which contains details of the lessons learnt and future actions.

At the latter end of 2016/17 the Children Missing Operational Group was replaced with the Protecting Vulnerable Young People Group (PVYP). This new group has a broader remit than CMOG and includes a range of vulnerabilities including CSE, gangs, perpetrators and hotspots. It enables a more sophisticated analysis of intelligence, leading to improved planning for individual young people. All CSE nominals are considered at a police led multi agency meeting with specific actions fed into both the PVYP and the partnership Thrive. The Doncaster Police and CSE team have developed an intelligence submission form that has been sent to all partners to report CSE concerns. This form has been circulated to the wider CSP Partnership by the Chair of the thrive meeting.

The DSCB provided its third report to DMBC Children's and Young People's Scrutiny Panel in December 2016 demonstrating how it has addressed CSE in Doncaster (see section 7.10 for more information on CSE and Missing)

Overall rating = 4 Established with sustained impact

**d) Domestic abuse services are in place which reduce the risk of harm to families who have experienced domestic abuse and Doncaster communities better understand the harm caused by domestic abuse**

Domestic abuse is included on the DSCB dataset and the Workforce group supports the training. Three seminars have been delivered relating to Domestic Abuse supported by the Growing Futures Project. The DSCB regularly receives assurance from the SSDP of the effectiveness of the multi-agency arrangements to respond to domestic abuse and the evidence they have to support this. The Domestic Abuse Strategy was presented to Board members at the July 2016 meeting. An assurance report provided to the DSCB at its meeting in April 2017 celebrated the success of the Growing Futures Innovation Project. Growing Futures has harnessed a stronger hold on domestic abuse across the partnership. The DASH risk assessment is now consistently used and the Domestic Abuse Navigators are having significant impact in their work with both victims and perpetrators. The project has been positively evaluated by the Department for Education and in recognition of the effectiveness of the approach the Local Authority has continued to fund the project. The success of Growing Futures and impact it is having on repeat referrals is given extended consideration in the section on Domestic Abuse (which can be found in section 7.8).

Overall Impact Rating = 4 Established with sustained impact

**e) Practitioners understand and are able to respond to the early signs of neglect and this can be evidenced by a reduction in the number of families accessing social care services where neglect has been identified**

The DSCB Neglect Task and Finish group was established to provide a greater focus on neglect due to the high number of children being subject to a plan under this category and due to neglect being identified as a feature of the serious case review on Child A. The group has made good progress. The Neglect Strategy has now been launched and a programme of training is being delivered. A multi-agency assessment tool kit has been launched based on the graded care profile which is available on the DSCB website. Training has also been provided on disguised compliance and healthy scepticism, which featured in the SCR and are often factors in cases where neglect is an issue. The DSCB has received assurance from partners that this learning is also included in their single agency safeguarding training. Neglect was also the focus of the Board's biannual Conference. Extensive work has taken place through the task and Finish group to ensure that the strategy and associated tools have been disseminated across the partnership, for example Doncaster Policing Teams have raised awareness as part of their team briefings, whole school training has been updated to include the toolkit and RDaSH are currently exploring how the toolkit can be embedded into the electronic record system.

As a result of this work Team Doncaster 2017 have placed Neglect as a key priority within the Children and Young People's Plan 2017-2020. This demonstrates a decisive cross organisational commitment to ensure no child living in Doncaster suffers significant harm as a result of neglect. An audit will be included in the 2017/18 DSCB audit calendar to evaluate the impact of the strategy. The CYPP group will also develop the performance framework to ensure there is a clearer picture of neglect and the impact of the strategy. Assurance reports will be provided to the DSCB on progress.

Overall rating = 3 Implemented with early impact

- f) Services are in place to support young people's mental health and the impact of these services can be seen in a reduction of hospital admissions for self-harm and attempted suicide**

**(OR6, Para 152) Undertake a review of those children and young people admitted to hospital for self-harm and attempted suicide to determine reasons that will inform suitable preventative work.**

Data provided in the DSCB quarterly performance report showed that a high number of young people were presenting at A&E having self-harmed or attempted to take their own life. It also identified that a high number of young people were admitted to Tier 4 services for the same reasons.

A performance challenge process took place in February 2016 which scrutinised the data relating to children and young people's mental health. This included data from admissions to acute wards, CAMHs referrals and conversions to assessment and involved contributions from the key agencies working with young people with mental health issues. An action plan was implemented in June 2016 to address the issues, including an audit of all 19 young people who were admitted to hospital as a result of attempted suicide or self-harm.

The audit identified that CAMHs tends to work in isolation from other agencies and young people's health needs on occasions wait until they are in crisis before support is provided. The Board received a presentation on the proposals for child and adolescent mental health services (CAMHs) in Doncaster as laid out in the Health and Wellbeing Local Transformation plan. The Board made a commitment to championing mental health for young people and as a result ran a workshop at the young people's Democracy event in July 2016 where young people gave their views on what services and actions they thought were needed to improve services. Young people identified that not enough was known about mental health amongst both young people and professionals and asked that there should be greater awareness raising within schools. The Local Mental Health Transformation plan



outlined how it intends to support young people earlier by appointing mental health specialist workers to provide advice in schools.

The Board will continue to support the work of the local transformation plan in undertaking this work and challenged public health regarding the awareness raising sessions it was providing (see SP1 (a) OR9 for more details).

Overall rating = 3 Implemented with early impact

**g) Signs of Safety model is rolled out across the partnership and the DSCB is provided with evidence to demonstrate the effectiveness of the approach in Doncaster**

The DSCB is supporting the roll-out of Signs of Safety (SoS) across the partnership as a way of improving risk assessment and ensuring a consistent approach to working with vulnerable families. The DSCB Training Manager has been actively involved in the development and delivery of the Signs of Safety training. In total 486 delegates have attended a two hour introduction to Signs of Safety on 16 roadshows. A detailed gap analysis has been undertaken that identifies the differential between professionals at Level 3 who require the training and those who have attended the roadshows. Members of the DSCB Training Pool are now actively involved in the delivery of the SoS training. The Training Manager and training pool members have written the in house two day training. The pilot was very positively evaluated and is now being rolled out to multi agency partners. The Training Manager continues to be involved in the operational and steering groups relating to the overall SoS strategy. The DSCB multi-agency audits include questions on the use of Signs of Safety and have identified that professionals are increasingly using the model for evaluating risk. The DSCB will undertake an audit focussing on the implementation of the model in September 2017.

The model has been used in Child Protection Case Conferences since March 2016 and there is evidence that the length of conferences have decreased as practitioners have become more confident in the use of the model. In addition, practitioners across the partnership now routinely present their analysis of risk to child protection case conference using the SoS model. By modelling the approach through case conferences this has enabled partners to use the approach in their day to day practice.

Overall rating = 4 Established with sustained impact

**Strategic Priority 3: DSCB has a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Boards priorities**

**a) DSCB has a culture of challenge and is able to evidence how challenge has impacted on the provision of safeguarding services for children and young people  
(OR5, para 151) Ensure the challenge log is effective in evidencing areas of concern that have been raised, addressed and show what improvements have been made as a result.**

The Board has continued to develop a culture of effective partnership challenge. This is evidenced most clearly in the Challenge Log which was improved in response to a comment by the Ofsted inspectors who suggested the log “does not focus sufficiently on individual cases and escalation of issues.” (Ofsted 2015 p.43). The number of cases which are escalated straight to the Independent Chair has reduced with most now being dealt with through the lowest level of the Resolving Professional Differences Protocol. Concerns raised by SYP regarding young people going missing have been dealt with through the Protecting Vulnerable Young People Group and PAB.

Each sub-group now also adds challenges to the Challenge Log which can then be followed up at BCG and Board level. For more details about the impact of challenges made (see Annex 2, section

2.0 - Impact of the Board.) A number of challenges have also been raised to the Performance Accountability Board (PAB). See section 4(a) for more detail on the work of the PAB.

The Board has received assurance reports on the development of the MASH on a regular basis. It has also received feedback from inspections from SYP, CCG, DBHFT, RDASH and Doncaster College. Where appropriate the Board has sought assurance that action has been taken to make improvements.

The improvement in performance data and regular audit activity, coupled with assurance report provided from partners, has enabled the Board to evaluate the quality of safeguarding practice in Doncaster and understand what actions have been or are being taken to address the issues.

Improvement in the performance reporting has enabled the Board to identify areas of concern such as the number of children attending A&E as a result of self-harming and action has been taken to explore this issue further.

The Board's multi-agency audit programme has provided useful learning in relation to neglect and has been able to show the improvement in CSE work in its re-audit of CSE. The coming year will enable us to evaluate the impact of actions taken as a result of audits.

Overall Impact Rating: 4 Established with sustained impact

**b) DSCB data set provides the Board with appropriate information to enable it to identify the key safeguarding issues in Doncaster**

**(OR3, para 149) Ensure that high quality performance data is available and robust analysis occurs to enable the Board to have a good understanding of child protection and safeguarding activities across Doncaster.**

**(OR7, para 153) Improve the measurement of the impact of the DSCB work, including ensuring the experience of the child is at the centre of partnership working and monitoring of activities.**

During 2015/16 the Board began to receive quarterly performance data through its Learning and Improvement group, this now falls within the remit of the Quality and Performance group. This has continued during 2016/17. The data has enabled the Board to identify areas for challenge however the format of the report, and how much information needs to be shared with the Board has been kept under review.

One issue raised by the performance report was the low number of GP's providing reports to case conference. DCST and the CCG and GP practice managers worked closely together, resulting in changes to processes, which has now led to an increase in reports from GP's. A second issue identified in the 2016 Quarter 3 report was that a high number of young people were accessing the Emergency Department for drug and alcohol issues although this was not reflected in the numbers of young people accessing the specialist drug and alcohol service. A task and finish group has now undertaken a deep dive to establish why more young people are not accessing the service.

Good analysis of the data continues to be difficult to achieve. A challenge has been made to all partners to ensure that the meaning behind the data is provided, rather than a simple description of the data.

Overall impact: 3 Implemented with early impact

**c) DSCB disseminates the lessons from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice**

**(OR4, para 150) Ensure there is a programme of audits, and re-audits, to identify the strengths in multi-agency practice and where weaknesses are identified these are addressed promptly.**

**(OR8, para 154) Implement a system to evaluate the effectiveness of training delivered and monitor the impact on practitioner's work.**

A timetable of multi-agency audit activity, led by the DSCB is in place. The audit plan is developed in line with the DSCB priorities and other information received during the year from performance data or external reports. The Board has undertaken the following audits since the Ofsted inspection:

- CSE re-audit
- Missing children
- Strategy meetings
- An audit of children in secure accommodation and custody
- Mental health of children and young people
- LGA Peer Review audit
- Early Help, Thresholds and the Front-Door

The Quality and Performance Group also receives single agency audits which provide additional information to understand safeguarding risks in Doncaster. For more information regarding audits see audit section.

In October 2016, the DSCB published a serious case review relating to the death of a baby who died in 2014, 'Child A'. Publication was delayed due to the criminal proceedings. The DSCB has participated in two other serious case reviews led by other safeguarding boards. Action plans have been undertaken on all of these with impact on practice beginning to be evidenced. In particular the cases identified the need for workers to show professional curiosity and warned of the dangers of disguised compliance by families. These issues are now incorporated into the DSCB multi-agency training and single agency training provided by partners. As a result of the case reviews CIN procedures have been amended to ensure more robust multi-agency working at a CIN level and to ensure a process is in place to include GP information in multi-agency assessments.

The Case Review Group has developed a review process based on the Welsh Concise Child Practice Review which enabled us to extract the learning from cases in a more timely way. See section on case reviews for more information on the work of this group.

The Workforce Development group has developed outcome-based evaluation forms which enable a focus on the outcomes of practitioner training. These are currently being used on Level 3 training and neglect training and have shown significant increase in scores post-course. There is a system of reflective logs to enable workers to reflect on their learning and how this has impacted on the practice post-course.

Overall impact: 4 Established with sustained impact

**d) DSCB members have an understanding of the issues affecting front-line practitioners and can evidence how this has influenced the development of services**

The establishment of the Practitioners Forum and the Board's Floor Walking exercise 2015/16 has enabled DSCB members to have an understanding of the issues facing front-line practitioners (see 1(c) for more details). The Case Review Group has now established a process based on the Welsh

methodology for Practice Learning Reviews, which involves practitioners giving their views on learning lessons review. Two such events have now taken place; feedback from those attending was that they were extremely useful and would lead to a change in the way they worked with other professionals. (See Annex 2 section 1.5 on Learning from Practitioners for more information).

Overall impact: 3 Implemented with early impact

**Strategic Priority 4: DSCB is aware of emerging issues which have implications across the partnership and works effectively to ensure appropriate action is taken**

- a) DSCB develops a forum whereby there is a coordinated approach to priority issues which have cross-cutting agendas, such as Prevent, domestic abuse, female genital mutilation, modern slavery, hidden harm.**

The Performance Accountability Board has been established to ensure key partners identify and act on agreed priorities. The group has been 'action-focussed' dealing with key themes by agreeing key actions and feeding back at the following meetings. Topics are introduced by considering reports either as a scoping documents or extended discussion topics. In addition, the PAB considers key inspection and other national reports which will affect the partnership and require a partnership response.



A full report was provided the Children and Young People's Scrutiny Panel in December 2016 which identified the themes considered by PAB and action taken as a result:

| DONCASTER PAB – SUMMARY OF BUSINESS AND ACTION TAKEN 2016                                                                           |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scoping and extended topics                                                                                                         | Action taken                                                                                                                                                                                           |
| Early help:<br>Discussed barriers to progress and the need for the expectations of partner agencies to be made explicit             | Early Help assurance framework was provided which clearly identified partnership roles and responsibilities. DCS met outside the meeting with PAB members and commitment was given to the EH Framework |
| Working with families with challenges – extended discussion topic. Cross-cutting report provided identifying partnership challenges | DCS to prototype an intelligence-led locality profile focussing on a specific locality. This will be linked to police dynamic intelligence                                                             |
| Information sharing                                                                                                                 | DSCB and DSAB to work jointly with partners to                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | establish a multi-agency information sharing agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Children missing from care – extended discussion topic. Cross-cutting report provided identifying areas where partners could work more effectively with children most at risk of harm                                                                                                                                                                                                                                                                                                                                                                | There has been a collaborative effort within DCST and SYP to meet new developments, particularly in the role of Return to Home Interviews. From 1/12/16 this function will transfer into the DCST and be sited within Safeguarding & standards. The former CMOG meetings, now called Protecting Vulnerable Young People Group (PVYP) is now more robust and has broadened the Terms of Reference and there are better actions around those. EPIC – Youth Crime Prevention Programme is now established and is part of the DCST. |
| How do we develop a shared strategy for managing demand across the partnership?<br>DSCB/PAB chair provided data illustrating the high level of demand at DCST front door and the need to work differently as a partnership.<br>Discussion centred on: <ul style="list-style-type: none"> <li>Do we have the right volume of activity?</li> <li>Should more be done in Early Help?</li> <li>Have we got work in Early Help that could be done more quickly?</li> <li>Have we got the balance right for lead agencies?</li> </ul>                      | Action points for January 2017: <ul style="list-style-type: none"> <li>Establish single point of access from January 2017</li> <li>Evaluate the impact of multi-agency training on the application and understanding of thresholds</li> <li>Undertake audit of thresholds</li> <li>Agree alternative arrangement for screening referrals from SYP</li> <li>Consider commissioning project to analyse demand and cost profile in Children's Services arrangements</li> </ul>                                                     |
| Multi-agency audit on understanding and application of thresholds.<br>As a result of the above discussion the DSCB was asked to provide the preliminary findings from its multiagency audit of early help and thresholds key findings were: <ul style="list-style-type: none"> <li>Good progress since previous review of early help commissioned by DSCB</li> <li>General understanding of thresholds</li> <li>Variable quality of early help assessments</li> <li>Query that the pathway from DCST to early help was clearly understood</li> </ul> | Much discussion took place on the preliminary findings and it was agreed that the DSCB and DCST would jointly commission a further external review to examine practice at the front door.                                                                                                                                                                                                                                                                                                                                       |

Overall impact: 4 Established with sustained impact

**b) DSCB promotes opportunities for working across geographical areas where this would provide a more cost-effective response or improvement to current working arrangements**

The DSCB has reviewed its processes in relation to Female Genital Mutilation as a result of the new statutory guidance and has provided seminars to raise awareness and inform the workforce of their duty under the new guidance. The Board is also working with the Health and Wellbeing Board to develop and implement the Hidden Harm Strategy. The aim of this strategy is to improve outcomes for children whose parents misuse drugs and alcohol.

Sub-regionally, Board Managers have held discussions about the possibility of providing some services on a sub-regional basis such as procedures, training and CDOP. Similar discussion have taken place with the DSAB to consider initiatives which could be more effective if undertaken jointly, such as some publicity or marketing campaigns and links with the wider community. The DSAB and DSCB currently hold a joint self-audit process. The second of these is currently underway, due to be completed in July 2017. They have also agreed to hold a joint Safeguarding Week in October 2017.

Sub-regional working has enabled the development of two innovative projects; The South Yorkshire Empower and Protect Innovations project set out to test a new model of working, supporting children at risk of CSE through the use of therapeutic interventions; the Mocking Bird Family Model is a new approach to foster care which has created 'constellations' of foster carers to provide a fostering 'extended family' for children in foster care. More information on these projects can be found in Annex 1, p.11.

Overall impact: 3 Implemented with early impact

**c) DSCB considers the implications of the CSW Act (Wood Review) and plans towards its implementation**

Preliminary discussions have taken place with relevant partners to consider the implications of the CSW Act. The Association of Independent Chairs Conference in November 2016 gave Chairs and Board Managers the opportunity to consider the opportunities and challenges which now present themselves. The Board awaits the new guidance and legislation to provide details of changes. However in the meantime it will continue to look at opportunities which may be provided by alternative processes and ways of working.

Overall rating : 3 Implemented with early impact

## 7. Quality and Effectiveness of Local Safeguarding Arrangements

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This section covers the statutory responsibilities which the Board must have oversight of as identified in Working Together 2015. It provides a statement on the sufficiency of arrangements to ensure children are safe and identifies challenges and priorities for the coming year.



### 7.1 Voice of the Child and Community Engagement

Across the partnership in Doncaster the voice of the child has continued to be a high priority. The DSCB has seen its role as two-fold:

1. Ensuring that young people's views influence the work of the Board
2. Seeking assurance from partners about how they have ensured the child's voice has influenced their services.

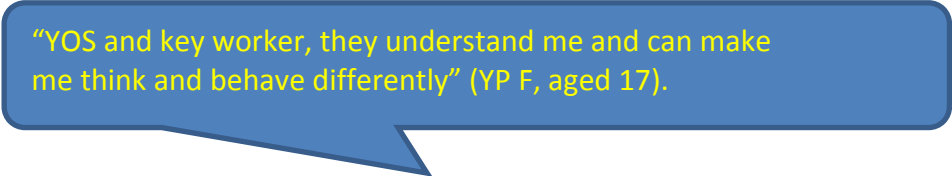
Make Your Mark (MYM) is a national ballot consultation for young people (YP) aged 11-18yrs which identifies the top four priorities of concern to young people both locally and nationally. Doncaster reached 30.2% of the population age during the 2015 consultation. In February 2016, the Children and Families Partnership Board (CFPB) worked in partnership with young people to co-produce action plans based on each of the four locally identified priorities: Transport, Living Wage, Curriculum for Life and Mental Health.

In July 2016, young people representing disabilities, children in care, young carers, Doncaster College and members of youth parliament facilitated a democracy event. At this, students from across the borough had the opportunity to discuss the identified priorities in more detail with CFPB members and service providers thus enhancing youth voice participation. The DSCB supported this event and facilitated a workshop on mental health.

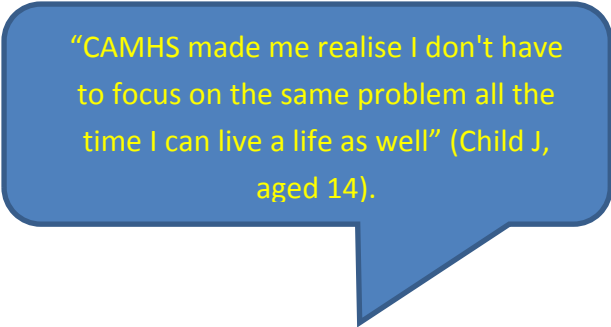
The outcome of the event was the co-production between young people and decision makers of agreed action plans based on the priorities identified in the MYM 2015 consultation which were endorsed by the CFPB. The actions relating to mental health were delegated to the lead for the

Children and Young People's Mental Health Transformation Plan. The Board has continued to seek regular updates to ensure this plan is progressing. (see Appendix 1 for plan)

As part of the DSCB multi-agency audit process agreement is sought to contact young people for their views of the services they have received. The audit report on Children in Custody included the following feedback when asked if they had someone they felt they could talk to:



*"YOS and key worker, they understand me and can make me think and behave differently" (YP F, aged 17).*



*"CAMHS made me realise I don't have to focus on the same problem all the time I can live a life as well" (Child J, aged 14).*

And from the Thresholds and Early help audit a young person commented on the services they had received:



*"...IFST have been involved with the family and me working with us to make things better".*

In addition to direct influence, the Board has also sought assurance from partners regarding how they have ensured the voice of the child within in each agency, how this is incorporated into training and what impact it has. All key partners responded and provided assurance on how this was being done. For example, DMBC noted that its staff undertook Total Respect training and that they had now appointed Voice champions to lead on this work.

The DSCB Quality and Performance sub-group received single agency audits on a range of themes as part of its performance framework. One such report was received from DCST on an audit it had



undertaken on the voice of the child in child protection processes, as evidenced in case files. It noted that:

- A number of cases evidenced good use of direct work tools with children to obtain their views, wishes and feelings.
- More children could be invited to and encouraged to attend child protection case conference.
- Children's views, wishes, feelings and voices not always explicitly recorded on case records.
- Inconsistent recording regarding children's engagement in child protection processes.

As a result, DCST has completed an action plan to address these issues, for example work has now commenced to encourage more children to attend conferences.

The Participation & Engage Sub group (P & E) is a formal sub group of and reports directly to, the Children and Families Partnership Board Executive group with a remit to uphold CYP's right to a 'voice'. All sub group members share the commitment to championing the voice of CYP as a 'right' within their respective organisations and within the P & E sub group and share the ambition for Doncaster to become the most 'child friendly' borough in the UK. Membership of the sub group ranges across the spectrum of the strategic partnership. Given its statutory obligations to lead the partnership, the local authority chairs the meetings, but no single organisation has control of the decision making process, all partners are equal members and all jointly own the work programme and share leadership and accountability.

The group first met in the summer of 2016 and produced some 'mapping' of voice and engagement across Doncaster as an intelligence base. The sub group began to meet formally in November 2016 and agreed its outline work programme and terms of Reference.

The most pressing two items on that work programme was the production of a CYPP engagement strategy and facilitating CYPF engagement in the Children and Young people's Plan (CYPP). By January 2017, the group had produced the draft P & E strategy based on desk top evidence and national best practice.

A number of task groups were established and two major set piece consultative events were held at the Dome in February 2017 and the CAST theatre in May 2017, attended in total by over 100 children and young people from a range of backgrounds. These sessions also facilitated the consultation and production of the Children and Young People's Plan 2017 – 2020, including the production of a child friendly version of the CYPP (in the form of a film) which was then launched at a high profile event at the Keepmoat stadium in May 2017. This culminated in the final draft of the P & E strategy which will be presented to the Children and Young Peoples Board in September 2017. A child-friendly version of the Children and Young People's Plan is now being developed by this group and is expected to be available in September 2017.

## **7.2 Voluntary and community sector, including faith groups**

The DSCB Faith and Culture group continued to meet regularly during 2016/17. Progress however was faltering due to the time needed to engage with community groups and having no specific resource to undertake the work. The approach which had been developed was to provide groups with a list of standards and an audit tool for them to rate themselves against. Discussions with community and faith groups found that the standards and audit tool was too complicated. In order to make progress the audit tool was simplified and a resource was provided by DCST to enable contact to be made with particular faith groups as identified by the sub-group to collaboratively complete the audit activity.

In October DCST provided additional resources through the Safeguarding and Standards Service. This has led to contact being made with members of the Muslim, Hindu, Sikh, Turkish and Tamil communities. Support has been given to complete the self-audit of safeguarding standards and groups have been supported in developing safeguarding procedures and training has been planned. Training has now been provided for the Redeemed Christian Church of God.

A number of groups have now been contacted and have been supported to adopt the safeguarding standards through the development of appropriate procedures and the provision of safeguarding training. This work is ongoing and in the future will address such issues as sexual exploitation, female genital mutilation and forced marriage.

In November 2016, a number of disclosures were made in the media relating to historical child sexual abuse which is alleged to have been carried out by football coaches. The abuse was against a number of professional footballers and former academy scholars at various professional clubs. The precise number of players, alleged abusers and clubs as yet is unknown.

In response to this, the Independent Chair of DSCB requested assurance on the safeguarding arrangements in sports settings in Doncaster. By using a similar approach to that used with faith groups, it developed an audit tool based against a set of standards and wrote to the larger sporting organisations to ask them to complete the audit tool and respond to the DSCB. Seven organisations responded:

- Doncaster Rovers FC
- Doncaster Rugby League Club
- Club Doncaster Foundation
- Doncaster Rugby Union Club
- DARTS (The Point)
- Doncaster Community Leisure Trust (DCLT)
- Flying Futures CIC
- Doncaster Chamber of Commerce
- Active Fusion

A report was provided to the DSCB in February 2017. This identified the key findings from the audit and future actions to be taken. It was agreed that each organisation would be invited to a challenge meeting to discuss the findings of their audit and agree any further support they may need. The challenge meetings all took place in March 2017. Most organisations were able to provide evidence of good safeguarding practice. Others were supported in developing improvements to their procedures and training was provided to all organisations by the DSCB.

This work is now being continued to include smaller sporting groups across Doncaster.

## **7.3 Thresholds for Intervention, Early Help and the Multi-Agency Safeguarding Hub**

### **7.3.1 Thresholds and Early Help**

Under Working Together 2015 the LSCB has a statutory function to assess the effectiveness of early help arrangements. Continued progress has been made in 2016/17 to establish systematic and increasingly effective early help provision. Concerns remain about the quality and consistency of casework; the take-up and effectiveness of the lead practitioner role in some partner agencies remains variable.

The DSCB has continued to have regular updates on the progress of early help including challenges being made through the Performance Accountability Board.

### **Performance**

Early Help Strategic Group has developed a performance score card enabling them to target development. The performance data is provided on a quarterly basis to the Board through its own performance framework to provide assurances on progress.

### **Key Findings on Performance:**

- Number of enquiries into the EHH has increased by 31% between Q4, 15/16 and Q4, 16/17.
- 75% of enquiries (6,230 of 8,343) into the Early Help Hub are for children living in the 30% most deprived LSOA's in Doncaster. 57% of the 0-19 population of Doncaster live in the 30% most deprived areas.
- 56% of enquiries to the EHH have been for children aged under 9. 19% of all enquiries relate to young people between 14 and 18 years of age.
- On average there is between 1500 – 2000 cases open at any one time. Education is Lead Practitioner for 50 % of open cases followed by Parenting and Family Support Service 42 %.
- LP uptake from the health economy, by individual services remains below 2.5% each of the total allocated cases.

### **Quality**

The quality of single agency early help cases audited by the DMBC Early Help Coordinators (EHCs) remains variable with the 77% of cases assessed as 'inadequate' or 'requires improvement' (32% and 45% respectively). The quality of work varies across the partnership with those cases where the lead practitioner is from the Parent and Family Support Service (PAFSS) (DCST) showing a consistently better standard with 84% of cases being either 'requires improvement' or 'good'. In 2017/18 there will be a drive to improve quality through the EHCs working closely with managers across the partnership (not including PAFSS) to provide support and oversight to their staff. The EHC will also improve direct work with families by individual practitioner support.

The key themes that emerge from all audit activity show that improvement is needed in the following areas:

- The quality of assessments, including the child's voice to be evidenced and an analysis in terms of impact for the child required
- Father's views not always sought and information from other agencies not always evidenced.
- The outcome of assessments did not always link to a clear plan of intervention.
- Plans not always SMART or up to date and a need for them to be regularly reviewed.
- Greater management oversight and supervision required and a need to improve and evidence reflective discussion.

Staff across all agencies report that the audit process is supporting them to improve their practice as lead practitioner.

### **Training**

There is now a detailed programme of training available to all agencies to support them in delivering early help to families. Staff in all agencies report they are more confident in taking on the role of lead practitioner and better supported through training and the local networks when they are accessed.

| Course Name                   | 2016-17    |            |            |            |
|-------------------------------|------------|------------|------------|------------|
|                               | Q2         | Q3         | Q4         | Total      |
| What is Early Help?           | 42         | 63         | 86         | 191        |
| Role of the Lead Practitioner | 57         | 64         | 48         | 169        |
| Assessments Workshop          | 12         | 5          | 0          | 17         |
| Outcomes and Plan Workshop    | 11         | 0          | 2          | 13         |
| <b>Total</b>                  | <b>122</b> | <b>132</b> | <b>136</b> | <b>390</b> |

'What is Early Help?' is an introductory course aimed at all professionals working with children. The role of the Lead Practitioner is more specific and aimed at professionals assuming that role. The Assessments/Outcomes and Plans Workshops are offered as additional support. The first two courses ('what is Early Help?' and 'Role of the Lead Practitioner' are mandatory, and the second two courses ('Assessments Workshop and 'Outcomes and Plans Workshop') are voluntary; which may explain the difference in attendance. Attendance at all courses is reviewed on an on-going basis.

### Impact of Training

In May 2017 an evaluation of the impact of training demonstrated that of the cases which were closed 44% were de-escalated, 27% remained static, and 8% escalated to a more targeted service. Although this demonstrates the effectiveness of work on outcomes, it is recognised that case closure reasons are not enough to show impact therefore the Outcomes Star is being introduced as the agreed method for evidencing impact consistently in 2017/18.

In April 2016 assurance activity was undertaken via the DfE appointed improvement partner (Achieving for Children) with a report to the DfE which provided assurances that the EH pathway was secure and that there was evidence of positive impact in the lives of families.

#### Summary of findings:

- There continues to be strong evidence that professionals from different agencies make appropriate referrals to the Early Help Hub in order to access multi-agency early help support for children and their families in a timely manner.
- The partnership is appropriately identifying and providing support to more families.
- The large majority of open cases also have a current family plan which is, again, a significant improvement. The timeliness of assessments and care planning is good.
- The quality of assessment and intervention planning remains variable but is improving.
- The impact of direct work has reduced the vulnerability of most children and young people. The Outcome Star Framework is increasingly being used with families and children to map and measure progress.
- Less concern re step-up but acknowledge an issue with step down from social care
- Performance data is sophisticated and provides intelligence about the quantity and effectiveness of early help support. This intelligence has been used well to develop services both at strategic and operational levels. The quality of performance data available to managers and practitioners is good.

### Findings from the Multi-agency Audit Autumn 2016

As part of its regular audit activity the DSCB undertook a multi-agency audit of early help in the autumn of 2016 with a report that followed in January 2017. The findings of this report were discussed at the Partnership Accountability Board. The audit demonstrated that thresholds were understood in the majority of cases but not always applied correctly across the continuum of need. No

children were left at risk as a result of inappropriately applied thresholds. However, in a small number of cases, ACPS did not appear to have been proactive in making arrangements to step down the family when the threshold for social care intervention is no longer met. This was in part due to the reluctance of partners to take on the Lead Practitioner role.

As a result of the findings from this audit the DCST and DSCB commissioned a further review of the front door and early help services in June 2017. The findings from this review fall outside the dates of this annual report and will more correctly be reported in next year's report, however in brief the findings were as follows:

- There is a good understanding of the various thresholds in place in Doncaster and they are generally operating well.
- There is a need to improve the step up and step down pathway arrangements from Early Help and CSC to ensure more effective support for individual children and young people as needs change and support information sharing on families.
- The Early help arrangements need greater engagement from some partners with improved communication about how the system works and the responsibilities to support families through an early response.

### **Next steps**

Although considerable progress and early signs of impact is evident, more needs to be done. The DMBC Director of Children's Services will continue drive forward the early help agenda. He will provide challenge to relevant health providers to fully engage in the Early Help response and the uptake of the Lead Practitioner role. The DMBC Early Help Co-coordinators will continue to focus on improving the quality of practice within schools and to engage the partnership in the full early help training package. A review will be undertaken of cases where children are referred from early help services into children's social care (step-up) and particularly where they are referred back to early help services from social care (step-down). The findings from the review will provide learning points for improvement. The Early Help Strategy Group will undertake a mapping exercise to demonstrate what services are available for families, define how these services can be accessed and ensure locality partnership resources are fully utilised. A communications strategy will be developed to ensure all professionals, families and the general public understand what the pathways and services are for families requiring early help.

### **7.3.2 Multi-agency safeguarding hub arrangements (MASH)**

The MASH was introduced in 2015 led by DCST. The DSCB has received regular assurance reports on the progress of the MASH; the last one being in April 2017. The Board has requested clarity on the referral pathway and governance arrangements, however the last report was requested by the DSCB Independent Chair and focussed on key assurance questions (see below).

DCST social workers, Health (CAMHS), South Yorkshire Police and Education are all represented in the Hub. St Leger Housing previously were represented but are not currently represented. There is currently no single point of contact for children's social care but this is expected to be in place by July 2017.

The volume of MASH enquires varies across each week and there is little predictability.

### **Areas for development**

Since this report was provided the function of the MASH is being explored with partner agencies, to ensure that it meets the needs of Doncaster children and families into the future. A recent Ofsted visit has confirmed that the Front Door arrangements of the Trust are safe and did not relay any concerns into how the Mash is used as part of this process.

## **7.4 Families with complex needs**

### **7.4.1 Children with Disabilities**

Services for children with disabilities includes support offered in schools through the Special Educational Needs and Disability Service (SEND) based in DMBC, and services for those children with more complex disabilities who require an Education Health and Care Plan. Those with more complex needs would be supported through Children's Social Care.

The SEND team continues to deliver all SEND statutory duties on behalf of the LA with a 100% compliance rate for conversions of statements to Education/health and Care plans. The team plays a critical role in liaising with Special Schools to support safeguarding practice in and around children with additional needs.

The team receives regular safeguarding input and have strong links with the wider support system, for example Commissioning, the Safeguarding Lead and Standards and Effectiveness Team. The team are responsive and act quickly when sub regional alerts on Out of Authority (OOA) placements are received; parental concerns are followed up with the parent, setting and services. The team plays a critical role in connecting special schools with the wider system.

The Children with Disabilities social work team transferred from DMBC to Doncaster Children's Services Trust on 1st June 2016. On 1st September 2016 the Oaklands Residential Short Breaks children's home also transferred to Doncaster Children's Services Trust.

The Children with Disabilities Team is a social care team that consists of a team manager, social workers, social work assistants and business support colleagues. The role of the team is to provide a statutory social work service to children with complex, multiple and enduring disabilities and health conditions. Where there are safeguarding issues, these will be dealt with by the Children with Disabilities Team and where children with severe disabilities become children in care they will usually have a social worker in the Children with Disabilities Team. This includes those who become children in care as a result of having a short break package that involves more than 75 overnight stays per year.

The team members have specialist knowledge and skills in relation to disabled children, but also have the same core children and families social work skills as their counterparts in the area-based social work teams, enabling them to manage complex cases involving safeguarding concerns.

As well as safeguarding and supporting over 120 children at any time, the team also supports wider work for example in relation to transitions from children's to adult services, supporting the provision of training on safeguarding disabled children and supporting the Trust's Voice Group in relation to hearing the voice of disabled children who may not be able to communicate using words. The team are all trained to talk to children using Makaton and have a variety of resources that can be used to work with children who communicate without using spoken words.

Joining the Trust has enabled the team to develop closer working relationships with other social work teams; however the team have retained their important links with other services for disabled children including the SEN department, short break provision etc.

Oaklands is a children's home that provides short breaks for children with disabilities who have complex care needs. These breaks give their families a rest but also provide the children with an opportunity for social interaction and fun in a safe care setting. The

Like all children's homes, Oaklands is inspected regularly by Ofsted and is currently graded as good. The report from the 9th March inspection states:

"This home was judged good at the last full inspection. At this interim inspection, Ofsted judges that it has improved effectiveness".

A fully trained and supported staff team is able to meet the care needs of children and young people. The committed and efficient manager attained registered manager status in August 2016, having managed the home since January 2016. He is aspirational for the children and young people in his care to be happy, safe and achieve to the best of their ability. He has worked extremely hard to improve care and outcomes. This has included working together with senior managers from the trust to ensure that parents are fully informed and able to play a more active part in planning for their child's care. The active participation of parents and family members, coupled with the impressive partnership working with local schools, ensure that children and young people receive consistent messages empowering them to make real progress in their personal development.

The recent addition of an excellent sensory room provides even more choice for shared experiences or quiet time alone. Bedrooms are individually prepared for children and young people's arrivals, promoting a sense of welcome and security. The communal rooms are bright and colourful, with seasonal decoration on the walls, such as art work and posters in preparation for Mother's Day.

Children and young people thrive in this stimulating atmosphere, allowing them to have fun with their friends. A taxi driver wrote in the compliments book: 'When I turn in to this road with [Name] he giggles and claps and he doesn't do that anywhere else.' As a result of staff support and encouragement, children and young people are empowered to engage in social interaction in a way that they would not otherwise have been able to. This includes in-house activities as well as attendance at local soft-play centres. This promotes inclusion and expands children and young people's horizons. The experienced and enthusiastic staff team provide children and young people with consistent, well-planned care. Staff report positively about the improvements in their support and supervision, which enable them to have more of an understanding of their role and responsibilities.

#### **7.4.2 Stronger Families Programme**

Stronger Families continues to be a transformational programme and seeks to embed an "ethos of working" and holistic approach to family working across all partners and agencies.

Hence, in this second year of the expanded programme the DSCB were assured that the message that Stronger Families is not a separate service or a separate referral pathway and is in fact "everyone's business". It is being used as a means to strengthen and support the Early Help Offer and reinforce the role of the Early Help Hub – pathway and process.

The programme continues to provide capacity in services to support the transformation needed to deliver coordinated whole family working; including four posts in the Early Help Hub, four EWO posts, Early Help posts, intensive family support, work in DCST and commissioned complex family support through YWCA.

Additional support is also available to services and agencies through use of the stronger families' innovation fund and specialist advice and guidance from the DWP employment advisors.

Progress has been made with the implementation of the full case management system on EHM, an interim solution will be available in August 2017, and this will help recording, monitoring and tracking of families more efficiently and should lead to more claims being identified and support the management and monitoring of service transformation.

Stronger Families programme continue to fund training and programmes such as Moving on Together (MoT), Getting On programme and Working with Uncooperative Families. It has funded the

implementation of the Outcomes Star to help evidence progress with families through early help and support and has developed a robust Outcomes Plan.

A quarterly performance report from Stronger Families goes to DSCB and progress reports go to Health & Wellbeing Board and Safer Stronger Partnership Board. As a minimum an annual session with Overview and Scrutiny Management Committee (OSMC) takes place to reflect progress and issues. An issue was raised through the DSCB regarding ensuring that families are identified across the partnership in order that potential claims can be identified. Partners took this back into their agencies for action.

Next Steps and Future Challenges include:

- Further embedding Stronger Families ethos into practice across the Team Doncaster Partnership and thereby drawing out potential claims from cases. Targeted activity with services and partners is planned on a phased approach along with discussion about support, training and development opportunities and agreeing targets for PbR claims.
- Maximising the income potential for Doncaster. While we are on track to meet our targeted number of families engaged on the programme, the current projections of the payments by results claims figures are below target for Doncaster, which presents a risk to the future income for the remainder of the programme..
- The implementation of the whole family case management system through the Early Help Module is continuing and is expected to go live 1st October 2017.

## 7.5 Children in Need

In the first quarter of 2016/17 (Apr-June) there were 2790 child in need cases open to Doncaster Children's Services Trust. This number reduced throughout the year and by quarter 4 2016/17 (Jan-Mar) the number stood at 2548. The decrease is attributable to the implementation of the Early Help Pathway and improved understanding of thresholds amongst professionals. This can be seen through an increase in early help referrals.

Doncaster has a higher number of Child in Need cases than the national average. The average rate of child in need cases, under the age of 18 years, for 2016/17 is 407 per 10,000 of the population. The latest national annual figure stands at 377 (Children in need census 2015/16). There is, however, considerable variability in the rate at a local authority level. At 31st March 2015/16 the lowest average number was 151 ranging to the highest of 700.

| Performance Indicator                                                   | National Average 2015/16 | Doncaster Average 2015/16 | Doncaster Average 2016/17 |
|-------------------------------------------------------------------------|--------------------------|---------------------------|---------------------------|
| Number of CIN cases per 10,000 of population under the age of 18 years. | 377                      | 382                       | 404                       |

DCST undertook a review of all its CIN cases to ensure that children were receiving an appropriate service. As a result a number of cases were escalated to child protection level, and this eventually also led to an increase in the number of children who became looked after. Recent audits of CIN cases have shown much greater consistency and improved practice providing assurance that these children are receiving a quality service at the right level.



## 7.6 Child Protection

In last year's annual report it was reported that the number of children subject to a child protection plan had risen steadily from 305 in July 2015 to a high of 441 in December 2015 after which they began to decline. The Ofsted report noted that there was a legacy of children not receiving services early enough and some being left in vulnerable situations for too long.

The reason for the increase in children subject to a Child Protection plan was attributed to DCST undertaking a review of its child in need cases after the Ofsted inspection in 2015, resulting in a large number of CIN cases being escalated to child protection. The number of children subject to a plan reached a peak of 442 at the end of February 2016 and since this time the numbers have declined to 430 at March 2017 and this trend has continued to June 2017 at 375. Information regarding statistical neighbours showed that Doncaster had a high number of children subject to a plan. The DSCB will continue to seek assurance that Doncaster is now in line with other similar Local Authorities.

As would be expected from this fall this is evident in the reduction in the number of Initial Child Protection Conference requests and increase in the numbers of children who have been removed from a plan. There has also been an increase in number of children who were subject to a CP plan who have become looked after.

### Total number of children in need at the end of the month (includes CPP and CIC)

| <b>Apr<br/>2015/16</b>      | <b>May<br/>2,278</b> | <b>Jun<br/>2,275</b> | <b>Jul<br/>2,387</b> | <b>Aug<br/>2,429</b> | <b>Sep<br/>2,408</b> | <b>Oct<br/>2,442</b> | <b>Nov<br/>2,547</b> | <b>Dec<br/>2,496</b> | <b>Jan<br/>2,448</b> | <b>Feb<br/>2,388</b> | <b>Mar<br/>2,434</b> | <b>Apr<br/>2,467</b> |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>2016/17</b>              | 2,543                | 2,684                | 2,790                | 2,738                | 2,665                | 2,587                | 2,481                | 2,561                | 2,582                | 2,594                | 2,559                | 2,548                |
| <b>2017/18</b>              | 2,623                | 2,622                | 2,806                | N/A                  | N/A                  | N/A                  | N/A                  | N/A                  | N/A                  | N/A                  | N/A                  | N/A                  |
| <b>2016/17<br/>Rate/10k</b> | 390                  | 411                  | 428                  | 420                  | 409                  | 397                  | 380                  | 393                  | 396                  | 398                  | 392                  | 391                  |

### Children subject to a child protection plan per 10,000 population aged U18

|  | Statistical<br>neighbour<br>average<br>2015/16 | National<br>average<br>2015/16 | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|--|------------------------------------------------|--------------------------------|---------|---------|---------|---------|
|  | 54                                             | 43                             | 51      | 46      | 62      | 66      |

### % Children subject to a child protection plan for a second or subsequent time

|  | Statistical<br>neighbour<br>average<br>2015/16 | National<br>average<br>2015/16 | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|--|------------------------------------------------|--------------------------------|---------|---------|---------|---------|
|  | 18                                             | 18                             | 18      | 19      | 18      | 16      |

The category of neglect continues to dominate. Audit activity suggests it is an overused category but for most neglect cases it is appropriately used. Further work is being undertaken to establish whether in some instances there is a more appropriate category, particularly for cases of domestic abuse. Work has been undertaken and will continue with the Child Protection service around this, including group audit of cases, managerial and self-review of recommendations, and workshops with the chairs around categories.

| Category of abuse | % of children under each category 2016/17 |
|-------------------|-------------------------------------------|
| Emotional         | 14.9% (20.50% 15/16)                      |
| Neglect           | 74.9% (69.24% 15/16)                      |
| Physical          | 49% (5.86% 15/16)                         |
| Sexual            | 5.3 % (4.31% 15/16)                       |

Work has been undertaken to improve attendance or contribution of partner agencies at Child Protection conferences. This has included improvements in the timeliness of invitations and work across the partnership to emphasise the importance of good information sharing. This has also led to an improvement in agencies providing reports to conference, including GP's, which in the past has proved problematic. The introduction of the Signs of Safety (SoS) format for all Child Protection reports has led to an improvement in the quality of reports provided, and consistency by professionals with families.

#### **Agency attendance at child protection conferences (CPC) 2016/17**

| Agency               | Initial CPC's & Transfer In | Review CPC's |
|----------------------|-----------------------------|--------------|
| <b>Social Worker</b> | 100%                        | 100%         |
| Education            | 88%                         | 93%          |
| School Nurse         | 79%                         | 74%          |
| Health Visitor       | 91%                         | 83%          |
| Midwifery            | 66%                         | 81%          |
| Probation            | 33%                         | 51%          |
| SYP                  | 45%                         | 4%           |

Work has been undertaken to enable more children and young people to participate in their conference. This has been done by a number of means including the use of a PowerPoint and examples of direct work being presented to conference. There is a "Voice" champion in the team promoting participation and the voice of the child being evident in the conference. The introduction of MOMO (Mind of my Own – an app that children can use to directly share their views) has also provided children and young people with more choice of how they can engage and with the service / meeting and shares their views.

The DCST Signs of Safety (SoS) champion in the Child Protection team is working with DCST locality teams to implement the model consistently in all practice. The model was implemented into DCST conferences in March 2016. It has seen positive results in terms of understanding and engagement

with professionals and families. The SoS conference report was implemented in October 2016 which has ensured that all conference reports are aligned to SoS, across the partnership.

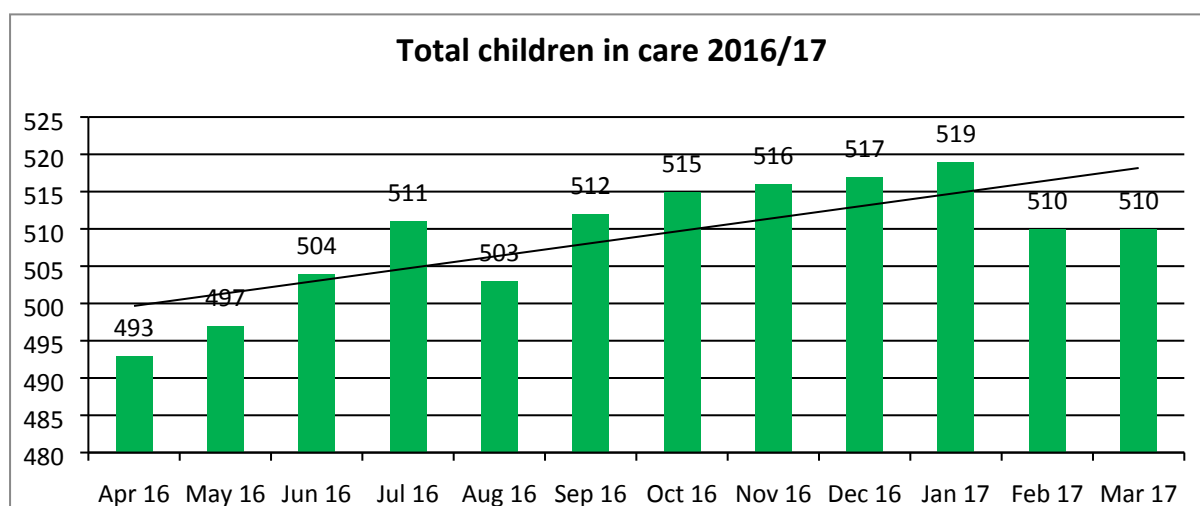
## 7.7 Looked after Children

The DSCB receives the IRO Annual Report to provide assurances about services for looked after children. The information provided below is extracted from this report.

During the year 2016/17 there have been a total of 1296 review meetings which identifies that there were 232 more review meetings than 2015/16 (1064). This increase is in line with the number of children in care increasing as a whole over the year 2016/17. As at 31 March 2017, there were 510 children in care.

Over the past year there has been a gradual increase in the number of children in care in Doncaster. Although the figures have fluctuated slightly as children have entered and exited care.

- The number of children in care in Doncaster:
- 1st of April 2014 - 512.
- 1st of April 2015 - 483.
- 31st of March 2016 487.
- 31st of March 2017 510.



Children placed by age and placement type

| Placement Type                      | Age Band |        |      |        |      |        |         |        |      |        |
|-------------------------------------|----------|--------|------|--------|------|--------|---------|--------|------|--------|
|                                     | Under 1  |        | 1-4  |        | 5-9  |        | 10 - 15 |        | 16+  |        |
|                                     | Male     | Female | Male | Female | Male | Female | Male    | Female | Male | Female |
| Foster Care                         | 13       | 8      | 18   | 20     | 39   | 36     | 89      | 74     | 24   | 31     |
| Residential                         | 2        | 0      | 0    | 0      | 0    | 0      | 24      | 10     | 20   | 16     |
| Foster care with relative or friend | 6        | 2      | 8    | 4      | 6    | 3      | 6       | 5      | 4    | 4      |

|                            |          |          |          |          |          |          |          |          |          |          |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Placed for Adoption</b> | <b>1</b> | <b>0</b> | <b>2</b> | <b>4</b> | <b>3</b> | <b>3</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |
| <b>Placed with Parents</b> | <b>0</b> | <b>0</b> | <b>2</b> | <b>3</b> | <b>2</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>3</b> | <b>1</b> |
| <b>Secure/YOI</b>          | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> | <b>1</b> |

Throughout the period 1 April 2016 – 31 March 2017, as well as the above placement type, a further breakdown illustrates the range of provision that was provided for children:

| Type of placement                                                        | No. of children placed during 2016/17 | No. of children placed during 2015/16 |
|--------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| <b>Unaccompanied Asylum Seeking Children</b>                             | <b>3</b>                              | <b>3</b>                              |
| <b>Placement in adjacent local authorities</b>                           | <b>80</b>                             | <b>74</b>                             |
| <b>Placement in distant local authorities</b>                            | <b>95</b>                             | <b>116</b>                            |
| <b>Children placed out of authority in foster care</b>                   | <b>119</b>                            | <b>125</b>                            |
| <b>Children placed out of authority with families and friends carers</b> | <b>15</b>                             | <b>9</b>                              |
| <b>Children placed in DCST with families and friends carers</b>          | <b>32</b>                             | <b>34</b>                             |
| <b>Children who became LAC as a result of remand into custody</b>        | <b>0</b>                              | <b>4</b>                              |
| <b>Placed in DCST children's homes (inc. CWD)</b>                        | <b>0</b>                              | <b>10</b>                             |
| <b>Children placed in DCST foster care</b>                               | <b>228</b>                            | <b>136</b>                            |

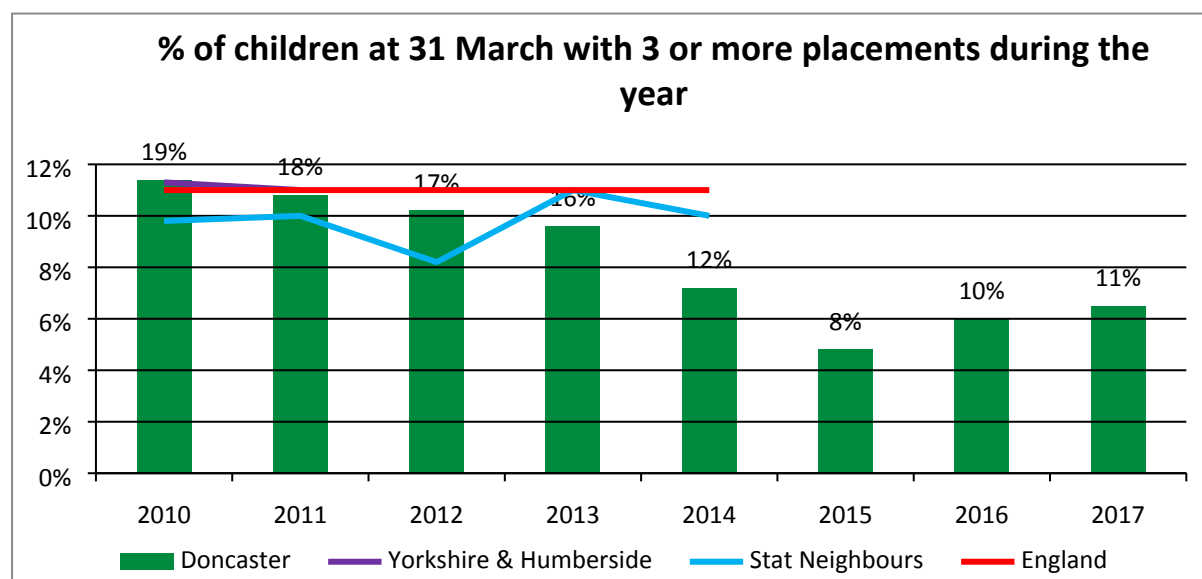
Since October 2014, DCST has ensured the appropriate application of the Looked After Children Regulations. Robust social work ensures that all children have the option to live with a family member explored. Work has also been undertaken to increase the number of children placed in Doncaster with foster carers. As evidenced above the number of children placed in distant authorities has decreased. There has been an increase of children being placed outside of DCST with families and friends carers.

Work has been undertaken to ensure children who have a plan to reside with their parents subject to placement with parent's regulations are robustly reviewed with timescales with revocation of care orders where these are no longer required to safeguard children.

Carers have been successfully supported by the Trust to apply to the courts for Special Guardianship Orders (SGO) and Child Arrangement Orders (CAO). This has ensured that these children have, following appropriate assessment, been able to remain with family members or friends and do not require the protection of a formal looked after status.

The number of children with three or more placements in a year has risen very slightly (by 1%) through 2016 /17. An audit was undertaken in February 2016 which identified that some of the children who were experiencing frequent moves are children with more complex needs. This audit was undertaken again in March 2017 and positively indicated only one other child had moved into this category.

The development of a robust procedure to support placements when there are periods of instability will be introduced in July 2017. This will include the ability to hold a pre-disruption meeting when a placement serves notice and a disruption meeting if a young person experiences an unplanned move. This will aim to ensure early interventions are put in place when the placement requires additional support. There are of course times when placement moves are in the best interests of children, for example returning home or a move to an adoptive placement; these support mechanism will not be required in these instances. There has also been one young person who required secure accommodation to promote their own protection 2016/17.



## 7.8 Domestic Abuse – Growing Futures

### 7.8.1 Introduction and background

The Community Safety Service operates as part of the statutory Safer Stronger Doncaster Partnership (SSDP), working closely with a number of key partners who are members of the SSDP in a collective effort to reduce Crime and Disorder across all our Communities.

The service is also responsible for the management and delivery of a number of key services linked to the agendas of reducing crime, anti-social behaviour, domestic and sexual abuse. The Board is a key partner that supports the SSDP's strategic approach to domestic abuse, which, during 2016/17, was confirmed as being underpinned by a whole family whole systems approach through Growing Futures.

In 2015/16, DCST with partners secured £3.1m from the Department for Education (DfE) Innovation Fund, throughout 2015 – 2017, to support the transformation of practice to children, young people and families. The innovation programme is known locally as Growing Futures and promotes the ethos that 'Life doesn't have to be like this'. Before Growing Futures there were very few interventions focused on children and young people, and even fewer focused on the recovery of victims and their children together, in order to achieve sustained reduced risk of victimisation, both locally and nationally. Perpetrator work was also focused on prosecution alone when evidence allowed, with no support to understand behaviour to enable a change in abusive behaviour.

Growing Futures project activity ended in March 2017, after which it was strategically adopted as a programme with a specific philosophy of practice.

The ambition of Growing Futures is to transform our social care and partners domestic abuse practice in Doncaster and inform the national programme through the DfE in order to:

- Reduce the emotional harm caused by domestic abuse to children;

- Directly support recovery from abuse for victims and their children;
- Significantly reduce repeat victimisation;
- Challenge the acceptance of domestic abuse and violence by families and whole communities; and
- Break the pattern of abuse as it re-presents itself in children and young people.

### **7.8.2 Objectives and Key Headline Indicators**

- Reduce repeat cases to MARAC by 25%. This was achieved; at the end of the project, the MARAC high risk repeat rate had reduced from 49% to 28%
- Reduce to 30% repeat referrals to social care where DVA is a factor. This was achieved – at the end of the project the overall repeat referral rate was 28%. Where families had been directly supported by a Domestic Abuse Navigator (DAN), the repeat referral rate was lower; 15.8% after 6 to 9 months of cases closing. This is a 9.2% improvement against all cases known to CSC.
- Work intensively with around 240 high risk families per year (350 children)
- Work intensively with 350 medium risk families per year (500 children)
- Reduction of children admitted to care 5 to 15 per annum, resulting from 10% reduction in Children in Need where DA is a factor

In November 2016, the new DVA strategy for Doncaster was launched. Prior to this partners had agreed that Growing Futures would be locally adopted as programme to tackle DVA and we would continue to transform DVA service provision to reflect a whole family approach to DVA.

### **7.8.3 A different way of ‘thinking’ and ‘working’**

Through Growing Futures, Doncaster partners have pioneered a different way of ‘thinking’ and ‘working’ that challenges traditional approaches to domestic abuse through an understanding of the dominant discourses in practice across offender services, adult victim support and social care practice that see working with families in silos, or not their role at all. Our approach is based on whole family working focusing on strengths within the family to minimise risk and vulnerability by delivering evidence based therapeutic practice to all family members alongside their other needs. It is therefore a long term way of thinking and working differently together as partners with families and not just a project. This requires a new approach through whole systems and practice leadership across a number of partnerships at strategic and operational levels through two key strands of reform:

- Partnership and capacity building
- Practice development - focused on social work and family support, but wider practice with partners

To achieve this reform we developed three key aims with specific actions under each to drive this work forward:

### **7.8.4 Raising awareness for agencies, practitioners, communities and families to challenge domestic abuse**

- Executive Coaching and development of common purpose to support strategic leaders to influence their agencies thinking and practice and develop common ground on which to work more effectively together. At the end of the programme participants advised that their ability to work effectively together had increased by 39% and their ability to jointly support new ways of

working had improved by 50%. This has led to a review of DVA governance on behalf of the SSDP and, alongside a response to the recent scrutiny review of DVA, the structure of the SSDP DVA groups (and membership) has been refreshed to ensure operational and tactical DVA activity is strategically led and informed by performance.

- Communications Strategy as a key element of the prevention approach by developing key messages and campaigns aimed at victims, perpetrators and children and young people, along with resources to be used by services to support engagement and awareness raising, for example, a 'tool kit' for schools, youth and care providers to talk about and support young people who could be affected by DA. This was rolled out to 1200 local child and young people of whom 95% said they could now define hurtful relationships, 90% understood what abuse was and 98% now knew who to talk to.
- Research – Growing Futures enabled a project which was led by young researchers to understand why domestic abuse is so spatially acute in Doncaster and to develop materials to 'speak' to young people from young people. It was clear from this research that our young people, whilst noting domestic abuse is part of their lives; do not want it to remain so in the future. This informed the strategy, which ensured community capacity and young people's voice forms part of the response in the borough.

#### **7.8.5 Engaging and leading the development and learning of mainstream services**

- Engaging and leading the development and learning of mainstream services
- Specifically designed to support continuing professional development and actively promoting learning through:
- The development of a new Domestic Abuse Competency Framework for the wider workforce including a Domestic Abuse Award (Masters level) for champions and specialists working across partner agencies
- Adoption of Signs of Safety (SoS) as a core philosophy of practice which, in relation to DVA, has ensured a shared understanding of risk and competency in safe assessment and an active response.
- Refocus of social care practice but also significant focus on developing family support services to model a new type of workforce to work with families with multiple and complex needs which present alongside DVA.
- Supporting our frontline practitioners to recognise DVA as a pattern of coercive control and to shift focus away from single incidents of domestic violence.
- Development of a good practice guide which supports practitioners to respond to the whole family where domestic abuse is an identified feature in a case

#### **7.8.6 Develop and evaluate new practice to change the way the partnership works together and with families with domestic abuse**

- The evaluation of Growing Futures has now been released and disseminated, and we are informing not only local, but national, practice responses to DVA.
- We are also informing academic research in this arena – an area which, until the development of Growing Futures, was under researched in the UK.
- Locally, in 2016/17, we began to collate a wider data capture so we can build a data profile that focuses on outcomes as well as impacts.

#### **7.8.7 Outcomes and achievements to date**

We are starting to see an impact of Growing Futures direct work with families impacted by DVA. Despite DVA continuing to be a frequently recorded concern in 21.98% of Child and Family

Assessments with direct impact on children we saw a reduction of 18% when compared with the previous year. Contributing to this has been:

- Focus on the needs of all children and young people currently known to Children's Social Care where there is an assessment of domestic abuse. DASH risk assessment is now embedded within Children's Social Care case management to understand the level of risk. By the end of 2016/17, 52.12% of cases had a DASH risk assessment undertaken and this has enabled us better understand the risk posed alongside the typology of DVA which, in turns, means we can respond more effectively to the DVA.
- Reviewing practice and support for those children and young people who would benefit from early help. In 2016/17, this included the commencement of an extensive refresh of all local DVA training so that it reflects contemporary best practice and aligns with the whole family approach to DVA.
- Growing Futures Domestic Abuse Navigation Service - 91 cases were worked and closed by DAN's in the statutory social care arena from September 2015 to March 2017. Although some have been re-referred there is a reduced rate of 15% against other case re-referral rates being 24%.

This refreshed focus when responding to DVA has enabled us to see;

- A recent reduction of cases to MARAC where children are involved alongside an increase in referrals to the Early Help hub;
- A reduction in Police call outs to families open and worked by DAN's showing a more settled picture for these families alongside an overall reduction in reported incidents (from 3058 in in last 12 months to 2148)
- Closed cases following DAN support have achieved cost reductions in wider public sector costs and in CSC where children have not become looked after.
- % of repeat referrals in R&R in last 12 months from 22.6% to 11.1%
- Number CiN in last 12 months with domestic abuse has reduced to 296 and of CLA in last 12 months with DA to 1

Following the success of the programme, the DMBC has committed to fund the DCST over the next three years to further develop and mainstream the approach. The Board is committed to supporting the work with partners that has stemmed from Growing Futures, and also to embedding the new Domestic Abuse Strategy which identified the following key issues which are priority challenges as Doncaster continues to tackle domestic abuse alongside other complex needs. These are:

- Build community resilience, capacity and challenge cultural acceptance
- True joint commissioning across Boards and commissioners to tackle DA along with multiple needs in families
- Long term investment to tackle DA with whole place approach which will have wider public health benefits and support reduction of anti-social behaviour.
- Challenge services to 'think' and 'work' whole family and what this means in practice
- Research and evaluate the impact of silo working; traditional and professional hierarchy; and the impact of austerity on agency priorities to agree strategic approach to improve outcome.

## **7.9 Private Fostering**

### **Introduction**

Under Working Together 2015, one of the Board's statutory functions is to develop policies and procedures to ensure the safety of and welfare of children who are privately fostered. Private fostering is an arrangement made by a child's parents for a child under the age of 16 (or under 18 if the young



person disabled) to be cared for by someone other than a parent or close relative with the intention that it should last for 28 days or more.

As part of its challenge and assurance process the DCSB is provided with an annual report on the arrangements for privately fostered children. The report was presented to the Board in February 2017.

### **7.9.1 Private Fostering Notifications/Arrangements in the Year Ending 31 March 2017**

In summary:

- 2 private fostering arrangements had already started.
- 5 new private fostering notifications were received.
- 3 notifications did not progress to full assessment
- 2 notifications progressed to full assessment
- 4 arrangements ended

### **7.9.2 Promoting Awareness of Private Fostering Notification Requirements**

Private fostering materials have been sent to social care teams and other partner agencies.

Private fostering awareness raising undertaken through the Multi-agency Private Fostering Focus Group which meets at quarterly intervals. The group which consists of representatives from partner agencies provides a forum for professionals to discuss strategies for undertaking a more proactive approach in private fostering publicity and awareness raising within their organisations, with the Private Fostering Co-ordinator taking the Lead and overseeing agencies cooperation and effective partnership working in this regard. The group focuses on sharing responsibility for raising awareness of private fostering.

- Private fostering information is included in the DCSB's website and all board members are requested to promote the understanding and reporting of Private Fostering within their own agencies.
- Statements about private fostering 'Looking after Someone Else's child' and 'what is the carer's relationship to the child' are included in the Doncaster Council Transfer Request Form and also the School Nursery Application forms.
- Private fostering is embedded in the Local Authority schools model safeguarding policy, so all schools know the procedures and also all staff know how to access support. The Safeguarding in Education lead also uses Engage Doncaster to keep the messages going into schools on a regular basis.
- Doncaster College Lead Practitioner Safeguarding include private fostering in their mandatory staff safeguarding training. All new Student Performance and Progress Tutors (SPPTs) been made aware of the requirement to report potential private fostering arrangements.
- Private Fostering is included in the 'Refresher in Safeguarding Children Training' pack delivered annually to all Private Nursery Managers in Doncaster.
- The Named Nurse Safeguarding Children has raised awareness of private fostering within NHS by including private fostering information in the staff monthly 'Trust Matters', newsletter and intranet.
- Private fostering information is included on the Fostering service Website and promoted through our Facebook page.
- The Private Fostering Co-ordinator has liaised with the Chair for the Faith and Culture groups to raise awareness of private fostering with BME and faith communities.

- Women's Centre Manager has raised awareness of private fostering with the Centre staff. Information leaflets in English and 8 different languages which include Polish, Czech, Slovak, Nepalese, Bulgarian, Mandarin, Russian and Urdu are displayed at the Centre.

### **7.9.3 Private Fostering Week Campaign – 4th to 8th July 2016**

Activities were undertaken during the private fostering awareness raising week which took place from 4<sup>th</sup> to 8<sup>th</sup> July 2016. The awareness raising and publicity activities were targeted towards the public, professionals working with children and young people and adults, communities including Faith and Culture groups. It included a wide range of activities such as:

- Articles in the local press
- Plasma screens in publically used buildings
- Emails to all staff in DCST, DMBC, St Leger Homes and NHS
- Letters to schools

### **7.9.4 Safeguarding and promoting the welfare of children who are privately fostered**

Social care has a responsibility for ensuring that the welfare of privately fostered children is promoted and safeguarded. Each child known to be living in a private fostering arrangement in Doncaster has been monitored and supported through Regulation 8 statutory visits. This requires the child to be seen alone during each visit unless this is thought to be inappropriate in which case the social worker would record the reasons for not seeing the child alone.

### **7.9.5 Training**

The Private Fostering Co-ordinator is a member of the CoramBAAF Northern Region's Special Interest Group on Private Fostering. The group meets quarterly for the purpose of sharing and updating understanding of Private Fostering issues. The forum provides training and support resource for members to enhance skill knowledge base and improve their awareness and knowledge of practice issues.

Private Foster Carers can access training available to the Trust's foster carers

### **7.9.6 Equality and Diversity**

PF Co-ordinator has made links with agencies involved with BME, Faith and Culture groups. Private fostering is promoted through these agencies.

Private fostering publicity leaflets have been translated into 8 different languages which include: Polish, Czech, Slovak, Nepalese, Bulgarian, Mandarin, Russian and Urdu. Information can further be made available in different languages or format on request.

### **7.9.7 Priorities for 2017/18**

DCST has arrangements in place to ensure its duties and functions in relation to private fostering are discharged. Private fostering guidance and information is available to practitioners and specialist advice is accessible through the Private Fostering Co-ordinator, and also the Childcare Legal Team. This report has clearly highlighted the efforts the service has made in engaging with appropriate organisations to ensure that there is good professional and public awareness of what constitutes private fostering and of the need to notify the Trust of existing or intended private fostering arrangements. However, it is to be acknowledged that notification has remained very low with no evidence of referrals made by parents or carers. Although low notification appears to be a national issue, the challenge is to uncover the hidden private fostering arrangements, as the children living in

those unknown arrangements are particularly vulnerable and lack the protection provided through the private fostering regulations.

The number of private fostering notifications remains low, therefore the following action will continue to be undertaken in 2017/18 in an attempt to increase notifications:

- Private Fostering Focus Group will continue to undertake action to promote awareness of Private Fostering.
- Private fostering information to continue to be cascaded to internal and partner agencies.
- To continue to provide children and young people, parents and carers with private fostering information to ensure clear understanding of the requirement to notify private fostering arrangements.
- To raise the profile of private fostering at strategic level with the support of Team Manager. The effectiveness of private fostering promotion requires to be monitored by a committed management staff, which will scrutinise practice and set targets to improve public awareness. The private fostering service would require an annual review of the provision and of the service plan, while focusing on trends in the overall impact of the private fostering arrangements.

## **7.10 Child Sexual Exploitation and children who go missing**

Working Together 2015 included a duty on LSCBs to conduct regular assessments on the effectiveness of local responses to Child Sexual Exploitation (CSE). The Board's multi-agency work to tackle child sexual exploitation (CSE) in Doncaster is coordinated through its Sexual Exploitation and Missing Children Sub-Group.

The Ofsted Inspection of Doncaster in 2015 highlights the improvements for child sexual exploitation in Doncaster. Inspectors saw "good work" and "Arrangements to respond to concerns where children are at risk of, or are suffering, child sexual exploitation are much improved" (Ofsted, 2015, P11).

The CSE sub-group made good progress against the actions set out in the overarching strategic plan for the group for 2016 -17. The plan was aligned to the strategic priorities of the Board and Ofsted recommendations. Identified areas for focus were the development of a CSE balanced score card to include data analysis, the identification of hot spots within the industry sector, the development of a strategic and tactical communications plan, awareness raising of the signs of CSE, engagement with faith centres and culturally diverse communities and creating a new PVYP (Protecting Vulnerable Young People) Group which had a broader remit and took over the existing CMOG (Children Missing Operation Group).

The emerging picture for some time in Doncaster has been that there are no particular groups or gangs that appear to be linked to CSE, however peer on peer exploitation, "boyfriend model" <sup>1</sup>and internet grooming has seen a big increase.

There has been an increase in referrals in respect of younger children into the CSE team due to internet grooming and accessing inappropriate websites and pornographic materials. The CSE team have worked with some year 6 primary school children to talk about safe adults and incorporate online safety through implementing 'All Right Charlie'<sup>2</sup>. This was received very well by the schools. Following the initial training, school nurses have taken up the role of continuing to ensure that primary schools can access this resource with the emphasis being upon the schools taking this forward.

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<sup>1</sup> This is a form of exploitation identified in the Barnardos Puppet on a String report [http://www.barnardos.org.uk/ctf\\_puppetonastring\\_report\\_final.pdf](http://www.barnardos.org.uk/ctf_puppetonastring_report_final.pdf)

<sup>2</sup> 'Alright Charlie' is a preventative resource pack that addresses child sexual exploitation (CSE) and grooming in a way that is age appropriate, created by The BLAST Project – the UK's leading male only CSE service

## **Support to victims**

The CSE team hosted by DCST is now an established multi-agency team consisting of 3 social work posts, one health, one education worker and 2 Barnardos workers co-located with specialist police officer colleagues and 2 missing persons investigators. Being co-located means that information can be shared in a timely way and responding to concerns can be undertaken quickly.

Every referral relating to possible CSE is triaged through the MASH process within 24 hours. There is a designated CSE MASH worker who is able to screen referrals and ensure that CSE is appropriately identified. If cases progress from MASH, each case will be assessed and allocated accordingly. Assessments and plans are completed and staff will continue to work with young people until identified risk factors have been mitigated. If the referral does not require involvement from statutory services, these will be closed only after any on-going support needs have been identified and cases referred into the correct service.

The DCST was a partner in the sub-regional approach which tested a new model of working with children and young people who experience or are vulnerable to Child Sexual Exploitation (CSE). South Yorkshire partners agreed to commit additional funding to continue the trial over a full second year. During its period of activity, SYEP supported four Doncaster children in care and eight on the 'at home' element of the project. (see Annex 1, section 2.2 DCST for more information). Learning from the approach has been mainstreamed across South Yorkshire from April 2017.

## **Disruption and prosecution of perpetrators**

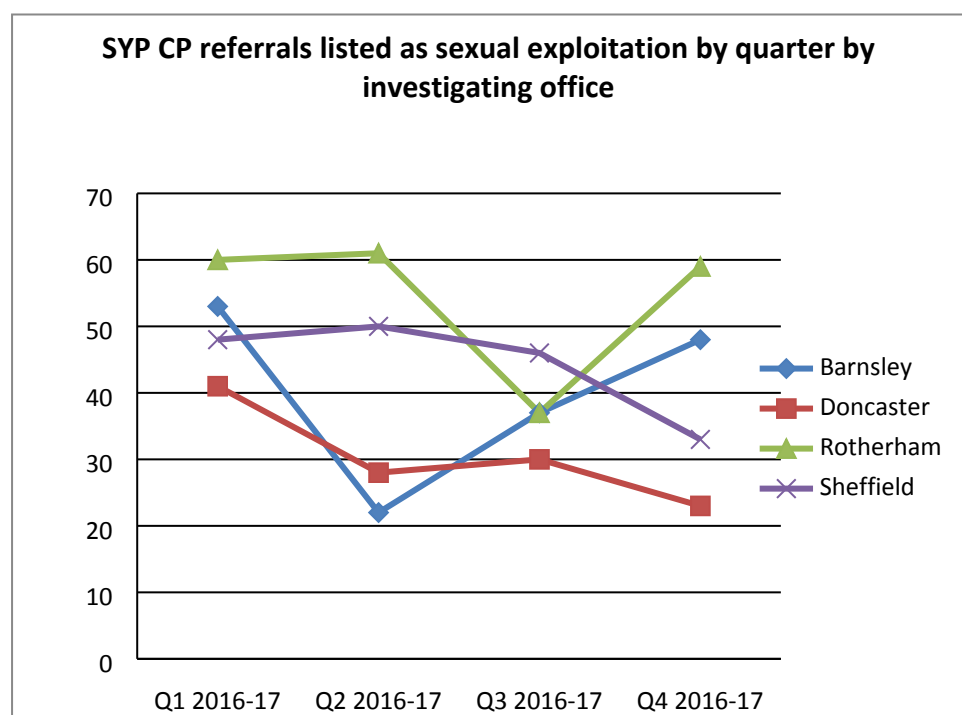
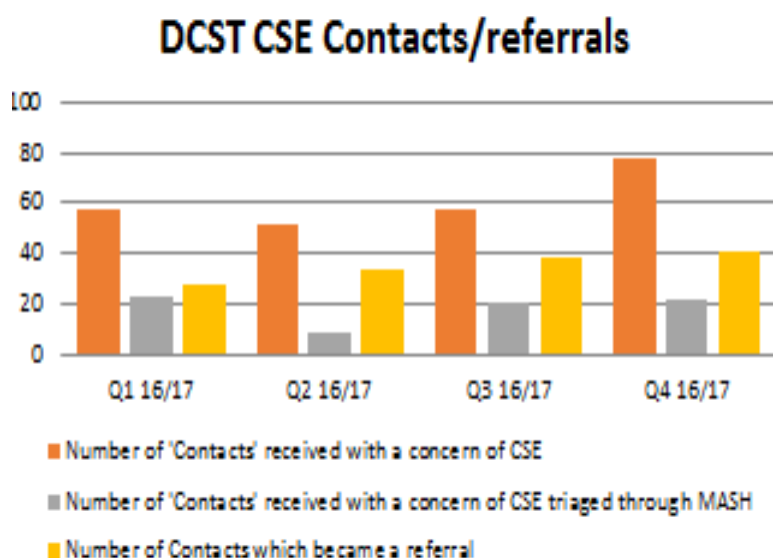
Disruption continues to remain effective based on a partnership approach to offender, victim and location management. Police officer and PCSOs regularly submit intelligence on each of these areas with the public also frequently reporting information through CrimeStoppers. Intelligence from PVYP panel and from referrals from partner agencies, young people and families' help to feed into disruption tactics, resources are deployed and information is shared with Thrive (Threat, Harm, Risk, Investigation, Vulnerability & Engagement, a fortnightly meeting for tactical managers within partner agencies aligned to the SSDP and other agencies) to provide a quick response in areas where concerns have been raised. Specific outreach has also taken place by the CSE team, police, education and Changing Lives in areas where concerns have been raised.

## **CSE Quality Assurance**

A 'Sexual Exploitation and Missing' performance report is now provided to the group on a quarterly basis. The performance indicators within the data set provide the Child Sexual Exploitation sub group with information about the profile of CSE in Doncaster in terms of the age, gender and ethnicity of both victims and perpetrators. The data also provides an overview of the effectiveness of the police response through arrest and conviction rates. A breakdown of categories of sexual exploitation has provided the group with information regarding specific areas of concern, in particular online offences. The information has directed attention to raising awareness amongst young people and professionals regarding indecent images and malicious communication.

The data set also includes performance indicators for referral sources and assessment outcomes. This data has enabled the group to identify agencies with lower referral rates and ensure the effective targeting of awareness raising training. DCST Q4 16/17 data shows that the number of contacts into social care where there has been a concern of CSE has had some increase however only a small number of these were converted into a referral. This suggests that thresholds were not being well understood and children were being referred unnecessarily. Training has now taken place to improve this. SYP referral data demonstrated that there was a reduction in the number of referrals listed as sexual exploitation across the region. Doncaster continues to have the lowest number of referrals

listed as sexual exploitation in the South Yorkshire regions for the end of Q4 16/17. The data also identifies that most referrals to social care come from the police and referral rates by some other agencies are low. It is currently unclear, however, whether these agencies are raising concerns with the police rather than social care or, alternatively, whether CSE is not being identified or acted upon. Work around identifying the referral source into the police is being undertaken to understand if improved knowledge of CSE is needed across the partnership.



A re-audit of CSE was undertaken in March 2016 which evidenced improvements in practice from the original audit in 2014. The audit group felt confident that the practitioners knew the signs and risk indicators of child sexual exploitation and this was articulated in referrals, assessments, case file recording and supervision within all agencies involved. The response demonstrated by agencies has been appropriate, timely and children had been kept safe. Tenacious practice was evidenced to disrupt activity of perpetrators and appropriate action had taken place. Positive impact could be demonstrated in 8 of the 12 cases and where a risk of child sexual exploitation was still present robust

risk assessments and safety plans were in place. A further single agency audit will be undertaken by DCST in 2017 to ensure continued progress.

### **Industry Sector**

The Industry Sector Group has continued to work with businesses including hoteliers, taxi drivers, food establishments, public transport, private sector landlords and any sectors which may come into contact with Child Sexual Exploitation. Specific focus has been upon raising awareness of CSE amongst taxi drivers. Five additional safeguarding sessions were held and by the end of March 2017, 94% (approx. 900) of taxi drivers had received training. Training is now a mandatory requirement where action can be taken to withdraw the licences of those who have not engaged.

Following the delivery of training to hoteliers, South Yorkshire Police undertook an undercover operation visiting 13 hotels to establish whether safer practices had been adopted. The majority of hotels were found to have taken effective action in line with the training provided. Positive feedback was given and further training was offered to the other establishments.

### **Communications Plan**

The CSE sub-group communications strategy has been finalised and a calendar of events and target areas has been developed. In conjunction with awareness raising sessions a number of communications were held during 2016/2017. These included a media release to promote CSE workers, a 'spot the signs' twitter campaign, targeted group work with young people with 'low level' risky behaviour', provision of a dedicated CSE page on the DSCB website, a CSE awareness day held in March 2017 and promotion of online safety and spotting the signs through publication in a local magazine with a circulation of 16,500 homes.

### **Raising Awareness**

Throughout 2016/17 there has been a co-ordinated approach to delivering training in raising awareness of CSE with carers, professionals, faith groups and across schools. The number of people trained increased by over 10% from 2015/16. A specific focus has been on engaging with children and young people about indecent images, online grooming and malicious communication. A total of 3165 children and young people received awareness training which is an increase of 50% on the previous year. Referrals to DCST have seen an increase in concerns of CSE perpetrated online. This increase is attributable to the extensive awareness training provided. The outcome has been that more young people have been identified as victims and also as perpetrators and received appropriate professional support.

Raising awareness amongst young people is key to providing effective support to those at risk of CSE. The launch of the Respect website ([www.doncaster.respectyourself.info/](http://www.doncaster.respectyourself.info/)) has provided an online facility for young people to access information and guidance as well as signposting to support agencies. In addition partners support school carousels at the beginning of each year where CSE risk is highlighted to pupils. South Yorkshire Police deliver CSE awareness inputs to all year groups from Yr7 to Yr11 once a year and YOS have CSE champions who identify risk within YOS clients. Police officers regularly patrol hotspot areas and again, support is given to any young person deemed at risk. The CSE team, Police, CEOP, and public health ran an internet safety awareness day in the town centre where young people and parents were approached to discuss internet use and safety 37 males and 61 females participated in completing questionnaires about their internet use.

| <b>CSE AWARENESS TRAINING 2015/16</b> |              |              |              |              |             |
|---------------------------------------|--------------|--------------|--------------|--------------|-------------|
| No. trained in CSE awareness          | Q1 2015/2016 | Q2 2015/2016 | Q3 2015/2016 | Q4 2015/2016 | TOTAL       |
| Children and Young people             | 297          | 456          | 53           | 749          | 1555        |
| Professionals                         | 943          | 458          | 456          | 280          | 2137        |
| Parents/ Foster Carers                | 21           | 20           | 40           | 30           | 111         |
| <b>Total</b>                          | <b>1269</b>  | <b>934</b>   | <b>549</b>   | <b>1059</b>  | <b>3803</b> |

| <b>CSE AWARENESS TRAINING 2016/17</b> |             |              |              |              |             |
|---------------------------------------|-------------|--------------|--------------|--------------|-------------|
| No. trained in CSE awareness          | Q1 2016/17  | Q2 2016/2017 | Q3 2016/2017 | Q4 2016/2017 | TOTAL       |
| Children and Young people             | 939         | 583          | 360          | 1283         | 3165        |
| Professionals                         | 287         | 82           | 331          | 253          | 953         |
| Parents/ Foster Carers                | 34          | 52           | 34           | 90           | 210         |
| <b>Total</b>                          | <b>1260</b> | <b>717</b>   | <b>725</b>   | <b>1626</b>  | <b>4328</b> |

## **Faith and Culture**

Work on community engagement with minority ethnic communities in relation to CSE has been included in the work of the Faith and Culture Sub Group. Progress is reported through the Sexual Exploitation and Missing Sub Group (see Faith and Culture Group, Section 8.2 for more information on the work of this group).

### **7.11 Children who go missing**

Children who go missing are recognised to be particularly vulnerable to child sexual exploitation and other risks of harm. The effectiveness of help and protection for children missing from home and care has improved in recent years but it continues to be an area of concern nationally.

The Children Missing Operation Group (CMOG) amended its terms of reference in January 2017 to consider all young people identified with significant vulnerabilities with the aim of providing a greater focus on all children at risk of CSE. The group was renamed and became PVYP (Protecting Vulnerable Young People). The group meets monthly to share intelligence and discuss those children and young people most at risk. The DSCB PVYP manages anywhere between 6 and 12 cases at any one time that are considered to be the highest risk cases of children missing from care or home and at risk of CSE. Many of these young people have complex backgrounds and demonstrate CSE risk. The Brooke Serious Case Review into Child Sexual Exploitation has been used by the Sexual Exploitation and Missing Sub Group to identify strengths and gaps in the multi-agency responses to child sexual exploitation in Doncaster. An action plan was devised and implemented during 2016/17. An area of focus is children who go missing during school hours. The procedure for Children Missing

Education has been adapted to encompass this group of young people. Guidelines have been produced to assist schools in identifying these children and putting in place appropriate safeguards. The need for improvements to the effectiveness of return home interviews for children who have gone missing was raised as an issue in December 2015 through a DSCB multi-agency audit. In December 2016, the service was brought in-house to be managed by DCST.

Three new advocate posts were established and staff came into post in the last week in November 2016 in preparation for the function transferring to The Trust on 1 December 2016. Additional out of hour's capacity within the Targeted Youth Support Service was also established and this became functional in January 2017. An additional business support post was also established and the post holder started in early February 2017.

Over the year there was a slight increase in the number of children going missing and the number of missing episodes. However, in the last quarter of 2017 the number of missing episodes increased significantly and this trend has continued into Quarter 1 of 2017. An assurance report provided to the Performance Accountability Board in July 2017 showed that: "overall, the first six months of the new RHI service has seen an increase of 53% in missing episodes which in turn increased the demand for return home interviews.

At the same time, however, there has also been an increase in the proportion of interviews offered and taking place that is above and beyond the increase in the number of return home interviews required. An audit of missing episodes undertaken by DCST in July 2017 also indicates that the quality of RHIs has significantly improved as has the evidence of follow up support.

|                                              | Average Jun 16 – Nov 16 | Average Dec 16 – May 17 | Difference |
|----------------------------------------------|-------------------------|-------------------------|------------|
| Number of missing episodes                   | 81                      | 124                     | +53%       |
| Number of children with a missing episode    | 56                      | 74                      | +32%       |
| Number of return home interviews required    | 77                      | 89                      | +16%       |
| Number of return home interviews taken place | 43                      | 56                      | +32%       |

The increase in missing between December 2016 and May 2017 can to some degree be explained by the increase in missing episodes associated with children in care. These went up from 33 episodes June to November to 63 December to May. Further tracking is required to see if this is a continuing trend and establish the root causes. Initial hypothesis on increase relate to better reporting of missing episodes. The work with individual young people has proved beneficial with incidents of missing episodes reducing for those individuals. However it is possible that the increase may be in part be due to some young people with complex needs being placed in DCST children's homes pending further work to secure longer term placements. Work continues to be undertaken by the RHI Advocates with staff at the homes to assist in reducing the number of missing episodes.

**Areas for development:**

- Reduce the number of children going missing
- Improve the identification of children who go missing during school hours



## 8. Conclusion and Recommendations for Future Actions

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This report has provided detailed information on the effectiveness of safeguarding in Doncaster. It provides an overview of the work of the DSCB and its partners to promote the welfare of children and young people and has demonstrated the impact of the work undertaken.

The main body of the report provides the context of safeguarding and looks at the effectiveness of key safeguarding functions including early help, child protection, looked after children, domestic abuse and child sexual exploitation. Annex 1 provides detailed information from each partner providing assurance about the work they have individually taken to safeguard children and about how they have supported partnership working through the DSCB. Annex 2 provides an in depth look at the work the Board has undertaken to improve safeguarding practice by learning from a range of sources, in particular performance reporting, audit and case review. It also identifies how the Board has challenged partners to improve practice and the impact of those challenges and the work of the Board in general.

Taken together these three sections of the Annual Report demonstrate the progress which has been made in safeguarding. A marked difference is evidenced from the publication of the 2013-14 Annual Report, when the Board's three year strategic plan was first developed, to the 2016-17 Annual Report. The Board now has all its statutory requirements in place and these are now embedded within the work of the Board. From its Learning and Improvement Framework the Board has been able to make appropriate challenge to its partners and there are many examples of effective partnership working to resolve the issues identified.

There are many examples of how the voice of the child has influenced the work of the partnership, and of the assurances sought by the DSCB to satisfy itself of the efforts being made in this respect. Nonetheless the DSCB's ambition is to have more direct influence from children and young people. The DSCB has begun to make contact with the wider community but without a dedicated resource it has proved difficult to make a sustained impact in this area.

Although development is still required Early Help processes are now in place. There is increasing evidence that thresholds for intervention are embedded and there are an increasing number of professionals taking on the lead professional role and early help assessments. Further work is needed to ensure the quality and effectiveness of the early help assessments, and to improve the transitions between social care and early help. The role and effectiveness of the multi-agency safeguarding hub continues to challenge partners and this will be the subject of further review in the coming year.

The DSCB performance report has identified an improving picture in relation to the Children in Need cases, with a larger proportion being reported by DCST as 'Good' or 'outstanding'. The number of children subject to a child protection plan has continued to rise. This is in response to improved and more robust practice; ensuring children are better protected than previously. There has been a reduction in the number of children requiring a Child Protection plan for a second or subsequent time and there has been positive work to ensure agency attendance at case conferences has improved. The Signs of Safety approach has been rolled out across the partnership and there is clear evidence of it being used in a large number of cases. The number of children in the category of neglect remains high. The DSCB will continue to embed its neglect strategy to ensure more effective working in this area.

There has been much improvement in services for looked after children against a backdrop of increasing numbers of children in care. There has been a decrease in the numbers of children looked

after in distant local authorities and an improvement in ensuring where possible that children are safely supported to reside with their parents. Good work has been undertaken to ensure children are supported to participate in their reviews and a range of methods have been developed to do this.

Growing Futures continues to show positive impact, particularly in reducing the number of times families were re-referred to MARAC. The commitment to continue the project after government funding ended is testimony to the commitment the partnership has to this way of working. The DSCB will continue to receive assurance of progress of this important work.

Progress continues to be made with regard to CSE with excellent links being made with the industry sector such as hoteliers, taxi drivers and fast food establishments. There has been a vast amount of training and awareness provided to professionals, children and young people and to the public. There is more work to do in analysing the work of the Protection Vulnerable Young People (PVYP) group ensuring that support to the most vulnerable young people is having an impact and improving outcomes.

The work of the Case Review Group and DSCB multi-agency audit activity has identified opportunities for improving practice. Action plans from these have moved forward and changes implemented as a result. However amendments to the audit and case review processes which have taken place this year will enable learning to be taken forward in a more timely way. The coming year will enable us to demonstrate the impact of the changes which have been made.

DSCB training continues to be well-evaluated and there is some evidence of the impact this is having on practice. The focus of the Workforce Development Group is now on coordinating the training provided by all partners. This will ensure that the impact of the training is more effective on practice.

As is evidenced throughout this report, there is a picture of continued improvement in Doncaster across the safeguarding partnership. However there is also no room for complacency with much still to embed and achieve. One fundamental challenge for the partnership is the need to reduce the level of demand for statutory children's services. Referrals continue to be too high. Partner agencies are working with external consultants to understand current patterns of demand and commission more appropriate local provision. It will be essential over the next twelve months to conclude this analytical work and develop a timely plan for the commissioning and delivery of services.

In the coming year it is expected that the guidance on the Children and Social Work Act will come into being. This will present new challenges to the partnership. The DSCB will ensure a 'business as usual' approach whilst ensuring the transition is made to the new arrangements.

Below are key areas which the Board will be focussing on to continue progress. Appendix 2 identifies the Board's strategic priorities for the next year.

**Areas for development:**

- The Board will establish a mechanism to ensure the voice of children and young people is directly heard at the DSCB
- Assurance will be sought on the review of the effectiveness of MASH
- Assurance will be sought regarding the quality of early help assessments and the embedding of the lead professional role across all agencies
- The Board will seek assurance on the effectiveness and impact of PVYP
- The Board will seek assurance on the implementation and effectiveness of the Neglect Strategy
- The Board will scrutinise and challenge the partnership's strategy for managing demand in children's services.
- The statutory safeguarding partnerships will agree and implement local multi-agency arrangements for safeguarding in line with the Children and Social Work Act and statutory guidance.
- The Board will undertake an evaluation of the communication strategy

## Business Plan and Strategic Priorities 2016-17

### DSCB Vision

In Doncaster safeguarding children effectively is everyone's business: Understanding the needs and views of children is at the centre of all we do.



Statutory responsibilities of DSCB include:

- Serious Case Review
- Child Death Review Process (CDOP)
- Performance Monitoring
- Training
- Quality Assurance

The structure of the Board is:

- Board
- Chairs Group
- Performance Accountability Board

The on-going activity of DSCB is undertaken by the following sub groups:

- Learning and Improvement (includes Case Review Panel)
- Child Death Overview Panel
- Workforce Development
- CSE and Missing Children
- Health
- Faith & culture
- Education

And working/task groups (time limited)

- Policies and procedures
- Female Genital Mutilation
- Hidden Harm
- Voice of the Child
- Childrens Missing Operations Group
- CSE Industry Sector

DSCB will ensure that the work of all partners and agencies within Doncaster meets the needs of a diverse population. Sub groups will ensure that diversity needs including ethnicity are recognised and addressed in the work of each group.

#### Strategic Priority 1

**SP 1 DSCB communicates effectively to ensure that the work of the Board is well publicised, that learning is disseminated and that the voice of children, young people, practitioners and the wider community(including minority groups and faith groups) are able to influence the Board's work.**

- a) Develop and implement a communications strategy which clearly identifies what messages will be shared with which groups and how this will be done and identifies delegation arrangements
- b) Implement young people's participation strategy and ensure messages from young people are evidenced in the Board's work
- c) Develop mechanisms to ensure practitioners' views influence the work of the Board
- d) DSCB develops clear links with the wider community through the work of its Faith and Culture group and can evidence how safeguarding practice has improved as a result
- e) DSCB ensures that children's workforce understands the importance of cultural competency in safeguarding children
- f) DSCB redevelops its website to ensure it provides up to date information in an easy to understand format for all key stakeholders

#### Strategic Priority 2

**SP2 DSCB is assured that effective arrangements are in place for responding to key safeguarding risks including early help, child sexual exploitation (abuse), neglect, domestic abuse, mental health of children and young people and that there is consistently good practice across safeguarding services.**

- a) DSCB is assured that the early help strategy is effectively implemented and there is evidence of the impact this has had on outcomes for children, young people and their families
- b) DSCB thresholds are understood by practitioners and is embedded in practice
- c) Children and young people who are victims of sexual exploitation and abuse are provided with effective support which leads to improved outcomes
- d) Domestic abuse services are in place which reduce the risk of harm to families who have experienced domestic abuse and Doncaster communities better understand the harm caused by domestic abuse
- e) Practitioners understand and are able to respond to the early signs of neglect and this can be evidenced by a reduction in the number of families accessing social care services where neglect has been identified
- f) Services are in place to support young people's mental health and the impact of these services can be seen in a reduction of hospital admissions for self-harm and attempted suicide
- g) Signs of Safety model is rolled out across the partnership and the DSCB is provided with evidence to demonstrate the effectiveness of the approach in Doncaster

#### Strategic Priority 3

**SP3 DSCB has a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Boards priorities**

- a) DSCB has a culture of challenge and is able to evidence how challenge has impacted on the provision of safeguarding services for children and young people
- b) DSCB data set provides the Board with appropriate information to enable it to identify the key safeguarding issues in Doncaster
- c) DSCB disseminates the lessons from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice
- d) DSCB members have an understanding of the issues affecting front-line practitioners and can evidence how this has influenced the development of services

**Annual reports: DSCB receive Annual Reports to ensure that specific areas of work across partner agencies are effectively meeting the needs of children and young people. These reports include:**

- LADO (Allegations) Annual Reports
- CDOP
- Private Fostering
- Children Missing from Home and Care
- IRO/CPA Annual Report

#### Strategic Priority 4

**SP4 DSCB is aware of emerging issues which have implications across the partnership and works effectively to ensure appropriate action is taken**

- a) DSCB develops a forum whereby there is a coordinated approach to priority issues which have cross-cutting agendas, such as Prevent, Domestic abuse, Female Genital Mutilation, Modern Slavery, Hidden Harm.
- b) DSCB promotes opportunities for working across geographical areas where this would provide a more cost-effective response or improvement to current working arrangements
- c) DSCB considers the implications of the Wood Review and plans towards its implementation



## Business Plan and Strategic Priorities 2017-18

### DSCB Vision

In Doncaster safeguarding children and young people effectively is everyone's business:  
Understanding the needs and views of children and young people is at the centre of all we do.



#### Statutory responsibilities of DSCB include:

- Serious Case Review
- Child Death Review Process (CDOP)
- Performance Monitoring
- Training
- Quality Assurance

#### The structure of the Board is:

- Board
- Business Coordination Group
- Performance Accountability Board

#### The on-going activity of DSCB is undertaken by the following sub groups:

- Case Review Group
- Quality and Performance Group
- Child Death Overview Panel
- Health
- Education
- Workforce Development
- Faith & Culture
- CSE and Missing Children

#### And working/task groups (time limited)

- Policies and procedures
- Protecting Vulnerable Young People's Panel
- CSE Industry Sector
- Child Sexual Abuse Task Group

DSCB will ensure that the work of all partners and agencies within Doncaster meets the needs of a diverse population. Sub groups will ensure that diversity needs including ethnicity are recognised and addressed in the work of each group.

#### Strategic Priority 1

**SP1 DSCB is assured that effective arrangements are in place for responding to key safeguarding risks and that there is consistently good practice across safeguarding services.**

- a) The early help strategy is effectively implemented and there is evidence of the impact this has had on outcomes for children, young people and their families
- b) DSCB thresholds are understood by practitioners and is embedded in practice
- c) Systems are in place to effectively meet the needs of victims of sexual exploitation, including an understanding of the scope of CSE in Doncaster and of offender management programmes
- d) Domestic abuse services are in place which reduce the risk of harm to families who have experienced domestic abuse and Doncaster communities better understand the harm caused by domestic abuse
- e) Practitioners understand and are able to respond to the early signs of neglect and this can be evidenced by a reduction in the number of families accessing social care services where neglect has been identified
- f) Services are in place to support young people's mental health and the impact of these services can be seen in a reduction of hospital admissions for self-harm and attempted suicide
- g) Signs of Safety model is rolled out across the partnership and the DSCB is provided with evidence to demonstrate the effectiveness of the approach in Doncaster

#### Strategic Priority 2

**SP2 DSCB has a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Board's priorities**

- a) DSCB data set provides the Board with appropriate information to enable it to identify the key safeguarding issues in Doncaster
- b) DSCB disseminates the lessons from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice
- c) DSCB members have an understanding of the issues affecting front-line practitioners and can evidence how this has influenced the development of services

#### Strategic Priority 3

**SP3 DSCB communicates effectively to ensure that the work of the Board is well publicised, that learning is disseminated and that the voice of children, young people, practitioners and the wider community (including minority groups and faith groups) are able to influence the Board's work.**

- a) Ensure the effective implementation of the communications strategy by the sub-groups clearly identifying what key messages will be shared with whom and that the impact is evaluated
- b) Ensure partners demonstrate how they are communicating with children and young people and how this influences service provision
- c) DSCB ensures community groups such as Faith and cultural groups and sports clubs understand safeguarding issues and can demonstrate that they have key safeguarding standards in place as identified by the DSCB
- d) DSCB partners demonstrate how they are ensuring that the children's workforce understands the importance of cultural competency in safeguarding children

**Annual reports: DSCB receives Annual Reports to ensure that specific areas of work across partner agencies are effectively meeting the needs of children and young people. These reports include:**

- LAUC (Allegations) Annual Reports
- CDOP
- Private Fostering
- Children Missing from Home and Care
- IRO/CPA Annual Report

### Appendix 3 – Ofsted Recommendations

| No. | Ofsted Recommendations (OR)                                                                                                                                                                                                                                                         |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | Monitor partner agencies contribution to early help through robust audit and tracking of the number of early help assessments completed and lead professional roles undertaken.                                                                                                     |
| 2   | Monitor partners agencies understanding and application of thresholds                                                                                                                                                                                                               |
| 3   | Ensure that high quality performance data is available and robust analysis occurs to enable the Board to have a good understanding of child protection and safeguarding activities across Doncaster.                                                                                |
| 4   | Ensure there is a programme of audits, and re-audits, to identify the strengths in multi-agency practice and where weaknesses are identified these are addressed promptly.                                                                                                          |
| 5   | Ensure the challenge log is effective in evidencing areas of concern that have been raised, addressed and show what improvements have been made as a result.                                                                                                                        |
| 6   | Undertake a review of those children and young people admitted to hospital for self-harm and attempted suicide to determine reasons that will inform suitable preventative work.                                                                                                    |
| 7   | Improve the measurement of the impact of the DSCB work, including ensuring the experience of the child is at the centre of partnership working and monitoring of activities                                                                                                         |
| 8   | Implement a system to evaluate the effectiveness of training delivered and monitor the impact on practitioner's work.                                                                                                                                                               |
| 9   | Develop a communication strategy for the Board to ensure that the work of the Board is well publicised and that the learning identified through the Board's scrutiny and review functions is disseminated across the children's services workforce and the communities in Doncaster |

## Appendix 4 – Marilyn Haughton



### Marilyn Haughton Lay Member

This is my 4th year as a Lay Member on Doncaster Safeguarding Children's Board. I have seen significant positive changes during this period, in particular how well attended the meetings are and an increase in accountability of all members. The sub groups continue to develop and update plans and strategies that enable us to respond appropriately to current trends and also to be proactive in prevention of harm to children and young people. The Safeguarding Board's Training Programme reflects this and the introduction of lunchtime and evening seminars has enabled staff from across a wide range of organisations to access training to fit in with their working day.

Child Sexual Exploitation and Trafficking continues to be one of the priorities and the Multi-Agency CSE is well established and making their presence felt throughout Doncaster. The feedback I hear when I deliver CSE training is that they are very "accessible and helpful" whatever the query is. I was at the National Working Group for CSE conference in April and was proud to see for the second year running the team were nominated and runners up for an Award for Innovative Practice which I believe was well deserved.

Last year I said "My hope for the future is that we will embed Culture and Diversity into all our training programmes. We live in a wonderfully diverse community in Doncaster and training will contribute to an improved understanding of safeguarding in all communities and enable us to improve links with them." I am pleased to say that this training has begun. Sessions have taken place for Early Years Teams, with more planned for this autumn. Training days are booked in through the DSCB and DCST. There is a strong commitment from members of our Faith and Culture Sub Group who are finding innovative ways to engage with all Doncaster residents. The Trust's Equality and Diversity Advisor has been very proactive in working alongside the Chair of the Sub Group and other members to generate enthusiasm for some planned events in October where it is hoped communities can come together to celebrate their culture and heritage. This will provide us with a much needed opportunity to promote the safeguarding and wellbeing of all children and young people in Doncaster.

### **Akeela Mohammed**

My name is Akeela Mohammed and this is my 5th year as a Lay member on Doncaster Safeguarding Children's Board. My interest in the work of the Board stems from my previous employment as a home visitor within Sheffield Council Support Teach and Educational Psychology Service followed by being the owner-manager of 2 private nurseries and therefore have a particular interest in safeguarding Early Years.

I have been fortunate to also be a member of a number of sub-groups e.g. CSE and Faith and Culture group... This has given me the opportunity to gain a wider perspective on the provision of services and to question the Board's own understanding and effectiveness of safeguarding children in Doncaster. The sub-groups have been presented with a number of challenges as individual agencies and as a partnership and I believe we have given a positive response to these challenges. I also feel reassured by the work of the Board in addressing the issue of child sexual exploitation in Doncaster and in the way it is striving to reach young people and the community in general.

I have now taken the role of Chair for the faith and culture group. We have over the last year had a very successful launch and have visited many faith groups. The mosques in particular have been hard to reach. One mosque has now had Safeguarding training and have implemented Policies and procedures. We are also going to ask this mosque to now attend CSE training. This is a very sensitive subject within the Muslim community. We are in the process to contact the other mosque.

This will also help us focus on promoting the welfare of children from the faith and communities in Doncaster. Many of the different faiths that attend the Faith and culture group are now being supported in developing their policies and safeguarding training.

The Faith and Culture Group are also working alongside the Children's Trust to Promote Black History Month.

One of the on-going challenges is to monitor the longer-term impact and influence of training on practice. BSCB have used various methods to engage the workforce in providing such feedback.

This year we have carried out training with both mosques. We had a very positive response from the ladies from the mosque and other communities who came to a training session at Mary Woollett Centre. I also have accompanied the CSE team with some CSE training for women at Doncaster ethnic minority regeneration project. I have had discussions with South Yorkshire Fire Safety officers in regards to fire procedures in places of Worship as it has come to the attention of DSCB that fire drills are not carried out.

I hope to be able to continue in my role and to make stronger links into the community in my capacity as a Lay Member and Chair to contribute to the good work of the Board in keeping children safe in Doncaster.



## Appendix 6 - Glossary

| Glossary of Terms |                                                                |
|-------------------|----------------------------------------------------------------|
| AAPSW             | Admissions, Attendance and Pupil Welfare Service               |
| ACC               | Assistant Chief Constable                                      |
| ADs               | Assistant Directors                                            |
| ALMO              | Arms-Length Management Organisation                            |
| ASB               | Anti-Social Behaviour                                          |
| ASDAN             | Award Scheme Development and Accreditation Network             |
| ASYE              | Assessed Support Year in Education                             |
| AQRs              | Area Quality Reviews                                           |
| C&F               | Child and Family                                               |
| CAFCASS           | Children and Family Court Advisory and Support Service         |
| CAMHS             | Children and Mental Health Service                             |
| CCG               | Clinical Commissioning Group                                   |
| CCP               | Complex Cases Panel                                            |
| CCPAS             | Churches Child Protection Advisory Service                     |
| CDOP              | Child Death Overview Panel                                     |
| CEOP              | Child Exploitation Online Protection                           |
| CHAP              | Childrens Health and Protection Team                           |
| CIC               | Children in Care                                               |
| CIN               | Child in Need                                                  |
| CLA               | Child Looked After                                             |
| Cllr              | Councillor                                                     |
| CME               | Children Missing Education                                     |
| CMOG              | Children Missing Operational Group                             |
| CMT               | Corporate Management Team                                      |
| CP                | Child Protection                                               |
| CPB               | Corporate Parenting Board                                      |
| CPP               | Child Protection Plan                                          |
| CQC               | Care and Quality Commission                                    |
| CRC               | Community Rehabilitation Company                               |
| CSE               | Child Sexual Exploitation                                      |
| CQC               | Care Quality Commission                                        |
| CWD               | Children with Disabilities                                     |
| DA                | Domestic Abuse                                                 |
| DANs              | Domestic Abuse Navigators                                      |
| DASH              | Domestic Abuse, Stalking, Harassment and Honour Based Violence |
| DBHFT             | Doncaster Bassetlaw Hospital Foundation Trust                  |
| DCCG              | Doncaster Clinical Commissioning Group                         |
| DfE               | Department of Education                                        |
| DMBC              | Doncaster Metropolitan Borough Council                         |
| DoLS              | Deprivation of Liberty Safeguards                              |
| DRASACS           | Doncaster Rape & Sexual Abuse Counselling Service              |
| DRI               | Doncaster Royal Infirmary                                      |
| DSAB              | Doncaster Safeguarding Adults Board                            |
| DSCB              | Doncaster Safeguarding Children Board                          |
| DCST              | Doncaster Childrens Services Trust                             |

|            |                                                                                                     |
|------------|-----------------------------------------------------------------------------------------------------|
| DVA        | Domestic Violence and Abuse                                                                         |
| GP         | General Practitioner                                                                                |
| eCAF       | Electronic Common Assessment Framework                                                              |
| ED         | Emergency Department                                                                                |
| EH         | Early Help                                                                                          |
| EHA        | Early Help Assessment                                                                               |
| EHC        | Education, Health and Care                                                                          |
| EHITG      | Early Help Implementation Task Group                                                                |
| EHM        | Early Help Module                                                                                   |
| EMTAS      | Ethnic Minority and Traveller Achievement Service                                                   |
| EWO        | Education Welfare Officer                                                                           |
| F4C        | Foundation for Change                                                                               |
| F&C        | Faith and Culture                                                                                   |
| FCAs       | Family Court Advisors                                                                               |
| FGM        | Female Genital Mutilation                                                                           |
| FJYPO      | Family Justice Young People's Board                                                                 |
| FM         | Forced Marriage                                                                                     |
| FOI        | Freedom of Information                                                                              |
| GRT        | Gypsy Roma and Traveller                                                                            |
| HMPS       | Her Majesty Prison Service                                                                          |
| HMIC       | Her Majesty's Inspectorate of Constabulary                                                          |
| HMIC HBV   | Her Majesty's Inspectorate of Constabulary Honour Based Violence                                    |
| HMIC JESIP | Joint Emergency Services Interoperability Principles                                                |
| HMIC PEEL  | Her Majesty's Inspectorate of Constabulary Police Effectiveness Efficiency and Legitimacy Programme |
| HMIC VIPC  | Her Majesty's Inspectorate of Constabulary Vulnerability in Police custody                          |
| HR         | Human Resources                                                                                     |
| IFA        | Independent Fostering Association                                                                   |
| IFST       | Intensive Family Support Team                                                                       |
| IRO        | Independent Reviewing Officer                                                                       |
| IT         | Information Technology                                                                              |
| KCSIE      | Keeping Children Safe in Education                                                                  |
| LAC        | Looked after Child                                                                                  |
| LOCYP      | Learning and Opportunities: Children and Young People Directorate                                   |
| L&I        | Learning & Improvement                                                                              |
| LA         | Local Authority                                                                                     |
| LAC        | Looked After Child                                                                                  |
| LADO       | Local Authority Designated Officer                                                                  |
| LeDeR      | Learning Disabilities Mortality Review                                                              |
| LGA        | Local Government Association                                                                        |
| LGBT       | Lesbian Gay Bisexual and Transgender                                                                |
| LL         | Liquid Logic                                                                                        |
| LSCB       | Local Safeguarding Children Board                                                                   |
| LSOA       | Lower Layer Super Output Area                                                                       |
| MDT        | Multi-Disciplinary Team                                                                             |
| MOJ        | Ministry of Justice                                                                                 |
| MALAP      | Multi Agency Looked After Panel                                                                     |
| MARAC      | Multi Agency Risk Assessment Conference                                                             |
| MASH       | Multi Agency Safeguarding Hub                                                                       |
| MISPER     | Missing Person                                                                                      |

|       |                                                            |
|-------|------------------------------------------------------------|
| MPACT | Moving Parents and Children Together                       |
| NEET  | Not in Education, Employment or Training                   |
| NFA   | No Further Action                                          |
| NHS   | National Health Service                                    |
| NPS   | National Probation Service                                 |
| NSPCC | National Society for the Prevention of Cruelty to Children |
| NQTs  | Newly Qualified Teachers                                   |
| OASys | Offender Assessment System                                 |
| OMT   | Operational Management Team                                |
| OOA   | Out of Authority                                           |
| OSMC  | Overview Scrutiny Management Committee                     |
| PAB   | Performance Accountability Board                           |
| PAFSS | Parenting and Families Support Service                     |
| PbR   | Payments by Request                                        |
| PEP   | Personal Education Plan                                    |
| PGCE  | Postgraduate Certificate in Education                      |
| PLRs  | Performance Learning Reviews                               |
| PVI   | Public Voluntary Industry                                  |
| PVYP  | Preventing Vulnerable Young People                         |
| QA    | Quality Assurance                                          |
| R&R   | Referral and Response Service                              |
| RAMs  | Resources Allocation Meetings                              |
| RDaSH | Rotherham Doncaster and South Humber                       |
| PLO   | Public Law Outline                                         |
| SBU   | Safeguarding Business Unit                                 |
| SCR   | Serious Case Review                                        |
| SCPHN | Specialist Community Public Health Nurse                   |
| SEND  | Special Educational Needs and Disability                   |
| SHOs  | Senior Housing Nurse                                       |
| SLHD  | St Leger Homes of Doncaster                                |
| SMT   | Senior Management Team                                     |
| SoS   | Signs of Safety                                            |
| SP    | Strategic Priority                                         |
| SSDP  | Safer Stronger Doncaster Partnership                       |
| SY    | South Yorkshire                                            |
| SYEP  | South Yorkshire Empower and Protect                        |
| SYF&R | South Yorkshire Fire and Rescue Service                    |
| SYP   | South Yorkshire Police                                     |
| SYTP  | South Yorkshire Teaching Partnership                       |
| TPAS  | Tenants Participation Advisory Service                     |
| YAS   | Yorkshire Ambulance Service                                |
| YH    | Yorkshire and Humber                                       |
| YOS   | Youth Offending Service                                    |
| VAA   | Voluntary Adoption Agency                                  |
| VS    | Virtual School                                             |
| WAFH  | Work After First Hearing                                   |
| YGAM  | Young Gamblers Education Trust                             |
| YJB   | Youth Justice Board                                        |
| YWCA  | Young Women's Centre Association                           |

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# DSCB Annual Report

2016-17

Annex 1

## Summary of Partner Agencies



Doncaster  
Safeguarding  
Children  
Board



Working to make our children's lives safer

## **1. Performance of Partner Agencies**

In this section of the report partners have demonstrated the effectiveness of their work to safeguard children and identified the challenges and strengths. There is a high level of commitment to safeguarding children across the partnership and to the work of the DSCB. It can be seen from the responses below that each agency has contributed individually to the safeguarding agenda, but also collaboratively with the Board and its partners.

## **2. Children's Social Care Services (DMBC, DCST, CAFCASS)**

Since the inspection of children social care services in 2015 there has been a real focus on 'getting to good'. Ofsted monitoring visits and external reviews have shown there has been continuous improvement in the work of DCST and this is outlined below. Assurance has been received from the DSCB on the work of the MASH and early help which continue to provide challenge to all agencies. The Performance Accountability Board has focussed on some of the more 'wicked' issues faced across the partnership such as early help, the MASH, demand at the front door of children's social care and children who go missing. These will continue to provide the focus of the Boards challenge in 2017/18. Neglect continues to be identified as the key factor requiring children to be made subject to a CP plan and as such will also remain a priority for the Board.

### **2.1 DMBC**

#### **a) Summary of key safeguarding activity**

Section 11 of the Children Act 2004 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children. There is a similar requirement imposed on schools. Working with head teachers, school governors and academy sponsors and principals, local authorities should promote educational excellence for all children and young people and be ambitious in tackling underperformance.

The DMBC Director of Children Services (DCS) has the responsibility within the local authority for improving outcomes for children and young people, children's social care functions and local cooperation arrangements for children's services.

In Doncaster this means that Learning and Opportunities: Children and Young People Directorate (LOCYP) is the lead partner in delivering against some of the DSCB priorities; the coordination and delivery of the Children and Young People's Plan, the Early Help partnership (covered in section 2.2) and is a key player in influencing, supporting and challenging the education sector.

Although the social care functions are remitted to the Doncaster Children Services Trust, the statutory responsibility remains with the DMBC DCS. The council has a contract management arrangement in place with the DCST and receives assurances through this process.

In order to execute the Local Authority Statutory duties DMBC works in partnership with others, delivers services directly to children, young people and the families or indeed commissions other providers through procurement and contract management to deliver services on its behalf.

The senior leadership team are active members of the DSCB and have chairing responsibilities for the Performance and Quality Sub-group and the Education Advisory Sub groups. During 2016/17, in partnership with other statutory partners the DMBC has developed the new Children and Young People's Plan, 2017-20 which marks a significant step forward in the collective ambition and efforts,

driven by the goal of being the most child friendly borough in the country. It puts children and young people at the heart of what Team Doncaster will do over the duration of this plan, seeking to ensure that their needs are understood and met and that they have clear ways to hold us to account for our decisions. Both the service led and children's voice led priorities are centred around four key themes: healthy and happy, equality, safety, and achievement. Through the Children and Families Executive group the partnership will be held to account for the delivery of the plan. The DSCB will receive assurances from the C&F executive group in relation to the Plan and specifically on the theme of 'Safe'. This will include for example early help and neglect.

The section 11 audit submission for LOCYP included 19 services. It recognises strengths across many DMBC service areas i.e. Early Years, APSW, EMTAS, GRT, Youth council, schools/Academies and commissioning all provided examples of how statutory duties are secure across the Directorate. An overview is provided below.

### **Family Hubs**

Family Hubs bring together services to be the 'go to place' for all families but particularly offering preventative support to families and early identification of need. Families are able to access services such as Family Group Conferencing, Contact services, Foodbank, support via stronger families, CAMHS, Domestic Abuse services etc.in and through the Family Hubs.

### **Services for 0-5's**

During 2016-2017 Children's Centres and Youth Centres have been rebranded as Family and Youth Hubs. A range of universal and targeted activities are available to engage with families. 70% of our target families are known to us with approximately 50% accessing services showing an upward trend since 2015-2017. Contact is made with families who are open to social care to encourage them to access universal services within Family Hubs.

An Outreach offer has been developed to work directly within family homes to support childhood development, improve outcomes and encourage access to universal services for identified vulnerable families. The impact of this will be evidenced using Outcome Star and will be recorded on EHM when the single agency pathway is in place.

Clear protocols and policies are in place to ensure safeguarding procedures are followed. Safeguarding is a standard agenda in team meetings and there is an expectation that staff is trained to level three. Action plans are in place to evidence the implementation of the Signs of Safety and the Neglect Strategy. Partnership working with a range of services also supports more complex needs within families. Where relevant families has been supported to access more specialist services.

Work has been undertaken with voluntary and community groups to increase capacity and support their understanding of Early Help and Safeguarding. There have been 23 new volunteers recruited through the service with differing roles supporting delivery. All the volunteers have undergone a robust induction and understand their responsibilities regarding safeguarding children young people and vulnerable adults. A focus on early help, the understanding of thresholds and robust safeguarding protocols within family hubs has contributed to the reduction in the number of referral to social care. However these figures remain high and needs further targeted effort.

In partnership with others for example midwifery, health visiting, PAFSS etc. the priority for the coming year will be on developing parenting pop-up sessions; promote the Family and Youth Hub offer; support community capacity building and most importantly improve engagement and access figures for families 0 -5.

The Early Years' Service continues to support the PVI sector in delivering high quality EY education through the delivery of safeguarding training, guidance on safeguarding policy in line with DSCB, delivery of WRAP3 training and support in completion of S11 audits bespoke to the child care sector. In addition the Early Years' Service provides an Ofsted registered provision for children with additional needs, including communication and language delay. The group named "seedlings" is managed and run by staff from the Pre-school Inclusion Team. The team supports families in accessing the correct support and often act as lead practitioners.

Ofsted currently grade day care setting at 100% good or outstanding with no recommendations around safeguarding or child protection. Knowledge of safeguarding and child protection (including knowledge of the referral process) which sits within the leadership and management section is consistently good or better.

During 2017/18 the Early Years' Service will have a sharp focus on PREVENT and neglect through their work in settings. Early Years settings need further support in being lead practitioners. At times there are issues with accessing the EHM and finding the system hard to navigate.

### **Services to Vulnerable Children**

The SEND team continues to deliver all SEND statutory duties on behalf of the LA with a 100% compliance rate for conversions of statements to Education/health and Care plans. The team plays a critical role in liaising with Special Schools to support safeguarding practice in and around children with additional needs.

The team receives regular safeguarding input and have strong links with the wider support system, for example Commissioning, the Safeguarding Lead and Standards and Effectiveness Team. The team are responsive and act quickly when sub regional alerts on Out of Authority (OOA) placements is received; parental concerns are followed up with both the parent, setting and services. The team plays a critical role in connecting special schools with the wider system.

Behaviour Services - The DMBC has commissioned a systemic review of inclusion. This included a full review of all the commissioned services for young people who are accessing alternative provision. All provision has been inspected and given improvement plans to secure and develop better outcomes for young people.

The service has led on the establishment of a Behaviour Network including Primary and Secondary colleagues across the borough. This has been instrumental in developing stake holder voice and contribution. The Network will have professional training and development along with case studies as standard items to in-bed good practice.

Within the off-site provision team the role of co-ordinators has been strengthened to ensure personalise planning for young people. The development of the co-ordinators role ensures that a child does not get lost from the point of allocation. Once a new or bespoke package/provision has been agreed the co-ordinator will be the pivotal and constant point for the pupil, family and provider. The daily contact ensures safeguarding across the board for these pupils.

The recommendations of the behaviour review are indicating the need for whole system transformation and a focus on the child. There is a risk that partners will not engage in the culture change.

### **Virtual School Gypsy Roma Traveller (GRT)**

The Virtual School team for Gypsy Roma and Traveller (GRT) children was established in June 2016, which has put a spotlight on GRT in Doncaster. The main priorities undertaken during 2016-2017



include attendance at all CSE meetings. This enables intelligence to be shared supporting GRT children who may be at risk.

Impact includes identifying GRT children who are out of mainstream education, following this up with both children missing education officers and elected home education staff. Securing school places for GRT is now a lot quicker with 509 GRT children securing a school place. The main challenges are children leaving the school, in particular European Roma Children without the parents informing the schools. Also the LA team are unable to link to other virtual school teams.

Plans include tightening up on school transition points so GRT children who fail to attend education are located and develop links with other GRT virtual schools nationally. In January 2018 a full report will be made to the Virtual School Governing Body alongside the Virtual School Children in Care report.

### **Virtual School Looked After Children**

This year the Virtual School have worked across schools and agencies to clarify the role of virtual school and practices within COYP Service to improve outcomes and safeguard LAC. This has included:

- Providing appropriate training to increase understanding for LAC for all stakeholders.
  - Ensuring LAC are engaged in appropriate provision up to 25 hrs p/w. The team have challenged and developed the PEP system to increase the safety, emotional well-being and attainment in LAC
  - Challenge and support Social Care to keep LAC safe and secure with a focus on education and life chances especially at key transition points.
  - Challenge/develop the pupil premium plus spend to increase safety, emotional well-being and attainment in LAC.
  - Promote/develop accurate data/records to protect LAC status and meet the safeguarding needs of LAC.
- b) The impact of the safeguarding work undertaken is demonstrated through the impact of Personal Education Plans and individual case reviews within the service. Key measures include:
- ensuring LAC are safe/secure during normal school hours and beyond,
  - Increased social and emotional well-being,
  - Increased attendance,
  - Reduced FTEs, increased attainment and education outcomes.
- c) Challenges for the Virtual School safeguarding include:
- Barriers from working across multi-agencies and multiple stakeholders
  - Lack of awareness/poor understanding and practices around LAC (e.g. attachment)
  - Academisation /new behaviour and inclusion practices that disadvantage LAC and their needs
  - Social Care priorities can override education priorities to the detriment of attainment and life chances
  - Community / environmental factors / social care pressures with LAC undermine progress and targeted interventions
- d) Plans and priorities in safeguarding children for 2016-17
- Signs of Safety and L3 Safeguarding CPD within VS
  - Increased use of data and VS priorities to increase safeguarding and promote better outcomes for LAC

- Increased challenge/accountability around PPP spend with schools and providers
- Provide support/training for key individuals and organisations around LAC
- Clarification and better working to reduce NEET and achieve better outcomes for 16+ LAC
- Increased awareness and better risk management around alternative provision/tuition for LAC

Both virtual services have created a live data set and have recognised better data systems are needed to measure impact and this is under development.

#### Admissions, Attendance and Pupil Welfare Service (AAPSW):

The AAPSW service has prioritised the tracking of Children Missing Education (CME), with officers supporting PVYP and CSE meetings. The team work jointly with the CSE team and attend statutory meetings. The team has also focused on elected home education and all EHE children are monitored. Any child reported home alone is also included in their duties to safeguard. The voice of the child within case notes show impact and the team have regular case file supervision and audits. Impact is measured by children and young people attending school and the outcomes of interventions when supporting families.

The AAPSW work plan for this year includes continuing to work with partner agencies, and improve access to training. CME remains a focus area.

#### Commissioning of Services:

The team has worked hard during 2016/17 to embed a strengthened approach to safeguarding within the whole of the Commissioning Cycle. This comprises of a Commissioning Toolkit which incorporates as a minimum DCSB standards, safeguarding within all service specifications, evaluating the suitability of providers using Pre-Qualification Questionnaire process, the use of the S11 Self-Assessment as a pre-qualifying criteria and annual self-assessment for all external providers, a continuous Safeguarding Issues log and dashboard, contract monitoring including Quality Assurance frameworks. Using market intelligence from CQC and Ofsted to analyse providers' performance and trends.

We ensure that our own staff and external providers' staff are trained so that Children and young people are better protected. External providers are supported to strengthen and deliver improved safeguarding standards in their services for children and young people in Doncaster.

All providers are quality assured and we have set a benchmark for contract monitoring. Strengthened communication between teams to ensure that we have a standardised, consistent approach which is equal to the Council's and DCSB's expectations.

Providers are actively challenged and supported to raise standards in relation to safeguarding, time-limited action plans and breach notices are used to govern this.

#### EXPECT Youth Alliance:

The Council has a duty to provide access for children and young people to good youth provision. The Youth Hubs bring together services for all young people but particularly offering targeted support such as LDD and LGBTQ which supports our inclusivity that links to the Early Help Strategy. During 2016 universal youth provision provided by the Council was decommissioned and one-off funding was made available to set up an alliance of youth providers with the remit to coordinate, facilitate and grow local youth provision. During the 9 month transition of universal youth delivery, the Youth Hubs have continued to deliver services to young people across the borough. Early signs of impact points to an increased reach and engagement of young people with a better coordinated enhanced offer. This enables a focus on prevention and early identification.

It is the ambition of EXPECT YA to positively impact on young people's ambition, experience and citizenship. The Ambition UK quality mark, facilitated by DMBC is ensuring that voluntary and community groups deliver safe, high quality youth activities within communities whilst building community capacity. 2 groups has been successful in gaining this award between Jan 17 and March 17 and work is underway with a further 10 groups.

#### Overall challenges and our Plans

A functional review of LOCYP will ensure that services delivered by the council are fit for purpose. It is important that the review do not destabilise the progress made to date and hinder the pace of change and improvement.

An S11 action plan will be implemented and monitored through SLT on a quarterly basis. The safeguarding manager will conduct safeguarding health checks across the Directorate.

A common shared portal will be created for all Heads of Service and Service Managers to access key safeguarding information and share best practice; this will also enable ongoing evidence collection for the 2019 return.

#### **DMBC: Plans and Priorities in Safeguarding Children for 2017-18**

- Undertake review of Learning and opportunities Children and Young People Directorate
- Monitor progress against S11 across the Directorate
- Implement Signs of Safety across all services
- Reduce NEET and achieve better outcomes for LAC 16+
- Improve transition between schools for Gypsy Roma Traveller children
- Improve take up of Lead practitioner role in early years settings
- Promote the family youth hub offer and access for families with children 0 -5

## **2.2 Doncaster Children's Services Trust (DCST)**

### **a) Summary of Key Safeguarding activity undertaken during 2016-2017:**

Doncaster Children's Services Trust became operational on 1st October 2014. This followed the Ofsted inspection of children's social care in Doncaster in 2012 which concluded that the services were inadequate. In October 2015, after the Trust had been operational for a year Ofsted inspected children's services again, and although there were significant improvements, the overall outcome was again inadequate. During 2016/17 Doncaster Children's Services Trust has continued on its improvement journey. Ofsted began post inspection monitoring visits to report on progress since the full inspection in October 2015. Three have taken place during the year with a fourth expected in July 2017.

The first monitoring visit took place over 3 and 4 August 2016, during which inspectors reported that the Trust and the local authority are making significant progress from a low baseline to improve services for children and young people in need of help and protection in the areas covered by the visit. Inspectors reported effective leadership from the senior management in the Trust and a clear understanding and focus on priorities.

Key findings from the report were:

- Significant internal quality assurance and performance management activity is contributing to targeted learning, which is helping to drive more social work practice.
- Senior leadership team of the trust is highly visible and accessible.
- Social work staff are positive about working in Doncaster, and as reduction in use of agency staff.
- The investment in training for social work staff was beginning to be demonstrated in practice.
- Improved capture and recording of child's voice, and used to inform assessments and plans.
- There was variation in assessment timeliness and quality, with some specific pointers that the Trust took on board as part of the on-going practice improvement programme.

Key partnership issues were:

- Police do not always attend joint visits when this would have been appropriate and would have assisted child protection investigations.
- Thresholds for social care intervention are not yet fully understood by partners, and that contact and referrals remain high.
- In a few cases, potential risks of CSE were not immediately recognised, causing a delay in referral.

The second Ofsted monitoring visit took place over 24 and 25 October 2016, with a focus on child in need and child protection work and its quality, effectiveness and timeliness. Again, the visit report noted that the Trust was making "significant progress" in the areas of work covered in this visit and that "no children were found to be in situations of unassessed, unmanaged or unacceptable risk".

Key findings from the report were:

- Effective performance and quality assurance arrangements, contributing to the Trust knowing itself well and able to focus and sustain improvements.
- Increased stability and development of the workforce.
- Voice of the child being clear in vast majority of cases, but inconsistently used to inform plans and casework.
- Improved quality of management oversight.
- Plans were seen in all cases sampled, but there was variation in how they detailed the desired outcomes and how progress would be measured.
- Child in Need reviews needed to be more timely and more effective
- Quality of plans for children undertaken under Public Law Outline (PLO) were variable and would benefit from regular review.
- Workers described feeling that Doncaster is now a much safer place for children and for employees of the trust.

Key partnership issues were:

- Increased evidence of challenge by child protection chairs to support practice improvement
- Good multi-agency attendance at the vast majority of child protection cases

The most recent visit took place over 28th February and 1st March, with a specific focus on progress and outcomes for children in care, and how the needs of older children with complex needs are met. Ofsted again reported "Significant and continuing progress is evident in terms of the quality of services

for children looked after since the single inspection,” and that “Children and young people are at the heart of strategic planning and operational work.”

Key findings from the report were:

- Development of a stable well-supported and permanent workforce with manageable caseloads, meaning that social workers know the children and young people well.
- Effective direct work with children, including the very young, means that their voices and views come through strongly and are taken into account.
- The Children in Care Council and Young Advisors are “very impressive and well-supported”.
- Regular assessments are identifying the needs of looked after children and support early permanence planning.
- Children and young people are well supported to participate in their looked-after reviews, with an effective IRO service.
- Placement stability has improved for looked after children, supported by effective placement commissioning and sufficiency strategy.
- Whilst plans were in place for all children and regularly reviewed, inspectors reported that further work was required to ensure all are comprehensive and outcome-focussed.
- The report also indicated that when considering the identity of children and young people, the identity of white British children is also considered.
- The capacity of the Council's virtual school has been increased, with more effective governance arrangements. Improvements to the quality of Personal Education Plans (PEPS) were seen, however, further work is required to evidence impact on the educational attainment of looked after children.
- Performance management and audit arrangements were reported as a particular strength, providing senior and frontline managers with a detailed and accurate understanding of the quality of practice.

Key partnership issues were:

- Effective and coordinated partnership working was evident in the casework seen on this monitoring visit.
- Ambitious and innovative approaches, supported by the Trust and the council, are being developed to meet the identified placement needs for Doncaster's children looked after
- The development of the multi-agency looked after panel (MALAP) is helping to implement the revised and ambitious looked after children strategy.

The full copy of each letter published by Ofsted can be found here:

<https://reports.ofsted.gov.uk/local-authorities/doncaster>

Those areas identified as needing improvement have been appended to the Post-Inspection Action Plan and are being addressed. Updated reports are presented to the Performance Accountability Board throughout the year.

A final monitoring visit is scheduled for late July. The Trust is in contact with Ofsted about the scope of this visit, which is likely to focus on Leadership and Management as well as progress since the previous three visits. It is anticipated that Ofsted will return to complete a full inspection in the autumn or 2017.

The Local Government Association (LGA) undertook a safeguarding peer review in July 2016. The review also focused on measuring progress, since the Ofsted inspection in October 2014.

*“Overall, the review found positive evidence of continued improvement. We felt all the right components are in place to make further progress to deliver effective services. You have a target to be ‘Good’ under Ofsted inspection judgement by October 2017 and you have already moved a long way in terms of practice improvement albeit from a very low base, however, there is no time for delay or complacency and you must ensure you maintain the current momentum. The Trust model can demonstrate agility and speed of decision making with effective delegation to the executive from the Board, all of which greatly assists with the pace of improvement.”*

Key findings from the report are:

- Leadership and governance is strong.
- Staff appear to know what is expected of them and have confidence in the leadership and senior managers.
- The Partnership Accountability Board (PAB) brings together chief executives across the partnership to jointly address key cross cutting issues. This is partnership strength.
- There is evidence of cultural change that is supporting movement towards more effective practice and service delivery.
- Case file audits demonstrated evidence to indicate continued improvement. The Trust has made significant progress in developing a performance culture and we saw evidence of integration of QA activities and performance management arrangements to promote continuous improvement.
- The Trust is demonstrating ambition. It has grasped opportunities to innovate. Growing Futures is particularly well received by partners for its whole family approach and many people shared examples with us of the impact this is starting to have in reducing the prevalence of domestic abuse.
- The Trust is serious about listening to children and engaging them effectively. The voice of the child appears to be having an influence on service delivery, from individual work to strategic planning.
- The Trust has made strong senior officer appointments and staff we met appreciate the resulting stability.

Key partnership issues noted:

- Work across the partnership has improved and partners describe a positive difference in improved engagement and reduced need for escalation.
- The continued interim status of the Children and Young People’s Plan and completion of the JSNA mean that some commissioning priorities are unclear and shared outcomes more difficult to achieve. It also limits potential for joint commissioning which is currently under-developed.
- One of the major challenges to the success of the Trust is that we are not convinced of the shared ownership or shared investment from key partners to provide Early Help. The Trust and the Council have led work to bring significant reform to the early Help arrangements, but wider ownership and engagement by partners is key to further improvement. Whilst this is said to be a shared priority, there remains some confusion about how this is happening.
- The Trust continues to face unsustainable demands on Children’s Social Care at the front door as a result and this is having an impact on caseloads and capacity.
- We feel confident about the robust challenge of the LSCB Chair and support his approach to achieve urgent clarification about this issue from the partnership.
- Partners did express some confusion about the role of Stronger Families and this needs to be addressed to ensure that the offer is fully understood.
- Despite training across agencies, confidence about risk levels, collection and sharing of CSE data is limited.

Statutory annual reporting of the LADO, YOS, Private Fostering, Adoption, Fostering and IRO activity are all completed as required.

#### Innovation:

The Trust has brought together four projects, which have researched and developed new creative and effective approaches to delivering social care services to children and families in special circumstances. Each project was launched with support from the Department for Education's Social Work Improvement Innovation Fund. The projects within the Innovation Programme have contributed significantly to the Trust's improvement journey, supporting improvements in practice quality and achieving better outcomes for vulnerable children. Each of the approaches support the Trust's new Practice Framework which focuses on 'right first time' relationship-based effective interventions which have a strong evidence base and demonstrate good value for money. Case audit work shows improved quality of practice where the innovation project approaches are deployed and each of the projects has achieved proof of concept in terms of impact for children, young people and families. The focus now is on mainstreaming and sustainability.

The projects are:

#### Growing Futures:

Growing futures has been a highly successful programme which has developed new practice and widespread learning in the field of domestic violence and abuse (DVA). The programme has developed a new cadre of practitioners - the Domestic Abuse Navigators (DANs) who have worked intensively with families where children live in households where DVA occurs. The DANs have also provided consultancy and co-working to a broad range of practitioners across the partnership. The programme has driven a new partnership-wide DVA strategy, which includes a new whole family working model, support to schools, a workforce development strategy, new practice in working with perpetrators and new therapeutic approaches to working with children. Funding has been identified to extend the approach for a further three years in order to fully mainstream this into business as usual practice.

#### Mockingbird Family Model:

This is new approach to foster care, which is based on a well evidenced model from the USA. This creates 'constellations' of foster carers supported by a central 'hub carer'. The constellations provide a fostering 'extended family' for children in foster care and have provided good outcomes both in terms of placement stability and the retention of foster carers. DfE Wave 2 Innovation funding has been secured for two further constellations to be developed, and further local funding has been secured as part of the contract with DMBC to extend the growth of the model to 2019.

#### Pause:

The Trust has delivered one two-year cohort supporting women who have multiple children removed from their care, helping them to build resilience and develop new skills and responses. This first highly successful cohort delivered positive health, education and employment outcomes for the women involved, who had all experienced multiple and complex vulnerabilities. A further cohort to work with very young women who have been in the care system will commence later this year.

#### South Yorkshire Empower and Protect (SYEP):

The Trust was a partner in the sub-regional approach which tested a new model of working with children and young people who experience or are vulnerable to Child Sexual Exploitation (CSE). The project was funded for one year initially from Wave 1 funding, and then South Yorkshire partners agreed to commit additional funding to continue the trial over a full second year. During its period of activity, SYEP supported four Doncaster children in care and eight on the 'at home' element of the project. Four specialist foster carers were approved in Doncaster and a further 22 have been trained in therapeutic techniques and psychological understanding. Twenty-six social workers were trained in therapeutic techniques and a further 40 Doncaster professionals received further training in CSE. The approach was very effective in preventing admissions into care for very vulnerable young people and preventing escalations into external placements for those already in care. Learning from the approach has been mainstreamed across South Yorkshire from April 2017.

**b) The impact of the safeguarding work undertaken:**

The Trust and DMBC hold a shared post-inspection action plan following the 2014 Inspection. Actions relating to the inspection of Safeguarding Board are held separately by DSCB.

As of 5th May 2017, there were 212 specific actions recorded against the Main Action Plan. These include an additional 26 actions that were added following the findings of the previous three visits and LGA peer review of services that was conducted in July 2016. The current status of these actions is:

| Rating                                                                                                                                           | Number | Percent |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| Red: Action has not yet started or there is significant delay in implementation. Therefore action must be prioritised to bring it back on track. | 0      | 0%      |
| Red/Amber: Action has started but there has been a delay or blocker that needs resolution before further progress.                               | 0      | 0%      |
| Amber: Action has started but there is some delay in implementation; this must be monitored to ensure required action is delivered.              | 8      | 4%      |
| Light Green: Action is on track to be completed by the agreed date.                                                                              | 63     | 30%     |
| Green: Action is complete, but should be monitored to ensure the action is sustained.                                                            | 141    | 67%     |

Measures are underway to ensure the 8 amber rated actions return to be on track. The amber rated measures are scored accordingly, due to short term slippage from the initial ambitious deadlines.

Within the Trust, weekly Getting to Good meetings continue, chaired by the Chief Executive of the Trust. These regular meetings are in place to maintain the pace of improvement, through the Ofsted Action Plan and Locality Action Plans. At the latter end of the 2016/17 year these meetings revisited the 20 recommendations from 2015's inspection to ensure we have addressed all elements, and have evidence of improved outcomes.

Performance has improved or stabilised across the majority of areas of practice, with the majority of comparable measures above national average and in good company; this is in spite of increased demand. Practice compliance remains high, measured through assessment and visit timeliness.



Fewer children are on CIN plans for 2 years or more, and fewer are subject to a child protection plan for a second or subsequent time. Placement stability for looked after children has improved over the past 3 years, and more young people have remained in care to their 18th birthday rather than being discharged at the age of 16 or 17. The focus of our improvement journey, since the inception of the Trust, is a Trust wide practice quality approach with initial focus on LAC and CP compliance and quality. Once compliance assurance was achieved in these areas our parallel drive over the last 12 months has been to bring the same level of quality and drive into our CIN work.

Case file quality is subject to rigorous audit and oversight. A sample of 50 cases is audited each month, and a series of thematic audits also takes place as part of an annual schedule. Targets are set over the period regarding the rate of good or better grades, with a view to achieving 61% by September 2017. During the year demonstrable impact is evident with 6% of CIN cases in April 2016 rated as good or better rising to 48% in March 2017 with more recent months routinely featuring an outstanding CIN case. Similarly, the specific sections of the audit have evidenced an improvement in performance in relation to case file audits graded as good or above in respect of CP and LAC cases. For example, for CP cases, performance in April 2016 noted that no CP cases were good or better. By March 2017 this had risen to 70%. Likewise, LAC cases improved from 33% in April to 67% in March 2017. For the year 2016/17, 50.7% of all cases were judged good or better.

The Trust has a statutory duty to provide return interviews for all children who go missing from home or care. Since December 2016, this service has been provided 'in house' as part of the Trust's advocacy service. Previously this was commissioned by the Trust and provided by council's youth service. Overall, the new service has seen an increase in demand for return home interviews as the number of missing episodes has increased due to improved reporting. At the same time, there has also been an increase in the proportion of interviews offered and taking place. The most notable progress thus far can be seen in terms of the quality of return home interviews, which have young people's voice at the centre; the trusting relationships built with young people who have previously been reluctant to engage and a more proactive approach which is helping to inform and shape follow up support for young people and reduce missing episodes for individual children. In addition, the in house nature of the service allows for better collation of performance information.

Doncaster has moved from having among the worst re-offending rates for young people in the country two years ago to now having the 4th lowest rate, at 28.1%, compared to an England average of 37.7%. This success is in part due to the innovative work undertaken by EPIC, with 10-17 year olds identified as being at risk of entering the youth justice system.

Sickness rates across the Trust remain low and were 3.7% in June 2017, compared to 7% in October 2015. Turnover of qualified staff is low, with 16 leavers and 34 joiners in the last 12 months, giving a social worker turnover rate of 8.7%. Front line vacancy rate has dropped from around 25% in June 16 to 13% currently, which has meant a reduced reliance on agency staff. Our agency rate for frontline staff currently stands at 8%. We have been successful in appointing permanent staff to the vast majority of managerial posts, with two agency managers and one temporary contract as at the end of June 2017. We have also been successful in converting 22 agency workers to permanent positions from April 2016, as we continue to strive to be an employer of choice within the region. Of these, in the last three months, this trend has accelerated with 13 employees converting from agency demonstrating high satisfaction levels with the Trust as an employer.

**c) Challenges for safeguarding and key risks:**

Throughout the lifetime of the Trust, there has been an unending focus to work with our partners to deliver improved early help. This remains work in progress and is the highest priority for our partnership working. Our significant achievements are the development and establishment of the

Early Help Hub, a refreshed Early Help strategy with a practitioner tool kit and revised threshold guidance. In addition, service delivery consistency has been supported by the transfer of DMBC early help staff to the Trust which has facilitated the launch of the new Parenting and Family Support Service (PAFSS) in April 2017. The Trust continues to receive a total of c.2400 contacts per month (Jan-Mar 2017, total contacts and Early Help enquiries), with only a third leading to a service and approximately 12% leading to a statutory service after assessment. The conclusion that Ofsted, and other inspectorates, will make will be unchanged from the previous inspection that “Too many referrals are made to statutory services when lower level interventions are more appropriate.” The evidence and input provided by partners on this challenge, and others identified through inspection, is likely to impact on the key judgement of “early help and protection of children,” and is therefore critical to help us achieve the target of being rated as “good.”

#### **DCST: Plans and priorities in safeguarding children for 2017-18**

- Continued work across the partnership to ensure early arrangements are in place to support children and their families receiving the right support at the right time.
- Continue with service improvement work to reach the Trust aim of being “good” by October 2017. In addition to a fourth Ofsted monitoring visit the Trust will also undertake further external scrutiny:
  - (i) Review of Front Door arrangements, taking place between 9th and 12th May. Arranged with DSCB. The review will focus on application of thresholds by partners and within the Front Door, decision making, and analysis of referrals leading to no further action or a subsequent re-referral.
  - (ii) Review of Care Leaving services, taking place over 5 days and ending on 13th June. This is being conducted by an ex HMI
  - (iii) Planned tests to check the Trust’s “inspection readiness” through a series of no-notice checks, scheduled for July and August
- Neglect is a priority for the DSCB and the Children and Young People’s Partnership. The Trust is committed to improving service delivery during 2017/18 and will implement the DSCB Neglect toolkit during 2017/18 to assist in the better identification and focused support for children where neglect is prevalent.

## **2.3 Child and Family Court Advisory Support Service (CAFCASS)**

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Cafcass represents children in family court cases, ensuring that children’s voices are heard and decisions are taken in their best interests.

The demand on Cafcass services grew once again in 2016/17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of Cafcass’ Key Performance Indicators has been met.

Cafcass' main priorities in 2016/17 were to continue to improve the quality of our work, and to support family justice reform. These are a few examples of how we have done this:

- Production of the Domestic Abuse Practice Pathway which provides a structured framework for assessing cases where domestic abuse is a feature, and ten new evidence-based assessment tools.
- A revised Quality Assurance and Impact Framework, together with mechanisms to establish, and raise, the quality of our work including thematic audits, Area Quality Reviews, and the work of the National Improvement Service.
- Provision of continuous Learning and Development opportunities for staff including: e-learning; Research in Practice resources, the Cafcass library and the dissemination of internal research.
- Contributions to innovations and family justice reform, designed to improve children's outcomes and make family justice more efficient. These are formed in private law by projects trialling pre-court or out-of-court ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.
- Support to our child exploitation and diversity ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.
- The Cafcass research programme which supports the work of external researchers, such as the ground-breaking work of Professor Karen Broadhurst and her team into repeat removals from mothers in care proceedings; and undertakes four small-scale internal research projects each year. This year we have undertaken, for example, studies into: domestic abuse in spend-time-with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.

### **3. Health Services including Doncaster Clinical Commissioning Group (DCCG), Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust (DBTHFT), Rotherham, Doncaster and South and South Humber NHS Foundation Trust (RDaSH), NHS England, Primary Care, Yorkshire Ambulance Service and Public Health**

Safeguarding the health and wellbeing of children is a key priority for a wide range of health services and professionals. Acute health services, unplanned and emergency care settings along with secondary and tertiary care all look to safeguard children and young people in their care. GPs, Health visitors, School Nurses, Nurses, Midwives and Paediatricians alongside others within services all have a critical role in keeping children and young people safe from harm or neglect. Doncaster health care is made up of a numbers of organisations both providers and commissioners.

- Doncaster Clinical Commissioning Group (DCCG)
- Doncaster and Bassetlaw Teaching Hospital NUS Foundation Trust (DBTHFT)
- Rotherham, Doncaster and South and South Humber NHS Foundation Trust (RDaSH)
- NHS England
- Primary Care
- Yorkshire Ambulance Service

- Public Health

While Doncaster continues to experience significant change and transformation in how healthcare is resourced and delivered, all services remain completely dedicated to ensuring that the children and young people of Doncaster are held at the centre of whatever they do. The health community across Doncaster is fully engaged and committed to the work endorsed and undertaken by DSCB. All sectors of health continue to actively participate in the functions of the board and its sub groups. Health partners are seen to both provide and respond to appropriate challenge as a means of driving quality and safeguarding standards forward.

Health partners will continue to prioritise safeguarding and promote the DSCB priorities in particular

- Early help
- Support change to Children and Social work Act
- Implementation of Neglect Strategy
- Implementation of Signs of Safety

### 3.1 Doncaster Clinical Commissioning Group

As a commissioning organisation Doncaster Clinical Commissioning Group (DCCG) has a responsibility for ensuring that health care across Doncaster is delivered to a high quality standard. Doncaster CCG's with its strong Designated Safeguarding Professional function has the capacity and capability to support the DSCB in its statutory role to safeguard and promote the health and welfare of children across Doncaster.

DCCG has fully engaged in activities and work streams across all DSCB priorities, taking a leading role in ensuring the Doncaster's vision for children to remain safe and free from harm, enjoy and achieve is promoted across health services and beyond.

Throughout 2016-17 DCCG has fully acknowledged the need to work in partnership with all members of the multi-agency safeguarding arena. DCCG has worked closely with DSCB as a lead in ensuring a whole system approach exists that will look to ensure the best outcome for children across Doncaster. DCCG is an active member and contributor to the DSCB Audit programme and Case Review Sub Group, working alongside partners to review and assess practice, impact and outcomes as a means of working together to improve service delivery.

DCCG ensures a strong presence at DSCB Board meetings and its Sub groups; this awards the surrounding health services (Commissioners and Providers), a greater voice and influence within high level decision making and setting of quality standards. Throughout 2016-17 DCCG has continued to commit time and resource into the function and activity of the DSCB, offering the experience and knowledge of clinical designated health professionals that has been seen to drive standards and quality of care across the multi-agency partners.

DCCG works tirelessly to continually promote the wellbeing of children across the borough, the work undertaken in partnership with DSCB members has contributed to progress and development of services. Increasing service and professional understanding and commitment to children's safeguarding through commissioning requirements and training needs. Working alongside DSCB to

hold partners to account has worked to ensure care delivery is driven by the needs and wishes of children, ensuring those that commission and provide health services maintain children at the heart of delivery and improvement.

#### **DCCG: Plans and Priorities for Safeguarding Children 2017-18**

Doncaster CCG continue to support the DSCB in their function and role, specifically as the statutory requirements of the board change under the Children and Social Work Act 2017. DCCG will continue to work in partnership with DSCB board members, promoting and endorsing the requirements outlined within the DSCB strategic priorities and business plan for 2017-18. Working alongside our Public Health colleagues in order to drive service development and seek assurance that providers of services remain fully committed to high quality safeguarding standards.

### **3.2 Doncaster and Bassetlaw NHS Foundation Trust**

#### **a) Summary of key safeguarding activity undertaken during 2016 –2017:**

There have been no inspections during this year but the safeguarding team have worked hard to complete outstanding actions plans from previous the CQC inspection of the Trust and the Nottinghamshire CQC CLAS inspection.

The team have undergone change following the Calderdale review resulting in a new team structure. The review considers what skills are required to do the job e.g. does this have to be a trained nurse? Could someone else have the skills? We have recruited a new Safeguarding Nurse and Secretary with recruitment of another secretary in the process.

The team continue to contribute to LSCB priorities over the two local authorities. For DSCB attending Board meetings, sub groups, contributing to case reviews, lessons learned reviews, multi-agency audits and task and finish groups for specific subjects. In partnership with the DSCB we have held Early Help and Signs of Safety roadshows to raise awareness across the organisation.

The team held a successful safeguarding awareness week last December and have continued to promote National awareness days including CSE.

#### **b) The impact of the safeguarding work undertaken:**

The safeguarding team receive copies of referrals and quality assures them, there is a noticeable improvement since the use of our own organisational referral form launched last year. Although advice calls continue they are often for reassurance that the correct actions have been taken, increasingly the correct processes and actions have been followed.

Delivering internal CSE training has been widely successful and this is evidenced in a recent audit which confirmed our staff are aware to the signs of CSE and what to do if they suspect CSE.

#### **c) Challenges for safeguarding in your agency and key risks:**

Earlier in the year the team had vacancies for a specialist nurse and a secretary which are now filled. Following the review mentioned earlier the team are now settled and continue to move the work of the

team forward. Wearing uniform the nurses are now more visible in the hospital carrying out safeguarding drop in sessions and ward rounds on specific wards and departments and at the request of any. Safeguarding Nurses continue to raise awareness of services such as Project 3 in Doncaster for children who misuse substances, this does not seem to be reflected in numbers at Project 3 but it needs to be recognised that this is a consent referral and if the child does not want referring then it won't be made. It should also be recognised that we not refer every child who attends in drink and referrals etc. would be specific to the situation and previous attendances as with all safeguarding cases.

The team encompasses the child death team and there has been a vacancy for a paediatrician for some time but this is part of the children and families care group. Some members of the team contribute to the Rapid Response rota for when a child dies, this can prove a challenge if a child dies as this is often prioritised and the safeguarding work gets put back. Despite this there has been a significant drop in the number of child deaths this year enabling cases to be heard at CDOP in a more timely manner.

Often other agencies do not understand the complexities of 'health' and that safeguarding is just a small bit of work in an acute Trust covering numerous hospital sites. It is much different to 'universal' health services such as the GP, Health Visitor and School Nurse which all children have access to, not all children visit the hospital. With many vacancies for nurses and midwives it is difficult for staff to be released for training, especially external training. To provide a solution to this there is now some level 3 updates available within the hospital, these are two hour sessions delivered by external agencies such as the LSCB and the Police. DBTH have the added complexity of being part of two CCGs and two safeguarding boards and ensuring as an organisation we work with both equally and include work streams from both strategies.

#### **DBHFT: Plans and priorities in safeguarding children for 2016-17**

As a team we continue to drive the safeguarding work forward within the acute trust, engaging with our partners to ensure the safety of children. We will continue to be visible across the hospital sites helping and advising our staff with any safeguarding needs. We will continue to work together with our two LSCBs in order to prioritise local safeguarding issues.

### **3.3 RDASH**

#### **a) Summary of key safeguarding activity undertaken during 2016 - 2017:**

During the past 12 months there has been significant progress made in promoting a "whole family approach to safeguarding". The adults and children's safeguarding teams are working collaboratively to promote a variety of safeguarding initiatives within the Trust.

The Trust has an extended complement of safeguarding personnel:

- Nurse Consultant for Safeguarding Children
- Safeguarding Children Named Nurse and Lead Professionals
- Safeguarding Adult Lead Professionals
- Prevent Lead
- MCA & DoLS Lead
- Named Doctor for Safeguarding Children

The Prevent responsibility is now aligned to a Safeguarding Adult Lead Professional role. The Lead for Prevent attends the Silver Prevent groups as well as attending the NHS England Steering Group. The Trust has made one referral and provided information relating to two individuals assessed as potentially being at risk of radicalisation.

CSE awareness raising is incorporated into each level of Safeguarding Children's training and within the Modern Slavery training packages. All staff within the Trust's Children's Care Group have received mandatory training on how to identify CSE concerns. A specialist CSE Nurse from the Trust sits within the multi-agency CSE team and offers training support and day to day advice from Trust staff. Staff from the Trust have been part of a multi-agency project to raise awareness of CSE and to encourage members of the public to do their part in helping to stamp it out. This included residents in the Doncaster area being asked to make a personal pledge on how they can help raise awareness of CSE by using the #HelpingHands on social media.

Information relating to FGM is embedded within the Domestic Abuse Policy. Safeguarding Lead Professionals have received enhanced training on FGM via the department of health. Workshops on how to identify and report FGM have been delivered to Safeguarding Supervisors to cascade to their teams.

Information has been included within the Safeguarding Children newsletter and sent out electronically to all Trust staff as well as being posted on the Safeguarding Children intranet page.

Trust policies and training packages have been amended and updated to reflect the changes in legislation and guidance.

Over the past 12 months the following documents have been reviewed and refreshed in order to ensure compliance with their respective legislation:

- Safeguarding Adults at Risk Policy
- Safeguarding Children Policy
- Safeguarding Children Supervision guidance
- Prevent Guidance and guidance in respect of the Modern Slavery Act has been introduced.

The safeguarding children team have supported partnership working with regular attendance at board meetings, sub groups and task and finish groups. They have supported the DSCB multi-agency audit programme and contributed to case reviews and learning lesson activities.

There is a greater visibility of safeguarding professionals at team meetings and within team bases and 9 until 5 availability for telephone advice and support. The effectiveness of the arrangements can be evidenced through an audit of staff satisfaction with safeguarding team support and feedback from individual cases.

A Safeguarding awareness week was held in December 2016 and focussed on issues of modern day slavery, neglect and FGM. It also included a celebration event which allowed staff that had gone above and beyond in working with safeguarding cases to be recognised.

**b) The impact of the safeguarding work undertaken:**

The Trust can demonstrate its compliance in relation to its statutory requirements as regarding Safeguarding Children. The section 11 self-assessment audit demonstrated all standards apart from 2 were fully met with the two outstanding standards partially met.

Following a re-inspection by CQC the Trust received a revised rating of GOOD across the whole organisation. For every service within the organisation the domain of caring was rated GOOD.

The Trust can demonstrate that through partnership working we are engaged in promoting better safeguarding practices and outcomes for those involved with the Safeguarding processes.

The Safeguarding Children Team was presented with the runner up award for Support Team of the year at the Trust awards ceremony.

Focus on the 'voice of the child' in work with both adult and children service users has been prioritised through training, newsletters and supervision. A dip sample of clinical records identified that the child's voice was reflected consistently.

An audit of the impact of awareness raising of CSE showed that staff were well equipped to identify and respond appropriately to cases.

A Trust wide audit of the impact of training completed in March 2017 showed that staff at level 1 and level 2 felt their knowledge had increased and that they felt more confident in responding to safeguarding children issues after completing training.

A trust wide audit of safeguarding supervision completed in March 2017 demonstrated that staff have access to safeguarding children supervisors within their teams and that they are confident to seek support from them and the safeguarding team.

**c) Challenges for safeguarding in agency and key risks:**

- **Early help**  
The early help agenda has been rolled out across the Trust with most Children Care Group staff attending DSCB road shows. The children's care group has adopted the embedding and strengthening of Health Visitors and School Nurses as Lead professionals as the 2017/18 Listening into Action mission with a senior member of staff identified to lead a targeted and outcome focused piece of work to achieve this. However for staff working with adult service users their involvement will be limited and sporadic and raises a challenge in keeping them up to date with processes
- **Signs of safety**  
Due to retirement the Trust currently has just two signs of safety champions. This presents a challenge when ensuring all staff are competent in using the approach. Children Care Group staff have attended either DSCB training or in house training offered by the safeguarding team but as above staff who work with adults will be involved with child safeguarding cases infrequently but will still need an understanding of the approach.
- **Trust transformation**  
Recent transformation within the Trust has created three geographically based care groups with staff working with children sitting within a separate care group regardless of geographical location. This presents challenges with delivering training and support to children's staff who may work in Doncaster, Rotherham or North Lincolnshire and report to different safeguarding children boards
- **Strategy meetings**  
Challenges with health staff representation at strategy meetings have identified a clear process is needed to ensure that health staff are routinely notified and invited and that processes are put in place to ensure that the appropriate health representative can attend.



- Providing assurance of impact  
Being able to provide assurance to four safeguarding boards in four different formats provides a challenge. Information and learning is disseminated through training, newsletters and supervision but with such a diverse staff group it is difficult to collate and measure the impact on practice.

#### **RDaSH: Plans and Priorities in Safeguarding Children 2017-18**

Further work is to be undertaken to embed Early Help across all RDaSH services by:

- Engaging with Early Help partners to strengthen links
- Making documentation more accessible and less repetitive
- Monitoring performance data
- Arranging briefing sessions

### **3.4 NHS England**

#### **a) Summary of key Safeguarding Activity undertaken during 2016-2017:**

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken covering all 44 CCGs in the North region.

Sharing learning from safeguarding reviews:

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network meets on a quarterly basis throughout to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been in circulation across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled for March 2017.

Safeguarding Serious Incidents:

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS).

During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency. NHS England works in collaboration with CCG designated professionals to ensure recommendations and actions from any of these reviews are implemented. Prior to publication of any child serious case reviews, serious adult reviews or domestic homicide reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings and recommendations for primary care medical services.

#### Training & Development:

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document has been awaiting final publication following review by - The Royal College of Nursing, The Royal College of Midwifery, The Royal College of General Practitioners, National Ambulance Safeguarding Group and The Allied Health Professionals Federation. The purpose of this document is to give detail to the competences and roles within adult safeguarding and the training guidance for healthcare professionals.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber attended by Bradford named GPs, it was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

#### Assurance of safeguarding practice:

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. NHS England North Regional Designated Nurses undertook the review which was intended to be supportive, they reviewed all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's.

#### Learning Disabilities Mortality Review (LeDeR) Programme:

Over the last 2 years a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- "Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

LeDeR involves:

- Reviewing the deaths of all people aged 4 years.
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.
- Identify variation in practice.
- Identify best practice.
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples will be written up and shared nationally.

Prevent:

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit , delivering a conference in October on 'Exploitation, grooming and Radicalisation 'and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor .

A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received supported that there was an overall improvement in understanding the requirements of health organisations, for example: CCGs under the new statutory duty.

Pressure Ulcers – "React to Red":

React to Red was launched on 01 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs: private organisations; secondary care; hospices;

domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCG's and robust evaluation by NHS England North.

### 3.5 Primary Care

Primary care is made up of 43 GP Practices has fully engaged in the 2016-2017 self-assessment tool developed by DCCG as a means of offering assurance of quality safeguarding practice as well as identifying areas of support and training. Supported by the Named and Designated function within DCCG, primary care continues their daily work and patient consultations with children's safeguarding fully in mind.

Receiving annual TARGET Level 3 safeguarding reaching over 270 primary care Nurses and GPs, those working in General Practice have gained a greater awareness of the issues faced by children across Doncaster. With specific training on the 'Signs of Safety' model adopted by Doncaster Children Service trust, Primary care has been seen to increase their engagement in the safeguarding children and early help processes in place. Following the SCR on Child A, a process has been developed to ensure GP information is shared in child in need and early help cases. Work is ongoing to embed this and future audit activity will provide evidence of improvements

Quality training in partnership between DCST and DCCG was seen to evaluate positively looking to increase GP understanding and awareness and confidence in identifying and responding to children safeguarding issues as a means of ensuring children receive help and support at the earliest opportunity.

Through training and support the safeguarding and standard have continued to monitor GP engagement in the child protection conference process, the intensive work between the safeguarding leads both in DCST and DCCG has seen an overall improvement in the submission of reports for both initial and review case conferences throughout 2016/17.

#### **Primary Care: Plans and Priorities for Safeguarding Children 2017/18:**

Primary care will continue to strengthen their safeguarding practice even further, supported by the Named, Designated and Quality leads within DCCG, those working in GP practices across Doncaster will be expected to work towards the safeguarding standards as set out by the self-assessment tool 2017/18.

### 3.6 Yorkshire Ambulance Service

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. Both policy and practice have been reviewed to ensure compliance with legislation and good practice guidance. The Safeguarding Team continues to engage and support staff within all departments including The Emergency Operations Centre, Operations, Patient Transport Service and NHS 111 to identify safeguarding priorities to ensure quality patient care.

The Safeguarding Team continues to work Trust-wide, with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff. Ensuring YAS employees including, secondees, volunteers, students, trainees, contractors, temporary or bank workers and NHS 111, have the appropriate knowledge and skills to carry out their safeguarding children and adult duties.

Safeguarding processes and practice are being continually reviewed and strengthened; especially with regard to the quality of Safeguarding referrals to Adult and Children Social Care, the education and training of staff and the safeguarding clinical audit processes.

Within the year, safeguarding practice has been enhanced by the introduction of a safeguarding module within Datix. This ensures accurate monitoring of activity, reporting and the availability of trend analysis of current safeguarding processes and work streams.

The Safeguarding Team have contributed to Serious Case Reviews (6), Safeguarding Adult Reviews (4) and Domestic Homicide Reviews (10) across the Yorkshire region.

#### **YAS Plans and Priorities for Safeguarding Children 2017 – 18:**

Ongoing priorities are to review the current Safeguarding Children and Adult Referral Process, to ensure concerns are effectively shared with local authorities, and to review and develop the Mandatory Safeguarding Training Plan, for all YAS staff, inclusive of NHS 111, volunteers and Community First Responders (CFRs).

### **3.7 Public Health**

#### **a) Summary of key safeguarding activity undertaken during 2016 –2017:**

- All public health commissioned children's services to complete an up to date annual Safeguarding Declaration (contracted)
- Continuation of work with provider services to implement the Early Help strategy and increase proportion of staff taking lead professional role
- Inclusion of Signs of Safety approach across public health commissioned services
- Development of enhanced pathway for vulnerable families in the Health Visiting service
- Robust pathways in place between School Nursing, Project 3 and the CSE multi agency team ensure children at risk of or experiencing sexual exploitation are identified, given appropriate support and monitored
- Continuing discussions and challenge with partners to embed agreed pathway for young people presenting in A&E emergency department into specialist substance misuse services
- Work to embed Hidden Harm strategy into local practice. Ongoing work with commissioned services to identify and support children and families in need of support
- Delivery of training to wider workforce around Hidden Harm and risk taking behaviours in young people
- Representation from PH team at strategic partnership meetings; Neglect, SARC, CSE, organised crime group, SSDP, protecting most vulnerable (mental health LTP).

#### **b) The impact of the safeguarding work undertaken:**

Public health commissioners continue to work with provider services to ensure they are fulfilling their safeguarding obligations and receive assurances to this effect.

Key elements of DSCB practice are now being embedded into contracts (e.g. Early Help; Signs of Safety) of public health commissioned services for children and young people.

Public health continues to be instrumental in driving service improvement with regard to safeguarding children. The introduction of the enhanced pathway for health visiting offer opportunity to intervene at the earliest opportunity with identified families, to offer an enhanced service that ensures they are prepared for parenthood and able to parent effectively.

Public health developed training for risk taking behaviours and hidden harm delivered by provider services to ensure raised awareness of wider CYP workforce, enforcing best practice and evidence base.

**c) Challenges for safeguarding in your agency and key risks:**

Failure to commission 0-5 Health Visiting services – Health Visiting services re-commissioned in summer 2017 for new contract start date of April 2018. Failure to re-commission the health visiting services will pose significant risk to effective safeguarding

Universal services experiencing budgetary pressures – services will be required to adapt to changing financial landscape whilst ensuring statutory obligations and mandatory service requirements are fulfilled.

**Plans and priorities in safeguarding children for 2016-17**

- Development of the enhanced pathway for health Visiting services
- Continuing implementation of the Hidden harm strategy for Doncaster
- Continuing development and implementation of pathway for young people presenting in A&E emergency department into specialist substance misuse services

## **4. Police/YOS/Youth Service/Probation**

### **4.1 South Yorkshire Police**

**a) Summary of key safeguarding activity undertaken during 2016-17:**

Protecting vulnerable people is a South Yorkshire Police priority. The force Policing plan 2017 is the strategic vision for SYP with Protecting Vulnerable People (PVP) as a core function of that strategy. Protecting vulnerable people is also included in the PCC Policing Plan for 2017.

The staff in the Child Abuse Investigation Unit, which includes dedicated Child Sexual Exploitation staff are colocated with colleagues from the Children Social Care team and work closely with social care in conducting joint investigations, in which the wishes and feelings of service users are explored, often during joint visits. These wishes and feelings are discussed and taken into account when actions are devised and agreed in strategy meetings.

There is a joint CSE operational team in respect of CSE and a MASH (Multi Agency Safeguarding Hub) to support current safeguarding procedures. These close working arrangements enable greater communication between agencies and allows quick action to ensure children and young people are correctly safeguarded.

Senior officers and Police Support staff are members of the Local Safeguarding Children Board, associated sub groups, and play a major role in ensuring processes are in place to protect vulnerable children. Each member of the board holding each other to account where necessary.

Force policies are routinely reviewed and revised and the recent introduction of Authorised Police Practice Guidance has prompted the review of several PVP Policies to ensure they are in line with APP.

Young Persons Police officers work in schools, working and developing relationships with young people enabling them to establish their views and feelings regarding circumstances and decisions affecting them.

SYP collate all actions and recommendations identified through reviews conducted and monitor to ensure all recommendations are complete this includes any recommendations in relation to children.

**b) The impact of the safeguarding work undertaken:**

Safeguarding Children and PVP standards are now standardised with National guidance documents.

The force is routinely inspected by Her Majesty's Inspectorate of Constabulary, around their ability to safeguard and investigate offences against children.

Reports and recommendations coming from these inspections are robustly managed via the Senior Leadership Group ensuring improvement in the way services are delivered.

Other audits focusing on Safeguarding Children at risk are carried out by the force Audit and Governance Unit, the results of which have been highlighted on the force intranet page with briefings for staff focusing on key issues to ensure staff awareness, knowledge and understanding is improved and actions undertaken, thereby driving forward improvement.

Surveys are carried out and results used to improve services, additionally surveys carried out by partners (Paediatric SARC) are also taken into consideration when developing services.

Specialist PVP officers attend the joint investigation training for child abuse, on completion this used to evidence their competency and they are required to register nationally on the child abuse investigators register. PVP officers/staff attend the SCAIDP Specialist Child Abuse Development Programme – a course designed for induction to PVP and Safeguarding children. It is joint multi-agency training at a serious and complex level

Safeguarding awareness training is mandatory on induction for all staff that will have contact with children.

All new student officers receive an induction to Safeguarding Children during their IPLDP course. All front line staff receive input into safeguarding– this includes Call Handlers, Crime Recording Bureau and front desk staff.

Staff members can recognise the abuse/neglect of children/vulnerable adults and make referrals as appropriate and guidance on referral routes is available via the force intranet.

Daily management meetings in both PVP and the local policing units review incidents and concerns from the last 24 hrs. Incidents such as Missing children, CSE cases, other child safeguarding issues, High risk domestic abuse and priority arrests are discussed and actioned.

Threat, Risk and Harm (THRIVE) meetings – local policing unit reviews weekly activity at this meeting to ensure that the policing response has been appropriate and that we are linking in with partners to ensure best outcomes for children and manage the risk posed by suspects and offenders.

Monthly tasking meetings held in PVP and local policing units to ensure that's appropriate resources are allocated to investigations or address emerging concerns.

Work is also carried out at the Lifewise Centre which is scenario based, around issues such as road safety and stranger danger. The majority of Year 6 Primary School Children attend the 'Crucial Crew' intervention at Lifewise during the autumn school term.

All officers who work in a Child Abuse Investigative capacity attend the Joint Investigation 5 day Course. Police officers also have 2-year student training which addresses child protection and welfare issues. They have input on recognising the signs and symptoms of child abuse.

The Police training centre hosts CID PVP Master classes at intervals during the year to "top up" both staff and officer knowledge across all areas of Safeguarding.

Staff members regularly attend multi-agency meetings concerning children in line with our statutory requirements.

Co-location of police and key agencies is in place at District level through the MASH process to ensure effective multi agency working.

South Yorkshire run both intranet and internet campaigns on CSE, Modern Slavery and Domestic Abuse, these include the signs to look out for and the importance of intervening early and each has its own dedicated intranet site. This is also instilled into staff members when they undergo their public protection training.

All recommendations arising from case reviews or inspections are published on the force intranet site. The PVP Delivery Unit. Deals with all policies, practices and procedures, and ensure these are reviewed, updated and published to support staff in all areas of safeguarding.

Considerable work is being undertaken especially around Domestic Abuse and the impact this has on children to support our colleagues in Children Social Care whose responsibility it is to look at the holistic support children involved in such incidents require.

The work of SYP around Safeguarding Children, not only in dealing with those who commit crimes against our children, but also in the wider field of recognising children who require safeguarding interventions, is clearly having an impact and this can be evidenced by the increased number of notifications and referrals to other partners who are engaged in Safeguarding Children. Whilst any increase in the number of incidents being reported is a cause for concern, it can be seen as a positive that officers and staff are becoming more 'alive' to the safeguarding aspects of child protection.

We have made great steps in addressing Child Abuse and Safeguarding Vulnerable children concerns. We continue to review our activity to support continuous improvement to ensure that all Children and Young People living in the Borough of Doncaster are protected and able to lead and enjoy a childhood free from abuse and neglect and are supported in such ways that enable them to fulfil their potential in later life.

**c) Challenges for safeguarding in agency and key risks:**

Going forward the challenges to South Yorkshire Police as with other agencies is to ensure that sufficient resources are available and managed appropriately to ensure we deliver a first class service to all children and their families, work presently ongoing to support this aim is summarised below:



### **SYP Plans and Priorities in safeguarding children for 2017-18**

- The introduction of a new IT system 'CONNECT' which will be an integrated SYP system using a joined up approach for accessing and recording information across all business areas within South Yorkshire Police.
- The force is currently undertaking the SCAIDP training course for officers to improve the knowledge and working procedures in this area of policing. The SCAIDP course trains in relation to spotting professional dangerousness in line with "Every Child Matters"
- SYP are currently undertaking a comprehensive review of the PVP departments which will build on our resolve to provide the best possible service and commitment to safeguarding children. Actions from the review will be implemented in 2017/2018.

## **4.2 Youth Offending Service**

### **a) Summary of key safeguarding activity undertaken during 2016 –2017:**

Doncaster YOS as part the Targeted Youth Support Service with the Doncaster Childrens Services Trust (DCST) is predominately responsible for diverting young people on the cusp of offending, preventing re-offending for those young people who receive a conviction, reducing the use of custody.

We also ensure that young people who pose a risk of harm to the public are safely managed and the risks and vulnerabilities which are posed to young people either by their own behaviour or those of others are robustly managed to ensure that they lead healthy, happy and successful lives.

The above priorities are outlined in the Youth Justice Plan which is produced annually.

In the past 12 months the YOS has achieved considerable success against these priorities. This has included a 28% reduction in First Time Entrants, a reduction in the custodial population to Doncaster's lowest ever rate and a significant reduction in the number of children re-offending.

In fact Doncaster now has the 4th best performance in England and Wales overall in terms of reducing re-offending.

In relation to our commitment to keeping young people safe and ensuring that young people who themselves pose a risk of serious harm to the public. A Youth Justice Board Peer review in April 2017 highlighted excellent practice in the management of risks and highlighted the fact that risk was owned at every level of the organisation and that managers and leaders in the organisation have a strong grip of the individual and thematic risk issues which exist within the cohort.

In addition, the YOS is a member of the Protecting Vulnerable Young People's Panel (PYVP) and therefore ensure that issues relating to CSE and other vulnerabilities are addressed as part of a co-ordinated multi-agency forum.

### **b) The impact of the safeguarding work undertaken:**

Research indicates that young people involved in the criminal justice system consistently achieve worse outcomes than those who are not.

The work of the YOS in the past year has ensured that fewer young people enter the criminal justice system and that when they do; they have the help they need to offend less than they ever have before.

This in turn has contributed to a significant and ongoing reduction in young people receiving custodial sentences.

Consequently the Board can be assured that young people subject to intervention from the YOS are consistently achieving better outcomes than ever before, not least in the areas of education, training and employment and residing in suitable accommodation. In both areas the YOS is out performing regional and national comparator areas.

In light of concerns raised in the past year in relation to safeguarding practice in custodial institutions. The Board undertook a thematic review of all children who had received a custodial sentence and this highlighted that no Doncaster children had been placed at additional safeguarding risks by virtue of their placement. The review highlighted good case management processes in place to support those young people through their transition between custodial and community settings.

**c) Challenges for safeguarding in your agency and key risks:**

As the number of first time entrants continues to reduce the YOS's capacity to improve the re-offending further will become more of challenge. This is due to a cohort of young people demonstrating additional complexities, often supported by a formal diagnosis. The YOS has developed its therapeutic and forensic interventions to ensure that its intervention offer is sufficiently robust to meet the needs of these young people.

Key thematic areas of risk continue to be those young people involved in substance misuse, notably the NPS "Spice" and young people placing themselves at risk through their own behaviours, which result in missing episodes. Although the Trust's response, through its robust return home interview and tracking processes, continues to mitigate the risk of repeated missing episodes.

**YOS Plans and Priorities in Safeguarding Children for 2017-18**

The YOS will continue to reduce the number of first time entrants and attempt to maintain the very low re-offending and custody rates.

This will be achieved by the further development of its forensic and therapeutic intervention offers, robust risk management processes and a delivery model which is informed by the voice of the children and young people who access those services.

YOS will seek to reduce the harm posed to young people by their use of substances or their engagement in activities which are indicative of an increased risk.

### 4.3 National Probation Service (NPS)

**a) Summary of key safeguarding activity undertaken during 2016 –2017:**

The Lead Safeguarding Manager has completed the Signs of Safety training to advanced practitioner level. This learning has been cascaded to the Doncaster Management team and some practitioners

All Victim Liaison Officers and Offender Managers have attended Signs of Safety training events provided by Doncaster Safeguarding Children's Board training department.

The South Yorkshire MAPPA Strategic Management Board now have in place Information Sharing protocols with Doncaster Safeguarding Children's Board and Doncaster Safeguarding Adult's Board.

A National Probation Service (NPS) Local Safeguarding Audit was undertaken in December 2016 and a HMIP Quality Impact Assessment undertaken in March 2017.

**b) The impact of the safeguarding work undertaken:**

All adult offenders under the statutory supervision of the NPS have a full and comprehensive assessment (OASys) and robust Risk Management Plan completed within 15 days of commencement of their order/ release from custody.

Quality assurance measures in place have identified performance to be consistently above the national target.

An internal Safeguarding Audit undertaken in December 2016 confirmed that;

- Home visits were carried out appropriately and in line with NPS Policy and Practice.
- Safeguarding contacts were clear throughout offender assessments.
- Professionals meetings in relation to safeguarding were undertaken appropriately.
- Actions were clear and attributed to a named person appropriately.
- There was good liaison and collaboration with partners.
- Attendance at core groups was clearly recorded.
- Child protection reports were completed to a good standard and recorded appropriately.
- Programme attendance of the offender was appropriately linked to Child Protection.
- The progress of offenders supervised on licence was clearly recorded and outcome focussed.

Furthermore a HMIP Quality Impact Inspection March 2017 concluded that;

Overall, the assessment of effectiveness was good, with Inspectors noting that NPS had a 'good grip of complex cases'.

- Overall, the quality of work delivered by the NPS to reduce reoffending was assessed as good
- The quality of work to support service users abide by their sentence was also assessed as good.

**c) Challenges for safeguarding in agency and key risks:**

Identification of CSE perpetrators who are under statutory supervision for broader offences.

The challenge for our Service remains as last year to Identify Child Sexual Exploitation (CSE) perpetrators who are under statutory supervision for broader offences. NPS Doncaster is working towards identifying and flagging all Doncaster CSE cases. Upon identification an offender profile will be built and shared with all relevant partners.

Ensuring appropriate and SMART safeguarding objectives within Offender supervision plans where there are child safeguarding concerns.

#### **NPS Plans and Priorities in Safeguarding Children for 2017-18**

All staff are to have completed the following training:

- Safeguarding and Domestic Abuse (Level 1)

All Probation Officers are to have completed the following training:

- Child Protection (Level 2)

All staff are to receive refresher briefing/training in relation to appropriate use of SMARTA safeguarding objectives within supervision and risk management plans.

The National plan is now in place for Children's Safeguarding to ensure consistency.

All safeguarding processes have been mapped on EQuIP – (the NPS national process mapping tool).

The introduction of a new quality assurance tool.

#### **4.4 South Yorkshire Community Rehabilitation Company (CRC)**

a) Summary of key safeguarding activity undertaken during 2016 –2017:

- Challenge panel participation SYCRC  
Multi-agency challenge looking a policy/ procedure and culture in terms of safeguarding children.
- Safeguarding audit requirement completed DSCB  
Completed the annual safeguarding review against set criteria to measure progress against strategic aims.
- Attendance at DSCB meetings SYCRC strategic lead  
Attendance at the board contributing to the county safeguarding plan.
- Internal safeguarding checks/ audits completed as part of the quality cycle at SYCRC  
Part of the SYCRC composite action plan – including safeguarding internal audits to measure practitioner understanding of safeguarding policy and procedure and check compliance.
- HMIP inspection  
Overall a positive report received – recommendations include strengthening strategic leads with mental health and drug and alcohol services. To ensure that SYCRC premises are compliant with the Disabilities Act and to ensure that out of hours provision is available for service users.
- Safeguarding internal training  
Staff complete this as part of our internal training package.
- Serious further offence (SFO) investigations undertaken  
SYCRC responded to each SFO with a full internal investigation and made a number of recommendations relevant to each case.
- SFO action plan implemented  
Quarterly action plan submitted and all actions are ongoing.
- MARAC attendance

Team manager attendance at MARACs as required on a county basis.

**b) The impact of the safeguarding work undertaken:**

- Positive HMIP inspection report
- Safeguarding training embedded
- Increase in practitioner home visits
- Domestic abuse checks completed regularly and reviewed

**c) Challenges for safeguarding in your agency and key risks:**

- Implementation of the SYCRC TOM and IT solution
- Interface with the National Probation Service
- Ongoing audit commitments and business as usual

**SYCRC Plans and Priorities in Safeguarding Children for 2017-18**

- Whole system review of safeguarding procedure and policy
- Attendance at all local safeguarding boards
- Increase home visits
- Review all risk flags following introduction of new IT system
- Review strategic leads for safeguarding/ domestic abuse

## **5.0 DMBC, Schools and Doncaster College**

In March 2016 a new Education Advisory Group was convened, drawing membership from across the education sector. This group provides a strategic lead within Education on all safeguarding matters. Education reported a 100% S175 return for the period 2015-2016. All S175 reports were analysed and a full report produced for DMBC Senior Leadership Team.

The current return rate in 2016/17 is 75% with additional challenge meetings arranged for September

The S175 audits reported a year on year increase in prejudice based bullying. As a result, a part time post has been developed to strengthen safeguarding and promote anti-bullying practice across all educational provision.

The S175 audits highlighted the need to ensure better access to Level 3 training, develop a pool of trainers to support whole school training, develop more safeguarding networks and develop more e-safety training opportunities.

Training on e-safety, eating disorders, LGB and Trans support and PREVENT have been priority areas this year with course and conferences attended by schools and academies. The Early Help training offer and the suite of courses offered by DSCB continue to be promoted and supported. All attendees indicate that training will improve practice. Detailed feedback is available from the Professional Learning team.

## 5.1 Schools: Standards and Effectiveness

### a) Key safeguarding activity undertaken / improvements made during 2016-17:

The LA and Partners in Learning have worked together to develop Safeguarding Health Checks with the expectation that all schools/academies will undertake an external review of safeguarding in the next year.

The summer term STEP visit included a section on a review of safeguarding procedures including checking compliance on Single Central Record and safer recruitment practices.

A newly reformed governor's initiative group and new governor forum structure is in place. The Governor Initiative Group will pilot a new safeguarding self-assessment tool from September 2017.

During the period June 2016 – 2017, 94% of schools/academies were judged effective for safeguarding.

The Education Strategy now sets a 100% target for all schools and academies in Doncaster to be judged effective for safeguarding as the effectiveness of safeguarding is a limiting judgement under the OFSTED framework.

The School of Concern process has been revised and strengthened. These meetings are school based with specific prompts around safeguarding. These meetings now include representatives from wider services.

A weekly education newsletter to schools/academies provides regular updates around safeguarding issues.

A new part time safeguarding officer post has been developed to support anti-bullying initiatives and the LA Education Equality Index Charter Mark.

### **Safeguarding Training**

The LA professional learning programme continues to offer a range of opportunities for staff development.

Safeguarding training is provided to schools and other education staff by the LA Safeguarding Manager. This also includes bespoke training for new Head teachers, NQTs/ITT students, governors and DMBC Traded Service Managers. The LA Safeguarding Manager is a DSCB training pool member and will continue to develop Level 3 training. The LA continues to provide a model safeguarding policy and training pack for schools. This is updated regularly in line with legislation. Over 2000 education employees have now received WRAP3 training and the Training the Trainer team continues to grow. The PREVENT training the trainer course continues to be delivered in partnership with South Yorkshire Police. Safer recruitment remains a focus. In partnership with the LADO, HR and LA Safeguarding Manager four more training dates have been secured. Head teacher induction is supported via Partners in Learning and a new Governing Body training programme is in place. Buy Doncaster will include a new offer for wider safeguarding training.

The LA safeguarding manager and schools/academies attend a number of DSCB multi agency audits. The case file review group highlights any practice errors. When lessons learnt actions are linked to education; there is clear evidence of governors having accountability to ensure that recommendations are implemented.

## **On-Line Protection**

The on-line protection officer, based in LO: CYPS provides training and network meetings. Further email communication focusses on all aspects of safeguarding including staying safe on line. It is age and audience appropriate, CEOP endorsed and enables all staff working in schools to provide relevant information to children and young people.

During the period January 2016 to January 2017

682 members of staff have attended online protection training as part of their annual safeguarding training.

Tailored lesson plans have been delivered to 2148 children and young people

545 parents have attended online protection workshops.

Evaluations indicate that all workshops have shown impact.

### **b) The Impact of the Safeguarding Work Undertaken:**

Doncaster is now ranked by Stonewall 11 out of 39 LAs in our role in supporting LGBTQ young people. This is a jump of 2 places from 2016.

#### Designated Safeguarding Lead Network Meetings.

Attendance at termly meetings continues to grow and evaluations have been consistently positive. Over 450 staff attend termly meetings. The full S175 report in June 2017 identifies all training accessed by all schools and academies across Doncaster. A three year trend analysis shows year on year improvement. Staff trained as PREVENT trainers continues to grow, and this has extended to other educational providers.

#### Strengthening partnerships with DCST Area Managers.

Designated safeguarding leads now meet social care staff regularly. These meetings support schools and academies and improve communication between schools and the trust.

The NSPCC Buddy programme, Diana Awards and Doncaster Children and Young Peoples Charter Mark continues to be promoted. This year, PANTS and the RDASH SafeTouch programme has featured within designated safeguarding lead network meetings.

#### Any specific issues for safeguarding in Schools and Academies:

Ofsted Inspections, STEP visits and local PiL audits are identifying concerns with single central records and personnel files. Follow up visits will be made to any schools with identified safeguarding concerns. There has been an increase in PREVENT referrals and a noted increase in prejudice based bullying requiring additional support from the LA.

#### Assurances provided regarding safeguarding within schools and academies

- S175 full report approved June 2017 (This included 3 year analysis) presented to the EAG group/DSCB.
- S11 Dip sampling of all schools and academies - extending on the S175 (DSCB Challenge meeting evidence) this includes school responses to DSCB Challenge meeting questions and also wider safeguarding questions. 24 schools/academies provided detailed responses indicating that key safeguarding activity is being undertaken and DSCB priorities are being acted upon.
- DSCB Challenge Meeting Evidence and Presentation (June 2017)
- All CYP Managers received a copy of the combined DSCB Annual Report and Key LA performance indicators (June 2017). Managers responses have been collated and the findings shared at the DSCB Challenge Meeting (July 2017)
- EAG LA Safeguarding Managers Impact Report (June 2017)

- Ofsted Findings, early years report outstanding practice across all settings
- Schools Inspected June 2017-June 2018 record 94% effective judgement for safeguarding.
- Revised policies and training across all areas
- Stonewall Education Equality Index 2016/17 submission.
- DSCB sub group actions achieved.
- STEP reports
- PiL safeguarding health check reports
- Governor Initiative Group Safeguarding Self-Assessment audit (in development).

**c) Challenges for Safeguarding in agency and key risks:**

**Ofsted**

A new monitoring system is in place to track all Ofsted related school/academy/education based complaints. The LA Safeguarding Manager reported 16 Ofsted parental complaints/notifications received during the period January 2017 to June 2017 linked to primary, secondary and Doncaster College provision. The main reasons cited include, teacher conduct and bullying by students. Advice, guidance and challenge have been offered, ensuring any recommendations have been implemented. The complexity of the issues identified is increasing with some complaints needing over 10 hour's officer time. This is difficult for the service to manage, as the average number of complaints received per week is unpredictable.

**Plans and Priorities in Safeguarding Children for 2017-18:**

Doncaster LA aims to become a top 10 LA next year in the Stonewall Education Equality Index. This will continue to be a priority and the voice of young people will be central to developing support for LGBTQ young people. Doncaster LA contributed towards the development of a Trans toolkit for schools/academies and has established strong links to the Child On-line Exploitation Protection Education Team.

By 2018 – All Doncaster schools/academies to be judged effective for safeguarding without exception.

## **5.2 Doncaster College**

**a) Summary of key safeguarding activity undertaken during 2016 – 2017:**

Doncaster College has robust safeguarding with clear pathways and guidance for staff and students; ensuring timely responses to referrals. The College is student centred with a culture and ethos ensuring effective and consistent approach to safeguarding issues.

The College has partnerships with the Doncaster Safeguarding Adults Board, DSCB Sharing and Engagement, Educational Sub Group and a member on the Sexual Health partnership and Neglect Task groups, Domestic Abuse group (capacity permitting).

There are also key partnerships with South Yorkshire Police, Doncaster Police; Safer Stronger Doncaster Partnership, CAMHS and Adult Psychological Services emergency crisis teams along with 18+ Children in Care Team. The College operates a welfare register which captures its students who present as most vulnerable including Section 47's.

Doncaster College prides itself on the links with priorities of Doncaster Safeguarding Adults Board strategic plan. This is delivered through educating students about risk taking behaviours within the



cross College tutorial programme targeting; safe relationships, health and wellbeing, CSE, prevention, drugs and alcohol. The aim is preventive to help young people learn how to be safe and stay safe.

To date in 2017, 186 safeguarding concerns were raised. There was a 9% increase on last year's referrals to the Safeguarding Team. This was due to focused referral mechanisms in line with DSCB's Threshold's Guidance and embedded partnership work with supporting agencies.

There is a zero tolerance to bullying and issues are dealt with immediately and appropriately whilst also encouraging students to report incidents, emphasising tolerance and good treatment of others. Positive behaviour is expected with a learning and behaviour policy to encourage students to take responsibility for their actions.

Doncaster College core values are part of the strategy plan and management guidance and are included in all staff descriptions.

The College understands its duties and responsibilities under the Counter Terrorism Act (2015), which 'places a specific duty on specified authorities including Further and Higher Education to have due regard to the need to prevent people being drawn into terrorism' in line with this the College has embedded staff training and is 95.5% compliant (June 2017).

The College works in line with local and national legislation and Safeguarding Boards procedure. Within this context the College has completed the following to ensure the health safety and welfare of all its students and staff:

- Education Standards and Effectiveness Service Annual Safeguarding Report 2015 - 2016 September 2015 – July 2016 (March 2017)
- Q3 Performance Summary for the Doncaster Safeguarding Adults Board ((Collated Quarterly – last requested September 2016)
- Quarterly Gap Analysis for College Training for the Doncaster Safeguarding Children Board (Collated Quarterly – last submitted 9th June 2017)
- Joint DSCB/DSAB Safeguarding Self-Assessment (May 2017).

**b) The impact of the safeguarding work undertaken:**

The College's Ofsted Inspection 2016 noted that:

- 'Safeguarding is highly effective, steered by a clear policy that includes the promotion of tolerance, democracy and respect. The college provides an inclusive, welcoming and respectful environment. Students feel safe and know how to keep themselves safe online.'
- 'Leaders, managers and staff promote an inclusive approach to education that includes developing students' understanding of the Prevent duty and British values.'
- 'Students and apprentices feel safe. They know how to seek help or raise concerns about incidents of bullying or unfair treatment and have confidence that managers and staff will respond quickly and effectively to resolve any concerns raised.'

The College has a robust staff development programme for safeguarding and Prevent Duty ensuring staff are appropriately trained to understand and carry out their duties in line with local and national safeguarding guidance and legislative requirements. The College is currently 92.25% compliant for its 3 year Essential Skills Training (June 2017).

Doncaster College's Induction Survey 2016/17 highlighted 97% of respondents agreed/strongly agreed that the College is a safe place to learn.

**c) Challenges for safeguarding in your agency and key risks:**

The challenges for next academic year will be linked to the cross over from a paper based referral system to an electronic system (CPOMS). The risk will be related to ensuring package fit needs of the College.

Doncaster College is on a merger journey with North Lindsey College, Scunthorpe. It is important that there is parity of working and cross referencing of good practice to ensure safeguarding services at both Doncaster and North Lindsey are robust and of equal quality and effectiveness.

Doncaster College is a place where students and staff should be safe and secure. It is imperative to keep the messages of vigilance to keep all staff and students safe to support safety within the College community.

#### **Doncaster College Plans and Priorities in Safeguarding Children for 2017-18**

- To embed safeguarding through online tutorial My SOLE using national noted dates and events as well as key themes in line with legislation.
- To facilitate staff training in the delivery of British values
- To ensure curriculum observation process takes account of British values and its delivery cross College.
- To undertake a cross College Prevent audit review.
- To streamline the SC1 tracker to enable more specific detail of cases taken.
- To research online safeguarding tracking software.
- Two appointed safeguarding officers to undertake Mental Capacity Training to further enhance knowledge levels within DSO team.
- To undertake a review of Multi- Purpose Safeguarding Checklist, including Prevent Agenda

## 6.0 Other Partners (St Leger Homes, SYFR, Lay Members, Safe@Last)

The DSCB engages well with all partners including those whose safeguarding children is not its main function. St Leger Homes and SY Fire Service have engaged well with the Board, attending LSCB meetings and providing assurances to the DSCB that their safeguarding responsibility is fully met. Opportunities for joint working with Doncaster safeguarding Adults Board will ensure that shared agenda's will be moved forward effectively in line with the Children and Social Work Act. Consideration over the next year will be given to how we ensure partners, including lay members, who are no longer on the Board will continue to keep close links to ensure safeguarding children remains a high priority.

- Implement the Children and Social Work Act
- Develop a stakeholder group to ensure safeguarding children remains a high priority
- Develop opportunities for joint working

### 6.1 St Leger Homes

#### a) Key safeguarding activity undertaken during 2016 –2017:

- As a member of the Doncaster Safeguarding Board (DSCB), St Leger Homes of Doncaster (SLHD) have contributed to the delivery of the Boards core functions, strategic priorities and work streams identified during 2016/17.
- SLHD is also a member of the sub groups established by the Board to complete work streams. During 2016/17 we have contributed to the strategic and operational development and delivery of the Early Help/MASH Hub, Child Sexual Exploitation, Multi-Agency training, Growing Futures and Faith and Culture engagement.
- As well as being a member of the DSCB and sub groups, SLHD sits on various task and finish groups and panels established, as and when required to manage and complete specific pieces of work; e.g. Child Sexual Exploitation Strategy, Resolving Professional Differences Protocol, Voice of the Child, Neglect Strategy and Toolkit, Children and Young People's Plan (2017-20), Children Missing Operational Group, Serious Case Reviews, Domestic Homicide Reviews and the support and delivery of local and national initiative's that promote safeguarding awareness.
- Internal Business
- SLHD has a Safeguarding Children and Adults procedure that includes a single point of contact for all staff to report concerns they may come across whilst carry out their day to day duties. The importance of good record keeping, together with monitoring all concerns of suspected or known abuse, their management and resolution is embedded in the procedure and reporting system.
- Safeguarding concerns are monitored centrally and area based managers complete monthly compliance checks. During 2016/17 we worked collaboratively in delivering support services to 61 children and families either directly with a partner or through the Children's Trust. Housing Officers attend Core Groups, Team Around the Child and Child Protection meetings on invite and attend area based Case Investigation Meetings (CIM) weekly to discuss and identify early help for children, young people and families in need.
- During 2016/17 we completed the Safeguarding Children & Adults Board audit assessment to ensure that our internal arrangements and processes reflect WTSC 2015 Guidance and the Children Act 2004 (Sec 11) requirements. In addition we also completed an Internal Business Assurance Review of the way we deliver safeguarding services. All challenges and recommendations were received positively, noted and action taken.

- Our annual safeguarding report was presented to SLHD Board in July 2016.
- We have created a young person's engagement board to develop and deliver the commitments for young people identified during 2015/16. The board looks at how we engage with young people and how we can encourage engagement from other young people across the borough. The commitments that the board have developed are available on SLHD's website.
- The Schools Partnership Programme, which is facilitated and co-ordinated by SLHD, continues to develop. The programme is delivered in a workshop setting to young people in sixth form academies across Doncaster and aims to empower and support young people. The workshops are delivered by partner organisations and cover various topics such as, health & well-being, healthy relationships, living in the wider world and domestic violence. Currently there are 30 organisations involved with 10 academies signed up to the programme.
- The Joint Protocol between Doncaster Children's Trust & St Leger Homes for Young People Aged 16-17 years at risk of homelessness has been agreed and implemented.

**b) The Impact of the Safeguarding work undertaken:**

- The Early Help offer in Doncaster. St Leger Homes has been and continues to be fully involved in the Early Help Strategy. Our safeguarding lead continues to be a member of the Early Help Implementation Group. SLHD have contributed to the delivery of the review and re-launch of the local guidance on thresholds to support the Early Help Strategy and pathway and trailed the secondment of a SLHD officer into the Early Help/MASH Hub.
- The Schools Partnership Trust 2015-16 project has been extremely successful in supporting 6th form students in 10 academies; Balby Carr Academy, Sir Thomas Wharton, Don Valley, Mexborough, Campsmount, McCauley, De Warne, Serlby Park, Rossington All Saints and Ash Hill. This is being developed further and rolled out to other academies during 2017-18.
- We have received national accreditation from the Tenants Participation Advisory Service (TPAS) and Customer Excellence which included our safeguarding arrangements.
- We have seen an increase in concerns being raised by our property services staff.
- During 2016/17 SLH delivered its action plan from previous S11 audits/annual declarations successfully with no specific issues identified.
- Any specific issues for safeguarding in your agency
- Issues have arisen regarding insufficient notice for invitations to initial case conferences and core groups which have a negative impact on the working day and further work planning. Discussions have taken place with DSCT to resolve these issues.
- Assurances provided regarding safeguarding in your agency
- Challenge meetings arranged on behalf of the Board were completed during 2016-17 on Safeguarding Services.
- SLHD Annual Safeguarding Report detailing performance data; number of safeguarding cases, referrals for appropriate support and training presented to SLHD Board.
- Individual management reports completed as required.
- There is a regularly reviewed annual delivery plan and service delivery plans which reference safeguarding and is linked to relevant work streams.
- Safeguarding is included in St Leger Homes annual audit.
- We continue to deliver the rolling programme of safeguarding training and refresh training for both our own staff and partners through the Workforce Sub Group and partnership training pool.

**c) Challenges made to other partners, challenges received and how these were addressed**

None to report

**d) Plans and Priorities in Safeguarding Children for 2017-18:**

- Continue to build on our collaborative approach to safeguarding children and young people and continue to be a key partner in delivering the vision for Doncaster.
- To remain visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, children, young people and families.
- Maintain our commitment to improved quality of safeguarding and support for children, young people and families through partnership and influence.
- Ensure that early intervention and support remains a priority to prevent the escalation of problems and issues children and young people face.
- Improving and strengthening our safeguarding service through training, communication and awareness so that our most vulnerable and hard to reach communities can engage in support activities that will help them develop and thereby improve all outcomes for them.
- To reduce the likelihood of children and young people being sexually exploited by supporting and working in partnership with lead agencies – SYP & Children Services – Child Sexual Exploitation and Missing Children Team and Sub Group.
- Continue to work on the delivery of the Early Help Offer
- Build on our partnership work with Children Services and the Children's Trust to align objectives and resources to achieve outcomes for young people and families.
- Continue to facilitate the Schools Partnership Programme – PSCE sessions to be delivered to more academies in the coming year; these sessions cover the health and well-being, living in the wider world of 6th form students.
- Facilitate Creative Education sessions for young people aged 16-25 to develop their maths and English skills, as well as learning basic skills to get them tenancy ready. These workshops will be based at the Young People's Service with the 18+ services, Youth Offending Service and Doncaster Foyer.
- Work is to be completed in conjunction with other young person's boards across the borough, including Children in Care Council, NCS Youth Board and the Youth Council.
- Continue to deliver our rolling programme of Safeguarding training, both in-house and as part of the partnership training pool.

## 6.2 South Yorkshire Fire & Rescue Service

### a) Summary of key safeguarding activity undertaken during 2016 –2017:

#### GOVERNANCE

In the last 12 months South Yorkshire Fire & Rescue have introduced an internal Safeguarding Executive Board and Reference Subgroup. The purpose of these new arrangements, are to strengthen governance, through scrutiny and challenge across departments and to learn and improve in areas relating to multiagency working and information sharing.

### b) The impact of the safeguarding work undertaken:

#### CASE MANAGEMENT & POLICY

Safeguarding Concerns are triaged by the designated Safeguarding Advisor and out of hours by the Group Managers and data relating to this is published in the Prevention & Protection Quarterly report. The cases are predominantly related to neglect, often in association with fire risks and concerns about health and wellbeing. The High Risk Coordinators (2) manage the high fire risk cases locally. Policies, relating to Safeguarding, are updated annually (together with an Equality Analysis is) for child protection a Strengths Based Approach "Signs of Safety" is included in training.

#### SAFEGUARDING BOARDS

South Yorkshire Fire & Rescue continues to be represented (although this is also a challenge) at both Local Authority Safeguarding Children and Safeguarding Adult Boards across the county (and SYP

County Wide Safeguarding Board) and has contributed to a number of initiatives in policy development relating to self-neglect and hoarding.

**c) Challenges for safeguarding in your agency and key risks:**

**COLLABORATIVE WORKING**

Collaborative working policies and practice e.g. (SYP/YAS) – managing pathways for multiagency working, reporting and respective training for role.

**South Yorkshire Fire and Rescue Plans and Priorities in Safeguarding Children for 2017-18**

**INTERNAL AUDIT & PEER REVIEW:**

To seek external scrutiny/audit/review of SYFR governance arrangements

**REPORTING CONCERNS & TRAINING**

Development of a new SYFR Safeguarding Concern Form

Development of an SYFR Learn Pro Module (on line learning) to support the use of the new form (together with an assessment)

**KNOWLEDGE & SKILLS IN SUPERVISION**

To develop Knowledge & Skills to provide effective supervision and support for complex case work e.g. Safeguarding, High Risk Coordination and HOPE casework

### **6.3 Safe@Last**

**a) Summary of key safeguarding activity undertaken during 2016 –2017:**

SAFE@LAST have worked with 3 young people in Doncaster who are risk through running away or going missing from home.

SAFE@LAST have worked with 3 families in Doncaster who are affected by their young persons running away or going missing.

Staff from SAFE@LAST have attended the following meetings: DSCB CSE/missing sub group. PVYP Group.

**b) The impact of the safeguarding work undertaken:**

The aim is to reduce and stop the young person running away or going missing.

The aim of the education and prevention work is to ensure that children and young people understand the dangers of running away and going missing, CSE, drugs and alcohol, domestic violence and illegal highs.

**c) Challenges for safeguarding in your agency and key risks:**

Key risk – reduced funding restricted even further services on offer.

Key risk – being invited to CP, CIN, Core and Strategy meetings. Sometimes we are overlooked and it can be difficult to get invitations to meetings.

**Plans and priorities in safeguarding children for 2017-18**

- To continue to deliver services to children, young people and families who are at risk through running away or going missing.
  - To increase the Education and Prevention work in Doncaster in secondary schools and academies.

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# DSCB Annual Report

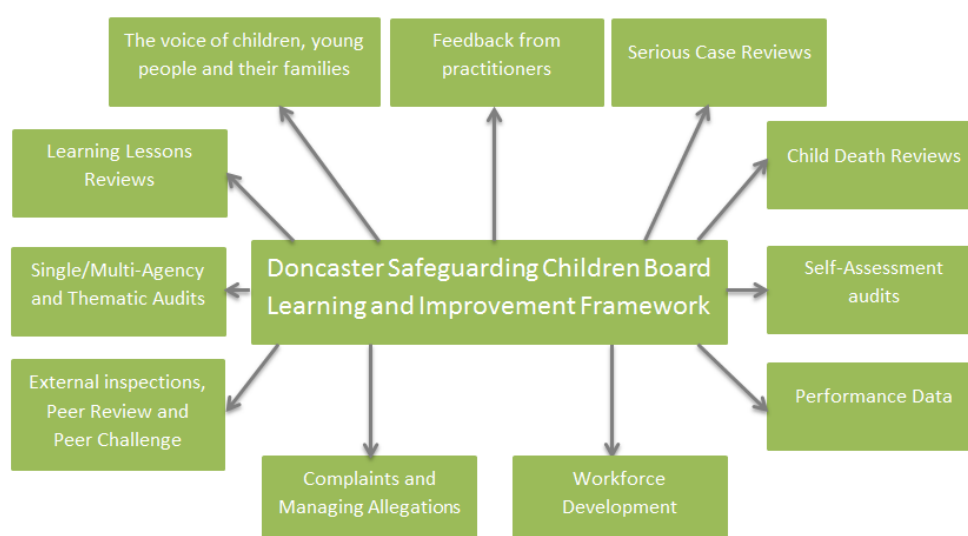
## 2016-17      Annex 2

### Learning and Improvement



## 1. Annex 2 - Learning and Improvement

A key function of the LSCB is to promote learning and improvement across the partnership. DSCB has established a learning and improvement framework that is intended to disseminate learning from a range of sources to improve practice. The Learning Improvement framework was agreed by the Board in 2015 April. The key elements are laid out in the diagram below:



The Business Coordination Group has responsibility for the implementation of the Learning and Improvement Framework, supported by the DSCB sub-groups, in particular the Case Review Group, and the Quality and Performance Group.

### 1.1 Performance Data

A recommendation from Ofsted's Single Inspection in 2015 was to "Ensure that high quality performance data is available and robust analysis occurs to enable the Board to have a good understanding of child protection and safeguarding activities across Doncaster " (Ofsted, 2015, P40).

Following the Ofsted Inspection, there was significant development of the DSCB Performance report throughout 2015/2016 with a full range of relevant safeguarding performance data and other information from partner agencies available from Q1 2016/2017. The new report includes an extensive range of performance indicators from all agencies involved in the safeguarding and assessment of children. This has allowed for a wide and far reaching understanding of the effectiveness of safeguarding activities and multi-agency working in Doncaster. Further development of the data and performance framework is, however, required to improve analysis and evaluation of the impact and outcomes for children and young people. A review of the data set is planned for 2017/18 with a focus on enhancing agency analysis on the impact of safeguarding activity and reducing the duplication of data reporting through an alignment with other performance reporting cycles. Revisions to the overarching DSCB Performance Framework will be made accordingly.

The key issues identified during 2016/17 and reported to DSCB Board members are detailed below;

- Q1 identified that the number of children subject to a child protection plan for the category of neglect was showing an increasing trend. The development of the Neglect Strategy and implementation was seen during the year and multi-agency training was provided on tools to identify neglect at an early stage. The DSCB has planned a re-audit of neglect for October 2017 to monitor progress.
- Q1 data showed an increase in the number of contacts made to DCST but with a reduction in the number of contacts becoming a referral. This raised a question around the application of thresholds by professionals. Data provided in Q2 further compounded the view that thresholds were not properly understood with an increasing number of Children and Family Assessments resulting in no further action being required. An increase in the pressure on the volume of work within DCST locality teams was seen as a result. Thresholds became a focus and the DSCB undertook a multi-agency audit to better understand the application of thresholds. (see section on multi-agency audits for more details, section 1.2). The DSCB also provided 22 training sessions to increase understanding amongst professionals. Q4 began to see a decrease in the disparity between the number of contacts and the referrals along with an increase in the number of open cases to Early Help.
- Q1 saw a significant increase in the number of closed cases where all needs had been met and the action plan completed. However, in Q1 only 32% of open cases had a family plan evidenced on the Early Help Assessment. A single agency audit was undertaken by DMBC and a plan for improvement identified and implemented.
- Q3 identified that the number of children presenting at A&E and those being admitted to an acute ward for substance misuse and alcohol related issues was substantially higher than the number of referrals made to Project 3 (service provider for substance misuse support) This raised an issue about the help being sought for young people by both hospital staff and agencies in general. A substance misuse challenge meeting was held in response. Agencies were invited to consider the referral pathway to Project 3 and how this could be better embedded into individual agency process to increase the number of referrals. Agencies identified that increased awareness of the need for a referral amongst staff was required. Changes to internal agency referral paperwork were also identified as being required to simplify the referral process for staff. Discussion with key agencies that were not present at the meeting has been followed up separately. Progress is monitored through the Quality and Performance Sub Group. A challenge is currently in process to improve the help provided to young people.

**Areas for development:**

- Review the performance reporting process and performance framework
- Monitor existing identified issues through performance reporting and re-audit

## 1.2 Audit Activity

A recommendation from Ofsted's Single Inspection in 2015 was to "Ensure there is a programme of audits, and re-audits; to identify the strengths in multi-agency practice and where weaknesses are identified these are addressed promptly" (Ofsted, 2015, P0).

The Quality and Performance Sub Group (formerly the Learning and Improvement Sub-Group) identified a timetable for four multi-agency audits to be completed throughout 2016/2017. An

additional two multi-agency audits were completed in response to requests from partners. Each audit has its own action plan. Updates are provided to the Quality and Performance Sub Group. Lessons learnt from audits are communicated in line with DSCB Communication Strategy. The following audits were completed during this period:

#### An audit of children in secure accommodation and custody

The purpose of the audit was to provide DSCB with assurance that Doncaster children who are detained either in custody or secure accommodation are safe and that children/young people are only detained when absolutely necessary and for the absolute minimum amount of time. The audit highlighted areas of improvement in terms of both more effective exit planning upon discharge and the availability of specialist CAMHs resources in custodial settings. It also provided assurance that young people are only detained when absolutely necessary. It provided further evidence of the already known concerns regarding the shortage of PACE beds, both locally and nationally. An action plan is being implemented to address the issues. The demand for PACE beds is, however, currently being reviewed in the light of recent changes to the Bail Act where it is anticipated that there will be less need for the service. Regular update reports to the Quality and Performance Sub Group are provided. Updates are provided to the Quality and Performance Sub Group.

#### Mental health of children and young people

This audit was undertaken after information within the performance report identified an increase in the number of children and young people who had been admitted to acute wards via A&E due to attempted suicide. In addition the data highlighted an increasing number of children and young people being admitted to acute wards via A&E due to deliberate self-harm. Issues in relation to the timeliness and completion of assessments by CAMHs, a lack of joint working and a high number of appointments not attended at CAMHs were identified. This resulted in a change being made to the Health and Wellbeing Plan to include the development of a self-harm pathway and updates on the progress of the plan continue to be provided. A challenge was also made to CAMHs regarding the timeliness of LAC assessments. An Assurance Report was provided to the Quality and Performance sub-group that increased staffing levels have improved this practice. The trend for the number of children admitted to acute wards via A&E or mental health services due to attempted suicide has shown a downward trend throughout 2016/17.

#### LGA Peer Review audit

This audit was undertaken to support the DCST Peer review where the DSCB undertook an additional multi-agency audit of children known to DCST. Evidence was seen of improvements in the quality of multi-agency safeguarding practice. Specific issues that were identified were the attendance of some agencies at Child Protection Conferences, understanding of the CIN process, supervision of staff and information sharing. A multi-agency action plan was developed and progressed through the Quality and Performance Sub Group. Ongoing audit by DCST has shown improvement throughout the year. For Children In Need, the percentage of Good and Outstanding cases have improved to over 35% in Q4 16/17 from 18% in Q1 16/17. The percentage of Good and Outstanding child protection cases have improved to 26% in Q1 to 59% in Q4 16/17.

#### Multi Agency Child Sexual Exploitation Re-audit

An audit of multi-agency practice in relation to CSE was first undertaken in 2015. A number of practice issues were identified and an audit action plan was devised. This was progressed through the Quality and Performance Sub Group. This re-audit was undertaken to review the progress made. The audit identified 10 areas where practice had improved; in particular the audit demonstrated that practitioners knew the signs and risk indicators of child sexual

exploitation and this was articulated in referrals, assessments, case file recording and supervision within all agencies involved. The response demonstrated by agencies was appropriate, timely and children had been kept safe. Tenacious practice was evidenced to disrupt activity of perpetrators.

#### Multi Agency re-audit of Thresholds and the Effectiveness of Early Help

This thematic audit focussed on a re-audit of Thresholds and the Effectiveness of Early Help Services and was first undertaken in June 2015. The purpose of the audit was to assure DSCB that thresholds are clearly understood across the partnerships and that Early Help services were effectively responding to the needs of children and families. The audit of thresholds and the DCST front-door raised a number of queries about the quality of assessments and the early help pathway. As a result DCST commissioned an independent review of the DCST front door.

#### Domestic Abuse

The Ofsted Single Inspection in November 2015 highlighted that whilst Multi-Agency Risk Assessments Conferences (MARAC) are well attended re-referral rate for MARAC cases was 40%, which was over twice the regional average. The purpose of this audit was to assure DSCB that agencies in Doncaster were delivering effective preventative and safeguarding services for children and families who are experiencing domestic abuse. The audit identified a number of strengths in practice but also identified areas to develop around domestic abuse awareness, the review of 'lower risk' cases and the implementation of dynamic risk assessments. An action plan has been devised and will be progressed through the Safer Stronger Doncaster Partnership. The Growing Futures Project has been developed by DCST to break the cycle of domestic abuse within families and a reduction in the number of repeat cases to MARAC has been seen throughout 2016/2017.

There has been a focus on developing the audit methodology and improving the quantity and quality of multi-agency audits. Further improvements have been identified: for each audit there will be a designated 'expert' in the audit theme who can inform the scope, audit tool and action plan; the audit process itself will be streamlined to ensure that learning is disseminated in a timely way. These changes are being implemented for the Board's audit programme in 2017-18

#### **Areas for development:**

- Utilise the knowledge of an 'expert' in the audit theme to inform process and actions Strategy.
- Streamline the audit process and Improve the timeliness of the dissemination of learning from audits

### **1.3 Learning from Serious Case Reviews and Learning Lessons Reviews**

The DSCB Case Review Group has responsibility for reviewing cases which may provide learning for the partnership, and developing appropriate actions as result. If a case appears to meet the criteria for a serious case review (as defined in Working Together 2015), then a separate panel of Board representatives is convened to make recommendations to the

Independent Chair, to inform his decision on whether a serious case review should be undertaken.

The last serious case review that the Board undertook was in 2014-15 in relation to a child known as Child A, who died after being shaken. Due to the length of the criminal proceedings this report could not be published until October 2016. Nevertheless the DSCB had already developed and implemented an action plan to improve practice. All these actions are now complete with the exception of one which required an audit to be undertaken to evaluate the extent to which required changes in practice are now evident in casework. This relates to whether information from GPs is being shared effectively in early help and child in need cases.

The DSCB has participated in two external serious case reviews relating to children who had previously resided in Doncaster. These reviews are also now complete and awaiting publication of the reports. It is understood that one of these reports will not be published in order to preserve the privacy of the young person. The DSCB again has developed its own action plans which have been implemented apart from those requiring audit to evidence the changes have been put into practice. One of these reviews involved a serious sexual assault on a young person; the other involved a baby being seriously injured due to being shaken whilst resident in the other local authority area. The key lessons from the reviews were in relation to transferring information between Local Authorities and Schools, the role of females in sexual abuse and the importance of listening to the voice of the child. New guidance has been shared regarding best practice in sexual abuse and assurances have been received from partners about how they ensure the voice of the child is heard.

The Case Review Group has sought to find a way to access learning more quickly enabling it to consider a larger number of cases. This enables it to consider the learning from cases which do not meet the criteria for a *serious case review*, but where there is still learning from how partners have worked together. It was agreed that a more proportionate response was to use the multi-agency guidance for Child Practice Reviews developed in Wales. This is a formal process that allows practitioners to reflect on cases in an informed and supportive way. Documenting the history of the child and family is not the primary purpose of the review. Instead it focusses on how agencies worked together and on how practice can be improved. The DSCB commissioned training on the use of the methodology which was well-received and led to a greater understanding of how the approach is applied in practice.

The Case Review Group has commenced four such reviews relating to 7 children. A further review is planned relating to a further two children. Three of the reviews are still ongoing, the fourth is complete and an action plan is being implemented. The presenting problems included:

- Assault of a young person by another young person
- Self-harm and attempting to take their own life
- Persistently going missing and the use of secure accommodation

The learning identified from the completed learning lessons reviews and case reviews included:

- Practitioners recognising and working with disguised compliance
- The need for a more robust approach to neglect
- Improved understanding of thresholds
- Improved understanding of early help and the lead practitioners role
- The need for professional curiosity
- The importance of professionals attendance at case conference
- The need for a discharge planning protocol



- Information sharing, particularly with GPs at a CIN or early help level

### **Impact**

As a result of the reviews training has been updated to include information on disguised compliance and professional curiosity. A neglect strategy has been developed with supporting tools and training on the use of the tool has been provided. An audit will take place in the autumn to ensure this has become embedded in practice.

A suite of training has been provided on early help, thresholds and the role of the lead practitioner. The recent audit undertaken by DSCB showed that thresholds are now generally understood and are embedded. There continues to be a need to broaden the take-up of the lead practitioner role by professionals in some agencies, and to improve the effectiveness in the way the role is carried out (see Section on Early Help ).

A pathway has been developed to ensure that GP information is shared appropriately, however an audit has identified that this is not yet embedded and therefore more work is required to ensure professionals know what the new process is.

A new discharge planning protocol has been developed to ensure health and social care partners establish joint planning meetings to safeguard children when they are discharged home from hospital.

Work has taken place to improve attendance of partners at case conferences and this is now evident in attendance figures.

## **1.4 Child Death Overview Panel (CDOP)**

### **Activity of the CDOP**

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In 2016/17 27 child deaths were reviewed by the panel, a slight increase from 24 in the previous year. Nationally approximately two thirds of reviews completed were for deaths of children under the age of one year a figure that remains consistent year on year. Locally 62% of the child deaths reviewed were for children aged under the age of one year, which is a broadly similar proportion to the national figure

The panel tries to review all child deaths as quickly as possible. However, there may be reasons outside the panel's control that result in a delay between the date of death and the date of panel review. The panel met five times in 2016/17 which is the same frequency as in 2015/16. 49% of child deaths were completed within 12 months compared to 70% last year. This downward trend is in contrast to the national timeliness figure which has increased to 76% from 70%. However this has not led to a backlog of cases.

Reviews generally take longer if modifiable factors are identified in the death. Of the 27 reviews undertaken 51% took over 12 months to complete and the number of child deaths with modifiable factors has increased from 6 in 2015/16 to 11 in 2016/17. The local process is comparable to the national trend in this respect. Despite this increase in identification of modifiable factors and the ongoing temporary arrangements for the designated paediatrician for the panel the number of deaths awaiting review has fallen from 28 at the 31<sup>st</sup> March 2016 to 19 at the 31<sup>st</sup> March 2017. This is of course heavily influenced by the actual number of child deaths and for 2016/17 this figure fell to 17, the lowest on record.

## Category Event and Location of Death

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The CDOP is required to record a category of death. The largest proportion of deaths both nationally and in Doncaster are as a result of medical causes these include chromosomal, genetic and congenital abnormalities, perinatal and neonatal events, infection, malignance, acute medical or surgical conditions and chronic medical conditions. Given the small numbers in the remainder of categories the use of percentages is not particularly helpful.

- None of the deaths reviewed in Doncaster was categorised as being caused by “deliberately inflicted injury abuse or neglect”. Nationally 47 children were thought to have died as a result of this.
- None of the child deaths in Doncaster was as a result of “suicide or self-inflicted harm”. Nationally 101 children were believed to have died in this way.
- Only one death in Doncaster resulted from “sudden unexpected, unexplained death” which forms part of a national picture of 260.
- 4 deaths were classified as being as a result of trauma and other external factors; there being 210 deaths nationwide.
- 18 children died as a result of medical causes which is in keeping with the large proportion of deaths nationally in this category.

Future trends in relation to this data will be monitored however at this point the Doncaster numbers do not give cause for concern.

With regard to location of death, in keeping with the national data the majority of children died as a result of health problems having been admitted to either an acute hospital or hospice. 23 out of the 27 deaths reviewed locally were in this setting. One Doncaster child died in a public place; this case had modifiable factors. Most (51%) of the 148 child deaths across the country in a public place were considered to have a high proportion of modifiable factors generally stemming from road traffic accidents or collisions..

## Modifiable Factors

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Since 2012 there has been an increase in the number of modifiable factors identified in child deaths. This is in keeping with the national trend. The Statistical First Release identifies “Reviews of similar deaths in subsequent years may have resulted in different assessments of whether there were modifiable factors. Decisions may have changed as the process evolved and as panels built a consistent approach to understanding ‘modifiable factors’. In addition local trends may have begun to emerge which would suggest that deaths should be assessed as having had ‘modifiable factors’ when previously this would not have been the case.”

Of the 27 child deaths reviewed in 2016-17 11 were found to have modifiable factors. Although these factors are identified as modifiable, this does not mean the factors fully explain the child death but are considered contributing factors. This is a higher number locally than last year. Some examples of the modifiable factors found in the reviews include:

- Smoking during pregnancy or by the parent or carer in the household
- Parental mental health
- Domestic violence in the household
- Underlying health conditions
- Access to medical services



This categorisation does not indicate any implication of blame on any individual party but acknowledges that where factors are identified, the death may have been preventable if that factor had been addressed. Nationally the trend has been for a gradual year on year increase in the percentage of child death reviews identified as having modifiable factors 24% compared to 20% in 2011. Doncaster is higher with the number of reviews with modifiable factors equating to 40%. Longer term comparisons are difficult with the local figure for 2011 as only 18 deaths were reviewed in this year with 3 of those classed as having modifiable factors representing 17%.

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### **Child Deaths Referred for Consideration of Serious Case Review**

Nationally serious case reviews were carried out for 3% of all child deaths reviewed in the year, which is slightly higher than in previous years. No child deaths reviewed this year were found by the DSCB to meet the threshold for a Serious Case Review.

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### **Activity as a result of a Child Death Review**

Following the review of a child death the CDOP has the ability to take action or make recommendations. In the last year the CDOP has:

- Produced 1000 safer sleeping prompt cards to support multi-agency practitioners in advising parents/carers. These are promoted through training and seminars. This complements the Safe Sleeping Campaign.
- Raised awareness of road traffic accidents through sessions with young people at educational establishments. The SDCB has reviewed the accident prevention work to ensure that the appropriate measures are in place to reduce the number of road traffic accidents.
- Produced a bereavement support leaflet that provides information on how to access the local bereavement support offer.

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### **Working of the Panel**

Overall attendance at the panel by members has been good. The majority of agencies have achieved 100% attendance at the Panel meetings with the exception of midwifery, the lay member and the Rapid Response Team. The reasons for non-attendance have include capacity issues within the midwifery service and the need to reschedule meetings due to the commitments of the chair and the designated paediatrician..

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### **Relative strengths of the Panel**

There are a number of relative strengths of the Doncaster CDOP:

- The panel generally has a high level of attendance indicative of strong multi-agency engagement
- Recording of ethnicity has improved although there is still some inconsistency in respect of this.
- CDOP procedures have been reviewed to ensure that notifications are made to the appropriate agencies to ensure support can be provided timely and appropriately.
- Bereavement support to ensure families are supported has been process mapped to ensure adequate provision.

- Information is now shared from the Rapid Response Team at panel meetings to ensure there is no delay or blockages in reviewing cases.
- The number of child deaths awaiting review has fallen to 19.
- Learning and engagement with other panels within South Yorkshire is continuing. This is done via quarterly meetings and newsletters. An audit of modifiable factors across South Yorkshire has taken place to ensure greater scrutiny of modifiable factors and ensuring that local practice reflects national practice.

### **Areas for Development**

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- Secure on-going designated paediatrician input to the panel
- Links are continuing to be established with other LSCBs in the region to observe their operation and consider what can be learnt from these areas.
- To ensure consistent approaches with the new review processes for child deaths through either suicide or children with learning disabilities. .
- A formalised bereavement support process to be finalised and implemented that links to the local bereavement support offer.
- Explore the potential for regional collaboration in order to enhance learning from the reviews.

## **1.5 Learning from Practitioners**

One aspect of the Learning and Improvement Framework is to ensure that there are effective communications with practitioners about the work of the Board and that Board members have an understanding of the issues affecting front-line practitioners.

Communication with practitioners is achieved mainly through the DSCB website. This provides a wide range of information and links to other sites. Links to the DSCB multi-agency procedures are available on the site along with Early Help tools, signs of safety tools, the neglect strategy tool and links to good practice on CSE. The new website was launched in January 2017 but since that time a wide range of material has been posted on the site. Work will be undertaken to evaluate the impact of the website and consider how we can increase the number of 'hits'.

In the last year practitioner views have been sought routinely through the DSCB multi-agency audit process. Practitioner events were also held for two learning lessons reviews to gain their views on the cases. These events were well evaluated. An area for improvement is to ensure that feedback from the reviews to practitioners is provided. Learning from case reviews has been disseminated through training and at the DSCB Conferences (see section 1.8).

The Board has established a Practitioner Forum to enable direct feedback to and from the DSCB. The purpose of the Forum is to provide a clear link between the Senior Leaders and the Practitioners across the Children's Workforce. The group is facilitated by the Training and Development Manager and John Harris, the Independent Chair always attends to give an overview of strategic initiatives and provided a clear link between practice and the Safeguarding Children Board.

The remit includes:

- assessing how well actions agreed at Board level are being implemented and sustained across the multi-agency partnership.
- informing and advising the Board on what strategies are working effectively, on blocks and barriers with recommendations and proposals as to how these can be overcome.

The Forum has good representation from across all of the agencies working in Doncaster. For the coming year a standard agenda has been developed to structure the meetings and give greater clarity of purpose. The impact of the Forums has been significant particularly in relation to the clear link they provide between the strategic partnerships and front line practitioners working with families.

#### Summary of the Practitioner Forum 2016-17

##### April 2016

The initial Practitioner Forum was very well attended with groups discussing the top five safeguarding challenges they face. This was then compared to the exercise undertaken at the Performance Accountability Board with senior managers and a discussion ensued about views at different levels of organisations. Practitioners' views were then used to inform the reports produced at PAB relating working with families with challenges and information sharing. One of the key outcomes stemming from this exercise was the change to the IT systems ensuring that information was accessible across both the Early Help Module and the Integrated Children's System used by DCST. The benefit of this is that practitioners working across the system have a greater understanding of the child and family's history and can make better decisions. The forum were also consulted on the Board's Neglect Strategy and Toolkit.

##### July 2016

The second forum focussed on Appreciative Enquiry and this was led by a Board member focussing on the Signs of Safety approach as a key aspect of the DSCB Business Plan. Practitioners were encouraged to think through the model and its benefits for practice. Feedback regarding the model was very positive particularly given its emphasis on looking at areas of good practice as well as those that need to be improved.

##### October 2016

The Forum focussed in detail on the effectiveness of Early Help in Doncaster. Practitioners raised issues in relation to duplication of processes at the "DCST front door". This fed into the PAB and the outcome was that a single point of access would be established from January 2017. Practitioners also formulated key questions to be shared with the wider children's workforce via Survey Monkey. The Forum also contributed to the Government's consultation on mandatory reporting.

##### January 2017

The results of the highly successful children's workforce survey were discussed in detail. In all, 450 practitioners from across a broad range of agencies responded providing a detailed level of data regarding the key issues and challenges affecting early help provision in Doncaster. A copy of the survey was also shared with key senior managers helping to inform the shared strategy for managing demand across the partnership formulated by the PAB. One of the key questions relates to whether the balance is right for lead professionals across the agencies. The forum had detailed discussion regarding this issue with input from the Board's independent Chair. Given the broad scope of the issues involved planning was undertaken to consider what factors influence a case being re-referred to social care in the form of a workshop at the next forum.

## **1.6 Allegations against Professionals**

Working Together to Safeguard Children' (2015) states that;

*'County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people that work with children'.*

The role of the LADO (Local Authority Designated Officer) also includes responsibility for the management and oversight of individual cases: providing advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.

DSCB provides guidance in respect of any allegation that a person who works with children or young has:

- Behaved in a way which has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way which indicates that he/she is unsuitable to work with children.

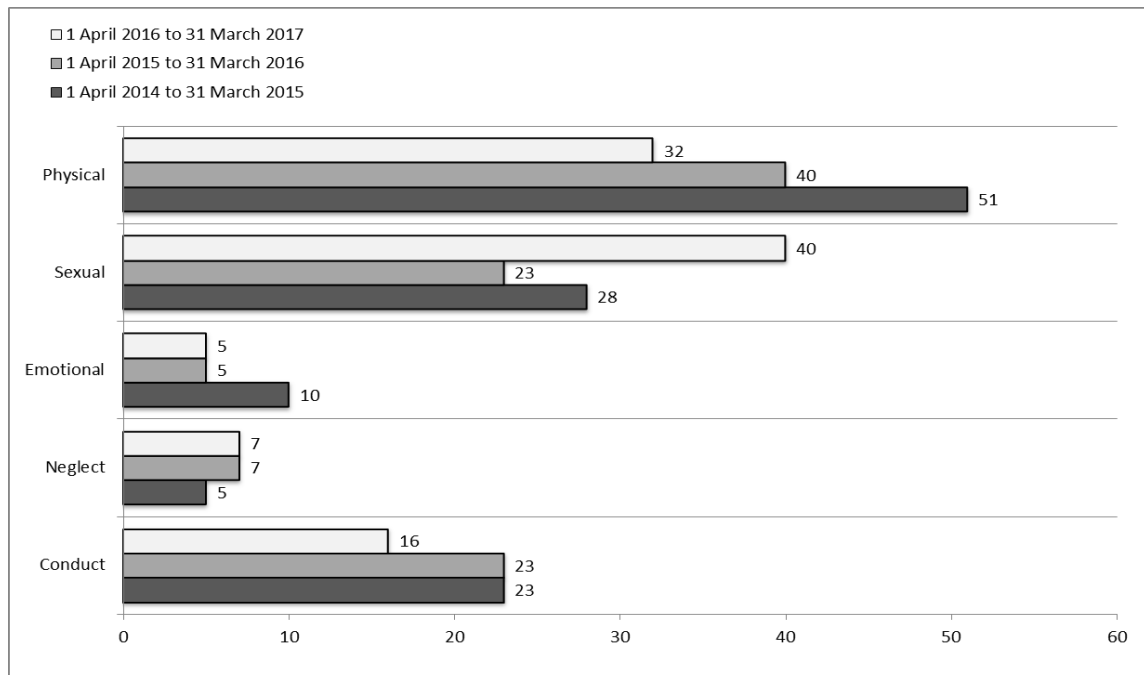
In Doncaster the LADO service is part of the Safeguarding, Standards and Policy Unit of DCST and there has been a consistent LADO since November 2013. The LADO is based at Mary Woollett Centre in close proximity to the Multi Agency Safeguarding Hub (MASH), Children's Social Care Referral and Response Team, Police Local Referral Unit, Adult Safeguarding, Police Public Protection Unit (PPU) and Child Sexual Exploitation (CSE) Team. The LADO has developed close working relationships with these teams which has greatly assisted in joint decision making and timely completion of cases. The LADO is supported by the Child Protection Conference Chairs who provide cover when the LADO is not available.

Work has continued to raise the awareness of the LADO role across a number of agencies, which has resulted in an increase in overall referrals. When compared to 2015/16, the numbers of referrals to the LADO has increased by 15%. However, the number of referrals that have reached the threshold to hold a strategy meeting has only increased by 2%. This is as a result of the advice given by the LADO to organisations at an early stage to assist them in undertaking a fact find process which has resulted in less cases progressing to a LADO strategy meeting.

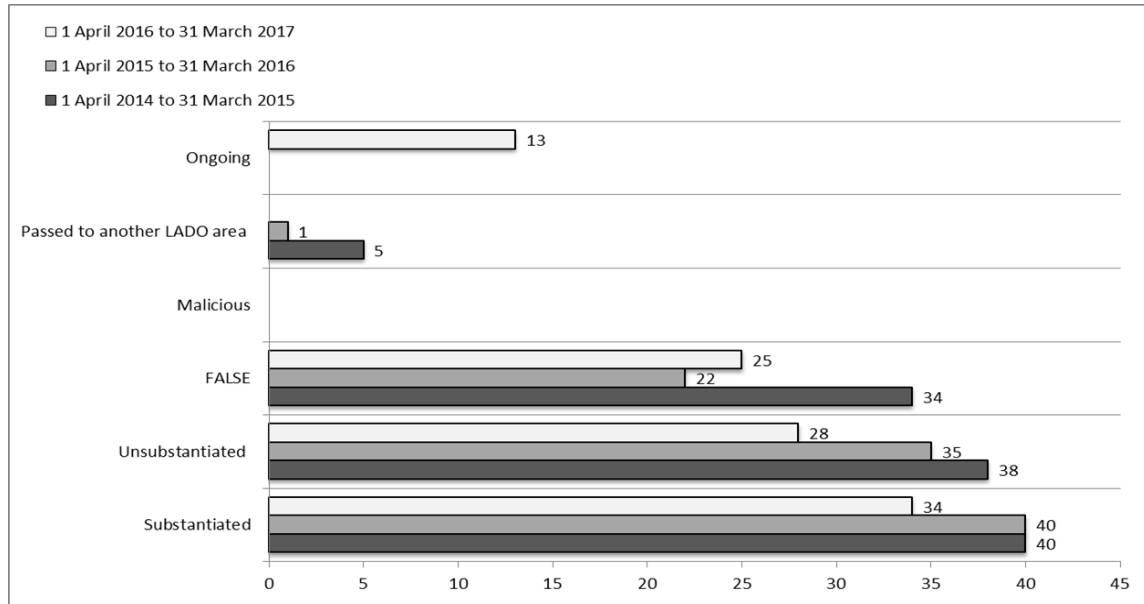
This has been the third full year that records have been kept in relation to the number of referrals that have not met the threshold. Prior to this information was only kept for those referrals where strategy meetings were held.

| Period            | Referrals | Met Threshold | % That Met Threshold |
|-------------------|-----------|---------------|----------------------|
| 1/4/16 to 31/3/17 | 602       | 100           | 17%                  |
| 1/4/15 to 31/3/16 | 518       | 98            | 19%                  |
| 1/4/14 to 31/3/15 | 506       | 117           | 23%                  |
| 1/4/13 to 31/3/14 | N/A       | 115           | N/A                  |
| 1/4/12 to 31/3/13 | N/A       | 103           | N/A                  |

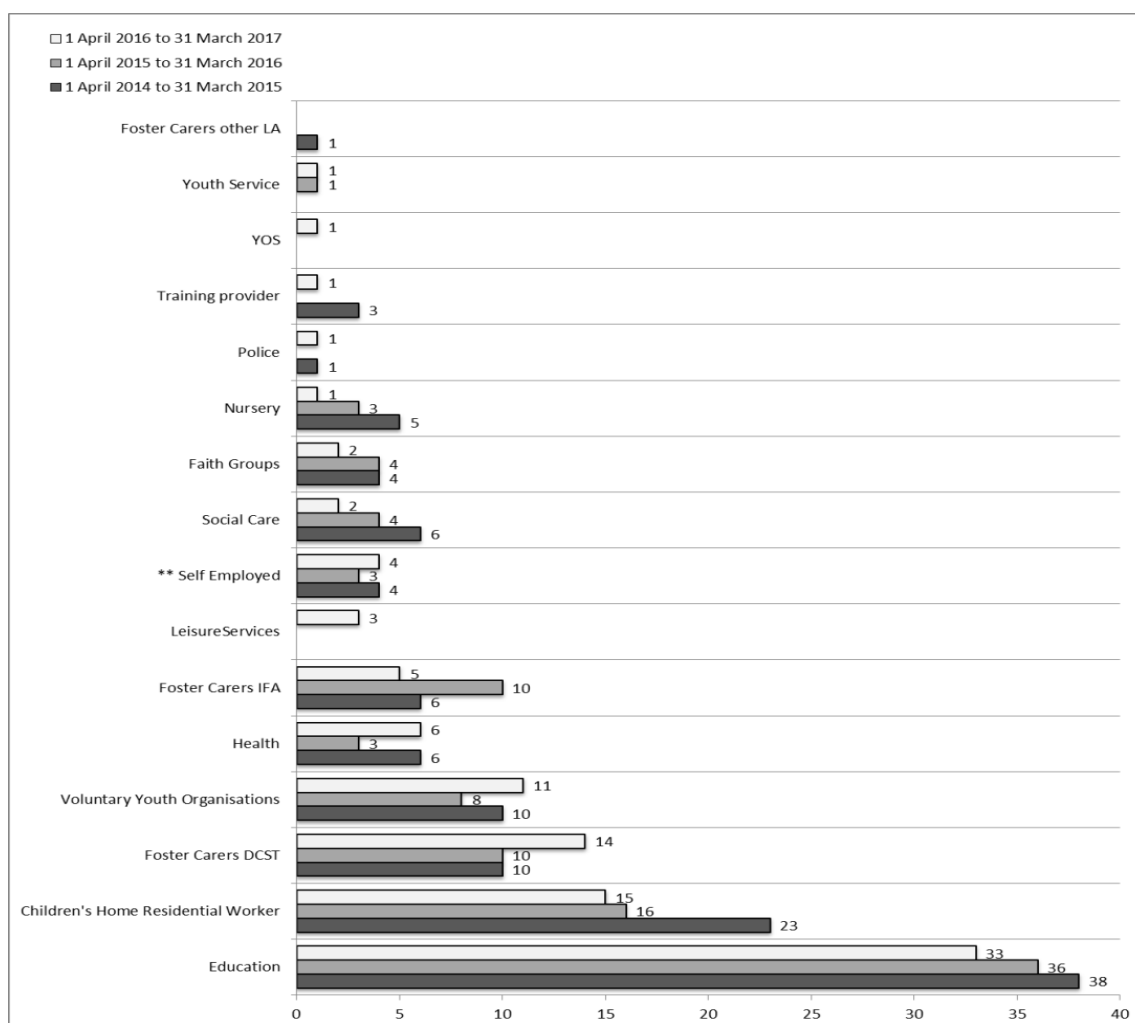
### Referrals that met the threshold ordered by primary category of concern



### Referrals that met the threshold ordered by outcome of allegation



## Referrals that met the threshold ordered by primary agency of accused adult



### Working together with other agencies

There is clear evidence of good working together with other agencies as LADO strategy meetings are regularly attended by the Police, children's social care, adult social care and other key agencies as necessary.

The LADO has also formed close links with the Adult safeguarding team and information is shared between the two services, as appropriate, to ensure the right service area is dealing with safeguarding allegations whether this involves children or adults at risk of harm. There have been occasions when the two service areas attend each other's strategy meetings. An example of this has been where an agency is caring for disabled children and there is a period during transition into adulthood and a longer term placement has not been identified before the person reaches the age of 18yrs. There are other settings that care for adults where individuals have been placed before they have reached 18yrs old.

### Developments in 2016/17

The LADO referral form has been amended to make it easier to use and is now available on the DSCB website. The 'Procedure for Responding to Allegations Against Staff, Carers and Volunteers' located on DSCB online procedures has also been reviewed and updated to reflect

current practice. The archive paper LADO files are being scanned into electronic folders with the intention of all information being held electronically by the end of 2017.

### **Regional and National**

The regional LADO group has continued to meet and provide support to each other with matters related to thresholds, best practice, consideration of new national guidance and sharing information about perpetrators who move between areas etc.

The LADO has attended the national LADO conference which provided opportunity to compare practice across the country and to develop more collaborative ways of working with other local authorities. In March 2018 the National LADO conference is being hosted by the Yorkshire and Humber LADO region and will be held in Doncaster. The Doncaster LADO is chair of the working group organising this event.

The LADO also represents the local regional group at the national LADO network which provides a central point of reference for all LADOs. This group is developing a handbook and standards for LADOs to be used across the country and is liaising with DfE and Ofsted in order for the handbook and standards to be recognised by these statutory bodies.

The LADO is also part of the Safeguarding in Sport regional group that considers safeguarding across a wide range of sports groups across our area.

#### **1.6.1 Local Operational Themes**

1. A permanent individual LADO, with support of Child Protection Chairs has resulted in a more consistent approach when dealing with allegations and provides a central point of access to organisations.
2. Having a dedicated business support administrator to coordinate the booking, minute taking and administration of all LADO meetings ensures good continuity and implementation of systems and also provides a central point of reference for partner agencies.
3. Good collaborative working with key agencies including the police, health and adult social care has been beneficial in the handling of a number of cases. The location of LADO in the same building as the Police Public Protection Unit, MASH, Referral and Response Team, Domestic Abuse Advisors, Child Sexual Exploitation Team and Adult Safeguarding, has aided in the facilitation of strategy / evaluation discussions and meetings and in ensuring a timely outcome of cases.
4. The confidentiality of accused adults has been protected through rigorous adherence to the local and national guidance. As a result potentially inappropriate media attention has been avoided during the course of investigations.
5. Early consultation and intervention has prevented negative impact on professionals' careers when allegations have been false or malicious.

#### **Areas for Development**

There are two main areas of key developments to be addressed over the coming 12 months and beyond.

1. Further development of a system for auditing the work of the LADO that reflects the national handbook and standards.
2. Develop a system for gaining feedback from those involved in LADO evaluation / strategy discussions / meetings.

## 1.7 External review and inspections

The DSCB receives feedback from the inspections of all partners. Although there have been no specific reviews of the DSCB, inspection reports have been received in relation to Doncaster College. As Doncaster Children's Services received inadequate judgement at its last inspection in 2015, there have been a number of monitoring visits have been undertaken by Ofsted to ensure continuing progress. These visits have all been reported to the DSCB and regular updates on progress have been provided at the Performance Accountability Board. Additionally the DCST commissioned a Peer Review to provide external challenge on progress. This too was reported to the DSCB.

An Independent review of South Yorkshire Police handling of child sexual exploitation was also shared with the Board in April 2016.

## 1.8 Workforce Development 2016-2017

The period 2016-17 saw a continuation of the significant progress over the last three years in relation to multi-agency workforce development. The Workforce Development Sub Group (WDSG) has reviewed its Terms of Reference and these are now more specific and defined. Moving forward the group will focus on the production of a quarterly report detailing both multi agency and single agency training delivered. Additionally, the group will provide a gap analysis in relation to specific workforce competencies and key performance indicators are also being developed.

The Board has a strong commitment to multi-agency training and continues to invest in developing a multi -agency training pool. The role is supported by a person specification and job description. There have been significant contributions from members of the multi-agency training pool and the training pool continues to deliver high quality training. The DSCB training offer continues to span a range of safeguarding subjects outlined in the table below:

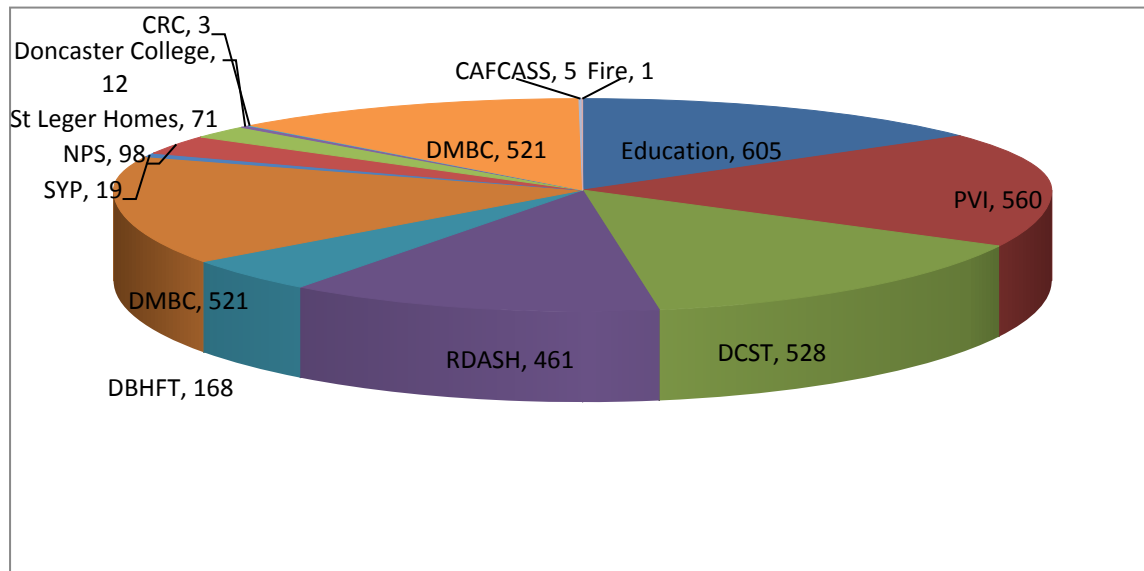
Range of Courses Delivered by the Doncaster Safeguarding Children Board 2016-17

| <b>Courses Delivered</b>                                 | <b>Number of Sessions</b> |
|----------------------------------------------------------|---------------------------|
| Effective Partnership                                    | 22                        |
| Neglect                                                  | 7                         |
| Child Sexual Exploitation                                | 4                         |
| Delivering Early Help                                    | 36                        |
| Parental Mental Illness                                  | 1                         |
| Recognising and Responding to Sexually Harmful Behaviour | 1                         |
| Signs of Safety Roadshows                                | 15                        |
| Modern Day Slavery                                       | 2                         |
| Domestic Abuse Seminars                                  | 6                         |
| Mock Signs of Safety Child Protection Conference         | 8                         |
| Role of the Lead Practitioner                            | 15                        |
| Learning Lessons from Local SCR                          | 4                         |
| Cultural Competency                                      | 2                         |
| CDOP Seminar                                             | 2                         |
| Early Help Outcomes and Plans                            | 4                         |
| <b>Total Number of Courses</b>                           | <b>129</b>                |



### **3181 Training Places delivered by DSCB in 2016-17**

#### **Distribution by Partner Agencies**



Post course evaluations based on the “Guskey” model continue to demonstrate a positive effect. During the course of the year the DSCB moved to a standardised evaluation tool for all courses to assist with comparison. The Training Strategy 2015-17 has been updated. It continues to incorporate a focus on the impact of the training on practice. The Workforce Development Sub Group endorsed a standardised evaluation and impact tool and invested in Survey Monkey so that this could be administered electronically. A significant area of development for workforce development is to support the Signs of Safety Strategy. The Board delivered 15 Roadshows led by the Training Manager introducing the model in various localities across Doncaster which received a very positive multi agency response. Over 450 professionals attended with a clear impact being the embedding of Signs and Safety as a universal language. Feedback has been very positive as indicated by the quotes below.

Modelling of danger and safety goal statements enlightening

Concise and to the point with use of simple language and not jargon!

Course content, pace and style of delivery very useful

Charging for non-attendance has been implemented since the previous annual report. This has generated an income and also had the desired effect of improving attendance at training. The use of the electronic booking system Engage Doncaster has been highly beneficial with over 3700 professionals registered on the data base. This represents a significant increase of 1200 professionals from the previous year. This positive engagement allows key messages and information to be easily shared. One of the key aspects in ensuring training has an impact on

practice is to achieve “critical mass” in terms of agency engagement. The figures below demonstrate strong engagement from across all of the key agencies involved in children’s safeguarding. . A detailed gap analysis has been undertaken regarding Signs of Safety training to measure the number of practitioners in each organisation requiring the training against the number who have attended.

#### Content of Training

In April 2016 it was agreed that Effective Partnership would be reduced to a one day course focussing on the core Safeguarding processes and that professionals would then be able to select courses from the broad range picking those most appropriate to their learning needs. Effective Partnership ran on 22 occasions during the year and also received very positive evaluations. For example:

*Very informative, thought provoking, interactive and very relevant to my role*

*Increased knowledge of referral thresholds and also the learning from SCR was invaluable*

*It made me aware it is acceptable to challenge professionals in the interest of the child.*

*The training was the most interesting, informative and most well-presented that I have attended in a long time. Well worth attending*

Four different modules were run throughout the year to support the Early Help Strategy: Delivering Early Help; The Role of the Lead Professional and Early Help Outcomes and Plans were delivered jointly throughout the year by the Early Help Coordinators.

CSE is a further strategic priority for the Board. It continues to be delivered at Level 3 by an Independent Trainer and the CSE Team to receive positive evaluations.

*The training was brilliant and the CSE team need to be commended for linking the training to real life and helping me to remember so much of the information they gave us. This training has been one of those life changing days.*

The training delivered by the DSCB complements the awareness raising briefings that are delivered by the dedicated CSE team. These briefings are targeted at a much broader audience including parents and young people as well as professionals. The CSE team has engaged with a wide range of participants including the industries sector where there is a significant preventative benefit to raising awareness of the signs to look for that would indicate that a young person is being exploited.

The DSCB commissions two online training courses from the Virtual College; Basic Awareness and Safer Recruitment. The strategy allows individual agencies to source their own training or alternatively to access the DSCB provision free of charge. Moving forward the DSCB is negotiating a Total Training Package which will allow all practitioners across the children’s workforce to access a range of 51 online courses. The Junction Project delivers a course annually on behalf of the DSCB entitled Recognizing and Responding to Sexually Harmful Behaviour.

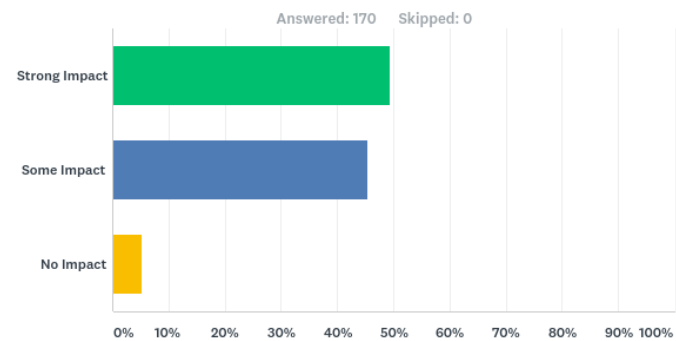
Two sessions of GP training have been delivered. In total 160 GPs attended. The training consisted of three 45 minute workshops with each GP attending all of them. In accordance with the strategy the subjects covered were Signs of Safety, Child Protection Conferences and Family Group Conferencing. Outcome based evaluations were used and they demonstrated a positive effect in terms of increasing GP’s knowledge and skills relating to Safeguarding Children. The period April 2016 to March 2017 saw a broad range of courses being delivered. These varied in length in accordance with the Board’s approach to flexible learning. This

allows participants to be selective in choosing which courses they wish to undertake matching them to their individual learning needs.

**Impact of the Effective Partnership Course on Practice**

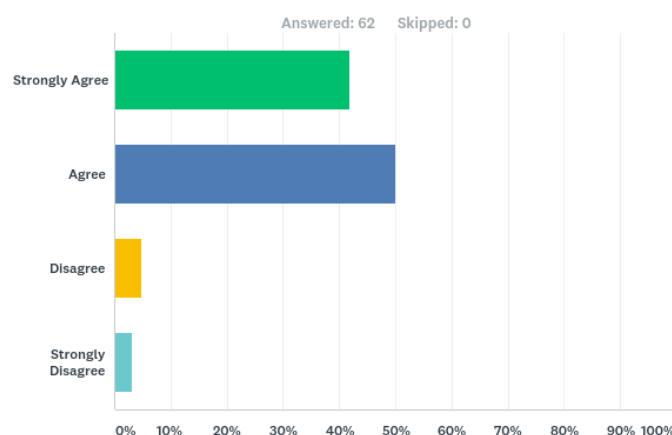
The DSCB has invested in Survey Monkey to improve the returns on reflective logs. During the year 170 were returned. Each participant is asked a series of questions relating to how the course had impacted on their practice. The results were very encouraging with the vast proportion of respondents indicating that the training had either strong impact or some impact on the practice. The training utilizes a detailed chronology from a national serious case review which allows delegates to develop their understanding of how poor multi agency working and communication allow risks to escalate to a child. The consequences of the failure to speak to the child alone or to challenge parental self-reporting are graphically highlighted by the tragic outcome. The reflective log asks delegates a series of questions two months after the course. A sample of the questions is included below. During the year the Board published the Serious Care Review into the death of Child A. The significant learning from this related to practitioner and organisational understanding of professional curiosity and disguised compliance. Aspects of this were already included in the Level 3 Effective Partnership training however in response to the learning from Child A the emphasis on this was amplified. Of the 170 people who completed a reflective log the vast majority stated that the training had either had a strong impact or some impact which is encouraging. Workshops on disguised compliance and professional curiosity were also incorporated into the DSCB Spring Conference.

**Q6 What impact has the training in relation to disguised compliance and professional curiosity made to your practice?**



A further Serious Case Review highlighted the need to ensure that parents were able to protect their children from Persons Posing a Risk (PPR's) and also the need to ensure that vital information was not lost between agencies and different Local Authorities when families moved between them. This Review was undertaken by another Local Authority and the decision was made not to publish to protect the anonymity of the child. The DSCB organised three seminars which were well attended by 150 participants and positively evaluated in terms of impact on practice as indicated below. The learning from this review has now been incorporated into the Effective Partnership training and is being delivered on a regular basis.

### Q5 The training will have a positive impact on my Safeguarding practice



The DSCB has identified the following strengths and achievements:

- Significantly improved engagement with training the number of customers has increased by nearly 50% to 3,700. This represents a critical mass of practitioners and gives the DSCB a strong brand identity.
- Adoption of standardised evaluations based on an established impact model using Survey Monkey supports an improved quality assurance strategy.
- Reflective log process provides detail of actual impact of training on practice.
- Training has provided positive learning opportunities and promoted improvements in morale and confidence alongside a better understanding of other roles and greater mutual respect.
- Range of course provision reflects key strategic priorities.

The DSCB has identified the following areas for development:

- Planned provision for 2017-18 reflects increased emphasis on learners undertaking individual training needs analysis through the professional development review process.
- Development of standards for courses ensuring that all DSCB courses have clear objectives and methods for evaluating these.
- Development of a new training strategy to update the current one.

### DSCB Conferences

During the year the Board ran two conferences at the Keepmoat Stadium. Both conferences were very well attended by the range of agencies represented on the Board. Both the conferences were attended by over 180 delegates from the statutory, voluntary and private sectors. The Spring Conference welcomed Professor Jane Barlow, Warwick Medical School as a guest speaker and she delivered a well-received presentation on 'Emotional Neglect and the Impact of Parental Mental Health in the first two years of life'. This linked into the SP2 of the

Business Plan regarding effective arrangements are in place for responding to key safeguarding risks including early help and neglect.

The Autumn Conference was similarly well attended by a range of agencies. Our key note speaker was Professor Brid Featherstone from Huddersfield University. She delivered an inspiring presentation around “Working with Mothers and Fathers and why it matters for Children”. Conference evaluations were extremely positive. The Conference also heard from parents who are experts by experience about their experiences of services and the levels of support they received. Again a series of workshops were offered linked to the strategic business plan and the Child A SCR. These include sessions on self-harm in young people: using the Signs of Safety approach and healthy scepticism.

## **2.0 Impact of the Board – Responding to Challenge**

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The Board has continued to have a growing impact on the way services are delivered and assuring its-self of the effectiveness of safeguarding in Doncaster. It does this through its performance framework, by receiving regular assurance reports from partners and by providing effective challenge through the Board and its sub-groups.

Numerous challenges have been made and these have been logged in the DSCB Challenge Log. Examples of these are:

- Changes to the Doncaster Healthy Schools Programme – concerns were raised about how young people would be provided with education on such topics as CSE given the proposal to cancel the schools carousels. Challenges by the Board resulted in this being reinstated
- Elective Home Education – the Board asked for assurance about how we know which children are being educated at home. This raised a challenge to health to ensure child birth data was shared with DMBC. This has highlighted the need for an information sharing protocol which is now being developed. An additional grade 8 Education Home Officer is to be provided by DMBC to support with resource issues
- A challenge was raised to ensure that all Partners understand what they are being asked to deliver in terms of Early Help, as a result a framework of expectation was developed and progress with partner agencies to operate within this framework is reported and discussed at the DSCB Performance Accountability Board.
- A challenge was brought from SYP regarding a number of young people who frequently go missing – The Performance Accountability Board undertook an in depth look at this issue to ensure the approach if effective. DCST now run the service which provides return home interviews for young people and the quality and timeliness of these interviews are improving. The Children Missing Operational Group has now been reviewed and superseded with the protecting Vulnerable Young People Group which is monitored by the CSE sub-group.
- A challenge was raised about Health visitor attendance at Children Protection Case conferences – this has led to joint work with DCST and RDASH to improve the timeliness of invitations which has resulted in improved attendance
- DBHFT challenged DCST in regards to its information sharing in relation to neo-natal service. A small task group met who took a solution-focussed approach and agreed some key actions which have resolved the issue.

The DSCB has received regular assurance reports:

- MASH
- Early Help
- Mental Health and Wellbeing Transformation Plan
- CPIS
- Domestic Abuse
- LADO
- IRO Annual Report
- Director of Public health Annual Report
- CDOP Annual Report
- Stronger Families Progress report
- Signs of Safety
- Safeguarding in Sport
- An independent review of SYP Handling of CSE 1997-2016



## Doncaster Health and Wellbeing Board

Date: 2 November 2017

**Subject:** Safe and Well Update

**Presented by:** SYFR Area Manager Steve Helps

| Purpose of bringing this report to the Board |   |
|----------------------------------------------|---|
| Decision                                     |   |
| Recommendation to Full Council               |   |
| Endorsement                                  |   |
| Information                                  | x |

| Implications                     |                                      | Applicable |
|----------------------------------|--------------------------------------|------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) | YES        |
|                                  | Mental Health                        | YES        |
|                                  | Dementia                             | YES        |
|                                  | Obesity                              | YES        |
|                                  | Children and Families                | YES        |
| Joint Strategic Needs Assessment |                                      | YES        |
| Finance                          |                                      | NO         |
| Legal                            |                                      | NO         |
| Equalities                       |                                      | YES        |
| Other Implications (please list) |                                      |            |

| How will this contribute to improving health and wellbeing in Doncaster?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>At the request of the Doncaster Health and Wellbeing Board South Yorkshire Fire and Rescue (SYFR) and Doncaster Council (Public Health) established a steering group in order to introduce Safe and Well Visits (SWV) enhancing the current Home Safety Check delivered by the South Yorkshire Fire and Rescue.</p> <p>This approach is in line with a national move agreed in October 2015 between the Chief Fire Officers Association (CFOA), NHS England (NHSE), the Local Government Association (LGA), Public Health England (PHE) and Age UK which resulted in a joint consensus statement setting out the intention to work more closely together.</p> |

Specifically, the statement focused on ways in which FRS in England could target people aged 65+ through a programme of SWV to identify people at increased risk of fire, falls, frailty, cold homes and hospitalisation with the mutually beneficial aims of reducing fire risk, improving quality of life and reducing winter pressures on the health service.

A multi-agency steering group was established and following staff engagement, training and support from partners a pilot project was carried out by SYFR between September 2016 and March 2017 to introduce and test out a new SWV for people aged 65 and over living in the Doncaster area.

SYFR carries out around 8,000 Home Safety Checks (HSCs) in Doncaster annually, which involve visiting people in their homes, giving fire safety advice and fitting fire alarms. The SWV builds on the existing HSC by tackling a wider range of issues relating to fire risk including crime prevention and falls risk; with the overall aim of *“SYFR to deliver high quality, effectively targeted Safe and Well visits in Doncaster to reduce fire risks, support independent living, help prevent avoidable hospital admissions and excess winter deaths and contribute to improving quality of life for people over 65 living in the DMBC area.”*

**The specific objectives of the SWV pilot includes:**

1. At risk over 65s are accurately identified and targeted for SYFR Safe and Well visits
2. Fire risks are identified and individual fire risk is reduced effectively
3. Over 65s receive the information they require to enable independent living for as long as possible
4. Over 65s identified as at risk of falls receive appropriate support
5. Over 65s identified as at risk from a cold home receive appropriate support
6. Over 65s identified as at risk of crime receive appropriate support
7. Over 65s identified as requiring a benefits check receive appropriate support
8. The quality of life of over 65s is maintained or improved
9. Avoidable Hospital Admissions are Prevented
10. Excess Winter Deaths are reduced

SYFR and partners have invested both time and resources into developing SWV. To date, 101 staff have been trained to deliver SWV in Doncaster, all of whom have achieved an accredited qualification. The training provided a solid foundation but is viewed as a starting point from which to build.

During the pilot there were 835 visits to older people in Doncaster. However, not all of these visits included Safe and Well elements and only 27% (223) of those visits resulted in a completed SWV. Performance varied across the borough with Edlington Station performing particularly well. The falls element of the Safe and Well visit appears to be working well with 117 referrals made. However, although 25 referrals were made to South Yorkshire Police, these do not appear to have resulted in further support for residents, this is being addressed and options being considered to increase the offer for the delivery of crime prevention activities. There were also low numbers of referrals for cold homes and smoking which raises questions about how well those elements of the current HSC are working particularly through partnership referrals.

The SWV pilot was subject to an independent evaluation with recommendations being considered in order to improve the future delivery of SWV within Doncaster and support the broader role out of SWV across South Yorkshire.



The introduction of Safe and Well Visits supports the broader aims of Make Every Contact Count with information and services being provided to the most vulnerable in order to support safe independent living and reducing the future needs of public services.

### **Recommendations**

The Board is asked to note the contents of the report and make suggestions for further roll out and development of the SWV.

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**Subject:** Report of the HWB Steering Group and Forward plan

**Presented by:** Dr R Suckling

| Purpose of bringing this report to the Board |   |
|----------------------------------------------|---|
| Decision                                     |   |
| Recommendation to Full Council               |   |
| Endorsement                                  |   |
| Information                                  | X |

| Implications                     |                                      | Applicable Yes/No |
|----------------------------------|--------------------------------------|-------------------|
| DHWB Strategy Areas of Focus     | Substance Misuse (Drugs and Alcohol) | Yes               |
|                                  | Mental Health                        | Yes               |
|                                  | Dementia                             | Yes               |
|                                  | Obesity                              | Yes               |
|                                  | Children and Families                | Yes               |
| Joint Strategic Needs Assessment |                                      | No                |
| Finance                          |                                      | No                |
| Legal                            |                                      | No                |
| Equalities                       |                                      | Yes               |
| Other Implications (please list) |                                      | No                |

| How will this contribute to improving health and wellbeing in Doncaster?                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This report provides an update on the BME health needs assessment, the outcome of the peer review of the public health function and the Doncaster Festival of Research 2017. It also provides a forward plan for the Board. |

| Recommendations                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| The Board is asked to NOTE the report, COMMENT on the Public Health peer review feedback and DISCUSS and AGREE the forward plan. |

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**To the Chair and Members of the  
HEALTH AND WELLBEING BOARD**

**REPORT FROM THE HEALTH AND WELLBEING BOARD STEERING  
GROUP AND FORWARD PLAN**

**EXECUTIVE SUMMARY**

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Steering Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

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

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

**EXEMPT REPORT**

3. N/A

**RECOMMENDATIONS**

4. That the Board RECEIVES the update from the Steering Group, and CONSIDERS and AGREES the proposed forward plan at **Appendix A**.

**PROGRESS**

5. At the first full Board meeting on 6<sup>th</sup> June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board. In March 2016 this support was changed to a steering group.

The Steering group has had one meeting since the last Board in September 2017 and can report the following:

- **BME Health Needs Assessment – follow up**

Work continues to develop and respond to the findings from the BME health needs assessment. The current action plan is attached (**Appendix B**). The key progress includes agreeing the process for accessing health data to assess inequalities in mental health outcomes and conducting a series of

focus group with the Asian, Chinese, Afro-Caribbean, New Arrivals (Asylum Seekers), and Polish communities. Efforts are being made to arrange a focus group with representatives from the Traveller community. A final report from the focus group discussions, containing the recommendations will be ready in January 2018 and the Health and Wellbeing Board will receive a full update then.

- **Peer Review of Public Health 2017**

In the summer of 2017 Doncaster Council underwent a 'sector led improvement' peer review of the public health function by the Yorkshire and the Humber Association of Directors of Public Health. The peer review process includes a self-assessment against an agreed set of standards and a peer review visit. The letter describing the outcome of this process is attached at **Appendix C** to this report.

The headline feedback was:

The overall picture was exceptionally positive. There was widespread praise for the work of the Public Health team within and outside the Council at both a strategic and at an operational level; the role, nature and wide scope of work the Director of Public Health received particular praise. The influence of the Public Health team is widely felt and there is significant influence across the whole of the Council's functions and through into partners.

Performance in areas which are the responsibility of the Public Health team was felt to be good. Further measures could be introduced to capture more elements of performance and in particular evaluate the effectiveness of programmes and interventions. There appear to be some areas of capacity that could benefit from strengthening, in particular the level between Director and Theme Leads.

The feedback will be considered and an action plan will be developed. Board members are asked to comment on the feedback.

- **Doncaster Festival of Research 2017**

The Doncaster's Festival of Research took place October 17th-20th. Thank you to all partners who were involved. Initial feedback has been positive. An after action review will be conducted and following that consideration should be given to holding a 2018 Festival.

- **Forward Plan for the Board.**

This is attached at **Appendix A**.

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

6.

|  | <b>Outcome</b>                                                         | <b>Implications</b>                                                       |
|--|------------------------------------------------------------------------|---------------------------------------------------------------------------|
|  | All people in Doncaster benefit from a thriving and resilient economy. | The dimensions of Wellbeing in the Strategy should support this priority. |

|  |                                                                                                                                                                                                                                                                                                                                    |                                                                 |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>                                                                            |                                                                 |
|  | <p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>                                                                                     | The Health and Wellbeing Board will contribute to this priority |
|  | <p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul> | The Health and Wellbeing Board will contribute to this priority |
|  | <p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>                                                                                                                                                                                     | The Health and Wellbeing Board will contribute to this priority |
|  | <p>Council services are modern and value for money.</p>                                                                                                                                                                                                                                                                            | The Health and Wellbeing Board will contribute to this priority |
|  | <p>Working with our partners we will provide strong leadership and governance.</p>                                                                                                                                                                                                                                                 | The Health and Wellbeing Board will contribute to this priority |

## RISKS AND ASSUMPTIONS

7. None.

## LEGAL IMPLICATIONS

8. None.

## FINANCIAL IMPLICATIONS

9. None

## EQUALITY IMPLICATIONS

10. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the

Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The steering group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

## **CONSULTATION**

11. None

## **REPORT AUTHOR & CONTRIBUTORS**

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



DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

| Date                          | Board Core Business                      |       | Partner Organisation and Partnership Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HWBB Steering Group Work plan                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------|------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | Meeting/Workshop                         | Venue |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7 <sup>th</sup> December 2017 | <b>Workshop</b><br>Culture and Wellbeing | TBC   | <ul style="list-style-type: none"> <li>Plans and reports from               <ul style="list-style-type: none"> <li>CCG</li> <li>NHSE</li> <li>DMBC</li> <li>Health watch</li> <li>RDaSH</li> <li>DBH</li> </ul> </li> <li>Safeguarding reports</li> <li>Better Care Fund</li> <li>DPH annual report</li> <li>Role in partnership stocktake</li> <li>Wider stakeholder engagement and event</li> <li>Relationship with Team Doncaster and other Theme Boards</li> <li>Relationship with other key local partnerships</li> <li>Health Improvement Framework</li> <li>Health Protection Assurance Framework</li> <li>Wellbeing and Recovery strategy</li> <li>Adults and Social care Prevention Strategy</li> <li>Housing</li> <li>Environment</li> <li>Regeneration</li> </ul> | <ul style="list-style-type: none"> <li>Areas of focus – schedule of reports and workshop plans</li> <li>Integration of health and social care (BCF)) workshop plan</li> <li>Other subgroups – schedule of reports</li> <li>Communications strategy</li> <li>Liaison with key local partnerships</li> <li>Liaison with other Health and Wellbeing Boards (regional officers group)</li> <li>Learning from Knowledge Hub</li> </ul> |

## DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

|                                           |                                                                                                                                                                                                                                                                                                              |                            |  |  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|
| <b>11<sup>th</sup> January 2018</b>       | <b>Board meeting</b> <ul style="list-style-type: none"> <li>• Performance Report</li> <li>• Health and Social Care /BCF Transformation update</li> <li>• Pharmaceutical Needs Assessment</li> <li>• Housing and Health update (6 months)</li> <li>• HWBB Steering group Update</li> </ul>                    | St Catherine's House       |  |  |
| <b>1<sup>st</sup> February 2018 (TBC)</b> | <b>Workshop</b> <ul style="list-style-type: none"> <li>• Age Friendly cities</li> </ul>                                                                                                                                                                                                                      | Mary Woollett centre       |  |  |
| <b>15<sup>th</sup> March 2018</b>         | <b>Board meeting</b> <ul style="list-style-type: none"> <li>• Performance Report</li> <li>• Health and social care/BCF update</li> <li>• Suicide Prevention update</li> <li>• Learning Disability partnership Update</li> <li>• Dementia Partnership Update</li> <li>• HWBB Steering group update</li> </ul> | Civic office 007a and 007b |  |  |

## DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2017

**2017/18 Health and Wellbeing Board meetings****11<sup>th</sup> January 2018** (Venue: St Catherine's House , Balby)**15<sup>th</sup> March 2018** (Venue: Rooms 007a/00b, Civic Office, Waterdale, Doncaster)**Health and Wellbeing Workshop Dates – Topics to be confirmed (Mary Woollett centre 9am-1pm )**7<sup>th</sup> December 2017 9 – 1pm tbc1<sup>st</sup> February 2018 9-1pm tbc

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**Background:** Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (<http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf>). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

| Action                                                                                               | Proposed activities                                                                                                                                                                                                                                                                                                                              | Resources                                                                                                                                     | Timescales    | Engagement                                                                                                                                                          | Lead                                      | Progress                                                                                                                                        |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Ensure that general practices within Doncaster are able to support the health needs of new arrivals. | We are supporting the Health Foundation funded study which aims to develop and test on-line tools for general practice ( <a href="http://www.health.org.uk/programmes/evidence-practice/projects/supporting-new-migrants-primary-care">http://www.health.org.uk/programmes/evidence-practice/projects/supporting-new-migrants-primary-care</a> ) | Project is funded by Health Foundation and Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC –YH) | March 2018    | This work is being led by colleagues in Sheffield; we will facilitate local General practice engagement and community engagement via the Conversation Club and HARP | Dr Victor Joseph Public Health Consultant | Project has launched <u>24/10/2017</u> : Awaiting for the roll out of the study.                                                                |
|                                                                                                      | Build on existing work to promote GP registration and key health messages for new arrivals.<br>The work will focus on<br>1. What information is currently available for new arrivals?<br>2. What information is needed to help new arrivals navigate around the health care system?<br>3. Which format should this be made                       | Public Health core budget                                                                                                                     | December 2017 | We will work with local community groups to develop the approach and publicise the information.                                                                     | Nasar Ahmed, Public Health                | <u>24/10/2017</u> : Conversation Club and HARP; Information how to register with GP<br>Peer support for new arrivals- includes GP registration, |

## Doncaster Black and Minority Ethnic Health Needs Assessment – Action Plan 2017-18

**Background:** Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (<http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf>). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

| Action                                                                                                                                                                                                                                         | Proposed activities                                                                                                                                                  | Resources                                                                                   | Timescales    | Engagement                                                                                                                 | Lead               | Progress                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                | available in                                                                                                                                                         |                                                                                             |               |                                                                                                                            |                    | housing, schools etc.<br><br>Consultation with new arrivals-findings to be shared soon            |
| Prioritise work streams within the Joint Strategic Needs Assessment ( <a href="http://www.teamdoncaster.org.uk/joint-strategic-needs-assessment">http://www.teamdoncaster.org.uk/joint-strategic-needs-assessment</a> ) to assess BME outcomes | Assessing differences in access to outcomes of health and social care services                                                                                       | DMBC Strategy and Performance Unit<br><br>Members organisation HWBB to support data sharing | December 2017 | Community workshops to discuss outcomes of this work and co-develop solutions                                              | Dr Rupert Suckling | In process of commissioning                                                                       |
|                                                                                                                                                                                                                                                | Phase 1 of the HNA also identified some evidence that non-white groups in Doncaster continue to live in more overcrowded conditions; further analysis is needed here | DMBC Strategy and Performance Unit<br><br>St Ledger Homes                                   | December 2017 | Community workshops to discuss outcomes of this work and co-develop solutions which will become added to this action plan. | Dr Rupert Suckling | In process of commissioning. <u>24/10/2017</u><br>Focus group discussions with BME group underway |

## Doncaster Black and Minority Ethnic Health Needs Assessment – Action Plan 2017-18

**Background:** Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (<http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf>). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

| Action                                                                                                                          | Proposed activities                                                                                                                                                                                                                                                                                                                                                                      | Resources                                                                                                                                      | Timescales                                                      | Engagement                                                      | Lead                                    | Progress                                       |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|------------------------------------------------|
|                                                                                                                                 | <p>An examination of access to psychological therapies within Doncaster in 3 phases :</p> <ol style="list-style-type: none"> <li>1. routine data analysis using Care Pathway model devised by Sheffield;</li> <li>2. sharing of findings with providers, commissioners and patients to co-create improvements where necessary;</li> <li>3. Implement, and monitor the changes</li> </ol> | <p>Support from organisations and facilitation from Knowledge Mobilisation Fellow – Lynne Carter</p> <p>DMBC Strategy and Performance Unit</p> | <p>Phase 1 – Autumn 2017</p> <p>Phases 2 and 3 – March 2018</p> | Workshops with providers, commissioners and patients            | Susan Hampshaw. Public Health Principal | Project under development                      |
| Ensure there is a mechanism to identify and address BME health and housing needs within the proposed Health and Housing Project | Work with the team to establish this work stream and associated engagement activities                                                                                                                                                                                                                                                                                                    | In kind support from St Ledger Homes Better Care Fund                                                                                          | March 2018                                                      |                                                                 | Health and Housing Project Manager      | Funding not yet agreed                         |
| Develop and promote key health messages and targeted                                                                            | Ensure that current round of Pharmacy campaigns includes BME targeted messages                                                                                                                                                                                                                                                                                                           | Pharmacies Public Health core budget                                                                                                           | March 2018                                                      | Communication plan to be developed and will include BME groups. | Steve Betts Public Health               | In progress: The comms plan is being discussed |

## Doncaster Black and Minority Ethnic Health Needs Assessment – Action Plan 2017-18

**Background:** Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster's BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (<http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf>). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

| Action                                                                                                                                                                                   | Proposed activities                                                                                                                                                                                                                                                                                                                                                         | Resources | Timescales | Engagement | Lead                             | Progress                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| campaigns                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                             |           |            |            | Communications Lead/ Nasar Ahmed | at the next PH Leadership meeting, priorities for pharmacy campaigns will be subsequently agreed with Rupert Sucking and the theme leads |
| The needs assessment report highlighted the importance of Due Regard statements to ensure BME needs were identified and acted upon within the commissioning process and recommended work | <p>Within the new Public Health commissioning strategy the Due Regard statement has included the following detail</p> <p>'all commissioned services should produce an equity profile on who uses the service which should be mapped against population needs. In year actions to rectify significant gaps in services should be addressed. In addition all commissioned</p> |           | immediate  |            | Dr Victor Joseph                 |                                                                                                                                          |



**Background:** Under the guidance of the Health and Well Being Board (HWBB), we have begun a series of activities to assess the health needs of Doncaster’s BME populations. This first assessment round identified two priority areas: the health of new migrants/arrivals and the mental health needs of a multi-ethnic population. The report set out several recommendations which were agreed by the HWBB (<http://doncaster.moderngov.co.uk/documents/s10824/BME%20HNA%20V7.pdf>). This action plan sets out the work we will deliver during 2017-18. We will report back via the HWBB and the Inclusion and Fairness Forum.

| Action                | Proposed activities                                                                                                                                                                                 | Resources | Timescales | Engagement | Lead | Progress |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|------------|------|----------|
| be done in this area. | services should profile the outcomes of the service by protected groups and take any remedial action where outcomes are significantly different for protected groups. These should be made public.’ |           |            |            |      |          |

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Dear Rupert,

### **Developing Excellence in Local Public Health (DELPH) peer review, 20 – 21 July 2017**

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited to Doncaster Metropolitan Borough Council to deliver the Developing Excellence in Local Public Health (DELPH) peer review as part of the Yorkshire and Humber Association of Directors of Public Health's sector led improvement programme. The sector led improvement approach is a way of 'providing confidence to both internal and external stakeholders and the public, as well as demonstrating continuous improvement in practice'.

Peer reviews are delivered by experienced officer peers. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer review at Doncaster were:

- Tim Allison, Director of Public Health, East Riding of Yorkshire Council
- Corinne Harvey, Public Health Consultant in Health and Wellbeing, Public Health England
- Tim Fielding, Deputy Director of Public Health, Hull City Council

### **Scope and focus of the peer challenge**

The purpose of the DELPH peer review is to support Councils in implementing their new statutory responsibilities in public health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice.

It is important to stress that this was not an inspection. Peer reviews are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer review team acted as fellow public health professionals, not professional consultants or inspectors. Also, the process and time available only allows for a relatively brief assessment. We hope that this will help provide recognition of the progress Doncaster Metropolitan Borough

Council and its partners have made whilst stimulating debate and thinking about future challenges.

We would like to thank you and all the others we met for your hospitality and helpfulness during the visit. We felt very welcomed in Doncaster and everything was provided to assist us with the work. It is important to note that everyone who was scheduled to attend the meetings did so. There was full participation from a large number of people both from within the Council and outside. People appeared to value the opportunity to contribute. There was an overall enthusiasm to seek external challenge and support with an honesty about what may not be working as well as it could. There was a perception that nothing was off the table and that was very welcome.

You requested the following focus for the review:

1. *Our areas of strengths and weakness based on the self-assessment*
2. *How embedded the public health function is*
3. *Whether there are any major capacity or capability gaps and how they might be addressed*
4. *If we have the right building blocks for population health improvement and narrowing health inequalities*

*We agreed to focus on substance misuse as a marker condition*

We have used this as a structure for this letter.

We acknowledge both the context of the review and that all areas and all Councils have their own unique issues and characteristics. The context in Doncaster includes a period during which the Council was in special measures and the need to address austerity. There is a new mayoral team and there have been recent elections for members. For the Public Health team the transition from NHS to Council is still relatively recent and there has also been a re-structure of the team.

### **Headline Messages**

The overall picture was exceptionally positive. There was widespread praise for the work of the Public Health team within and outside the Council at both a strategic and at an operational level; the role, nature and wide scope of work the Director of Public Health received particular praise. The influence of the Public Health team is widely felt and there is significant influence across the whole of the Council's functions and through into partners.

Performance in areas which are the responsibility of the Public Health team was felt to be good. Further measures could be introduced to capture more elements of performance and in particular evaluate the effectiveness of programmes and interventions. There appear to be some areas of capacity that could benefit from strengthening, in particular the level between Director and Theme Leads.

### **Strengths and Weaknesses**

The leadership from Public Health and the way that the function is delivered were widely praised. There was felt by many to be an excellent integration with the Council as a whole as shown for example by full engagement with the leadership academy for senior Council staff.

Public Health had “brought innovation” and shown “intelligence led commissioning”. Examples of the effective work within Doncaster at a strategic level include full engagement with Team Doncaster’s strategic plans and the incorporation of physical activity in these, while successful operational examples include the transformation of the Big Bite food festival and declining the Coca Cola truck. There is a maturity of relationship with the Clinical Commissioning Group (CCG) and close working with the Public Health Consultant. The Director of Public Health “showed great political acumen”, had gravitas and was “a breath of fresh air”; staff said that he “empowered us to try things” and was keen that people “learn by doing”. The objective expertise from the Public Health team was valued, including by the CCG and provider NHS Trusts, for example in the development of the suicide and self-harm pathway. Overall there was a sense of ambition, drive and motivation.

There were some weaknesses and areas for potential improvement identified. The potential lack of capacity at a senior level which is covered below does potentially put pressure on the work of the Theme Leads and they may need to work in forums where others are more senior in the Council. While partnership engagement is generally very good, this did not appear entirely to be the case for substance misuse where there could be strengthening in work with the CCG and improved links between mental health and substance misuse. Links with the police and other criminal justice agencies could also be strengthened.

We considered the self-assessment undertaken by the Public Health team against the DELPH standards. In some areas self-assessment had strengthened since it was last done but in several areas it had weakened. We felt that the assessment was honest, but perhaps somewhat overly self-critical. It recognised the effects of austerity and areas for potential development.

### **Embedded within the Council**

Feedback from other parts of the Council and from partners indicated that transition arrangements from NHS to local government had been successful and effective, both in terms of functions and practical issues such as moving offices. It was said that the team were embedded “exceptionally well” and “embedded in the way that we do our business”. There was though a sense among some Public Health staff that they were less embedded in the Council and it was not always straightforward to bring specialist public health input at the appropriate level. The plans on a page linking Public Health to other parts of the Council were well received at a strategic level but there was a question as to how tangible they were in the objective delivery of outcomes.

We were presented with many examples of how the work of the Public Health team was embedded within the Council. In addition to those mentioned elsewhere in this letter, these included smooth working with human resources, the Well North work and input to the Urban Centre Master-plan. Our visit to Aspire demonstrated how work commissioned and supported by Public Health is able to be embedded into the society of Doncaster, offering effective treatment to local people.

### **Capacity and Capability**

The capacity of the Public Health team has been reduced following the re-structure. Staff numbers are comparable with similar departments. However, this can be misleading because comparison depends on the role of staff and the extent to which staff engage in operational and service delivery tasks as opposed to strategic and commissioning tasks. Some teams have divested themselves of all service delivery, while in Doncaster it appears that some staff maintain an operational role delivering health improvement programmes. Staff capability was praised and it was noted that “the strength of Public Health is the inclusivity of the way that they work”.

Capacity varies at different levels within the Public Health team. One significant limitation is capacity at the level of head of service or associate director or consultant. Deputising arrangements are in place for the Director of Public Health, but his very wide remit makes this a challenge. Theme leads will often have to take a senior strategic role in their lead areas and these include areas that they have recently acquired following the restructure. The structure overall is relatively flat but there is a question about the large range of work that may be needed. We were concerned about the resilience of the structure and also the need to ensure that succession planning is in place at all levels, but especially senior ones.

While the work of the Public Health team is very widely praised and welcomed, there is still a need for a consistent strategic view of the role of public health staff. There may be different perceptions of the role of staff as for example strategic influencers, commissioners or providers of health improvement initiatives and services. Individual members of staff may be expected to do more than one of these roles and this is especially true following the restructure where some areas of responsibility were widened. An example of the need for clarity is the relationship with the Strategy and Performance Unit; it would be helpful to have more clarity about how strategy, policy and performance link together and where different areas of this work are undertaken.

### **Building Blocks**

It was clear from the visit and the documents that in terms of the Public Health team the great majority of building blocks needed to improve the health of the people of Doncaster and to reduce health inequalities are already in place. These include a dedicated and ambitious group of staff who are highly valued and offer both widespread strategic influence and the assurance of service delivery, led by an extremely well-respected Director of Public Health. There are some further building blocks that can be added but these will be on existing firm foundations.

There are good partnership arrangements in place, although some gaps were apparent as mentioned above in connection with substance misuse. Community engagement has in the past been a major strength. In the self-assessment there was a significant down-grading in this area. We felt that this probably reflects a comparison of the extent of current arrangements with those in the past and changes brought on through austerity. This should not obscure current examples of good community engagement which can be built on. There was limited evidence of direct working with elected members; this will be due at least in part to specific local circumstances and the timing of the visit and is something to build on.

There are good links with research and development, especially through the work of the Public Health Principal. These can be built on and there is a particular need to strengthen the knowledge management function including evaluation and impact assessment. It is vital that

there is appropriate evaluation of the services that are commissioned and provided to ensure that resources are being used as well as possible for improving the health of the people of Doncaster.

There was some discussion of the possibility of the development of an Office of the Director of Public Health. Consideration of this idea should include clarity about function and structure of such an office and how it would work. Would it be in addition to the current arrangement or instead of it and what impact would it have on current staffing structures? For example if the office were there to facilitate strategic influence, would it also manage the commissioning and delivery of services?

## **Conclusion and Recommendations**

We would like once again to thank all the staff we met for their welcome, openness and clarity and we certainly saw a well-regarded and highly functioning Public Health team. It would not be appropriate for us, given both our remit and the short amount of time available for the visit, to give detailed recommendations, but we feel that the following areas should be considered:

- Review of the capacity at a senior level in the Public Health team, especially between the DPH and Theme Leads, including consideration of resilience and succession planning
- Review of the function and purpose of the proposed Office of the DPH and the implications for the wider public health function
- Review of the knowledge management function and capacity for evaluation

We saw a great deal of enthusiasm and ambition among Public Health staff and we are sure that this can and will be well harnessed and can overcome frustrations that may be present.

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