

To all Members of the

## **CABINET**

## **AGENDA**

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

**VENUE:** Room 007a and b - Civic Office, Waterdale, Doncaster, DN1 3BU  
**DATE:** Tuesday, 20th June, 2017  
**TIME:** 10.00 am

### **ITEMS**

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting
3. Public Questions and Statements

**(A period not exceeding 20 minutes for questions and statements from members of the public and Elected Members to the Mayor of Doncaster, Ros Jones. Questions/Statements should relate specifically to an item of business on the agenda and be limited to a maximum of 100 words. As stated within Executive Procedure Rule 3.3 each person will be allowed to submit one question/statement per meeting. A question may only be asked if notice has been given by delivering it in writing or by e-mail to the Governance Team no later than 5.00 p.m. on Thursday 15<sup>th</sup> June 2017. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team, Floor 2, Civic Office, Waterdale, Doncaster, DN1 3BU, or by email to [Democratic.Services@doncaster.gov.uk](mailto:Democratic.Services@doncaster.gov.uk))**

Jo Miller  
Chief Executive

Issued on: Monday, 12 June 2017

Governance Officer for this meeting: Amber Torrington  
Tel. 01302 737462

4. Declarations of Interest, if any.
5. Decision Record Forms from the meeting held on 6th June, 2017 for noting (previously circulated).

**A. Reports where the public and press may not be excluded**

**Key Decisions**

- |    |  |           |
|----|--|-----------|
| 6. | 2017/18 Budget Updates.  | 1 - 8     |
| 7. | Finance and Performance Improvement Report: Quarter 4 2016-17. | 9 - 70    |
| 8. | Youth Justice Plan 2017/18.                                    | 71 - 138  |
| 9. | Public Health Commissioning Strategy for 2017-2019.            | 139 - 224 |

**Non-Key Decision**

- |     |  |           |
|-----|--|-----------|
| 10. | St Leger Homes Performance Report 2016/17 Quarter 4. | 225 - 234 |
|-----|--|-----------|

**Cabinet Members**

<b>Chair</b> Ros Jones, Mayor of Doncaster	
	<b><u>Portfolio Holder for:</u></b>
<b>Vice-Chair</b> Councillor Glyn Jones, Deputy Mayor	Housing and Equalities
Councillor Nigel Ball	Public Health, Leisure and Culture
Councillor Joe Blackham	Highways, Street Scene and Trading Services
Councillor Rachael Blake	Adult Social Care
Councillor Nuala Fennelly	Children, Young People and Schools
Councillor Chris McGuinness	Communities, Voluntary Sector and the Environment
Councillor Bill Mordue	Business, Skills and Economic Development
Councillor Jane Nightingale	Customer and Corporate Services

## To the Chair and Members of Cabinet

### 2017/18 Budget Updates

#### EXECUTIVE SUMMARY

1. The purpose of this report is to provide an update on 2017/18 budget changes; predominantly the additional £7.0m Improved Better Care Fund (iBCF) that was announced on the 2017 Spring Budget.
2. The additional funding announced since the 2017/18 budget was approved will help towards immediate budget pressures and supports one-off key activities including:
  - Utilising the additional Improved Better Care Fund allocation and increasing the Adult Social Care budgets to support:
    - i. Emerging pressures such as sleep-in nights and delayed transfers of care (DTC).
    - ii. Growing futures project which involves a multi-agency strategy for domestic abuse.
    - iii. Pause project working with the most vulnerable adult women to achieve better outcomes; improving health, housing and reducing the number of further pregnancies.
  - Additional funding to tackle homelessness and rough sleeping, in particular in our town centres.
  - Increasing the planning fees by 20% which will enable us to enhance our capacity and capability to deliver, improving the speed and quality with which planning cases are handled.
3. Unfortunately, the additional funding is one-off and therefore it does not improve the bottom line sustainable on-going budget. We need to be aware of the risks surrounding one-off funding and ensure there are exit plans in place for when the funding ceases; either through the reduction of cost pressures, identification of alternative on-going savings or decommissioning services. A separate report will be produced for the 2018/19 to 2020/21 budget plan for consideration at Council on 21<sup>st</sup> September 2017.

#### EXEMPT REPORT

4. Not applicable.

#### RECOMMENDATIONS

5. Cabinet are asked to recommend the budget allocations for the £7.0m additional Improved Better Care Fund for Council approval on 13<sup>th</sup> July 2017.

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

6. The Council will continue to care for and protect the most vulnerable in the borough but it is inevitable that as the Council becomes a leaner organisation that citizens will see services delivered in new and different ways.

### BACKGROUND

7. After the 2017/18 budget was approved on the 2<sup>nd</sup> March 2017, there were a number of changes announced by Government.

#### Improved Better Care Fund (iBCF)

8. The 2017/18 budget approved on 2<sup>nd</sup> March included additional funding from the 2% Social Care “Precept” of £1.89m and Improved Better Care Fund (iBCF) announced as part of the 2015 settlement of £1.33m. This funding was allocated to meet the pressures for Adults, Health & Wellbeing including price inflation, pay inflation, investment in the care ladder and growth in the number of clients from projected changes in the population. There was also a one-off grant allocated for Adult Social Care of £1.5m in 2017/18.
9. Subsequently, the government announced the additional Improved Better Care Fund (iBCF) in the spring budget; £7.05m 2017/18, £4.33m 2018/19 and £2.14m 2019/20. This must be used only for the following:
- Meeting adult social care need;
  - Reducing pressure on NHS, including supporting more people to be discharged from hospital when ready
  - Ensuring local social care provider market is supported.
10. And, it does not replace and must not be offset against NHS minimum contribution. The Council must:
- Pool the funding into the better care fund, which must be signed off by the health and wellbeing board with the Doncaster CCG.
  - Work with Doncaster CCG to meet national condition 4 on managing transfers of care
  - Submit quarterly reports.

11. It is proposed that the additional one-off funding in 2017/18 will be utilised to meet emerging pressures e.g. sleep-in nights, pressures identified in 2016/17 e.g. older people residential short stay, one-off transformation costs and defer some of the 2017/18 savings allowing more time to deliver the transformational change:

	<b>£'m</b>
<b>Pressures</b>	
<ul style="list-style-type: none"> <li>• Delayed transfers of Care (DTOCs) – Funding to address DTOC’s will be confirmed after further work to review the outcomes following the recent workshop held with colleagues from CCG. However, it is anticipated that some investment will be required and therefore an initial estimate has been included.</li> </ul>	0.25
<ul style="list-style-type: none"> <li>• Supported Living – Sleep-in nights. Additional investment will be needed to address the national issue, caused by the minimum wage legislation, around sleep-in nights in Supported Living. There are currently over 26,000 sleep in nights provided.</li> </ul>	1.50
<ul style="list-style-type: none"> <li>• Money management SAPAT – Invest in capacity to effectively</li> </ul>	0.15



handle the workload.	
<ul style="list-style-type: none"> <li>Residential fee inflation - As part of the negotiations for the 2017/18 fee a cost validation exercise took place that supported a significant increase in the rates paid to providers. The figure includes £0.3m for the CCG for 2017/18 only to enable the work on the Care Home Strategy to be completed.</li> </ul>	0.50
<ul style="list-style-type: none"> <li>ICES - Additional investment is needed to cover, keeping more people at home, enabling carer support through the provision of hoists, the CAP beds initiative and supporting more end of life at home. ICES supported over 9,000 clients last year with both Health and Social Care needs.</li> </ul>	0.50
<ul style="list-style-type: none"> <li>Residential Short Stay - The demand for this service has increased as more individuals are supported to live at home, reducing the numbers in residential care and hospital. In 2016/17 614 service users accessed this type of provision. There is a specific pressure too regarding a small number of high cost Learning Disability service users who have to remain in short stay for extended periods of time because of lack of suitable alternative provision.</li> </ul>	0.60
<ul style="list-style-type: none"> <li>Supported Living – This is additional funding for increased use of assistive technology in Supported Living using a service such as Just Checking. This would be across all of the provision in Doncaster.</li> </ul>	0.30
<ul style="list-style-type: none"> <li>Growing futures – project targeted towards Domestic Violence.</li> </ul>	0.26
<ul style="list-style-type: none"> <li>Pause – specific project targeted at vulnerable adults.</li> </ul>	0.12
<b>One-off Transformation costs</b>	
<ul style="list-style-type: none"> <li>Transformation costs – provides funding for the additional staffing required to deliver the transformation including carrying out reviews. This releases other Council funding which was initially identified to meet these costs i.e. Service Transformation Fund.</li> </ul>	1.38
<ul style="list-style-type: none"> <li>DoLS/Safeguarding Adults Hub – additional posts to effectively manage the assessments and increased demand on the service.</li> </ul>	0.09
<b>Updates to 2017/18 Savings</b>	
<ul style="list-style-type: none"> <li>Working Age Adults – Reduce the saving proposal to support Adults with Learning Disability (187 Working Age Adults), while the alternative supported living options are developed.</li> </ul>	0.40
<ul style="list-style-type: none"> <li>Residential fee – reducing the proposed residential saving to ensure there is sufficient budget for the 832 Older People which DMBC pays some or all of their costs.</li> </ul>	0.60
<ul style="list-style-type: none"> <li>Homecare – reducing the proposed saving to ensure there is sufficient budget to meet expected demand and support more people to live at home reducing pressure on residential care, and increasing availability of care for people leaving hospital. There are currently 1,441 service users being supported in this provision.</li> </ul>	0.40
<b>Total</b>	<b>7.05</b>

12. The pooled Better Care Fund will be considered by the Health and Wellbeing Board on 29<sup>th</sup> June 2017. Proposals for the 2018/19 and 2019/20 Improved Better Care Fund allocations will be considered as part of the 2018/19 to 2020/21 budget plan for Council on 21<sup>st</sup> September 2017.

13. The Government has recognised the increasing financial pressures on Adult Social Care and the iBCF allocation provided assumes that the Council will increase Council Tax for the Social Care precept of 6% over the next 3 years. Therefore if the Council does not apply the 6% increase there will be an assumed funding shortfall to meet anticipated needs for Adult Social Care. All the additional income is also ring-fenced, which therefore does not help the baseline budget position and the need to deliver significant budget savings. It is important that we continue to increase income and reduce expenditure to meet the reducing baseline funding. The additional Improved Better Care funding is expected to cease in 2020/21; although this coincides with a number of changes anticipated for Council funding including 100% retention of Business Rates. However, the funding changes may not take place in 2020/21 due to the revised electoral period resulting from the June 2017 election.

#### Homelessness Grant

14. New Flexible homelessness support grant (£0.207m 2017/18 and £0.227m 2018/19) which is ring-fenced for homelessness prevention; it is planned that this grant will be utilised to deal with and prevent homelessness. This will include investing in Intensive 'Making Every Adult Matter' Support Workers, Navigators, workers to ensure the system is flowing effectively and people are moving in, moving on and one-off funding to remove barriers to progress.

#### Planning Fees

15. The Government's Housing White Paper included a commitment to allow local authorities to increase planning fees by 20% from July 2017; which must be invested in the planning department. The Council confirmed its intention to increase fees by 20%. It is uncertain how the 20% increase will be formed given some of the complexities of the charging structure. However, a straight increase of 20% in some categories will lead to a house extension application fee increasing from £172 to £206 and a new house from £385 to £462.

16. The additional income will be spent on improving the service areas of discharging planning conditions, pre-application advice, customer first contact responses, internal specialist advice and increased capacity to deal with the pipeline of major redevelopment projects. These areas have been recognised by service users and providers as being where significant service improvements can be created. Where possible such service improvements will be introduced through apprenticeships and developing existing staff. Achieving these improvements is currently being worked through within the Planning Service.

#### Business Rates

17. In the Spring Budget the government announced the following measures aimed at supporting those businesses facing increases in their business rates bills as a result of the 2017 revaluation:

- Supporting small businesses – this will help those ratepayers who as a result of the change in their rateable value at the revaluation are losing some or all small business or rural relief and, as a result, are facing large increases in their bills
- New Discretionary relief scheme – the government announced £300m discretionary fund over 4 years from 2017/18 to support those businesses that face the steepest increases in their business rates bills as a result of the 2017 revaluation. Doncaster has been allocated £0.463m for 2017/18, £0.225m for 2018/19, £0.093m for 2019/20 and £0.013m for 2020/21.
- New Business Rate Relief Scheme for Pubs – eligible pubs will receive a £1,000 discount on their bill.

18. A separate report will be produced on the proposed new relief schemes for Council approval (supporting small businesses July 2017 and the two other schemes September 2017).

Reserves

19. The general fund uncommitted revenue reserves for 2017/18 onwards are £12.8m. This includes utilising £2.0m to balance the budget for 2017/18 and £2.3m to deal with the overspend in 2016/17. Other significant balances include:

- VER/VR – balance as at 31<sup>st</sup> March 2017 is £5.0m, which will be required in 2017/18 and 2018/19.
- Service Transformation Fund – The Service Transformation Fund is being used to help DMBC achieve the savings targets in a timely and well managed way, and fund any shortfall on the programmes. The current unallocated balance is circa. £4.5m.

**OPTIONS CONSIDERED & REASONS FOR RECOMMENDED OPTION**

20. The service requirements for the additional funding have been considered to produce the proposed budget allocations; focusing on the Council priorities and protecting front-line services where possible.

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

21. These are detailed in the table below: -

Outcomes	Implications
All people in Doncaster benefit from a thriving and resilient economy. <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>	Council budget therefore impacts on all outcomes
People live safe, healthy, active and independent lives. <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>	
People in Doncaster benefit from a high quality built and natural environment. <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>	
All families thrive. <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	
Council services are modern and value for money.	
Working with our partners we will provide strong leadership and governance.	

**RISKS AND ASSUMPTIONS**

22. The main risks concerning the allocation of additional one-off funding are:

- that costs continue after the funding has ceased, which is unsustainable. This will be managed by the Adults, Health and Wellbeing Directorate and exit plans identified.
- costs exceed the additional one-off funding; the funding will be allocated to budget holders and managed accordingly. The funding will be monitored and any discrepancies reported in the quarterly finance and performance improvement reports.

- the percentage of occupied beds blocked by delayed transfers of care (DTOC) is a key performance indicator for iBCF. A whole system review is being discussed and an estimate for additional investment has been included at £0.25m, there is a risk that additional funding may be required which will reduce the funding available for the other areas identified.
- A provider has given notice on an individual contract and additional resources will need to be invested in order that sufficient time is allowed to establish alternative arrangements.

## **LEGAL IMPLICATIONS**

23. The Council must set a balanced budget ensuring that resources are sufficient to meet its proposed spending plans. The Council will need to be satisfied that the budget set will ensure the Authority is able to discharge its statutory duties.
24. Under the general principles of public law, the Council must also act fairly when making budgetary changes or changes to services which potentially involve the reduction or removal of a previously enjoyed benefit. Acting fairly includes consulting fairly with those affected, conscientiously taking into account the results of the consultation and, where appropriate, having due regard to equality impact.
25. As detailed within the body of the report, the available funding is only provided on a one-off basis and the Council must be aware of the risks associated with such monies and ensure that there are exit strategies in place for when the funding ceases.
26. Some of the proposals outlined within the budget will impact upon service users and other individuals, particularly those with protected characteristics within the meaning of the Equality Act 2010. In appropriate cases, the budget may only be implemented by further decision making by either Cabinet or other duly authorised decision taker. That decision will need to be taken in full consideration of the Council's duties under the Equalities Act 2010 after full consideration of an appropriate due regard statement.

## **FINANCIAL IMPLICATIONS**

27. These are contained within the body of the report.

## **HUMAN RESOURCES IMPLICATIONS**

28. There are no specific human resources implications to this report. However it is noted that the funding will support the additional staffing required to deliver the transformation programme. Any staffing changes should be discussed with Human Resources in a timely manner.

## **TECHNOLOGY IMPLICATIONS**

29. There are no direct technology implications at this stage. However, the Responsible Officers must ensure that any ICT requirements that arise in relation to the use of the proposed funding are submitted to the ICT Governance Board, allowing for the full consideration of ICT & technical implications to ensure they comply with the statutory and legislative requirements of the Council in respect of information & data security as well as ensuring the standards of the organisation's PSN compliance are adhered to.

## **EQUALITY IMPLICATIONS**

30. The Council must consider and have due regard to the three aims of the general equality duty when developing and implementing the council's Medium Term Financial Plan. A due regard statement will be produced for individual proposals as required.

## **CONSULTATION**

31. The proposals for the Improved Better Care Fund budget allocations have been considered at several meetings involving Council officers, CCG colleagues and members. Forthcoming meetings include:

- Health & Wellbeing Board 29<sup>th</sup> June
- Overview & Scrutiny 29<sup>th</sup> June
- Council 13<sup>th</sup> July

## **BACKGROUND PAPERS**

32. Council Report – Revenue Budget & Council Tax 2017/18, 2<sup>nd</sup> March, 2017.

### **REPORT AUTHOR & CONTRIBUTORS:**

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**Chief Financial Officer & Assistant Director of Finance**

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## To the Mayor and Members of Cabinet

### Finance and Performance Improvement Report: 2016-17 Quarter 4

Relevant Cabinet Members	Relevant Overview and Scrutiny Panel	Wards Affected	Key Decision
Mayor Ros Jones	Overview & Scrutiny Management Committee	All	Yes

#### EXECUTIVE SUMMARY

- The Council and its partners ('Team Doncaster') are committed to building a strong local economy as the foundation for enabling all residents to achieve their full potential within progressive, healthy, safe and vibrant communities. This reports focuses on the latest financial and performance information that indicate our position towards the 2016/17 budget and progress towards outcomes set out in the corporate plan.

#### **Financial Position: £2.3m overspend**

#### **Performance Position: 93% of service measures at or close to target**

- At year-end the Council overspent by £2.3m, which is a £1.6m improvement from the quarter 3 position. This includes Regeneration & Environment £2.8m overspend and funding of the Children's Trust £1.5m overspend. These overspends are offset by £1.3m one-off underspends in Finance & Corporate Services and £1.7m one-off underspends in Council-Wide. The position includes the delivery of £37.4m savings towards the £40.2m target, leaving a shortfall of circa £2.8m mainly from the Modern & Productive, Appropriate Assets and Digital Council programmes, the shortfall is included in the outturn figures shown above. Further details are provided in paragraphs 42 - 43 and Appendix A.
- In quarter 4, the overall performance of our service measures is good with 93% (41 out of 44) exceeding or close to local targets, this is an improvement on previous quarterly figure of 86%; more detail explaining this is provided in Appendix A. Doncaster has performed well in many areas. At £90.5m, investment into and within Doncaster nearly doubled the target level as did new FTE jobs created through the support of Business Doncaster. Continuing last year's success, 1057 new homes were built across council and private sector providers, which bucked the national and regional trend by over-delivering against our identified need, at a time when other areas in the region are falling short. Regarding our young people, 1175 new apprenticeships have been created since 2013 and our first choice school placements at both primary and secondary levels exceed national average levels. Admissions for residential care are lower this year than in previous years and quarter 4 saw the biggest increase in direct payment take up for 2 years. In addition, 70% of our local authority spends was made with Doncaster companies.
- Measures that are adrift from our local targets include schools persistent absenteeism at both primary and secondary levels, drug treatment success rates, overall staff sickness levels and outcomes for Care Leavers; further detail is provided in Appendix A.

#### EXEMPT REPORT

- This report is not exempt

#### RECOMMENDATIONS

That the Mayor and Members of Cabinet: -

- Note areas of performance and financial information;
- Note the write-offs of outstanding debt detailed in paragraph 50;
- Note the virements approved by the Chief Financial Officer, Chief Executive and approve the virements over £0.5m for Cabinet, detailed in Appendix B;
- Note the new additions to the Capital Programme, as detailed in Appendix D.

# AREAS IMPROVING OR PERFORMING WELL

## Process Times



The average number of days to process a new claim for:

**Housing Benefits 23.42**  
(target 25)

**Council Tax Support 22.55**  
(target 25)

## Arrears



reduced by just under

**Council Tax £6.91m**  
(Target £5.72m)

**Business Rates £5.8m**  
(Target £3.4m)

## Collection Rates



Council Tax collection rate is **94.65%**  
(Target 94.3%)



Non-domestic collection rate is **96.96%**  
(Target 96.8%)

# 894

New full-time jobs created with support of

## Business Doncaster



(target 500)



at the end of March we are working with nearly

# 2,000

families who are eligible to be part of the Stronger Families Programme



## Our Apprenticeship Profile shows

# 1175

new apprenticeships have been created since 2013



(exceeding the Mayoral target of 750)

# 90

fewer placements were made to long-term care in 2016/17 than previous year



## DOMESTIC RECYCLING RATES

**48%**  
(TARGET 43%)

## Overall investment into and within Doncaster

# £90.5m



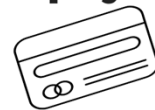
(target £46m)

In 2016/17 we have supported

# 162 people

to take up

## Direct payments



(the highest for over 2 years, although off target)



## First Choice School Placements

**Secondary - 92.5%**

**Reception - 96%**

(both exceed national averages)

## Council & Private Sector providers have built

# 1,057

new homes this year



the target has been achieved for the 2nd consecutive year

# 70%



of Local Authority Spend is with Doncaster Companies

(target 69%)



## AREAS FOR IMPROVEMENT

### Repeat referrals to Doncaster Children's Services Trust within 12 months

**27.35%**

against a target of 24%



National average is 22%  
Statistical neighbours 24%

### Sickness - Whole Authority

**9.90 days**



(against a target of 7.90 days  
2015-16 outturn figure of 9.11 days)

### The proportion of people successfully leaving drug treatment in Q4 has decreased to



**7.1%**

The lowest for over 3 years

### Persistent Absence Rate Primary & Secondary Settings

**11.1% - Primary**  
(target 9%)

**17.5% - Secondary**  
(target 12.1%)

## WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER

### Outcome 1: All people in Doncaster benefit from a thriving and resilient economy

- Doncaster's employment rate has increased steadily since April 2013, growing from 66% to 71.8% by the end of Q3 2016/17. This consistent progress means that Doncaster is currently experiencing an employment rate very close to our eleven year high. However, having closed the gap significantly in 2015/16, the gap between the Doncaster rate and Yorkshire and Humber (0.7%) and England (2.5%) has increased further since last quarter.
- The percentage of residents aged 16-64 years claiming Out of Work benefits has continued steady decreasing since 2014. The latest data (Aug 2016) shows that 11.4% are claiming benefits. The direction of travel remains positive and matches that of comparators. Nonetheless, the rate remains higher than the Yorkshire and Humber and England rates.
- The percentage of residents in highly skilled occupations has increased slightly from last quarter and stands at 32.6%, and is 1 percentage point lower than the same time last year. This equates to approximately 48,000 residents aged 16+ in occupations like managers, directors, science, health, social care teaching, research, engineering, technology, business and media professionals. Doncaster's rate is significantly lower than comparators: e.g. Local authorities with similar characteristics (37%), Yorkshire and Humber (40.7%) and England (45.9%). Doncaster's rate of improvement matches the regional rate, but is slower than the national rate.
- The percentage of the working age population with a qualification at NVQ3 or above is 47.2% (85,500 people). This is the highest number for over 12 years, and Doncaster has closed the gap with (and matched) the rate of our 15 nearest local authorities with similar characteristics. However, a significant gap remains with both Yorkshire and Humber (52.3%) and England rates (56.7%).
- Weekly full-time earnings for Doncaster residents in 2016 is £479.10; this is £16.60 higher than 5 years ago, but remains lower than comparators: Local authorities with similar characteristics (£486.00), Yorkshire and Humber (£498.30) and England (£544.70).
- Doncaster has in place a long term strategic economic growth plan which focuses on jobs creation, with an emphasis on high skilled/high wage jobs. Approximately 40% of the 12,000 jobs targeted over the 10 years to 2024 are expected to be at Level 4+, and so performance against these measures should benefit from this over time. [Data note: Figures for this measure are for up to 2016, next update April 2018].

12. Private sector growth in Doncaster (5.5%) has continued to be significantly higher than Yorkshire and Humber (2.7%) and England (3%) [Data is for 2014-2015]. The main contributors are spread across a range of sectors including: Professional, scientific & technical (900), Transport & Storage (800), and Wholesale (800). Doncaster's jobs growth has been consistently around 5% for the last three years.
13. There has been £90.5m of new investment in Doncaster this year, exceeding the annual target of £46m. A significant proportion of this investment has been achieved with the support of Business Doncaster, who have been instrumental in attracting £59m of this year's total – significantly exceeding their target of £40m. Business Start-ups have been equally impressive, with the rate increasing significantly over recent years. There were 2,135 new businesses registered this year, an increase of 630 from the previous year. The percentage of retail and retail service units occupied in the core area of the town has increased from 87.9% to 89.9% across the year.
14. The total new full time jobs created through Business Doncaster is 894. This exceeds both the original target of 500 and the revised target of 800. The latest surge in investment/job creation is due to the major investments at Lakeside, in Thorne, and at the Wildlife Park.
15. Doncaster's Total Business Stock (Number of Enterprises in Doncaster) has seen an annual increase of 1,105 to 9,195 in March 2016, a rise of 13.7% that is bucking national trends by being significantly higher than comparators. The recently published PWC Inclusive growth report highlights Doncaster as an area showing significant improvement within the good growth index.
16. The number 16-18year olds who are not in education, employment or training (NEETs) is 4% (268 people). This represents a reduction on the previous year end figure of 4.5% and is below our target of 6%.
17. The borough's drive to create more apprenticeships has resulted in 4,140 starts during 2015/16, an increase of 150 on the previous year. The majority of these were at intermediate level (2,650) with 1330 at Advanced level and 160 at Higher level. The Council's own apprenticeship programme has been hugely successful, greatly exceeding the mayoral target of 750 apprenticeship starts with a cumulative total of 1175 new apprentices since 2013, 145 of which were in the last year.
18. The Department for Education measures of attainment in eight subjects shows that Doncaster made the fifth highest improvement in the country in 2015/16. Doncaster was also the 5<sup>th</sup> faster improver in the country for achievement at 5 A\*-C GCSE (including English & Maths) at 46.9%. Again there is more to do as Doncaster remains 3% points behind the national average of 49.9%. The number of Doncaster pupils accessing 'good' or 'better' education in our schools has risen in 2016/17 from 67.1% to 69%, but Doncaster remains towards the bottom of the national league table with regard to our young people attending good quality schools (*as reported by Watchsted, which presents the very latest Ofsted inspection data regarding all local authority schools on line*).
19. Joint Chairs of the Education & Skills Partnership Board have been appointed. Their role, along with the board members will be to govern the implementation of the independent Education and Skills Commission 'One Doncaster' report. The report, which was published in October, makes a number of wide ranging proposals and recommendations for improving Education and Skills in the borough; and the naming of Doncaster as an 'Social Mobility Opportunity Area' by the Department of Education will result in additional funding to support improved social mobility, some of which will be delivered via the improvement of education and skills.

## **Outcome 2: People will live safe, healthy, active and independent lives**

20. A major transformation for Adults, Health and Well-being is already underway, with seven longer term transformation plans being developed. We want local people to stay independent, healthy and safe in their home for longer, aiming to keep them out of residential care wherever possible. The number of admissions for residential care is already significantly lower this year than in previous years: in 2016/17 we placed on average 34 people per month compared to 47 per month in 2015/16. The reduction in admissions is having a marked impact on the overall number of people receiving residential care, which is 1,396 at the end of 2016/17 and expected to

decrease further in 2017/18. At the start of the financial year there were 1,496 people in residential care, with a target to reduce this number to 1,404. The result of this is a slight overspend on long-stay of £0.4m due to a higher proportion of the self-funders, profile of the reductions over the year and an increase in the average negotiated rate, although performance is on track for the 2017/18 budget.

21. The Children's Trust has reported improving performance since it came into operation in October 2014, although some areas still remain off track. Repeat referrals to Children's Social Care within 12 months has steadily risen over the last 5 quarters and is now worse than the 2015/16 national average. There are concerns about the financial sustainability of the Children's Trust due to the additional one-off funding required in 2016/17 of £3.5m and the on-going expenditure pressures; further discussions are taking place on the financial plans for 2017/18 onwards.
22. The percentage of households in fuel poverty has fallen below 9% for the first time in over 5 years. Our target is being over achieved by more than a percentage point (8.9% against a target of 10%). The following energy savings have been made since April; 192 homeowners and private tenants have received first time gas central heating; 376 St Leger Homes properties have received external wall insulation; 3 Big Power Switch campaigns have been completed since April, with 373 household switching, saving a combined £85,754.

### **Outcome 3: People in Doncaster benefit from a high quality built and natural environment**

23. Doncaster has seen a year-on-year increase in net new homes built since 2012, with 2015/16 seeing the biggest delivery of housing in over fifteen years (1,170 homes). Since April 2016, a further 1,057 net additional homes have been built. This represents an oversupply against the average housing need over the next 15 years (920 homes per year). Furthermore, Doncaster is bucking the national and regional trend by over-delivering against our identified need, at a time when other areas in the region are falling short.
24. Over recent years, a further supply of new homes has come in the form of existing empty properties being brought back into use. The long term reducing trend continues; at the end of 2016, a total reduction of 336 since 2014 provides an average reduction of 112 per year. In the final quarter of the year, the number of empty properties increased from 3413 to 3583.
25. The total year-end figure for affordable homes delivery is 161 units (overachieving the target of 120). This consists of 114 council house build programme completions and 6 Registered Provider units and 41 additional S106 units from private developments. The Council House and RP build programmes are slightly off track against their 2015 schedule, primarily due to RPs postponing development for an investment review – these programmed units (and additional units) are now expected in future years.
26. Despite delivering our own contribution to affordable homes supply, we recognise there is still a gap between the broader need for 149 affordable housing units per year from private developments. However, by allowing developments to go ahead with lower onsite affordable housing provision, this has supported the achievement of the overall housing delivery figure, and commuted sums received in lieu of onsite provision have been used to support and partially fund developments elsewhere – developments that would otherwise not have been financially viable , for example, additional Council House build delivery.
27. From a low of around 31% a few years ago, the recycling rate for household domestic waste has risen significantly and is now over achieving on our target. The rate now sits at 48% against a target of 43% (as at the end of Q3), a major achievement and improvement.
28. The percentage of fly-tipping investigated and removed within five days was 85% at year end, against a target of 90%. Although off track, performance has also improved significantly throughout the year, rising from 60% at Q2. During Q4, 2,878 flytipping jobs were reported.
29. 99.9% of residential, trade and clinical waste collections are taking place on the scheduled day, as per target.

30. 100% of grass cutting works have been completed as per the scheduled programme. Established plans and procedures are in place which has maintained this level of performance consistently all year.
31. The five year rolling average of all people killed or seriously injured on Doncaster roads is 118 (from 2015). The indications for 2016 are that the number of fatalities reduced, but due to a reclassification of serious injuries, the overall figure will potentially increase. Further analysis will take place once the final dataset is available. The levels of litter and detritus are decreasing with 86% of land and highways at the required standards, exceeding our target of 85%.

#### **Outcome 4: All families thrive**

32. The Expanded Stronger Families Programme provides early support to families with multiple needs. The programme works closely with families, with 517 positive outcomes achieved to date, particularly around supporting children who need help and supporting people into work. We have identified 3,249 suitable families, an increase of nearly 2000 in the previous quarter, and are currently engaged with 1,849. This increase in the number of families involved in the programme should see increases in positive outcomes and claims to DCLG in subsequent quarters.
33. Both the average number of days to process a new housing benefit claims and new council tax support applications both continue to achieve the target of 25 days. This has significantly improved in the past 3 years from a position in 2014/15 where the average number of days was over 34 days for Housing Benefit and 68 days for Council Tax Support. Improved working practices have seen digital enhancements to claim processing. Customers can complete on-line claim forms and paper forms are digitally captured which has reduced their processing time. The Benefits Section also has a dedicated team of staff dealing with new claims ensuring that they are prioritised. Also improved registration processes for Council Tax have speeded up the time to process Council Tax Support claims.
34. Latest published data regarding school persistent absence rates saw a further rise at both levels with 11.1% for Primary and 17.5% for Secondary; both are higher than target levels and are above national averages. Persistent absence for our Children in Care at both levels is also high at 9.8% for Primary levels, and 23.9% Secondary levels, and there is a review currently scheduled for both systems and processes. Our Care leavers in suitable accommodation are slightly off track at 82% and are just 1% point below the national average and 3% points adrift of the regional average, whilst care leavers in employment training and education rose to 4% points to 41.7%, remaining slightly behind that of regional and national levels.

#### **Outcome 5: Council services are modern and value for money**

35. In the third quarter of the year Council Tax arrears reduced by over £6.9m compared to a target of £5.7m. The reduction is £1.6m more than that of the previous year. Business Rates show a reduction of arrears of £5.8m, which is well above the projected target of £3.4m. This is almost double the reduction reported in 2015/16.
36. Outcomes from this quarter's workforce digest have identified a number of continuing HR and OD risks, specifically organisational stability; performance management and additional workforce spend. Although performance in some areas has not been sustained, there continues to be strong signs in other areas that action is being taken to address and mitigate these risks, and this remedial work is having a positive impact that needs to be sustained over the longer term.
37. Overall Council sickness is 9.90 days lost per full time employee, compared to a target of 7.9 for Quarter 3. This is an increase of 0.21days from the last quarter (9.69 days), and has resulted in both the corporate target not being achieved and the on-going downward trend not being sustained for the first time in several years of continuous improvement.
38. There has been a 25 per cent channel shift to on-line services against a target of 55 per cent. There has been a significant upward trend this quarter due to marketing and removing the phone number from the website.

## Outcome 6: Working with our partners we will provide strong leadership and governance

39. There have been 8 data protection incidents by the council this quarter and 6 by Doncaster Children's Services Trust. None were serious enough to be recognised as breaches by the Information Commissioner's Office. E-learning modules have been launched and the Data Protection Officer continues to complete investigations and complete mitigating actions with high risk areas and where incidents occur.
40. Mandatory training for elected members is currently at 86.6 per cent. This is slightly lower than the 87.7 per cent reported for the same time last year. All mandatory training sessions have been scheduled for the year

### FINANCIAL POSITION

41. The outturn position for the Council is a £2.3m overspend; this is a £1.6m improvement from quarter 3 reported position of £3.9m. A summary of the outturn position is provided below: -

	<b>Gross Budget £m</b>	<b>Net Budget £m</b>	<b>Total Variance £m</b>
<b>Services</b>			
Adults Health and Wellbeing	150.2	72.5	0.9
Learning & Opportunities – Children & Young People	42.5	6.3	0.0
Children's Services Trust	45.7	41.7	1.5
Finance & Corporate Services	126.6	20.7	-1.3
Regeneration & Environment	127.1	38.2	2.8
<b>Total Service Budgets</b>	<b>492.1</b>	<b>179.4</b>	<b>3.9</b>
<b>Council Wide</b>			
General Financing / Treasury Management	5.4	5.4	0.1
Council-wide savings targets	-1.1	-1.1	1.1
Other Council-wide	-4.4	17.9	-2.9
<b>Subtotal</b>	<b>-0.1</b>	<b>22.2</b>	<b>-1.7</b>
Levying Bodies	18.0	18.0	0.0
Business Rates	0.0	-125.4	0.1
<b>Subtotal</b>	<b>18.0</b>	<b>-107.4</b>	<b>0.1</b>
<b>Total General Fund Services</b>	<b>510.0</b>	<b>94.2</b>	<b>2.3</b>

42. A summary of the major variances are provided below, with further details in Appendix A: -
- a. The Adults, Health and Wellbeing Directorate has outturned at £0.9m overspend. This is a significant achievement given the requirement to save circa. £5m in 2016/17; and includes delivering £1.6m commissioning savings and reducing the number of people 65 and over who are admitted to residential and nursing settings. The main variances to highlight are: -
    - i. Short stay residential – the area was overspent by £0.9m for the year. The overspend has been caused by a relatively small number of cases where service users have remained in short stay accommodation because of the lack of suitable non-residential provision or other issues preventing a long term resolution. This area is being analysed by a cross functional team with the aim to improve practice and update policy where needed.
    - ii. Community Equipment budget – this is a joint budget with Doncaster Clinical Commissioning Group (CCG) and is under increasing pressure and finished the year £0.4m overspent. This budget is a key enabler within the transformation programme for service users to lead independent lives. A review of spend is being undertaken with the CCG to reduce this pressure for next year and manage the potential impact on the 2017/18 budget.
    - iii. Digital Council savings – specific savings were not allocated against this target and so it is shown as an overspend of £0.7m. This is factored into the 2017/18 budget;

where £0.7m on-going savings will be delivered as part of the transformation programme.

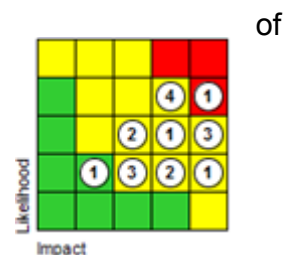
- iv. The above overspends are mitigated by better than budget performance in general across the directorate. This was due to a combination of underspends, improved levels of income and better utilisation of grant income.
- b. Learning & Opportunities – CYP – The Children’s Trust outturn position was a minor underspend of £23k, which includes providing £3.5m for contract variations in year. The contract variations covered £2.0m for increased placements, £1.3m Out of Authority and Independent Fostering Agency/In-house Fostering price variations and £0.2m additional social work resources. The impact of the contract variations results in a £1.5m overspend for the Council. Further actions are being undertaken to manage the on-going pressures and a financial sustainability plan is currently being produced.
- c. Finance & Corporate Services – the outturn underspend is -£1.3m, which has increased by -£0.7m from quarter 3. This is mainly due to one-off staffing underspends of £0.9m and £0.5m grants received for specific duties (some activities will take place in 2017/18 and be funded from the Service Transformation Fund as detailed in Appendix E).
- d. Regeneration & Environment – The overspend has increased by £1.1m from £1.7m at quarter 3. The pressures include £0.8m shortfall against the Appropriate Assets savings target of £2.4m in 2016/17 and £0.7m shortfall against the Digital Council savings target; these savings will be delivered in future years. Other service overspends include; Markets £0.4m overspend mainly due to income targets not met, Public Building Maintenance £0.4m overspend and Facilities Management £0.3m. Additional funding is included in the 2017/18 budget for specific pressures identified e.g. markets £0.2m pressure. Action plans will be produced to address any remaining on-going pressures.
- e. Council-Wide – Underspend on centrally held items of -£2.9m (improvement of -£1.9m from quarter 3), these are mainly one-off items including; -£1.0m from the insurance provision (identified following settlements/rejections in the last quarter); -£0.8m central contingency released at year-end; -£0.4m release of the provision for the potential clawback of White Rose Way ERDF grant which has now been resolved; -£0.3m arising from £28m prepayment of pension deficit contributions and -£0.2m final distribution of shareholder funds for Digital Region Limited. This is offset by a £1.1m shortfall on the Modern & Productive Workforce programme, which will be delivered in future years.

## COUNCIL PRIORITIES – PERFORMANCE

- 43. Detailed information related to the progress against Corporate Plan outcomes is set out in Appendix A.

## STRATEGIC RISKS

- 44. There are currently 18 Strategic Risks and all have been updated as part of the Q4 reporting process. The heat map shows a summary of the scores and a more detailed update is included in Appendix A.
- 45. As a result of the Q4 challenge process no new strategic risks have been proposed and the following strategic risk has been nominated for deletion: Failure to set robust assumptions on pension’s deficit recovery and future contribution rate for the 2016 valuation.



- 46. To ensure an holistic approach to the management and quality of information and data we propose to reword the following strategic risk

FROM: Failure to improve Data Quality will prevent us from ensuring that data relating to key Council and Borough priorities is robust and valid.

TO: Failure to ensure the Council meets its statutory information governance requirements and maintains quality data.

## DONCASTER 2017 PROGRAMME

47. The Doncaster 2017 Programme is showing £2.8m slippage for 2016/17. This is the same overall position as reported at Quarter 3, however there have been some minor variances up/down within the programme. The slippage is mainly attributable to Modern & Productive Workforce £1.1m, Digital Council £0.7m and Appropriate Assets £0.8m; these figures have been included in the overall financial position for the Council for 2016/17. The pace of transformation for some of the projects is slow; use of one-off funding has been used to meet shortfalls and some projects will extend beyond 2016/17 in order to achieve their outcomes.

48. The position on the Doncaster 2017 programme for 2016/17 is as follows:

<b>Target Savings</b>	
2016/17	8.03
Brought forward from 2015/16	7.62
<b>Total Target Savings</b>	<b>15.65</b>
<b>Actual Savings Achieved</b>	
2016/17 On-going	10.00
2016/17 One-Off	2.85
<b>Total Projected Savings</b>	<b>12.85</b>
<b>Slippage/Gap</b>	<b>2.80</b>

(Slippage/Gap at Q3 £2.75m)

49. Key points on the programme are as follows:

- The 2016/17 target included a significant amount of savings brought forward which comprised unmet savings and savings that were met by one-off funding in 2015/16.
- The pace of the following projects sees them extending beyond 2016/17 - Appropriate Assets £2.3m projected to be achieved beyond 2016/17. Modern and Productive Workforce £1.1m to be delivered beyond 2016/17 reflecting the impact of the agreed changes to terms and conditions. Early Help £1.4m savings profiled beyond 2016/17 reflecting the use of transitional funding before the full year effect of the restructure can be realised.
- The Digital Council programme has been extended to October 2017. It is recognised that Digital Council is a key enabler for transformation across the Council and therefore the digital strategy needs to be better embraced and embedded across the council to ensure the pace and successful delivery of projects within the programme and across the organisation as a whole. Although there is slippage on delivering the savings, the programme has delivered £3.0m savings to date, a further £1.0m is estimated for 2017/18 giving an overall total of £4.0m at the end of the programme.

## BUSINESS RATES, COUNCIL TAX AND RENT ARREARS

50. Collection monitoring information, percentage collected in year and arrears, for Council Tax and Business Rates is detailed in the outcome 5 above and Appendix A Finance and Corporate Service performance indicators.

- a. The accumulated Council Tax Collection Fund surplus attributable to Doncaster as at 31<sup>st</sup> March, 2017 is £5.1m. The longer-term collection rate since 1993 is 98.55 per cent. The accumulated Business Rates Collection Fund deficit attributable to Doncaster as at 31<sup>st</sup> March, 2017 is £1.19m.
- b. Current rent arrears at 31 March 2017 stand at £1.8m and are 2.44 per cent of the rent debit; there has been a decrease of £0.1m from £1.9m at 31 March 2016. At 31 March 2017 the amount of former tenants' arrears was £1.0m, a decrease of £0.3m from 31 March 2016 (write offs during the year were £0.5m)

## VIREMENTS FOR APPROVAL

51. The virements approved by the Chief Financial Officer, Chief Executive and virements requiring Cabinet approval are detailed in Appendix B.



## LEVEL OF RESERVES

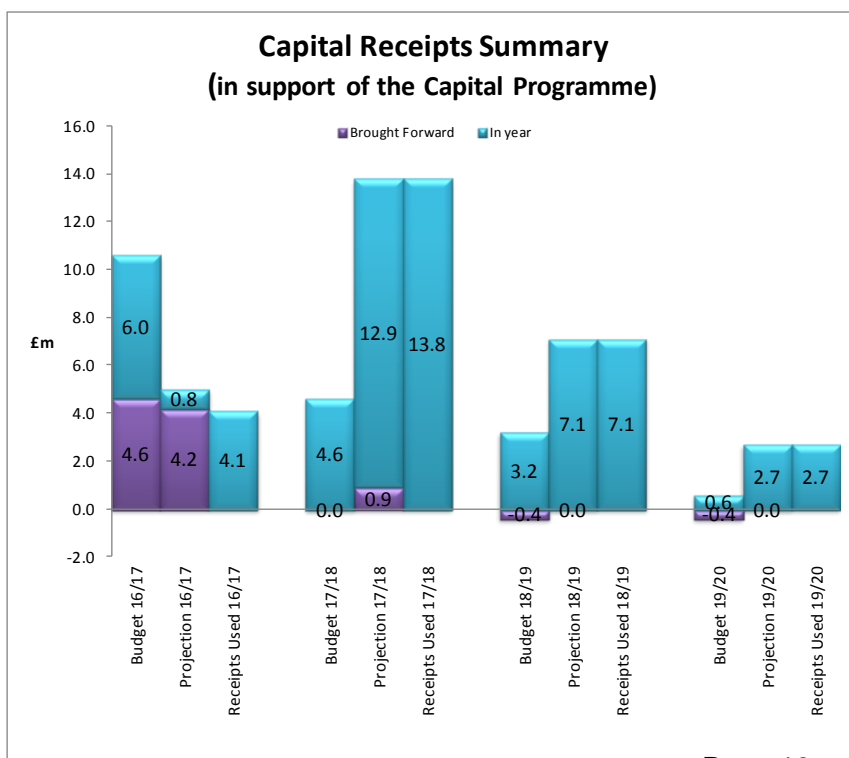
52. Current uncommitted general fund reserves are £17.1m; as detailed in this report £2.3m will be required for the 2016/17 overspend and it is planned that £2.0m will be utilised to balance the 2017/18 budget. This would leave an estimated balance, for use during 2017/18 and beyond, of circa £12.8m. The Council needs to ensure that the level of reserves is sufficient to meet any potential future costs. It is important we increase the level of uncommitted reserves to deal with the future financial sustainability and improve the Council's capacity to respond to any future funding reductions.
53. The Minimum Revenue Provision (MRP) budgets not required due to the changes implemented in 2016/17 of £3.4m have been transferred to the severance fund £2.4m and Service Transformation Fund (STF) £1.0m, to meet the requests for additional funding in 2017/18, subject to Cabinet approval. The year-end transfer from Treasury Management to the Service Transformation Fund was £1.6m (this was a reduction from the quarter 3 forecast due to resolving the Minimum Revenue Provision (MRP) budget transfers).

## HOUSING REVENUE ACCOUNT

54. The 2016/17 HRA budget had a balanced budget, which included a contribution of £3.2m from balances. The outturn position was a £1.6m contribution from balances and therefore an overall underspend of £1.6m. The main variances are £0.8m underspend on overall management expenditure (a combination of savings on general management, SLHD fee, welfare reform fund, impairment and provision for bad debt), these were offset by an increased level of depreciation on non-dwellings of £0.4m (depreciation expenditure is used to fund the capital programme expenditure). There was £0.8m of additional income which is broken down as £0.7m additional rent income as a result of lower than budgeted void rent loss (budgeted 1.5%, actual 1.2%) and both average rent and property numbers are higher than budgeted and £0.1m additional other income from solar panels. There was a £0.4m saving from loan charges due to lower interest rates and an increase in RCCO (revenue contribution to the capital programme) of £0.4m to fund additions and slippage in the capital programme.
55. St Leger Homes will utilise £120k of the management fee underspend in 2017/18; £80k for additional mobile devices (to enable staff to have access to email and intranet which will improve communications and allow access to Health & Safety information at all times), £25k for an upgrade to the Housing Management system to manage tenancy support caseloads and £15k for security on the Balby Bridge estate.

## CAPITAL PROGRAMME

56. Capital expenditure for the year was £87.9m. This is lower than the £99.7m projected at quarter. The variance of £11.8m between quarter 3 and quarter 4. The majority of the variance is due to spend being re-profiled to future years. This includes schemes such as Smartlight Phase 2, SCRIF schemes and housing schemes.
57. The spend in year has included schemes such as the High Speed Rail College, DN7 unity link road, adaptations for the disabled, creation of school places and the school condition programme.





- 58. The Capital Receipts Summary chart shows the final position for General Fund capital receipts at quarter 4 2016/17 and the revised projections for future years.
- 59. Capital receipts generated in year were £0.8m, which is below the budgeted £6m. There were enough capital receipts to finance the relevant expenditure with adequate carry forward from the previous year.
- 60. There were some sales that were unable to be completed in 2016/17 that are now expected to complete in 2017/18 including a plot on Sandall Stones Road and a plot at Lakeside which will generate close to £1.0m in capital receipts.

**2016/17 CARRY FORWARD REQUESTS**

- 61. To comply with the financial accounting regulations some balances should be held as earmarked reserves but instead have been included in the budget, and require re-presentation in 2016/17. These balances are identified for specific purposes and to remove the funding would have a negative impact on future budget planning. These are not included in the underspend and are detailed in Appendix E for information.

**OPTIONS CONSIDERED**

- 62. Not applicable.

**REASONS FOR RECOMMENDED OPTION**

- 63. Not applicable

**IMPACT ON THE COUNCIL’S KEY OUTCOMES**

Priority	Implications
All people in Doncaster benefit from a thriving and resilient economy. <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>	Council budget and monitoring impacts on all priorities
People live safe, healthy, active and independent lives. <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>	
People in Doncaster benefit from a high quality built and natural environment. <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>	
All families thrive. <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster’s vital services</i></li> </ul>	
Council services are modern and value for money.	
Working with our partners we will provide strong leadership and governance.	

**RISKS & ASSUMPTIONS**

- 64. Specific risks and assumptions are included in the Performance Improvement Report at Appendix A. A strategic risk report is also prepared on a quarterly basis.

## **LEGAL IMPLICATIONS**

65. Whilst there are no legal implications arising out of this report, the individual components which make-up the finance and performance report will require specific and detailed legal advice as they develop further.

## **FINANCIAL IMPLICATIONS**

66. Financial implications are contained in the body of the report.

## **HUMAN RESOURCE IMPLICATIONS**

67. There are no human resource implications arising from this report.

## **TECHNOLOGY IMPLICATIONS**

68. There are no technology implications arising from this report.

## **EQUALITY IMPLICATIONS**

69. In line with the corporate approach for compliance against the Equality Act 2011 due regard must be shown across all activity within the Council. As the performance report draws together a diverse range of activities at a strategic level a due regard statement is not required. All the individual components that make-up the finance and performance report will require a due regard statement to be completed and reported as and when appropriate.

70. The governance of the Corporate Equality and Inclusion Plan forms part of the quarterly reporting process, this information can be found at Appendix A.

## **CONSULTATION**

71. Consultation has taken place with key managers and Directors at the Directorate Finance & Performance Challenge meetings and Capital Monitoring meetings.

## **BACKGROUND PAPERS**

- Centre for Cities Report (<http://www.centreforcities.org/city/doncaster/>)
- PWC Inclusive Growth Report (<http://www.pwc.co.uk/industries/government-public-sector/good-growth.html>)

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## Appendices Content

<b>Appendix A - Corporate Quarterly Performance Management Report .....</b>	<b>14</b>
<b>Council Wide - Governance Indicators .....</b>	<b>21</b>
<b>Adults Health and Well Being - Corporate Plan Performance Indicators and Finance .....</b>	<b>24</b>
<b>Finance and Corporate Services - Corporate Plan Performance Indicators and Finance .....</b>	<b>27</b>
<b>Learning and Opportunities - CYP Corporate Plan Performance Indicators and Finance .....</b>	<b>30</b>
<b>Regeneration and Environment - Corporate Plan Performance Indicators and Finance .....</b>	<b>38</b>
<b>Equality, Inclusion &amp; Diversity .....</b>	<b>52</b>
<b>Customer Services .....</b>	<b>58</b>
<b>Appendix B - Virements in Quarter 4 .....</b>	<b>60</b>
<b>Appendix C - Treasury Management Update - Quarter 4 2016/17 .....</b>	<b>61</b>
<b>Appendix D – Capital Programme New Additions Quarter 4 2016/17 .....</b>	<b>63</b>

# Appendix A - Corporate Quarterly Performance Management Report



## Quarter 4 2016/2017 - (31<sup>st</sup> December 2016 to 31<sup>st</sup> March 2017)

### Detailed Performance Narrative by Outcome

#### Outcome 1: All people in Doncaster benefit from a thriving and resilient economy

*Where are we now...*

- a) The number in employment remains at a level not seen for a decade (140,000) and the Borough is in the top 10 cities for growth in private sector jobs in 2015 as reported by the Centre for Cities<sup>1</sup>. The total of new FTE jobs created through the support of Business Doncaster this year stands at 894 which is significantly higher than the full year target of 500. At £90.5m, overall investment gained into Doncaster is well above the full year target of £46m, with a total of almost £300m investment into Doncaster since April 2013.
- b) Latest national data (2015) shows that at 5.5%, our private sector employment growth looks positive, with 4,700 additional private sector jobs created between 2014 and 2015 across a range of sectors. This latest surge in investment/job creation is largely due to major investments at Lakeside and Thorne. Weekly wage rate at £479 is £16.6 higher than 5 years ago; but is £6.90 less than the average Yorkshire and Humber rate and £19.20 less than the national average. The number of residents in highly skilled occupations stands at 32.6%, equating to around 48,000 residents, this represents a 1 percentage point increase on the same time last year, and is still behind the Yorkshire & Humber (41%) and the national average (46%). Implementation of the recommendations from the Education & Skills Commission will help address this.
- c) Latest data shows Doncaster's Total Business Stock (Number of Enterprises in Doncaster) increased by 1,105 (13.7%) which is significantly higher than comparators, putting Doncaster in the top 10 fastest improving cities for growth in business stock and start-ups as highlighted in the Centre for Cities<sup>1</sup> report. However, around 595 of these new businesses may be registered at the same address, for example as part of a Managed Service Company that represents many other businesses. It is not clear how many of these 595 businesses may actually be located in Doncaster; some, many, or all could be from anywhere across the country. However, even if all 595 are excluded from the analysis, this still leaves 510 (6.3%) which is a rate of growth greater than the England average (4.6%). It should also be noted that the data for other areas could potentially be affected by this scenario. New business start-ups increased by 42% (2,135) in 2015, which gave a net growth of 15%, but the same data caveat applies as for Total Business Stock indicator previously described. The recently published PWC Inclusion growth report highlights Doncaster as one of the top 4 most improving cities in delivering good growth.
- d) Doncaster's employment rate has increased slightly (0.2 percentage points) to 71.8% in the last quarter; but is 1.4 percentage points higher than the same time last year. Doncaster's rate remains similar to the Yorkshire and Humber rate (72.5%); but the gap with the Yorkshire and Humber and England national average (2.5%) has increased.

1. <http://www.centreforcities.org/city/doncaster/>

2. <http://www.pwc.co.uk/industries/government-public-sector/good-growth.html>

- e) 11.4% of 16-64 year olds claim out of work benefit claimants, which is a 0.2 percentage points decrease this quarter. The Doncaster rate remains significantly higher than the Yorkshire and Humber rate of 9.7% and national average of 8.3%.
- f) 69% of Doncaster pupils are accessing good or better education in our schools (as reported by Watchsted). Improvement is though limited as is dependent on Ofsted's programme of inspections. The newly released DfE measure of attainment in 8 subjects reported Doncaster at 46.8%, 3% points behind national levels and Doncaster was the 5<sup>th</sup> most improved in the country on 5 A\*-C GCSE including English and Maths. The number of 16-18 year olds who are not in employment, education or training (NEET) has fallen to 4% which exceeds the target of 6%, and our apprenticeship profile continues to exceed the mayoral target of 750 apprenticeship starts with 1,175 new apprentices created since 2013 and 53 of our internal apprentices have gained level 3 or above qualifications. The Skills Made Easy funding has come to an end. The focus going forward will be on the level and quality of the apprenticeships, not purely the total number.
- g) The establishment of the Education & Skills Partnership Board has begun in the securing of joint Chairs from both Sheffield University and Doncaster Business Sector. The Board will be tasked with overseeing the implementation of the 'One Doncaster' report, which focuses on improving both education and skills across the borough to increase opportunities for residents. Social Mobility funding will help deliver the programme Doncaster has been named as an 'Opportunity Area' by the Department for Education and Social Mobility funding will help deliver the programme as well improving social mobility across the borough.

#### *Red measures*

- Number of Apprentices completing a level 3 or above qualification as part of the council's internal apprenticeship programme – this service performance measure needs to be reviewed once clarity is obtained on the apprenticeship levy. This is expected to take place in early 2017 with a clearly defined target identified and agreed to take forward from Q4 onwards.

#### *Next steps...*

- Develop and finalise implementation plans and Governance arrangements for Education & Skills Commission

## **Outcome 2: People will live safe, healthy, active and independent lives**

#### *Where are we now...*

- a) Regarding transformation of Adults, Health and Wellbeing, good progress has been made on the Immediate Business Improvement projects, which have delivered service improvements and the savings needed by the directorate during 2016/17. A report outlining the future key components of the Adult Health and Well-Being Transformation Programme was taken to Cabinet in November 2016 and discussions on how we work closer with health are taking place. These plans will help local people to stay independent, healthy and safe in their home for longer, aiming to keep them out of residential care wherever possible.
- b) Signs continue to be are really positive that there is now a strong grip on residential care admissions through a robust panel process. There has been an average of 34 admissions per month this year compared to 47 per month in 2015/16. If only those agreements where DMBC contribute financially are counted, then the total number of new agreements for the year is 273 or an average of 23 per month. There were an additional 137 full cost self-funders.
- c) The total number of long term residential agreements has reduced to 1,396 as at the end of 2016/17 (from 1,496 at the end of 2015/16). The overall total can be broken down further in terms of supported by DMBC, 1031 individuals and self-funders costs met by individuals 365. The latest information shows we are broadly similar to the budgetary targets, 1,404 but off track against the stretch target of 1,198

- d) At the end of 2016/17, there were 621 ongoing direct payment agreements in place, up from 459 at the end of 2015/16. The action plan continues to be successfully delivered by the Direct Payments Working Group and team targets are being monitored by area team leaders. Team level information is provided by the Strategy and Performance Unit on a weekly basis to facilitate strong performance management. These actions, together with the CCaSH project enabling choice of homecare provider, have created momentum for increasing direct payments, as proven by the performance statistics. Internally, taking up a DP is the default option within assessment and care management. The option of making a direct payment more widely available, through personal assistant employment support and Individual Service Funds is now being explored. A market event to increase appetite with service providers is currently being planned.
- e) The Doncaster Childrens Service Trust has reported performance within tolerance target levels and exceeded targets on a number of measures. Monitoring review meetings between the council and the Trust focus on both performance and financial management, with quality of work and financial management as key priority areas. Other areas of focus include the rising number of repeat referrals and services for Care Leavers including those in education, training and employment and suitable accommodation. See appendix A (page 21-25).
- f) The health outcomes of people in Doncaster are generally poorer than the national average. The measure on successful drug treatment exits is performing under target and has deteriorated further in Q4. This is due in part to a number of complex long standing opiate cases and a lack of referrals from the criminal justice system which is being dealt with by specific provider action plans, and discussions with the police.
- g) The reported number of children living in households where domestic abuse occurs remains high in comparison to 2015/16 figures, although this increase is believed to be brought about by increased awareness following the implementation of the Domestic Abuse Strategy, although statistical releases show that Doncaster does have a higher reported incidents than both national and comparator groups.
- h) The percentage of households in fuel poverty has fallen below 9% for the first time in in over five years. Our target is being over achieved by more than a percentage point (8.9% against a target of 10%). This success has been brought about by a number of energy saving initiatives including wall insulation, gas central heating and Big Power Switch Campaigns.

#### *Red measures*

- Proportion of all in drug treatment who successfully completed treatment and did not re-present within 6 months (per cent).
- Proportion of people using social care who receive direct payments
- Permanent admissions to residential and nursing care homes per 100,000 population

#### *Next steps...*

- Monitor the provider action plan for Opiate exits.
- Implement business plans for the longer term transformation priorities for Adults and Health and Well Being.

### **Outcome 3: People in Doncaster benefit from a high quality built and natural environment**

#### *Where are we now...*

- a) Doncaster is recovering well from the slump in the Housing Market caused by the recession and is proactively supporting and encouraging housing development. There has been a net increase of 1,057 new homes this years, which is the second consecutive year that supply has outmet our annual need of 920 new homes per year (1170 achieved last year). Doncaster housing delivery is outperforming both national and regional performance.

- b) An additional 161 additional affordable homes have been delivered this year, this delivery comes primarily from the Council House and the Registered Provider new build programmes (120 units) and 41 units from private development. We recognise that there is still a gap between supply and overall affordable housing need, which will be tackled using the strategies and policies within the forthcoming 17-year Local Plan. The number of empty properties continues its gradual reduction over the long term, however, there has been an increase in the final quarter of the year. The year-end figure now stands at 3,583 (based on council tax figures).
- c) Household domestic recycling rates remain higher than previous years and above target at 48% against a target of 43%. This follows a significant improvement from a low of around 31% a few years ago. Fly tipping collection within 5 days continues to see a significant improvement increasing from 60% at Quarter 2 to 85% at year end, and so is now only narrowly short of the 90% target. This continued improvement is due in part to a long term improvement plan which includes service level agreements between teams – to help deal more efficiently with an increase in activity resulting from easier resident reporting (e.g. apps, online etc.). There were almost 2500 fly-tipping jobs closed in Q4 which is significantly more than in previous years.
- d) 99.9% of waste collections were reported as complete on the schedule day this year, as per target. This figure includes all waste collections (black, green, box, trade, trade recycling and clinical), which amounted to over 3.5 million collections in total over the last 3 months.
- e) There was no regular grass cutting for Quarter 3 due to a seasonal pause that starts in September and ends in February. During that time the service caught up on any areas that were behind schedule, as well as completing one-off works. Areas have been inspected and are of an acceptable standard. At year-end, 100% of grass cutting works is completed as per schedule.
- f) Annually released data for 2016/17 regarding the condition of our principal and non-principal maintained roads remains good (98%) and exceeds the 96% targets. The quality of roads is determined by the industry standard SCANNER survey which assesses the surface condition / maintenance of our roads. It is our maintenance strategy to retain these road networks in the upper national performance quartile.
- g) The five year rolling average of all people killed or seriously injured on Doncaster roads is 118 (from 2015). The indications for 2016 are that the number of fatalities reduced, but due to a reclassification of serious injuries, the overall figure will potentially increase. Further analysis will take place once the final dataset is available. The levels of litter and detritus are decreasing with 86% of land and highways at the required standards, exceeding our target of 85%.

*Red measures*

None

*Next steps...*

- Development and approval of the Local Plan
- Continue the delivery of the 2015-18 Housing Strategy

**Outcome 4: All families thrive**

*Where are we now...*

- a) The Expanded Stronger Families Programme provides early support to families with multiple needs. The programme works closely with families, with 517 positive outcomes achieved to date, particularly around supporting children who need help and supporting people into work. We have identified 3,249 suitable families, an increase of nearly 2000 in the previous quarter, and are currently engaged with 1,849. This increase in the number of families involved in the programme should see increases in positive outcomes and claims to DCLG in subsequent quarters
- b) Primary school persistent absence is currently reported at 11.1% and Secondary level at 17.5% - both of which are higher than target levels and are above national levels. The majority of

secondary schools buying additional Education Welfare Support at achieving national levels and there are 3 Secondary Academies who have persistent absence levels of more than 25%. Data is released by government termly and the next publication is due in May 2017. Persistent absence for our children in care is also higher than acceptable levels at 9.8% for Primary age children in care and 23.9% for Secondary levels. The new Virtual School head is to undertake a review of the system and processes for collection of this information.

- c) For Q4, the Children's Trust reported 82% of Care Leavers were living in suitable accommodation which is marginally behind the 83% target and 41.7% are engaged in employment, training or education which is lower than both the national average of 49% and the regional average of 58% (Doncaster's outturn was 36%). Trust affirmed that if the 'Keys to your Future' programme becomes validated this cohort of children will automatically go onto this programme which would count as 'training'. This would put this figure to nearer 100%. Stability for our children in care, regarding number of placement moves, and has consistently remained within target/tolerance levels since transfer to the Trust. The Corporate Parenting Board maintains focus on both children in care and care leavers to improve positive life outcomes for children in care.
- d) 100% of young people with learning or other disability had a final Education Health Care Plan within the target of 20 weeks from initial request. In 2016 the percentage of pupils reaching a Good Level of Development (GLD) in Doncaster was 70% which is higher than the national average as is those in receipt of Free School Meals.
- e) The annual national offer day regarding first choice school preference reported 96% (just over 3000) reception age children were awarded their first choice preference for reception places for 2017/18 and 92.5% (almost 3500) were awarded at secondary level. Both are above the national levels of 88% and 84% respectively.
- f) Our Early Help Hub received more than 250 enquiries more enquiries than previous quarter (1,626) demonstrating that there is an increased awareness of the service, thresholds and support to families at the earliest possibility.
- g) The average number of days to process a housing benefit claim is 23.42 against a target of 25. The average number of days to process a new claim for council tax support is 22.55 against a target of 25.

#### *Red measures*

None

#### *Next steps...*

- Continued embedding of the Early Help Hub and the support it provides
- Progress the implementation of the Stronger Families Case Management System

### **Outcome 5: Council services are modern and value for money**

#### *Where are we now...*

- a) In the third quarter of the year Council Tax arrears reduced by over £6.90m compared to a target of £5.72m. The reduction is £1.6m more than that of the previous year.
- b) Outcomes from this quarter's workforce digest have identified a number of continuing HR and OD risks, specifically organisational stability; performance management and additional workforce spend. Although performance in some areas has not been sustained, there continues to be strong signs in other areas that action is being taken to address and mitigate these risks, and this remedial work is having a positive impact that needs to be sustained over the longer term.
- c) Overall Council sickness is 9.90 days lost per full time employee, compared to a target of 7.9 for Quarter 3. This is an increase of 0.21days from the last quarter (9.69 days), and has resulted in both the corporate target not being achieved and the on-going downward trend not being sustained for the first time in several years of continuous improvement.



- d) 60% of services are now available on-line. 32,000 citizens are now signed up to the 'mydoncaster' on-line account.
- e) There has been a 25 per cent channel shift to on-line services against a target of 55 per cent. There has been a significant upward trend this quarter due to marketing and removing the phone number from the website.
- f) Business Rates show a reduction of arrears of £5.8m, which is well above the projected target of £3.4m. This is almost double the reduction reported in 2015/16.
- g) Doncaster companies and suppliers are now used for 70 per cent of our total spend with third party providers. This is just better than the 69 per cent target, and the highest percentage reported over the last 3 years.
- h) The percentage of invoices paid within 30 days is currently 96.5 per cent against a target of 95 per cent. This is a vast improvement against the 88 per cent reported in Quarter 2 2015/16.

*Red measures*

- Council Wide sickness
- % of channel shift to on-line services by Doncaster residents as a result of the Digital Strategy

*Next steps...*

- Continue to encourage sign-up to our on-line service

**Outcome 6: Working with our partners we will provide strong leadership and governance**

*Where are we now...*

- a) There have been 8 data protection incidents by the council this quarter and 6 by Doncaster Children's Services Trust. None were serious enough to be recognised as breaches by the Information Commissioner's Office. E-learning modules have been launched and the Data Protection Officer continues to complete investigations and complete mitigating actions with high risk areas and where incidents occur.
- b) Mandatory training for elected members is currently at 86.6 per cent. This is slightly lower than the 87.7 per cent reported for the same time last year. All mandatory training sessions have been scheduled for the year.
- c) All of our significant partners that have completed a partnership assessment. An associated action plan is now in place to ensure effective and consistent arrangements for the oversight of the work of external partnerships.
- d) Of the lead officers and members appointed to represent the Council on partnership boards, 74.2 per cent have attended Partnership Training, quite a gap from the 100 per cent target. This training will be compulsory for members who are appointed to an outside body

*Red measures*

- Percentage of lead officers/members appointed representatives that have attended the 'Partnership' training




*Next steps...*

- Produce the action plan for working with our significant partners
- Continue to provide training and awareness on data protection, especially to areas where data protection incidents are reported;
- Ensure members who require mandatory training are aware of the training dates available and are encouraged to attend.





## Understanding the Quarter 4 Performance Report

Symbols are used within this report to give a visual representation of performance. These symbols, and what they represent, are detailed below.

### Governance Indicators

 on track	 mostly on track	 currently off track
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**Directorate Service Measures** - Performance indicators (PIs) have been structured on Covalent with red, amber and green thresholds being tailored for each PI

Performance		Finance
	<b>OK</b> – Performance on target	An underspend of less than 3% or an overspend of less than 0.5%
	<b>Warning</b> – Performance mostly on target	An underspend of less than 5% or an overspend between 0.5% and 1%
	<b>Alert</b> – Performance below target	An underspend of more than 5% or an overspend of more than 1%
	<b>Data Only</b> – These performance indicators do not have targets	
	<b>Unknown</b> – These performance indicators are unable to assess a traffic light rating due to missing data.	

**Direction of Travel** - The direction of travel looks at whether things have improved stayed the same or become worse when. The purple arrow is short trend and shows the current value compared to the previous quarter. The blue arrow is long trend and shows the current value compared over the last 3 years.

  improvement	  Same as last time	  getting worse
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**Strategic Risk Profiles** - Risks are profiled in line with the Corporate Risk Management Framework and the risk profile score determines the overall status.

 Low level risks with a score between 1 and 4	 Medium level risks with a score between 5 and 19	 High level risks with a score between 20 and 25
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## Council Wide - Governance Indicators

<b>Sickness – Days per FTE</b>		<b>Value</b>	<b>Target</b>	<b>DoT</b>	<b>Traffic Light</b>
Adults Health and Well-Being		13.35	9.50	↑	🛑
Finance and Corporate Services		6.27	5.75	↓	⚠️
Learning and Opportunities CYP		6.92	7.75	↓	✅
Regeneration and Environment		10.00	8.60	↑	🛑
Whole Authority Sickness		9.90	7.90	↑	🛑
<b>PDR Completion - % of workforce with a PDR recorded</b>		<b>Value</b>	<b>Target</b>	<b>DoT</b>	<b>Traffic Light</b>
Adults Health and Well-Being	999 out of 1069	93%	95%	↓	⚠️
Finance and Corporate Services	612 out of 644	95%	95%	↓	✅
Learning and Opportunities CYP	387 out of 408	95%	95%	↓	✅
Regeneration and Environment	1893 out of 2029	93%	95%	↓	⚠️
Whole Authority	3891 out of 4150	94%	95%	—	⚠️
<b>Internal Audit Recommendations - % completed that were due in period</b>		<b>Value</b>	<b>Target</b>	<b>DoT</b>	<b>Traffic Light</b>
Adults Health and Well-Being	1 out of 2	50%	100%	↑	🛑
Finance and Corporate Services	1 out of 2	50%	100%	↓	🛑
Learning and Opportunities CYP	0 out of 2	0%	100%	↓	🛑
Regeneration and Environment	0 out of 0	100%	100%	—	✅
Whole Authority	2 out of 3	33%	100%	↓	🛑
<b>Data Protection breaches that had an initial assessment Completed within 10 working days</b>		<b>Value</b>	<b>Target</b>	<b>DoT</b>	<b>Traffic Light</b>
Adults Health and Well-Being	1 incident	100%	100%	—	✅
Finance and Corporate Services	4 incidents	100%	100%	—	✅
Learning and Opportunities CYP	0 incidents	100%	100%	—	✅
Regeneration and Environment	3 incidents	100%	100%	—	✅
Whole Authority	8 incidents	100%	100%	—	✅
<b>Corporate Plan Updates Completed</b>		<b>Value</b>	<b>Target</b>	<b>DoT</b>	<b>Traffic Light</b>
Adults Health and Well-being	20 out of 20	100%	100%	—	✅
Finance and Corporate Services 2	9 out of 29	100%	100%	—	✅
Learning and Opportunities CYP	29 out of 33	88%	100%	↓	🛑
Regeneration and Environment	34 out of 34	100%	100%	—	✅
Whole Authority	112 out of 116	96.5%	100%	↓	✅

# Adults Health and Well Being - Corporate Plan Performance Indicators and Finance

## Overall Performance against Directorate Service Measures



Directorate Service Measure	Last Update	D.O.T (short)	D.O.T (long)	Value	Local Target	** RAG
23. (AH&W) Proportion of people using social care who receive direct payments	Q4 2016/17			22.3%	28.8%	
24. (AH&W) Permanent admissions to residential and nursing care homes, per 100,000 population (65+ Only)	Q4 2016/17			195.1	155.1	
25. (AH&W) The proportion of people who use services and carers who find it easy to find information about services - Service Users Only	2015/16			72.62%	74.5%	
26. (AH&W) The proportion of people who use services and carers who find it easy to find information about services - Carers Only	2016/17			71.89%	65.5%	
38.(AH&W) Proportion of repeat safeguarding referrals	Q4 2016/17			10.62%	10%	
39. (AH&W) Proportion of all in treatment, who successfully completed drug treatment and did not re-present within 6 months (PHOF 2.15i+2.15ii)	Q4 2016/17			7.1%	14.0%	
40. (AH&W) PHOF2.22iii Cumulative percentage of eligible population aged 40-74 who received an NHS Health Check	2016/17			13.75%	13.2%	
43. (AH&W) The number of people that are currently in long term care	Q4 2016/17			1,396	1404	
43a (AH&W) The number of people that are currently in long term care (DMBC COST)	Q3 2016/17			1,031	-	
43b (AH&W) The number of people that are currently in long term care (FULL COST)	Q3 2016/17			365	-	
44. (AH&W) Assistive technology installations per 100,000 population , aged 65 and over (average per month)	Q4 2016/17			621.95	444.2	

Whole Borough Indicator - Team Doncaster	Update	D.O.T (short)	D.O.T (long)	Value	Local Target	National Average	Yorkshire & Humber Average
27. (AH&W) Number of repeat victims of Domestic Abuse	Q4 2016/17			796	825	-	-
30. (AH&W) Number of people participating at DCLT Leisure Centres per 1000 population(includes multiple visits)	Q4 2016/17			1,746	1,402	-	-
31. (AH&W) Infant deaths under 1 year of age per 1000 live births	2015			5.2	5	4	4.3
32. (AH&W) % Of children aged 10-11 that are classified as overweight or obese	2015/16			33.9%	32%	32.2%	33.3%
33. (AH&W) Percentage of adults achieving at least 150 minutes of physical activity per week (PHOF 2.13i)	2015			52.6%	56.1%	57%	56.3%
70. (AH&W) Number of positive outcomes achieved through the Expanded Stronger Families Programme	Q4 2016/17			517	750	-	-
71. (AH&W) Number of Families Engaged in the Expanded Stronger Families Programme	Q4 2016/17			1,849	1,459	-	-
72. (AH&W) HWBB3 Number of Families Identified as part of the Stronger Families Programme	Q4 2016/17			3,249	2,625	-	-
73. (AH&W) Number of family claims made to DCLG through the Expanded Stronger Families Programme	Q4 2016/17			159	447	-	-

### PI commentary

**PI 23:** At the end of 2016/17, there were 621 ongoing direct payment agreements in place, up from 459 at the end of 2015/16. The action plan continues to be successfully delivered by the Direct Payments Working Group and team targets are being monitored by area team leaders. Team level information is provided by the Strategy and Performance Unit on a weekly basis to facilitate strong performance management. These actions, together with the Commissioning Care and Support at Home (CCaSH) project enabling choice of homecare provider, have created momentum for increasing direct payments, as proven by the performance statistics. Internally, taking up a DP is the default option within assessment and care management. The option of making a direct payment more widely available, through personal assistant employment support and Individual Service Funds is now being explored. A market event to increase appetite with service providers is currently being planned.

**PI 24:** Signs continue to be are really positive that there is now a strong grip on residential care admissions through a robust panel process. There has been an average of 34 admissions per month this year compared to 47 per month in 2015/16. If only those agreements where DMBC contribute financially are counted, then the total number of new agreements for the year is 273 or an average of 23 per month. There were an additional 137 full cost self-funders.

**PI 39:** The measure on successful drug treatment exits is performing under target and has deteriorated further in Q4. This is due in part to a number of complex long standing opiate cases and a lack of referrals from the criminal justice system which is being dealt with by specific provider action plans, and discussions with the police.

**PI 70-73:** The Expanded Stronger Families Programme provides early support to families with multiple needs. The programme works closely with families, with 517 positive outcomes achieved to date, particularly around supporting children who need help and supporting people into work. We have identified 3,249 suitable families, an increase of nearly 2000 in the previous quarter, and are currently engaged with 1,849. This increase in the number of families involved in the programme should see increases in positive outcomes and claims to DCLG in subsequent quarters

## Adult Health and Well-Being Revenue

Traffic Light	Name	Quarter 4 2016/17		
		Gross Budget (£m)	Net Budget (£m)	Variance (£m)
	<b>Adults Health &amp; Wellbeing Total Revenue Variance</b>	<b>150.191</b>	<b>72.546</b>	<b>0.921</b>
	<b>Adults Social Care Revenue Variance</b>	<b>24.083</b>	<b>14.805</b>	<b>-0.645</b>
Adult Social Care underspent by £0.6m. This is comprised of better utilisation of DFG and staffing savings in In-house Home Care Management and Night Care.				
	<b>Communities Revenue Variance</b>	<b>12.301</b>	<b>7.121</b>	<b>-0.173</b>
The service was slightly better than break even made up of minor variations across the service.				
	<b>Director Of Adult Services Revenue Variance</b>	<b>1.619</b>	<b>1.619</b>	<b>0.814</b>
This is unallocated cuts relating to Digital Council savings of £0.7m target. There are proposals to meet the remainder of these savings from 2017/18 onwards through the introduction of a reconfigured service, aligned to a new community model which is being developed.				
	<b>Modernisation &amp; Commissioning Revenue Variance</b>	<b>91.817</b>	<b>48.915</b>	<b>0.926</b>
The main areas of overspend are:				
<ul style="list-style-type: none"> <li>Long Stay Residential Services - The numbers of placements for long stay accommodation for 65 and over was 1,200 against a target of 1,218 a significant reduction of 108 service users. However, the area overspent by £0.3m due to the profile of the reductions being different from that budgeted and the increase in the value of higher cost packages being greater than predicted. Of the 108 clients, 57 (53%) were self-funders and therefore delivered no savings to the council. This is a greater proportion than the number of self-funders in older people long stay residential care (33%). If the proportion of self-funders in the reduction had reflected the proportion of self-funders at the beginning of the year then this would have contributed a further £0.2m savings. Self-funders have been separated out in the budget and in the reporting for 2017/18 to aid the transparency in this area. Also, there has been an increase of £69.01 in the average net weekly cost of clients who have a placement that is not covered by the DMBC framework agreement, these include service users who are placed out of the borough and service users receiving additional support. This is estimated to equate to an additional £0.2m spend compared to the budgeted position.</li> <li>Short stay residential area was overspent by £0.9m for the year. The overspend has been caused by a relatively small number of cases where service users have remained in short stay accommodation because of the lack of suitable non-residential provision or other issues preventing a long term resolution. The overspend is matched by the cost of 27 residents in short stay placement for over 200 days in 16/17. Of these 27, 8 placements are still open, at an annualised cost of £0.4m. This area is now being analysed by a cross functional team who meet every 2 to 3 weeks and report back to DLT every 8 weeks.</li> <li>Community Equipment is a joint budget with CCG and has overspent by £0.4m, this is being reviewed in partnership with the CCG with the initial phase taking place over the next two months. This will include a thorough review of all spend and funding, and focus on prescriber behaviour/ inputs into the system to ensure that the Council is getting best use of the purchasing power of its partner. This budget is a key enabler within the transformation programme for service users to lead independent lives.</li> <li>Underspends include: Policy &amp; Commissioning (£0.4m) mainly on staffing, and Supported Living (£0.7m), this offsets the unfavourable swings detailed above.</li> <li>Better Care Fund (BCF) – Out-turned at £7.1m, £0.6m less than forecast at Q3. The majority of the slippage related to the delay in implementing the Intermediate Health and Social Care project. This does not impact on the outturn position, but the planned use of earmarked reserves reduced to £0.1m.</li> </ul>				
	<b>Public Health Revenue Variance</b>	<b>20.371</b>	<b>0.086</b>	<b>0.000</b>
The Public Health service benefitted from a saving against the substance misuse contract, (performance payments) reducing the overall use of reserves to £0.3m in 2016/17 compared £0.7m in the original budget proposals.				

## Adult Health and Well-Being Capital

Traffic Light	Programme Area	Q4 2016/17				
		Revised Base Budget (£m)	Q4 Projection (Full Year) (£m)	Revised Base Budget Future Years (£m)	Q4 Projection Future Years (£m)	Actual Spend (£m)
	<b>Adult, Health &amp; Well-Being Total</b>	<b>6.58</b>	<b>6.30</b>	<b>12.46</b>	<b>14.89</b>	<b>5.69</b>
No significant issues at Outturn.						
	<b>Adult Social Care</b>	4.19	4.17	11.04	11.56	3.93
The main areas of spend are Housing Adaptations and Disabled Facilities Grants (DFG) £3.93m. The decrease in expenditure from Q3 estimate is mainly due to a decrease in expenditure on DFGs (£0.09) and Adaptations (£0.04m).						
	<b>Communities</b>	2.34	2.08	1.42	2.20	1.76
The main areas of spend are the capital payment to DCLT £1.0m and Parks and Playing fields £0.5m. The decrease in anticipated expenditure from Q2 (£0.07m) is mainly due to the reprofiling of various schemes into future years. The main one is Schofield Park Mexborough (£0.04m).						
	<b>Modernisation &amp; Commissioning</b>	0.05	0.05	0.00	0.00	0.00
The spend is on Safe and Well centre (Jubilee Court) £0.05m.						

# Finance and Corporate Services - Corporate Plan Performance Indicators and Finance

## Overall Performance against Directorate Service Measures



Directorate Service Measure	Last Update	D.O.T (short)	D.O.T (long)	Value	Local Target	** RAG
78. (F&CS) Housing Benefit - Average number of days to process a new claim	Q4 2016/17	↑	↑	23.42	25.00	✓
79. (F&CS) Council Tax Support Application - Average number of days to process new claims	Q4 2016/17	↑	↑	22.55	25	✓
80. (F&CS) Delivery of actions under 5 Core Themes of the People Strategy	Q4 2016/17	↑	↑	95	100	✓
84. (F&CS) % of services with a fully transactional on-line self service capability	Q4 2016/17	↑	↑	61	60	✓
85. (F&CS) % of invoices are paid within 30 days	Q4 2016/17	↓	↑	96.5	95	✓
88. (F&CS) % of Council Tax collected in the year	Q4 2016/17	↑	↑	94.65%	94.30%	✓
89. (F&CS) Percentage of Non-domestic Rates Collected	Q4 2016/17	↑	↑	96.96%	96.80%	✓
90. (F&CS) Deliver 2016/17 savings	Q1 2016/17	▬	▬	37.4	40.2	⚠
91. (F&CS) Produce the budget for 2017/18 to 2020/21, including detailed savings for 2017/18	Q4 2016/17	↑	↑	23.5	23.5	✓
92. (F&CS) % of local authority spend with Doncaster companies/ suppliers (CORPP01)	Q4 2016/17	↑	↑	70	69	✓
93. (F&CS) % increase in contracts procured in 2015/16 that have Social Value reflected in them	Q4 2016/17	↑	↑	68.3%	75%	⚠
94. (F&CS) Percentage of expenditure (revenue transactions over £25k) that is within the framework of a contract.	Q4 2016/17	↑	↑	91	90	✓
97. (F&CS) Percentage of Lead Officers/Members appointed representatives that have attended the 'Partnership' training	Q4 2016/17	▬	↑	74.2%	100%	⛔
98. (F&CS) Number of data protection breaches	Q4 2016/17	▬	▬	0	0	✓
99. (F&CS) % Members attending mandatory training (GOVS 01)	Q3 2016/17	↑	↑	86.6%	95%	⚠
100 (F&CS) Percentage of Head of Service planning templates completed	Q2 2016/17	▬	▬	100%	100%	✓

Whole Borough Indicator - Team Doncaster	Last Update	D.O.T (short)	D.O.T (long)	Value	Local Target	** RAG
81. (F&CS) Whole Authority Sickness	Q4 2016/17	↑	↓	9.90	7.90	⛔
82. (F&CS) Whole Authority PDRs	Q4 2016/17	▬	↑	94%	95%	⚠
83. (F&CS) % of channel shift to on-line services by Doncaster residents as a result of the delivery of the Digital Strategy	Q4 2016/17	↑	↑	25	55	⛔
86. (F&CS) Council Tax Arrears	Q4 2016/17	↑	↑	13,940,668	15,129,000	✓
87. (F&CS) Business Rates Arrears	Q4 2016/17	↑	↑	4,282,093	6,611,000	✓
95. (F&CS) Percentage of Theme Boards that have a Performance Management Framework in place and have reviewed Strategic Action Plans in place for 2016/17	Q2 2016/17	▬	▬	100%	100%	✓



Whole Borough Indicator - Team Doncaster	Last Update	D.O.T (short)	D.O.T (long)	Value	Local Target	** RAG
96. (F&CS) Percentage of significant partners that have had a completed partnership assessment	Q4 2016/17			100%	100%	

#### PI commentary

##### Directorate Indicator

**PI 97:** 74.2% of lead officers and members appointed representatives have attended the partnership training. Further sessions will be undertaken as part of the Council's wider member induction training programme following the elections. This training will be compulsory for members who are appointed to an outside body.

##### Whole Borough Indicator

**PI 81:** Overall Council sickness is 9.90 days lost per full time employee, compared to a target of 7.9 for Quarter 3. This is a slight increase in the rate of absence from the last quarter (9.69 days) or 0.21 days resulting in the annual rate exceeding the corporate target of 7.9 days per FTE. Further information is provided in Appendix A.

**PI 83:** There has been a significant upward trend this quarter due to marketing and removing the phone numbers from the website. There is also an agreement for the whole council to work to increase take-up.



## Finance and Corporate Services Revenue

Traffic Light	Name	Quarter 4 2016/17		
		Gross Budget (£m)	Net Budget (£m)	Variance (£m)
	<b>Finance &amp; Corporate Services Total Revenue Variance</b>	126.586	20.748	-1.325
	<b>Customers, Digital &amp; ICT Revenue Variance</b>	8.944	6.778	0.145
	No significant issues in this area at outturn.			
	<b>Finance &amp; Corporate Director Revenue Variance</b>	0.236	-0.010	-0.042
	No significant issues in this area at outturn.			
	<b>Finance Revenue Variance</b>	105.756	5.545	-0.980
	The main underspends relate to unapplied additional external funding received in year £468k, salary underspends across the service £594k and in relation to the recovery of housing benefit over payments £263k (including the release of part of the bad debt provision). This is off-set by the financing decision not to apply earmarked reserves due to the overall underspend of the Directorate £269k. The change in position from quarter 3 relates mainly from the Council policy change of not carrying forward any underspends that had been forecast to carry forward at quarter 3, which increased the overspend, £310k, increased recovery of housing benefit overpayments and release of part of the overpayments bad debt provision totalling £349k. These are off-set by the year end financing decision to not apply earmarked reserves due to the outturn position £269k.			
	<b>HR, Comms &amp; Exec Office Revenue Variance</b>	4.438	3.488	-0.089
	No significant issues in this area at outturn.			
	<b>Legal &amp; Democratic Services Revenue Variance</b>	4.738	2.902	-0.303
	No significant issues in this area at outturn, with the main underspend resulting from one-off salary underspend £161k.			
	<b>Strategy And Performance Revenue Variance</b>	2.475	2.046	-0.056
	No significant issues in this area at outturn.			

## Finance and Corporate Services Capital

Traffic Light	Programme Area	Q4 2016/17				
		Revised Base Budget (£m)	Q3 Projection (Full Year) (£m)	Revised Base Budget Future Years (£m)	Q3 Projection Future Years (£m)	Actual 16/17 Spend (£m)
	<b>Finance and Corporate Services Total</b>	10.77	3.41	36.75	22.94	1.69
	The main changes from quarter 3 relates to the re-profiling of £0.75m of the Investment and Modernisation Fund and £0.74m of the ICT element of the programme to 2017/18. Over the year, £7.0m of the IMF was re-profiled to 2017/18, with ICT releasing some of the Corporate Resources allocation to projects and re-profiling of spend, totalling £1.97m.					
	<b>Customers, Digital and ICT</b>	3.14	1.91	3.52	3.17	1.17
	The £0.74m change from quarter 3 results mainly from the re-profiling of spend and resources from the ICT Strategy, Perimeter Security and					



Traffic Light	Programme Area	Q4 2016/17				
		Revised Base Budget £m	Q3 Projection (Full Year) £m	Revised Base Budget Future Years £m	Q3 Projection Future Years £m	Actual 16/17 Spend £m
	Segregation, and Social Care Case Management system projects to 2017/18. A number of projects started in 2016/17 and are estimated to complete in early 2017/18. For 2017/18 the largest elements of this programme are the renewal of Council Wide systems £1.25m, Carefirst project £0.50m and the ICT Strategy £0.59m.					
	<b>Finance</b>	7.63	1.30	33.23	19.43	0.47
	Two elements form this area of the programme, the Investment and Modernisation Fund (IMF) and the ERP System development. The major change from quarter 3 is the re-profiling of £0.75m of IMF from 2016/17 to 2017/18. The ERP System Development accounts for all the £0.47m spend in this area. No significant issues in this area at outturn.					
	<b>Legal &amp; Democratic Services</b>	0.00	0.20	0.00	0.34	0.05
	No significant issues in this area at outturn.					

# Learning and Opportunities - CYP Corporate Plan Performance Indicators and Finance

## Overall Performance against Directorate Service Measures



Traffic Light: Red 1 Amber 2 Green 5 Unknown 4

Directorate Service Measure	Last Update	D.O.T (short)	D.O.T (long)	Value	Local Target	** RAG
34. (L&O:CYP) A4. Percentage of Child Protection visits in timescale where child was seen by their Social Worker (Childrens Trust)	Q4 2016/17			92.43%	80%	
35. (L&O:CYP) A3. Percentage of Case File Audits rated Requires Improvement or better CT Contract Measure	Q4 2016/17			93.75%	95%	
36. (L&O;CYP) A8 Percentage of Children in Need with an open and current plan CYP (Childrens Trust)	Q4 2016/17			92.11%	95%	
37. (L&O:CYP) A1. Referrals to Children's Services that are repeat referrals within 12 mths (KIGS CH142) (Childrens Trust)	Q4 2016/17			27.35%	24%	
62. (L&O:CYP) B10. Stability of placements of looked after children: number of moves 3 or more (BV49 NI_062 PAF CF/A1) (Childrens Trust)	Q4 2016/17			9.6%	9.0%	
67. (L&O:CYP) % of young people with learning or other disability who have a final Education Health Care Plan within 20 weeks of initial request (new requests)	Q4 2016/17			100%	100%	
68. (L&O:CYP) % of children with first choice school placement in Reception	2017/18			96%	94%	
69. (L&O:CYP) % of children with first choice school placement in Secondary	2017/18			92.5%	95%	
74. (L&O;CYP) Contacts to the Early Help hub from social care	Q4 2016/17			11	-	
75. (L&O;CYP) Number of enquires to Early Help Hub	Q4 2016/17			1,626	-	
76. (L&O;CYP) Percentage of contracts to Social Care which do not meet the threshold for statutory intervention	Q4 2016/17			18%	-	
77. (L&O;CYP) Percentage of enquires to the Early Help Hub for children pre-birth to five years of age	Q4 2016/17			28%	-	

Whole Borough Indicator - Team Doncaster	Update	D.O.T (short)	D.O.T (long)	Value	Local Target	National Average	Yorkshire & Humber Average
16. (L&O;CYP) Percentage of pupils accessing good or better education (Primary and Secondary settings)	Q4 2016/17			69%	-	85.1%	80.3%
17. (L&O:CYP) Achievement of a Level 2 qualification by the age of 19	2015/16			77.5%	79.9%	-	-
18. (L&O:CYP) Achievement of a Level 3 qualification by the age of 19	2015/16			44.9%	58.0%	-	-

Whole Borough Indicator - Team Doncaster	Update	D.O.T (short)	D.O.T (long)	Value	Local Target	National Average	Yorkshire & Humber Average
19. (L&O;CYP) National measure of attainment in 8 subjects	2015/16	-	-	46.8	-	Data not yet avail	
20. (L&O;CYP) National measure of progress in 8 subjects	2015/16	-	-	-0.21	-	Data not yet avail	
28.(L&O;CYP) Children with CP Plan per 10,000 pop aged U18 as at end of month (Childrens Trust)	Q4 2016/17			67.79	-	-	-
29. (L&O;CYP) Number of children living in households where reported domestic abuse occurs	Q3 2016/17			612	-	-	-
57. (L&O;CYP) Persistent Absence of Children in Care Primary schools (Absenteeism 10%)	Q4 2016/17			5%	3.8%	-	-
58. (L&O;CYP) Persistent Absence of Children in Care Secondary Schools (Absenteeism 10%)	Q4 2016/17			23%	6.9%	-	-
59. (L&O;CYP) Percentage of Care Leavers in suitable accommodation (age 19-21 years) (Childrens Trust)	Q4 2016/17			87.39%	85%	-	-
60. (L&O;CYP) Percentage of Care Leavers in Employment, Training and Education (age 19-21 years) (Childrens Trust)	Q4 2016/17			37.5%	45%	-	-
61. (L&O;CYP) Achievement of 5 or more A*- C grades at GCSE or equivalent for Children in Care (incl. English & Maths)	2015/16			4%	23.4%	14.4%	13.7%
63. (L&O;CYP) Proportion of children attending early education programmes (including 2,3&4 year old entitlement)	2015/16			89%	80%	-	-
64. (L&O;CYP) Primary schools persistent absent rate (10% absenteeism)	Q4 2016/17			11.1%	9%	9%	-
65. (L&O;CYP) Secondary schools persistent absent rate (10% Absenteeism)	Q4 2016/17			17.5%	12.1%	12.1%	-
66. (L&O;CYP) % of children who are 'school ready' as measured by the Early Years Foundation Stage Profile	2015/16			70%	63%	66.3%	64.6%

## PI commentary









**62. B10.** Stability of placements of looked after children: number of moves 3 or more (Childrens Trust) is showing a drop in both long term and short term trend. Performance has been impacted by activity to reduce out of area placements

## APPENDIX A Doncaster Childrens Trust Contract Measures Year 2 2016/17

Latest Result for Q4 2016-17

Traffic Light: Red 1, Amber 10, Green 6, Data Only 1, Unknown 4

Directorate Service Measure	Last Update	D.O.T (6 Month Trend)	Value	Local Target	** RAG
(L&O:CYP) <b>A2.</b> Percentage of Single Assessments completed within 45 days (YTD cumulative) CT Contract Measure	Q4 2016/17	Stable	87%	92%	
(L&O:CYP) <b>A06.</b> Percentage of children currently on a child protection plan for 2 years or more (Childrens Trust)	Q4 2016/17	Stable	1.6%	3%	
(L&O:CYP) <b>A09.</b> Percentage becoming the subject of a Child Protection Plan for a second or subsequent time within a 2 year period (Childrens Trust)	Q4 2016/17	Stable	9%	16%	
(L&O:CYP) <b>B9.</b> Stability of placements of looked after children: length of placement >2 years (NI_063) CT Contract Measure	Q4 2016/17	Stable	69%	70.0%	
(L&O: CYP) <b>B8.</b> Average length of Care Proceedings (Number of Weeks) CT Contract Measure	Q4 2016/17	Stable	28wks	26wks	
(L&O:CYP) <b>C14.</b> Number of FTE Posts covered by agency staff (Social Care) CT Contract Measure	Q4 2016/17	Improving	8%	8%	
(L&O:CYP) <b>C15.</b> Staff Turnover (leavers in month expressed as % of FTE) CT Contract Measure	Q4 2016/17	Improving	0.8%	-	
(L&O:CYP) <b>C16.</b> Percentage front line Staff Receiving Supervisions in Timescale in Accordance with Policy CT Contract Measure	Q4 2016/17	Improving	88%	90%	
(L&O:CYP) <b>D17.</b> Gross Expenditure v Plan CT Contract measure	Information provided from the Finance Service.				
(L&O:CYP) <b>D22.</b> Cash flow measure detailing 6 month cash flow, highlighting any drawdown need in line with contract (Childrens Trust)					
(L&O:CYP) <b>D23.</b> Separate spend against plan figure for each funding streams additional to annual contract agreement (Childrens Trust)					
(L&O:CYP) <b>D24.</b> Breakdown of forecast variances over £250k (Childrens Trust)					
(L&O:CYP) <b>F01.</b> Youth Offending Services - % Cohort currently EET (Childrens Trust)	Q4 2016/17	Stable	90%	75%	
(L&O:CYP) <b>F02.</b> Youth Offending Services - Reoffending rate after 12 months	Q3 2016/17 (Latest Data)	Stable	39%	32%	

(L&O:CYP) <b>F03</b> . Youth Offending Services - Custody rates (Childrens Trust)	Q4 2016/17	Stable	0.48	0.42	
34. (L&O:CYP) <b>A4</b> . Percentage of Child Protection visits in timescale where child was seen by their Social Worker (Childrens Trust)	Q4 2016/17	Improving	92%	80%	
35. (L&O:CYP) <b>A3</b> . Percentage of Case File Audits rated Requires Improvement or better CT Contract Measure	Q4 2016/17	Improving	94%	95%	
36. (L&O:CYP) <b>A8</b> Percentage of Children in Need with an open and current plan CYP CT	Q4 2016/17	Improving	92%	95%	
37. (L&O:CYP) <b>A1</b> . Referrals to Children's Services that are repeat referrals within 12 mths (KIGS CH142) CT Contract Measure	Q4 2016/17	Improving	25.38%	24%	
59. (L&O:CYP) <b>B13</b> . Percentage of Care Leavers in suitable accommodation (age 19-21 years) (Childrens Trust)	Q4 2016/17	Volatile	82%	85%	
60. (L&O:CYP) <b>B14</b> . Percentage of Care Leavers in Employment, Training and Education (age 19-21 years) (Childrens Trust)	Q4 2016/17	Improving	42%	45%	
62. (L&O:CYP) <b>B10</b> . Stability of placements of looked after children: number of moves 3 or more (BV49 NI_062 PAF CF/A1) CT Contract Measure	Q4 2016/17	Stable	10%	9.0%	

### PI commentary

The revised suite of performance indicators arising from the Year 2 Annual Contract Review are now in their final quarter. The following information is based on the Trust's Q4 2016/17 Performance Report.

The majority of measures are either within contract tolerance (Amber rated) or meet the target (Green Rated). Only one measure is Red RAG rated. Changes this quarter show:

- Three measures have improved in their RAG Rating: Monthly Case File Audits (A3) and Care Leavers in EET (B14) both moved to within tolerance (from Red to Amber); and Frontline FTE posts covered by Agency Staff (C14) moved from within tolerance to at target (Amber to Green)
- Four of the Children in Care measures this quarter moved from within target to within tolerance (Green to Amber) (B8, B9, B10 and B13)

**The following issues are below target; either within or outside of tolerance. Actions have been identified through performance monitoring and challenge to monitor and address:**

#### A2 – Timeliness of Single Assessments

Assessment timeliness is indicative of demand pressures / caseloads and the numbers of children within the system will have an obvious impact, the numbers of assessments open and referrals had been showing high over the last 12 months. The Trust has to balance efficiency of its process with assurance as to safety and is mindful of this. The Trust states that timeliness reports are shared between teams on a weekly basis which target work to improve performance. Caseload increase is a factor, but concentration is with closing NFA cases which should have been closed earlier and are therefore skewing the figures.

The Council has received assurance that the Trust is addressing the issue albeit performance remains below the 'stretch' target and threshold, the Council is maintaining a monitoring brief and whilst performance generally remains above the 83.4% national, regional (82.6%) and statistical neighbour averages (77.1%), the Council will nonetheless continue to challenge this performance, should it fail to show sustained improvement.

The Trust has responded to the Council's request to provide the analysis of the proportion of assessments which are being achieved at, or around, 55 (70%) days and has identified that 20% of cases are 1-3 days overdue. The time taken to sign off NFAs by managers remains the prominent issue, but the Council is assured, that given that cases are being actively monitored, means that no children are at risk of being harmed or unprotected.

The Trust has emphasised that significantly more assessments are being undertaken. The Trust is confident that timeliness will improve when caseloads reduce with the full effect of new 'front door measures' - MASH and Triage, but that this will not be seen for some time when this should feed through to improved figures.

#### **A1 - Referrals to Children's Services that are repeat referrals within 12 months**

An important 'bellwether' PI to demonstrate robustness of process. A continued slight dip in performance from Q3 witnessed in Q4, but still within tolerance; acknowledged that this in itself doesn't constitute a 'trend'; this is nonetheless an unusual, albeit, small spike. Current performance (27%) is slightly worse than 2016 annual outturns: Doncaster (23%) national average (22%) and Statistical Neighbour average (24.2%) but remains better than the regional average (30%).

There can be genuine requirements for a re-referral and the Trust analyses this information, but the Council needs to be assured against the risk areas, as to impact of demand pressures and that there has been no premature 'stepping down' and premature de-planning; although an impression of the latter could be inferred. The Trust advises that a number of the re-referrals arise from cases stepped down to Early Help with subsequently become re-referred to the social care front door and that a high proportion of referrals were 'NFA', which are re-submitted and which still do not meet the threshold for social care intervention. This, the Trust believes is a 'cultural legacy' of risk aversion.

In addition, the Trust states that there are a number of 'legacy' cases from the Family Support service which need to be addressed. The external evaluation of the Front Door will examine the re-referrals and the DSCB is reviewing thresholds across the partnership. It would appear that there is a systemic issue at play and the suggestion is that some joint DMBC and DCST work is needed to resolve issues at the interface between early help and social care. The issue is also linked to the high number of inappropriate contacts to social care from specific agencies in particular the Police service.

#### **A3 -Percentage of Case File Audits rated Requires Improvement or better CT Contract Measure**

Performance has improved this quarter with a decrease in 'Inadequate' cases and is now within tolerance.

A Trust Action Plan is in place to review and address areas of poor performance. This measure is being carefully monitored as there is a high degree of variability between one quarter and the next, given what is a small cohort and given the sampling by its nature seeks difficult cases to quality assure. That said, the recent general trajectory has been good - noting again, that one quarter's figure does not constitute a 'trend'.

Ofsted had rated some cases higher than the Trust's own internal audit and the Trust planned to review thresholds. The Trust had started work internally with audit to reassess the case level thresholds. Ofsted has stated that Trust case file grading measures are too strict. In addition, historical case file issues are affecting current gradings even when current work is effective. To some extent the Trust reports that there is an issue of confidence among some staff who are undergrading 'good' performance because of historical anxieties.

The Council acknowledged that the breakthrough in the most recent 3 quarters in that some case files continue to be graded 'outstanding' which hitherto was not the case.

The Trust has recognised that there will always be one or two case files graded as 'requires improvement'. However, when current work is 'good' the grading should not be effected by historic errors.

#### **A8 - Percentage Children in Need with Open and Current Plan**

This was a measure established after concerns identified in the Ofsted inspection - there is an overall expectation that all CIN should have a plan. Performance has again demonstrated improvement for the second quarter and is within tolerance, although, again, the caveat is that only two quarter's figures and therefore caution should be exercised.

The Trust has previously reported that this is a recording and categorisation issue with reassessment and cleansing of files and that performance will improve when cases have been properly classified - a number have been in the assessment phase where a plan is still being developed and are draft plans which are not counted until the Trust is satisfied that these can be counted as proper plans, there has also been a number which had not been closed correctly.

The Annual Contract Review report has amended the PI definition to include draft plans, in order to capture the reality of CIN status and a more realistic assurance as to oversight. Challenge has revealed assurance that all CIN have a plan and figures and challenge support the Trust's response that there is no drift and delay.

The Council accepts that classification is the issue and the Trust assurance that no CIN are improperly omitted from plans and acknowledges the inherent lag wrought by draft plans and plans in transition.

#### **B8 – Average Length of Care Proceedings**

In Q4 this indicator has moved from better than target, to 'within tolerance'. However this is a further indicator which is vulnerable to skew from small cohorts and indeed in this quarter - 2 cases which were subject to criminal proceedings have impacted adversely on timeliness. However, the general trend over the last eight quarters is that six of the eight quarters have been at target or within tolerance. This measure is closely monitored for undue delay as this can adversely impact on good outcomes for children.

#### **B9 – Stability of Placement of CiC (% length of placement >2yrs)**

Another important indicator of stability, which is essential for this vulnerable cohort. Placement policy is an important feature of stability; need to review across the range for best results in care and financial terms. 2015 annual outturn performance (56%) was bottom quarterly nationally and bottom in regional rankings, but the 2016 outturn would be expected to show better comparative performance. The improved performance since the 2015 outturn shows that this measure is within tolerance for the eighth consecutive quarter, albeit very slightly below target, even so, compared with outturn figures, performance is at, or around, that of all comparators which, represents a very good recovery. The Trust's longer term ambition is to rely less upon 'Out of Area' placements which will bring some long term placements to a close, providing of course that this is in the child's best interests.

#### **B10 – Stability of Placement of CiC (% of 3+ moves)**

This is an important measure of disruption and performance remains pleasing, being at, or above target for four of the last eight quarters and within tolerance for the remaining four quarters; which the Trust attributes to triggers and improved monitoring. National outturn performance (2015) shows Doncaster to be in the second highest quartile and average across the region.

#### **B13 – Percentage of Care Leavers in Suitable Accommodation (19-21yrs)**

Despite a fall in Q4 performance, this is still a pleasing quarterly reported figure. Best practice suggests that custody and 'sofa surfing' should be excluded from this figure, but there is inconsistency of reporting between LAs and commendably, the Trust adopts best practice. This means that a number of young people in custody has reduced performance in the last quarter. At the last annual outturn (2016) Doncaster performance (76%) had fallen, noting the lack of a commonly agreed definition for this measure. Nonetheless this is a continued and welcome improvement in performance since Q4 2015/16 and remains within threshold for the fourth consecutive quarter.

#### **B14 - Percentage of Care Leavers in Employment, Training and Education (19-21 yrs)**

This indicator is acknowledged to be a challenging one which is reflected in performance figures across the region. In order to be compliant, 'Meaningful contact' must be maintained which can be a challenge. There is a recognised need to progress employment opportunities and qualifications locally and it is an Ofsted Improvement Action to strengthen pathways for vulnerable children. This is an important indicator in meeting Ofsted improvement requirements and for the Council in its role as 'corporate parent'. Performance has shown a slight improvement this quarter and is now within tolerance, however, this remains below comparator figures: 2016 outturn National average = 49%, Statistical Neighbours =58%

The Trust reported a data quality issue, in that some children had been captured and therefore reported who weren't care leavers which has adversely skewed the 'true' performance, which is reckoned to be 60%+ and the Trust will clarify this point.

The Trust affirmed that if the 'Keys to your Future' programme becomes validated this cohort of children will automatically go onto this programme which would count as 'training'. This would put this figure to nearer 100%.

Nationally, care leavers as a vulnerable cohort struggle to achieve compared with the general cohort and therefore need greater support mechanisms into further education training an employment. Opportunities are being explored by DCST and strategies implemented which have demonstrated some local improvement which will be taken forward by the newly established care leavers steering group. A series of actions have been agreed, which include emboldening existing links with employers and training agencies; innovative links via Social Enterprise and Collaboratives establishing a partnership steering group; development of a charter for Care Leavers and a Care Leavers strategy.

#### **C16 -Percentage Frontline Staff Receiving Supervisions in Timescale in Accordance with Policy**



Performance has shown improvement this quarter due to the improved challenge of teams. This is not a measure of casework supervision but one of general supervision.

### F03 –Youth Offending Services – Custody Rates

These are new measures which are susceptible to being skewed by the small cohorts from what is a large national cohort. Early indications are positive but as the Trust has commented, it is still too early to draw significant conclusions at this stage.

The employment rate is above target and despite a slight fall in quarters 3 and 4 are well within tolerance. The figure for the cohort which are in employment education and training is noteworthy.


## Learning and Opportunities; CYP Revenue

Traffic Light	Name	Quarter 4 2016/17		
		Gross Budget (£m)	Net Budget (£m)	Variance (£m)
	<b>Learning &amp; Opportunities C&amp;YP Total Revenue Variance</b>	<b>88.191</b>	<b>48.029</b>	<b>1.510</b>
	<b>Centrally Managed Revenue Variance</b>	<b>7.503</b>	<b>-0.870</b>	<b>-0.003</b>

The net overspend mainly relates to the write-off of pre-Trust costs that were not previously identified. Note the Digital Council saving target of £354k was addressed through the transfer of in year savings (mainly vacancies) following the star chamber meetings.

As agreed by Executive Board through the Change & Transformation report in May 2016 the Service Transformation Fund (STF) has been used to balance the Directorate's outturn spend to budget, which was actually a small £10k underspend. For Q3 the forecast was £199k overspend. The total drawdown from the £898k STF pot was therefore only £136k, with the reduction due to slippage in some projects, careful management of costs and some changes to plans. Overall the C&T programme has been delivered effectively.


Dedicated Schools Grant (DSG) for 2016/17 outturned with an underspend of £3.397m, to be carried forward into 2017/18. This includes commitments of £2.214m for approved projects from prior year underspend, £1.127m further project approvals in December 2016 and £0.068m approved in February 2017 from 2016/17 (in-year) underspend, all committed for 2017/18 onwards. This leaves a remaining in-year overspend of £0.012m to be carried forward and offset against the 17/18 High Needs contingency budget.

	<b>Partnerships &amp; Operational Del Revenue Variance</b>	<b>10.482</b>	<b>2.894</b>	<b>-0.415</b>
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Note LOCYP has restructured and the following comments include figures under C&BD and the old L&A/C&O headings. There was an overspend of £321k within Aiming High service due to additional short break and sessional support activity. The overspend was offset by a staffing underspend of (£52k) within Strategic Commissioning mainly due to the Head of Service leaving at end of July, and additional savings of (£274k) above the (£200k) 16/17 savings target for the Starting Well service restructure, which is supporting the Early Help Programme plan.

	<b>Commissioning &amp; Business Devel Revenue Variance</b>	<b>23.080</b>	<b>3.132</b>	<b>0.577</b>
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Note LOCYP has restructured and the following comments include figures under P&OD and the old L&A/C&O headings. The net underspend mainly consists of; running expenses (£67k) and staff vacancies (£227k), which were being managed in the lead up to the restructuring of services including the transfer of Standards and Effectiveness function to PIL and less spend than expected of (£145k) on funding for project support for LAC and PVI's. This was offset by a reduction in school fine income of £57k following the judicial review and suspension of issuing new fines and increased demand for children with disability placements £290k.

	<b>Childrens Services Trust Revenue Variance</b>	<b>45.684</b>	<b>41.700</b>	<b>1.510</b>
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Doncaster Children's Services Trust (DCST) have supplied their year-end outturn figure as a surplus of (£23k). The provisional outturn figure includes in year contract variations providing DCST with additional funding of £3.5m. The contract variations were placement volume increases £1.964m and redundancies £0.026m which have been funded by Council Wide resources, and further contract variations totalling £1.510m for OOA price variation £0.590m, additional social work resources £0.174m, and IFA/IHF volume/price variation £0.746m, which are to be funded from general reserves as part of the Council's year end outturn.





Under the 75/25 risk share mechanism, DMBC was entitled to (£17k) of the surplus but has agreed to waive claiming this back. Note, DCST now have reserves of £72k. The Council continues to have significant concerns over the potential level of overspend and the ability of the Trust to reduce spend within the budget. The Trust are due to provide their financial sustainability plan, which will set out the delivery of £2m savings per year 2018/19 to 2020/21.

	<b>Old Learning &amp; Achievement Revenue Variance</b>	<b>1.442</b>	<b>1.173</b>	<b>-0.160</b>
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Note LOCYP has restructured and the narrative on the outturn variance should be reviewed under C&BD and P&OD. The reconciliation of the figures is held by LOCYP finance team (Rev Mon/Q4)



## Learning and Opportunities; CYP Capital

Traffic Light	Programme Area	Q4 2016/17				Actual Spend
		Revised Base Budget	Q4 Projection (Full Year)	Revised Base Budget Future Years	Q4 Projection Future Years	
		£m	£m	£m	£m	
	<b>Learning &amp; Opportunities - CYP Total</b>	<b>9.32</b>	<b>8.47</b>	<b>20.74</b>	<b>24.14</b>	<b>6.63</b>
There are no significant issues to report at Q4. Outturn expenditure has reduced compared to Q3 mainly due to less spend/progress than expected on creating additional school places, however this expenditure will be incurred in 17-18.						
	<b>Centrally Managed</b>	0.20	0.20	0.75	0.75	0.00
The £0.2m budget set aside for emerging schemes and to cover various overspends was not required in 16/17.						
	<b>Commissioning &amp; Opportunities</b>	1.18	0.56	0.30	0.81	0.57
The total spend includes work on the Trust Residential Homes £0.54m and Aiming High capital grants of £0.02m.						
	<b>Learning &amp; Achievement</b>	7.94	7.71	16.69	22.58	6.06
<p>"Total spend relates to Additional School Places £2.5m, Schools Condition Programme £1.9m, School Roof Programme £0.6m and devolved schemes funded and spent directly by Schools £0.7m.</p> <p>The slippage from Q3 relates to less spend/progress than planned on creating additional school places, however this expenditure will be incurred in 17-18 (£1.1m). There was also slippage on XP Community sports hall £0.2m, schools ring-fenced Devolved Formula Capital spend (£0.1m) and the A2L Safeguarding and Access work (0.1m)."</p>						

# Regeneration and Environment - Corporate Plan Performance Indicators and Finance

## Overall Performance against Directorate Service Measures



Directorate Service Measure	Last Update	D.O.T (short)	D.O.T (long)	Value	Local Target	** RAG
07. (R&E) No. of people previously on JSA now in sustained employment (26 weeks +) as a result of the Ambition Programme	2016/17			92	51	
08. (R&E) Number of Apprentices completing a Level 3 or above qualification as part of the Council's Internal apprenticeship Programme	2016/17			53	-	
09. (R&E) Total new, FTE jobs, created through Business Doncaster, which have a life expectancy of at least 1 year.	2016/17			894	800	
14. (R&E) Overall Investment gained (into and within Doncaster) with the support of Business Doncaster	2016/17			£58.98m	£40m	
22. (R&E) Cumulative total number of new apprenticeships created since April 2013 (Mayoral Target).	2016/17			1,175	750	
45. (R&E) Big Power Switch - £s saved	Q1 2016/17			£34,485.00	£29,000.00	
47. (R&E) Recycling rate for household domestic waste	Q3 2016/17			40%	37.8%	
48. (R&E) Percentage of land and highways that are assessed as having deposits of litter and detritus at the required standards	Q4 2016/17			86.12%	85%	
49. (R&E) Percentage of fly tips investigated and removed within 5 days from public areas	Q4 2016/17			84.5%	90%	
50. (R&E) % Completed collections at any participating address	Q4 2016/17			99.9%	99.9%	
51. (R&E) percentage of grass cutting works completed against programme	Q4 2016/17			100%	95%	
52. (R&E) Principal classified roads that are maintained	2016/17			98%	96%	
53. (R&E) Non-principal classified roads that are maintained	2016/17			97%	96%	






Whole Borough Indicator - Team Doncaster	Update	D.O.T (short)	D.O.T (long)	Value	Local Target	National Average	Yorkshire & Humber Average
01. (R&E) Employment Rate in comparison to national average	Q3 2016/17	↑	↑	71.8%	72.4%	74.1%	72.4%
02. (R&E) Out of work benefit claimants (16-64) - Proportion/ Rate	Q1 2016/17	↑	↑	11.6%	10%	8.4%	10 %
03. (R&E) % residents in highly skilled occupations	Q2 2016/17	↓	↓	32.2%	36.6%	45.5%	40.6%
04. (R&E) Doncaster working age population with qualification at NVQ 3 and above (%)	2016/17	↑	↑	47.2%	46.7%	55.6%	51.3%
05. (R&E) Private sector employment growth.	2015/16	↓	↑	5.5%	-	3%	2.7%
06. (R&E) Wage rates (weekly full time - resident based)	2016/17	↑	↑	£479.10	£486	£544.70	£498.30
10. (R&E) Overall Investment Gained (into and within Doncaster)	2016/17	↑	↓	£90.46m	£46m	-	-
11. (R&E) Percentage of retail and retail service units occupied in the core area	Q4 2016/17	↑	↑	89.7%	89%	-	-
12. (R&E) Total Doncaster Business Stock (Number of Enterprises in Doncaster)	2015/16	↑	↑	9,195	-	-	-
13. (R&E) New business Start-Ups in Doncaster	2015/16	↑	↑	2,135	-	-	-
15. (R&E) 16 to 18 year olds who are not in education, employment or training	Q4 2016/17	↓	↑	4.03%	6.00%	-	-
21. (R&E) Total Apprenticeships in Doncaster (all organisations & companies)	2015/16	↑	↑	4,140	-	-	-
41. (R&E) The % households in fuel poverty (i.e. fuel costs are above the national median level and spending that amount would leave a residual income below the official poverty line)	2015/16	↑	↑	8.9%	10%	-	-
42. (R&E) 5 Year rolling average of all people killed or seriously injured (KS1) on the roads	2016/17	▬	▬	118	119	-	-
46. (R&E) CO2 Emissions (per capita)	2014/15	↑	↑	7.1 tonnes	-	6 tonnes	7.3 tonnes
54. (R&E) Net additional homes provided (Council and private sector provider/build)	Q4 2016/17	↓	↑	263	-	-	-
55. (R&E & SLHD) Total number of empty homes, as determined from Council Tax records 5	Q4 2016/17	↓	↓	3,583	-	-	-
56. (R&E & SLHD) Number of affordable homes provided (Council, and private sector provider/build)	2016/17	↓	↓	156	120	-	-

**PI commentary**


**PI08 - Number of Apprentices completing a Level 3 or above qualification as part of the Council's Internal Apprenticeship Programme** – this service performance measure needs to be reviewed once clarity is obtained on the apprenticeship levy. This is expected to take place in early 2017 with a clearly defined target identified and agreed to take forward from Q4 onwards.

**PI49 - Fly tip clear-up within 5 days** fell short of its Quarter 3 target. However, a significant improvement has been achieved from the 60% achieved in Quarter2 such that the service is now only 2 percentage points off its target (82% vs target 85%). This comes at a time of a larger jobs volumes being identified via improved customer access options (e.g. app, online etc). There were over 3130 fly-tipping jobs in Quarter 3, which is 334 more than the same period last year.

## Regeneration & Environmental Revenue

Traffic Light	Name	Quarter 4 2016/17		
		Gross Budget (£m)	Net Budget (£m)	Variance (£m)
	<b>Regeneration &amp; Environment Total Revenue Variance</b>	<b>127.087</b>	<b>38.203</b>	<b>2.803</b>
	<b>Development Revenue Variance</b>	<b>11.093</b>	<b>3.873</b>	<b>-0.334</b>
Underspends from Transport Strategic Design & Infrastructure £476k, Talent Pathways (excluding Bentley Training Centre) £52k, Development Management £49k, Tourism £27k and Connexions £22k. Overspends from Accredited Learning £178k and Bentley Training Centre £118k. The figures for Development Management and Building Control contain £92k overspend relating to unallocated Digital Council saving targets, which the Service do not believe are achievable.				
	<b>Director Of Regen &amp; Enviro Revenue Variance</b>	<b>-0.267</b>	<b>-0.319</b>	<b>0.507</b>
Overspend mainly due to savings targets remaining unallocated at year-end - including £359k Digital Council and £109k Procurement.				
	<b>Environment Revenue Variance</b>	<b>64.234</b>	<b>31.602</b>	<b>0.550</b>
Street Scene is projected to overspend by £336k due to transport overspends and income shortfalls. Parking Development and Enforcement is projected to overspend by £133k due to fines income shortfall - this will be addressed in the 17/18 budget. Waste and Recycling is projected to overspend by £195k due to unbudgeted costs of consultants and the additional costs of not sending more streams of waste to the PFI facility as previously anticipated. Digital Council savings are expected to be £144k short of their targets. Highways Asset Management underspending by £140k due to reduction in spend on reactive maintenance on carriageways and footways.				
	<b>Trading &amp; Assets Revenue Variance</b>	<b>52.027</b>	<b>3.047</b>	<b>2.080</b>
The main areas of overspend relate to; Slippage against the Assets savings target £810k due to disposals not taking place as soon as planned. PBM - £411k, due to increased overhead costs and under recovery of the overheads. Construction Services and HOCS - £257k mainly in relation to underachieved income. Markets - £450k mainly in relation to underachieved income. Facilities Management - £345k These overspends were mitigated by under spends from Doncaster schools catering £118k and Fleet Transport services £154k.				

## Regeneration & Environment Capital

Traffic Light	Programme Area	Q4 2016/17				
		Revised Base Budget	Q4 Projection (Full Year)	Revised Base Budget Future Years	Q4 Projection Future Years	Actual Spend
		£m	£m	£m	£m	£m
	<b>Regeneration &amp; Environment Total</b>	<b>87.95</b>	<b>82.02</b>	<b>170.42</b>	<b>187.03</b>	<b>73.94</b>
Significant issues have materialised in relation to the DN7 Link Road project that have increased the quantified risk on project delivery; mitigation work is progressing to address the issues and the associated risks are being managed. In order to achieve key milestones, the scheme is accumulating expenditure eligible to be funded by SCRIF allocations earmarked for those projects but in advance of final SCR approval. Conditions for approval are expected to be met, so the likelihood of any costs becoming abortive or resources having to be found in lieu of SCRIF is considered low. Overall forecast expenditure has reduced from Q3 mainly due to re-profiling of various schemes. The re-profiling is part of the risk management enabling time for the issues to be resolved without missing key milestones. With continued progress, the issues are expected to be resolved.						
	<b>Development - Non Housing</b>	<b>30.60</b>	<b>25.19</b>	<b>61.82</b>	<b>67.04</b>	<b>20.24</b>
Main areas of spend include High Speed Rail college (£15.5m), DN7 Unity Link Road (£1.3m), St Sepulchre Gate/Station Forecourt (£0.9m) and Minor Transport Schemes (£0.9m). The 2016/17 programme has reduced by £4.9m from Quarter 3 mainly due to the re-profiling of schemes as outlined below.						
<b>Urban Centre Colonnades</b> - £0.6m re-profiled to 2017/18 due to delay in start on site resulting from design revaluation to ensure delivery of an affordable scheme. Overall completion date is not currently expected to be affected.						
<b>Rail College</b> - The latest profile received from the contractor means £0.3m re-profiled to later years. This is largely due to timing of work and payments, with the overall completion date and value unaffected.						
<b>FARRRS Phase 2</b> - £1.7m re-profiled to future years after delays from objections to the CPO, which have subsequently been withdrawn after negotiation.						

Traffic Light	Programme Area	Q4 2016/17				Actual Spend £m
		Revised Base Budget	Q4 Projection (Full Year)	Revised Base Budget Future Years	Q4 Projection Future Years	
		£m	£m	£m	£m	

**DN7** – £0.6m re-profiled to later years resulting from further delay in conclusion of complex legal agreements for developer contributions and assets agreements with network rail to enable the link road and associated guarantees. The project has also exceeded the £1.3m secured Council funding and is currently spending SCRIF monies in advance of formal approval - it is estimated that £1.0m expenditure will be at risk before SCRIF is expected to be approved. That approval is conditional on the developer securing an £8.0m HCA loan, which in turn depends on signing the link road funding agreement with the developer. Negotiations are on-going.

**Robin Hood Airport Business Park Development** - £0.4m re-profiled to 2017/18 due to further risk assessment done on the funding agreements between SCR and the Council and the Council and Robin Hood Airports Development Ltd.

**Transport Cycle Schemes (Trans Pennine Trail and Town Centre)** - £0.7m re-profiled to 2017/18 mainly due to delays in development of projects from changes in scope and prioritisation of other works.

	<b>Development - Housing</b>	<b>38.00</b>	<b>37.58</b>	<b>80.39</b>	<b>82.15</b>	<b>35.59</b>
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The proposed development at Bristol Grove (Wheatley Howards Estate) to deliver 80 new units was approved by Cabinet on 1st November 2016. This was subsequently reduced to 79 units following a planning revision. The construction is being done on a phased basis to allow the decanting of existing residents to be carried out in a sensitive manner. As at 31/3/17, of the 50 properties, 32 were empty and negotiations are on-going to decant the remaining occupants. Phase one of the scheme will deliver 24 new units.

The proposed development at Willow Estate, Thorne to deliver 35 new units was approved by Cabinet on 1st November 2016. The contractor started on site in February. Unforeseen additional drainage works increased the overall costs of the scheme by £249k.

The 2016/17-2019/20 Capital Programme included Homes and Communities Agency (HCA) Grant money awarded as part of the 2015/16-2018-19 Affordable Homes Programme totalling £2.18m. This grant contributed to the delivery of 141 homes. Doncaster MBC secured an additional £1.73m of HCA grant funding as part of the same programme to help fund the delivery of an additional 79 units. As a result, £1.73m of existing Housing capital resources were released which could be used to deliver further new build properties as part of the future capital programme.

The main areas of forecast spend / swings from the previous quarter were:- Planned Maintenance to HRA properties (£14.6m), Council House New Build (£10.3m) and Thermal Efficiency Works (£4.9m). The £1.9m swing in the forecast expenditure from the previous quarter was due to a reduction in the Planned Maintenance to HRA properties (£0.6m), Demolitions as part of the Bristol Grove scheme commencing later than expected (£0.6m) and the delay to the Affordable Housing scheme at Layden Drive due to planning issues (£0.4m).

	<b>Environment</b>	<b>11.71</b>	<b>12.70</b>	<b>16.98</b>	<b>22.90</b>	<b>12.69</b>
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Main areas of spend are Smartlight Phases 1 & 2 £6.4m and Transport Schemes £6.2m. The 2016/17 programme has decreased by £0.1m from Quarter 3 which includes the following major changes: -

**Smartlight Phase 2** - a decrease of £0.8m due to the anticipated LED installation in 2016/17 being lower than expected, installations now expected to be complete November 2017. The scheme has been re-profiled to reflect this.

**Smartlight Phase 1** - an increase of £0.4m, mainly in relation to costs which were not originally budgeted for including design fees. Funded from additional IMF, the scheme has still been concluded within its original allocation of £10.1m.

**Transport Programme** - increase of £0.5m with no single large variance, mainly due to costs not originally budgeted for. The programme and resources have been re-profiled across years to reflect this.

	<b>Trading &amp; Assets</b>	<b>7.64</b>	<b>6.54</b>	<b>11.23</b>	<b>14.94</b>	<b>5.42</b>
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Main items of spend are Main Fleet Purchase £1.3m and the Property Investment Fund £2.0m. The 2016/17 programme has reduced by £1.1m from Quarter 3 mainly due to the re-profiling of schemes as outlined below.

**Main Fleet Replacement Programme** - £0.4m re-profiled to 2017/18. 55 vehicles were purchased and received by the Authority in 2016/17. The variance is mainly due to a number of vehicles that were ordered in 2016/17 but have yet to be delivered, this committed allocation has been moved to 2017/18. Funded through IMF and revenue contribution.

**Corn Exchange Roof & Facade** - £0.3m re-profiled to 2017/18 due to delays in scaffolding and hoarding work meaning the main refurbishment works could not begin in March as planned. Problems were encountered in securing ties to the walls and the hoarding work was initially inadequate. Scaffolding and hoarding work now scheduled to handover 5th May.

## Strategic Risks

<b>Current Risk</b>	<p>There are currently 18 Strategic Risks and all have been updated as part of the Q4 reporting process. The heat map shows a summary of the scores.</p> <p>As a result of the Q4 challenge process no new strategic risks have been proposed and the following strategic risk has been nominated for deletion: Failure to set robust assumptions on pensions deficit recovery and future contribution rate for the 2016 valuation.</p> <p>To ensure an holistic approach to the management and quality of information and data we propose to reword the following strategic risk</p> <p><b>FROM:</b> Failure to improve Data Quality will prevent us from ensuring that data relating to key Council and Borough priorities is robust and valid.</p> <p><b>TO:</b> Failure to ensure the Council meets its statutory information governance requirements and maintains quality data.</p>

### The potential personal financial position facing individual citizens across Doncaster Borough may result in an increase of poverty and deprivation

Damian Allen

<b>Current Risk</b>	<p><b>CURRENT SITUATION:</b> Doncaster has an Anti Poverty Strategy Group, which has an agreed action plan for 2017-18, which covers the themes, Intelligence, Children and young People, Housing, Enterprise and communications. Further to this our strategic planning for 2017-18 has at its core inclusive growth, talking poverty and social mobility.</p> <p>Doncaster has been named as an 'Opportunity Area' by the Dept. of Education, which is an allocation of funding which we can use to identify and remove barriers to social mobility across Doncaster.</p> <p><b>MITIGATING ACTIONS:</b> Continued monitoring of Anti Poverty action plan, development of an inclusive growth strategy for Doncaster, continued development of our approach to social mobility linked to our opportunity area status and further development of our Borough Strategy in 2017-18, which puts this at its core.</p> <p><b>TARGET SCORE:</b> 5 (Impact) X 3 (Likelihood) = 15</p>
<p style="text-align: center; font-size: 24pt;"><b>20</b></p>	

### Failure to improve Data Quality will prevent us from ensuring that data relating to key Council and Borough priorities is robust and valid.

Simon Wiles

<b>Current Risk</b>	<p><b>CURRENT SITUATION:</b> Following the formal agreement of the Data Quality Strategy 2016/17 – 2020/21, a working group is meeting regularly to drive forward the activity in the 2016/17 plan and develop the plan for 2017-18. Self assessments across the council for statutory returns have been completed but further work to analyse and chase up some needs to be completed. The Business Intelligence Board has overseen this work and will agree the 2017-18 action plan to ensure there is accountability and drive to achieve our ambitions over the next 12 months.</p> <p><b>MITIGATING ACTIONS:</b> Adopt data quality standards across our key systems, enhance the self assessment process to all Information Asset Owners on the data they are responsible for, joined up working for the General Data Protection Regulation (GDPR) changes, explore the idea of data quality champions.</p> <p><b>TARGET SCORE:</b> 4 (Impact) X 2 (Likelihood) = 8</p>
<p style="text-align: center; font-size: 24pt;"><b>16</b></p>	

<b>Current Risk</b>	<p><b>CURRENT POSITION:</b> The rapid improvement strategy is continuing and in addition to this a new reading strategy is now in place as an additional focus in this area. Indications from schools are positive and training attendance has been good. Feedback from STEPS report is positive and we are anticipating an uplift in outcomes in this area.</p> <p>The new Raising Achievement Strategy has been consulted on and accepted and we are now drafting a Raising Achievement Plan to deliver the Strategy.</p> <p>Two meetings have now been held of the new Ofsted Leadership Network, the aim of which is to facilitate schools having an increased understanding of the Ofsted framework.</p> <p>Plans are developing for a Secondary Teaching School Alliance. We are working on transition with a focus on reciprocal reading and subject leader networks.</p> <p>Data released for GCSE results has placed Doncaster 13th lowest nationally for attainment 8 scores and in the bottom 20% nationally for progress 8 scores.</p> <p><b>MITIGATING ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• Continue to deliver the School Improvement 3 year Post Ofsted Action Plan</li> <li>• Challenge Schools Commissioner and Sponsors of Academies on underperformance</li> <li>• A revised School Improvement Strategy was agreed in January and is being delivered</li> <li>• Deliver aspects of the One Doncaster Education and Skill Commission report - including KS2 and KS4 initiatives</li> <li>• Academy exploration and growth strategy for schools at risk of decline and those wishing to join Multi Academy Trusts</li> <li>• Revision support in the community for students and parents - MOMU programme is now in its 2nd year and has been expanded to include KS2 and t o improve reading outcomes. Early indications are that attendance is similar to last year.</li> <li>• Leadership succession and recruitment support initiatives in partnership with the Teaching School Alliance</li> </ul> <p><b>TARGET SCORE:</b> 4 (Impact) X 3 (Likelihood)=12</p>
<p style="text-align: center;"><b>16</b></p> <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	

Without effective influence and engagement with the Sheffield City Region, there is a threat that Doncaster does not achieve economic potential benefit from the devolution deal

<b>Current Risk</b>	<p><b>CURRENT POSITION:</b> There are a number of deliberations both nationally and regionally that include the emergence of the concept of a metro Mayor at a spacial level that includes the whole of Yorkshire , coupled with the outcome of the judicial review with Chesterfield; the importance of shaping devolution has never been more important for Doncaster. Officers and Members collectively are at the forefront of discussions ensuring any devolution deals represent the best interests of Doncaster.</p> <p>A SCR group of senior representatives has been established to pull together the outline of a proposed consultation on a CA mayoral model the first meeting of this is scheduled for the 19th April</p> <p><b>MITIGATING ACTIONS:</b> Officers, the Executive and Members from Doncaster Council are at the forefront of deliberations both at a national and regional level on issues relating to devolution, assurances are provided through our strategic and operational role with the SY Combined Authority, in addition to representations on the numerous executive boards supporting the City Region.</p> <p><b>TARGET RISK PROFILE:</b> 4 (Impact) x 4 (Likelihood) =16</p>
<p style="text-align: center;"><b>16</b></p> <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	



As a result of the decision for the UK to leave the European Union there is increased uncertainty across a number of policy and funding areas that could lead to disruptions in funding and/or projects locally in Doncaster.

Simon Wiles

Current Risk	<p><b>CURRENT SITUATION:</b> Article 50 has been formally triggered which starts the process of UK exiting the European Union. Draft negotiating positions are emerging from both sides but no definitive points are available. A general election has been called by the UK government which will take place on 8th June. The various political parties will develop manifesto pledges that will have direct impact on our negotiating positions post election. It is likely that clarity on this will be unclear until summer/autumn 2017.</p> <p><b>MITIGATING ACTIONS:</b> Review manifesto pledges and work with regional and national government to ensure impacts of exiting the European Union are minimised as much as possible.</p> <p><b>TARGET SCORE:</b> 4 (Impact) X 2 (Likelihood) = 8</p>
<p><b>16</b></p> <p>Likelihood</p> <p>Impact</p>	

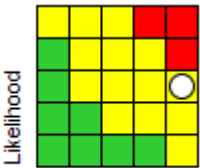
Failure by the Council and the Trust to agree and set a realistic annual budget target

Damian Allan

Current Risk	<p><b>CURRENT POSITION:</b> The 2017/18 annual budget for the Trust has been agreed and the Annual Review report was signed off by the DfE in January 2017 as scheduled. The report set out that there are a number of budget items that are still subject to confirmation and would be addressed via contract variation once they are resolved, for example, increase in care ladder volumes and prices, the transfer of the Family Support Service (FSS) and any changes to service level agreements. A contingency has been set aside and discussions with the Trust have progressed, the FSS transfer has been confirmed.</p> <p>The Trust's quarter 4 outturn financial report will present a forecast outturn overspend for 2016/17 of £1.5m and contract variations have been agreed to fund the balance by the Council. Note £1.9m contract variations were agreed earlier in the year for price and volume increases, so the underlying overspend by the Trust was £3.4m. The key pressure continues to be cost of children placed in care within residential and special guardianship placements. The Council is receiving financial updates but continues to have significant concerns over this level of overspend and the ability of the Trust to reduce spend within the budget. The Trust is tasked with producing a sustainable operating model/recovery plan.</p> <p><b>MITIGATING ACTIONS:</b> Regular (monthly) performance and financial monitoring meetings take place between DCST and the Council to keep the forecast under review. Additional information, mainly with regard to volume and prices of the care ladder, were requested to inform the Annual Review process and achieve a realistic budget target for 2017/18.</p> <p><b>TARGET RISK PROFILE:</b> 5(Impact) x 2 (Likelihood) = 10</p>
<p><b>15</b></p> <p>Likelihood</p> <p>Impact</p>	

**Failure to obtain assurance as to the safeguarding of children in the borough Failure to meet children’s safeguarding performance requirements which could lead to an 'inadequate' inspection judgement by Ofsted**

**Damian Allen**

<b>Current Risk</b>	<p><b>CURRENT POSITION:</b> The formal arrangements to monitor and review the effectiveness and input of services to children provided by the Trust are believed to provide assurance to this risk and go beyond contractual requirements. Overall the safeguarding indicators specific to children are now performing better than last year. Ofsted did not -raise any concerns as to the safety of children in the borough, but did recommend improvements to social work practice which are being addressed through the Ofsted Improvement Plan. This is regularly challenged with the Trust and at individual HoS level.</p>
<p><b>15</b></p>  <p>Likelihood</p> <p>Impact</p>	<p>The first Ofsted Monitoring visit took place in August 2016 and concentrated on management of demand at the front door and quality of practice and found that significant progress is being made to improved services for children and that no children were deemed to be at risk of significant harm. The quality of provision was found to be better and that prompt and appropriate action is taken to address safeguarding concerns this is evident in the quality of assessments and ensuring children are seen alone and their views heard. However, there remain inconsistent quality of assessments and timeliness is deemed variable. In addition, more work is needed to ensure that thresholds for social care intervention are understood across the partnership. The second monitoring visit took place in October 2016 with a focus on quality of practice in particular the quality and effectiveness of plans for CIN of help and protection reviews and work to reduce risk to this cohort; the quality of pre – proceedings work. The conclusion of the visit was that the Trust had made ‘significant progress’ in improving the quality of work since the inspection in November 2015. Inspectors highlighted the continued pace of improvement and reaffirmed the conclusion of the previous visit that no children were found to be in situations of unassessed, unmanaged or unacceptable risk. The third monitoring visit took place in March 2017 and identified significant progress in the quality of services provided for look after children since the full 2015 inspection; that both the Council and the Trust have responded thoroughly to the actions required and that children and young people are placed at the heart of strategic planning and operational work, with welcome recognition of the ambition of both parties for this vulnerable cohort.</p> <p><b>MITIGATING ACTIONS:</b> Social work practice is challenged with the Trust at each meeting and at individual HoS level. The Joint strategic Inspection Group regularly reviews the Improvement Plan as to actions required to improve quality of practice and attendant progress. The High level challenge meetings review specific audits and all challenge meetings review the basket of contractual PIs, which include bellwether PIs in respect of CIN plans; the care pathway – especially front door management; assessment completion and quality of audits. In addition, reference is made to volumetric measures and the wider context in order to provide reassurance as to caseload management; geographical / team pressures; deployment of staffing resources etc.</p> <p>DMBC is clear that the three most pressing impediments to this risk remain demand management, placement policy and quality of practice and is pleased that Ofsted in its second monitoring visit found that ‘significant progress had been made in the quality of work since the 2015 inspection and that , overall the quality of provision was better and prompt and that appropriate actions was .taken to address safeguarding concerns with improvements evident in the quality of assessments and enquiry; that children are seen alone and their views are heard and Ofsted noted the pace of improvement.</p> <p>A further monitoring visit is expected in June 2017.</p> <p>DMBC focus continues to be to ensure that quality of practice and assessment completion is more consistent and embedded and that a sustainable financial and operating model is in place.</p> <p><b>TARGET RISK SCORE:</b> 5 (Impact) x 2(Likelihood) =10</p>

**Failure to successfully prevent a major cyber attack**

**Simon Wiles**

<b>Current Risk</b>	<p><b>CURRENT POSITION:</b> Successfully achieved PSN accreditation for another year. Implemented recommendations from annual ICT Security Audit. Further reports on ICT Security to the SIRO Board. ICT Security Officer studying to gain professional security qualification and expertise. Linking in with local authority partners to communicate and learn from incidents. Promoting spam and phishing email e-learning to all and ensuring new councillors complete as part of their induction. Completing Cyber Essentials accreditation which if successful will provide us with something to put on our website to reassure citizens.</p> <p><b>MITIGATING ACTIONS:</b> Annual ICT Security Audit. Annual Cabinet Office PSN ICT Security Assessment with rating outcome to gain accreditation. ICT Security considered in every ICT project and implementation. Appropriate software and measures to monitor and block inappropriate cyber activity. A 6 weekly ICT Security report to the SIRO Board by the ICT Security Compliance Officer. A Cyber Incident Response Team primed to deal with and resolve any incidents minimising business disruption.</p> <p><b>TARGET RISK PROFILE:</b> 3 (Impact) x 2 (Likelihood) = 6</p>
<p style="text-align: center;"><b>15</b></p>	

**Failure to adequately implement effective joint working arrangements which could lead to ineffective delivery of children’s services across the wider partnership system**

**Damian Allan**

<b>Current Risk</b>	<p><b>CURRENT POSITION:</b> The Children and Families Partnership Board is the forum for the arrangements to discharge the S10 statutory responsibility which is now led by a new core group of leading partner members - the Interim Executive Group which is driving forward the actions needed with pace and direction, which had hitherto been lacking.</p> <p><b>MITIGATING ACTIONS:</b> Arrangements are in hand to implement the governance review which will see a new Executive Board to formalise the Interim Executive Group and which will meet monthly and which will provide overarching governance and delivery oversight across the partnership of the CYPP along with a new fit for purpose sub structure and a new strategic forum which will meet quarterly to comment plan and shape the CYPP championing the voice of CYP,.</p> <p>The new JSNA is a more dynamic document as is the consequential Children’s plan for 2017-2020, as well as significant development of participation and engagement of CYP embodied in the new and developing Participation and Engagement strategy</p> <p>The publication of the three key documents JSNA; CYPP and P&amp;E strategy will considerably mitigate this risk as well as the implementation of a fit for purpose governance structure both underpinning the board and laterally in relationship to other strategic boards ,which will enhance the functionality of the Children and Families Partnership Board as the keystone in the oversight and management of the children’s strategic partnership across the entire ‘estate’</p> <p>The three key documents will be formally launched at a high profile event on 23rd May, 2017.</p> <p>The Governance sub structure is aligned with and reflects the CYPP. A new Participation &amp; engagement sub group has been in place since Dec 2016 and has been active developing the Participation &amp; Engagement strategy and the co-production of the CYPP and the PES with children and young people. .</p> <p><b>TARGET RISK SCORE:</b> 4 (Impact) x 2(Likelihood) = 8</p>
<p style="text-align: center;"><b>12</b></p>	

<b>Risk Title (Risks with a score of less than 10)</b>	<b>Risk Score</b>	<b>Owner</b>
The agreed standards and policies are not adequately understood and implemented by practitioners who work with vulnerable adults increasing the risk of vulnerable people experiencing harm or abuse	<b>10</b>	<b>Damian Allan</b>
Failure of partnership to engage in effective early intervention leading to inappropriate referrals to statutory services and unnecessary escalation of need and risk.	<b>9</b>	<b>Damian Allen</b>
Failure to adequately address a sufficient number of Children's Trust PIs (as defined in the service delivery contract)	<b>9</b>	<b>Damian Allen</b>
Failure to deliver the actions identified in the Equality and Inclusion action plan may impact our ability to effectively embed and deliver the equality agenda which could result in the council being exposed to public 'due regard' challenge	<b>8</b>	<b>Simon Wiles</b>
Failure to respond adequately to borough emergencies or mitigate effectively against the effects of extreme weather conditions e.g. flooding.	<b>8</b>	<b>Peter Dale</b>
Failure to identify and manage Health and Safety risks	<b>6</b>	<b>Peter Dale</b>
Failure to achieve the budget targets for 2016/17 and 17/18.	<b>6</b>	<b>Simon Wiles</b>
Failure to implement the Council's key borough objectives in partnership	<b>6</b>	<b>Simon Wiles</b>
Failure to set robust assumptions on pensions deficit recovery and future contribution rate for the 2016 valuation	<b>4</b>	<b>Simon Wiles</b>

# Equality, Inclusion & Diversity

**Equality, Diversity & Inclusion (EDI)** continues to underpin the work and ethos of the Council at all levels. We are structuring our EDI objectives around the Corporate Plan priorities to deliver 'one approach'; We have strengthened the governance structure that is wrapped around our EDI Framework; Elected Member Champions are now in place to help us to understand our community profiles, and ensure we shape and deliver our services in response to their changing needs and requirements.

The following highlights are just a sample of the varied achievements and activity that took place during quarter 4



## Doncaster's Inclusion and Fairness Forum

The Inclusion and Fairness Forum held an event at Doncaster Deaf Trust on Wednesday 26<sup>th</sup> April. Over 30 people came along to share their views on our selected 'hot topics'. These were how BME communities feel about their experiences in accessing social care services, the way the council might engage with its communities in the future and the key principles for effective community engagement.

Future forums are currently being planned and the web pages have been re-vamped.

For further information please visit: [www.teamdoncaster.org.uk/inclusion-fairness-forum](http://www.teamdoncaster.org.uk/inclusion-fairness-forum)

**Event and celebration days** - The council marked the following diversity days as part of its commitment to raising awareness of diversity:.



During January we marked 'Dry January', promoting the cutting down on alcohol and launched a Supporting

Staff Leaflet containing information resources and support.

15th Jan- We promoted **World Religion Day** 8<sup>th</sup> March International Women's Day celebrating women's achievements throughout history and across nations. People made a range of pledges for the 'This Girl Can' campaign and reflected on which woman inspires them. The Mayor Ros Jones and Chief Executive Jo Miller produced an internal video discussing a range of issues effecting women in leadership.



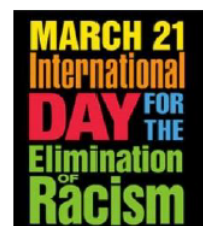
We had over 65 people attending our events. Some Example Quotes:

- I'm going to take this away to read thank you (regarding the Flexible working policy)
- It's amazing how much women manage to do, on top of their days work!
- "Just go for it ladies - I'm all for celebrating women's achievements"
- "This is fantastic - it has been so hard for women, you don't realise where we have come from"
- "This is brilliant - you've done a grand job"
- "I had two weeks off with my new baby, it was amazing, more time would have been nice" (Male member of staff)
- "Do you think men feel the same when they return from paternity, that they feel conflicted to return?"
- "We don't celebrate women enough!"

**Gender pay reporting** - We continue to prepare for gender pay reporting

## 21<sup>st</sup> March International Day for the Elimination of Racial Discrimination

we marked the day by reminding people of racial discrimination's negative consequences and encouraging people to combat racial discrimination.



## Workforce Digest

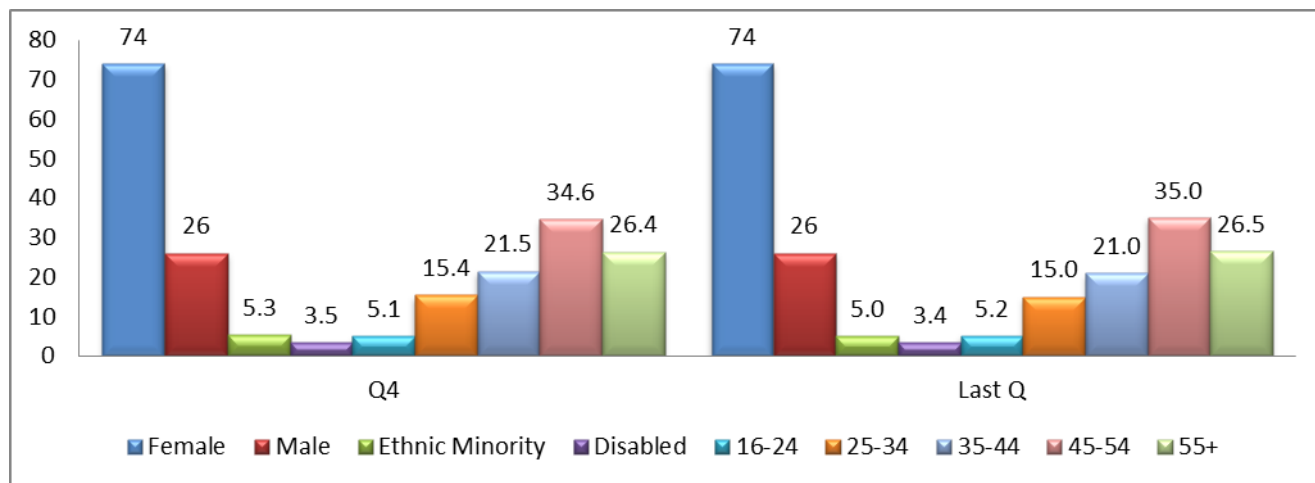
An accurate and up to date picture of the workforce information, trends and risks is essential to achieving the cultural aspirations that the Council has set out in the People Strategy and Team Doncaster Charter to achieve better people management, engagement and communication and to help develop and deploy people better for the benefit of the whole organisation.

### Top 3 Priority Risk Areas

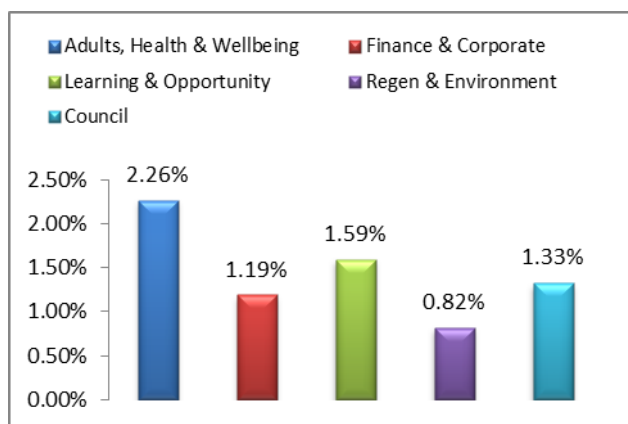
In the last report a number of major and emerging HR and OD risks were identified. These continue to be the same in this quarter and some areas of improvement reported in earlier quarters have not been sustained. However in some areas there are further signs that action is being taken which is having a positive impact and this needs to continue to be built upon and sustained.

1. **Organisation Stability:** The continued stability as shown in the low turnover (1.33% for the quarter compared nationally at 15.4% pa and public sector at 10.5%) and high retention rates (96% with 1 years' service, 84% with 3 and 76% with 5 years) continues to present the council with significant risks. Although these are normally associated with risk to organisational renewal capacity they are also likely to present a significant risk to the Council's transformation and change agendas, limiting the ability to affect change in the equalities profile, succession planning and meeting future skills needs. There is opportunity to address this at both a strategic level and service level. Areas with an ageing workforce also have the opportunity to integrate this into their workforce plans and should be considering succession. Opportunities also exist for the creation of apprenticeship posts from entry level through to professional and degree levels and these should now be considered in any organisational restructuring.

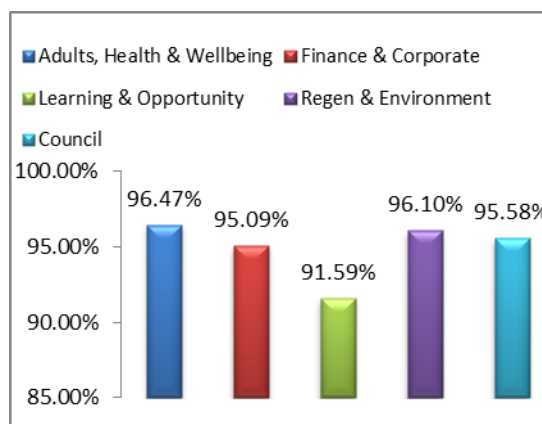
### Council Workforce Profile compared to last quarter shown as %



### Turnover Rate By Directorate %



### One Year - Retention Rate by Directorate %

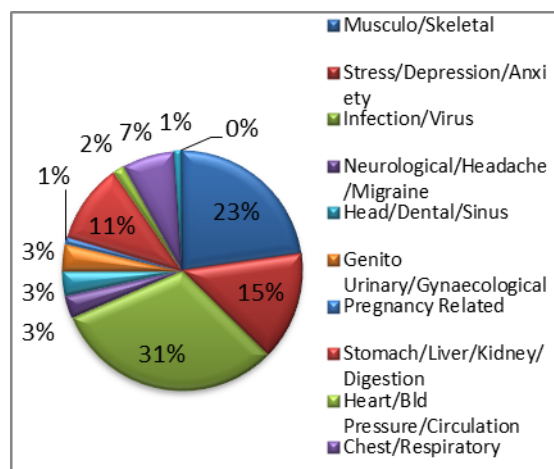




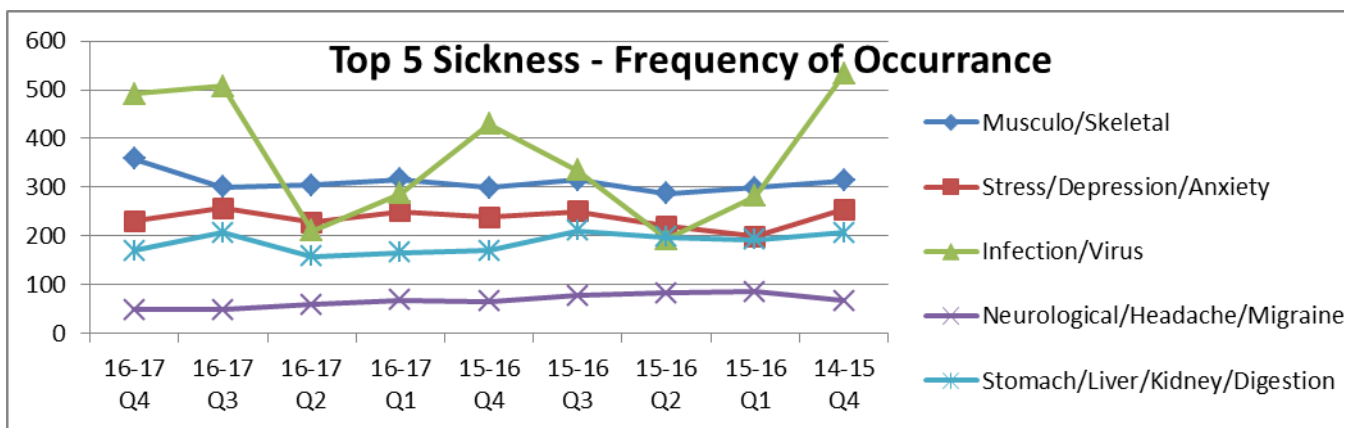
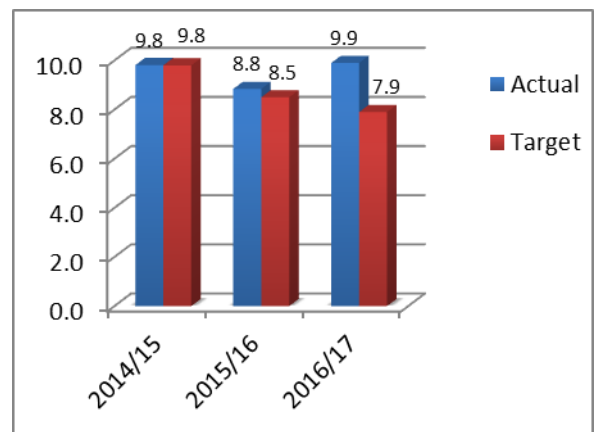
2. **Performance Management:** There has been a slight increase in the number of employee capability cases however overall the continued low level of cases being recorded as managed is a concern, as is the drop in the level of completion of PDRs which are now just below the corporate target at 94% in this quarter. This is mainly due to managers not undertaking a PDR when employees return from long term sickness or maternity leave absence. Continued high levels on conduct resulting in advisory cautions, or no case to answer, may also indicate a need to ensure that managers do communicate and reinforce the standards required. Directorates need to ensure that the emphasis on performance management is sustained and that effective arrangements are in place for new employees and those returning from periods of absence. In addition, to ensure that all development and performance improvement plans for those assessed at level 4 and 5 are in place.

The increase in the absence rate, particularly short term absence, seen in the last quarter continues. The outturn is now 9.90 days per FTE which means that the corporate target of 7.9 days per FTE has not been achieved. This remains a concern, and the overall on-going reduction and downward trend year on year, has now not been sustained. The quarter has seen a slight increase in the number of sickness triggers actioned and where attendance is being formally managed there has been an increase in the number of staff returning to work. HR and OD continue to support services in high areas with absence clinics which, together with increased support for attendance management casework, should only be for short term transformation and not be a substitute for developing effective management capacity in this area. Rates of non-attendance on training courses have improved, as have completion levels of mandatory training for managers but compliance needs to continue as in some areas completion rates are below the targets required. Improvement in this area can also be seen from the increasing demand for management development, capability and other people management development activity which does give some assurance that some areas are being addressed.

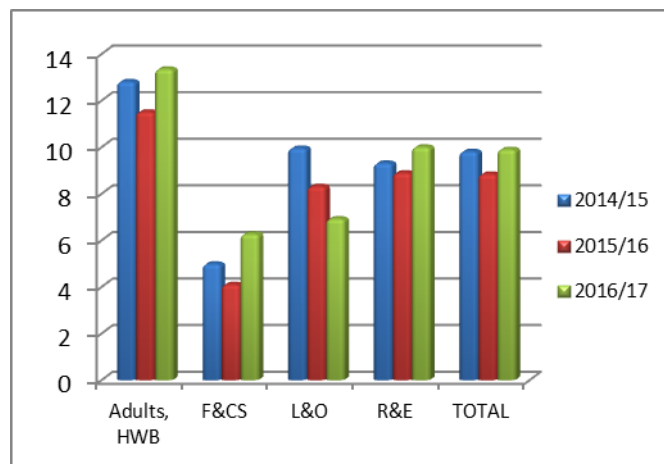
**% Type of Sickness Occurring**



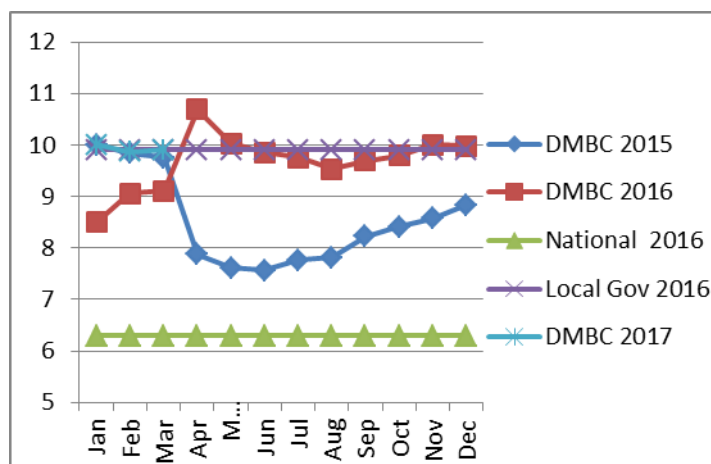
**Sickness Days Lost /FTE**



## Sickness Days Lost Per FTE



## Sickness Days Lost /FTE



- Nationally current performance is similar to the local government average 9.9 days / FTE but has now moved further away from the national rate than outturn in 2015.
  - The national rate has decreased in all sectors in 2016 so our increase is not in line with this trend - although the public sector only reduced by 0.2 days per employee.
  - Nationally the main causes have not changed - minor illness like infection and virus is the main cause of short term and stress and mental ill health and then musculoskeletal including back pain is the second highest
  - Nationally in the public sector it is minor illness, stress, mental health and then musculoskeletal
  - Half the public sector respondents reported an increase in stress over the last year and 2/3 an increase in mental health - twice as much as in the private sector
3. **Additional Workforce Spend:** There has been a slight decrease 7.8% in the levels of additional spend on agency this quarter, however the overall level remains high and there has been an increase in the number of assignments. This together with the overall level of spend on agency, casual workers, additional hours and overtime which although has decreased, from 10.79% to 10.38%, still remains high which means this area remains a key risk until there is a sustained reduction.

There has been a slight increase on spend for casuals, additional hours and overtime which means the reductions seen in the last quarter as a result of the implementation of the Modern and Productive Workforce collective agreement changes have not been sustained. This, together with the overall levels of spend, still appear to indicate problems with the balance between the core and temporary workforce and in changing ways of working. A greater emphasis on workforce planning, supported by the implementation of the corporate workforce planning framework will assist with this. Directorates also need to ensure that they are complying with Modern and Productive Workforce changes and working time provisions to address this risk.

## 4. Actions taken by each directorate following outcomes from quarter 3 performance

### Adults Health and Wellbeing

Strategic workforce planning has been undertaken with the Directorate Leadership Team (DLT) and the HR and OD Plan and Transformation Workforce Plan went to DLT for approval on 12 April. Both were approved with some agreed amendments and the caveat that some further tweaking can be expected.

Work has been carried out to reduce non contract spend including:

- A recruitment partner, TMP, has been sourced to assist with recruiting to vacancies including those temporarily required for transformation. Redeployees have been placed in posts wherever possible.
- Monitoring and reviewing of rotas and contracts continues to reduce reliance on additional hours. The HEART team have implemented a new structure with revised rotas and consultation is to commence shortly on a new rota for the ARC team. Further work is now required in the residential areas for Learning Disabilities, although this will be picked up with the review of the services



- Annualised contracts have been introduced in the STEPS team.
- Monitoring of overtime and honorarium payments

A planned focus on PDRs resulted in an increase of those undertaken in Q2 and which was sustained into Q3. There is still room for further improvement and managers will be reminded of the need to complete quality PDRs in line with the corporate deadlines, with development plans for anyone assessed at level 4 and 5. This work will continue to be challenged and monitored in Heads of Service relationship meetings with Senior HR and OD Officers.

Staff continue to participate in resilience and change management training including bespoke team sessions and further development to support transformation has been planned in line with the key project plans. Digital council projects continue with change management support. A number of new managers have also attended people manager induction training.

Sickness levels remain high in the directorate, for both long and short-term sickness. It is recognised that some of this is due to the transformational changes currently taking place, however, it is evident that some is also due to the lack of robust management of cases. In order to address the issue and to improve management accountability, sickness absence clinics commenced in February. Due to changes in senior management the second clinic in April was cancelled and a further one has been arranged for 7 June 2017. It is recommended that further steps should be taken to challenge the lack of robust and timely actions on sickness cases. HR and OD will work with management to address this.

The increase in the cost of agency staff remains a concern, however, there was a decrease in agency assignments at the end of March and it is anticipated that the move to fixed term contracts for the transformation posts and recruitment to the vacant Occupational Therapist posts will alleviate this to some extent. However, it is important for workforce planning to be embedded throughout the directorate going forward.

Significant work has been undertaken on updating the establishment on the HR Portal following some major restructures and movement of teams into different service areas. HR and OD have carried out this work together with colleagues in Rotherham. There still remains a concern that Managers do not keep the HR Portal up-to-date and that this will continue unless it is addressed at a higher level.

### **Learning, Opportunities and Skills**

Work has been ongoing to embed the new management structure including ensuring establishment information on the HR portal is accurate. Work is starting to prepare for a review of functional areas to commence in Q1 of 2017/18.

Work continues to ensure non contract spend is kept to a minimum:

- Additional hours and overtime is monitored on a monthly basis to identify any individuals predicted to breach levels set under the Modern and Productive Workforce changes.
- Continual review of agency assignments to ensure there is a legitimate business case for using agency workers. Ensuring vacancies are recruited to as soon as possible to minimise the numbers of agency workers.

Sickness continues to be monitored and hot spots and long term sickness targeted. An action plan is in place. Managers with un-actioned triggers are contacted by HR to ensure members of staff are being effectively managed and the Managing Attendance policy is being followed.

Regular relationship management meetings take place between Senior HR&OD Officers and Heads of Service at which a range of issues are discussed to enable early intervention and support where needed.

### **Regeneration and Environment**

Key actions from workforce planning sessions continue to be embedded and inform reviews of structures along with the creation of additional apprenticeship posts to support succession planning with further posts being identified in line with the requirements of the apprenticeships levy. The workforce profile continues to be monitored.

Work to reduce non contract spend continues, including:

- Changes to recruitment processes have been made to ensure vacancies are filled quicker
- Increasing the use of variable hours contracts to provide extra flexibility
- Reviewing the use of temporary contracts
- Increasing the use of peripatetic contracts to provide cover rather than have relief contracts
- Monitoring of overtime and additional hours and a number of business cases for exemption have been submitted
- The requirements for all agency workers have been reviewed and the overall usage and cost has reduced

Performance action plans on all who were assessed at level 4 and 5 continue to be monitored. Managing attendance well continues to be a priority as sickness levels continue to increase and the directorate's action plan continues to be reviewed and updated. Wellbeing initiatives continue in hotspot areas and there is an increased focus on the management of long term sickness. Sickness challenge meetings continue to be held in Assistant Director service areas where compliance with the policy and action plan is examined and non-attendance at Occupational Health appointments is challenged. Sickness is managed systematically in areas with high levels and further support and training is offered across the Directorate. The Directorate's pilot of a new engagement assessment tool is well underway and a number of workshops are planned relevant to the outcomes and the final resilience workshops for people managers has been held.

Transfers under TUPE regulations are increasing as traded service provision contracts are awarded to external providers.

There has been an increase in disciplinary cases; however, plans are in place to ensure they are dealt with efficiently.

### **Finance and Corporate Services**

Overtime and additional hours are monitored on a monthly basis to identify any employees at risk of breaching the levels set by the Modern Productive Workforce changes. Relevant managers are contacted to discuss any areas of concern. An exemption was requested and granted in one service area which was predicted to breach the levels.

Non contract spend is relatively small but is kept under review by DLT. HR discuss any areas of concern with relevant managers to identify solutions.

DLT monitors sickness absence and support is provided to managers to deal more effectively and consistently with standards of employee performance:

- Managers with un-actioned sickness trigger points are contacted by HR, as are managers who have actioned triggers but comments entered on the portal give cause for concern about how they are managing absence.
- DLT are monitoring performance on absence levels across the directorate and HR offer targeted support to those service areas who are performing above the directorate target, for example, tailored managing attendance refresher training was delivered to people managers in Customers, Digital & ICT during Q4.

# Customer Services

## Customer Service Performance

Q4 2016/17



### Quarter 4 Highlights

Customer Services have served 126,830 customers this quarter. We have carried out a number of email campaigns encouraging our residents to use our online services. This has helped drive this quarters online channel shift to 25%. The campaigns promoted the ability for residents to report missed bins, check their collection dates, report littering and dog fouling as well as managing their council tax online - including the ability to sign up for ebilling. We have also introduced web chat on our web sites report it pages, enabling us to digitally assist our residents whilst they are accessing services online.



**ONE STOP SHOP**  
43092



**EMAIL**  
9519



**PHONE**  
74219



**ONLINE SELF-SERVICE**  
32141



**ONE STOP SHOP AVERAGE WAIT**  
08:17



**ONE STOP SHOP AVERAGE SERVE**  
06:04



**MY DONCASTER APP REGISTERED USERS**



**CALLS ANSWERED IN 20 SECONDS**

60%



**Top 3 Self Service requests**

Council Tax Forms

Requesting an Additional Bin/box

Housing & Council Tax Benefit Form



### COMPLAINTS TO THE COUNCIL

Directorate Volume % Ans in 10 working days

F&C

42

95%

AH&WB

29

96%

R&E

171

84%

DCST

41

48%

LOCYP

4

100%

SLH

271

90%

### Customer Satisfaction

73% Excellent

15% Good

12% Poor

61%

OF COUNCIL SERVICES NOW AVAILABLE ON LINE

### Freedom of Information Requests

DMBC :

345

93%

Answered in 20 working days



DCST:

16

100%

### Data Protection Requests

DMBC :

13

92%

ANSWERED IN 40 CALENDAR DAYS



DCST :

16

75%

*"Customers Are Our Business and Define our Success"*

## Complaint Trends

Q4 : 2016/17

### Regen & Environment

Waste & Recycling - Changes to waste collections over the Christmas period. Green boxes being out of stock.

### Finance & Corporate

Council Tax & Housing Benefits - Various, no trends  
Customer Services - Information provided to customer

### Adults Health & W. Being

Attitudes and action of staff

### L&O: Children & Young People

Various , no trends



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## Compliments

*"Customer wanted to say a big thank you to the Adaptations Team, he was a bit apprehensive about the things they were offering to help him at home but the member of staff was brilliant. He wanted to make the team aware of how thankful he is for their help and kindness. He also wanted to say thank you, as when someone calls it's nice to have a kind person on the end of the phone."*

*"A big thank you to the Customer Service Team for helping with a Blue Badge application. The customer had misplaced a document when leaving The One Stop Shop, the team went out of their way to help the distressed customer. The customer wanted to say thank you as all staff dealt with her sympathetically and professionally."*

*"On Friday 24th March a road had been blocked by a tractor and trailer. The bin crew went out of their way to walk right down to the end of the cul-de-sac to make sure everyone's bin was emptied and wanted to compliment them for this."*

*"Customer would like to say a big thank you to the team for fixing her street light."*



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## What are our customers enquiring about this quarter ?

### One Stop Shop

- Housing & Council Tax Benefit
- St Leger Homes
- Council Tax
- Residential Parking Permits
- Licensing

### Contact Centre

- Bins, Recycling & Waste
- Blue Badges
- School Admissions
- Street Lighting
- Highways

*"Customers Are Our Business and Define our Success"*

## Appendix B - Virements in Quarter 4

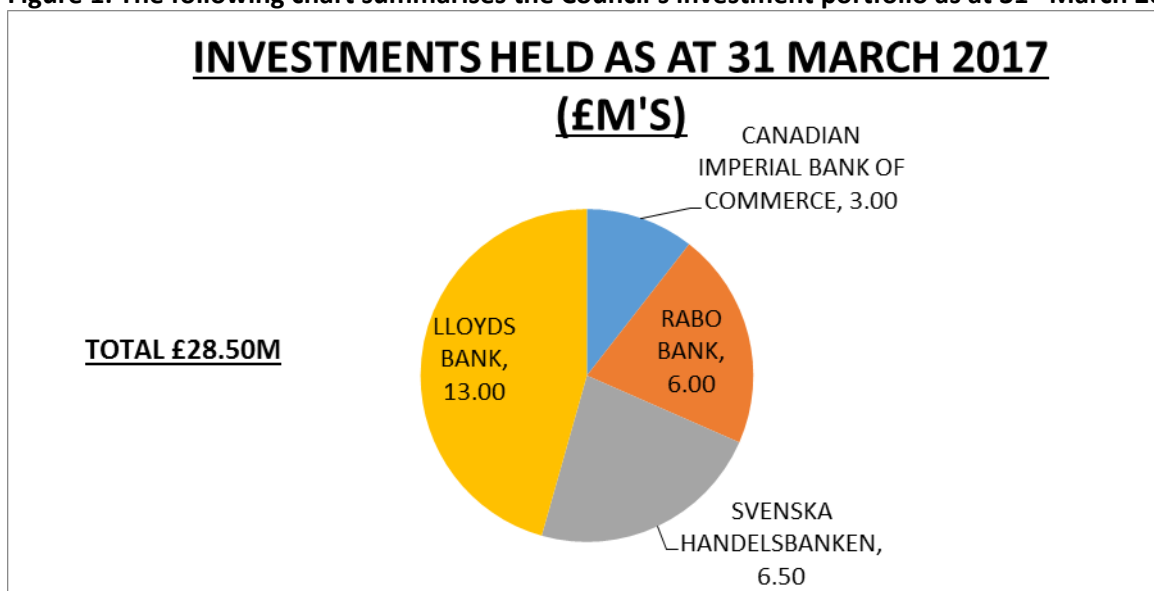
Reason		Directorate	2016/17 £
<b>Amounts approved by Chief Financial Officer up to £0.10m</b>			
1	7 months rental for Oaklands Short Break Unit between Regeneration & Environment and Doncaster Children Service Trust	R & E LOCYP	(17,500) 17,500
2	Temporary movement of salary budget in respect of 2 grade 5 posts within Professional Business Support being funded by LOCYP to carry out Direct Payments audit function.	LOCYP F&CS	(5,860) 5,860
3	Permanent funding from LOCYP towards Corporate Parenting Board.	LOCYP F&CS	(7,000) 7,000
4	Transfer of post from AHWB (SAPAT funeral team) to R&E (cost centre was transferred in Q2)	AHWB R&E	(20,460) 20,460
5	Temporary movement from F&CS (SPU) to AHWB Policy and Commissioning to fund Connect 2 Support	F&CS AHWB	(25,000) 25,000
6	Transfer of 50% of Children's Centre lettings income back to LOCYP.	LOCYP R&E	(17,250) 17,250
7	Use of Digital Region returned funds to finance BDUK demand stimulation costs in 2016/17	F&CS CWB	29,090 (29,090)
8	Contribution for MyDigital marketing campaign	F&CS R&E	2,000 (2,000)
9	Allocation of Care Act funding	F&CS AHWB	56,710 (56,710)
<b>Amounts approved by Chief Executive £0.10m to £0.25m</b>			
1	Funding Transport savings shortfalls from contingency budgets (including £40k planned to come from Children's Trust)	R&E Council Budgets	Wide 206,000 (206,000)
<b>Amounts approved by Portfolio Holder £0.25m to £0.5m</b>			
	None this quarter		
<b>Amounts for Cabinet approval greater than £0.5m</b>			
1	Budget not required in 2016/17 regarding the Sensitive Case to be transferred back to Council Wide Budget from LOCYP.	CWB LOCYP	511,170 (511,170)
2	Use of Insurance Fund underspend to help fund DCST overspend	LOCYP CWB	1,964,000 (1,964,000)
3	Centralisation of MRP and Investment and Modernisation budgets	CWB AHWB F&CS R&E	2,052,410 (6,880) (3,990) (2,041,540)
4	Transfer balance of earmarked reserves related to demolition of the Sorting Office and other St Sepulchre Gate West buildings to be used to meet FARRRS phase 1 overspend	Earmarked Reserves R&E	(544,620) 544,620
5	Transfer of Minimum Revenue Provision (MRP) budget to Severance earmarked reserves £2.4m and Service Transformation Fund £1.0m	CWB Earmarked Reserves	3,491,970 (3,491,970)

## Appendix C - Treasury Management Update - Quarter 4 2016/17

1. The outturn for Treasury Management is an under spend of £1.58m.
2. The under spend has been predominantly achieved by being under borrowed and delaying external borrowing as long as possible. DMBC is currently £70m under borrowed (£73m at Q3) which is a key contributor to the under spend. If the £70m was borrowed at 2% there would be an additional external interest cost of £1.4m per annum. The reduction in under borrowing has occurred due to taking out additional borrowing for the planned capital programme which has subsequently slipped.
3. Speculation around what Brexit will look like continues to dominate the money markets. Recent data releases have been mainly positive around global growth, but there could still be a few shocks to come. Article 50 has now been triggered giving the UK and the EU 2 years of negotiations with the EU and the rest of the world around trade agreements. The previous 16% fall in sterling against the US Dollar during 2016/17 was partially reversed when the Government announced a snap General Election for June 8<sup>th</sup>. The only certainty at the moment is that there will remain a considerable amount of uncertainty over the next few years and it is the role of the UK Government and Bank of England to steer the country successfully through. There are risks and opportunities at this time, which are outlined below.

### Investment

4. The investment portfolio, which currently stands at £28.5M, can be seen in Figure 1. The investments are a mixture of call accounts for liquidity, fixed rate investments and certificates of deposit.
5. The current average investment rate is 0.67%, against a benchmark rate of 0.20%. However, there are still many unknown factors that could require the Bank of England to take more/or less monetary policy easing as the various pieces of data that show the direction of travel of the UK economy are released. This will affect investment rates going forward, however, it is unlikely that we will see any significant increase in rates in the near future.
6. **Figure 1: The following chart summarises the Council's investment portfolio as at 31<sup>st</sup> March 2017.**



7. Officers can report that no investment limits have been breached during the financial year 2016/17.

## Borrowing

Figure 2: The following table summarises the Councils Debt Portfolio as at 31st March 2017.

<b>DMBC Debt Portfolio and Maturity Profile as at 31st March 2017</b>				
	Upper Limit %	Lower Limit %	Actual %	Actual £(m)
Under 12 Months	30	0	3.90	17,191
12 to 24 Months	50	0	5.14	22,687
24 Months to 5 Years	50	0	6.93	30,560
5 Years to 10 Years	75	0	7.96	35,101
10 Years to 20 Years	95	10		
20 Years to 30 Years				
30 Years to 40 Years			76.07	335,561
40 Years to 50 Years				
50 Years and above				
<b>TOTAL</b>			<b>100.00</b>	<b>441,100</b>

8. During the 2016/17 financial year the Council originally had a borrowing requirement of £35.5m which has since reduced to a borrowing requirement of £27.6m. £4.5m in new external borrowing to support the Capital Programme (reduced from £8.1m in Q3) and £23.2m to replace loans which matured during the year. However, £32.5 million had been borrowed prior to the latest forecast, which is within the original approval but more than actually required.
9. Historically low interest rates does provide an opportunity to reverse the under borrowed position but this would come at an additional budget cost, and based on forecast interest rates remaining low for the foreseeable future (50 year borrowing rates forecast to increase from 2.3% to 3.2% between now and March 2020) there is no real need to do so immediately.
10. Treasury Management Officers confirm that no Prudential Indicators, as set in the Treasury Management Strategy Statement agreed by Council on 1st March, 2016, have been breached during this financial year.

## Risks

11. Risks have been reviewed during the quarter and were managed in line with the Annual Treasury Management Strategy Statement agreed by Council on 1st March, 2016.
12. The low interest rate and heightened investment risk environment will make it difficult to place surplus funds successfully and it is therefore appropriate at this time to remain under borrowed and minimise the cost of holding funds until they are required.

## General Banking

13. Lloyds Banking Group was awarded the contract to provide DMBC with general banking facilities from 1st January, 2016. All accounts have now been successfully transferred to Lloyds Bank, with all Coop Bank accounts now closed.

## Appendix D – Capital Programme New Additions Quarter 4 2016/17

	Funding Source	New Addition 2016/17 £m	New Addition Total £m
<b>Adults, Health &amp; Wellbeing</b>			
<b>Wike Gate Road Play Area:</b> Various improvements including the provision of children's play equipment, improvements to the gate and the installation of the tarmac path for safer and easier access.	Section 106	0.00	0.06
<b>Branton Playing Field Improvements:</b> To undertake enhancements to the Kilham Lane playing fields by improving existing equipment and installing various new items of play equipment, gym equipment, seating, climbing wall and perimeter track.	Section 106	0.00	0.14
<b>WiFi Installation Museum Service:</b> Installation of public WiFi at all Museum sites with Cusworth Hall as the priority.	Arts Council Resilience	0.00	0.03
<b>Refurbishment Cusworth Hall Shop:</b> Development of the Cusworth Hall shop to maximise retail potential.	Grant/RCCO (match contribution)	0.00	0.03
<b>Total Adults, Health &amp; Wellbeing</b>		<b>0.00</b>	<b>0.26</b>

<b>Finance and Corporate Services</b>			
GIS Hardware Replacement – new servers to deliver GIS servers and applications Remote Working Hardware – purchase of lap tops to be issued Council wide Remote Devices - relates to the Digital Council for use by LOCYP and Regeneration and Environment	Corporate Resources (allocated from existing amount for ICT Strategy)	0.18	0.22
<b>Total Finance and Corporate Services</b>		<b>0.18</b>	<b>0.22</b>

<b>Learning &amp; Opportunities: Children &amp; Young People</b>			
Bank account school specific projects managed and funded by schools direct outside the Council Capital Programme. Only notified when schools submit returns in March.	Schools Revenue Funding	0.19	0.19
2 new schools condition schemes for minor works totalling £0.054m. These schemes were responses to urgent work where failure had occurred / was imminent and the risk to school closure was high. These schemes were funded from reductions in other condition schemes.	LOCYP Resources	0.05	0.05
<b>Total Learning &amp; Opportunities: Children &amp; Young People</b>		<b>0.24</b>	<b>0.24</b>

<b>Regeneration &amp; Environment</b>			
<b>Housing</b>			
Affordable Housing, Edwin Road Woodlands. Capital grant to a 3rd party, Johnnie Johnson Housing Trust (JJHT) housing association to enable the viability of a scheme to deliver 11, 2 bed bungalows on site of former residential care home. Cabinet report 14th March 2017 originally intended this to be a new allocation of S106 but this can now be met from re-allocation of funds from the existing £0.35m S106 allocated to the existing JJHT Layden Drive scheme after re-appraisal by the housing association.	Section 106 funding	0.115	0.115
Goodison Boulevard Open space. Creation of an open space (0.6 acre) as part of a new residential care facility on the site of a former care home.	Section 106 funding	0.031	0.031
<b>Total Regeneration &amp; Environment</b>		<b>0.146</b>	<b>0.146</b>



## Appendix E – 2016/17 Carry Forwards

Service / Description	Amount £'000	Comments
<b>Adults, Health &amp; Wellbeing</b>		
Adwick community enterprise	12	Insurance money received from theft of vehicles, carrying forward for purchase of replacement vehicle.
Integrated Discharge Team	180	IDT 7 Day working monies. CCG provided £200k no restrictions and have agreed for C/F to fund 7 day working into 2017/18
Museums - Communities	9	Income received from Cusworth Hall Gardens Trust for specific purposes not fully spent.
Active Rec - Communities	3	Weight Management - professional activity programme - Health Contribution
<b>Learning &amp; Opportunities: Children &amp; Young People</b>		
LOCYP Education	63	Ring-fenced grant received March 17 to provide extra funding to help schools convert to academies more quickly.
Parent Partnership Service	21	2016/17 ring fenced Grant to be carried forward into 2017/18 to fund a temporary post in the Parent Partnership Service. 2015/16 allocation has funded the post in 2016/17.
LOCYP Education	16	Grant received March 17 from the DfE for procuring an IT system that checks parent' eligibility for the 30 Hours childcare.
<b>Regeneration &amp; Environment</b>		
Trading Standards Fakes Cause fires	7	Trading Standards received a grant from South Yorkshire Fire and Rescue. They have requested that the residual money left over is used to make a public information film/campaign regarding the Nicotine inhaling Products. The film is being made at this time and it is estimated that half of the Grant will be spent by the end of the financial year. The residual will need to be carried over to pay for the works when complete. If any grant money is not spent this will have to go back to the fire authority.
<b>Additional requests approved by S151 officer</b>		
R&E Skills & Enterprise - Apprentice Levy interim arrangements	100	There will be an underspend of approximately £100k against the Skills Made Easy (SME) budget (EF067) due to the late allocation of grant from Sheffield City Council (SCC) to Doncaster Council. SCC do not require the funding to be repaid and therefore it is proposed to use the underspend to pay for resources required to support the implementation of the Apprenticeship Levy. The budget will be used to retain skills and expertise within teams (currently at risk due to the end of the SME programme) and invest to develop the interim structure and ensure rapid progress and adaptation to the new delivery landscape for apprenticeships. The need for additional resources was recently noted by Directors. Further detail has been provided.
LOCYP Education - High needs strategic planning fund	126	DfE Grant received in 16/17 for Local authorities to use to carry out a strategic review of their high needs provision. The grant is committed, but not ring-fenced and DfE state that LA's can carry forward this fund into the 2017-18 financial year within the grant determination. Review to be planned and completed by Riana Nelson, commencing in 17/18. Approved by S151.
<b>Overall Total</b>	<b>544</b>	

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## **Local Authorities with similar characteristics that are referred to in the Quarterly Finance and Performance Report**

### CIPFA statistical nearest neighbours (using NNM 2015 – England Authorities):

- Rotherham
- Barnsley
- Wakefield
- St Helens
- Wigan
- Stoke-on-Trent
- Stockton-on-Tees
- Durham
- Tameside
- Calderdale
- Kirklees
- Dudley
- Darlington
- Bolton
- Walsall

### Children's services statistical nearest neighbours (using LAIT):

- Redcar and Cleveland
- Wigan
- North East Lincolnshire
- North Lincolnshire
- Wakefield
- Tameside
- Rotherham
- Barnsley
- Dudley
- Telford and Wrekin

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20 June 2017

## To the Chair and Members of Cabinet

### YOUTH JUSTICE PLAN 2017/18

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nuala Fennelly Lead Member for Children, Young People and Schools	All	Yes

### EXECUTIVE SUMMARY

1. The purpose of this report is to present a new statutory, strategic Youth Offending Service Plan (YOSP) for 2017/18 for the Youth Offending Service (YOS) in Doncaster, where responsibility for the discharge of the Plan lies. The YOSP is due for review and submission to the Board annually.
2. The Plan sets out the resourcing and value for money, challenges to future provision, structure and governance, partnership arrangements and risks to future delivery for the service. In relation to these, actions and timescales are set to develop the service and ensure the best service for the children and young people of Doncaster.
3. For the second time we have produced a Young People's Youth Justice Plan which compliments the corporate report, and is designed to be accessible and understandable for our young people and families. The Young People's Youth Justice Plan has been identified by the Youth Justice Board as a national example of good practice.
4. I am pleased to report that strong performance by the YOS in 2016/17, including a reduction in the custody rate to its lowest ever for Doncaster, despite being a national outlier for many years in this area, the lowest ever binary re-offending rate and an ongoing reduction in first time entrants. In addition the YOS has been subject to a Peer Review in April 2017, which highlighted that the operational quality of the service is reflected in the strong strategic performance.
5. Doncaster YOS is currently the 4<sup>th</sup> best Youth Offending Service in England and Wales overall in reducing re-offending and is outperforming all national and regional comparators.

### EXEMPT REPORT

6. This report is not an exempt report.

### RECOMMENDATIONS

7. It is recommended that the Mayor and Cabinet approve the Youth Justice Plan.

8. This report will also be considered at the next OSMC which will not be meeting until 16 June due to the election period. Their response to the plan will be provided as an addendum to this report and circulated to Cabinet members.

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

9. The citizens of Doncaster will be protected from offending, re-offending and the fear of crime. The successful implementation of the Youth Justice Plan will contribute to an overall reduction in offending and will, through the delivery of a revised prevention offer, reduce the number of first time entrants into the youth justice system.
10. This has significant and far reaching positive consequences in terms of raising aspirations with young people and their families, making communities safer and more inclusive. Crucially, the targeted work of team EPIC will assist those communities experiencing anti-social behaviour, by intervening earlier with young people, deploying whole family approach to support the priorities of DMBC's Stronger Families programme.

## **BACKGROUND**

11. This strategic plan impacts upon the delivery of youth justice in all wards of Doncaster. It involves expenditure of £1,812,625 in 2017/18 (estimated, some contributions to be confirmed) of which £814,025 comes from Doncaster Metropolitan Borough Council as part of its contractual arrangements with Doncaster Children's Services Trust (DCST).
12. The Crime and Disorder Act 1998 sets the statutory functions for Youth Offending Teams. The relevant provisions dealing with the youth justice system are set out in Part III of the Crime and Disorder Act 1998 ("the 1998 Act"). Section 37(1) of the 1998 Act states that it shall be the principal aim of the youth justice system to prevent offending by children and young persons.
13. Section 38 places a duty on local authorities, acting in co-operation with the agencies listed below, to secure that, to such extent as is appropriate for their area, all "youth justice services" are available there. Those agencies are:
  - Chief officer of police or police authority, any part of whose police area lies within the local authority's area.
  - The Secretary of State in relation to his functions under sections 2 and 3 of the Offender Management Act 2007.
  - Every provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to carry out the duty under this subsection in relation to the local authority.
  - Every local probation board, Strategic Health Authority, Local Health Board or Primary Care Trust, any part of whose area lies within that area.
14. Section 40 of the 1998 Act sets out the duty of each local authority to formulate and implement an annual Youth Justice Plan, setting out how youth justice services in their area are to be provided and funded and their functions and composition. Youth offending teams must co-ordinate the provision of youth justice services for all those in the authority's area that need them and carry out the functions of the Youth Offending Service Plan.

## OPTIONS CONSIDERED

15. The Youth Justice Plan is a statutory Plan, the option is to approve in its current format or return the plan to the HOS of Targeted Youth Support for further consideration and review.

## REASONS FOR RECOMMENDED OPTION

16. The only options are to approve the plan or request amendments.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

17.

	<b>Outcomes</b>	<b>Implications</b>
	<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>Reducing first time entrants into the youth justice system significantly reduces the financial burden on other statutory services, and therefore protects against services being overwhelmed and placed under budgetary pressure when earlier intervention could have been undertaken successfully.</p> <p>Creating an aspirational culture amongst young people involved in anti-social behaviour and offending will lead to greater engagement with education, training and employment opportunities.</p>
	<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>Doncaster YOS is committed to ensuring that all young people receive a full health assessment from the seconded Project 3 practitioner and will ensure any attendant issues addressed.</p> <p>In addition, young people will have access to a speech, language and communication therapist, systemic family psychotherapist and trainee forensic psychologist.</p> <p>In addition, as part of a re-framed prevention offer, Doncaster YOS will engage young people on the cusp of offending and anti-social behaviour, through Team EPIC in a range of diversionary activities, which will include positive physical activities.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p>	<p>A successful implementation of the Youth Justice Plan will divert young people on the cusp of offending, but crucially will also prevent</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>recidivism in those who do offend. A reduction in offending will lead to safe communities, in which its young citizens are more invested and consequently are actively engaged in the development of those communities.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>The Youth Justice Plan will support families who have presenting issues, through the YOS commitment and ongoing contribution to the Stronger Families initiative, the outcome of which will be that more families turned around in phase two of the programme and a culture which enables families to reach their full potential.</p>
	<p>Council services are modern and value for money.</p>	<p>Doncaster YOS has always strived to deliver value for money by tracking best national practice and amending service provision to meet these needs.</p> <p>All posts are reviewed when they become vacant to assess the need for this post or provision in the future.</p> <p>In 2017 the YOS will continue its campaign of recruiting graduate volunteers to supplement the full time staffing resource, and we have established a strategic relationship with Nottingham University to supply Trainee Forensic Psychologists on a voluntary basis. Consequently we have increased the offer, in an ongoing climate of reduction at no additional cost.</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>Doncaster YOS is monitored and challenged by the Management Board, which is comprised of representatives from all partnership agencies.</p> <p>In addition, Doncaster YOS is subject to monitoring from the Youth Justice Board in terms of quarterly data monitoring on key performance indicators.</p>

## RISKS AND ASSUMPTIONS

18. The risk factors are outlined in the YOS plan itself. The most pertinent risks are in



relation to policy change, partnerships and financial contributions to YOS for 2017/18. The plan itself has been written to minimise risk to delivery, and links to other strategic plans for Doncaster help to achieve this.

## **LEGAL IMPLICATIONS**

19. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do.
20. Section 40 of the Crime and Disorder Act 1998 (the 'Act') sets out the duty of each local authority to formulate and implement an annual Youth Justice Plan, setting out how youth justice services in their area are to be provided and funded and their functions and composition. Youth Offending teams must co-ordinate the provision of youth justice services for all those in the authority's area that need them and carry out the function of the Youth Offending Service Plan.
21. Section 37(1) of the Act states that it shall be the principal aim of the youth justice system to prevent offending by children and young persons.

## **FINANCIAL IMPLICATIONS**

22. In 2017/18 DCST have set out that they will use £814k of the funding they receive via the contract between DMBC and DCST to fund the Youth Offending Service. In addition, DMBC receive income from partner organisations that is then paid over to DCST as part of the contract payments. The confirmed income that DMBC is to receive in 2017/18 is £604k from the Youth Justice Board, £57k from Doncaster CCG via a Section 256 agreement, and £126k Troubled Families Grant. DMBC are still awaiting confirmation of the income to be received in 2017/18 from the Ministry of Justice (was £73k in 2016/17) and South Yorkshire Police (was £152k in 2016/17) that is to be paid over to DCST. Overall the funding is similar to 2016/17. DCST will manage the Youth Justice Plan within the funding allocated.

## **HUMAN RESOURCES IMPLICATIONS**

23. There are no human resources implications arising from this report.

## **TECHNOLOGY IMPLICATIONS**

24. There are no technology implications arising from this report.

## **EQUALITY IMPLICATIONS**

25. Decision makers must consider the Council's duties under the Public Sector Equality Duty at s149 of the Equalities Act 2010. The duty requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
26. Doncaster Youth Offending Service is a statutory service which administers the delivery of Court Orders to all young people throughout the borough. Doncaster Youth Offending Service is governed by the National Standards for Youth Justice

Practice which guarantees the consistency of the service offered to both those who share a “protected characteristic” and those who do not share a “protected characteristic”. Consequently, there are no specific equality implications arising from this report. However, any activities arising from the management of strategic risks will need to be the subject of separate ‘due regard’ assessments. A copy of the YOS Due Regard Statement is available upon request.

## **CONSULTATION**

27. As a statutory plan consultation occurs with the relevant Boards, notably YOS Management Board.

## **BACKGROUND PAPERS**

28. Youth Justice Plan (attached).

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**Targeted Youth Support Service  
Doncaster Youth Offending Service  
Youth Justice Plan 2017/18**



## Contents

	Page
1. Who are we and what do we do? .....	3
2. Overview .....	5
3. Performance against last year's plan .....	8
4. Strategic Objectives 2017/18 .....	17
(i) Preventing Youth Offending	
(ii) Reducing Youth Re-offending	
(iii) Reducing the Use of Custody for Young People	
(iv) Keeping Young People and Communities Safe	
5. Resources and Value for money .....	26
6. Young People's Youth Justice Plan .....	30

## **1) Who we are and what we do?**

Doncaster Youth Offending Service (YOS) is part of Doncaster Children's Services Trust Targeted Youth Support Service (TYS).

TYS is comprised of the YOS, the Care Leaving Service (18 plus) and the newly created prevention service, Team EPIC (Encouraging Potential Inspiring Change). The service is committed to improving outcomes for children, young people and their families, specifically to help them lead happy, safe and aspirational lives.

Youth Offending Teams (YOTs) were formed in England and Wales in April 2000 under the Crime and Disorder Act 1998, providing a multi-agency approach to preventing offending by children and young people. As Doncaster's YOT, the YOS consists of professionals from a range of disciplines including health, probation, youth justice, social work, education, housing, information advice and guidance, substance misuse and systemic family therapy.

The statutory aim of the youth justice system, as laid out in the 1998 Act, is to prevent youth offending. Work to prevent young people from offending and entering the youth justice system is undertaken by Team EPIC, while the YOS helps children who have offended and entered the youth justice system to avoid reoffending. It also works to keep young people safe from harm and to protect the public from young people who may pose a risk of causing serious harm. The YOS conducts these responsibilities through robust risk management processes including engagement with forums such as MAPPA (Multi-agency public protection arrangements).

Team EPIC is a newly created prevention service, designed to divert first time entrants into the youth justice system using a robust triage model to intervene at the point of a young person being charged, where it is safe and proportionate to do so. Team EPIC delivers a number of programmes based on building emotional resilience and consequence awareness, whilst encouraging young people to engage in programmes and interventions designed to increase aspiration and opportunity.

In 2016 the Doncaster YOS adopted the new AssetPlus assessment framework developed by the Youth Justice Board for England & Wales (YJB). AssetPlus deploys a "strengths based" predictive methodology to understand the issues young people face in relation to their offending, to help practitioners formulate an intervention plan to address any presenting needs and to build on the strengths already displayed by young people. The YOS also undertakes specialist work in the areas of young people who present sexually harmful behaviours and also with young people who may benefit from restorative justice interventions with our commissioned partners, The Junction and REMEDI.

Young people referred to EPIC are screened via a specifically designed tool drawing on Signs of Safety. If more detailed assessment is required following the screening then this is carried out using the new AssetPlus assessment tool.

Doncaster YOS is committed to the use of whole family approaches to achieve sustained change to familial cultures which supports better outcomes for children and young people. Therefore we work closely with Doncaster MBC's Stronger Families programme (the local response to the government's Troubled Families initiative) using systemic approaches to strengthen families and improve communities.

The operational work of Doncaster YOS is overseen by its strategic Management Board which is composed of senior managers and leaders from partner organisations who have the operational and strategic expertise to challenge and develop the offer from Doncaster YOS.

The Management Board composition is as follows:-

Mark Douglas (Chair)	Chief Operating Officer, Doncaster Children's Services Trust
Lee Golze (Vice-Chair)	Head of Commissioning, Clinical Commissioning Group
Neil Thomas	Superintendent - South Yorkshire Police
Riana Nelson	Assistant Director Learning and Opportunities DMBC
Claire Scott	Stronger Communities and Families Manager - DMBC
Richard Cherry	Chief Clerk to the Justices
Grant Lockett	Head of Access to Homes – St Leger Homes
Paulette Page	Senior Probation Officer
Cllr Nuala Fennelly	Lead Member for Children, Doncaster MBC
Cllr Chris McGuinness	Lead Member for Crime, Doncaster MBC

The Head of Service is directly managed by the chair of the Management Board ensuring a clear line of sight to the operational practice.

The YOS strategic Management Board also feeds into the following local strategic boards:-

- Safer, Stronger Doncaster Partnership Board
- Strategic Education Attendance Board
- Children Young People and Families Board
- Stronger Families Executive Steering Board

## 2) Overview

### Post-Inspection Improvement Plan

The YOS was subject to a Full Joint Inspection (FJI) conducted by Her Majesty's Inspectorate of Probation (HMIP) in 2015. The outcome was unfavourable in a number of areas, most crucially in terms of the senior governance and oversight by the YOS Management Board.

Following the inspection Doncaster YOS completed a comprehensive improvement plan overseen by the Youth Justice Board, which has affected all areas of strategic and operational practice.

Some of the key developments which have been instigated include:-

- Revised membership of YOS Management Board to ensure it comprises of people with appropriate seniority who can challenge operational practice and strategic decision making.
- Revised data offer and performance information available to the Board.
- Implementation of YJB re-offending toolkit, allowing live reoffending data monitoring and reporting.
- Police Secondees operating in line with national police guidance.
- Embedded police IT systems within the YOS to aid more dynamic intelligence sharing on high risk cases.
- New safeguarding and risk management policies and procedures.
- Revised engagement and compliance procedure, capturing non-compliance earlier.
- Implementation of new Risk Panel to ratify assessment decisions.
- Training programme focussed on outcome based risk and vulnerability planning.
- Improved planning processes, planning now done "With" and not "to" children and families.
- New child friendly planning tool introduced.
- New QA framework, incorporating external auditors.
- Regional work undertaken with regard to the out of court disposal scrutiny panel.
- Support from YJB in terms of Board functioning and practice.
- The TYS reach increased through creation of new prevention service, Team EPIC.
- Voice of the child better represented through the body of the casework, better practitioner understanding of how to capture this.
- Improved CAMHS provision.
- Use of whole family approaches and systemic family psychotherapy.
- Continued reduction in custody rate.

The improvement plan was completed during 2016/17 and has now been signed off by the YJB. The YJB improvement partner expressed her admiration for the speed with which the improvement plan had been completed.

In order to ascertain whether the above actions had resulted in improved quality of casework, the former Head of YOT Inspections at HMIP was commissioned to carry out a review of recent cases in Doncaster YOS in November 2016. The findings of her review are most encouraging. Whilst there are still some areas for further improvement the overwhelming view was that considerable progress had been made and that the casework quality was generally far higher than it had been when the inspection took place in 2015.

The last year was also notable for the introduction of AssetPlus which represents the most significant change to youth justice assessment methodology since the creation of the Asset framework seventeen years ago.

### **The Charlie Taylor Report**

In December 2016 the Report into Youth Justice commissioned by the Ministry of Justice (MoJ) and carried out by Charlie Taylor was published. The key findings and recommendations which have been taken on board by the MoJ are:

- Health, Social Care and Education need to intervene earlier, before offending occurs.
- Devolving responsibility for youth justice to local authorities will enable the support services to be aligned.
- Practitioners will be judged by the outcomes they achieve rather than the procedures they follow
- Youth custody will be provided through a network of secure schools commissioned through regional consortia of local authorities.
- Contact with the criminal Justice system can 'taint' young people so that they actually become more likely to offend.
- The key factor in helping young people not to reoffend is the quality of the worker.
- Magistrates need to have much greater, more active role in tailoring plans for young people and holding the parent, child and agency to account.
- Reduced numbers of young people in the system and reduced funding means local authorities are now having to think about new delivery models
- An unintended consequence of having specialist YOTs is that the other agencies step back, so that YOTs are often unable to bring about the very contributions from other agencies which they were set up to do
- Some areas have brought Troubled Families and YOTs together as the overlapping criteria mean a joint response is essential.
- The YOT model can be adapted locally to bring about better co-ordination such as by co-locating with children's services.
- YOTs have merged across local authority boundaries to achieve economies of scale.
- A narrow criminal justice response is insufficient for those still left in the system.



- CAMHS often does not intervene early enough so the child / young person offends and a criminal justice response is then required. Outreach is a much more useful model for CAMHS service delivery

A key priority for Doncaster YOS management Board and management team during 2017/18 will be to implement the Taylor Report recommendations within the local context. However, the Doncaster YOS is already doing many of the things the report calls for. A key example is the way in which the YOS is closely aligned and integrated within the Targeted Youth Support Service and the wider Children's Services. This ensures that a holistic approach is taken with children and young people who offend and that they are seen first and foremost as children rather than as offenders.

### 3) Performance against last year's plan

In last year's plan a number of key performance indicators were set to demonstrate the YOS's progress against its strategic and operational goals. This section highlights progress in these key areas and provides narratives to how targets were achieved and what further action may be required to consolidate improvements.

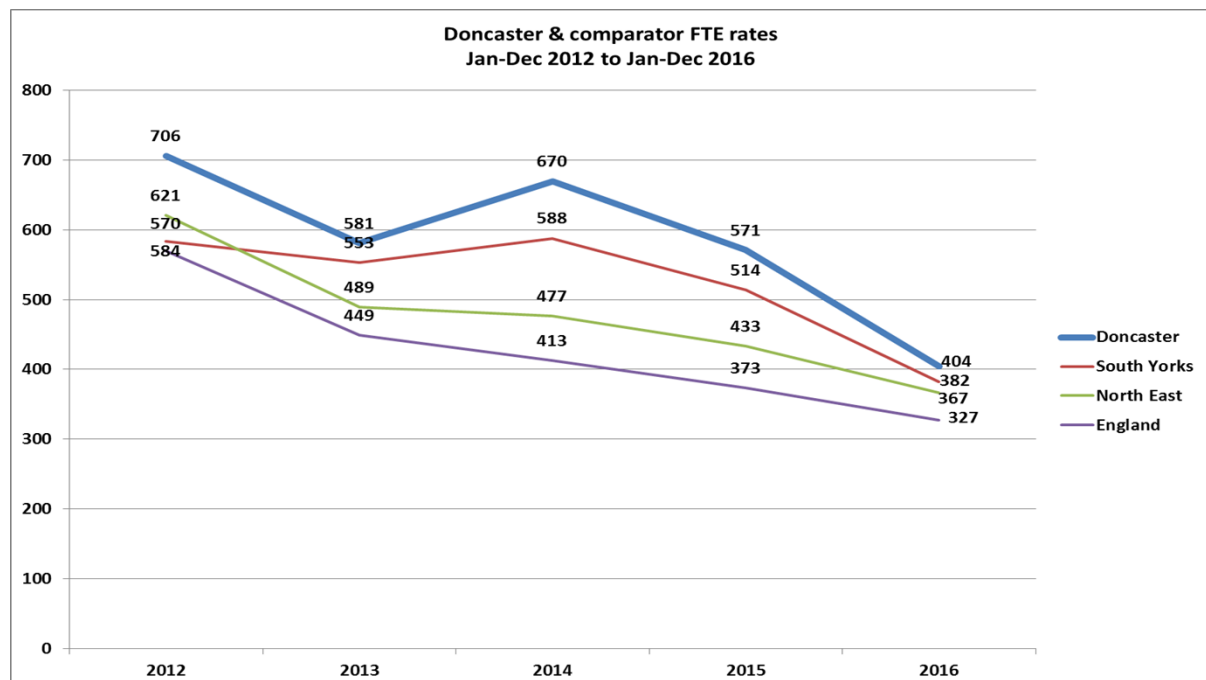
#### Reducing First Time Entrants

Young people who enter the youth justice system for the first time are known as First Time Entrants (FTEs). Entering the youth justice system can have a severe impact on young people's career prospects as they acquire a criminal record which may have to be disclosed to prospective employers. There is also a risk that bringing young people into the youth justice system prematurely can "criminalise" them, such that they start to see themselves as "offenders" and begin to adopt pro-criminal associates and lifestyle. Therefore bringing young people into the youth justice system should be a last resort, taken only when all other viable options for diversion have been exhausted.

In 2015/16 Doncaster had the 5<sup>th</sup> highest FTE rate in England, and South Yorkshire as a whole had the highest rate amongst all policing areas in England. Therefore the 2016/17 youth justice plan for Doncaster set a target of reducing the number of FTEs by 15% in 2016/17 and by a further 15% in 2017/18.

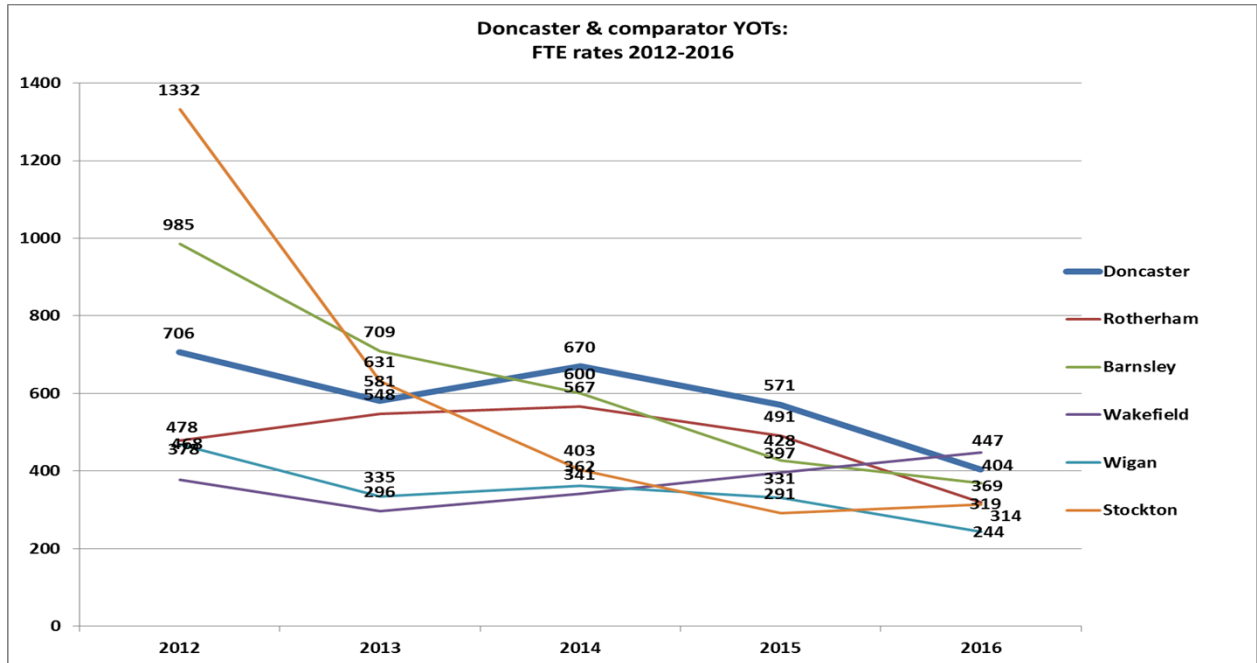
Thus far the strategy for achieving this has been to establish Team EPIC and to provide robust alternatives to Police Cautions, Police Conditional Cautions and prosecutions where young people have begun to offend.

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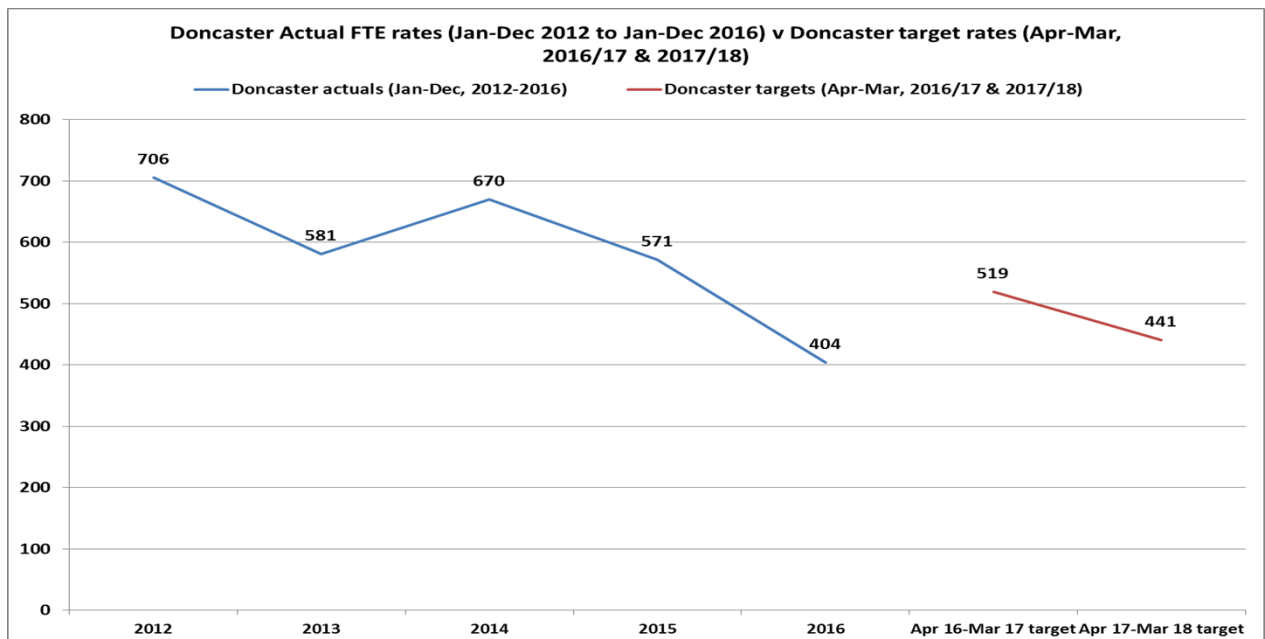
It shows a strong downward trajectory over the last 2 years, although the Doncaster rate is still higher than regional and national averages, because these have also reduced over the period.

The following chart indicates Doncaster’s performance compared with the 5 most similar areas:



Despite significant reduction in the local rate over the last 2 years, Doncaster’s rate remains higher than all but one of the comparator areas.

However, the chart below shows how latest FTE performance compares with the targets set for 2016/17 and 2017/18 as laid out in last year’s youth justice plan:



This shows that we significantly exceeded the target set in last years plan and nearly reached the year two target.

However, if further progress is to be made in reducing the number of FTEs in Doncaster so that it is lower than comparator areas then there needs to be a process change in addition to the availability of EPIC. An analysis has been conducted of all young people who became FTEs in Doncaster during 2016. This analysis is at Appendix A to this report, but a key finding to note here is that a high proportion of the FTEs entered the youth justice system and received a criminal record without ever having been considered for a Community Resolution. Many of them had no previous offences or Community Resolutions and most had only committed low-level offences at gravity score 2 and 3.

It appears that some police officers remain unaware of the triage process and the availability of EPIC as a means of diverting low level offenders away from the youth justice system.

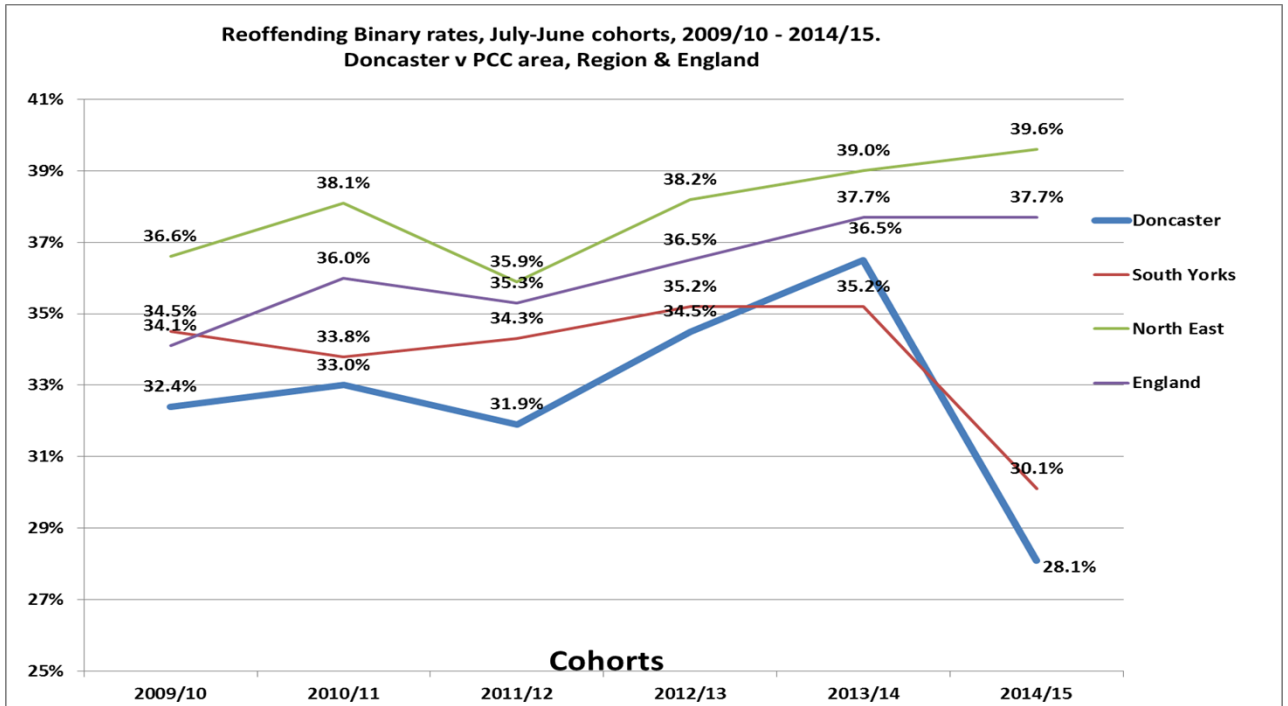
In order to tackle this problem a flow chart has been drawn up showing the way in which all youth cases should be dealt with. If the proposed process is adopted it would ensure that no young person could become an FTE without their case having been referred to and discussed by the Triage Panel. This would ensure that options for diversion are considered in every case where there is an admission of guilt and the young person could enter the youth justice system for the first time.

A meeting was held with the Police and Crime Commissioner and South Yorkshire Police senior commanders in February 2017 and it was agreed that a new triage process needs to be adopted in Doncaster, ensuring that all potential FTEs are referred to and discussed by the triage panel to ascertain whether the young person may safely and appropriately be diverted from the formal youth justice system. Work is now underway to establish the membership and terms of reference for the panel.

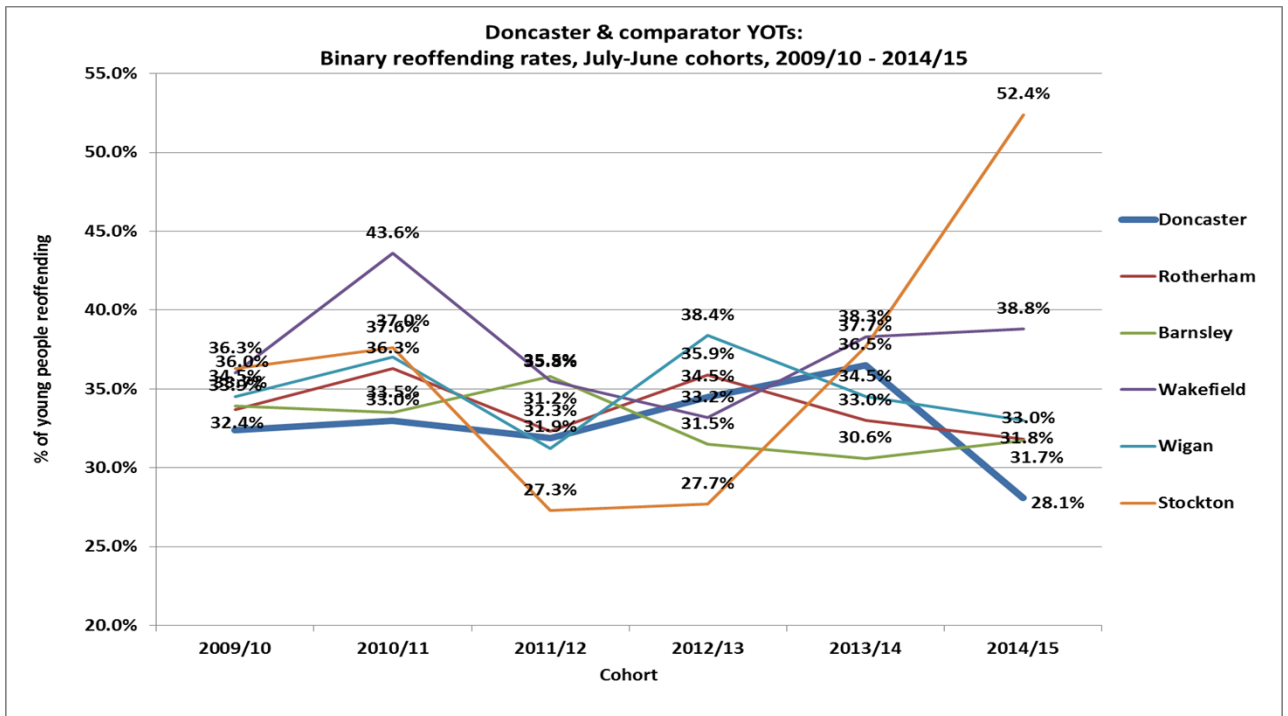
## **Reducing Re-offending**

Reducing reoffending by young people is perhaps the primary reason for YOTs' existence. The measure is based on a cohort of young people receiving pre-court and court-ordered disposals or being released from custody during a 12-month period. Their proven reoffending is then tracked over 12 months from the date of the disposal. To allow for court proceedings to be completed there is a time lag in data being published. This means that the latest official data is for the July 2014 to June 2015 cohort.

The charts below show Doncaster's binary reoffending performance for the last 6 years as against that for the South Yorkshire PCC area, the North East region and England:



The chart below shows how Doncaster's binary reoffending rate compares with that for the most similar areas:



With a binary rate of 28.1% Doncaster now has the 4<sup>th</sup> best reoffending rate amongst all YOTs in England.

It should be noted that over the last decade the numbers of young people in the national and local cohorts has reduced by around two thirds. This means that those young people remaining in the cohort have, on average, far greater needs and risks than those in earlier cohorts, and thus the likelihood of their reoffending is higher. Given that context, these results are particularly encouraging.

However, the activity to produce these results took place between one and two years ago and the results of the work the YOS is doing now will not be known for another 2 years. In order to improve the reoffending rate of those young people in the current cohort (2017/18) we are using the YJB Reoffending Live Tracker. This includes all the young people in the cohort (whether currently on the YOS caseload or not) and enables a strategic view to be taken, looking at trends but also enabling us to ensure that young people get the right intervention at the right time to prevent them from reoffending or at least to reduce the frequency if they have already begun.

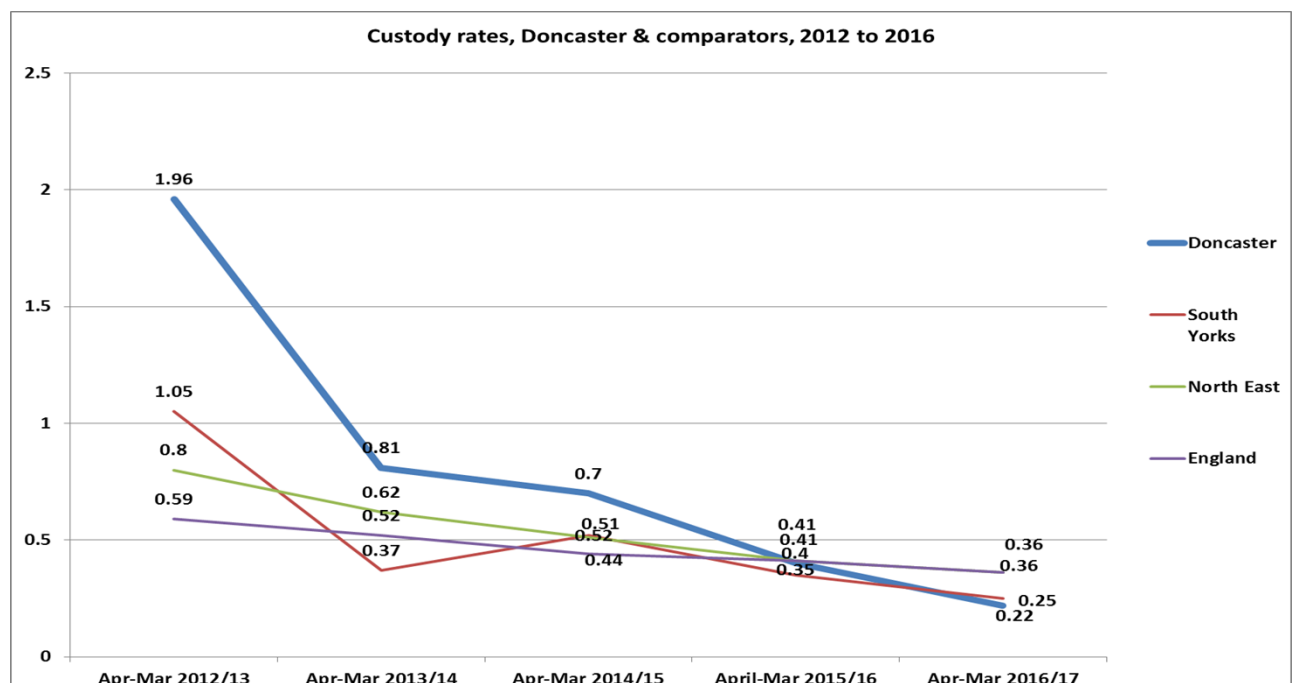
### Reducing the use of custody

The YOS set itself an aspirational target of reducing the numbers of young people going to custody to the national average of 0.37 per 1000 of the 10-17 population in 2016/17. This was to be achieved by improving the confidence of the courts in the community based alternatives to custodial sentences offered by the YOS.

Outcome: Doncaster’s achieved a custody rate of 0.22 per 1000 of the 10 to 17 population for 2016/17, well below the target set.

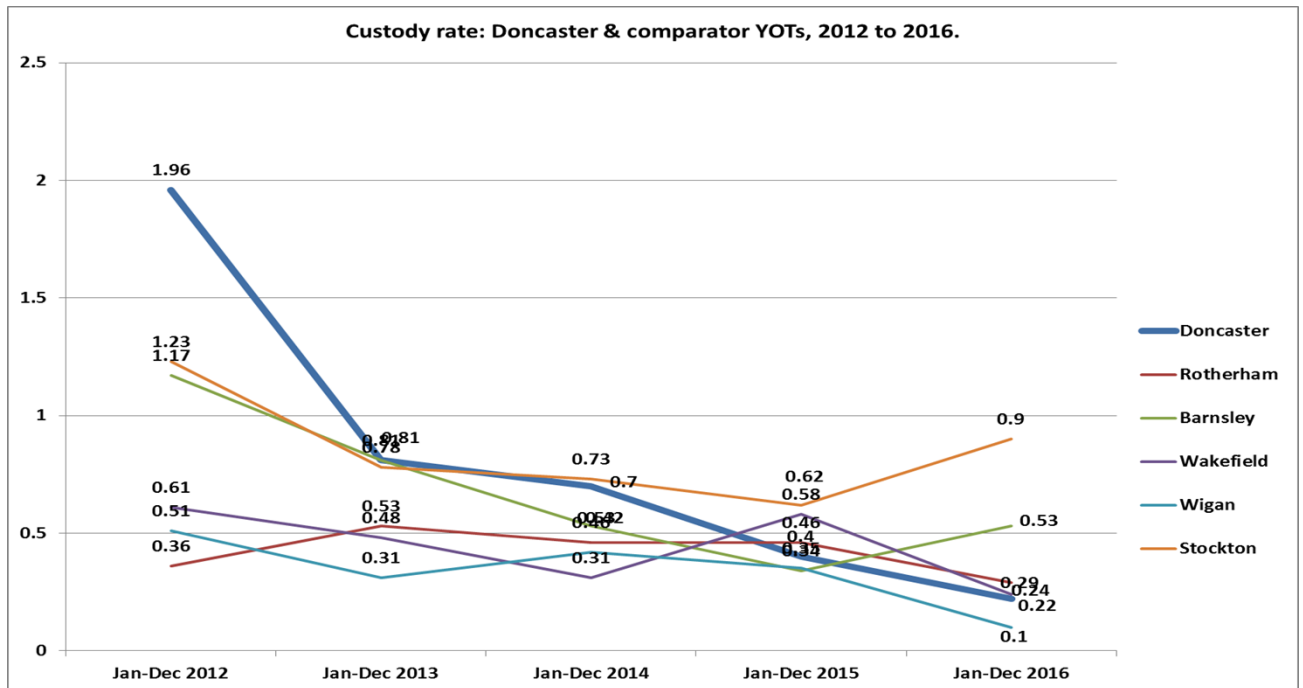
In real terms, this represents a reduction in the number of custodial sentences from 11 in 2015/16 to 6 in 2016/17.

Doncaster’s custody performance against comparator areas is shown in the charts below:



This shows that having been an “outlier” with a rate well above those for the PCC area, region and national in 2012 and 2013, Doncaster is now performing better than the South Yorkshire PCC area, the North East region and England as a whole.

The following graph highlights Doncaster’s custody performance compared with that for the most similar YOTs:



Again this shows that having had by far the highest rate amongst comparator YOTs in 2012, Doncaster now has the 2<sup>nd</sup> lowest. This is testimony to the confidence the local courts now have in Doncaster YOS’s community-based alternative to custodial sentences.

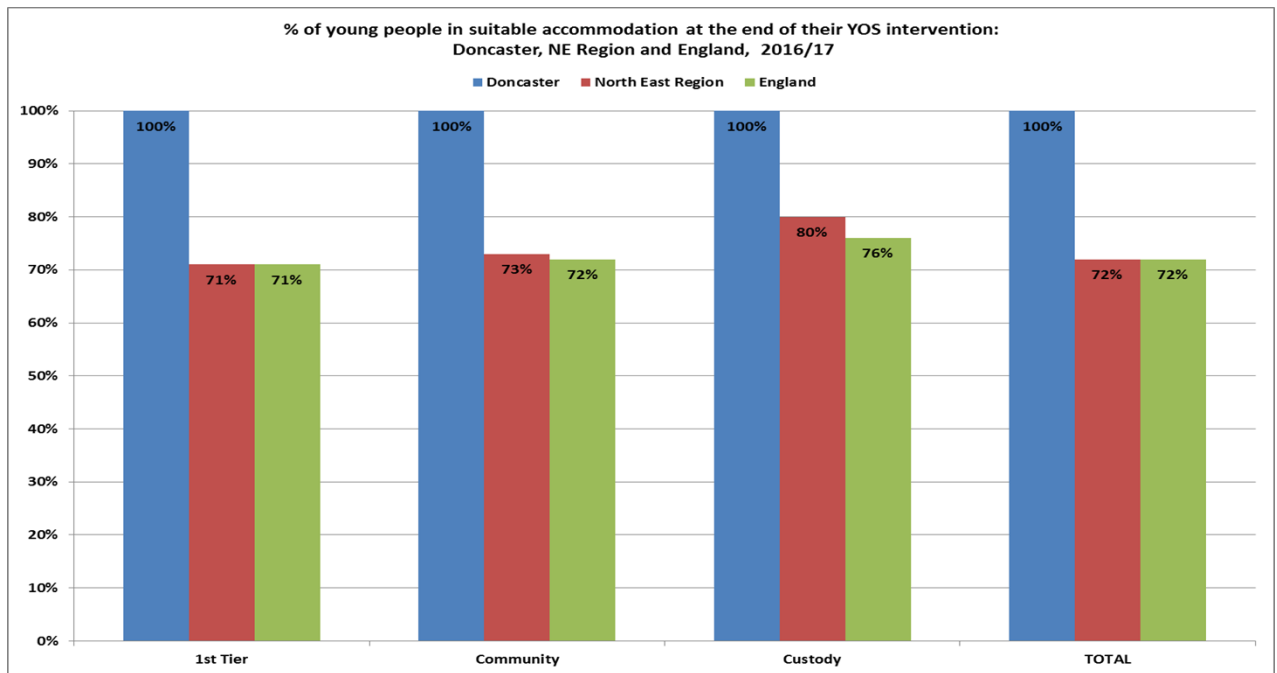
Ensuring Young People who offend are in suitable accommodation and in appropriate full-time education, training or employment at the end of the order

If young people are to avoid reoffending then it is crucial that they are in appropriate accommodation and in appropriate education, training or employment by the time they come to the end of their YOS intervention.

**Accommodation:** the target set in the 2016/17 youth justice plan was for 100% of young people to be in suitable accommodation by the end of their court order.

The strategy for achieving this has been for the YOS to continue to develop good professional relationships with partner agencies such as YMCA who notify us when they have vacancies coming up; case managers are proactive in supporting young people to access this support by attending interviews with them. The YOS are also represented at Homelessness Partnerships meetings which involve DMBC, St Leger Homes and charitable organisations, so that we are aware of changes to policy and procedure and can make wider links with specialist support. We also work closely with Children’s Social Care and offer family support so that where appropriate young people can remain at home, or with wider family members or in their social care placements.

The chart below shows this 100% target has been achieved in 2016/17. The North East region and England as a whole only achieve just over 70% of young people being in suitable accommodation at the end of their court orders.



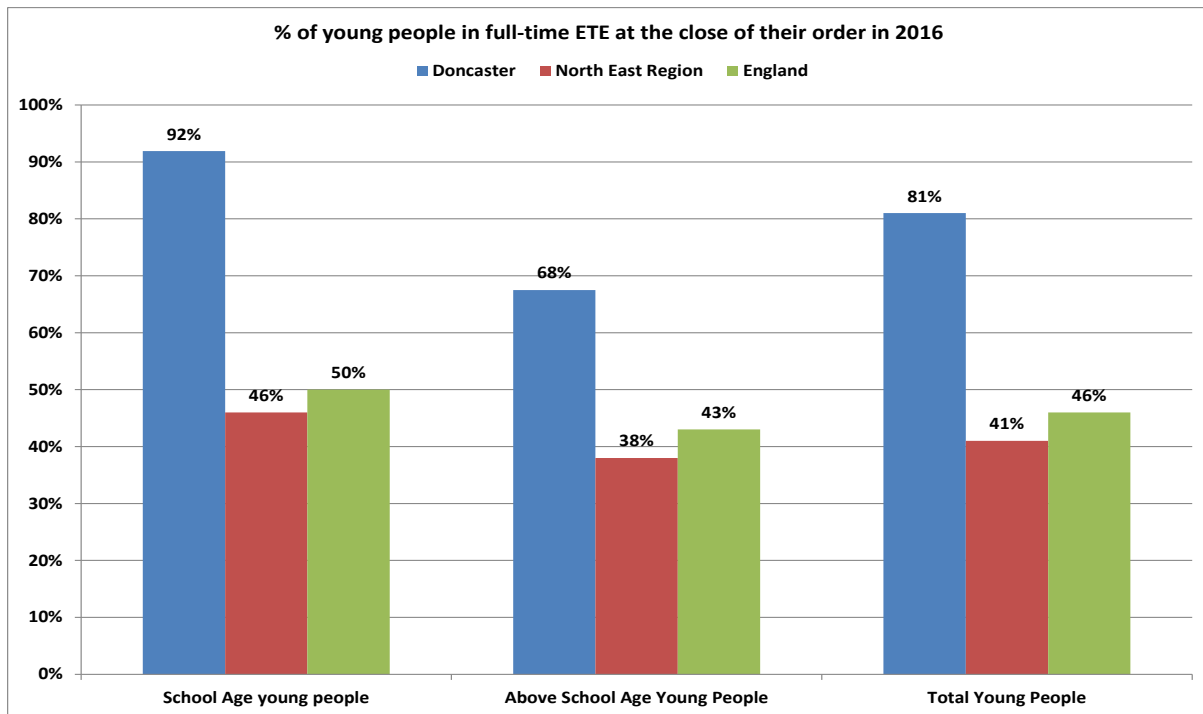
**Education, training and employment (ETE):**

Again the YOS set a very aspirational target of 90% of all young people being in suitable ETE provision on the final day of their order.

The Doncaster YOS has a particularly strong ETE offer for both school-age and post-16 young people. Strong links exist with local secondary schools and academies, Doncaster College and Wetherby Young Offenders Institution, with whom working protocols are in place, which are frequently reviewed. This is further supported by the maintenance of positive professional relationships. In order to advocate on behalf of some of our more challenging young people, the YOS Education Co-ordinator is a standing member of the secondary inclusion panel and the Head of Service sits on the strategic education board.

The graph below shows how Doncaster YOS performed against this demanding target in 2016 and how this compares with performance across the region and England.





This shows that the target was achieved for those young people of school age. However there is still some way to go for those over school age, and this brought the overall figure down to 81%. Doncaster has far better rates than the region and England for both school-age and post-16 young people.

The Doncaster YOS has a particularly strong ETE offer for both school-age and post-16 young people. Strong links exist with local secondary schools and academies, Doncaster College and Wetherby Young Offenders Institution, with whom working protocols are in place, which are frequently reviewed. This is further supported by the maintenance of positive professional relationships. In order to advocate on behalf of some of our more challenging young people, the YOS Education Co-ordinator is a standing member of the secondary inclusion panel and the Head of Service sits on the strategic education board.

#### 4) Strategic Objectives for 2017/18

The key priorities of the Youth Offending Service in 2017/18 are:

- reducing the number of first time entrants into the youth justice system
- reducing the proportion of young people re-offending and the number of offences they commit
- reducing the use of custody and
- keeping young people and communities safe.

The following sections highlight the key work which the Youth Offending Service will undertake to achieve these aims.

##### Preventing young people from entering the youth justice system

Although according to the latest data (for October 2015 to September 2016) the number of first time entrants has reduced by 29.2% compared to the same period the previous year, Doncaster's rate remains higher than all comparators in terms of young people entering the criminal justice system.

Preventing offending is integral to our shared vision of Doncaster becoming the best place to grow up in Yorkshire. Doncaster Children's Services Trust and its partners are keen to ensure that Doncaster becomes and remains a positive place to live, a place where young people are safe, nurtured, healthy, achieving, active, respected, responsible and included.

We believe that as far as possible children and young people should be kept out of the Criminal Justice System because bringing them in too quickly can criminalise them and it gives them a criminal record which can blight future prospects. That is not to say that early offending should be ignored. Where offending does take place, good quality assessments leading to effective and timely interventions are needed to address that behaviour and its causes.

We take a whole family and child-centered, preventative approach focused on the following outcomes:

Helping ensure communities are safe from crime and disorder

Improving life chances for children and young people involved in or at risk of offending

Enabling all children and young people to be confident individuals, effective contributors, successful learners and responsible

Prevent first time entrants into the Youth Justice System

Families have a crucial role in supporting children and young people who begin to offend. Team EPIC will work in partnership with families, recognising that they will remain in place long after the professionals have completed their interventions and therefore are key to sustaining change in young people's lives. Without harnessing the support of parents and families we are unlikely to bring about enduring improvements in young people's capacity to avoid offending.

Children may need help to take responsibility for their decisions and actions in line with their stage of development and understanding. Most children and young people who offend will mature into responsible adults.

Research shows that early intervention is central to preventing youth crime. The most cost-effective way to reduce youth crime is to prevent young people from getting into trouble in the first place. Preventing youth crime brings about huge savings of economic and social costs.

Local Authorities bear the largest share of the cost at £6.5 billion followed by welfare system at £3.7 billion and the NHS at £3 billion. There are also high long-term costs to young people committing crime because we know that crime is associated with a range of poor economic and social outcomes. Preventing youth crime can therefore reduce these economic and social costs. We can achieve this by dealing with those problems that make it more likely young people will commit crime or anti-social behaviour.

£3,620: Estimated average cost of a first time entrant (under 18) to the criminal justice system in the first year following the offence.

£22,995: Estimated average cost of a first time entrant (under 18) to the criminal justice system, nine years following the offence

£113,000,000: Estimated savings if one in ten young offenders were diverted toward effective support

It is against this backdrop that Doncaster Children’s Service Trust along with key partners, young people and families have co-designed our first **Youth Crime Prevention Strategy**, which will contribute to preventing children and young people in Doncaster from becoming involved in criminal and anti-social behaviour.

Team EPIC is central to this strategy by offering a robust programme of intervention for children and young people who would otherwise be issued with a caution, conditional caution or prosecuted and thereby brought into the formal youth justice system. By deploying this approach, Team EPIC aims to achieve a 15% reduction in first time entrants in 2017/18

Performance Indicator	Out Turn 2015/16	Target 2016/17	Target 2017/18
First Time Entrants (FTE) PNC rate per 100,000 of 10-17 population YJB data. The number of first time entrants to the youth justice system. This comprises young people who receive a Police Caution or a Sentence.	571	485	412

As can be seen from the data in the previous section, good progress has already been made in reducing the FTE rate in Doncaster, with a rate of 404 for the calendar year 2016 (so the rate is already lower than the targets for the financial years 2016/17 and 2017/18). This success has been largely through the inception of EPIC, giving the police a further option in dealing with young people outside of the formal youth justice system.

However, in order to contribute to the vision of Doncaster being the best place to grow up in Yorkshire, there now needs to be a system-change in the way decisions are made regarding which young people need to be cautioned / charged and who can be safely diverted from the system.

Currently in the vast majority of cases it is the police alone who decide whether young people who have never previously been in the youth justice system but

have now offended should be cautioned, taken to court or diverted from the system altogether. This restricts the ability of the Partnership to reduce the number of first time entrants and is out of kilter with practice across England and Wales.

This issue was discussed with the Police and Crime Commissioner for South Yorkshire along with senior officers from South Yorkshire Police in February 2017 and it was agreed that a Diversion Panel should be established comprising officers of appropriate seniority from South Yorkshire Police and the Doncaster Youth Support Service meeting weekly to discuss cases where young people may become FTEs and to decide whether they may be diverted or not. Discussions are currently underway between the Police and the YOS in Doncaster with a view to establishing this panel.

With an effective Diversion Panel in place and a credible and viable alternative disposal available (EPIC) then the prospects of achieving and surpassing the FTE reduction targets in the next year are very good.

### Reducing Re-offending

Reducing re-offending remains a key priority for the YOS. The cohort of young people involved in the youth justice system has reduced substantially both nationally and locally over the last decade. This has resulted in a current cohort of young people who on average have more previous offences, more previous disposals and who are more entrenched in offending than earlier cohorts, and this increases the average likelihood of reoffending, making performance improvement very challenging.

In January 2016 the MoJ introduced an additional measure of frequency of re-offending. As well as the average number of re-offences per offender, known as the 'frequency rate', there is now the average number of re-offences per re-offender.

During 2016/17 the Doncaster YOS adopted live tracking of the reoffending cohort. This is not simply to gain more up-to-date performance data (although this is useful) but also to seek to improve reoffending performance by ensuring the right action is taken at the right time with the right young people to prevent reoffending or at least to reduce its frequency once young people have begun to reoffend.

In order to work effectively with this more challenging cohort, the YOS has adapted its intervention offer to improve outcomes for young people. This has been informed by the recruitment of a trainee forensic psychologist to support

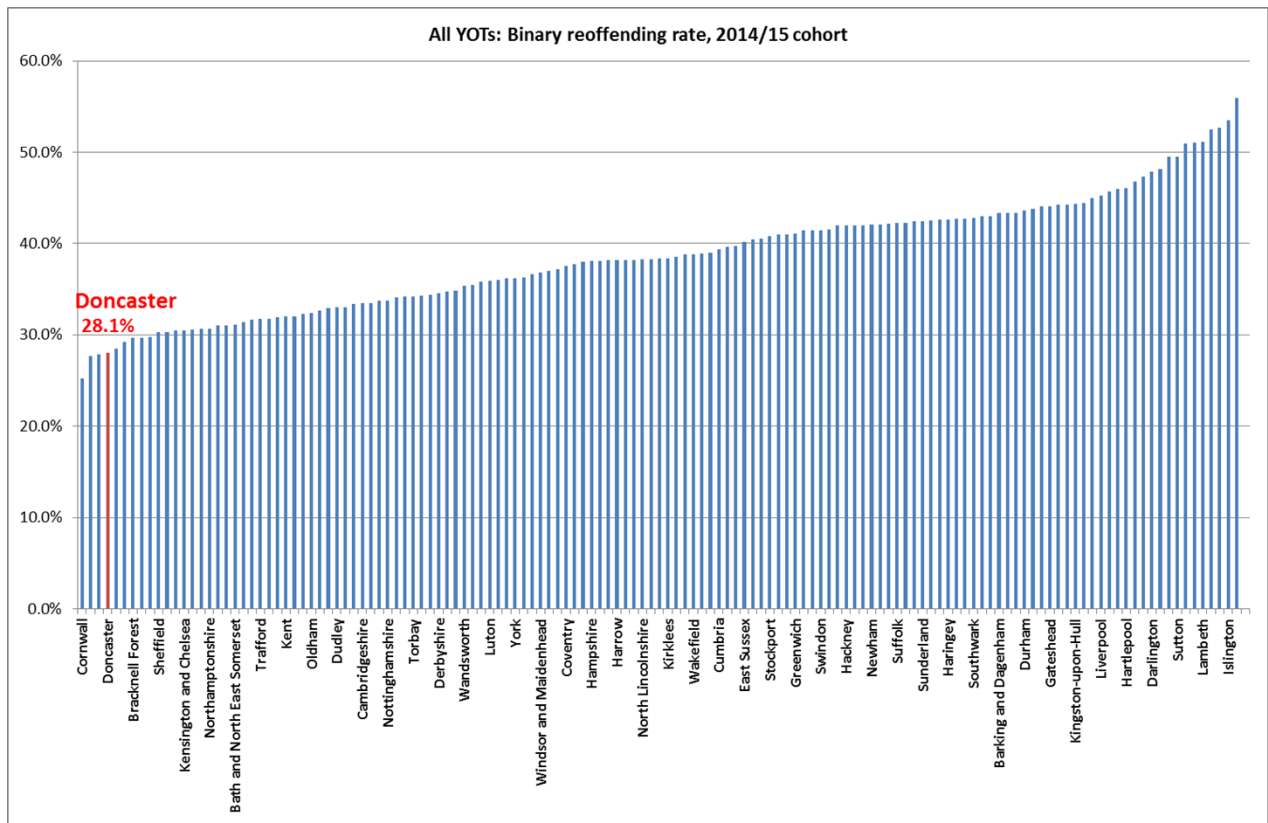
the re-evaluation of existing interventions and create new ones to respond to the challenges identified in the cohort

In addition, the recruitment of a speech and language therapist has assisted the YOS in re-framing the largely language-based interventions that the YOS currently uses with young people. Revising these interventions and providing materials which are more meaningful to young people with speech, language and communication difficulties is increasing their efficacy thereby reducing the number of young people who go on to commit further offences.

In addition to the revised intervention offer the YOS understands the need for the development of a more robust use of intelligence to predict thematic issues arising from the cohort. The subsequent operational changes to practice which are required to address these issues will be pivotal to our success.

In 2016/17 the YOS embedded the use of the YJB's "Reducing Re-offending Toolkit", enabling live tracking of the cohort for the first time. There are now monthly meetings of key managers within the YOS to review the cohort, identify young people who may reoffend, ensure action is taken to reduce this likelihood and to detect overall trends in the cohort membership and issues such as offence types.

For the latest cohort reported on (July 14-June 15) Doncaster achieved a binary reoffending rate of 28.1%, which is the 4<sup>th</sup> best in the country. This is exceptionally good given the association between social and economic deprivation and offending rates. The chart below illustrates this:



In the 2015/16 Youth Justice Plan the reoffending target was to reduce the binary rate from 36.5% to 33.5%. With the latest official data showing a rate of 28.1% the YOS has clearly surpassed this target. However, in setting future performance targets we need to be aware that given Doncaster’s current very good performance there is limited scope to improve further.

There is also another factor which may reduce Doncaster’s scope for further improvement in the reoffending rate. We are determined to reduce the FTE rate and have a clear strategy in place to achieve considerable further reductions. However, reducing the number of young people in the youth justice system will inevitably mean that it is the lower-level, less frequently offending young people who will be diverted, kept out of the youth justice system and thereby kept out of the reoffending cohort. Therefore future cohorts for Doncaster are likely to be smaller but made up of young people who are on average more likely to reoffend than those who were in previous cohorts. Therefore to a certain extent, any success we have in reducing FTEs is likely to put pressure on our reoffending rate.

It is for these reasons that we propose a target of simply maintaining our current binary reoffending rate of 28.1% for the next 2 cohorts.

Performance Indicator	Out Turn 2014/15	Target 2015/16	Target 2016/17
	28.1%	28.1%	28.1%

	cohort	cohort	cohort
Proven binary re-offending rate for cohort members. This is the percentage of young people who re-offended in the identified cohort	28.1%	28.1%	28.1%

It should also be borne in mind that the next cohort (2015/16) has already completed, although the result will not be known until January 2018 – and therefore there is no action that can be taken now to improve the result.

### Reducing the use of custody

Nationally there has been a huge reduction in the use of custody for young people over the last decade. In February 2017 there were 829 young people in custody and this compares with 3,000 in custody 10 years ago. However, Doncaster has been an historic outlier in terms of its use of custody over the past decade, with rates significantly higher than national average. In 2016 Doncaster reduced its rate to be in line with comparator areas.

An analysis has been undertaken of the use of custody for young people in Doncaster during 2015 and 2016 and the report is at Appendix B. The key recommendations from the analysis are that we need to:

- improve our offer to looked after young people who offend. Too many looked after children are unnecessarily criminalised, and some go on to receive custodial sentences.
- develop interventions which are specifically targeted at young people committing offences of serious violence and robbery.
- invite magistrates to view delivery of such interventions in order that they can be re-assured of their robustness.
- ensure breach action is taken when young people fail to comply with their orders in order that magistrates have confidence in community-based disposals, whilst ensuring every effort is taken to re-engage the young person concerned before they are brought back to court.

Changes to operational practice and delivery including the implementation of risk ratification panels, revised risk management procedures, more effective use of engagement panels to intervene with non-compliance earlier and improved quality assurance work undertaken on pre-sentence reports have all significantly contributed to the reduction in young people going to custody.

The following chart outlines PSR congruence rates between YOS proposals and court outcomes. It is inevitable that in some cases there will not be congruence,



particularly where the YOS proposes community disposals for young people who are most likely to be facing a custodial sentence. However, the congruence rate is a general guide to the confidence of sentencers in the reports provided and the community-based options offered by the YOS.

Pre-Sentence Reports prepared for Youth and Crown Court 1 April 2016 - 31 March 2017									
Court Outcome									
Recommendation	Absolute Discharge	Conditional Discharge	Deferred Sentence	Fine	Compensation Order	Referral Order	YRO + Requirements	DTO	Custodial
Absolute Discharge	1					1			
Conditional Discharge		1							
Deferred Sentence						1			
Fine									
Compensation Order									
Referral Order						11		2	1
YRO + Requirements							21	7	
DTO								1	
Custodial									

The table above shows that in 35 out of 47 cases in 2016/17 the Pre-sentence Report proposal was followed by the court. This gives a congruence rate of 74% which is very acceptable and suggests courts have a high degree of confidence in the reports, the proposals and the YOS's community-based interventions. In half of the cases where the proposal was not followed by the court the actual sentence was a custodial, and the YOS always seeks to offer a non-custodial option to the court wherever possible and viable. In only 1 of the 9 custodial sentences in 2016/17 was the proposal for custody.

The Youth Justice Plan 2016/17 set a target for 2016/17 of 0.37 custody cases per 1,000 local youth population. The latest data, for calendar year 2016 gives a rate of 0.33 and therefore the target has already been surpassed, albeit that the known result is for a period one quarter before the period the target was set for.

Having already made considerable reductions in the local custody rate, further reductions may be challenging to achieve. However, Doncaster YOS aims to have a custody rate lower than the national average. In 2016 the average custody rate in England was 0.37 per 1,000 of 10 -17 population and therefore we set a target of 0.30 for Doncaster in 2017/18 and 2018/19.

Performance Indicator	Out Turn 2016	Target 2017/18	Target 2018/19
Use of custody rate per 1,000 of 10 -17 population	0.33	0.30	0.30

### Keeping young people and communities safe

Keeping young people safe is not a role for the YOS in isolation. The work across the Team Doncaster partnership is crucial to ensuring safe outcomes for children, young people, families and their communities.

The YOS has a significant role to play in ensuring this. Following the HMIP inspection significant changes to the safeguarding and risk management policies of the YOS were implemented to ensure the safety and wellbeing of service users was a key priority of operational staff.

These changes included:-

- Police Seconded operating in line with Police national guidance.
- Embedded police IT systems within the YOS to aid more dynamic intelligence sharing on high risk cases.
- New safeguarding and risk management policies and procedures.
- Revised engagement and compliance procedure, capturing non-compliance earlier.
- Implementation of new Risk Panel to ratify assessment decisions.
- Training programme focussed on outcome based risk and vulnerability planning.
- Improved planning processes, planning now done “With” and not “to” children and families.
- New child friendly planning tool introduced as part of AssetPlus
- Voice of the child better represented through the body of the casework, better practitioner understanding of how to capture this
- Use of whole family approaches and systemic family psychotherapy.

This has resulted in service provision that responds more effectively to dynamic risk issues as they occur and allow us to play a significant role in the Team Doncaster response to keeping children safe.

It is recognised that young people engaged in appropriate education, training or employment (ETE) are at a significantly lower risk of reoffending and being at risk of harm. We can report that in 2016 the proportion of young people engaged in appropriate ETE at the end of their YOS intervention was 81%. In the Youth Justice Plan 2016/17 the target set for ETE was 90%, and therefore this has not been met. However, we remain aspirational and therefore the 90% target will be extended to 2017/18.

Another area which the YOS is responsible for is ensuring that all young people have suitable accommodation which meets their needs at the end of their order. We

can report that for the third consecutive year this figure is 100% and we will once again aim for 100% in 2017/18. Our work with partners (most notably St Leger Homes and the Resettlement Consortium), have been pivotal in this performance.

Performance Indicator	Out Turn 2016	Target 2017/18
Percentage of children and young people known to the YOS receiving their statutory entitlement to education or training	81%	90%
Percentage of children and young people known to the YOS in suitable accommodation	100%	100%

### **Prevent and Channel**

As with all areas Doncaster is committed to preventing radicalisation of young people which could result in offending and re-offending

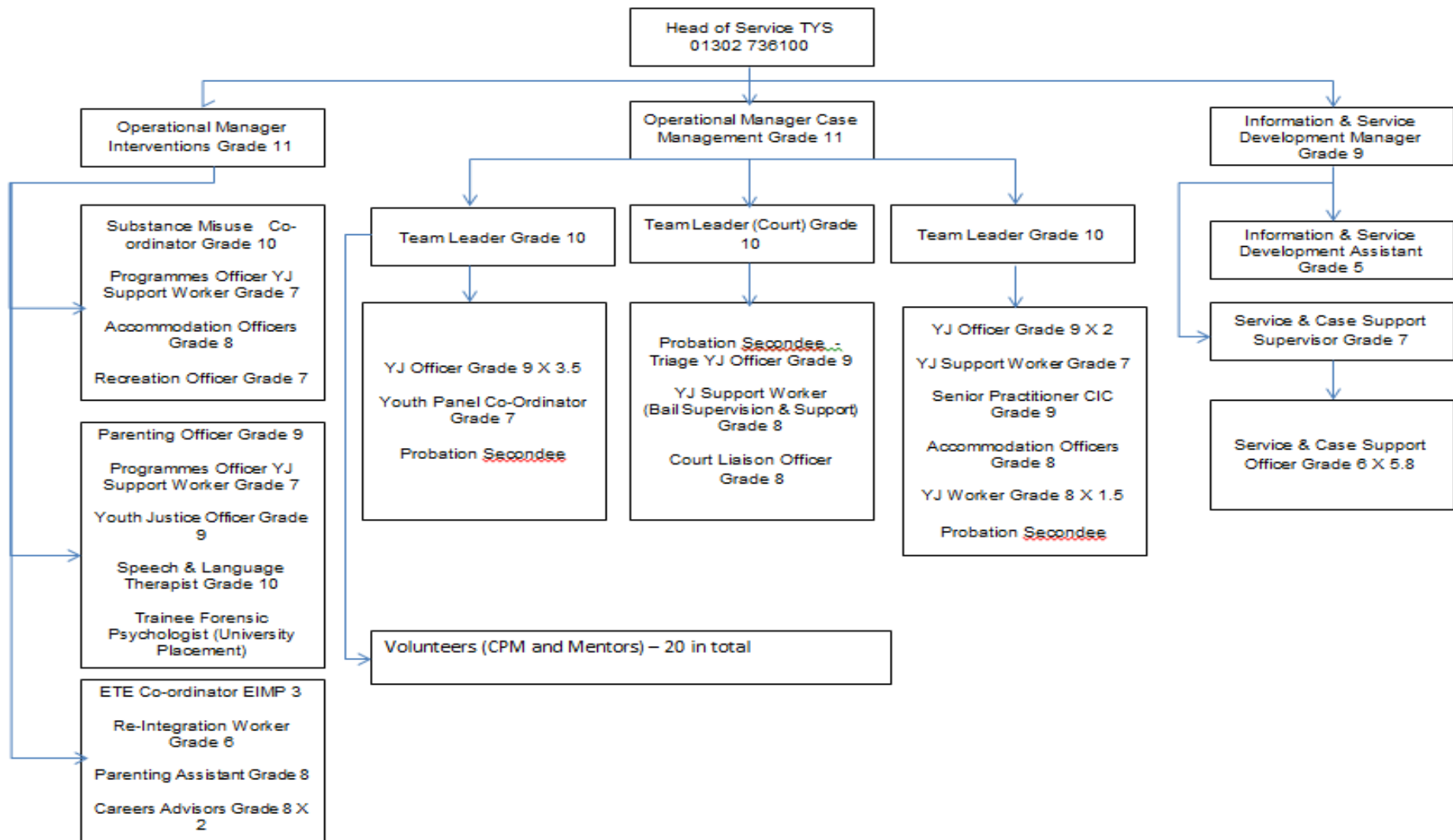
Radicalisation issues in Doncaster are not currently prevalent and the issues which do exist have so far tended to be focussed on far right groups and have mainly involved adults.

To ensure that practitioners within YOS are well sighted on radicalisation issues and the signs to be aware of when undertaking assessments, all operational staff have completed mandatory e-learning models in “ Prevent and Channel”.

Operational managers have undertaken Wrap 3 training which is the standard, Home Office-approved training for practitioners in relation to identifying and preventing radicalisation and extremism and is a key part of the Government’s Prevent agenda.

## **5) Resources and Value-for-Money**

The chart below shows the staffing structure of the Youth Offending Service.



## **Budgets and Variance 2016/17 to 2017/18\***

<b><u>Source</u></b>	<b><u>Cash (£)</u></b>	<b><u>Kind (£)</u></b>	<b><u>Total (£)</u></b> <b><u>2016/17</u></b>	<b><u>Notification</u></b> <b><u>of budget (£)</u></b> <b><u>2017/18</u></b>	<b><u>Variance</u></b> <b><u>from</u></b> <b><u>2016/17 (£)</u></b>
<b>YJB</b>	580,632	0	580,632	582,954	2,322
<b>DCS Trust</b>	930,480	0	930,480	1,003,462	72,982
<b>Probation (Inc. 3 Probation staff)</b>	0	109,218	109,218	109,218	0
<b>PCC cash contribution</b>	152,000	0	152,000	152,000	0
<b>Health (Inc. seconded Speech &amp; Language therapist and CAMHS)</b>	57,348	67,832	125,180	125,180	0
<b>Police (seconded Police Officers)</b>	0	132,126	132,126	132,126	0
<b>JACs</b>	21,367	0	21,367	21,452	85
<b>Totals</b>	<b>1,741,827</b>	<b>309,176</b>	<b>2,051,003</b>	<b>2,126,392</b>	<b>75,389</b>

\* Please note that these figures may change slightly depending on the outcome of pay award negotiations

As with all Youth Offending Services, Doncaster has experienced significant cuts in the Core Youth Justice Grant as part of the package of savings which the Ministry of Justice has been required to make.

Doncaster YOS is committed to continuous review of its provision to ensure it offers a quality service to young people in the borough whilst ensuring value-for-money.

It is nationally recognised that more than 60% of young offenders have speech, language and communication needs. It is therefore safe to assume that any young person being supported by the Youth Offending Service has communication needs until proven otherwise. The impact this has includes:-

- Many young people have difficulty understanding vocabulary commonly used in the justice system and in courts, such as the words “remorse”, “victim” and “breach”.
- Offender treatment programmes are largely verbally mediated. Evidence shows that around 40% of offenders find it difficult or are unable to access and benefit from verbally mediated interventions such as anger management and drug rehabilitation courses.

Consequently the recruitment of a speech and language therapist, coupled with training operational staff in ELKLAN, a method of assessing and understanding speech, language and communication skills will allow the YOS to work more effectively with a range of young people involved in the youth justice system.

In addition, the YOS has entered into regional commissioning arrangements with REMEDI for provision of restorative justice, victim and reparation services and with The Junction, in terms of specialist interventions for young people presenting sexually harmful behaviours. This has saved the YOS in excess of £25,000 without reducing the intervention offer to children, young people and their families.

The Management Board can be assured that the YOS will continue to seek opportunities to develop its service provision to mirror those deployed in exemplar services, but with a creative approach to sourcing and funding these provisions, which we believe demonstrates strong financial governance in a climate of fiscal uncertainty.

### **Grant Funded Activities**

The core YOS grant from the YJB along with the funding from other partners is used for all direct delivery activities, the largest proportion of which is allocated to fund the staffing establishment. However it should be recognised that the majority of the contribution from partners is an “In Kind” resource in terms of the provision of staff as listed in the table above.

In addition part of the YJB Core Grant is used to fund restorative justice provision and an appropriate adult scheme, which is commissioned on a regional basis with the providers REMEDI and SOVA respectively.

Doncaster YOS continues to offer a Junior Attendance Centre, and this is now staffed from the core YOS establishment as this provision becomes more closely aligned with core delivery.

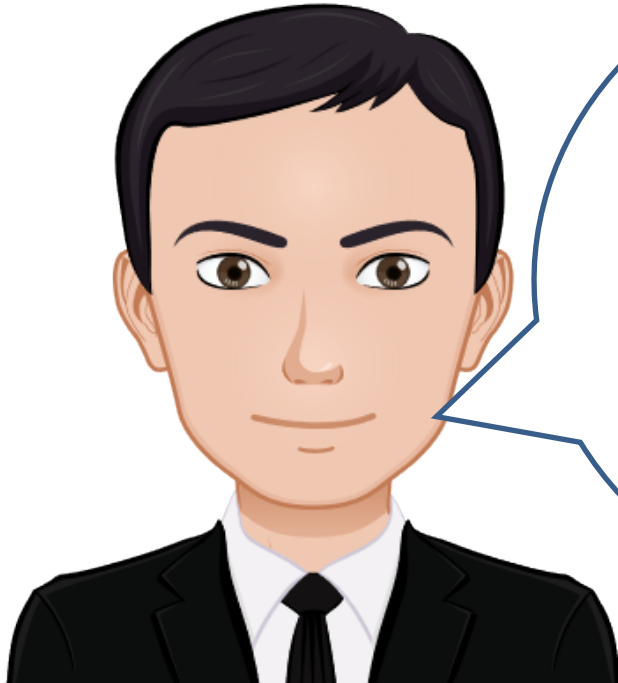
## 6) Young People's Youth Justice Plan



*Targeted Youth Support Service  
Doncaster Youth Offending Service  
Young People's Youth Justice Plan 2017/18*

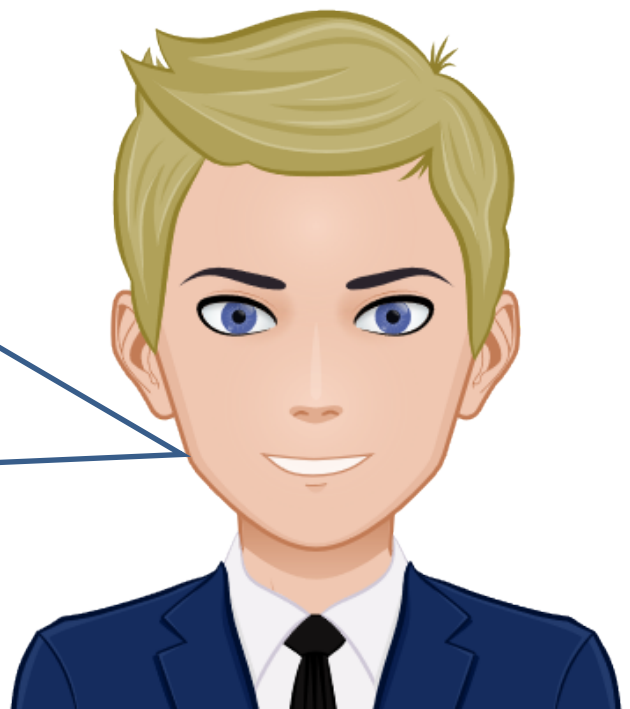


## Meet the team

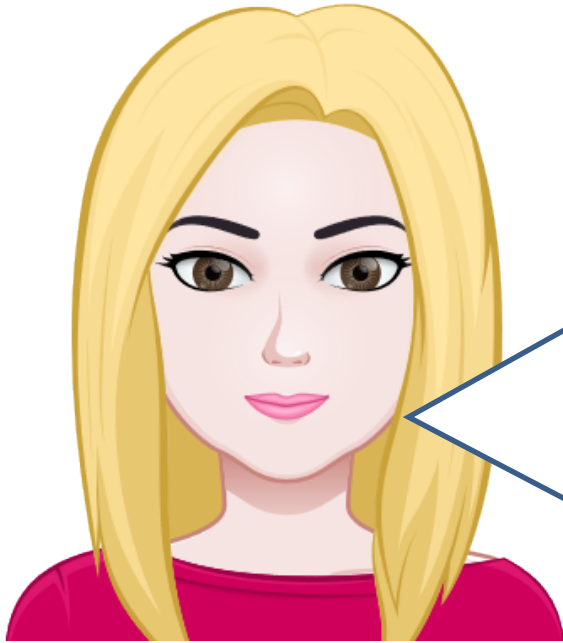


Hi, I'm Mark Douglas. I'm chair of the YOS Management Board. That's a group of people that keeps track of what is happening in YOS and makes sure that Andy and his team do what they say they are going to do. It's important that what you think and feel about the YOS helps shape the service in future, so if you think we can do things better then let Andy know and I'll make sure the Board thinks about if it can be done.

Hi, I'm Andy Hood. I'm the Head of Service, it's my job to make sure that the YOS has everything it needs to give you a good service. It's my job to write this plan. I manage Helen and Kathryn and make sure that you are getting all the help you need to stay out of trouble and lead a happy and healthy lifestyle. If you think we can do anything better at YOS you need to let me know and I'll look into it. If we can do it, then we will; if we can't then I'll let you know the reasons why.



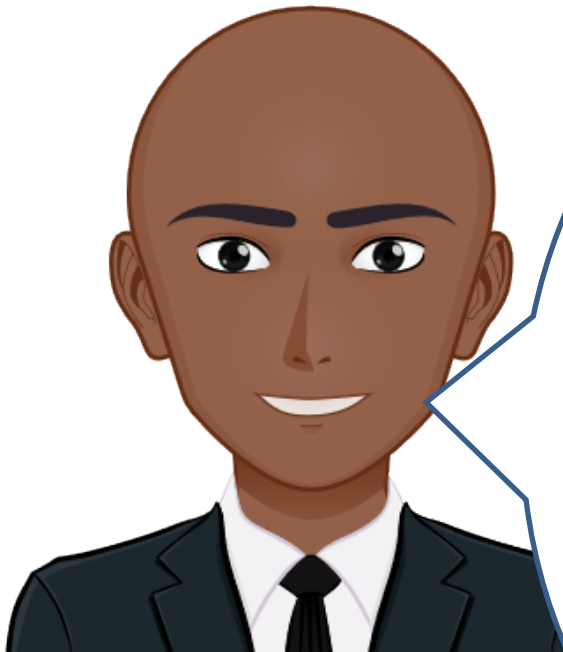




Hi, I'm Kathryn West. I'm the Operational Manager of the Court and Case Management Team. It's my job to make sure you are safe and that you don't harm yourself or anyone else. I manage the Youth Justice Officers who work with you on a day to day basis and who write your Pre-Sentence Reports and do your assessments. It's my job to make sure these are of a good quality and help you to make plans that will keep you out of trouble. If you are not happy with something that is happening on your order then you need to let me know and I will look into it and let you know if there is anything we can do better.

My name is Helen Jones and I'm the manager of the Interventions Team; what I do is manage a group of people who can help you with a whole range of stuff so if you are on a Court Order or YCC you might have help from; a careers advisor, support to attend school, substance misuse worker or support with feeling low, or if you feel like harming yourself. You might also want to meet with a family worker who helps you and your mum, dad or carer to get along better. You might also be asked to attend a group programme to look at the way you deal with situations and how different people are affected by crime. Together we make up the Interventions team and we will work with you and your YOS worker to help you improve things in your life so that you don't get into any more trouble and are happy and healthy.





My name is Marcus Isman-Egal, I'm the programme lead for Team EPIC. As a team we bring creative learning to life! And it all starts with a Yes. My team can help you with lots of different stuff and can get you involved you in things like sports, music, dance, media, the world of work, enterprise, volunteering and helping you stay focussed on the things that are important to you.

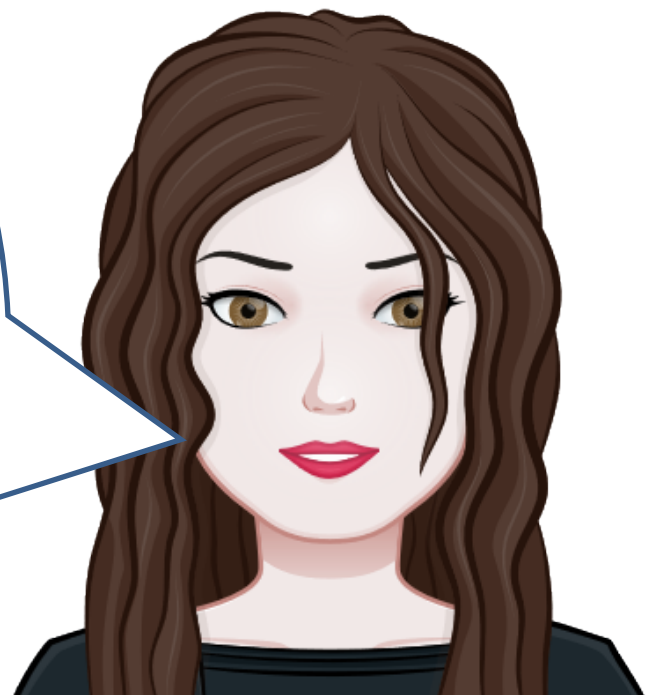
If you have got in trouble with the Police for the first time, or you feel like you might, then we are the team that will help you get back on track.

As they say a belly laugh a day keeps the doctor away, we're a fun bunch and enjoy creating positive learning opportunities that can help you move away from things that might be causing you to get into trouble and help you unlock your true potential.

My name is Jean Clarke, and I am a Systemic Family Psychotherapist which simply means a person who talks to families about their thoughts and feelings. Talking together with your family or on your own can help you manage and cope with:-

- Feelings and thoughts that you don't understand and are difficult to handle.
- Feeling physically unwell or low.
- Difficult experiences.
- Being able to talk to you and your family about difficult situations or arguments between you and your parents.

We also work with you and your family to keep you safe and out of harm.





Hi I am Rachel Ely Hiscock one of three police officers work at the YOS. Our police officers do not wear their uniforms (most of the time) to help build positive relationships with you so that you are not put off by our uniform and see us as people who are here to help you.

It's our job to protect you from becoming victims of crime, safeguarding you against people who might want to cause you harm and help you to achieve positive outcomes. We will offer you positive encouragement but also explain consequences of your behaviour and what further offending might mean for you. Sometimes we might have to pass information you may give us to our police colleagues to protect you and your family in the community.

### What is the YOS and what does it do?

The YOS is a multi-agency team of professionals. That means that people from different areas of work come together to try and help you to stay out of trouble and lead happy, healthy positive lives. Some of the people who work here are social workers, probation officers, police officers and there are lots of others from different areas of work, all here to help you.

We work with young people who have got in trouble for the first time, through Team EPIC




(remember Marcus, he's the manager of that team) we also work with young people have got in trouble more than once and have got a Court Order. We also work with young people who have either done something very serious or have got into trouble several times



and have ended up going to custody (remember Kathryn, she's the manager of that team). Although we try everything we can to make sure that doesn't happen to you,


Kathryn's  team will write reports to the Court about why you got in trouble and what


help you might need to get back on track. Kathryn's  team are helped by doing assessments about you, your family and your needs. These assessments are called ASSET Plus and you can ask to see yours anytime you want.


We know that everyone needs a bit of help sometimes, including you. We can help with lots of different things in your life; this might be help at school or finding a job, help at home if things aren't going well for you, helping you find somewhere safe to live if you need it and help with stopping using drugs or alcohol. We have a team of people of can work with you to

make these things in your life better (remember Helen , she's the manager of this team).

Every year the YOS has to produce a plan to say what it's going to do to help young people. This is the first year though, that we have produced a plan for you. We think you should know what we are trying to do and why we are trying to do it.

This plan is written by Andy (remember Andy , he's the Head of Service) its Andy's job to look at what happened last year and to make plans for this year to make sure that you all have everything you need to stay out of trouble and lead safe, happy lives. For example last year lots more young people in Doncaster got in trouble for the police for the first time

than they had before. This means that Mark (remember Mark , he's the chair of the

management board) looked at what was happening and told Andy  he needed to do something to make sure this didn't happen again. So we created Team EPIC, who will work with you if you have got in trouble for the first time making sure there would be lots of people who could help you back on track and have some fun doing it as well.

So that's what the YOS does. It helps you with lots of different things, and hopefully stops you getting into trouble with the police again.

### **What are trying to do this year?**

There are things that the YOS has to report on to the government; these are called performance indicators. What that means, is it is a measure of how well we are doing in different areas to help you to stay out of trouble.

The most important of these are:-

First time Entrants - All this means is the number of young people who get in trouble for the first time. It's important that we stop as many young people as possible getting into trouble and if you get into trouble it's our job to make sure that this doesn't happen again. That's why we created Team EPIC.

In the last few years more young people have got into trouble for the first time in Doncaster than in other places.

If you get into trouble now, Team EPIC will help you get back on track. You might have to do some programmes to help you understand the consequences of what you have done for you and your family, but also there will be lots of fun stuff for you to do including sports, dance, music and meeting other young people interested in the same things as you.

This year we want 15% less young people getting into trouble than there were last year and a further 15% next year. What that means is if 20 young people got in trouble last year, this year we hope that number of young people will only be 17.

If you get the chance to go onto Team EPIC, we think they will help you with whatever you need to get back on track and that you will have some fun whilst you are doing it. If you think things can be done better in Team EPIC then let Marcus



know. What you think is important to us and makes us better at helping you.

Reducing Re-Offending - All this means is bringing down the number of young people who commit another offence after getting a court order or becoming part of Team EPIC.

We do very well in Doncaster in helping you not to get in trouble again after you start working with us. Last year the number of you getting into trouble again after starting to work with us went down massively, from over 4 in 10 to less than 3 in 10! That looks like a small number, but it's a lot in youth justice terms.

We are really pleased with this and if you stick to your order you can really help us bring this number down even more.

We know that quite a few of you have trouble with speech, language and understanding things. We know it's hard when you don't understand something and sometimes you don't want to ask because you don't want to feel different from other young people. Sometimes this means you stop coming to the YOS or you don't ask for the help you need. To try and make this better we are going to employ a speech and language therapist to help you. This is a person who is good at explaining things in different ways so that you understand and it makes sense to you. We think this will help some of you do better on your orders and stop you getting into more trouble in the future.

We also know that sometimes the help we offer needs to change to meet your needs. Some of our programmes to help you, like the Core Thinking Skills Programme, have been around for quite a while. We think that these programmes need to be looked at again, so we have now got a trainee forensic psychologist to help us. This is a person who is good at looking at different problems and coming up with good ideas to make things better. They are also good at talking to young people who might be confused about some of the things they are thinking or feeling and helping to make sense of their ideas. This person is called Jodie, and Jodie will look at our programmes and see what needs to change. Jodie will talk to you about what you think about the programmes and make changes based, in part, on what you say.

We want to know what you think about the help you get from YOS so if you have any



ideas about how we can do things better then speak to Kathryn .

**Reducing the use of custody-** All this means is bringing down the number of you that end up getting a custodial sentence. In Doncaster we used to have a lot of young people going to custody, more than in lots of other places. Last year we did our best to change this and the number of young people going to custody was the lowest it's ever been.

We don't think going to custody is good for young people, but sometimes you might do something so serious that the Court decides that you have to.


We will try everything we can to stop this happening. That might mean you getting an Intensive Supervision and Surveillance (ISS) order that means you have to come here every day and do lots of different things, like going to school or training, going on programmes and doing in activities. We promise that if this happens to you we'll try and make sure that everything you do is helping you and that you feel it means something.

What is important is that you keep coming to appointments, because if you don't, you might get sent back to Court and sometimes this can also mean going to custody.

We are now just below the national average for the number of young people going to custody. This means that if you live in Doncaster your risk of getting a custodial sentence is a bit lower than if you lived anywhere else in the country. We think we can do better and some of the things we mentioned earlier like employing the speech and language therapist and Jodie, the trainee forensic psychologist, will also help some of you not to get in trouble again and bring down the chances of this happening to you. Next year, it's our aim to be in line with the national average or, hopefully, even better.

Keeping young people and Communities Safe - This is the easiest one to explain, it's our job to make sure you are safe. Sometimes there are people who might try and harm you, sometimes you might feel like or, even actually, harm yourself and sometimes the things you do might harm others.

To stop somebody harming you we have police officers who work here, who will help protect you and your family if somebody threatens you or tries to harm you


(remember Rachel , she's one of our police officers). You can ask to see one of our police officers anytime you want.

Sometimes our police officers might have to share information about you if you are doing things that might harm you or someone else.

Sometimes if you are harming others your case manager will have risk management meetings. These look at what more support you might need from Helen's team to stop you doing these things in future. We think that if you are harming other people then you are probably not very happy and there are things about yourself you will want to change and we will help you to make those changes.

Sometimes these things are about what is happening in your family. Our systemic

family psychotherapist (that's Jean  , remember her) will help you say things to

your family that you might have found hard to say in the past. Jean  will help you understand your thoughts and feelings about your family and will help you, or mum, your dad or your carer to get along better and hopefully make things better for you at home.

Lastly we think that you will be safest and happiest if you are doing education or training or are in a job that you're really enjoying. We know that sometimes you might not have had a great experience of these things in the past. Last year we helped 87.4% young people get into something they enjoyed. That's a lot, but we think we can do better this year and we aiming to get 90% into education, training or employment that you want to do.

What that means is that for every 10 of you, we hope that we get 9 of you into something you enjoy. You might ask why not 10? and you would be right, but we know sometimes that for a lot of different reason you might not be ready to go into formal education, training or employment, but we will help you with different courses to makes sure than when you do feel ready you have all the skills you need to be whatever you want to be.

So that's the plan; I hope it makes sense and you know what we are doing and why we are doing it, but if you are not sure just ask to see me when you come to YOS and I'll explain it to you. If I'm not here, then your case manager will make an appointment for you to see me when you are next here. Thanks for reading this and if you think there is anything that we can do better, then just let me know.

Andy Hood 

Head of Targeted Youth Support Services

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# Analysis of young people becoming First Time Entrants (FTEs) to the Youth Justice System in Doncaster in 2016

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## Purpose

This paper is to help the South Yorkshire Police and the Doncaster Youth Offending Service understand the key factors around young people who became first time entrants (FTEs) to the youth justice system in Doncaster in 2016. This is with a view to informing a strategy to drive down numbers of FTEs in future years.

## Data Source

The data for 2016 has been taken from the Doncaster Youth Offending Service case management system (Careworks) and is therefore locally-held data. It may therefore be slightly different from the official FTE data which is based on Police National Computer (PNC) data. PNC data provided by the Ministry of Justice (MoJ) and Youth Justice Board (YJB) is not yet available for this period and in any case is only summary (not case-level) data.

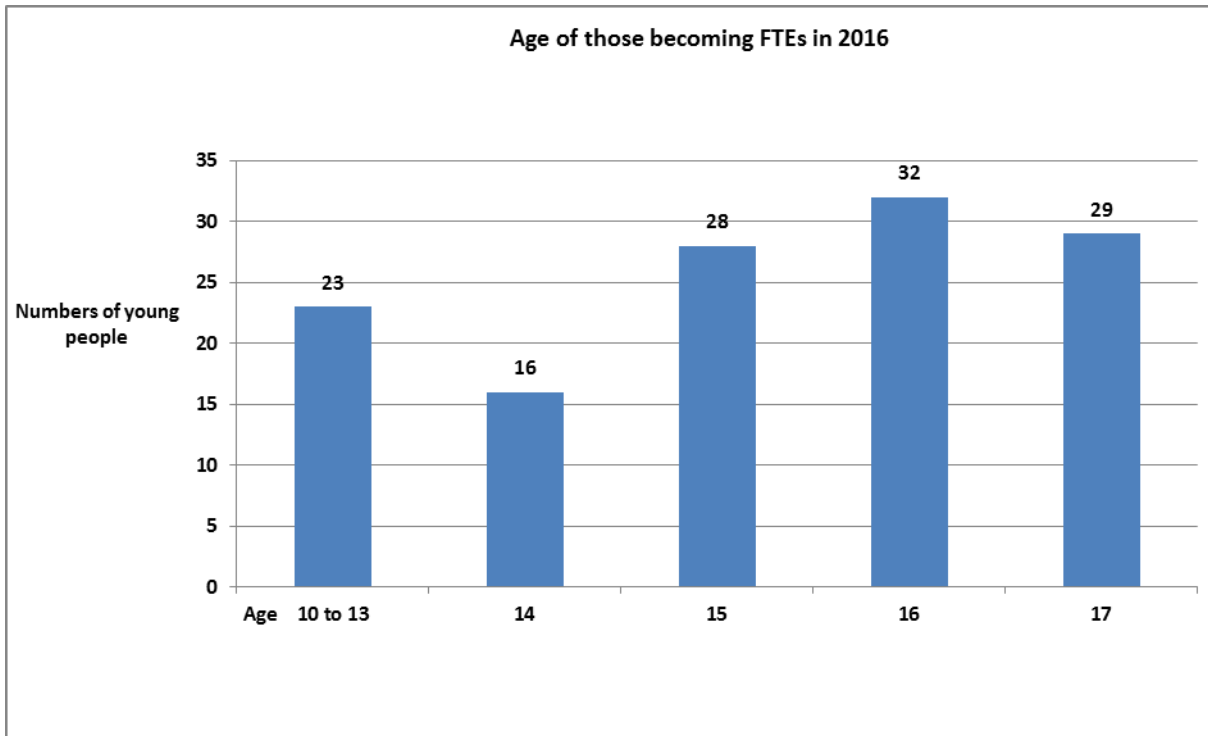
## Data

### *Overall numbers*

According to locally-held data, in 2016 there were 128 FTEs in Doncaster. This compares to 156 FTEs in 2015 (official PNC data). This represents a reduction of 18% between the two years. The Youth Justice Plan sets a target of 15% reductions in 2016/17 and 2017/18 and therefore if the official data, (once released), confirms the local data then the targets are being surpassed.

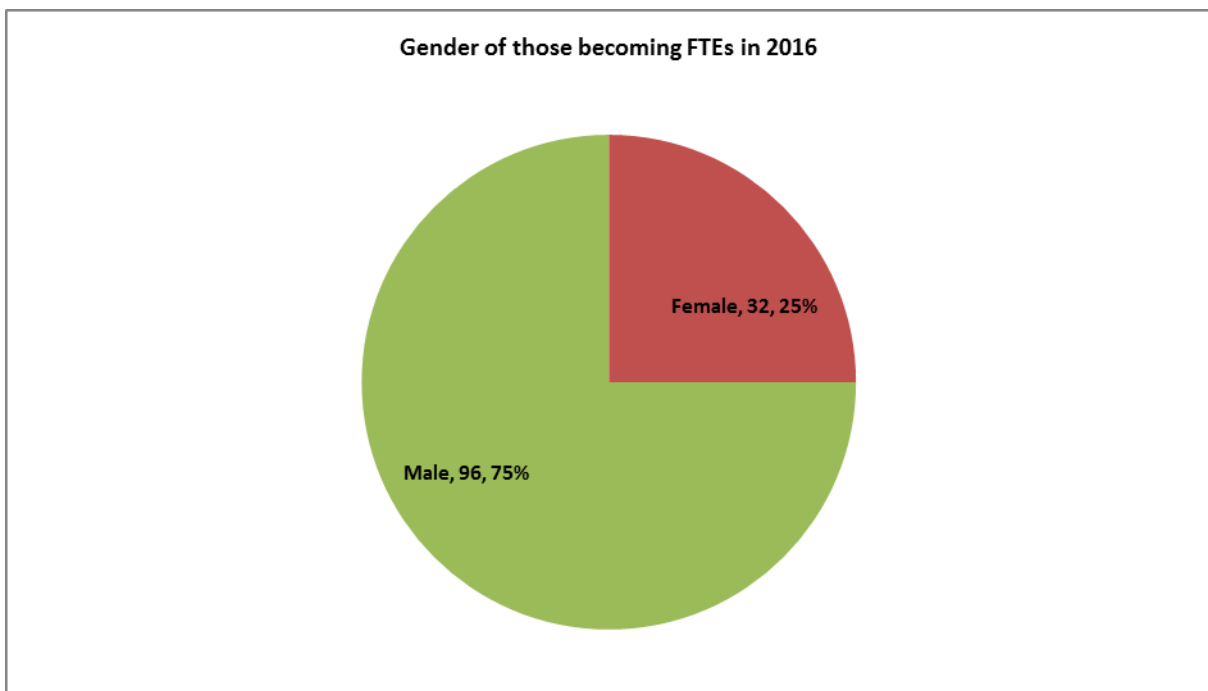
### *Demographics of FTEs in 2016*

The ages of those becoming FTEs in 2016 are shown in the chart below:



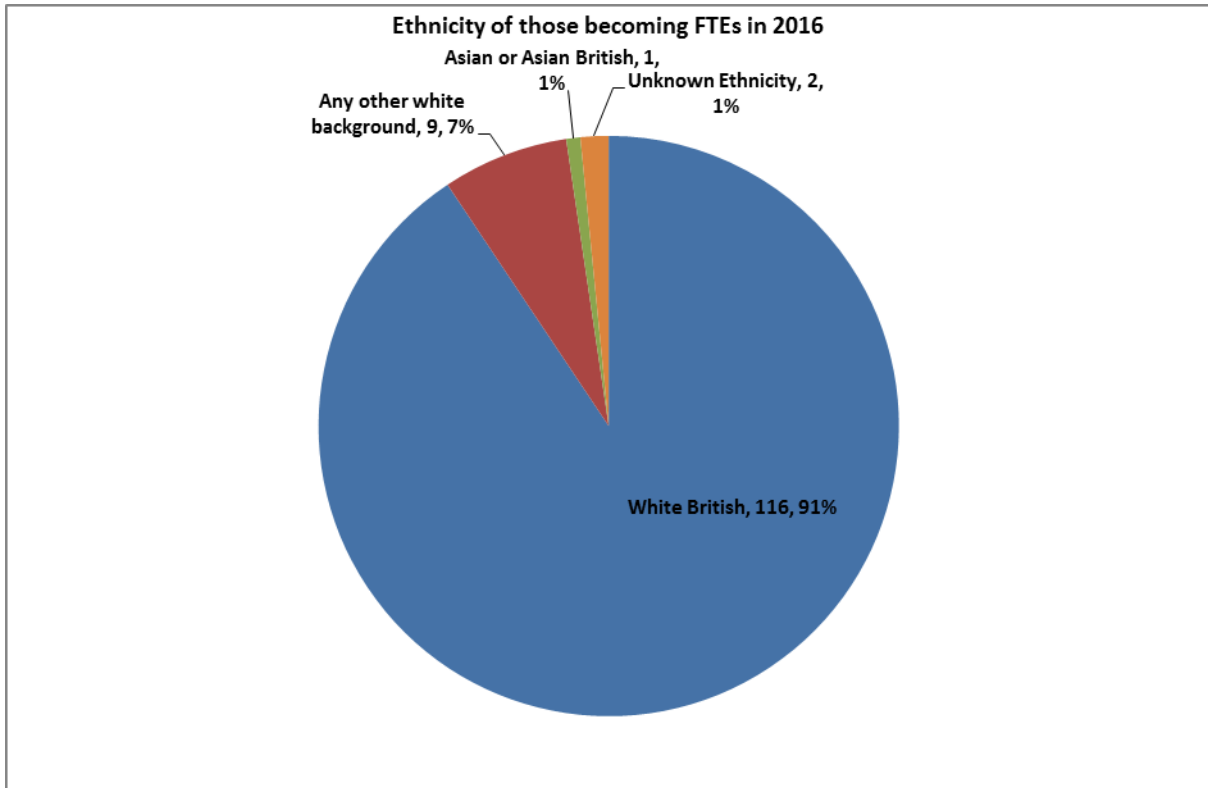
So the peak age for entry into the Doncaster youth justice system (YJS) is 16. This is a key transition age between school and work / training / college, etc.

The pie chart below shows the gender breakdown:



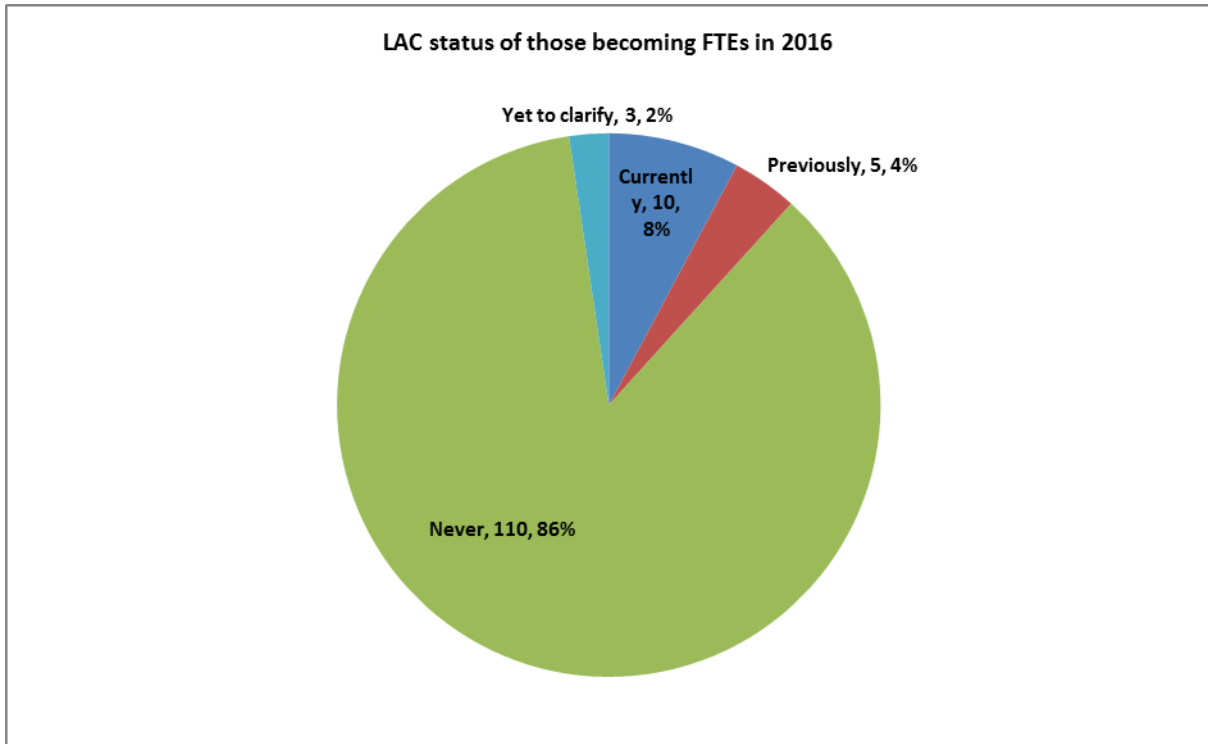
A quarter of FTEs are girls. This is a very similar proportion to girls who are “already” within the local YJS, (24%) so suggests some stability in the proportion of girls in the YJS in the near future.

The graph below shows the ethnicity of FTEs:



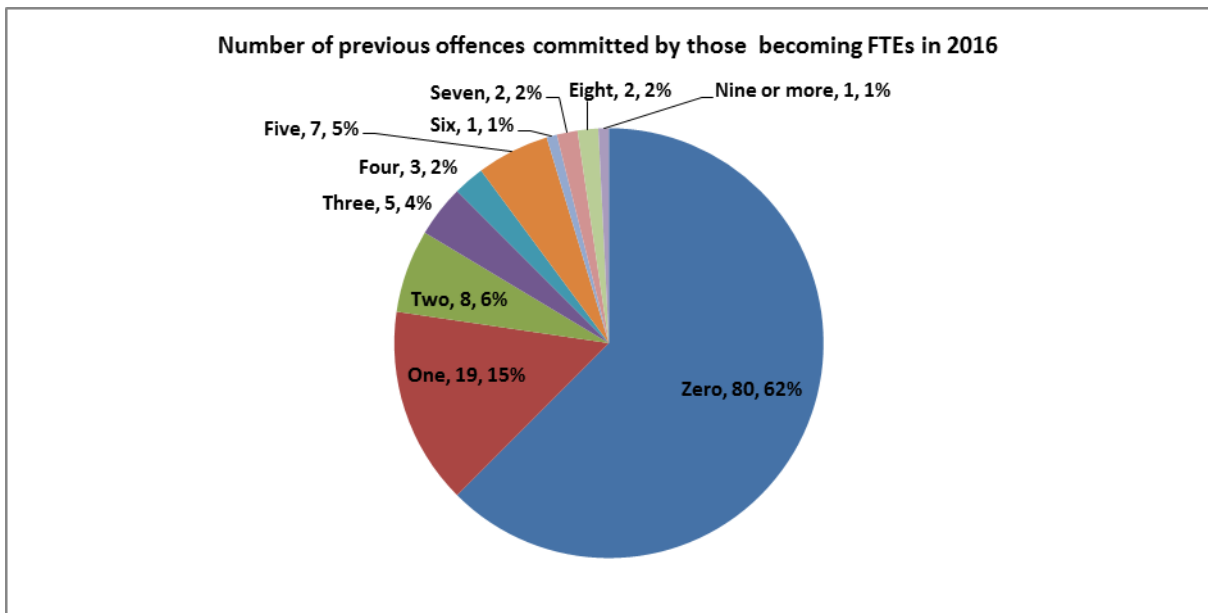
The vast majority are White British and the next largest group “Any other white background” includes those with East European heritage.

The chart below shows whether the FTEs are currently or previously have been LAC (looked after Children) by the local authority:



As Corporate Parents of ten young people who became FTEs in 2016 the local authority and Children’s Services Trust should check that all possible was done to prevent them from becoming FTEs and that their LAC status did not in any way contribute to the outcome.

The chart below shows how many offences had been committed by the FTEs prior to the episode leading to their FTEs status.

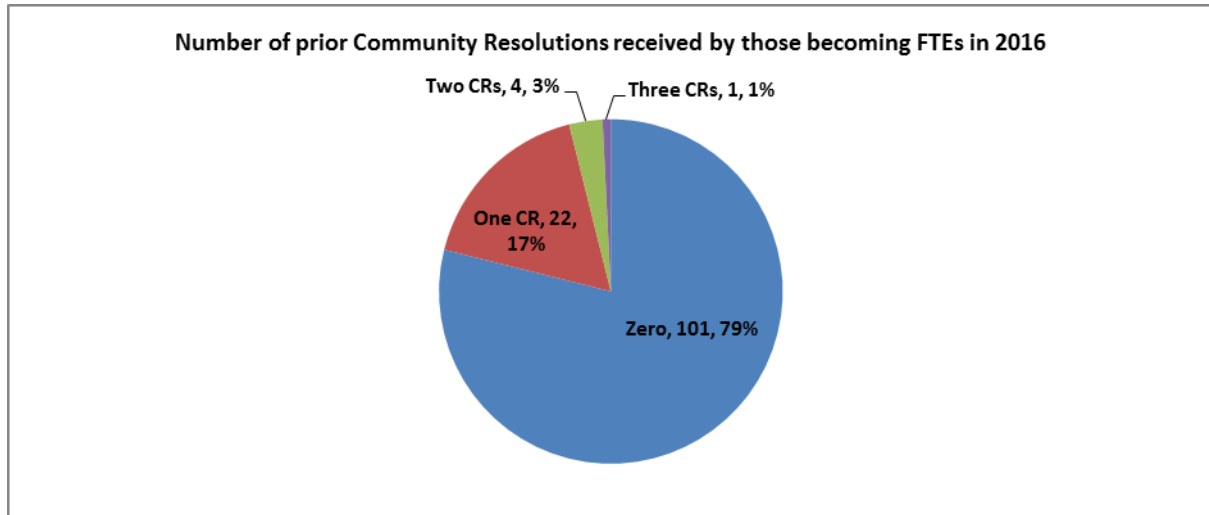


Approaching two-thirds had no offences at all prior to the episode resulting in them entering the YJS in 2016. These are the sorts of cases most easily diverted from the YJS, and we may need to increase

our understanding of why they were not diverted. If we wish to reduce further the number of FTEs then it is these young people who should be focussed on.

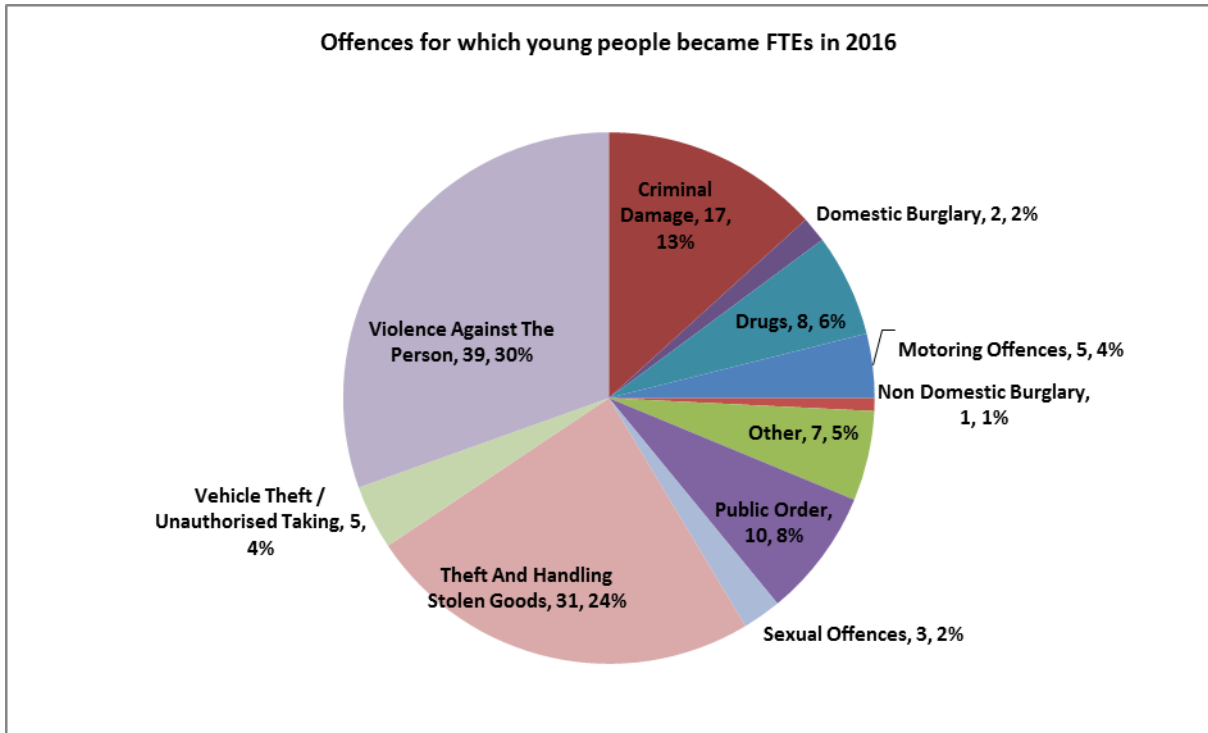
On average the FTEs had committed 1.26 offences before the episode that brought them into the YJS. This figure can be used as a benchmark for future analysis.

The chart below looks at the number of previous Community Resolutions received by the FTEs:



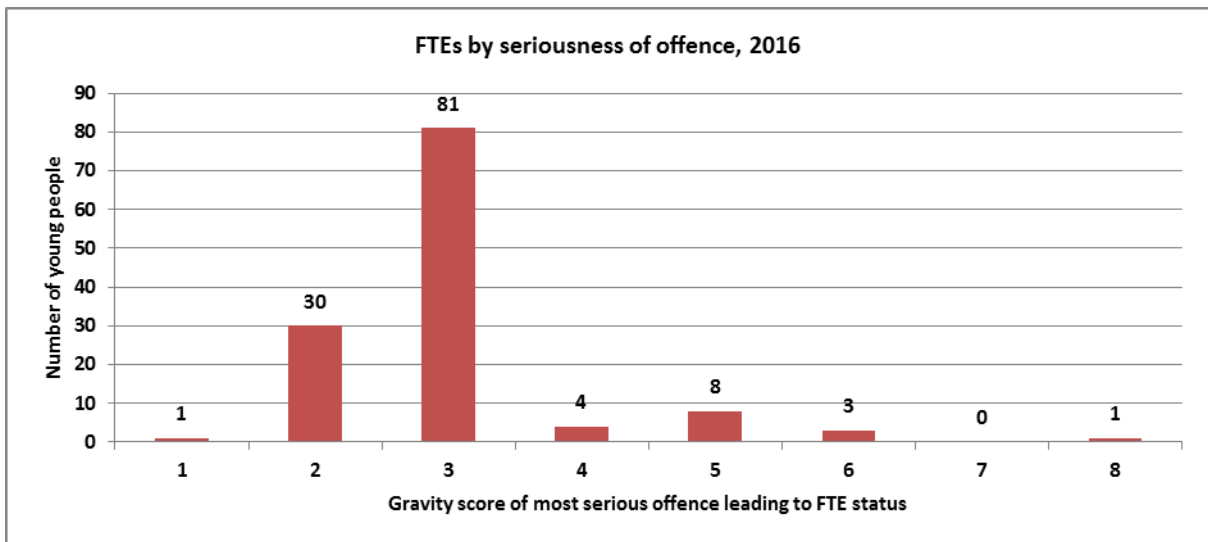
This shows that well over three-quarters had not received any Community Resolutions (sometimes referred to as RJ disposals) prior to them becoming FTEs. Again, these are the sorts of cases most easily diverted from the YJS, and we need to increase our understanding of why they were not diverted. The average number of prior Community Resolutions received by FTEs was 0.26.

The chart below looks at the type of offence which resulted in the young person becoming an FTE:



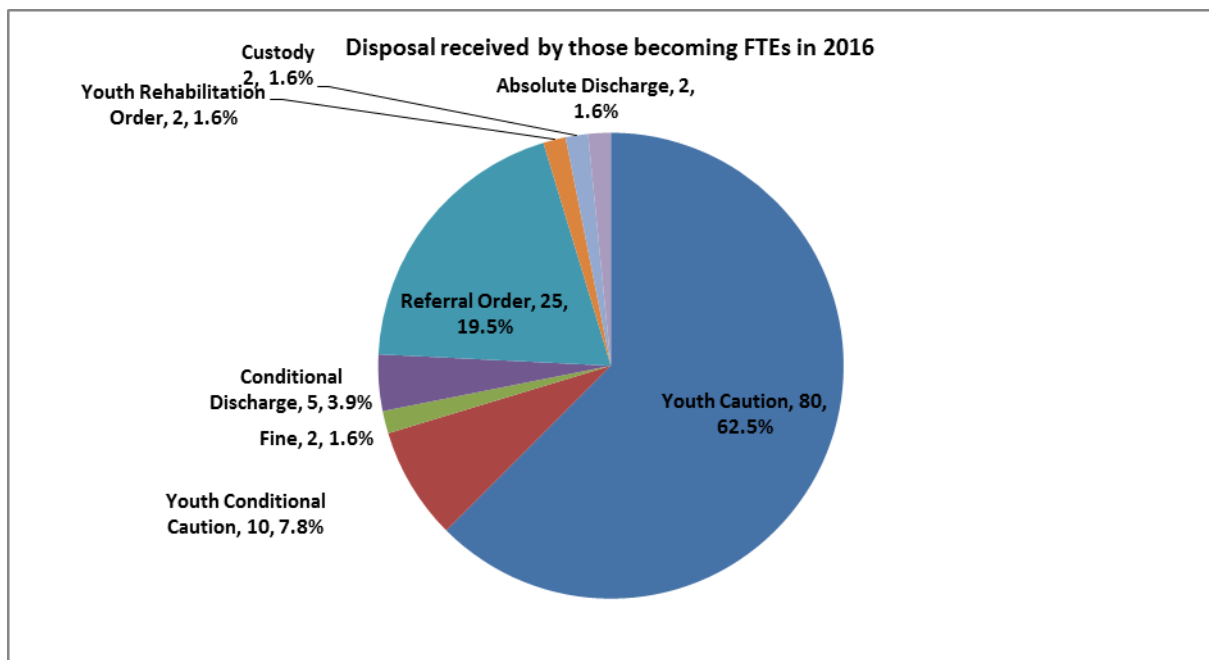
Well over half had committed violent offences or theft / handling. It should be remembered that violent offences include some minor offences such as Common Assault.

The graph below shows the breakdown of the offences by seriousness based on the YJB gravity score matrix which ranks seriousness of offences from 1 - 8:



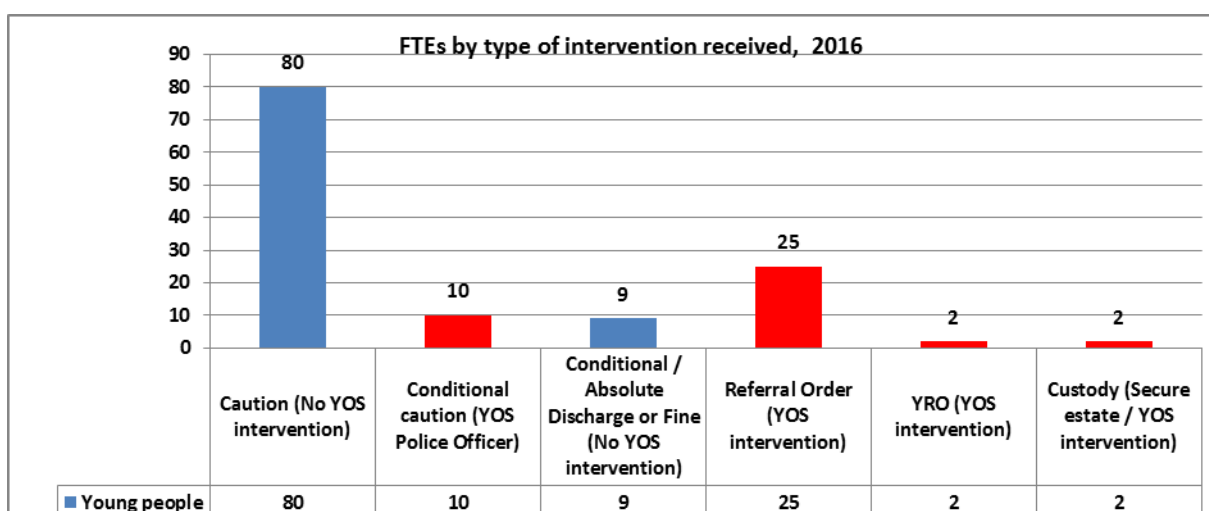
The vast majority of offences leading to FTE status were at gravity scores 2 and 3. These include: Theft / Handling, Criminal Damage, Possession of Class B Drugs, Common Assault, Being Found on Enclosed Premises, and some Public Order offences. The average gravity score of the index offence leading to FTE status was 3. This figure can be used as a benchmark for future analysis.

The graph below shows the types of disposal received by the FTEs in 2016:



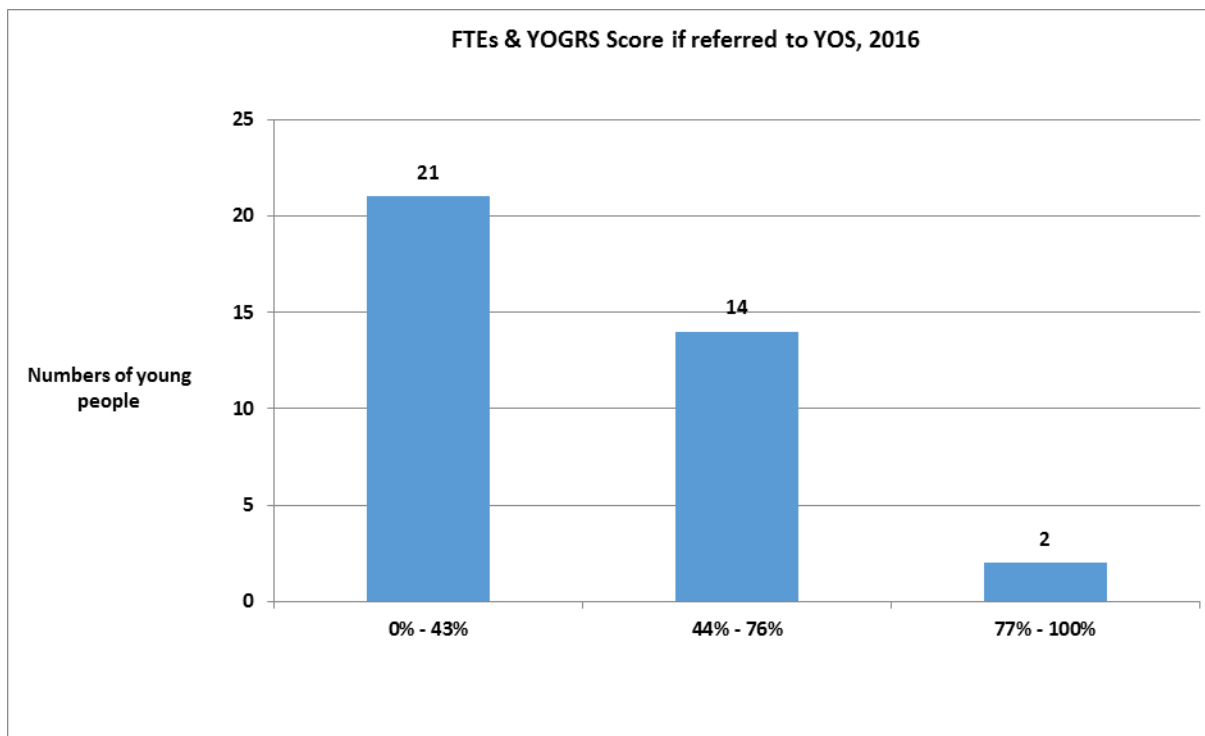
Approaching two-thirds (62.5%) received the lowest formal sanction of Youth Caution, which involves no intervention other than the police caution itself. A further 8% received a Conditional Caution which involves assessment and intervention from the Youth Offending Service. The remaining 30% all went to court without ever having received any caution / conditional caution. The majority of these (25) received a Referral Order, 2 received Youth Rehabilitation Orders and 2 went straight to custody. However 9 others who went straight to Court did not receive any disposal involving YOS intervention (Absolute/ Conditional Discharges and Fines).

The chart below shows the FTE disposals and whether they involve YOS intervention:



Only 30% of FTEs (39 young people) received any sort of disposal involving YOS intervention (shown in red above).

37 of the 39 young people referred to the YOS had had assessments completed at the point this report was being prepared (January 2017). The assessment produces a percentage likelihood of the young person reoffending within 2 years and the breakdown is shown below:



The average likelihood of reoffending within 2 years for all FTEs in 2016 was 46%. We can use this figure as a benchmark for analysis in future years. The more that young people who are less likely to reoffend are diverted from the YJS the higher the average likelihood of reoffending score for those who do become FTEs will be. The key is to ensure that those young people who do not need to be in the YJS are effectively diverted from it.

## Triage

Currently there is no effective triage process in Doncaster. There is no panel established to review potential FTE cases to determine if they may be diverted from the youth justice system altogether. The police alone decide whether cases should be dealt with by way of community resolution, referral to EPIC, caution or prosecution. There is a meeting of managers within the EPIC team to allocate the cases referred from the police, but this meeting has no decision-making over which cases should and should not be diverted from the youth justice system. This meeting has been referred to as the "Triage Panel" but this is misleading.

South Yorkshire Police are now rolling out triage across the county, and Barnsley is the first area to implement the new process. At a meeting with the Police and Crime Commissioner in February 2017 it was agreed that Doncaster could begin working out how triage will operate in the borough, and meetings between the police and Youth Offending Service are arranged.



## Summary

It should be recognised that 2016 was a transition year for the management of diversion from the Doncaster YJS. This is due to a number of factors:

- The 2016/17 Youth Justice Plan set a demanding target of a 15% reduction in FTEs in 2016/17 and 2017/18.
- The EPIC team, tasked with reducing numbers of FTEs, became operational in July 2016
- A meeting was held with the Police and Crime Commissioner (PCC) for South Yorkshire on 21/12/2016 to inform him of the previously very poor FTE performance for South Yorkshire as a whole (highest rate in the country) and Doncaster (5<sup>th</sup> highest amongst all YOT areas) and to inform him of the work being undertaken in Doncaster to address this. A further meeting held on 21/02/2017 with the PCC and senior police officers agreed that Doncaster should go ahead and develop a triage process.
- The processes whereby young people become FTEs may be reviewed and clarified by the drawing up of a flow chart showing the key agencies, key decision-making points and key actions to be taken by each agency at each point. The flow chart, if agreed, would ensure that no young person admitting the offence can become an FTE without the case being considered by the Triage Panel.
- It is particularly important to ensure correct processes have been followed where the young people concerned are looked after children (LAC) as in these cases the council, the Trust and its partners have a Corporate Parenting responsibility.

Entering the YJS can have a very detrimental effect on young people's life chances, particularly in relation to future employment, as it gives the young person a criminal record. It is therefore not something which should happen without appropriate alternatives being considered.

FTE numbers should reduce in the future, particularly if all potential FTEs are considered first by the Triage Panel. Indeed there are already encouraging signs that we are on track to surpass the target reductions set. (Please refer to Appendix A which compares FTE performance in 2015 and 2016.)

However, it is of concern that amongst those who did become FTEs during 2016, so few (only around one fifth) had previously had a Community Resolution and that so many (approaching two-thirds) had no previous offences.

## Recommendations

South Yorkshire Police and the Doncaster Youth Offending Service are recommended to consider putting measures in place to ensure that young people are not unnecessarily brought into the local YJS. Actions to achieve this may include:

- South Yorkshire Police and Doncaster Youth Offending Service working together to establish an effective Triage Panel. This would involve agreeing comprehensive Terms of Reference and a new process for consideration of cases for caution / prosecution or diversion.
- Once a Triage panel is established, South Yorkshire Police to ensure that all cases where young people may become First Time Entrants are first discussed at the Panel with a view to an alternative being considered.
- South Yorkshire Police and Doncaster Youth Offending Service to develop and agree Terms of Reference and guidance to help the new Triage Panel decide the sorts of cases which can appropriately be diverted and the sorts of case which need to progress to caution / prosecution.

## **APPENDIX A**

### **The reduction of first time entrants (FTEs) to the youth justice system**

The measure is the rate per 100,000 local youth population who enter the youth justice system by receiving a caution, conditional caution or a sentence.

According to the latest official data Doncaster has the 5<sup>th</sup> highest FTE rate in England, and South Yorkshire as a whole has the highest rate in England. The Doncaster Youth Justice Plan 2016/17 sets a target of 15% reduction each year, 2016/17 and 2017/18. The strategy for achieving these reductions is for the new EPIC team to provide a robust alternative option for those young people who would otherwise enter the youth justice system for the first time. However there needs to be a process agreed between South Yorkshire Police and Doncaster Youth Offending Service for determining which cases can be diverted from the youth justice system.

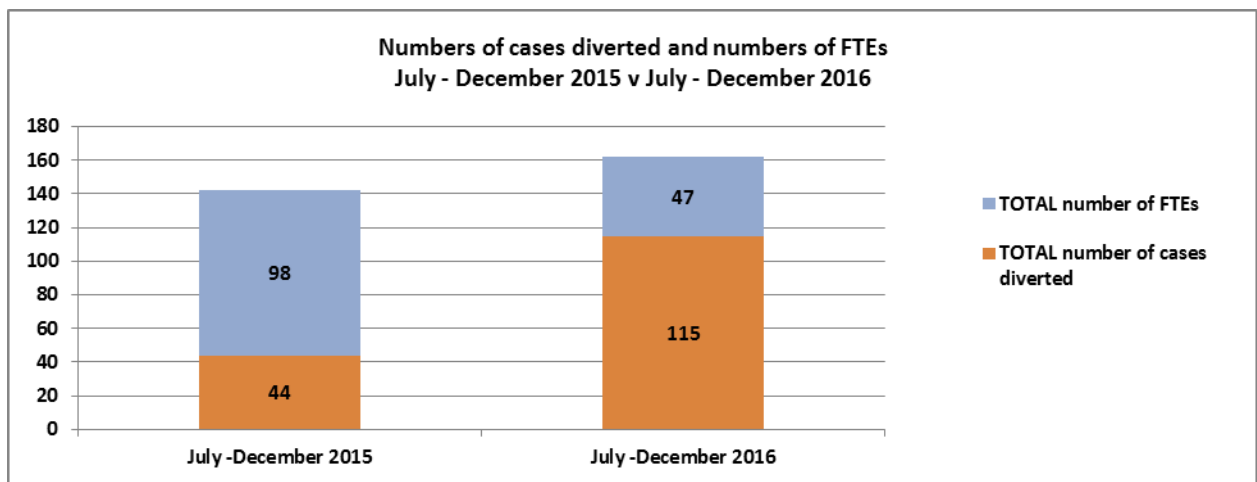
The EPIC Team has only been fully operational since July 2016. Therefore in order to ascertain the impact of EPIC we need to compare the number of FTEs over the last 2

quarters (July – December 2016) with the same period in 2015. We do not yet have official PNC data on FTEs for the period July – December 2016, but we do have locally collected data. Therefore the caveat for the data given below is that it is unofficial.

## Local Performance Data on FTEs

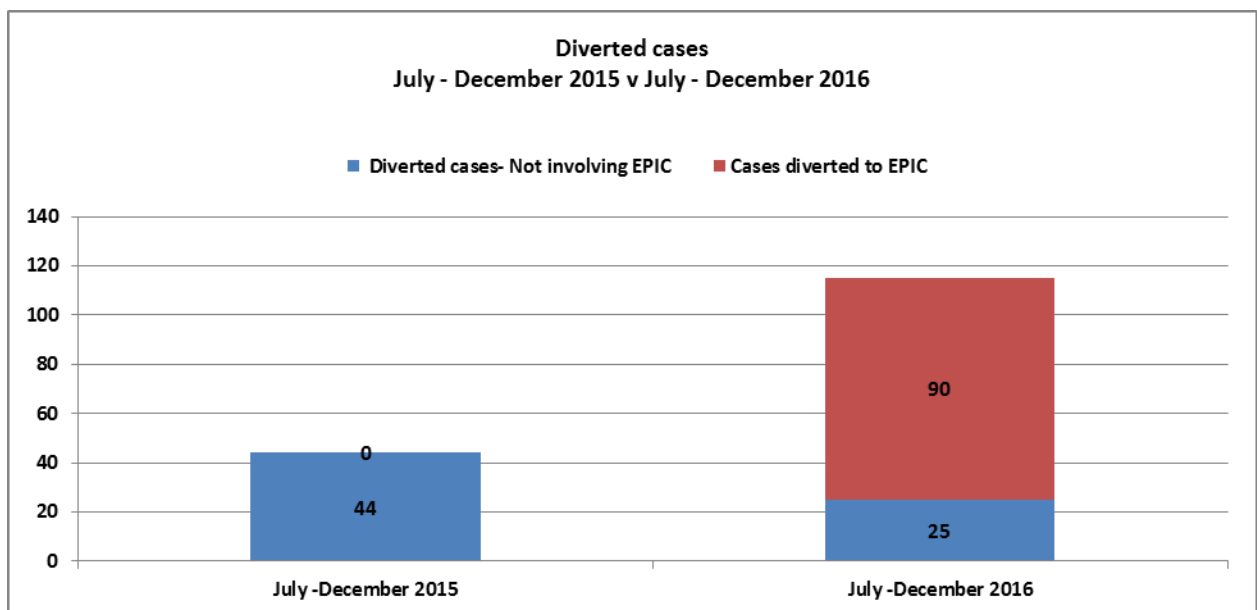
According to local data there were 47 first-time entrants (FTEs) to the youth justice system in Doncaster in the period July - December 2016.

There were 98 FTEs in the period July – December 2015. This amounts to a 52% reduction. The change in outcomes is shown in the chart below:



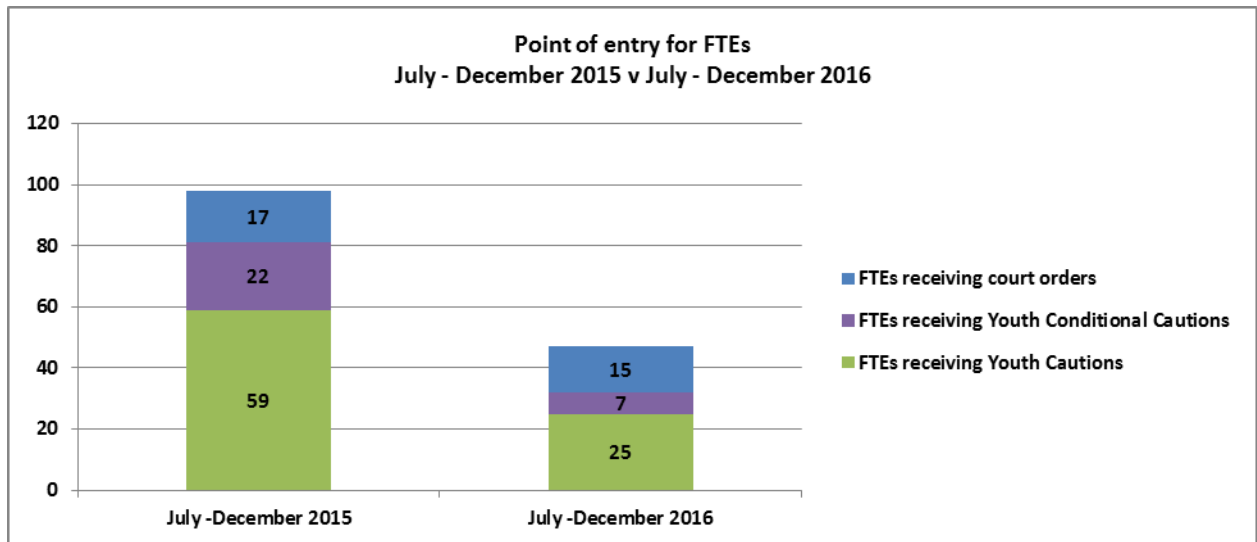
However the chart above also shows a slight overall increase in the total number of cases which were potential FTEs.

The graph below looks just at the “diverted” cases in each year:

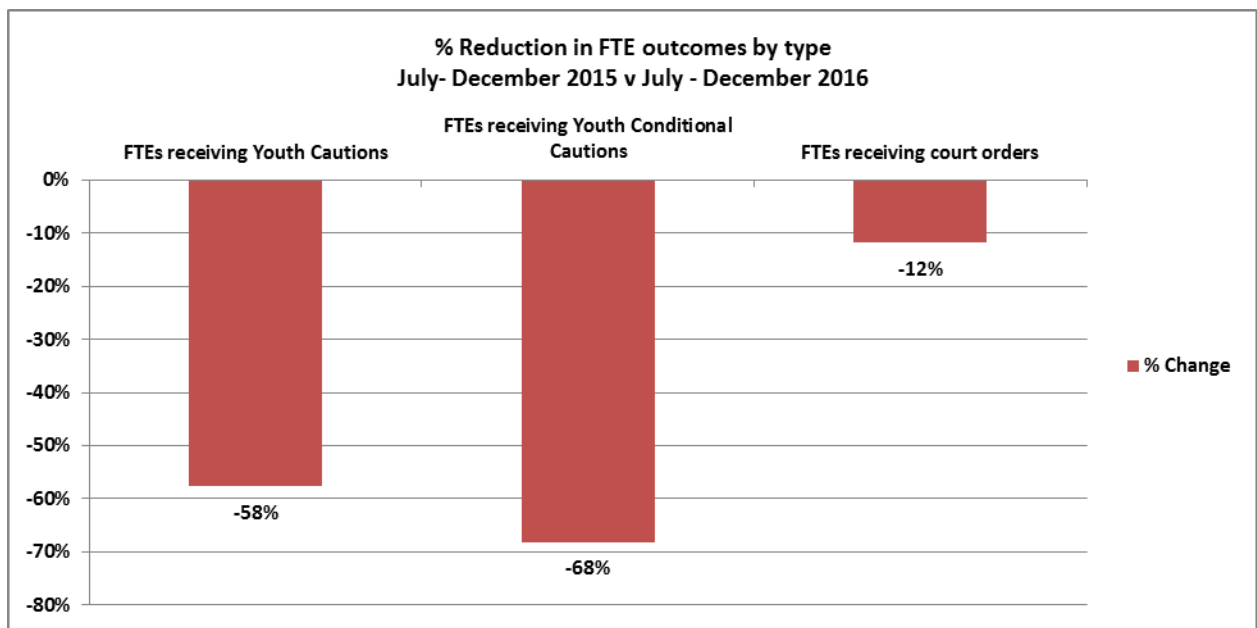


It shows that whilst there was no EPIC option in 2015, there were 90 triage referrals to EPIC in 2016. However, the reduction in “non-EPIC” diverted cases suggests that some young people are now being referred to EPIC who previously would nevertheless have been diverted from the youth justice system.

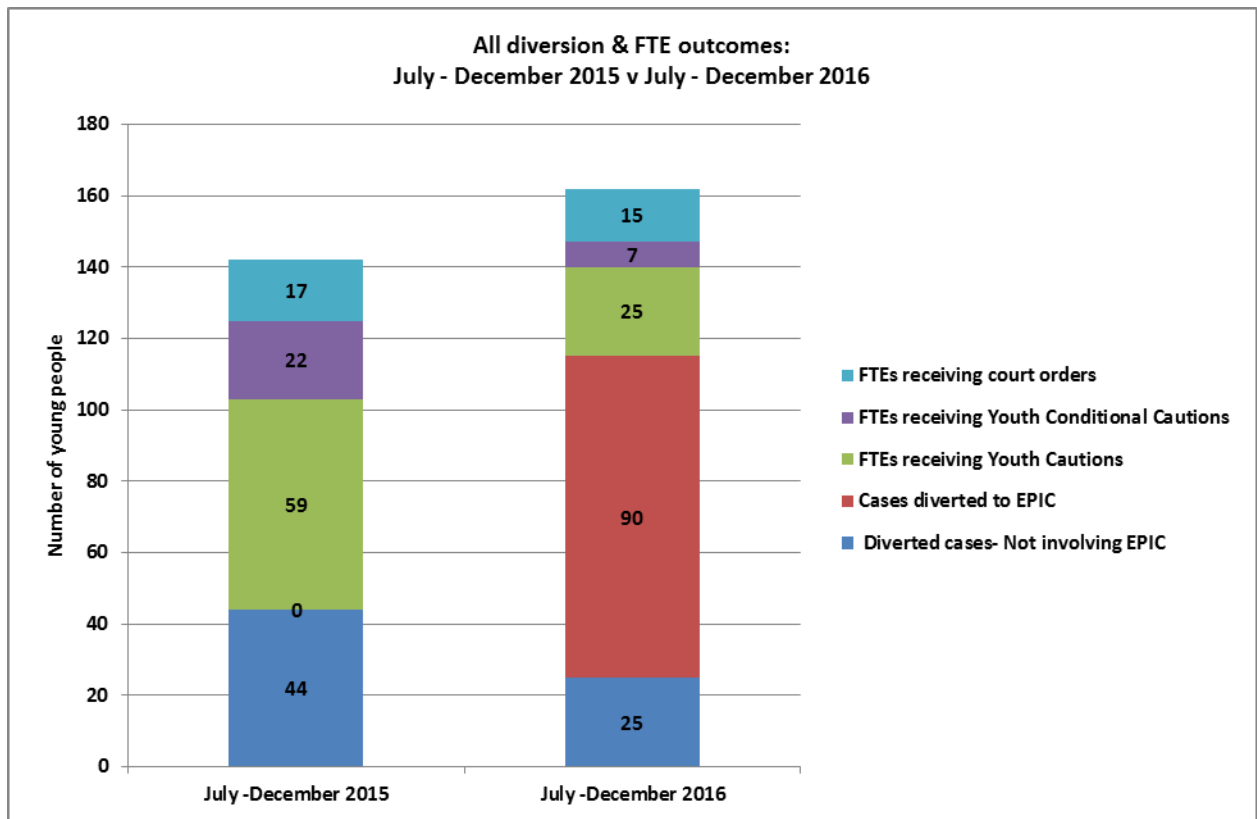
The chart below looks only at the young people who did become FTEs, and the outcome that made them FTEs in the 2 periods:



This shows that the reductions are largely in terms of cautions and conditional cautions, as would be expected. Young people entering the youth justice system for the first time by going straight to court have usually committed more serious offences which are not amenable to diversion. The % reductions in each FTE outcome are shown in the chart below:

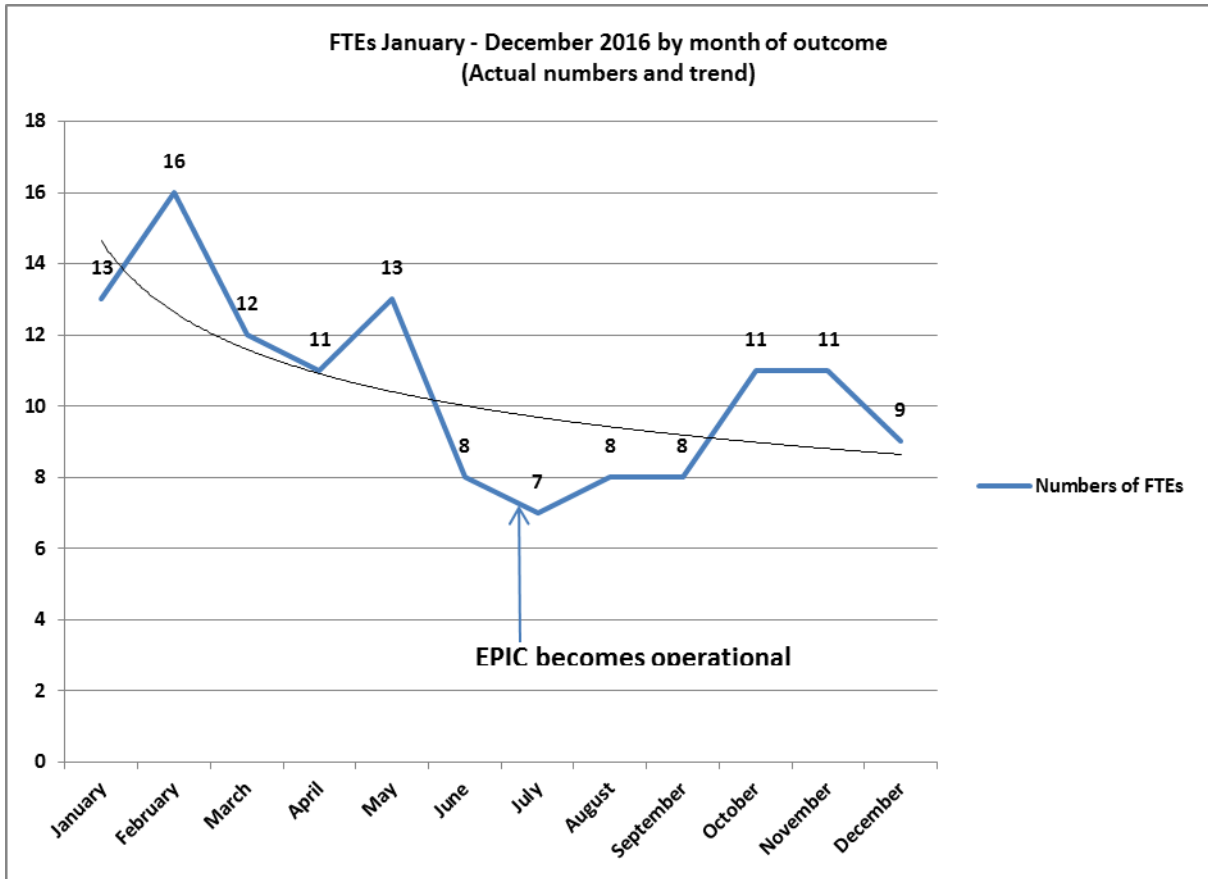


The chart below shows all types of disposal for potential FTEs over the 2 years:



This shows that the new option for 2016, of diversion to EPIC, means more cases overall are deemed to be “potential FTEs”. However it also shows that the impact of the new option is a reduction in use of all the other options, including all 3 ways of becoming an FTE.

Finally, the chart below gives a month-by-month breakdown of numbers of FTEs in 2016:

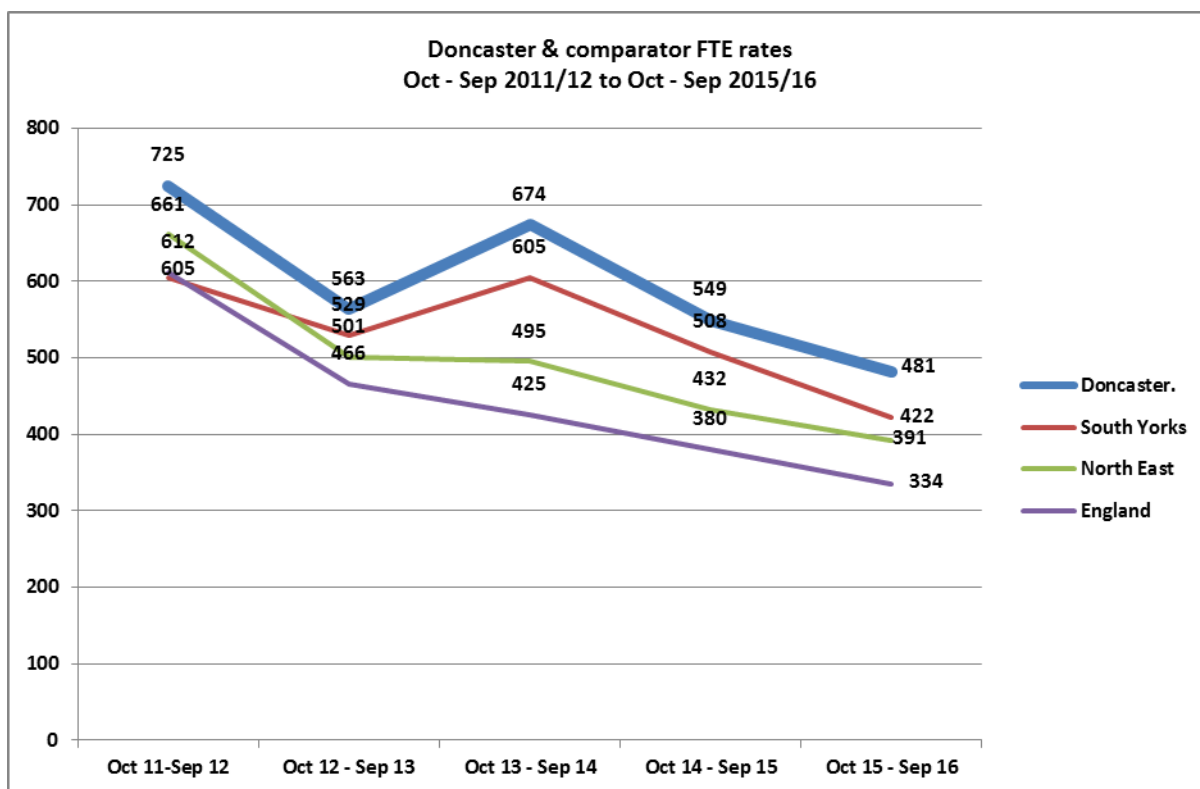


This shows a general decline in the numbers of FTEs once EPIC became operational. There were 73 FTEs in the first 6 months and 54 in the second half of the year, which represents a 26% reduction.

### PNC Performance Data on FTEs

Indicator	Direction of travel	Forecast to meet target	Peer comparison	Overall performance
First-time entrants to the youth justice system	<b>Reducing</b>	<b>On target</b>	<b>Higher than all comparators</b>	<b>AMBER</b>

The chart below shows how Doncaster compares to the South Yorkshire Policing area, the North East Region and the whole of England in terms of the FTE rate:

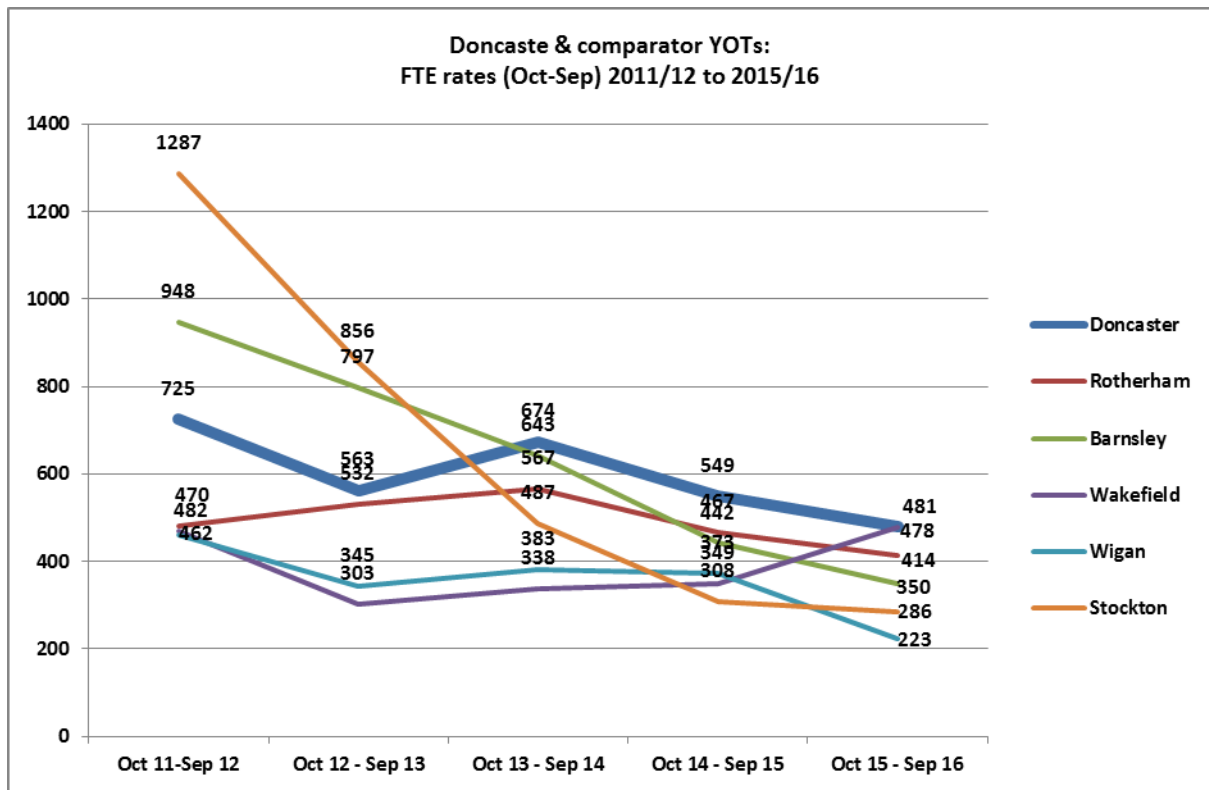


Area	Oct 14 to Sept 15	Oct 15 to Sept 16	% change
Doncaster	549	481	-12.3%
South Yorkshire	508	422	-16.9%
North East Region	432	391	-9.3%
Comparator areas*	388	378	-2.6%
England	380	334	-12%

- The comparator areas are: Rotherham, Barnsley, Wakefield, Wigan and Stockton-on-Tees as these are the most similar areas based on Youth Justice Board methodology.

The measure is the rate per 100,000 local youth population who enter the youth justice system by receiving a caution or a sentence. There were 131 first-time entrants (FTEs) to the youth justice system in Doncaster in the period October 2015 to September 2016, equivalent to a rate per 100,000 youth population of 481. This is a 12% reduction on the previous 12-month period, and is in line with the national reduction rate. However the rate has reduced more quickly in the whole of South Yorkshire, and Doncaster's rate remains higher than the PCC area, the region, the average for comparator areas and England. Doncaster has a target of reducing the rate by 15% in 2016/17 and a further 15% in 2017/18. We are on track to achieve this.

The chart below shows how Doncaster's FTE rate over the last 5 years compares with those for the 5 comparator areas:



It shows that whilst the rate for Doncaster has reduced from 725 to 481 it remains the highest amongst the 6 YOT areas as their rates have also generally reduced during this period.

## Summary

The availability of EPIC appears to be having some impact in reducing the numbers of FTEs in Doncaster. However, the FTE rate in Doncaster remains well above that for comparator areas. In order to bring the FTE rate down further there needs to be an effective Triage Panel and process agreed and established by South Yorkshire Police and the Youth Offending Service to determine which cases may be appropriately diverted from the youth justice system.



# Doncaster Youth Offending Service: Use of Custody Analysis.

## March 2017

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### **Purpose**

This report has been produced in order to help Doncaster Youth Offending Service gain a deeper understanding of the issues surrounding young people being sentenced to custody.

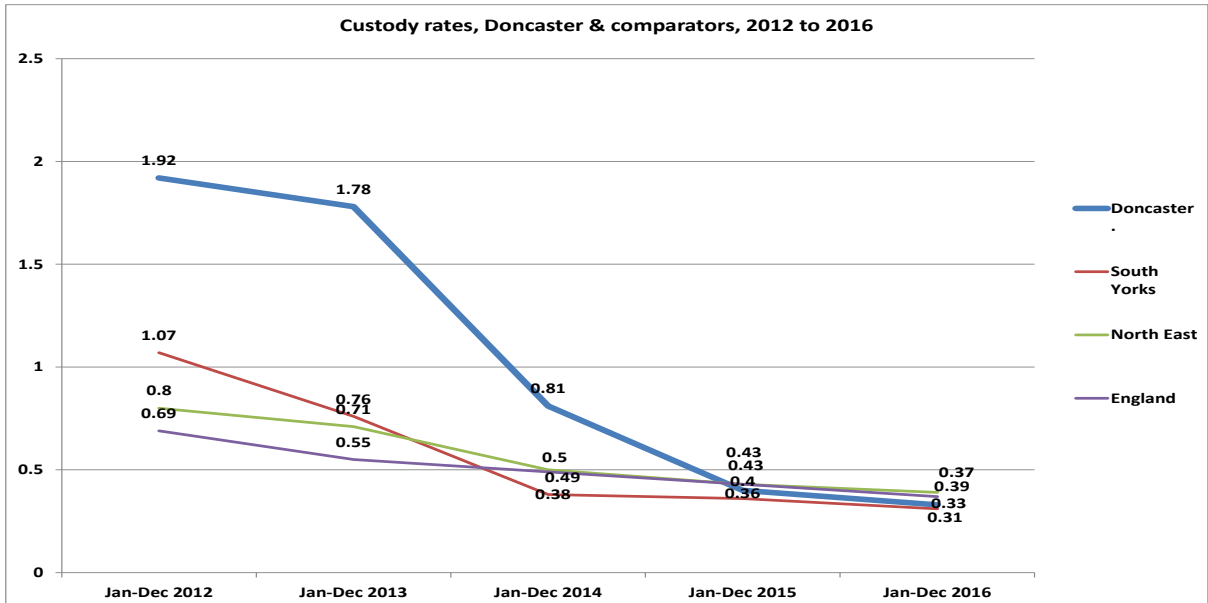
### **Data sources**

The Youth Offending Service (YOS) case management system (Careworks) has been interrogated to extract the required case-level data. The sample is all those young people from Doncaster receiving custodial sentences during calendar years 2015 and 2016. The Youth Justice Board's YOT Data Summary (YDS) has been used to extract the summary performance data.

## The performance data

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Reducing the use of custody is one of the three key indicators by which Youth Offending Teams' performance is judged. Custody rates for the last 5 years for Doncaster, South Yorkshire, North East region and for England are shown in the chart below.



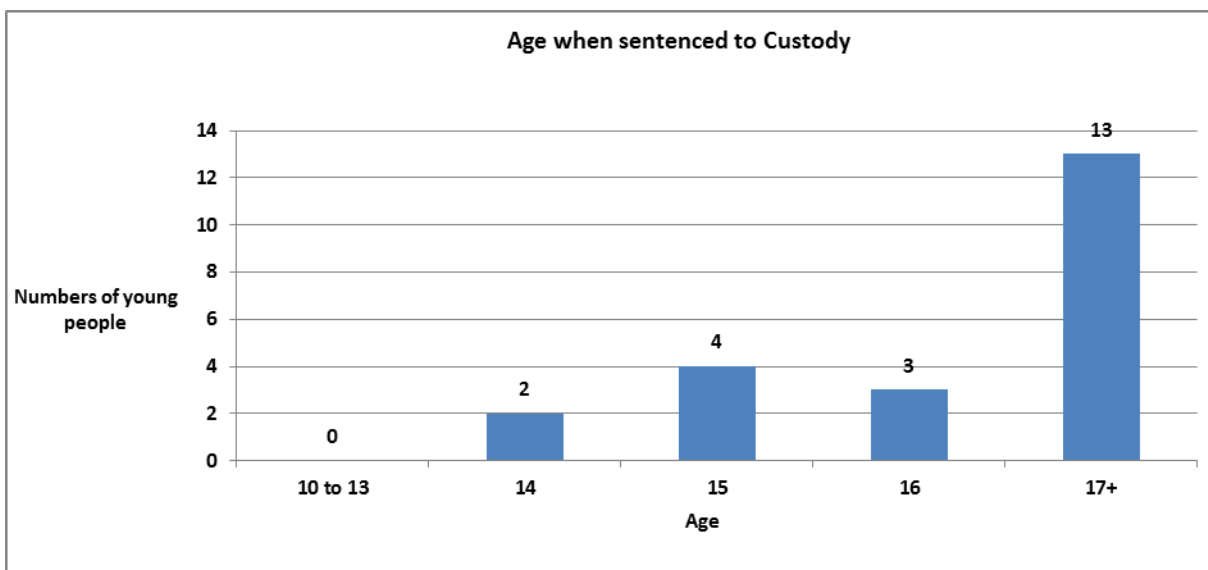
It can be seen that in 2012 and 2013 Doncaster was an outlier with rates well above those for the PCC area, the region and national, but for the last 2 years Doncaster has had rates very close to the comparators, and these have also reduced considerably over the period.

However, in order to improve further we need to understand more about the young people who are still going into custody. The next section looks at the case-level data for those going into custody over the last 2 years when performance has been much better than 5 years ago but still average compared to other areas.

## The case-level data

### Demographics of the sample

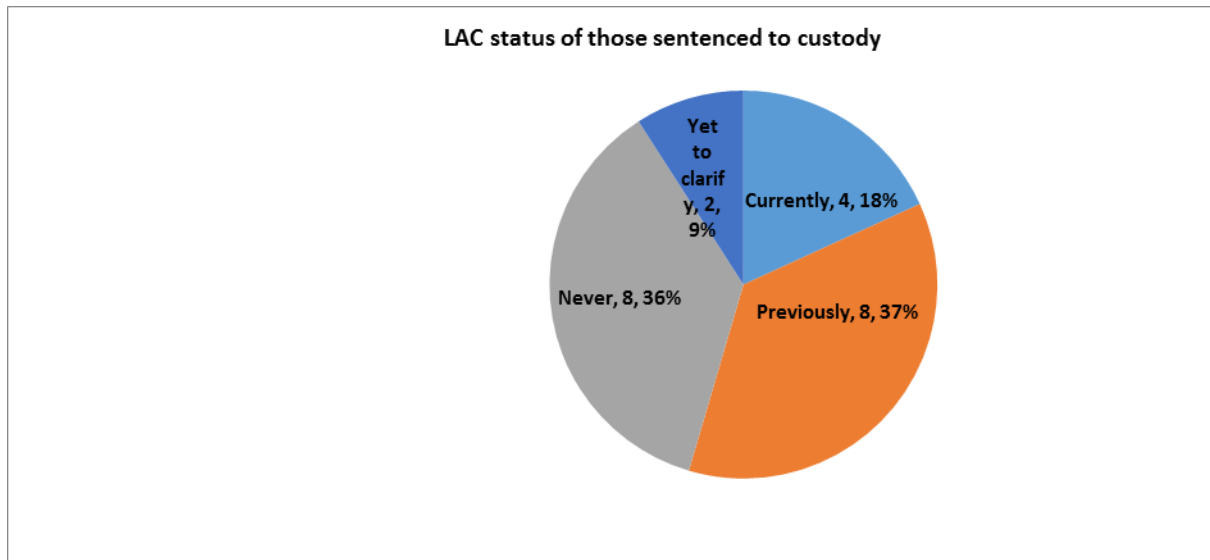
The age profile of those sentenced to custody during this period is shown below:



The majority (59%) were aged 17 when sentenced. Given how many would be close to 18 or over 18 upon release we need to ensure that arrangements are in place for such cases to be transferred to Probation for them to supervise the young person on release as appropriate.

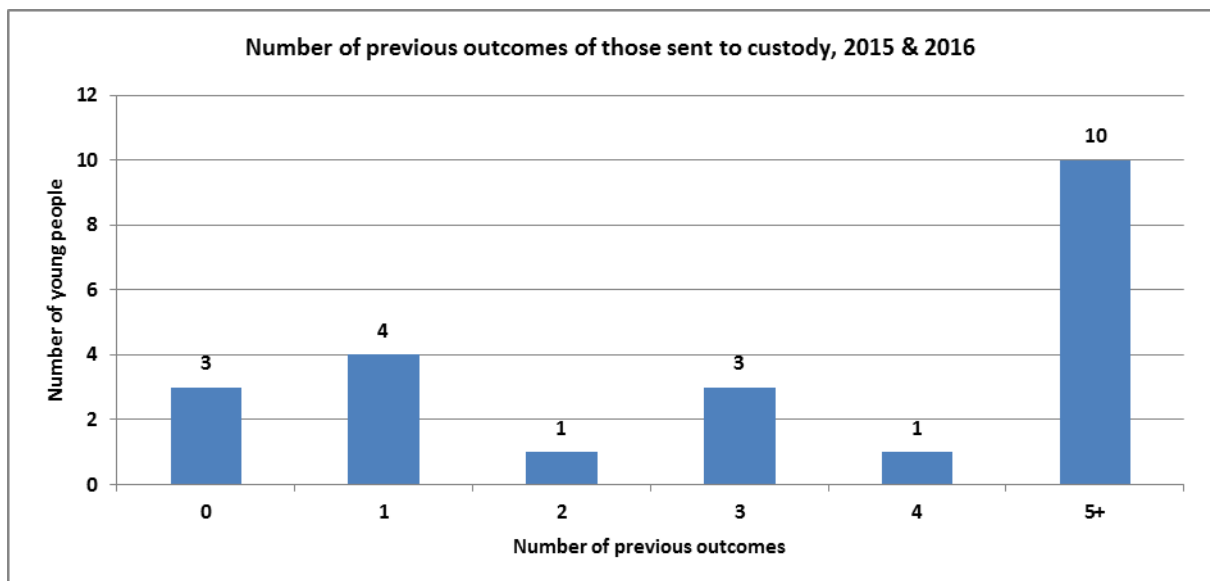
All 22 of the young people were male. 21 of them were white, one was of mixed heritage. This is not disproportionate given the ethnic profile of the borough.

The chart below shows the proportions who were currently or had previously been looked after:



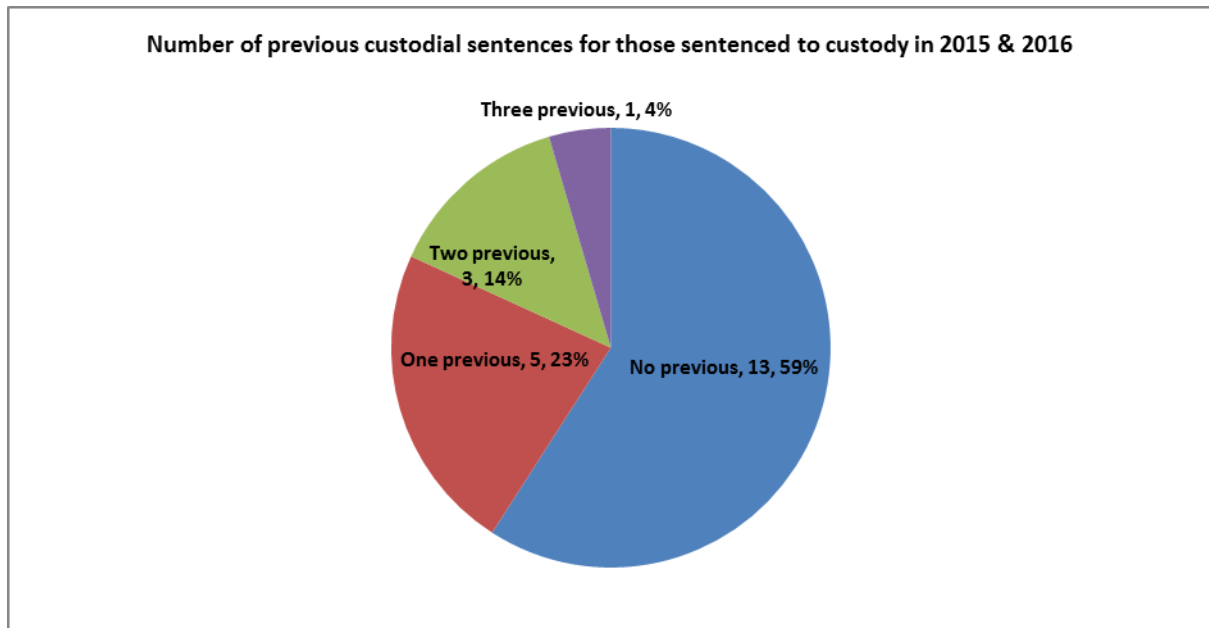
The majority (55%) had been or were currently LAC. 4 (18%) were LAC at point of sentence. As corporate parents for looked after young people the local authority / Children’s Services Trust needs to consider the high proportion of young people going into custody who are currently or previously looked after. However, we also need to recognise that the issues, needs and risks associated with young people who offend are broadly the same as for those who go into care.

The chart below shows the number of previous outcomes / court disposals the young people going to custody had received:



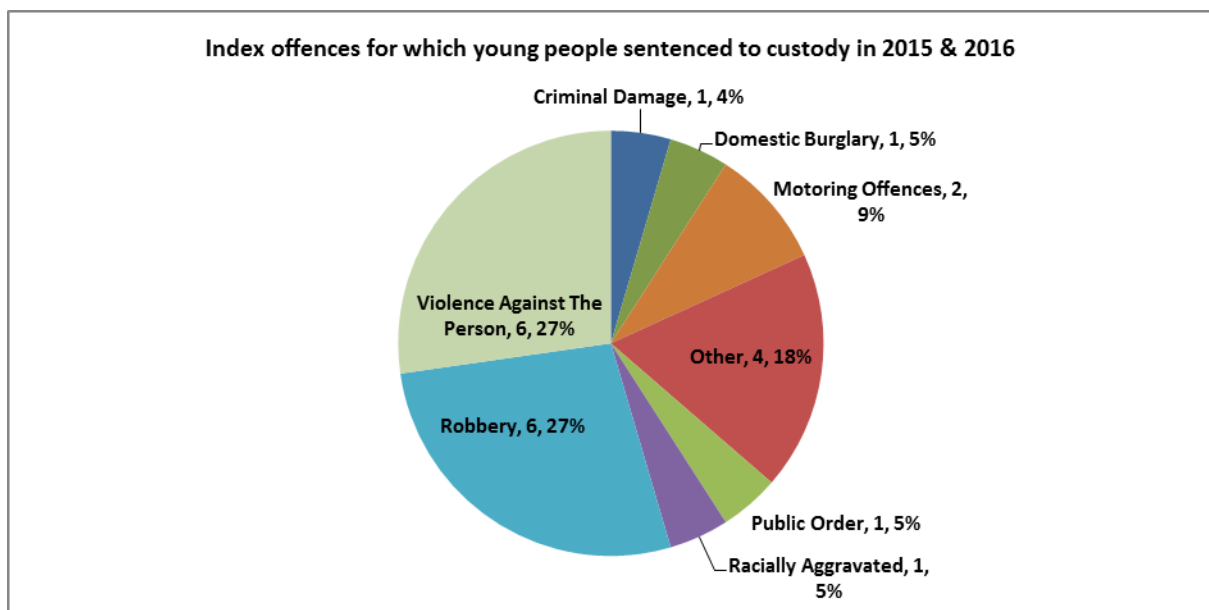
Almost half had had 5 or more previous disposals and 3 young people had had 10 previous disposals. 3 others had never had any previous disposals at all. Those having received no previous disposals were sent to custody for serious offences of Robbery and Violence. The 10 young people with 5 or more previous disposals were sentenced to custody for generally less serious types of offence, and in the majority of these cases this was under breach proceedings for failure to comply with their original order.

The chart below shows how many had been sentenced to custody on multiple occasions:



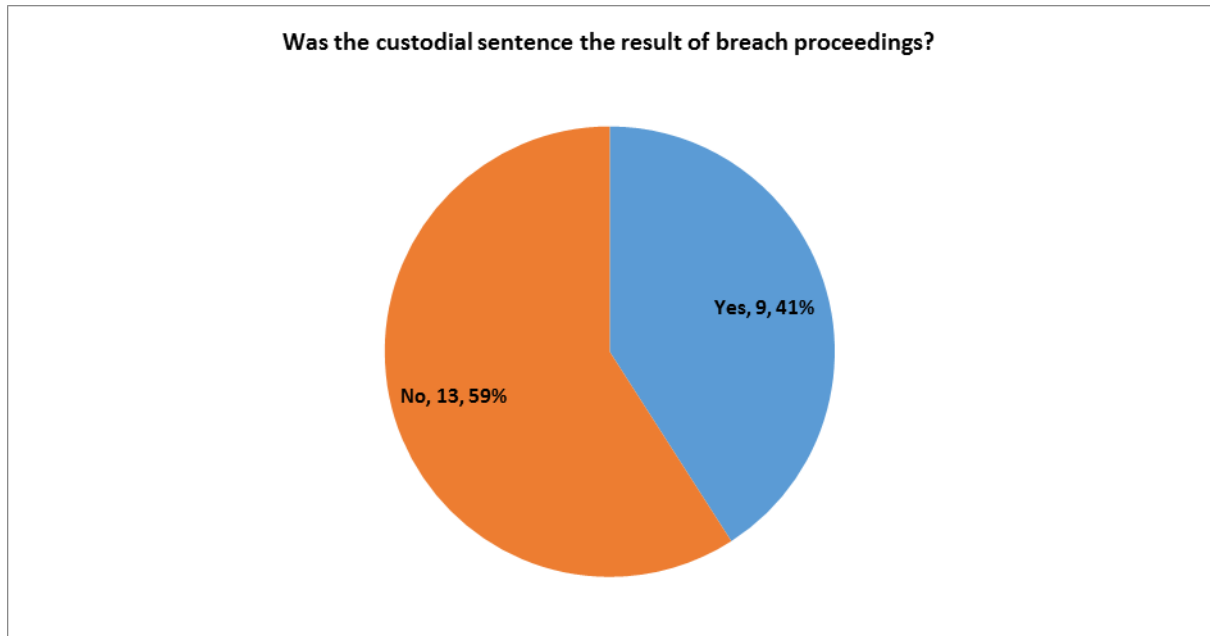
For 9 of the young people (41%) this was not the first time they had been sentenced to custody and for one young person this was the fourth occasion. This shows that the “deterrent effect” of custody for these young people is not strong at all.

The chart below shows the types of offence for which young people were sent to custody:

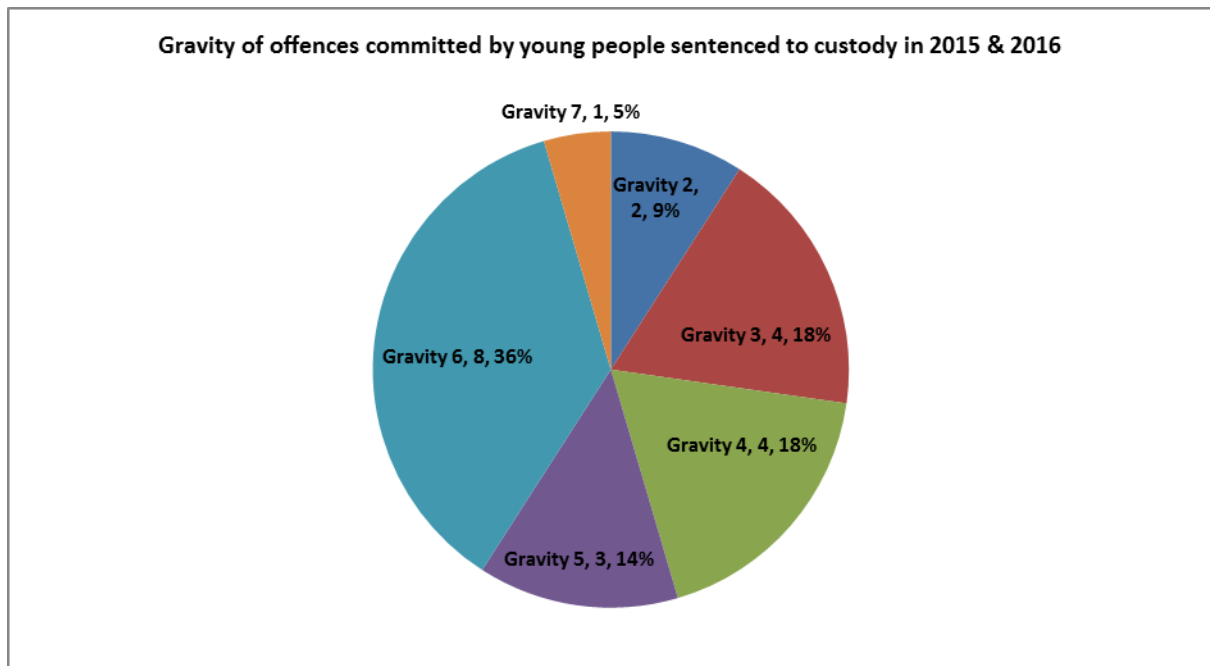


The majority (55%) went to custody for offences of violence or robbery. This suggests that if the custody rate is to be reduced further the courts need to be assured that the YOS can provide robust community-based interventions to address these particular offence types.

As previously mentioned several young people were sentenced to custody under breach proceedings as they had failed to comply with their original order. The chart below gives the breakdown:



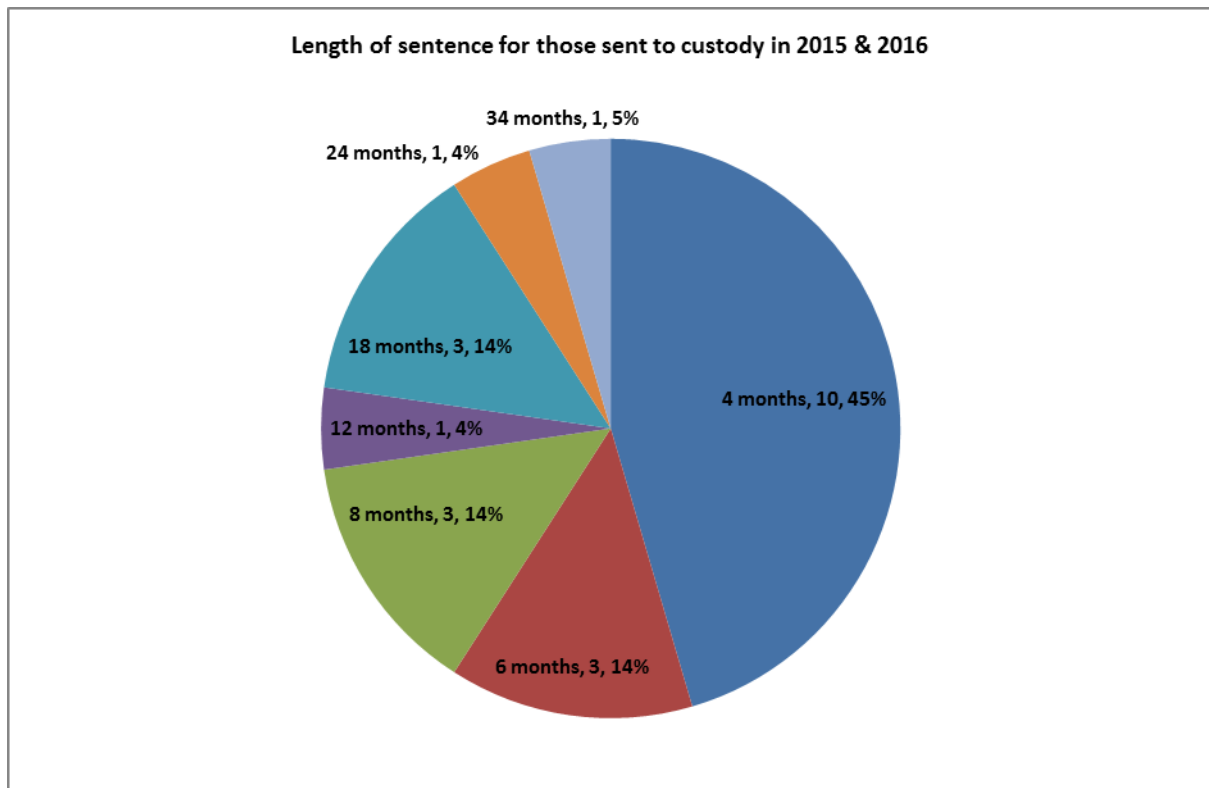
The next chart shows the seriousness of the offences for which they were sent to custody (based on the Youth Justice Board gravity score matrix):



It is of concern that 10 of the young people were sentenced to custody for less serious offences with gravity scores of 4 or less. Only 4 of these were being sentenced under breach proceedings. Neither

of those with offence gravity scores of 2 was being sentenced under breach proceedings, which begs the question as to why they were sentenced to custody at all.

The chart below shows the length of the custodial sentences received:



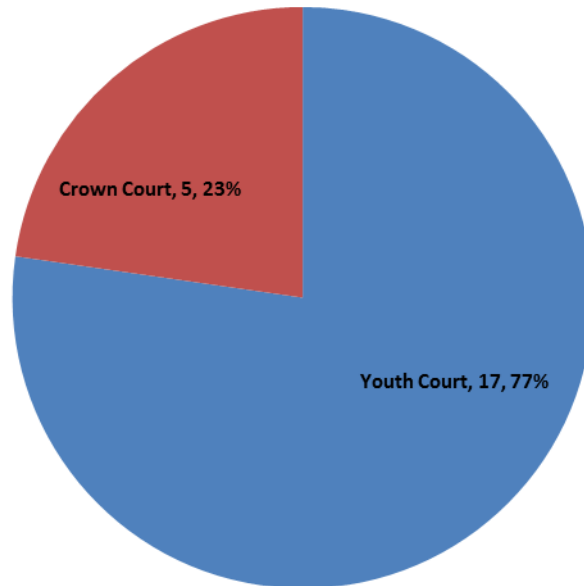
Whilst almost half (45%) received the minimum sentence of 4 months, over a quarter (27%) received sentences of 12 months or more. Amongst those receiving 4-month sentences the average gravity score was 4. All of those receiving sentences of 12 months or more had offence gravity scores of 5 or 6. As many young people committing offences with gravity score 6 receive community-based disposals it is clearly not just the seriousness of the offending which has resulted in these young people going into custody.

All but one of the young people in the sample was sentenced to a Detention and Training Order (DTO). The one case attracting a Section 90/91 Order was for an index offence of violence and he received a sentence of 34-months.

The Charlie Taylor report into Youth Justice, published in December 2016, calls for the ending of custodial sentences shorter than 12-months (i.e. 6 months in custody, 6 months post-release supervision) as they are not considered conducive to rehabilitation of the young person given the short duration of the custodial episode. If this was to come into force then almost half of the cases in the sample would not be eligible for custody. However, if this provision came into force there is a risk that in cases which might previously have attracted a short custodial sentence courts could opt for longer custodial sentences rather than community-based disposals.

The final chart below shows the type of court passing the custodial sentences:

Type of court sentencing young people to custody in 2015 & 2016



Cases are sent to the Crown Court where the Youth Court magistrates consider that their sentencing powers are too limited (a maximum of 2 years). However only one of the 5 young people sent to Crown Court received a sentence longer than 2 years. Given that Crown Courts are essentially adult courts which are unused to dealing with the complex and specific issues presented by young people, every effort should be made by solicitors and YOS staff to keep cases in the Youth Court.

## Conclusion and Recommendations

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Having achieved a remarkable reduction in the use of custody compared to 5 years ago, the YOS now needs to aim to have lower rates than comparator areas. To achieve this we need to:

- Improve our offer to looked after young people who offend. Too many looked after children are unnecessarily criminalised, (refer to report on LAC in the local youth justice system and 6 case studies) and some go on to receive custodial sentences.
- Develop interventions which are specifically targeted at young people committing offences of serious violence and robbery.
- Invite magistrates to view delivery of such interventions in order that they can be re-assured of their robustness.
- To ensure breach action is taken when young people fail to comply with their orders in order that magistrates have confidence in community-based disposals, whilst ensuring every effort is taken to re-engage the young person concerned before they are brought back to court.

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**To the Chair and Members of the Cabinet**

**Public Health Commissioning Strategy 2017/18 to 2020/21**

Relevant Cabinet Member(s)	Wards Affected	Key Decision
<b>Councillor Nigel Ball</b> Cabinet Member for Public Health, Leisure and Culture	All	Yes

**EXECUTIVE SUMMARY**

1. The public health commissioning strategy 2017/18 to 2020/21 outlines how the council can discharge its duty to commission a range of public health services within the budgetary framework of the Council and the terms of the public health grant in order to improve health and reduce health inequalities
2. Between 2013/14 and 2016/17 the size of the Doncaster public health grant has increased from just under £20 million to £25 million. However, this increase has not matched the cost of the additional responsibilities transferred to the council.
3. In 2015 the Department of Health announced a 6.2% in year cut to the size of the grant and subsequently a year on year real terms reduction of 3.9% was announced every year until 2020/21. Despite these national reductions the council has managed within the grant limits and created a wider determinants fund.
4. This public health commissioning strategy identifies the challenges and the overall approach the council needs to take in meeting the national reductions in the grant. Despite the approaches in the previous public health commissioning strategy unless additional action is taken the council is predicted to overspend against the public health grant by of £850,000 in 2018/19, £1,427,000 in 2019/20 and £2,045,000 by 2020/21.
5. This strategy shows how the principles and approach of the corporate commissioning strategy have been taken into account and describes the strategic commissioning objectives for the public health team, the scale of the changes envisaged, the procurement forward plan and a description of the risks and mitigation plans for this strategy. The changes to individual services are informed by the views of service users and providers.

6. This strategy highlights four public health services that require re-commissioning in 2017/18 for 2018/19 start. The services are 0-5 services, infection prevention and control services, specialist smoking cessation services and healthy living for Black and Minority Ethnic (BME) women in Doncaster.
7. However, even if these services are re-commissioned with a reduced financial envelope the council will still face an overspend against the public health grant of £282,000 in 2018/19, £690,000 in 2019/20 and £1,138,000 by 2020/21. This gap can be bridged in 2018/19 by using one-off public health contingency but the council will need to make further commissioning decisions in 2018 to reduce this predicted overspend.
8. This commissioning strategy also needs to be seen in the light of the Doncaster Place Plan and a move to more integrated commissioning and provision of services for local people.

## **EXEMPT REPORT**

9. The report does not contain exempt information

## **RECOMMENDATIONS**

The recommendations to the decision makers are:

10. Recommendation 1: CABINET is ASKED to APPROVE the public health commissioning strategy for 2017/18 to 2020/21;
11. Recommendation 2: CABINET is ASKED to APPROVE the procurement of the following first four public health services in 2017/18 so that they can start in 2018/19:
  - 0-5 services including health visiting, smoking in pregnancy, healthy start vitamin distribution and targeted services for vulnerable families;
  - Infection prevention and control;
  - Doncaster smoke-free services;
  - Healthy living for BME women in Doncaster.

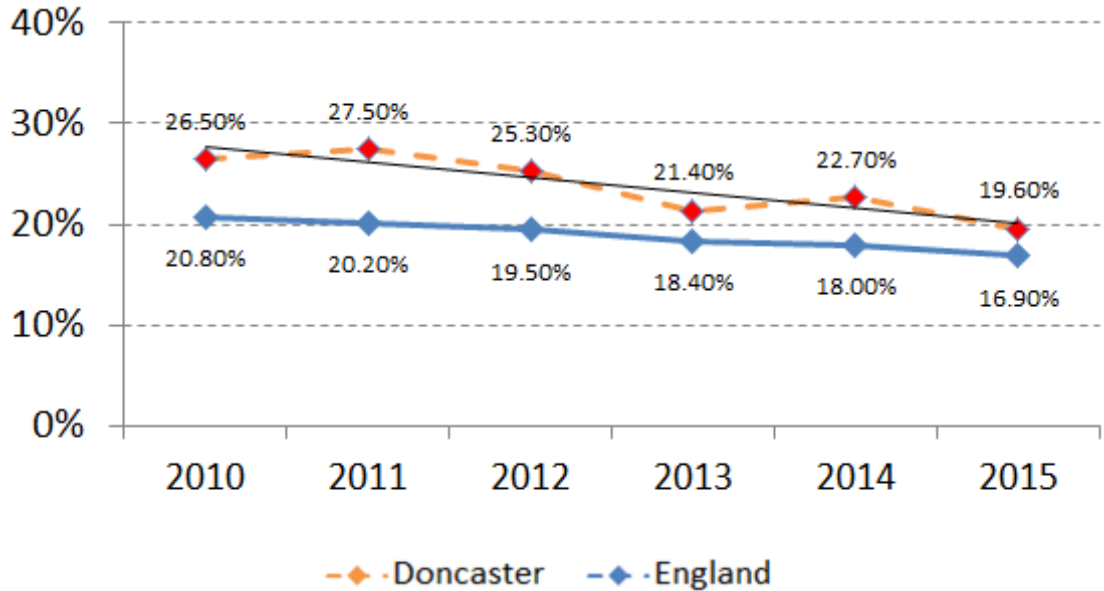
## **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

12. Public health services contribute to protecting and improving the health of the citizens of Doncaster and reducing health inequalities. Public health services provide both universal and targeted support and increasingly need to integrate with other services as well as becoming an extension of the community rather than a replacement for the community. The paragraphs below provide some examples of health outcomes observed in Doncaster.
13. Life expectancy in Doncaster has improved over the past decade, so that life expectancy for men is now 77.5 years and 81.6 years for women (based on 2012-14 data). However, there is still much to do to narrow the gaps in life expectancy with those of England as the gap is 2 years for men and 1.5

years for women. Within Doncaster the gap is greater at 10.7 years for men and 7.1 years for women between the most and least deprived parts of the Borough.

14. There has been a steady reduction in smoking prevalence among adults in Doncaster (Figure 1). The outcomes of the Doncaster Stop Smoking service compares favourably with national and regional quit rates (Table 1). In 2015/16 there were 1,338 people who quit smoking through this service.

**Figure 1:** Smoking Prevalence among adults aged 18 years and older in Doncaster compared to England: 2010-2015

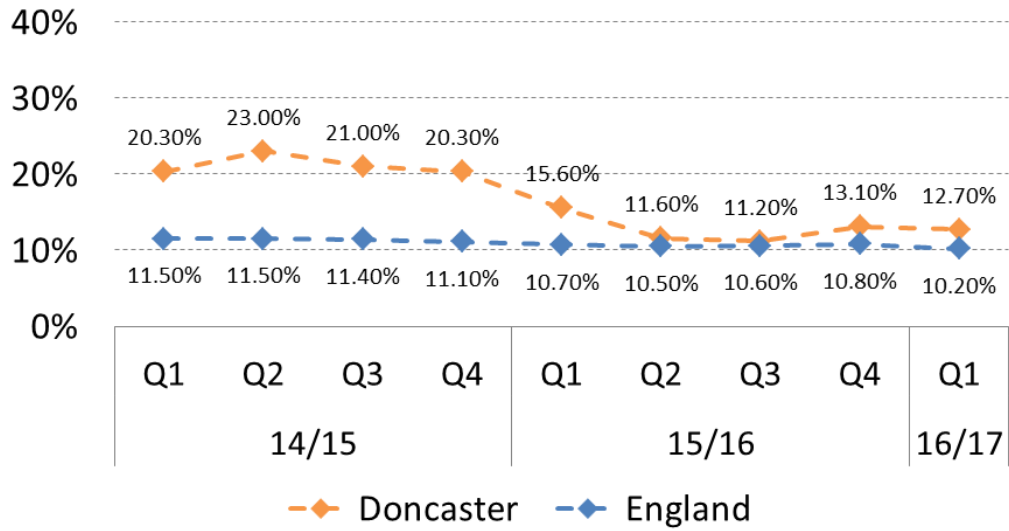


**Table 1:** Quit rates: Total and Carbon Monoxide (CO) validated (2015/16)

Local Authority	Quit rate per 100,000 population	CO validated quit rate per 100,000 population
Rotherham	618	426
Doncaster	607	401
Barnsley	573	393
Sheffield	326	234
Yorkshire and Humber	388	284
England	440	314

15. Smoking status at delivery has now fallen below 20% (Figure 2)

**Figure 2:** Mothers smoking status at delivery: 2014/15 to 2016/17



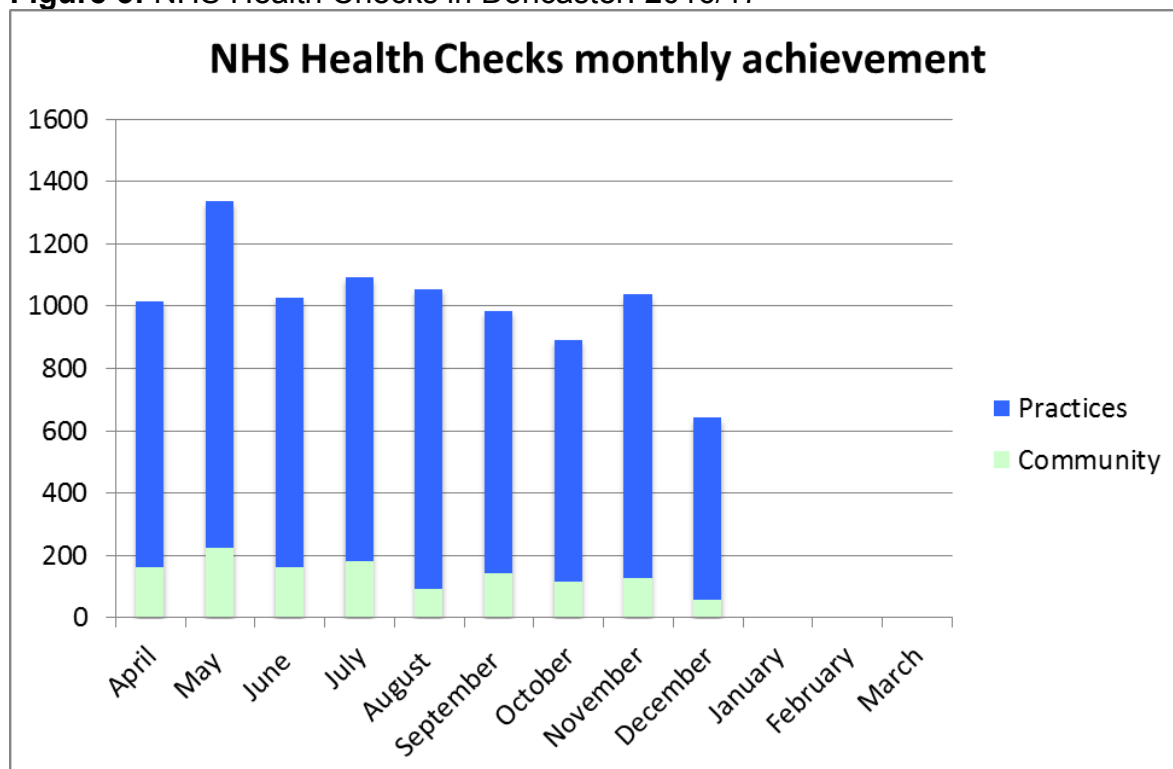
16. Substance misuse outcomes overall have improved with the successful treatment completions for people using alcohol and non-opiates among the highest in the country. (Table 2)

**Table 2:** Substance misuse outcomes in Doncaster: 2015/16 and 2016/17

	Baseline: 01/04/2015 to 31/03/2016			Latest Figures: 01/04/2016 to 31/03/2017			
	Number in treatment	Number of successful completion	Successful completion as a % of all in treatment	Number in treatment in the last 12 months	Number of successful comp in the last 12 months	Successful completion as a % of all in treatment	
<b>Doncaster</b>			Local			Local	Comparator LAs
Alcohol	397	245	61.71%	320	190	59.38%	40.09%
Alcohol and non-opiate	89	52	58.43%	68	34	50.00%	46.07% - 57.22%
Non-opiate	84	50	59.52%	73	34	46.58%	49.55% - 66.67%
Opiate	1407	76	5.40%	1391	61	4.39%	7.37% - 12.01%
<b>Total</b>	<b>1977</b>	<b>423</b>	<b>21.40%</b>	<b>1852</b>	<b>319</b>	<b>17.22%</b>	

17. The number of NHS Health Checks in Doncaster continues to increase with 20% of the eligible population being offered a test every 5 years (Figure 3).

**Figure 3: NHS Health Checks in Doncaster: 2016/17**



18. In 2015 there were 3,562 new births and there were 18,800 children aged 0-5. The performance of the Doncaster 0-5 (health visiting) services for 16/17 is shown below (Table 3).

**Table 3: Health visiting in Doncaster 2016/17**

Indicator	Target	2016/17			
		Q1	Q2	Q3	Q4
Number visited within 14 days		860	691	741	591
% visited within 14 days	80%	98%	88%	91%	86%
Number visited within 21 days		774	857	894	741
% visited within 21 days	95%	98%	97%	98%	94%
Number visited within 6-8 weeks		821	1003	1003	938
% visited within 6-8 weeks	95%	98%	95%	95%	97%
Number visited by 12 months		876	817	840	809
% visited by 12 months	80%	95%	91%	93%	95%
Number visited by 15 months		821	889	843	843
% visited by 15 months	95%	95%	95%	95%	94%
Number visited by 2.5 years		873	815	839	867
% visited by 2.5 years	90%	92%	91%	93%	95%

## 19. Healthy Living for Black and Minority Ethnic (BME) Women in Doncaster Service.

The Healthy Living for BME Women in Doncaster service provides an opportunity for women to access health and other advice and guidance relating to the wider determinants of health which they may not otherwise be able to get. Over the year 2016/17, the service has supported 471 women, of which 123 were new to the service. Over 20 different ethnicities are represented. Due to cultural reasons the provision of ESOL training is key to ensuring many of the women are able to access the Centre; during the year 97 women enrolled and so far 51 have received their accreditation. Sessions to support women that are not at the entry level for ESOL are held to help them become ESOL ready. Whilst the women are in the Centre there are opportunities for them to access other health promotion activities, this includes topics such as substance misuse, nutrition as well as more sensitive topics such as sexual health and screening. The women have also been able to access the NHS Health Checks service at the Centre. They are also informed how to register with a GP, understand the appointment systems and learn which service they require when (Choose Well). The confidence the women gain from accessing the service has helped some become champions within their communities, acting as the messenger and being able to support others; for example 4 of the champions have been trained by SY Fire to deliver top 10 tips on how to keep your home safe from fire which has resulted in fire alarms being fitted in homes and two are supporting women to access the Respect Yourself website. As well as accessing health information there have been 114 referrals over the year to other services including computer classes, domestic violence services and housing issues. Outreach sessions are also delivered in Hexthorpe to engage the Roma community.

## 20. Sexual Health

Key outcomes of Sexual health services as of February 2017 were as follows:

### Chlamydia

- % under 25s screened for chlamydia = 89% (target 75%)
- % chlamydia test results notified within 10 days of test date = 98% (target 90%)
- % chlamydia positive clients treated within six weeks of test date = 99% (target 95%)
- Partner notification ratio (Ratio of all contacts of chlamydia index case whose attendance at a sexual health service was documented as verified by a HCW, within four weeks of the test date) = 0.7 (target 0.4)

### HIV

- % all clients offered HIV test = 95% (target 98%)
- % accepted HIV test = 67% (target 75%)

21. The proposal for re-commissioning 0-5 services should mean citizens see a more integrated and holistic approach focussed on delivering the healthy child programme in partnership with other agencies as well as an increased focus on the first 1001 days. Citizens should see no difference in infection control services and the healthy living for BME women service. Finally for smoking cessation citizens will see an increased focus on more targeted interventions including those with existing health conditions and those least able to support themselves to quit smoking.

## **BACKGROUND**

22. The public health role of Local Authorities has expanded since the function transferred from the NHS to the local authority on 1 April 2013. The details of these initial responsibilities were set out in a number of documents, including in December 2011, the publication by the Department of Health of a series of factsheets collectively known as 'Public Health in Local Government' (gateway Reference 16747). The factsheets described: the Public Health leadership role for local government, detailed the new public health functions of local government, the role of the Director of Public Health, commissioning responsibilities, public health advice to NHS commissioners, professional appraisal and support and capacity building.<sup>1</sup>

23. The Council's public health duty is to take such steps as it considers appropriate for improving the health of the people in its area. The factsheets suggest that an obvious way in which local authorities will fulfil this duty will be commissioning a range of services from a range of providers from different sectors, working with clinical commissioning groups and representatives of the NHS England to create as integrated a set of services as possible. However, local authorities can fulfil this duty in a wide range of ways, including the way they operate the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.

24. The public health services are sub-divided into mandated (or prescribed) and non-mandated (or non-prescribed) services, as outlined below:<sup>2</sup>

### ***Prescribed functions (mandated services):***

- 1) Sexual health services – sexually transmitted infections (STI) testing and treatment
- 2) Sexual health services – Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice to NHS Commissioners
- 6) National Child Measurement Programme

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<sup>1</sup>The new public health role of Local Authorities. Department of Health (2012).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf)

<sup>2</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499614/PH\\_allocations\\_and\\_conditions\\_2016-17\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499614/PH_allocations_and_conditions_2016-17_A.pdf)

7) Prescribed Children's 0-5 services

**Non-prescribed functions (non-mandated services):**

- 8) Sexual health services - Advice, prevention and promotion
- 9) Obesity – adults
- 10) Obesity - children
- 11) Physical activity – adults
- 12) Physical activity - children
- 13) Treatment for drug misuse in adults
- 14) Treatment for alcohol misuse in adults
- 15) Preventing and reducing harm from drug misuse in adults
- 16) Preventing and reducing harm from alcohol misuse in adults
- 17) Specialist drugs and alcohol misuse services for children and young people
- 18) Stop smoking services and interventions
- 19) Wider tobacco control
- 20) Children 5-19 public health programmes
- 21) Other Children's 0-5 services non prescribed
- 22) Health at work
- 23) Public mental health
- 24) Miscellaneous, which includes:
  - Nutrition initiatives
  - Accidents Prevention
  - General prevention
  - Community safety, violence prevention & social exclusion
  - Dental public health
  - Fluoridation
  - Infectious disease surveillance and control
  - Environmental hazards protection
  - Seasonal death reduction initiatives
  - Birth defect preventions
  - Other public health services

**The Public Health Grant**

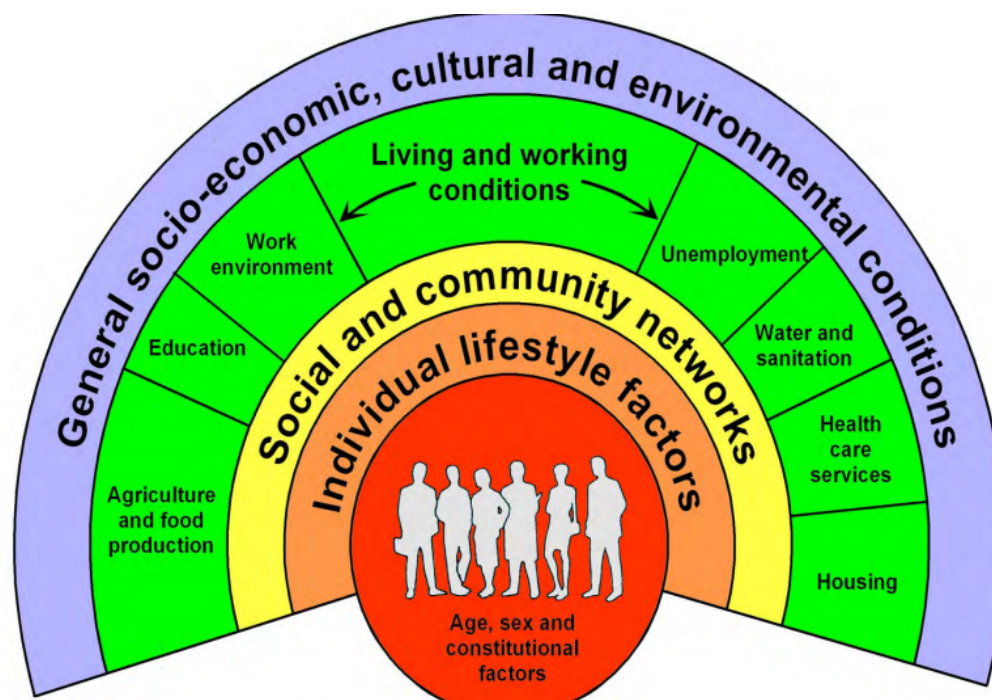
25. The Public Health Grant is committed according to the Council's budget book. In general terms, the investment is split across 3 areas, firstly services commissioned through contracts, secondly public health advice and corporate recharges, and finally the wider determinants fund (i.e. realigned services) and contingency. The Local Authority Circular Gateway 18552 stipulates the conditions for the grant, and the monitoring arrangements.
26. The first area of investment is in the public health commissioned services provided by external bodies. This investment is directly linked to individual contracts and although the contract can be negotiated in year with mutual consent by both parties, this is increasingly difficult due to the financial challenges all organisations face.
27. The second area of investment includes the staff salaries and expenditure that is not linked to a contract but is used over the course of the year to improve health and reduce health inequalities.



28. The third area of investment includes both the wider determinants fund where the public health grant is used to resource activity (commissioned or provided) by another part of the Council that meets the Public Health Grant conditions and a small contingency for activity based contracts, which may over perform over the course of the financial year.

Wider determinant of health is a term used to capture interventions that promote healthy living and working conditions e.g. housing, work environment, food, education green space, active transport, etc. (Figure).

**Figure 6:** Wider determinants of health



Source: Dahlgren and Whitehead 1991

The wider determinants financial values for 2017/18 are summarised below.

- Doncaster Culture and Leisure Trust (DCLT) & Supporting people mental health & substance misuse contracts for Adult Health and Wellbeing Directorate;
- Aiming higher & Integrated Family Support Service early years' service for Learning and Opportunities;
- Food control, Air pollution & General Public Health for Regeneration and Environment Directorate.

**Table 4:** Allocation of Wider Determinants Funds within DMBC Directorates

Row Labels	Sum of Directorate Totals	
Adults, Health & Wellbeing	£	1,563,540.00
Learning & Opportunities: Children & Young People	£	1,619,280
Regeneration & Environment	£	1,987,200.00
<b>Grand Total</b>	<b>£</b>	<b>5,170,020.00</b>

29. This Public Health Commissioning Strategy explicitly addresses the first and third areas of expenditure although the expenditure on staff costs is directly related to the commissioning activity proposed.

*Use of the Public Health Grant since 2013*

30. The table below shows how the Public Health grant has been allocated to date (Table 5). There was a significant increase in the grant in 15/16 and 16/17 as a result of the novation (the transfer of a new contract) of public health 0-5 services to the local authority. This increase masks the true cost of the services £6.725m in 2015 and 2016/17 but a grant increase of only £4.857m.

**Table 5: Public Health Grant 2013/14 to 2016/17**

	£ 000s	£ 000s	£ 000s	£ 000s
<b>Year</b>	<b>13/14</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>
Public Health Grant	19,943	20,198	22,184	25,055
Public Health other income	326	326	468	605
<b>Commissioned Services</b>				
Sexual Health	3,089	3,170	2,393	2,314
NHS Health Check programme	569	510	329	475
Health protection	129	73	182	60
National Child Measurement Programme	68	0	76	68
Obesity	667	840	711	257
Physical Activity	62	62	265	61
Substance Misuse	7,733	6,958	7,300	6,122
Smoking and Tobacco	1,407	1,300	1,369	949
Children 5-19 public health programmes	1,218	1,891	2,096	1,948
Children 0-5 Health Visiting	0	0	3,148	6,741
Other public health services	892	264	261	108
<b>Sub-total Commissioned Services</b>	<b>15,836</b>	<b>15,068</b>	<b>18,130</b>	<b>19,103</b>
<b>Central and Support Services</b>				
Public Health Advice (including Salary costs)	1,912	1,647	1,567	1,117
Parked Cut – use of ear marked reserves				-261
Support services	354	296	296	360
<b>Sub-total Central and Support Services</b>	<b>2,266</b>	<b>1,943</b>	<b>1,863</b>	<b>1,216</b>
<b>Contingency Used</b>	<b>516</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Wider Determinants fund</b>	<b>1,325</b>	<b>3,676</b>	<b>4,019</b>	<b>5,341</b>
<b>Total Spend</b>	<b>19,943</b>	<b>20,787</b>	<b>23,986</b>	<b>25,660</b>

31. In Doncaster, the public health grant is also supplemented by additional income from outside bodies, other local and regional funding streams including the Better Care Fund, grants from the Police and Crime Commissioner and Public Health England, finally the public health team generates income through secondments or supplying public health expertise to external bodies.
32. In 2013 the wider determinants fund was created from the public health grant. This has been used to realign public health services previously delivered by the council that meet the criteria for public health grant.

### *National Public Health Grant Reductions*

33. On 4<sup>th</sup> June 2015, the Chancellor of the Exchequer announced a £200m reduction in non-NHS Department of Health spending, which was translated into an in-year reduction in the Local Authority public health grants. The 2015/16 in year cut for Doncaster was confirmed at £1.464m or 6.2% (Letter from DOH 4th November 2015).
34. The Comprehensive Spending Review (CSR) on 25th November 2015 also announced a further reduction in the size of the public health grant. At a national level this is an average real terms saving of 3.9% each year to 2020/21. This is based on a revised baseline that makes the 2015/16 in-year cut a recurrent saving. This is a cash reduction of 9.6% over that period and at a national level this was phased at 2.2% in 2016/17, 2.5% in 17/18, 2.6% in the following 2 years and flat cash in 2020/21. The 2015/16 reduction amounted to £1.463m, a 16/17 reduction of £0.576m, 17/18 £0.618m and 18/19 an assumed reduction of £0.635m and predicted in 19/20 a further reduction of £0.618m
35. There have been no decisions about when a revised funding formula and a 'pace of change' adjustment might be brought in. In addition, the spending review has committed to retain the public health grant for 2016/17 and 2017/18, and from 2019/20 the public health grant will be replaced by a model based on retained business rates subject to legislation. Finally no further information was provided about the health premium incentive scheme.
36. As a response to the 2015 in-year reduction a set of savings proposals were identified but a budget shortfall of £2.109m was predicted for 2016/17. This was subsequently addressed through a set of low risk and high risk proposals. The budget saving was made but there are now no tier 2 weight management services in the borough, still no public mental health services, and no specialised oral health promotion services. The growth funding and wider determinants funding was untouched by the in-year reduction but the staffing level of the public health function was reduced by 25%. Some of the savings proposals were not able to be implemented due to a range of reasons including the practicalities of service changes e.g. substance misuse in Mexborough, sexual health 'spokes', others took longer than anticipated to release savings as services needed to 'wind down' and ensure those people using the services were effectively discharged and other savings although made had to be reinstated as the lack of funding and

service created a major risk for the Borough e.g. infection prevention and control service.

37. To date, the 2016/17 position for the public health grant is a balanced position but this has required a higher use of reserves from the public health grant than anticipated (£261k). The use of reserves was appropriate as budget reductions are built into future reductions in contract values.

### **Strategic Commissioning Objectives**

38. The strategic commissioning objectives of this public health strategy are:

- 1) To improve and protect the health and wellbeing of Doncaster people and improve the health of the poorest fastest.
- 2) To improve the quality and effectiveness of commissioned public health services in line with available resources.
- 3) To undertake the tender exercises for the proposed public health services.
- 4) To align the commissioning of public health services with the commissioning of other services by DMBC or partners through the implementation of the Doncaster Place Plan.
- 5) To maintain a wider determinants fund for use across the council's public health duties.
- 6) To develop the public health commissioning workforce.

### ***Public health commissioning intentions 2017/18 to 2020/21***

39. The challenges for 2017/18 to 2020/21 are to maintain effective, well led and high quality commissioned public health services as they integrate further with other local service deliverers, transforming them to be an extension of the community not a replacement for the community in the face of continuing reductions to the public health grant.

40. The commissioning intentions are one way the council and partners respond to the Health and Wellbeing strategy and the challenges outlined in the most recent Director of Public Health annual report. These are:

- Improving children's health and wellbeing
- Making the link between education, work and health
- Increasing healthy life expectancy and reducing preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

## **Public health grant 2017/18 to 2020/21**

41. The national reductions in the size of the public health grant have been notified as 2.6% a year; a real terms saving of 3.9% a year. If no changes are made to the current commissioning portfolio there will be an overspend against the public health grant of £850,000 in 2018/19, £1,427,000 in 2019/20 and £2,045,000 by 2020/21.
42. This strategy proposes a pragmatic and phased approach to achieving a break even position on the public health grant. Whilst the national reductions in the public health grant have been mitigated to some extent by judicious commissioning by ensuring where any services tendered in the last 3 years have had built in reductions in contract values, there are still a number of significant commissioning decisions required. To support this approach there is a £500k public health contingency fund.
43. In 2017 four of the public health commissioned services require procurement as the existing contracts expire. These services are:
- 0-5 public health services including Health Visiting, Smoking in Pregnancy, Healthy Start vitamin distribution and targeted services for vulnerable families;
  - Infection prevention and control services
  - Doncaster Smoke-free Services
  - Healthy Living for BME women in Doncaster.

If these services are procured within the expected financial envelopes then the overspend against the reduced public health grant can be brought down to £282,000 in 2018/19, £690,000 in 2019/20 and £1,138,000 by 2020/21.

44. In addition to the services being re-commissioned in 2017/18 a further key decision will be required by cabinet, in due course, to agree where future service changes may be required.

### **Public Health Services for re-commissioning in 2017/18 for start in 2018/19**

#### **(a) 0-5 Public Health Services**

##### *The Description of Service Area:*

45. The aims and objectives of this service are that all children and their families receive the Healthy Child Programme (0-5), consisting of universal access and early identification of additional and/or complex needs. This includes:
- support families to give children the best start in life based on current evidence of the first 1001 Critical Days: The Importance of the Conception to Age Two Period as a foundation on which to build support in the early years and beyond
  - provide expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health

- enable children to be ready to learn at 2, ready for school by 5 and to achieve the best possible educational outcomes
46. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development - physical, intellectual and emotional – are set in place during pregnancy and in early childhood.
47. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the Healthy Child Programme via 5 mandated universal checks and assessments. The Healthy Child Programme promotes child development and aims to improve child health outcomes.
48. Smoking remains the leading cause of preventable death and disease in England. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Doncaster has chosen to incorporate smoking cessation services for pregnant and post natal women into the 0-5 Healthy Child pathway. This integrated model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams

### *The Outcomes*

49. The expected outcomes of 0-5 services are:
- Reduction in infant mortality
  - Reduction in smoking status at time of delivery
  - Increased breast feeding prevalence at 6-8 weeks after birth
  - Increased percentage of children achieving a good level development at the end of reception.

### *The Proposed Actions*

50. The service will lead and co-ordinate local delivery of the Healthy Child Programme 0-5 requirements using the 4-5-6 model for Health Visiting, with a focus on the 6 High Impact Areas to support delivery (as detailed in Public Health Commissioning Strategy).
51. The universal Healthy Child Programme will be delivered through assessment of need by appropriately qualified staff; health promotion; engagement in health education programmes; involvement in key public health priority interventions and communities; and delivery of evidence-based assessments and interventions.
52. The service approach should be to build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children

### *The Financial Impacts*

53. The financial impacts of the 0-5 services are shown below.

**Table 6: 0-5 Public Health Services**

<b>Public Health Services</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
0-5 Services	£6,771,000	£6,264,675	£6,108,562	£5,956,349

**(b) Infection Prevention and Control Service**

*The Description of Service Area:*

54. For the citizens of Doncaster, the Infection Prevention and Control Service means that the health of our residents in care homes are protected from infections by ensuring that there is appropriate service in place for preventing infections, and where there are any infections these are promptly controlled. The objectives of the service are:

- To provide expert proactive and reactive infection prevention and control (IPC) knowledge skill and experiential support to community health and social care providers.
- To provide training and support to develop a group of IPC champions across the care homes. To support and enable healthcare workers to audit health and social care providers to ensure compliance with Care Quality Commission (CQC) requirements in relation to infection prevention and control and requirements in DMBC and Doncaster Clinical Commissioning Group (CCG) contracts and service specifications.
- To provide specialist infection prevention and control guidance to care homes and specialist training for DMBC contract monitoring officers.
- To support Public Health England (PHE) to provide the local level response to outbreaks on infectious disease under the direction of Public Health England Health Protection Teams.
- To conduct Post Infection Review (PIR) for specified cases and to ensure the learning from these processes is embedded.
- To provide advice on anti-microbial resistant organisms to community health and social care providers within the scope of this contract.
- To work with commissioners to provide the information required to scope the need for IPC services in the community.

*Outcomes*

55. The service will contribute to the following key outcomes for the people of Doncaster:

- Reduced incidence of bloodstream infections from bacteria called Methicillin Resistance Staphylococcus Aureus (MRSA);
- Reduced incidence of Clostridium Difficile Infections (CDI);

- Reduced number of outbreaks of infectious disease in health and social care settings in the community (care homes);
- Better training & education, audit, surveillance (e.g. CDI, MRSA) in the community including care homes.

### *The Financial Impacts*

56. The financial impacts of infection prevention and control service are shown below.

**Table 7:** Infection Prevention and Control costs

<b>Public Health Services</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Infection Prevention and Control	72,600	70,000	70,000	70,000

### **(c) Doncaster Smoke-free services**

#### *The Description of Service Area*

57. The average national adult smoking prevalence is 16.9%, whereas the Doncaster smoking prevalence is 19.6%. Smoking related mortality is also higher in Doncaster than the national average. An effective Doncaster smoke free service will reduce smoking prevalence and decrease smoking related mortality.

58. The Provider will provide evidence based stop smoking support to people who are motivated to quit tailored to their level of addiction, quitting and medical history, personal factors and socio-economic classification. There is currently little evidence that smokeless tobacco and niche tobacco products are used significantly within Doncaster however the provider should assume that where clients use these products the appropriate level of support should be provided. The service should respond to the increasing use of electronic cigarettes by providing appropriate support to individuals who choose to change their behaviour by using these products.

59. The Commissioners will allow the main provider to use sub-contractors to deliver stop smoking support, subject to their having achieved the appropriate levels of competence. The provider will remain responsible for clinical and financial governance and quality assurance of any sub-contractors.

#### *Outcomes*

60. The expected outcomes of Doncaster Smoke Free Service are:

- All clients to be offered individualised support commencing within 5 working days
- A quit rate of a minimum of 50% measured at 4-weeks for support with medication



- A quit rate of a minimum of 40% measured by self-report at 4 weeks for support without provision of medication
- Behaviour change at 6-months. 50% of those reported as quit at 4-weeks to remain abstinent.
- Client reported satisfaction rates to exceed 80%.
- Containing prescribing costs within a fixed prescribing budget
- Meeting the activity targets for quitting smoking, see below table.

**Table 8:** Activity Schedule: activity per annum with regard to seasonal variation above

	2017/18	2018/19	2019/20	2020/21
Quits with medication	1670	1670	1670	1670
Quits initiated no medication*	4500	4500	4500	4500

\*Text, internet, quit kit, e-cigarette etc. self-validated by sampling

### *The Financial Impacts*

61. The financial impacts of the Stop Smoking Service are shown in the table below.

**Table 9:** Financial investment for Doncaster Stop Smoking Service

	Finance schedule (indicative breakdown based upon available budget), the final schedule will be based upon the tenderers bid.			
	2017/18	2018/19	2019/20	2020/21
Service Costs				
Service costs (90%)		£413,790	£363,105	£354,024
Quality premium (10%)	£447,342	£41,379	£40,345	£39,336
Medication Costs	£235,353	£235,630	£235,630	£235,630
Total	£682,695	£649,420	£639,080	£628,990

### **(d) Healthy Living for BME Women in Doncaster**

#### *The Description of Service Area and Proposed Activities*

62. BME Women experience poor health inequalities and often excluded from services that seem alien and intimidating due to unfamiliarity; cultural and religious reasons; language barriers; and little knowledge of the service provision available.

63. The service will provide BME women across Doncaster with support around their health but is expected to concentrate this support in the most deprived areas where BME women are more vulnerable to poorer health outcomes.

The service will work in, with, and for women in these communities to improve:

- general health outcomes
- access to services
- support for wider social and well-being needs

64. A community centred approach such as this again links to NICE Guidance PH9; Community Engagement where it is suggested that although community engagement approaches are used to inform (or consult with) communities they may have a marginal impact on their health, it does acknowledge that these activities may have an impact on the appropriateness, accessibility and uptake of services. They may also have an impact on people's health literacy (their ability to understand and use information to improve and maintain their health (NICE guidelines (PH9) 2008).

65. The guidance also advocates that a robust system of evaluation be built into the cycle of delivery. Therefore a detailed data collection system with clear milestones will be required to record the progress of each client clearly. It is expected that evaluation will be a constant process which listens to and considers feedback from the client group as well as other partner organisations. This will ensure the Healthy Living service evolves continuously to meet the changing population and needs of BME women.

### *Outcomes*

66. The expected outcomes of the services are:
- Improve the health and reduce inequalities of BME women across Doncaster
  - Improve the health literacy of BME women
  - Improve knowledge of Public Health messages
  - Improve social inclusion of BME women
  - Increase number of opportunities across Doncaster for BME women to actively participate in self-help activities

### *The Financial Impacts*

67. The financial impacts of this service are shown in table below.

**Table 10:** Financial investment of Healthy Living for BME Women in Doncaster

Public Health Services	2017/18	2018/19	2019/20	2020/21
Healthy Living for BME Women in Doncaster	£50,790	£50,790	£50,790	£50,790

## Impact on Public Health Grant

68. If the four services outlined above are recommissioned then the likely impact on the public health grant is shown below in table 7. The overspend in 18/19 can be met (one-off) from the public health contingency leaving a final contingency of £220k.

**Table 11:** Anticipated Public Health Budget: 2017/18 to 2020/21

	2017/18	2018/19	2019/20	2020/21
	£000's	£000's	£000's	£000's
Public Health Grant	24,437	23,802	23,184	22,566
Public Health Other income	528	528	528	528
<b>Total PH income</b>	<b>24,965</b>	<b>24,330</b>	<b>23,712</b>	<b>23,094</b>
<b>Expenditure: Commissioned Services</b>				
Sexual Health	2,297	2,272	2,272	2,272
NHS Health Check programme	475	475	475	475
Health protection	80	80	80	80
National Child Measurement Programme	68	68	68	68
Obesity	170	170	170	170
Physical Activity	76	76	76	69
Substance Misuse	5,832	5,832	5,832	5,832
Smoking and Tobacco	948	894	878	862
Children 5-19 public health programmes	1,926	1,867	1,821	1,821
Children 0-5 Health visiting	6,526	6,037	5,886	5,739
Other public health services misc H&WB	106	106	106	106
Sub-total Commissioned Services	<b>18,504</b>	<b>17,877</b>	<b>17,664</b>	<b>17,494</b>
<b>Expenditure: Central and Support Services</b>				
Public Health Advice (including Salary costs) 6% vacancy factor built in for 14/15 onwards	1,211	1,211	1,211	1,211
ear marked reserve (parked cut)	-273	0	0	0
Support services	353	354	357	357
Sub-total Central and Support Services	<b>1,291</b>	<b>1,565</b>	<b>1,568</b>	<b>1,568</b>
<b>Expenditure (wider determinants)</b>				
Realignment	4,907	4,907	4,907	4,907
Growth	263	263	263	263
Sub-total wider determinants	<b>5,170</b>	<b>5,170</b>	<b>5,170</b>	<b>5,170</b>
<b>Total Expenditure (commissioned + central &amp; support + Wider determinants)</b>	<b>24,965</b>	<b>24,612</b>	<b>24,402</b>	<b>24,232</b>
shortfall i.e. income against expenditure	0	282	690	1,138

## **Possible Public Health Services for re-commissioning in 2018/19 for start in 2019/20**

69. In order to meet the predicted overspend against the public health grant in 2018/19 and following years cabinet will need to take another Key Decision in order to reduce public health commissioning expenditure. Possible areas to recommission or decommission include

- NHS health checks
- Obesity services including tier 3 weight management
- Substance misuse services
- Children's 5-19 public health programmes
- Integrated sexual health services for adults
- Psychosexual health service

### **OPTIONS CONSIDERED**

70. **Option 1.** Do nothing. In this option there is no agreed public health commissioning strategy and there will almost certainly be an overspend against public health grant.

71. **Option 2.**

Recommendation 1: CABINET is ASKED to APPROVE the public health commissioning strategy for 2018/19 to 2020/21;

Recommendation 2: CABINET is ASKED to APPROVE the procurement of the following first four public health services in 2017/18 so that they can start in 2018/19:

- 0-5 services including health visiting, smoking in pregnancy, healthy start vitamin distribution and targeted services for vulnerable families;
- Infection prevention and control;
- Doncaster smoke-free services;
- Healthy living for BME women in Doncaster.

### **REASONS FOR RECOMMENDED OPTION**

72. Option 2 is the preferred option as the council needs to not only set but also deliver a balanced budget. The commissioning strategy provides the council with a coordinated approach that not only will ensure the best chance of improving health and reducing health inequalities, minimizing risks and gives information to the public, current and future providers on the likely changes.

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

73. The impacts of the Public Health Commissioning Strategy on the Council's

key outcomes are outlined in the table below.

	<b>Outcomes</b>	<b>Implications</b>
	<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>Effective delivery of public health commissioned services would support this priority</p>
	<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>Effective delivery of public health commissioned services would support this priority</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>Effective delivery of public health commissioned services would support this priority.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>Effective delivery of public health commissioned services would support this priority</p>
	<p>Council services are modern and value for money.</p>	<p>Effective delivery of public health commissioned services would support this priority</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>Effective delivery of public health commissioned services would support this priority</p>

## **RISKS AND ASSUMPTIONS**

74. Substantial change in size or status of ring-fenced grant. This option assumes that the public health grant continues to be ring fenced and there are no additional reductions in the size of the grant. A reduction in the grant

will require additional savings and if the ring fence is removed the Council may choose to use the entire grant differently. Risk rating = Likelihood 4 x Impact 4 = 16 (Medium risk)

75. Public Health failure to deliver the commissioning strategy and the council requirement to fulfill its health improvement duty under the health and social care act (2012). In particular its obligation to deliver the national healthy child programme and the associated mandated reviews and assessments. Risk rating = Likelihood 3 x Impact 5 = 15 (Medium risk)

76. Insufficient volume in contracts. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that waiting lists will be generated for public health commissioned services. A reduced and remodelled approach to public health services has the best chance of avoiding this. Demand management strategies will be optimised but with many of these preventative services reducing demand for these services will increase future care costs borne by other parts of the Council especially Adult social care. Across all service areas the use of web-based services will be explored in order to reduce unnecessary face-to-face contacts. However, evidence from performance of substance misuse and sexual health services showed an increase in face-to-face contacts. Risk rating = Likelihood 4 x Impact 4 = 16 (Medium risk)

77. There are also a number of cross cutting issues that can impact on this strategy. These include:

- The development of the Doncaster approach to joint or more integrated commissioning both within DMBC and across the Team Doncaster partnership.
- The development of the Doncaster approach to more integrated provision of services as described in the Doncaster Place Plan including work on 'complex dependencies'.
- The challenges faced by providers to continue to delivery services given the budget reductions to date.
- The capability and capacity of the staff in the public health directorate to deliver this strategy.
- The availability of information and evidence to inform the strategy.

Risk rating = Likelihood 4 x Impact 4 = 16 (Medium risk)

## **LEGAL IMPLICATIONS**

### *Procurement Legal Implications*

78. Section 12 of the Health and Social Care Act 2012 places a duty on Councils to improve public health of the people who live in their areas.

79. Section 1 of the Localism Act 2011 gives a Local authority's a general power of competence to do anything that individuals generally may do.

80. The Public Health Services will be commissioned in accordance with the light touch regime contained within the Public Contracts Regulations 2015.
81. Legal will provide advice and assistance to support the Public Health Commissioning Strategy.

### Equality Legal Implications

82. The Equality Act 2010 introduced a public sector equality duty which requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
83. A 'protected characteristic' is defined in the Act as: age; disability; gender reassignment; pregnancy and maternity; race (including ethnic or national origins, colour or nationality); religion or belief; sex; sexual orientation; marriage and civil partnership.
84. A due regard statement will be completed in the run up to the procurement processes and an Officer's Decision Record (ODR) will be completed to allow the decision maker to have full knowledge and understanding of the legal duties in relation to the public sector equality duty and consciously apply the law to the facts when considering and reaching decisions where equality issues arise.
85. Legal advice and assistance will be required as procurement programme progresses.

### **FINANCIAL IMPLICATIONS**

86. The Public Health function transferred to the council with effect from the 1<sup>st</sup> April 2013. The council has approved a budget of £25m in respect of Public Health services for 2017/18. Within this £25m various budget lines have been allocated in line with this commissioning strategy. This can be broken down as follows:
- Commissioned services: £18.6m
  - Central and support services: £1.2m
  - PH outcome related re-alignment: £5.2m
87. In addition to the approved £25m budget there is a carry forward from financial year 2016/17 of approx. £0.77m and following a drawdown of £0.27m there will be £0.5m which will be used to help with the budget setting process.
88. The budget for 2017/18 has been balanced however there still remains a challenge to balance the budget for financial years 2018/19 onwards this is due to a reduction in grant allocation of around 2.6% per annum (circa £0.6m)

89. This commissioning strategy aims to address this budget shortfall through the re-procurement of the services mentioned in the report.
90. The overall commissioning / contract budget will need to be managed by the Public Health service to ensure that expenditure remains within the funding available.

## **HUMAN RESOURCES IMPLICATIONS**

91. There are no Human Resources implications to the recommendations. Human Resources will support Public Health colleagues when and where required to deliver the commissioning strategy.

## **TECHNOLOGY IMPLICATIONS**

92. In implementing the recommended options detailed in this report, the Commissioner should consider the existing areas of transformation across the organisation including: Adults Transformation Programme and the Doncaster Integrated People Solution and how these commissioned services may impact on these areas of transformation.
93. Consideration should also be given to the vast technology toolkit available to the Council and how value for money can be demonstrated in using existing solutions in whole or part. Where opportunities are identified, a business case should be submitted to the ICT Governance Board with requirements to allow consideration to be given of the suitability of any in-house technical solutions, including but not limited to Case Management Systems and website development, including full transaction ability.
94. As the report identifies, in commissioning services, full consideration and compliance must be given to the statutory obligations of the Council in respect of the Data Protection Act 1998, NHS Confidentiality Code of Practice & Caldicott principles and approved processes must be in place in advance of service commissioning through guidance from the Council's Data Protection Officer.
95. Provision should also be made in the commissioning of services, for the ownership, protection/security of all data and information collected from the service by the provider and ensures this is compliant with ICO regulations. Guidance should be specifically sought from Information Governance & Data Protection Officers. Provision must also be made for the transfer/and or disposal of any data collected on behalf of the commissioners during and at the end of the commissioned services.

## **EQUALITY IMPLICATIONS**

96. A Due Regard Statement has been completed and it is separately attached to the commissioning strategy.
97. The Public Health commissioning strategy will proceed but for each area of



commissioning activity a separate due regard statement will be developed as part of the process. If the strategy is implemented effectively then the strategy should reduce health inequalities.

## **CONSULTATION**

98. Consultation with staff group; service users and wider stakeholders is in progress. Full analysis and results of the consultation will be shared on completion.

## **BACKGROUND PAPERS**

- 99. Public Health Commissioning Strategy
- 100. Due Regard statements

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## **Public Health Commissioning Strategy: 2017/18 to 2020/21**

**Dr Victor Joseph**, Consultant in Public Health, Public Health Team, Adult Health and Well-being Directorate, DMBC on behalf of Public Health, DMBC

May 2017

# Table of Contents

1.	Introduction .....	1
1.1	Background .....	1
1.2	The Public Health Role of Local Authorities.....	1
1.3	The Public Health Grant.....	3
2.	Developing the Commissioning Strategy:.....	5
2.1	Principle 1: Commissioning for Outcomes.....	6
2.2	Principle 2: Challenging existing and reviewing alternative service delivery models .....	7
2.3	Principle 3: Work in partnership .....	9
2.4	Principle 4 & 6: Understanding Needs and Promoting Resident Involvement .....	9
2.5	Principle 5: Social Value .....	9
2.6	Principle 7: Value for Money .....	10
2.7	Principle 8: Building Sustainability .....	14
2.8	Principle 9: Market Stimulation and Development .....	15
2.9	Principle 10: Corporate Social Responsibility .....	15
2.10	Principle 11: Equalities.....	15
3.	Communication and Engagement .....	15
3.1	Who are our Customers? .....	15
4.	Strategic Commissioning Objectives:.....	17
5.	Approach to Strategic Planning .....	17
5.1	Public health grant 2017/18 to 2020/21 .....	18
5.2	Proposed changes to start 2018/19.....	20
5.3	Overall Impact on the Public Health Grant Spend .....	33
5.4	Proposed changes to start 2019/20 or later .....	34
5.5	Key risks and issues.....	34
6.	Conclusion .....	35



## 1. Introduction

The purpose of this strategy is to describe how the commissioning activity of the Public Health team contributes to improving healthy life expectancy and improves the health of the poorest fastest in Doncaster.

### 1.1 Background

On 1<sup>st</sup> April 2013, the responsibility for local public health transferred to the Council. Each year, the Department of Health allocates an annual public health grant to improve and protect the health of health of the local populations. Doncaster Council (DMBC) uses this grant on all areas of public health expenditure including staff costs, DMBC support costs, an internal wider determinants fund and a range of commissioned services .The grant is included in the council's Medium Term Financial Plan (MTFP) and is approved by council. This commissioning strategy outlines the commissioning approach taken by DMBC to maintain or improve outcomes whilst making the savings required by the national reductions in the Public Health grant over the next 4 years.

### 1.2 The Public Health Role of Local Authorities

The public health role of Local Authorities has expanded since the function transferred from the NHS to the local authority on 1 April 2013. The details of these initial responsibilities were set out in a number of documents, including in December 2011, the publication by the Department of Health of a series of factsheets collectively known as 'Public Health in Local Government' (gateway Reference 16747). The factsheets described: the Public Health leadership role for local government, detailed the new public health functions of local government, the role of the Director of Public Health, commissioning responsibilities, public health advice to NHS commissioners, professional appraisal and support and capacity building.<sup>1</sup>

The Council's public health duty is to take such steps as it considers appropriate for improving the health of the people in its area. The factsheets suggest that an obvious way in which local authorities will fulfil this duty will be commissioning a range of services from a range of providers from different sectors, working with clinical commissioning groups and representatives of the NHS England to create as integrated a set of services as possible. However, local authorities can fulfil this duty in a wide range of ways, including the way they operate the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.

The guidance factsheets suggest that local authorities will want to ensure the health needs of

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<sup>1</sup>The new public health role of Local Authorities. Department of Health (2012).  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf)

disadvantaged areas and vulnerable groups are addressed, as well as giving consideration to equality issues. The goal should be to improve the health of all people, but to improve the health of the poorest, fastest.

The Health and Social Care Act 2012 includes a power for the Secretary of State for Health to prescribe that local authorities take certain steps in the exercise of public health functions, including that certain services should be commissioned or provided. The purpose of this power is not to identify some services as more important than others. Rather the issue is that in some service areas (particularly health protection) greater uniformity of provision is required. In others, the Secretary of State for Health is currently under a legal duty and needs to ensure that that obligation is effectively delivered when a function is delegated to local government (the provision of contraception is an example). Finally, certain other steps are critical to the effective running of the public health system at a local level, for example, ensuring that the local authority provides public health advice to NHS commissioners.

The commissioning of other non-mandated services is discretionary, guided by the Public Health Outcomes Framework (PHOF), the local Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy.

The list of public health services that are mandatory (prescribed) and non-mandatory (non-prescribed) includes the following:<sup>2</sup>

***Prescribed functions (mandated services):***

- 1) Sexual health services – sexually transmitted infections (STI) testing and treatment
- 2) Sexual health services – Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice to NHS Commissioners
- 6) National Child Measurement Programme
- 7) Prescribed Children's 0-5 services

***Non-prescribed functions (non-mandated services):***

- 8) Sexual health services - Advice, prevention and promotion
- 9) Obesity – adults
- 10) Obesity - children
- 11) Physical activity – adults
- 12) Physical activity - children
- 13) Treatment for drug misuse in adults
- 14) Treatment for alcohol misuse in adults
- 15) Preventing and reducing harm from drug misuse in adults
- 16) Preventing and reducing harm from alcohol misuse in adults
- 17) Specialist drugs and alcohol misuse services for children and young people
- 18) Stop smoking services and interventions
- 19) Wider tobacco control
- 20) Children 5-19 public health programmes
- 21) Other Children's 0-5 services non prescribed
- 22) Health at work

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2

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499614/PH\\_allocations\\_and\\_conditions\\_2016-17\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499614/PH_allocations_and_conditions_2016-17_A.pdf)

23) Public mental health

24) Miscellaneous, which includes:

- Nutrition initiatives
- Accidents Prevention
- General prevention
- Community safety, violence prevention & social exclusion
- Dental public health
- Fluoridation
- Infectious disease surveillance and control
- Environmental hazards protection
- Seasonal death reduction initiatives
- Birth defect preventions
- Other public health services

### **1.3 The Public Health Grant**

The Public Health Grant is committed according to the Council's budget book. In general terms, the investment is split across 3 areas, firstly non-controllable commissioned services, secondly controllable public health advice and corporate recharges and finally the wider determinants fund (i.e. realigned services) and contingency. The Local Authority Circular Gateway 18552 stipulates the conditions for the grant, and the monitoring arrangements.

The first area of investment is in the public health commissioned services provided by external bodies. This investment is directly linked to contracts and is non-controllable.

The second area of investment includes the staff salaries and controllable expenditure that is not linked to a contract but is used over the course of the year to improve health and reduce health inequalities.

The third area of investment includes both the wider determinants fund where the public health grant is used to resource activity (commissioned or provided) by another part of the Council that meets the Public Health Grant conditions and a small contingency for activity based contracts, which may over perform over the course of the financial year.

This Public Health Commissioning Strategy explicitly addresses the first and third areas of expenditure although the expenditure on staff costs is directly related to the commissioning activity proposed.

#### *Use of the Public Health Grant since 2013*

The table below shows how the Public Health grant has been allocated to date (Table 1). There was a significant increase in the grant in 15/16 and 16/17 as a result of the novation (the transfer of a new contract) of public health 0-5 services to the local authority. This increase masks the true cost of the services £6.725m in 2015 and 2016/17 but a grant increase of only £4.857m.

In Doncaster, the public health grant is also supplemented by additional income from outside bodies, other local and regional funding streams including the Better Care Fund, grants from



the Police and Crime Commissioner and Public Health England, finally the public health team generates income through secondments or supplying public health expertise to external bodies.

In 2013 the wider determinants fund was created from the public health grant. This has been used to realign public health services previously delivered by the council that meet the criteria for public health grant.

**Table 1:** Public Health Grant 2013/14 to 2016/17

	£ 000s	£ 000s	£ 000s	£ 000s
Year	13/14	14/15	15/16	16/17
Public Health Grant	19,943	20,198	22,184	25,055
Public Health other income	326	326	468	605
<b>Commissioned Services</b>				
Sexual Health	3,089	3,170	2,393	2,314
NHS Health Check programme	569	510	329	475
Health protection	129	73	182	60
National Child Measurement Programme	68	0	76	68
Obesity	667	840	711	257
Physical Activity	62	62	265	61
Substance Misuse	7,733	6,958	7,300	6,122
Smoking and Tobacco	1,407	1,300	1,369	949
Children 5-19 public health programmes	1,218	1,891	2,096	1,948
Children 0-5 Health Visiting	0	0	3,148	6,741
Other public health services	892	264	261	108
<b>Sub-total Commissioned Services</b>	<b>15,836</b>	<b>15,068</b>	<b>18,130</b>	<b>19,103</b>
<b>Central and Support Services</b>				
Public Health Advice (including Salary costs)	1,912	1,647	1,567	1,117
Parked Cut – use of ear marked reserves				-261
Support services	354	296	296	360
<b>Sub-total Central and Support Services</b>	<b>2,266</b>	<b>1,943</b>	<b>1,863</b>	<b>1,216</b>
<b>Contingency used</b>	516	100	0	0
<b>Wider Determinants fund</b>	1,325	3,676	4,019	5,341
<b>Total Spend</b>	<b>19,943</b>	<b>20,787</b>	<b>23,986</b>	<b>25,660</b>

## *National Public Health Grant Reductions*

On 4<sup>th</sup> June 2015 the chancellor announced a £200m reduction in non-NHS Department of Health spending, which was translated into an in-year reduction in the Local Authority public health grants. The 2015/16 in year cut for Doncaster was confirmed at £1.464m or 6.2% (Letter from DOH 4th November 2015).

The Comprehensive Spending Review (CSR) on 25th November 2015 also announced a further reduction in the size of the public health grant. At a national level this is an average real terms saving of 3.9% each year to 2020/21. This is based on a revised baseline that makes the 2015/16 in-year cut a recurrent saving. This is a cash reduction of 9.6% over that period and at a national level this was phased at 2.2% in 2016/17, 2.5% in 17/18, 2.6% in the following 2 years and flat cash in 2020/21. The 2015/16 reduction amounted to £1.463m, a 16/17 reduction of £0.576m, 17/18 £0.618m and 18/19 an assumed reduction of £0.635m and predicted in 19/20 a further reduction of £0.618m

There have been no decisions about when a revised funding formula and a 'pace of change' adjustment might be brought in. In addition, the spending review has committed to retain the public health grant for 2016/17 and 2017/18, and from 2018/19 the public health grant will be replaced by a model based on retained business rates. Doncaster through the Sheffield City Region has agreed to pilot what this would mean in 2017/18. Finally no further information was provided about the health premium incentive scheme.

As a response to the 2015 in-year reduction a set of savings proposals were identified but a budget shortfall of £2.109m was predicted for 2016/17. This was subsequently addressed through a set of low risk and high risk proposals. The budget saving was made but there are now no tier 2 weight management services in the borough, still no public mental health services, and no specialised oral health promotion services. The growth funding and wider determinants funding was untouched by the in-year reduction but the staffing level of the public health function was reduced by 25%. Some of the savings proposals were not able to be implemented due to a range of reasons including the practicalities of service changes e.g. substance misuse in Mexborough, sexual health 'spokes', others took longer than anticipated to release savings as services needed to 'wind down' and ensure those people using the services were effectively discharged and other savings although made had to be reinstated as the lack of funding and service created a major risk for the Borough e.g. infection control.

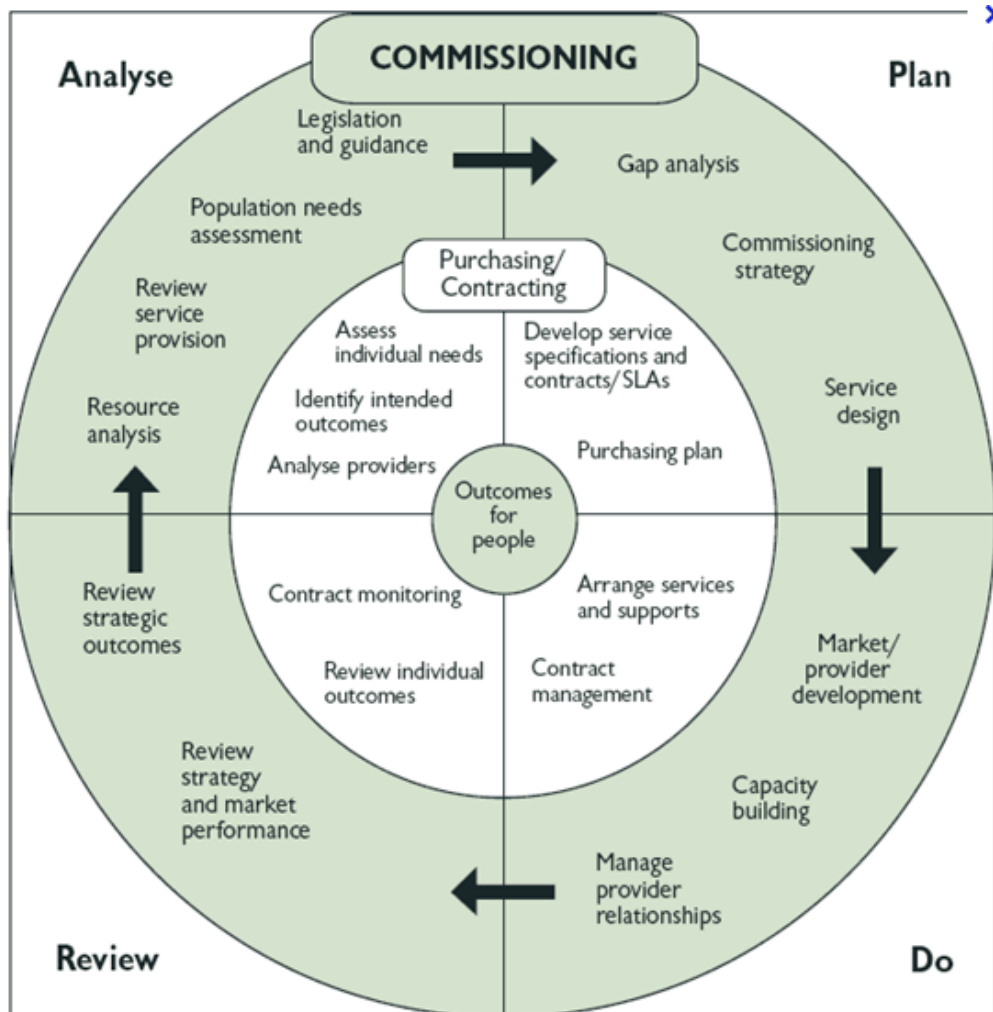
To date the 2016/17 position for the public health grant is a balanced position but this has required a higher use of reserves from the public health grant than anticipated (£261k). The use of reserves was appropriate as budget reductions are built into future reductions in contract values.

### **1. Developing the Commissioning Strategy:**

This strategy has been developed in keeping with the 11 principles outlined in the corporate commissioning and procurement strategy. The principles underpin the Doncaster strategic commissioning cycle (Figure 1).

The majority of the commissioning activity described in this document occurs at the level of the Doncaster population.

**Figure 1:** Doncaster strategic commissioning cycle.



## 2.1 Principle 1: Commissioning for Outcomes

The Public Health team aims to commission for outcomes and quality as opposed to commissioning for inputs or volume and price. However, many services that were inherited from the NHS were commissioned for inputs (i.e. the number of staff), processes (delivery models), outputs (targets or indicators) or were commissioned to meet system level outcomes that were outside the gift of the individual service to deliver against.

Outcomes Based Commissioning requires an emphasis on ‘turning the curve’, identifying actions that will bring about change toward the desired results in terms of outcomes for populations and the performance of services. This relies on baselines, data, intelligence and insight, including the stories behind the baselines. It also involves forecasting the impact of specific interventions and makes effective use of simple population and

performance information. Outcomes Based Accountability (OBA) is a useful tool for supporting outcomes-based commissioning.

All commissioning strategies associated with this framework will support the delivery of the high level population outcomes as set out in the Public Health Outcomes Framework.

## 2.2 Principle 2: Challenging existing and reviewing alternative service delivery models

Public health is a statutory duty for DMBC. It is sensible that the proposed programme of commissioned activity is reviewed to ensure the public health duty is delivered effectively, to review existing contractual arrangements, market test where appropriate and also to ensure the public health grant is used to the maximum effectiveness.

Over the time period of this strategy a number of contracts will expire and a range of new services will be required.

**Benchmarking:** Public Health functions and commissioned services can be benchmarked in a number of ways including performance against the public health outcomes framework, the quantum of the public health grant and effectiveness of the use of the grant.

**Public Health Performance:** Doncaster performance on the Public health outcomes framework is worse than the national average for the headline indicators healthy life expectancy and difference in life expectancy (Figure 2). This is further shown in Health Profiles for Doncaster (Figure 3).

**Figure 2:** Life expectancy gap for men and women (in years) in Doncaster.

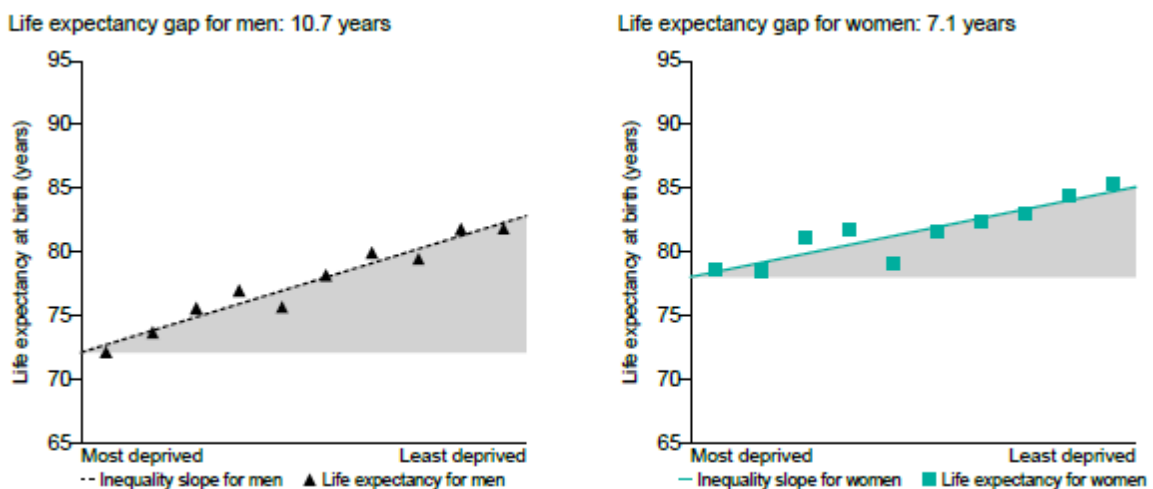
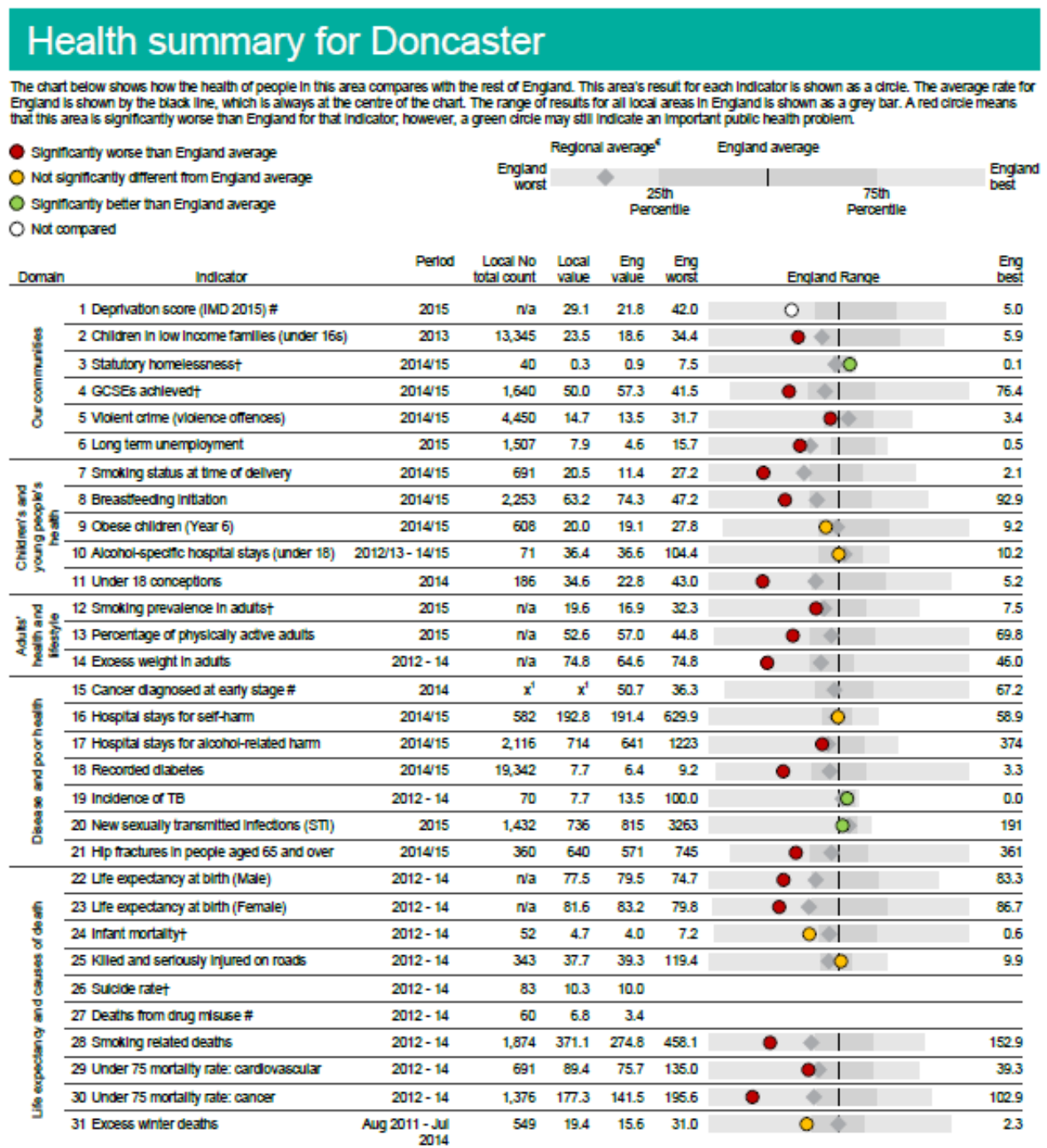


Figure 3: Health profile for Doncaster, September 2016



**Indicator notes**

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households  
 4 5 A\*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population  
 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery  
 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18  
 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per  
 week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex  
 standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition),  
 directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new  
 diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000  
 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1  
 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population  
 (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised  
 rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths  
 minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. # "Regional" refers to the former government regions.  
 # New indicator for Health Profiles 2016. x<sup>1</sup> Value not published for data quality reasons

### **2.3 Principle 3: Work in partnership**

The Public Health team will work in partnership with other agencies to improve health and reduce health inequalities. This may involve partnerships with co-commissioners both within Doncaster and in other geographies where there is evidence of benefit. In addition, in line with the Doncaster Place Plan further work will need to be done to integrate both commissioning and the provision of services.

### **2.4 Principle 4 & 6: Understanding Needs and Promoting Resident Involvement**

Doncaster people are involved in the commissioning of public health services in a number of ways.

Firstly, the community, including patients and carers, are involved in contributing and producing the Joint Strategic Needs Assessment or other more targeted assessments. These assessments are used to identify strategic priorities including the priorities in the Health and Wellbeing Strategy. These contributions are also used by commissioners to set service user expectation of the service. The Public Health team will use the corporate community engagement toolkit.

Secondly as part of the public health contracts with providers each provider must provide an annual service user report to provide assurance that the service is measuring service user experience. Service users are also involved in validating whether services meet NICE quality standards where they exist for those services.

Thirdly, where changes to services or service models are proposed the public and patients and carers are involved in co-producing the new models with the explicit aim of making services more accessible and effective.

All these approaches require sharing of information along care pathways by other commissioners or involving the local Healthwatch.

### **2.5 Principle 5: Social Value**

Many Public Health services are by nature preventative and geared to early intervention. The benefits to individuals far outweigh the costs of the prevention activity and may prevent future expenditure including both health and social care costs. Many public health services have wider economic benefits. For example, every £1 spent on smoking cessation saves around £10 in lifetime health care costs and health gains, according NICE estimates<sup>33</sup>.

As part of this commissioning strategy economic, environmental and social benefits will be considered by appropriately using techniques such as Social Return on Investment. These techniques will be applied at the pre-procurement stage to ensure this commissioning

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<sup>33</sup> NICE. Tobacco Return on Investment Tool. <https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool>

approach takes account of the Social Value as defined by the Local Services (Social Value) Act 2013.

The Public Health team will also explore the potential of working with providers who pay a 'living wage'.

## 2.6 Principle 7: Value for Money

Table 2 summarises the public health grant allocation for LAs in Yorkshire and the Humber. Across the region, the 2016/17 allocation per head of population varied from £32.8 per head to £97 per head reflecting the funding allocation formula, while Doncaster allocation was £80.2; and a total public health budget allocation was £25 million.

**Table 2:** Summary of Public Health allocation by local authorities in Yorkshire and the Humber in 2016/17

Figures in (£'000s)	2016-17 Total allocation (incl. 0-5)	2016-17 Total allocation per head (2015 MYE*)
<b>England</b>	<b>3,387,460</b>	<b>61.8</b>
<b>Yorkshire and Humber</b>	<b>342,530 (10%)</b>	<b>62.0</b>
Barnsley	17,888	72.9
Bradford	44,015	80.8
Calderdale	13,940	65.2
Doncaster	25,055	80.2
East Riding of Yorkshire	11,322	32.8
Kingston upon Hull	25,765	97.0
Kirklees	27,347	61.4
Leeds	46,630	58.8
North East Lincolnshire	11,603	70.9
North Lincolnshire	9,803	56.3
North Yorkshire	22,895	37.1
Rotherham	17,157	64.2
Sheffield	35,100	60.1
Wakefield	25,577	74.7
York	8,433	39.8

\*ONS 2015 mid-year population estimates

### Financial performance: How do we measure value for money?

Although the evidence on the cost-effectiveness of public health interventions is clear, measuring the impact of local investment in public health can be challenging. Public Health England with the Association of Directors of Public Health have published guidance on the public health grant and its use which includes information on how the impact of the grant may be seen locally (Public Health England, January 2017). This guidance has been used to identify possible indicators which could be used to monitor the impact of public health



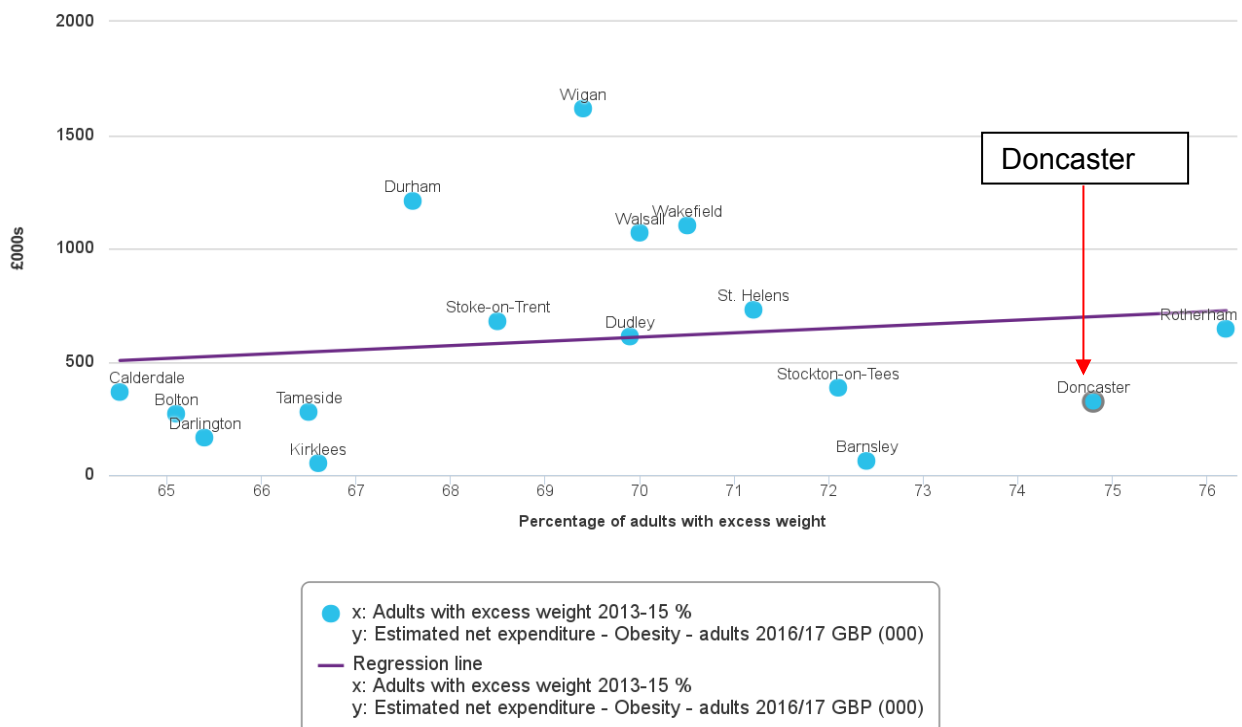
investment locally. All indicators shown are drawn from the Public Health Outcome Framework (PHOF). In November 2016, DMBC Corporate Strategy and Performance Unit (SPU) also carried out public health value for money benchmarking for a range of public health commissioned services. The value for money benchmarking exercise compared spends against outcomes in the following public health service areas:

- Obesity and physical activities
- Sexual health
- Smoking and tobacco control
- Substance misuse
- Child public health programmes
- Miscellaneous public health services (e.g. children 0-5 services).
- Additional measures (health protection, public health advice, and mental health support).

Examples of value for money benchmarking related to obesity (Figure 4a in adults; and Figure 4b obesity in children), and smoking and tobacco control service (Figure 5). The public health outcomes across a range of areas in Doncaster and other local authorities in Yorkshire and the Humber are shown in Figure 6 below.

**Figure 4a: Value for Money benchmarking for obesity services (adults)**

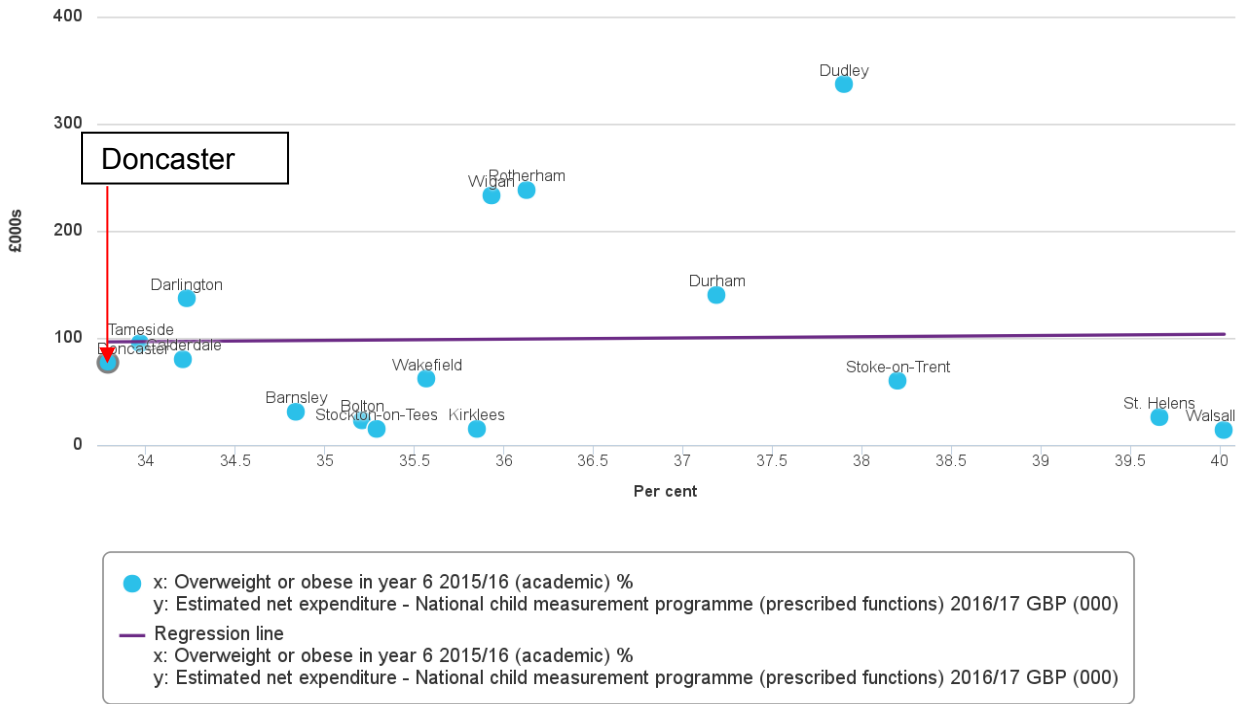
**Adult prevalence of excess weight (%) (2013-15) & Estimated budget net expenditure - Obesity - adults (GBP (000)) (2016/17) for Doncaster & Doncaster CIPFA nearest neighbours**



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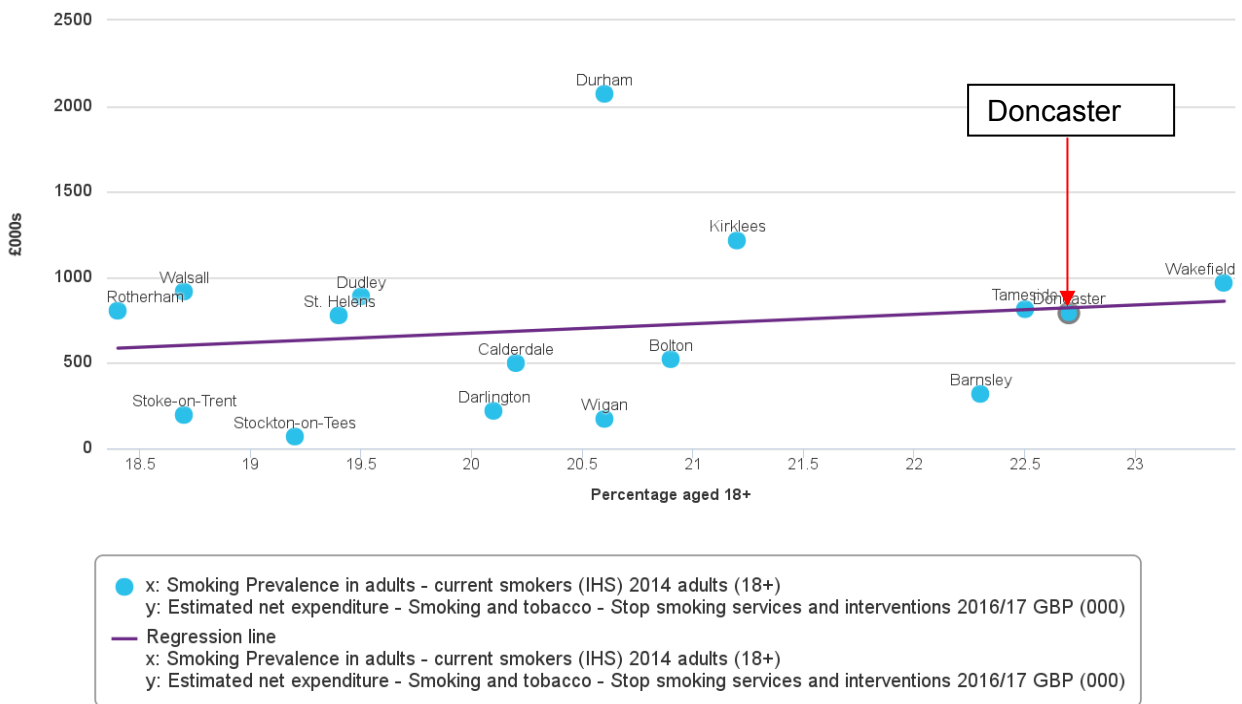


**Figure 4b: Value for Money benchmarking for obesity services (children in year 6)**  
**% of children in year 6 who are overweight or obese (%) (2015/16 (academic)) & Estimated budget net expenditure - National child measurement programme (prescribed functions) (GBP (000)) (2016/17) for Doncaster & Doncaster CIPFA nearest neighbours**



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**Figure 5: Value for money benchmarking for smoking service**  
**Smoking Prevalence in adults - current smokers (IHS) (adults) (2014) & Estimated budget net expenditure - Smoking and tobacco - Stop smoking services and interventions (GBP (000)) (2016/17) for Doncaster & Doncaster CIPFA nearest neighbours**



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**Figure 6:** Indicators used to monitor the impact of public health investment locally (PHE, September 2016)

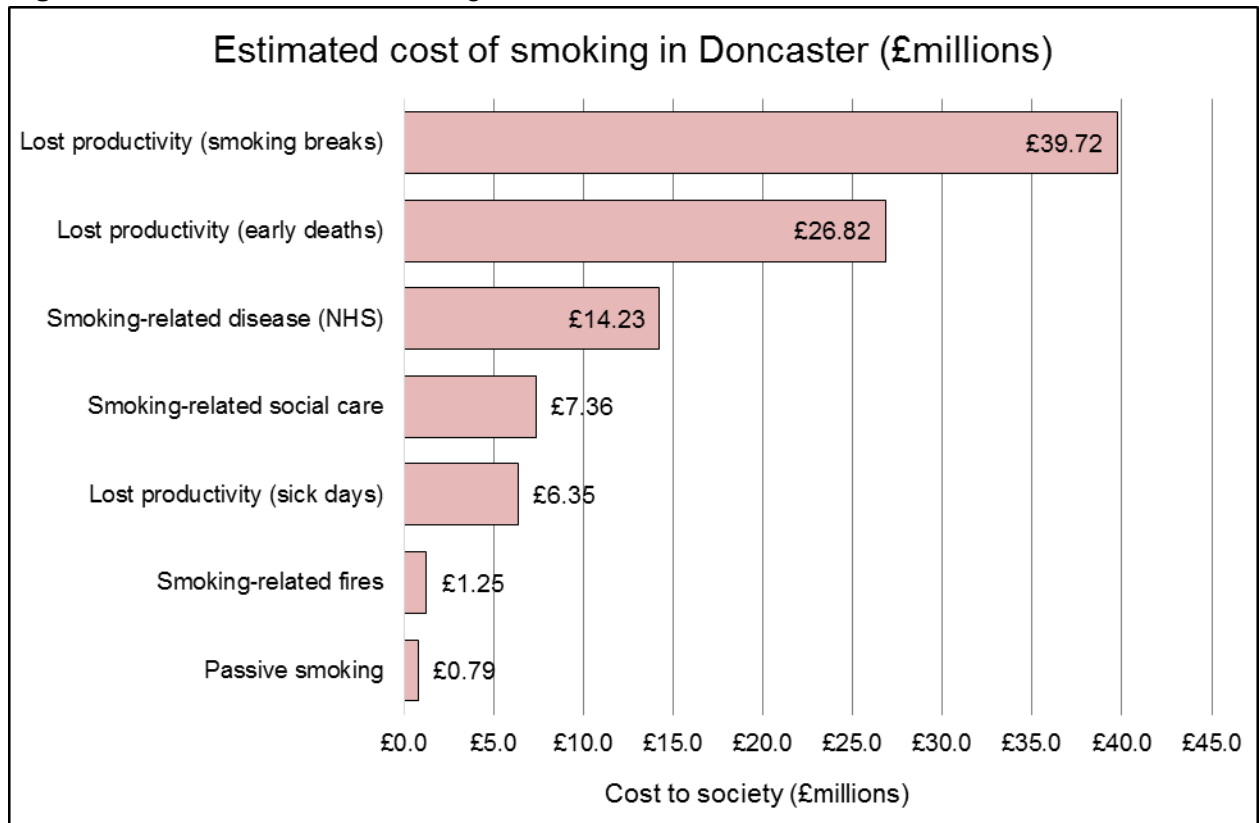
Relation to England	Public Health grant category	Local Authorities																
		England	Yorkshire and the Humber	Kingston upon Hull	Barnsley	Rotherham	Doncaster	Sheffield	North East Lincolnshire	Bradford	Wakefield	Kirkcaldy	Leeds	North Lincolnshire	East Riding of Yorkshire	York	North Yorkshire	
Breastfeeding prevalence at 6-8 weeks after birth - current method	Children 0-5	43.2	-	30.1	29.0	-	30.4	-	24.1	40.1	35.1	-	43.1	-	-	42.4	-	-
MMR vaccination coverage - for two doses (5 years old)	Children 0-5	88.6	92.3	93.2	95.1	91.4	89.0	89.0	95.5	92.7	92.5	96.5	92.1	91.8	93.8	91.1	91.5	
The percentage of children achieving a good level of development at the end of reception	Children 0-5	66.3	64.6	60.5	62.5	67.4	65.3	64.9	66.8	62.2	64.8	65.2	64.5	61.8	70.1	68.5	69.7	66.5
Hospital admissions caused by unintentional and deliberate injuries in young people (15-24)	Children 5-19	131.7	138.1	142.4	166.6	122.6	148.8	93.1	158.3	179.4	247.0	140.3	144.1	117.4	122.0	117.6	116.6	143.9
HPV vaccination coverage for one dose (females 12-13 years old)	Children 5-19	89.4	91.8	79.5	90.5	88.4	89.1	92.6	93.9	91.4	94.2	91.4	92.6	96.5	83.3	88.5	90.1	97.4
Under 18 conceptions	Children 5-19	22.8	26.4	39.3	36.3	28.9	34.6	27.9	40.8	27.2	23.4	21.6	24.5	29.4	24.5	17.2	15.7	16.7
Flu vaccination coverage in at risk individuals	Health protection	45.1	45.6	42.8	44.6	47.4	46.8	46.3	42.2	46.4	43.3	46.4	46.6	47.7	44.4	44.4	39.9	46.1
Incidence of TB	Health protection	12.0	9.6	6.5	3.5	5.5	7.3	14.7	2.9	22.3	5.6	17.3	8.2	13.0	6.3	1.7	2.6	2.5
Emergency Hospital Admissions for Intentional Self-Harm	Miscellaneous	191.4	198.1	242.0	266.6	161.9	192.8	176.8	217.6	257.3	226.3	179.8	182.2	204.6	182.7	125.8	230.0	171.6
Injuries due to falls in people aged 65 and over	Miscellaneous	2,125	2,041	2,591	2,776	1,417	2,256	1,998	1,523	2,251	2,135	2,226	2,147	2,382	1,471	1,838	2,005	1,647
Proportion of five year old children free from dental decay	Miscellaneous	75.2	71.5	62.2	69.8	71.1	69.0	68.6	70.1	62.5	63.5	71.1	70.7	68.6	61.9	76.9	83.6	79.3
Proportion of the population meeting the recommended "5-a-day" at age 15	Miscellaneous	52.4	49.6	43.8	44.5	47.1	42.2	47.8	50.8	49.6	47.4	53.6	48.9	51.8	44.3	53.1	54.5	54.5
Proportion of the population meeting the recommended "5-a-day" on a 'usual day' (adults)	Miscellaneous	52.3	51.0	48.8	52.6	49.8	51.2	51.0	49.5	49.4	42.7	46.8	52.4	51.9	45.4	51.9	57.8	57.9
Self-reported wellbeing - people with a high anxiety score	Miscellaneous	19.4	21.3	21.4	24.4	23.9	19.7	22.1	20.0	21.6	22.7	22.0	22.8	22.2	18.4	18.4	23.6	17.8
Self-reported wellbeing - people with a low happiness score	Miscellaneous	9.0	10.2	13.9	12.2	12.1	11.5	9.1	15.5	9.4	9.3	8.8	10.5	11.2	8.5	9.9	9.9	7.8
Self-reported wellbeing - people with a low satisfaction score	Miscellaneous	4.8	5.7	-	7.4	7.1	7.6	6.6	5.0	4.3	7.8	5.3	4.8	5.5	4.0	-	4.6	4.7
Self-reported wellbeing - people with a low worthwhile score	Miscellaneous	3.8	4.3	5.4	4.7	4.9	5.7	4.6	4.8	4.6	5.0	4.3	-	4.1	4.4	-	-	3.8
Suicide rate	Miscellaneous	10.1	10.7	12.1	10.6	14.2	10.1	11.1	11.0	11.4	9.2	9.7	12.9	10.5	8.3	8.5	14.0	10.0
Cumulative percentage of the eligible population who received an NHS Health Check (40-74)	NHS HC	48.6	48.8	34.1	67.2	75.1	60.3	42.4	41.7	59.3	33.4	55.5	58.2	63.7	57.5	19.7	37.6	43.8
Child excess weight in 10-11 year olds	Obesity	33.2	33.3	35.8	31.6	35.3	34.0	34.1	33.3	35.7	33.4	32.8	31.8	33.0	33.7	33.2	28.3	30.1
Child excess weight in 4-5 year olds	Obesity	21.9	21.5	-	20.0	21.7	22.2	20.6	25.1	19.9	21.8	23.9	20.8	21.5	23.0	19.6	19.1	21.1
Excess weight in Adults	Obesity	64.8	67.4	70.3	72.4	76.2	74.8	64.7	69.7	67.9	70.5	66.6	64.5	62.3	69.8	71.3	56.4	65.1
Emergency readmissions within 30 days of discharge from hospital	PH advice	11.8	12.0	12.1	12.0	13.4	12.5	12.5	9.2	12.0	12.0	11.4	12.8	13.4	11.2	10.5	11.2	10.8
Mortality rate from causes considered preventable	PH advice	184.5	200.2	272.7	207.0	211.2	222.3	203.5	234.6	219.6	211.0	185.0	211.9	211.8	206.1	169.6	169.3	153.9
Percentage of physically active and inactive adults - inactive adults	Physical activity	28.7	29.1	33.8	34.6	30.6	29.1	28.3	27.4	30.8	29.8	31.6	29.3	28.9	32.2	27.3	17.5	26.6
Chlamydia detection rate (15-24 year olds)	Sexual health	1,887	2,031	2,841	1,752	1,738	2,549	1,583	2,694	1,385	2,236	2,031	2,230	2,433	3,393	2,100	1,462	1,602
HIV late diagnosis	Sexual health	40.3	48.2	59.5	44.4	48.0	47.9	57.5	42.9	43.1	34.1	48.3	57.7	47.4	41.7	37.5	68.8	46.7
Smoking prevalence at age 15 - current smokers (WAY survey)	Smoking	8.2	8.7	8.6	10.7	10.0	8.9	8.2	9.9	9.5	8.2	7.8	9.9	10.0	9.8	7.6	8.5	5.5
Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	Smoking	26.5	28.2	33.2	31.7	26.7	26.5	29.0	32.7	30.1	29.9	25.3	29.1	29.0	31.1	24.4	27.8	21.3
Smoking Prevalence in adults - current smokers (APS)	Smoking	16.9	18.6	25.8	21.3	18.0	19.6	18.4	22.8	20.9	21.9	16.4	18.7	18.5	21.0	15.7	14.6	13.3
Admission episodes for alcohol-related conditions - narrow definition	Substance misuse	640.8	686.5	818.7	756.1	701.3	713.6	698.5	657.2	796.4	885.5	662.9	596.2	615.2	669.9	570.9	633.8	621.7
Smoking status at time of delivery	Substance misuse	10.6	14.5	21.1	17.6	18.1	12.9	12.7	23.5	15.0	18.6	11.1	11.6	11.0	19.8	13.3	12.1	14.0
Successful completion of alcohol treatment	Substance misuse	38.4	37.3	36.3	50.2	49.5	54.0	29.5	17.6	37.1	52.3	46.2	31.2	27.5	35.9	36.6	36.0	33.3
Successful completion of drug treatment - non-opiate users	Substance misuse	37.3	34.8	30.2	51.8	42.9	52.0	31.5	22.9	37.8	43.7	48.9	29.8	25.6	32.0	32.5	31.5	25.5
Successful completion of drug treatment - opiate users	Substance misuse	6.7	5.8	5.7	8.7	6.3	6.1	3.6	3.4	4.3	5.9	8.6	4.2	5.6	5.1	7.9	6.8	8.2

Direction of travel where available	LA worse but England better	LA better but England worse	LA Worse	LA Better	No significant change
MMR vaccination coverage - for two doses (5 years old)	●	●	●	●	○
Under 18 conceptions	●	●	●	●	○
Hospital admissions caused by unintentional and deliberate injuries in young people (15-24)	●	●	●	●	○
Flu vaccination coverage in at risk individuals	●	●	●	●	○
Child excess weight in 4-5 year olds	●	●	●	●	○
Child excess weight in 10-11 year olds	●	●	●	●	○
Smoking status at time of delivery	●	●	●	●	○
Successful completion of drug treatment - opiate users	●	●	●	●	○
Successful completion of drug treatment - non-opiate users	●	●	●	●	○
Successful completion of alcohol treatment	●	●	●	●	○

**Cost-Effectiveness and Return on Investment:** Public health services are commissioned according to National Institute for Health and Care Excellence (NICE) guidance. Where these interventions are recommended they are deemed to be cost-effective and generate significant returns on investment for the local economy. For example, see the estimated costs of tobacco to the people of Doncaster, as shown in Figure 7.

**Figure 7:** Estimated cost of smoking in Doncaster



Source: ASH Ready Reckoner, 2016.

## 2.7 Principle 8: Building Sustainability

In line with DMBC policies, the Public Health team is looking to work with suppliers that are sustainable and contribute to reducing Doncaster’s carbon footprint.

Public health commissioned services are labour intensive. Any changes to these services including updated delivery models or reduced investment are likely to result in reduced income to our local providers and this is likely to be managed through reduced staffing and/or changed staffing levels within those local providers. Any tendering exercise may bring regional or national providers to Doncaster further affecting local providers and jobs. The directorate is keen to explore how other commissioning approaches including Alliance Commissioning could ensure providers are as sustainable as possible.

## **2.8 Principle 9: Market Stimulation and Development**

Traditionally statutory services have provided the majority of public health services. In the past, the Public Health team held 'soft marketing' days to raise awareness of the possibility for other providers to deliver public health services. The team intends to hold further development days with providers. The information in this strategy will also inform a Market Position Statement.

Public Health fully supports the community innovation fund that is designed to develop providers including the third sector.

## **2.9 Principle 10: Corporate Social Responsibility**

(Included in other principles)

## **2.10 Principle 11: Equalities**

This public health commissioning strategy is one way that the Council can evidence how it discharges its Public Sector Equality Duty (PSED). Public health services have traditionally been targeted at the most disadvantaged groups and communities but in recent years these services may have become less focussed. For each area of public health commissioned activity the 2011 census data will be used to highlight the changes in demography and will be compared against the data captured by the providers in terms of those accessing the services.

The principle of tailoring services according to the needs of the population will be used in delivering public health services. This is also called proportionate universalism.

Where existing providers do not capture the relevant data this will be addressed in future years either as in-year contract variations or as part of a future procurement. Service user feedback and/or consultations will be used to fill major gaps in knowledge alongside reviews of the public health literature.

In general, the approach to empower individuals, families and communities to look after their own health (self-management) should contribute to increasing equality. This is supplemented by more robust equity profiling by providers.

One major challenge for the discharge of the PSED is the lack of detailed local knowledge of the knowledge, attitudes and beliefs of people from all protected groups for all health conditions. To address this, a proportionate approach will be adopted and supplemented with national research evidence. A 'Due Regard' Statement is separately completed.

## **2. Communication and Engagement**

### **3.1 Who are our Customers?**

The Public Health team undertakes regular stakeholder analyses as part of service reviews, and Joint Strategic Needs Assessment. Stakeholders' analyses will be an integral

part of the proposed public health service.

### **External Customers**

Doncaster residents and those in receipt of commissioned services  
Doncaster Communities (geographic and communities of interest)  
Current providers of public health commissioned services  
Health and Wellbeing Board and related partners  
Potential providers of public health commissioned services  
Health Watch Doncaster  
South Yorkshire Police and Crime Commissioner  
NHS Doncaster Clinical Commissioning Group  
Public Health England  
NHS England Area Team

### **Internal Customers**

Mayor, Cabinet, relevant portfolio holders, elected members, Full Council and specific DMBC committees (e.g. Scrutiny)  
Public Health team  
DMBC Directorates  
Communication and Engagement plan

### **Residents**

Residents have been consulted with on elements of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. Service user feedback is embedded in contracted activity.

### **Staff**

No direct consultation has happened with DMBC staff. There are currently no proposed changes to DMBC employed staff, but staff are consulted as part of the budget setting process.

### **Interdependent Programmes and Services**

Existing providers have been communicated with about future proposals. Other future providers will be communicated with via YORTender and will be invited to 'soft-marketing' events.

### **Communication Channels and Frequency**

This commissioning strategy will use routine communication channels to communicate with current and potential future providers, any staff affected by these changes and Members.

For each public health service area a separate communication plan will be developed in line with the procurement forward plan. These communication plans will include current and future providers, current and future service users, their families and carers, staff and members.

### **3. Strategic Commissioning Objectives:**

- To improve and protect the health and wellbeing of Doncaster people and improve the health of the poorest fastest.
- To improve the quality and effectiveness of commissioned public health services in line with available resources.
- To undertake the tender exercises for the proposed public health services.
- To align the commissioning of public health services with the commissioning of other services by DMBC or partners through the implementation of the Doncaster Place Plan.
- To maintain a wider determinants fund for use across the council's public health duties.
- To develop the public health commissioning workforce.

### **4. Approach to Strategic Planning**

This commissioning strategy is an opportunity to improve the effectiveness and quality of the services currently commissioned by public health.

This strategy aims to deliver the public health commissioned services in order to deliver the Local Authority's health improvement and health protection statutory duties. The Authority will take the opportunity to work with existing and new providers to remodel care pathways to maintain service quality whilst reducing costs.

This Public Health commissioning strategy links to the following Council's strategic themes:

**Preventative Council:** The Public Health team commissions and supports a wide range of preventative services. Some of these address the causes of disease (smoking); all these services are being reviewed to ensure the local services deliver the cost/benefit ratios expected from the published literature. The Public Health team through the public health advice function provides access to the knowledge base and 'what works' evidence centres and has a track record of delivering nationally acclaimed programmes as well as embedding evaluation into routine work.

Increasingly prevention is considered to consist of both universal and targeted services.

The expenditure attributed to the public health commissioned activity is only part of the Council's entire expenditure and leadership on public health. An integrated place based approach to public health investment may make the most effective use of the Council's entire resource.

**Commissioning and Productive Council, Future Proofed services and Organisational Culture change:** The Public Health team is already a commissioning directorate. Seventy-six percent (76%) of the Public Health Grant is used to commission services from other parties. The directorate is already agreeing with other directorates joint work plans and is keen to maximise the effectiveness of an integrated approach to commissioning. In order to realise financial savings new models of delivery will be piloted and commissioned increasingly using technology where appropriate. The public health function has moved from the NHS to Local Government and is flexible and adaptable. Public Health is working with local partners as part of Doncaster Place Plan, with a shared approach to commissioning of services.

**Empowering & Community Council:** Any reduction in service activity will need to be supported by a changing approach to service users. In particular empowering people to take responsibility for their own, their families' and their community's health will be a key success criteria for this programme. In addition preventative services need to be seen as an extension to the community rather than a replacement of the community.

**Maximising our Assets:** The Public Health programme does not own physical assets but services that are commissioned by Public Health operate out of a number of premises. A more strategic approach to assets could reduce duplication and increase effectiveness of the commissioned services.

In addition to physical assets Doncaster and Doncaster people have a number of other assets that are identified in the Joint Strategic Needs Assessment and could be built upon to improve health. The service will be aimed at meeting the needs of Doncaster population, and individuals, families and communities of Doncaster to take control over their own health and wellbeing.

The public health team uses a range of tools and approaches to maximise the effectiveness of its commissioning activity e.g. multi-criteria decision analysis, Social Return On Investment etc.

**Procurement Implications:** This strategy describes the delivery of the proposed public health commissioned services together with the discharge of health improvement and health protection function. The transfer of public health responsibilities under the Health and Social Care Act 2012 had significant implications for the Council including the transfer of commissioning responsibilities for a range of public health services.

## **5.1 Public health grant 2017/18 to 2020/21**

The national reductions in the size of the public health grant have been notified as 2.6% a year; a real terms saving of 3.9% a year. If no changes are made to the current

commissioning portfolio there will be an overspend against the public health grant of £850,000 in 2018/19, £1,427,000 in 2019/20 and £2,045,000 by 2020/21.

This strategy proposes a pragmatic and phased approach to achieving a break even position on the public health grant. Whilst the national reductions in the public health grant have been mitigated to some extent by judicious commissioning by ensuring where any services tendered in the last 3 years have had built in reductions in contract values, there are still a number of significant commissioning decisions required. To support this approach there is a £500k public health contingency fund.

In 2017 four of the public health commissioned services require procurement as the existing contracts expire. These services are:

- 0-5 public health services including Health Visiting, Smoking in Pregnancy, Healthy Start vitamin distribution and targeted services for vulnerable families;
- Infection prevention and control services
- Doncaster Smoke-free Services
- Healthy Living for BME women in Doncaster.

If these services are procured within the expected financial envelopes then the overspend against the reduced public health grant can be brought down to £282,000 in 2018/19, £690,000 in 2019/20 and £1,138,000 by 2020/21.

In addition to the services being re-commissioned in 2017/18 a further key decision will be required by cabinet, in due course, to agree where future service changes may be required.



## 5.2 Proposed changes to start 2018/19

Four of the public health services are due for re-commissioning from 1 April 2018. They are part of Public Health Grant. These services are:

- 0-5 services including Health Visiting, Smoking in Pregnancy, Healthy Start vitamin distribution and targeted services for vulnerable families;
- Infection Prevention and Control services
- Doncaster Smoke-free Services
- Healthy Living for BME women in Doncaster.

### **0-5 Services**

#### *The Description of Service Area:*

The aims and objectives of this service are that all children and their families receive the Healthy Child Programme (0-5), including universal access and early identification of additional and/or complex needs. This includes:

- Support families to give children the best start in life based on current evidence of 1001 Critical Days: The Importance of the *Conception to Age Two Period* as a foundation on which to build support in the early years and beyond;
- Provide expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health;
- Enable children to be ready to learn at 2, ready for school by 5 and to achieve the best possible educational outcomes.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development - physical, intellectual and emotional – are set in place during pregnancy and in early childhood.

All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the Healthy Child Programme via 5 mandated universal checks and assessments. The Healthy Child Programme promotes child development and aims to improve child health outcomes.

Smoking remains the leading cause of preventable death and disease in England. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Doncaster has chosen to incorporate smoking cessation services for pregnant and post natal women into the 0-5 Healthy Child pathway. This integrated model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams.

#### *The Outcomes*

- Reduction in infant mortality
- reduction in smoking status at time of delivery

- Increase in breast feeding prevalence at 6-8 weeks after birth
- Increase in percentage of children achieving a good level development at the end of reception.

*The Proposed Actions*

The service will lead and co-ordinate local delivery of the Healthy Child Programme 0-5 requirements using the 4-5-6 model for Health Visiting, with a focus on the 6 High Impact Areas to support delivery (Figure 8).

**Figure 8:** Health Visiting 4-5-6 model



The universal Healthy Child Programme will be delivered through assessment of need by appropriately qualified staff; health promotion; engagement in health education programmes; involvement in key public health priority interventions and communities; and delivery of evidenced-based assessments and interventions.

The service approach should be to build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children.

*The Financial Impacts*

**Table 6:** 0-5 Public Health Service

<b>Public Health Services</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
0-5 Services	6,771,000	6,264,675	6,108,562	5,956,349

**Infection Prevention and Control Service**

*The Description of Service Area:*

For the citizens of Doncaster, the Infection Prevention and Control Service means that the health of our residents in care homes are protected from infections by ensuring that there is appropriate service in place for preventing infections, and where there are any infections these are promptly controlled. The objectives of the service are:

- To provide expert proactive and reactive infection prevention and control (IPC) knowledge skill and experiential support to community health and social care providers.
- To provide training and support to develop a group of IPC champions across care homes. To support and enable healthcare workers to audit health and social care providers to ensure compliance with Care Quality Commission (CQC) requirements in relation to infection prevention and control and requirements in DMBC and CCG contracts and service specifications.
- To provide specialist infection prevention and control guidance to care homes and specialist training for DMBC contract monitoring officers.
- To support Public Health England (PHE) in providing the local level response to outbreaks of infectious disease under the direction of Public Health England Health Protection Teams.
- To conduct Post Infection Review (PIR) for specified cases and to ensure the learning from these processes is embedded.
- To provide advice on anti-microbial resistant organisms to community health and social care providers within the scope of this contract.
- To work with commissioners to provide the information required to scope the need for IPC services in the community.

## Outcomes

The service will achieve the following key outcomes for the people of Doncaster:

- Reduced incidence of bloodstream infections from bacteria called Methicillin Resistance Staphylococcus Aureus (MRSA);
- Reduced incidence of Clostridium Difficile Infection (CDI);
- Reduced number of outbreaks of infectious diseases in health and social care settings in the community (care homes);
- Better training & education, audit, surveillance (e.g. CDI, MRSA) in the community including care homes.

## The Proposed Actions

**Table 7:** Service activities for infection prevention and control

<b>Infection Control Training</b>	<p>Specialist IPC support to the local authority contract monitoring team and to the Care Quality Commission.</p> <p>To provide training, to input or to deliver training to the level and frequency agreed.</p>
<b>Health Care Acquired Infections including MRSA and Clostridium difficile</b>	<p>Post Infection Review / investigation for all reported community MRSA Bloodstream infections and CDI where no other healthcare provider is involved.</p> <p>To facilitate post infection review processes for MRSA bacteraemia and take forward learning points.</p> <p>To develop a work-plan and provide a regular report (initially monthly and quarterly thereafter) and a position statement in relation to the progress related to the annual work plan, including identifying gaps to the governance structure.</p>
<b>Case Management</b>	<p>To support Health and Social Care providers in the scope of this contract to manage a caseload of community MRSA, C. Diff and CPE cases including input to their families and carers to deliver targeted IPC advice to promote clearance and prevent secondary infection.</p>
<b>Control of Notifiable Diseases</b>	<p>Under the direction of the Health Protection Team at Public Health England (PHE) to:</p> <ul style="list-style-type: none"> <li>• To support PHE where necessary to follow up cases of notifiable diseases.</li> <li>• Within the scope of the contract to provide advice to health and social care professionals.</li> <li>• Within the scope of this contract to support Environmental Health teams and contract monitoring teams at DMBC where required on the management of cases or outbreaks of foodborne pathogens.</li> </ul>

<b>Infection Control Audits</b>	<ul style="list-style-type: none"> <li>To develop with the DMBC Contracts Monitoring team a protocol of managing the risk associated with IPC.</li> <li>A tiered approach to Quality Assurance that is in place will be maintained.</li> <li>The Contracts Monitoring Team will identify IPC concerns to the IPC lead delivering this contract.</li> <li>Where serious concerns are identified within audits these should be communicated to the Consultant in Public Health and Director of Public Health as soon as practicable.</li> </ul>
<b>Policies and Procedures</b>	<p>The Service Provider will:</p> <ul style="list-style-type: none"> <li>Utilise Provider's IPC policies and procedures to ensure consistent message.</li> </ul>
<b>Achieving the requirements of the Health and Social Care Act 2008 &amp; 2010</b>	<p>The Service Provider will:</p> <ul style="list-style-type: none"> <li>Work with colleagues based within DMBC to support them with compliance with the requirements of the Health and Social Care Act 2008 and 2010.</li> <li>Work closely with the Care Quality Commission</li> <li>Work with CCG colleagues</li> </ul>
<b>Anti-microbial resistance</b>	<ul style="list-style-type: none"> <li>Work in collaboration with CCG Medicines Management Team in line with existing arrangements to support providers within the scope of this contract to ensure that they have access to relevant professional groups in order that people are prescribed antibiotics in accordance with local antibiotic formularies as part of antimicrobial stewardship.</li> </ul>
<b>Links with environmental health</b>	<p>The service provider will:</p> <ul style="list-style-type: none"> <li>Work in collaboration with local authority environmental health in collaboration with PHE teams to provider surge capacity during outbreaks.</li> </ul>

### *The Financial Impacts*

**Table 8:** Infection Prevention and Control costs

<b>Public Health Services</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Infection Prevention and Control	72,600	70,000	70,000	70,000

### **Doncaster Smoke-free services**

#### *The Description of Service Area*

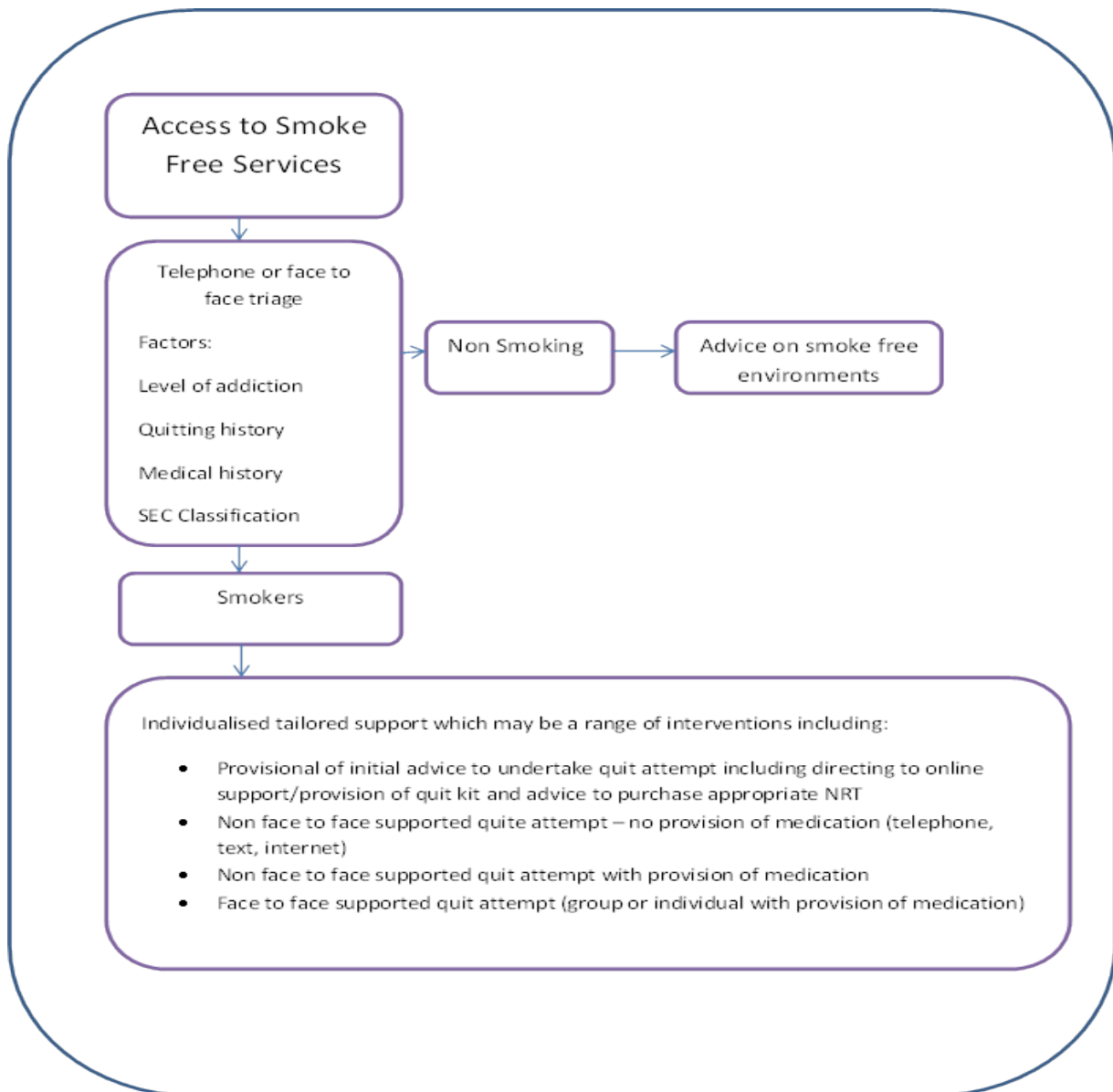
The average national (England) prevalence of smoking is 16.9%, whereas Doncaster prevalence of smoking is 19.6%. Smoking related mortality is also higher in Doncaster than

the national average. An effective Doncaster smoke free service will reduce smoking prevalence and decrease smoking-related mortality.

The Provider will provide evidence based stop smoking support to people who are motivated to quit tailored to their level of addiction, quitting and medical history, personal factors and socio-economic classification. There is currently little evidence that smokeless tobacco and niche tobacco products are used significantly within Doncaster however the provider should assume that where clients use these products the appropriate level of support should be provided. The service should respond to the increasing use of electronic cigarettes by providing appropriate support to individuals who choose to change their behaviour by using these products.

Pathway of the Smoke-free service is shown below (Figure 9).

**Figure 9:** Pathway to Doncaster Smoke-free Service



The Commissioners will allow the main provider to use sub-contractors to deliver stop smoking support, subject to their having achieved the appropriate levels of competence. The provider will remain responsible for clinical and financial governance and quality assurance of any sub-contractors.

#### Outcomes

- All clients to be offered individualised support commencing within 5 working days
- A quit rate of a minimum of 50% measured at 4-weeks for support with medication
- A quit rate of a minimum of 40% measured by self-report at 4 weeks for support without provision of medication
- Behaviour change at 6-months. 50% of those reported as quit at 4-weeks to remain abstinent.
- Client reported satisfaction rates to exceed 80%.

- Containing prescribing costs within a fixed prescribing budget
- Meeting the activity targets for quitting smoking, see below table.

**Table 9:** Activity Schedule: activity per annum with regard to seasonal variation above

	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Quits with medication	1670	1670	1670
Quits initiated no medication*	4500	4500	4500

\*Text, internet, quit kit, e-cigarette etc. self-validated by sampling

### *The Proposed Actions*

#### **Access to services**

The service will accept referrals from individuals seeking advice and support or from an appropriate professional acting on their behalf.

Services should be accessible to clients including:

- Local rate telephone triage and support
- Opening hours to accommodate working clients
- Individualised support provided at locations across Doncaster that are convenient for the target client group. Providers are expected to organise their own clinic venues.
- Appropriate interpreter services
- Culturally sensitive services
- Access for people who have a physical or mental impairment that affects their ability to do normal daily activities.
- Online and other written materials should be in formats suitable for the client group.

**Telephone response times:** The provider should have systems in place to monitor call volumes and response times and adjust advertised opening hours and staffing as necessary. The provider should ensure that telephone calls are answered by a human operator within a standard time of 30 seconds.

**Waiting time for individual support:** clients should receive an offer to commence their treatment programme within 5 working days.



The provider should inform the commissioners if demand levels exceed agreed activity levels and response times. The provider should have procedures in place to prioritise clients during periods of peak demand and to manage activity across the year. See also section 3.6.

### **Assessment**

All clients should be assessed and triaged into appropriate treatment programmes. The provider will take into account factors including:

- Level of addiction using a recognised assessment tool
- Socio-economic classification
- Previous quitting and medical history
- Key target groups agreed with the commissioners as outlined in this specification.

Smoke free and stop smoking assessments should be part of a broader, holistic public health assessment. Where appropriate referral to other public health services such as NHS health checks should be offered and documented.

### **Advice**

Advice on smoke free homes and cars should be seen as a key component of every client interaction.

All advice given to clients will be based on the current clinical evidence. Caution should be exercised regarding advice on:

- Harm reduction, specifically cutting down the number of cigarettes smoked. There is currently no known safe level of smoking
- Cut down to quit. There has been no clear guidance on what is a safe or effective programme of cutting down to quit
- Electronic cigarettes. The provider should respond to the emerging evidence base whilst offering support to individuals who choose to use these products.

### **Treatment programmes**

- All treatment programmes will be evidence based and delivered by suitably qualified stop smoking advisors. This does not preclude the development of new innovative programmes that have been agreed with the commissioners, and the premise of this specification is that an individualised tailored approach is adopted for every client.
- Harm reduction programmes are not included within the scope of this specification.
- Cut down to quit may be undertaken by clients however support will be restricted to text and general guidance (via websites for example) until evidence of what constitutes an effective programme becomes available. The commissioners will not fund Nicotine Replacement Therapy (NRT) for cut down to quit attempts.

- The provider will maintain appropriate and accurate records of client interactions to ensure the delivery of safe and effective care.

### **Length of treatment**

The length of personalised support for all quit attempts will not exceed 7 weeks. The provider should offer guidance in a variety of formats to enable clients to maintain their quit status.

### **Validation of quit attempts**

- All quit attempts and those supported by medication should be validated by the use of Carbon Monoxide (CO) monitoring.
- Quit attempts without the provision of medication will be validated by sampling 10% of clients for verbal confirmation of quit status.
- Additionally the provider will follow up a sample of 10% of clients at 6 months to assess sustained behaviour change.

### **Provision of medication**

- The provider will retain responsibility for managing within a fixed prescribing budget and will invoice the commissioners quarterly based on actual spend.
- Where medication is to be provided the provider will assess, prescribe and arrange provision of the appropriate pharmacotherapy. The provider will undertake all necessary monitoring of clients receiving medication throughout their treatment course. Where clients are receiving prescription-only medication they should be encouraged to give consent to share this information with their GP. The provider will ensure that there are safe and effective medicines management systems when delivering services to clients. The provider must ensure that all staff provide and/or prescribe in accordance with relevant national and local guidance.
- The provider must ensure that staff who are non-medical prescribers follow national and professional standard policies and procedures for prescribing. In addition, non-medical prescribers will only prescribe within their role and area of competence. It is required that non-medical prescribers will undertake: clinical supervision, continuing professional development, and audit of their prescribing practice.
- NRT medication, in the form of a single product, will be issued on a weekly basis for the first four weeks and thereafter no more than 2 weeks supply at a time to a maximum total of 8 weeks supply.
- The provider should encourage the client to purchase a second NRT product to support their quit attempt where indicated.

- The commissioner will support the provision of dual therapy NRT in exceptional circumstances subject to the approval of the provider's exceptional circumstance clinical procedure
- Varenicline will be issued as 2 weeks titration pack followed by 2 x 1 weekly and thereafter no more than 2 weeks at any one time to a maximum total of a 12 weeks course.
- Bupropion is not used in Doncaster in any significant quantities. Bupropion will be issued as 2 weeks titration pack followed by 2 x 1 weekly and thereafter no more than 2 weeks at any one time to a maximum total of an 8 weeks course.
- The commissioner will not fund the use of e-cigarettes in any circumstance or NRT for cut down to quit or harm reduction.

### **Information Management & Technology**

The provider will have systems in place to record and produce reports on individual activity data and outcomes where applicable for all programmes and financial data including prescribing costs.

The provider is responsible for collating quit data from all associated services and sub-contractors and for the quarterly submissions to the Department for Health/NHS Information Centre and the commissioners.

All systems and communications should comply with all aspects of the Data Protection Act 1998 and the NHS Confidentiality Code of Practice and Caldicott principles.

The commissioners will retain ownership of all data and information collected from the service by the provider. Any data, information or research pertaining to the service may not be transferred, disseminated or used by the provider without explicit permission from the Commissioner.

### **Repeat attenders**

Activity data should differentiate between number of quit attempts and number of individual clients. As part of the assessment process the provider should ensure that clients are suitably motivated and supported to quit via the most appropriate modality for the individual at that time. As a guide, clients receiving medication should have a period of 6 months between repeat attempts.

### **Service marketing and health promotion literature**

Marketing of the service and provision of accurate and up to date smoke free literature is the responsibility of the provider. The provider should produce an annual plan for approval by the commissioners.

All materials should carry the name of the service prominently and use the national smoke free logo and colours. Online and other written materials should be in formats suitable for the client group.

The provider may include their organisational name in small print only. All materials should be shared with the commissioner for approval.

The commissioners and their communications team should be notified in advance of any significant service activity such as key promotional events or other newsworthy activities.

### **Equipment**

The provider is responsible for the provision of all equipment necessary for the delivery of the **service** and to use and maintain in accordance with the manufacturers' instructions and current infection control guidance.

### **Service Development**

The provider should have a programme of clinical audit agreed with the commissioners annually to support the developmental nature of this service.

### *The Financial Impacts*

**Table 10:** Financial cost for Doncaster Stop Smoking Service

	Finance schedule (indicative breakdown based upon available budget), the final schedule will be based upon the tenderers bid.			
Service Costs	2017/18	2018/19	2019/20	2020/21
Service costs (90%)		£413,790	£363,105	£354,024
Quality premium (10%)	£447,342	£41,379	£40,345	£39,336
Medication Costs	£235,353	£235,630	£235,630	£235,630
<b>Total</b>	<b>£682,695</b>	<b>£649,420</b>	<b>£639,080</b>	<b>£628,990</b>

## **Healthy Living for BME Women in Doncaster**

### *The Description of Service Area*

BME Women experience poor health inequalities and often excluded from services that seem alien and intimidating due to unfamiliarity; cultural and religious reasons; language barriers; and little knowledge of the service provision available.

The service will provide BME women across Doncaster with support around their health but is expected to concentrate this support in the most deprived areas where BME women are more vulnerable to poorer health outcomes. The service will work in, with, and for women in these communities to improve:

- general health outcomes
- access to services
- support for wider social and well-being needs.

A community centred approach such as this again links to NICE Guidance PH9; Community Engagement where it is suggested that although community engagement approaches are used to inform (or consult with) communities they may have a marginal impact on their health, it does acknowledge that these activities may have an impact on the appropriateness, accessibility and uptake of services. They may also have an impact on people's health literacy (their ability to understand and use information to improve and maintain their health (NICE guidelines (PH9) 2008).

The guidance also advocates that a robust system of evaluation be built into the cycle of delivery. Therefore a detailed data collection system with clear milestones will be required to record the progress of each client clearly. It is expected that evaluation will be a constant process which listens to and considers feedback from the client group as well as other partner organisations. This will ensure the Healthy Living service evolves continuously to meet the changing population and needs of BME women.

### *Outcomes*

- Improve the health and reduce inequalities among BME women across Doncaster
- Improve the health literacy of BME women.
- Improve knowledge of Public Health messages
- Improve social inclusion of BME women
- Increase number of opportunities across Doncaster for BME women to actively participate in self-help activities.

### *The Proposed Actions*

## **Performance Standards**

- The provider will attend quarterly contract review meetings at dates and times agreed with the commissioner on award of the contract.
- The provider will submit copies of monitoring returns to DMBC on a quarterly basis prior to the contract review meetings. Deadlines will be agreed with the commissioner on award of the contract. Further monitoring reports may also be required on an ad-hoc basis during the contract period.
- Additional indicators may need to be monitored dependant on the performance management requirements of DMBC. The provider will be expected to amend its data collection as required. Additional performance indicators will be developed with the providers to ensure the continuous improvement of services and also to reflect changes in national guidance and standards.
- In conjunction with the commissioner the provider will be expected to design and produce reports that clearly demonstrate the progress of the service.
- Providers will be required to demonstrate their co-ordination of and involvement in regular inter-professional and inter-agency meetings. This will include health professionals, third sector and any other relevant organisation.
- Service user views on their experiences and satisfaction levels will need to be measured through an on-going, systematic process to test whether the service is engaging with service users in a way that supports them. The aim of this process is to highlight any changes to service provision that are required to meet the needs of the service users.
- The provider may be required to present updates on the progress and delivery of the service to DMBC representatives such as the Overview and Scrutiny Committee.
- The provider must be aware of and be compliant with national and local safeguarding principles and policies.

### *The Financial Impacts*

**Table 11:** Financial cost of Healthy Living for BME Women in Doncaster

<b>Public Health Services</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Healthy Living for BME Women in Doncaster	50,790	50790	50790	50790

### **Other contracts ending in 2017/18 but not yet seeking re-commissioning**

These public health services have their contracts ending in 2017/18; some of them will not be re-commissioned whilst others will be re-commissioned either in 2019/20 or 2020/21:

- Tier 3 Weight Management MDT (option for 24 months extension)
- Alcohol Concern's Blue Light Project (no extension)

### 5.3 Overall Impact on the Public Health Grant Spend

If the four services outlined above are recommissioned then the likely impact on the public health grant is shown below in table 7. The overspend in 18/19 can be met (one-off) from the public health contingency leaving a final contingency of £220k.

	2017/18	2018/19	2019/20	2020/21
	£000's	£000's	£000's	£000's
Public Health Grant	24,437	23,802	23,184	22,566
Public Health Other income	528	528	528	528
<b>Total PH income</b>	<b>24,965</b>	<b>24,330</b>	<b>23,712</b>	<b>23,094</b>
<b>Expenditure: Commissioned Services</b>				
Sexual Health	2,297	2,272	2,272	2,272
NHS Health Check programme	475	475	475	475
Health protection	80	80	80	80
National Child Measurement Programme	68	68	68	68
Obesity	170	170	170	170
Physical Activity	76	76	76	69
Substance Misuse	5,832	5,832	5,832	5,832
Smoking and Tobacco	948	894	878	862
Children 5-19 public health programmes	1,926	1,867	1,821	1,821
Children 0-5 Health visiting	6,526	6,037	5,886	5,739
Other public health services misc H&WB	106	106	106	106
Sub-total Commissioned Services	<b>18,504</b>	<b>17,877</b>	<b>17,664</b>	<b>17,494</b>
<b>Expenditure: Central and Support Services</b>				
Public Health Advice (including Salary costs) 6% vacancy factor built in for 14/15 onwards	1,211	1,211	1,211	1,211
ear marked reserve (parked cut)	-273	0	0	0
Support services	353	354	357	357
Sub-total Central and Support Services	<b>1,291</b>	<b>1,565</b>	<b>1,568</b>	<b>1,568</b>
<b>Expenditure (wider determinants)</b>				
Realignment	4,907	4,907	4,907	4,907
Growth	263	263	263	263
Sub-total wider determinants	<b>5,170</b>	<b>5,170</b>	<b>5,170</b>	<b>5,170</b>
<b>Total Expenditure (commissioned + central &amp; support + Wider determinants)</b>	<b>24,965</b>	<b>24,612</b>	<b>24,402</b>	<b>24,232</b>
shortfall i.e. income against expenditure	0	282	690	1,138

## 5.4 Proposed changes to start 2019/20 or later

Further work will be undertaken to review contracts that require re-commissioning in 2019/20 or where savings are required to be made. According to current Public Health contract register (Appendix 1), the following services may need to be re-commissioned:

### For 2019/20 start:

- Integrated sexual health service (option for 24 months extension)
- Psychosexual service (option for 48 months extension)
- NHS Health Check (option for 24 months extension)
- Primary falls prevention and physical activity service (option for 12 months extension)
- Respect Yourself Doncaster Website (option for 12 months extension)
- Pupil Health Related Behaviour Questionnaire (no extension).

### For 2020/21 start:

- Adults substance misuse (option for 12 months extension)
- Integrated young persons' health & wellbeing services (option for 24 months extension)
- School nursing service (option for 24 months extension).

## 5.5 Key risks and issues

There are 3 key risks to the proposed option of reduced and remodelled public health services.

- 1. Substantial change in size or status of ring-fenced grant:** This option assumes that the public health grant continues to be ring fenced and there are no additional reductions in the size of the grant. A reduction in the grant will require additional savings and if the ring fence is removed the Council may choose to use the entire grant differently.. Future funding of public health grant may change, in light of Government proposal that public health grant will have to be met from funds raised by local authorities as business rates. Therefore, the amount of public health budget will dependent on how much funds each local authority is able to collect as business rates. A reduction in the grant will require additional savings and if the ring fence is removed the Council may choose to use the entire grant differently.
- 2. Worsening Health Outcomes and the Introduction of Business Rates:** There is proposal for public health grants to be funded through the introduction of business rates collected by the Council. Details of this are not yet available. This may impact on the public health grant that is needed to deliver future public health services. Health outcomes in Doncaster are improving but are significantly worse than the national average. Any proposal that links the size of the public health grant to meeting specific health outcomes must be considered high risk. The best way to



manage this risk is to maintain a broad portfolio of health improvement activity to maximise the Council's ability to meet any proposed targets.

- 3. Insufficient volume in contracts:** Current public health services run with almost no waiting lists. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that waiting lists will be generated for public health commissioned services. A reduced and remodelled approach to public health services has the best chance of avoiding this. Demand management strategies will be optimised but with many of these preventative services reducing demand for these services will increase future care costs borne by other parts of the Council especially Adult social care. Across all service areas the use of web-based services will be explored in order to reduce unnecessary face to face contacts.

There are also a number of cross cutting issues that can impact on this strategy. These include

- The development of the Doncaster approach to joint or more integrated commissioning both within DMBC and across the Team Doncaster partnership.
- The development of the Doncaster approach to more integrated provision of services as described in the Doncaster Place Plan including work on 'complex dependencies'.
- The challenges faced by providers to continue to delivery services given the budget reductions to date.
- The capability and capacity of the staff in the public health directorate to deliver this strategy.
- The availability of information and evidence to inform the strategy.

## 5. Conclusion

This strategy sets out the key commissioning responsibilities, ways of working and challenges for the public health team.

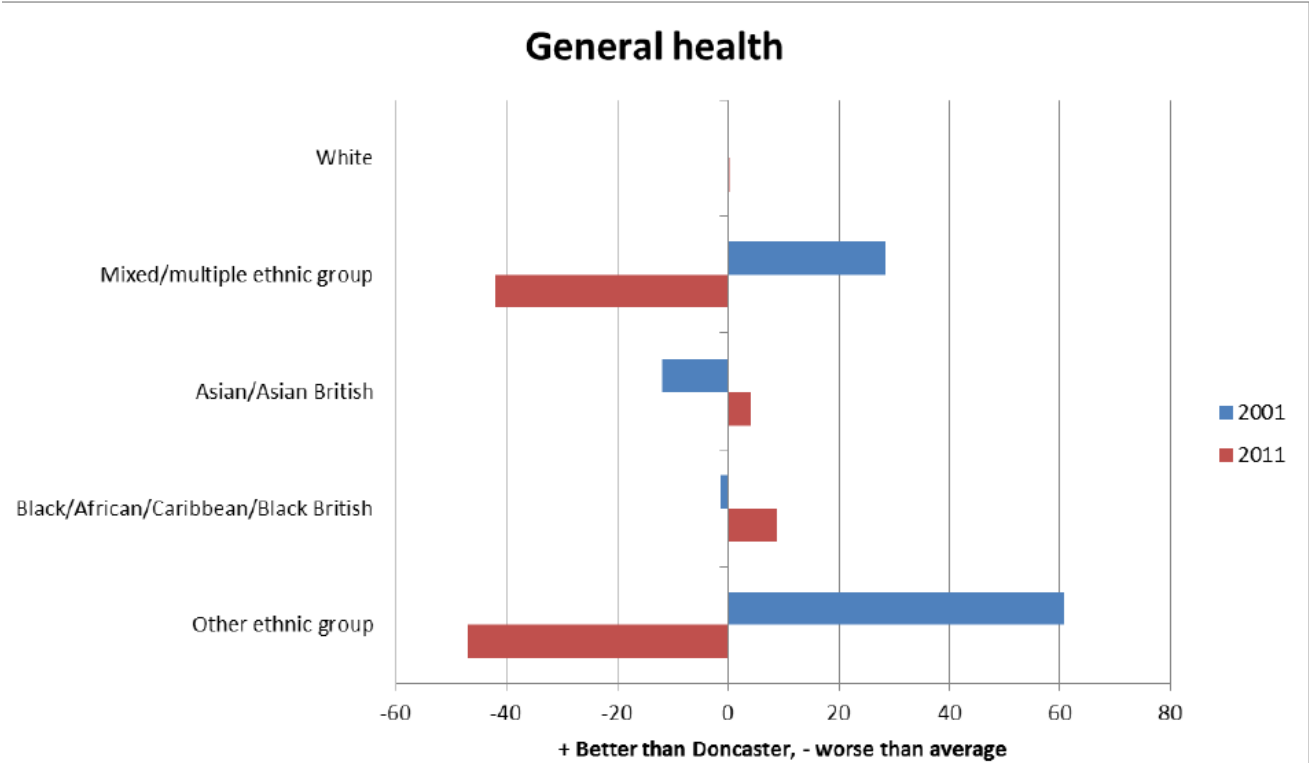
This strategy will be governed through public health existing structures, including Finance & Contract Group, individual service contract meetings, and Public Health Governance Group.

An implementation plan, risk register and issues log will be developed to support the delivery of this strategy.

## Appendix 1: Current Public Health Contract Register, 2017

External Contract ID	Contract: Contract Name	Supplier	Start Date	End Date	End of Contract Intention	Extendable?	Extension Terms	Contract Manager	Comments	Actual Expenditure
<b>Time Until End Date: Next 6 Months (2 records)</b>										<b>£37,000.00</b>
CPR-16-10-0004	Alcohol Concern's Blue Light Project	<NOT SET>	01/12/2016	01/06/2017	-	0	-	Helen Conroy	Helen advised will terminate at the contract end	£0.00
AAAF-FW2EYG	Denaby Main and Conisbrough Volunteer Coordination	DONCASTER WEST DEVELOPMENT TRUST	01/07/2016	18/07/2017		1	12 Months	Nick Germain	Nick Germain - decision will be made end of April 17 if the extension will be taken for a further 12 months	£37,000.00
<b>Time Until End Date: 6 - 12 Months (5 records)</b>										<b>£10,165,221.17</b>
CPR-16-03-0005	0-5 Public Health Services	Rotherham Doncaster & South Humber NHS FT	04/03/2016	04/03/2018	To be re-procured	0	-	Carrie Wardle	Re-procurement underway in conjunction with SPT	£6,349,849.52
YORE-9ARP3A	Doncaster and Rotherham Smoke Free Services	SOUTH & WEST YORKSHIRE PARTNERSHIP NHS FT	01/04/2014	31/03/2018	To be re-procured	0	12 Months	Victor Joseph	12 Month Extension taken - Re-procurement DN245542	£2,778,591.25
YORE-985PNH	Tier 3 Weight Management MDT	Doncaster & Bassetlaw Hospital NHS Foundation Trust	01/04/2014	31/03/2018		1	24 months	Louise Robson	Contract Variation in place	£552,983.00
9J7H-YC7FP6	Healthy Living for BME Women in Doncaster	CHANGING LIVES	01/04/2015	31/03/2018		1	12 Months	Clare Henry		£423,297.40
CPR-16-05-0003	Infection Prevention and Control	Rotherham Doncaster & South Humber NHS FT	01/05/2016	01/04/2018	-	0	-	Victor Joseph	-	£80,500.00
<b>Time Until End Date: 1 Year + (11 records)</b>										<b>£12,727,754.77</b>
A52H-G2TZDL	Denaby Main (Library Support)	RE-READ	04/01/2016	30/06/2018	-	0	-	Nick Germain	-	£10,356.00
CPR-16-12-0008	Pupil Health-Related Behaviour Questionnaire	Schools Health Education Unit Ltd	01/02/2017	31/08/2018	-	0	-	Amy Booth	-	£0.00
9MNG-YT4SMW	Intergrated Sexual Health Services	Doncaster & Bassetlaw Hospital NHS Foundation Trust	01/04/2015	31/03/2019	-	1	24 Months	Amy Booth	-	£4,516,083.52
9RFL-W9870G	Psychosexual Therapy	LEGER THERAPY SERVICES LTD	01/04/2015	31/03/2019	-	1	48 Months	Amy Booth	24 Months of the available 48 months extension period taken as per Amy Booth	£149,809.01
YORE-9GWDJG	NHS Health Checks	Hallcross Medical Services Ltd	01/04/2015	31/03/2019	-	1	24 Months	Louise Robson	-	£742,412.00
9YLB-SBTQGN	Primary Falls Prevention & Physical Activity Service	SOUTH & WEST YORKSHIRE PARTNERSHIP NHS FT	01/04/2016	31/03/2019	-	1	24 Months	Clare Henry	-	£24,570.00
CPR-15-07-0004	Respect Yourself Doncaster Website	WARWICKSHIRE COUNTY COUNCIL	01/04/2016	31/03/2019	-	1	12 Months	Amy Booth	£18k set up, £1.5k pa support	£13,000.00
CPR/16/12/0006	Denaby Reads	RE-READ	01/04/2017	31/03/2019	-	0	-	Nick Germain	-	£0.00
9RFM-3E4FNF	Adult Substance Misuse Recovery System	Rotherham Doncaster & South Humber NHS FT	01/04/2016	31/03/2020	-	1	12 Months	Helen Conroy	-	£5,607,236.58
9VCG-FT9RBP	Integrated Young Persons Health and Wellbeing Services	Rotherham Doncaster & South Humber NHS FT	01/04/2016	31/03/2020	-	1	24 Months	Carrie Wardle	-	£812,465.66
9VLG-JC16HQ	School Nursing Service	Rotherham Doncaster & South Humber NHS FT	01/04/2016	31/03/2020	-	1	24 Months	Amy Booth	-	£1,051,822.00
<b>Grand Totals (20 records)</b>										<b>£22,950,215.94</b>

**Appendix 2.** Due Regard Statements on the proposed public health services covered in the commissioning strategy

<p><b>1 Name of the ‘policy’ and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the ‘policy’ is to equality.</b></p>	<p><b>Public Health Commissioning Strategy.</b>                  The aim of this strategy is to contribute to improving and protecting health; and reducing health inequalities.                  The commissioning of the public health services is guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy, as well as individual service reviews. The general health of the people of Doncaster, according to different ethnicities, is shown in Figure 1, based on data from Census 2001 and 2011.</p> <p><b>Figure 1: General health by ethnicities in Doncaster at 2001 and 2011 national census</b></p>  <table border="1"> <caption>Data for Figure 1: General health by ethnicities in Doncaster at 2001 and 2011 national census</caption> <thead> <tr> <th>Ethnicity</th> <th>2001 (Blue)</th> <th>2011 (Red)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>0</td> <td>0</td> </tr> <tr> <td>Mixed/multiple ethnic group</td> <td>28</td> <td>-42</td> </tr> <tr> <td>Asian/Asian British</td> <td>-12</td> <td>5</td> </tr> <tr> <td>Black/African/Caribbean/Black British</td> <td>2</td> <td>10</td> </tr> <tr> <td>Other ethnic group</td> <td>60</td> <td>-48</td> </tr> </tbody> </table>	Ethnicity	2001 (Blue)	2011 (Red)	White	0	0	Mixed/multiple ethnic group	28	-42	Asian/Asian British	-12	5	Black/African/Caribbean/Black British	2	10	Other ethnic group	60	-48
Ethnicity	2001 (Blue)	2011 (Red)																	
White	0	0																	
Mixed/multiple ethnic group	28	-42																	
Asian/Asian British	-12	5																	
Black/African/Caribbean/Black British	2	10																	
Other ethnic group	60	-48																	

	<p>The public health services covered in this strategy are: (1) 0-5 services, (2) infection prevention and control service, (3) smoking, and (4) healthy living for BME women.</p> <p><b>(a) 0-5 Services</b> Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development - physical, intellectual and emotional – are set in place during pregnancy and in early childhood.</p> <p>All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the Healthy Child Programme via 5 mandated universal checks and assessments (see paragraphs 11-13 for details). The Healthy Child Programme promotes child development and aims to improve child health outcomes</p> <p>Smoking remains the leading cause of preventable death and disease in England. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Doncaster has chosen to incorporate smoking cessation services for pregnant and post natal women into the 0-5 Healthy Child pathway. This integrated model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams.</p> <p><b>(b) Infection Prevention and Control Service</b> For the citizens of Doncaster, the Infection Prevention and Control Service means that the health of our residents in care homes are protected from infections by ensuring that there is appropriate service in place for preventing infections, and where there are any infections these are promptly controlled.</p> <p>The service will achieve the following key outcomes for the people of Doncaster:</p> <ul style="list-style-type: none"><li>• Reduced incidence of bloodstream infections from bacteria called Methicillin Resistance Staphylococcus Aureus (MRSA);</li><li>• Reduced incidence of Clostridium Difficile Infection (CDI);</li><li>• Reduced number of outbreaks of infectious disease in health and social care settings in</li></ul>
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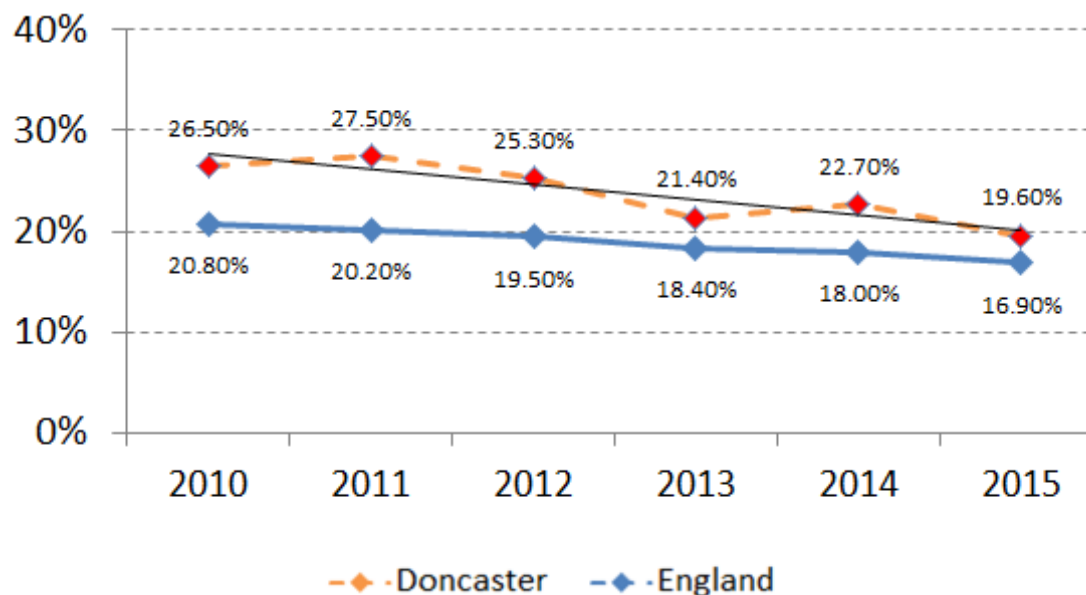
the community (care homes);

- Better training & education, audit, surveillance (e.g. CDI, MRSA) in the community including care homes.

**(c) Doncaster Smoke-free services**

Smoking prevalence has reduced steady in the past years in Doncaster, with the same pattern as seen in England (Figure 2). The average national prevalence of smoking is 16.9%, whereas Doncaster prevalence of smoking is 19.6%. Smoking related mortality is also higher in Doncaster than the national average. An effective Doncaster smoke free service will reduce smoking prevalence and decrease smoking related mortality.

**Figure 2:** Smoking Prevalence among adults aged 18 years and older in Doncaster compared to England: 2010-2015



		<p>Smoking prevalence among pregnant women in Doncaster is one of the highest in the nation. Earlier trends show a decline in the percentage of pregnant women who smoke. However, the decline has been very modest. Currently, the percentage of pregnant women who smoke in England is 11.4 while the percentage in Doncaster is 20.5.</p> <p><b>(d) Healthy Living for BME Women in Doncaster</b>                  BME Women experience poor health inequalities and often excluded from services that seem alien and intimidating due to: unfamiliarity; cultural and religious reasons; language barriers; and little knowledge of the service provision available. This service aims to reduce language barriers and provide support to the women in accessing the appropriate health services; improving both health and well-being.</p>
2	<p><b>Service area responsible for completing this statement.</b></p>	<p>Public Health</p>
3	<p><b>Summary of the information considered across the protected groups.</b></p> <p><b>Service users/residents</b></p>	<p>The needs information was taken from the Equality analysis for Public Health England’s Healthy Lives, Healthy People; transparency in Outcomes.  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216164/dh_132374.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216164/dh_132374.pdf</a></p> <p>There is some evidence of public health areas where equality of outcome, access and experience needs attention. There is also evidence of demographic and cultural issues that can lead to a lack of equality if they are not addressed. These data underline the importance of the policy intention of reducing variability in quality and outcomes. The key evidence is set out below:</p>

<p><b>Doncaster Workforce</b></p>	<p><b>Ethnicity</b></p> <p>Detailed amenable mortality data for England is not readily available by ethnic group. However there is evidence to show that mortality from some of its constituent causes is higher in certain ethnic groups:</p> <ul style="list-style-type: none"> <li>· South Asians, particularly Bangladeshis and Pakistanis, have significantly higher CHD prevalence and mortality than the general population</li> <li>☐ Although people of Black and Black British origin have a low prevalence of CHD compared with the white population, they have much higher prevalence of and mortality from hypertension and stroke.</li> <li>☐ While people from black and minority ethnic (BME) groups are at a lower risk overall from cancer than the white population, there is an increased risk of certain cancers in the Asian and Black ethnic groups. Asian and black women have lower survival than the white ethnic group for females diagnosed with breast cancer aged under 65 years. The lower number of cancer deaths overall among BME groups may partly be explained by the younger age profile of BME groups.</li> <li>☐ The Care Quality Commission (CQC) Maternity Patient Survey in 2007 found that women of Asian and Black origin are less likely to have their first booking appointment with a midwife within 2 weeks of pregnancy and were less likely to have a scan at 20 weeks. These are key risk factors for Infant and Perinatal Mortality and maternal death.</li> <li>☐ Infant mortality rates are higher among some ethnic groups than others, with Pakistani and Black and Black British -Caribbean babies being twice as likely to die in their first year compared to White British or Bangladeshi babies.</li> <li>☐ A review by the Equality and Human Rights Commission in 2009 found that gypsies and travellers had an infant mortality rate that was three times higher than in the rest of the population. High rates of maternal death during pregnancy and shortly after childbirth have also been reported by Parry et al, 2004.</li> <li>☐ The rate of stillbirth in babies born to women with a black ethnicity (African, Caribbean or other) was 2.3 times higher than the rate among babies born to women of white ethnicity. The neonatal death rate was twice as high for babies born to women of black ethnicity compared with babies born to women with white ethnicity. Similarly, the stillbirth rate and neonatal death rate for babies born to women of Asian ethnicity were 2.0 and 1.8 times higher, respectively, compared with those for babies born to women of white ethnicity.</li> </ul>
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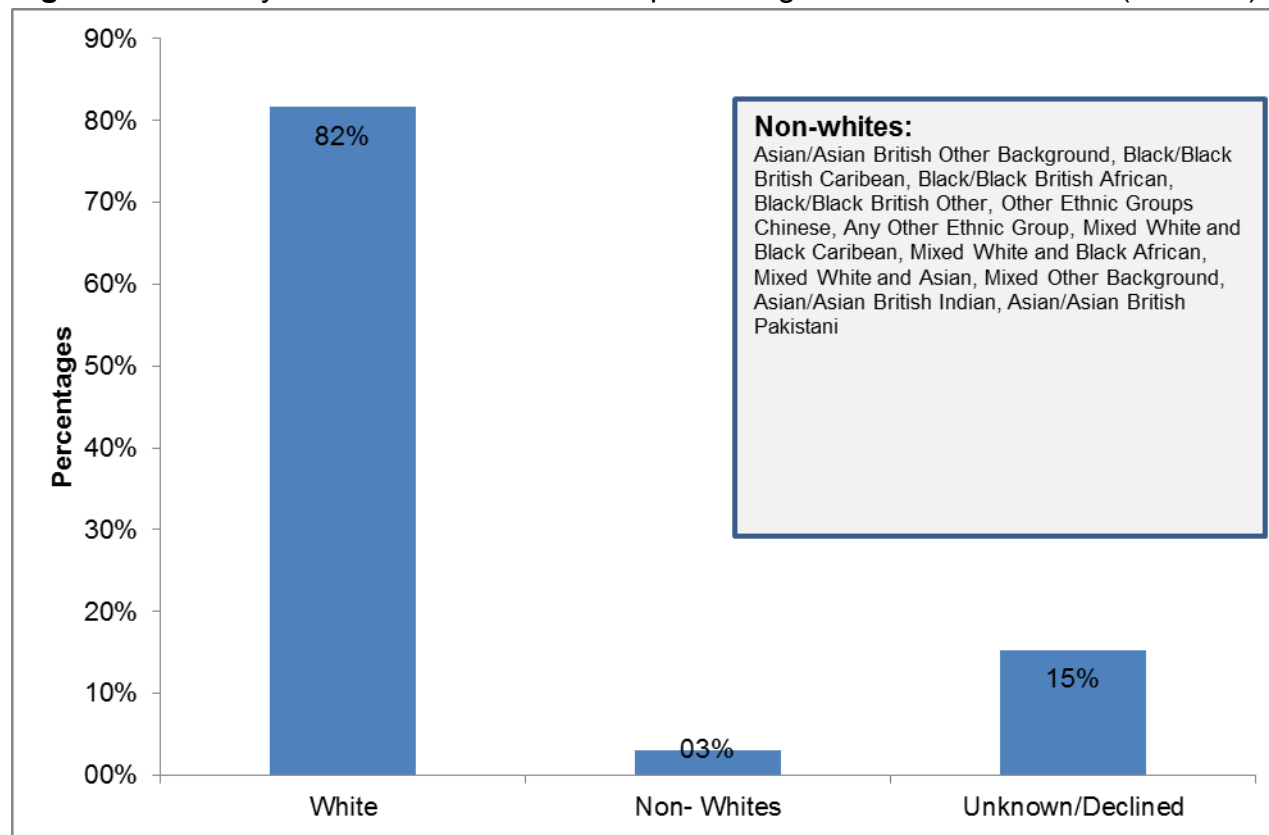
	<p>Key Doncaster Data from the 2017 BME Health Needs Assessment</p> <ul style="list-style-type: none"><li>· Overall Asian and Black groups had higher self reported health status (95.8% and 95.4%) than White British groups (91.3%), although both Asian and Black groups are less active than the general population.</li><li>· White British groups show twice the level of alcohol dependency than other groups, however both White and Black groups show the same level of drug dependence. The Asian group has the lowest levels of alcohol and drug dependency.</li><li>· National data shows that the Black population suffer from at least double the amount of Post-Traumatic Stress Disorder than other populations and as much as 10 times the levels of severe mental illness (including psychosis).</li><li>· Other health conditions are more common in some ethnic groups, so heart disease is more common in the Asian population, stroke and hypertension more common in the Black population and both Asian and Black populations have high levels of infant mortality.</li><li>· The census also shows that the level of educational qualification varies across the ethnic groups with White Irish, Asian and Black groups having higher numbers of people with level 4 (degree level) qualifications than the general population. Asian and Black groups are also more likely to be students and as a result of being younger populations are more likely to be unemployed and less likely to be retired than the general population.</li><li>· The fertility rate in Doncaster has been in decline since 2009, and is now on par with the regional average. Births to mothers who were born outside the UK are lower than average but increasing over time; totalling 15% of all new births in 2014 compared to 20% across the Yorkshire and Humber.</li><li>· English is spoken in 96% of Doncaster homes, the most common language after English is Polish and the 5 most common translations requested are Polish, Slovak, Kurdish, Czech and Russian.</li></ul> <p><i>Healthy Living for BME Women in Doncaster service</i></p>
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	<p>The Healthy Living for BME Women in Doncaster service, delivered by Changing Lives, provides an opportunity for women to access health and other advice and guidance relating to the wider determinants of health which they may not otherwise be able to get. Over the year 2016/17, the service has supported 471 women, of which 123 were new to the service. Over 20 different ethnicities are represented. Due to cultural reasons the provision of ESOL training is key to ensuring many of the women are able to access the Centre; during the year 97 women enrolled and so far 51 have received their accreditation. Sessions to support women that are not at the entry level for ESOL are held to help them become ESOL ready. Whilst the women are in the Centre there are opportunities for them to access other health promotion activities, this includes topics such as substance misuse, nutrition as well as more sensitive topics such as sexual health and screening. The women have also been able to access the Health Checks service at the Centre. They are also informed how to register with a GP, understand the appointment systems and learn which service they require when (Choose Well). The confidence the women gain from accessing the service has helped some become champions within their communities, acting as the messenger and being able to support others; for example 4 of the champions have been trained by SY Fire to deliver top 10 tips on how to keep your home safe from fire which has resulted in fire alarms being fitted in homes and two are supporting women to access the Respect Yourself website. The service also provides a crèche facility which is important in the development of the children. As well as accessing health information there have been 114 referrals over the year to other services including computer classes, domestic violence services and housing issues. Externally to the service provided at the Centre, the staff are delivering outreach sessions in Hexthorpe to engage the Roma community.</p> <p><i>Smoking</i></p> <p>An equity audit of Doncaster Stop Smoking Service (April 2017) found that the demographics of Doncaster (Census 2011), indicates that 95.2% of the population are white ethnicity (British 91.8%,</p>
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while others 3.4%) and 4.8% are non-white ethnicity. In line with the higher portion of whites in the population, more whites (White British, white Irish and white others) were referred to the stop smoking services (82%) while there was a very low percentage of non-white ethnicity referred to the stop smoking services (3%).– Figure 3.

**Figure 3:** Ethnicity of smokers referred to stop smoking services in Doncaster (2015-16)



Source:

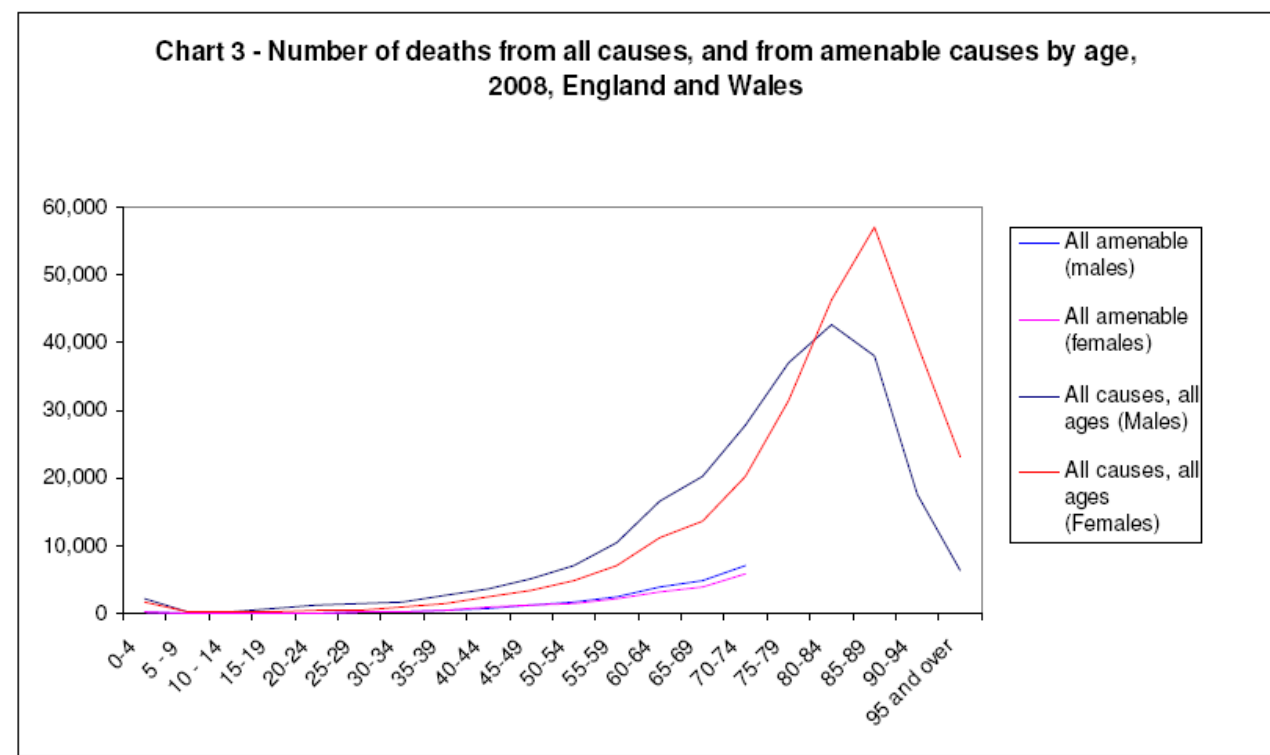
SWYT (Doncaster) dated: 27/04/2016

A total of 1155 smokers quit smoking after four weeks of which eighty two percent of smokers who quit were of white ethnic origin while three percent of quitters were of non-white origin. 15% of quitter did not provide information about their ethnicity.

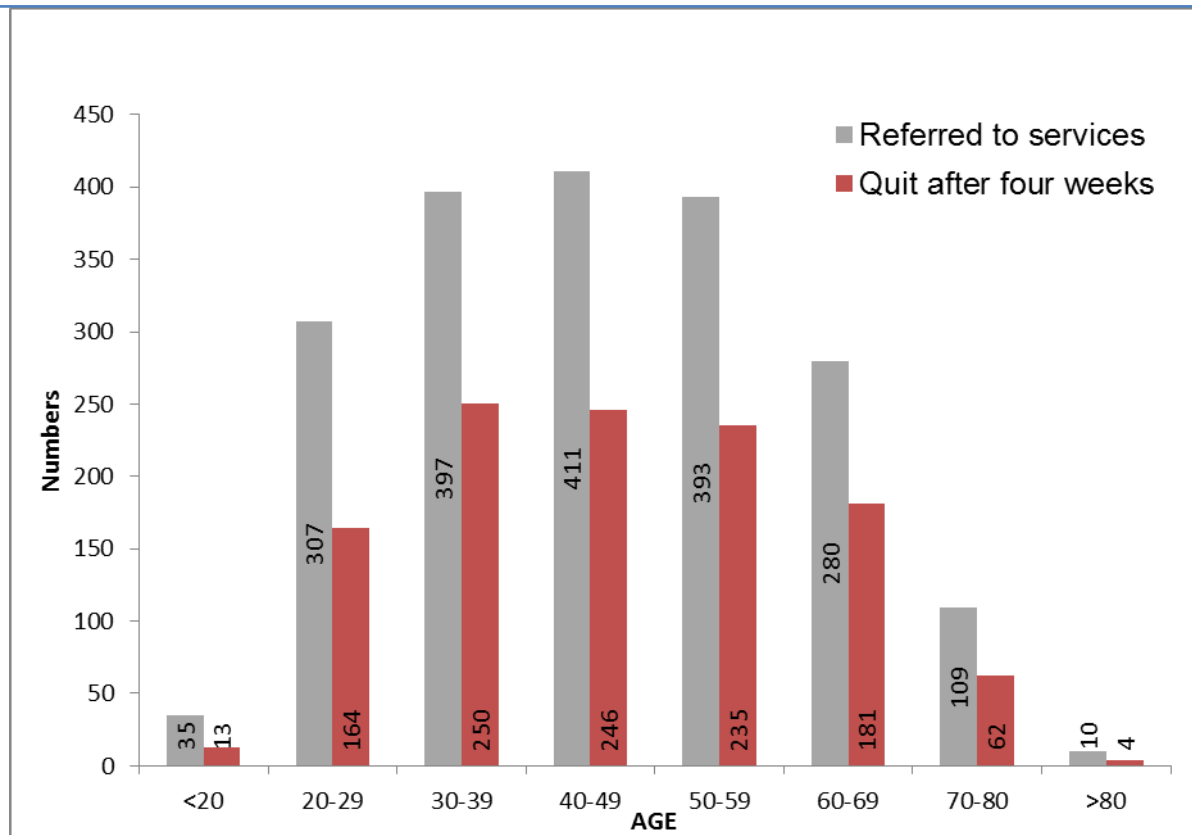
**Age**

Amenable mortality is by definition capped at age 75. Deaths under 75 are chosen largely because of the difficulty of ascribing cause of death in 75+ age groups where there are often multiple morbidities (Figure 4).

**Figure 4:** Death from all causes and from amendable causes by age groups



	<p>Relative survival rates for the major cancers decrease with increasing age at diagnosis, even when the higher mortality from other causes in older people is allowed for.</p> <p>The proposed public health services are targeted according to evidence of health needs. For example, the 0-5 service aims to give the best start in life for children under the age of 5 years old; while the service for infection prevention and control predominantly aims to protect older people in care homes.</p> <p>Most of the smokers referred to Doncaster Stop Smoking Service were between 40 and 49 years of age (n=411). 62% of the smokers referred for the quit smoking service in Doncaster were between 30 and 60 years. The number of smokers referred for quit smoking services below the age of 20 were low, which is similar to the national average (Figure 5).</p> <p><b>Figure 5:</b> Age groups of smokers referred to quit smoking services (2015-16)</p>
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*Infection Prevention and control service*

There Infection Prevention and Control services target people who are vulnerable: those in care homes, especially the elderly, and those with learning disabilities.

The service will be concerned with predominantly the Care Home infection prevention and control and methicillin resistance staphylococcus aureus (MRSA) bloodstream infection and Clostridium

difficile (CDI) cases in the wider community, for the target population. A main focus of the service will be the prevention and control of healthcare acquired infections including C.difficile and MRSA. Table 1 below details the reported incidence of CDI and MRSA in Doncaster over time.

**Table 1:** Incidence of Clostridium difficile and MRSA in Doncaster, 2007/08 to 2016/17

Year	C. difficile	MRSA
2007/08	189	n/a
2008/09	172	10
2009/10	104	7
2010/11	82	5
2011/12	69	11
2012/13	97	3
2013/14	83	4
2014/15	81	1
2015/16	73	0
2016/17	84	0

*0-5 services*

The service profile relates to outcomes for children at various stages of their early lives and when they received health visits (Table 2)

**Table 2:** Health visiting in Doncaster 2016/17

Indicator	Target	2016/17			
		Q1	Q2	Q3	Q4
Number visited within 14 days		860	691	741	591
% visited within 14 days	80%	98%	88%	91%	86%
Number visited within 21 days		774	857	894	741

% visited within 21 days	95%	98%	97%	98%	94%
Number visited within 6-8 weeks		821	1003	1003	938
% visited within 6-8 weeks	95%	98%	95%	95%	97%
Number visited by 12 months		876	817	840	809
% visited by 12 months	80%	95%	91%	93%	95%
Number visited by 15 months		821	889	843	843
% visited by 15 months	95%	95%	95%	95%	94%
Number visited by 2.5 years		873	815	839	867
% visited by 2.5 years	90%	92%	91%	93%	95%

It is recognised the following protected characteristics may impact on the following groups:

- Age (children and young people)
- Sex (women)
- Pregnancy and maternity
- BME

Health Visiting services focus predominantly on children and families, however there are elements of service delivery that are specific to women, pregnancy and maternity, including ante natal visits, breastfeeding support, identification and support around post-natal depression and domestic abuse.

It is well documented that teenage conceptions occur more frequently in young women living in more deprived areas. In contrast with those who postponed parenthood to age 24 or above, teenage mothers are:

- 22% more likely to be in poverty at the age of 30;
- 20% more likely to have no qualifications;
- and much less likely to be employed.

	<p>As a result of this; children born to teenage parents are more likely to experience poverty and poor housing, to encounter poor health, reduced educational attainment, and to have low economic activity as adults.</p> <p>Infant mortality rates are higher among some ethnic groups than others, with Pakistani and Black and Black British -Caribbean babies being twice as likely to die in their first year compared to White British or Bangladeshi babies. Babies born to a teenage parents experience a 60% higher infant mortality rate than those born to older women.</p> <p><b>Disability</b></p> <p>Detailed mortality data for England is not readily available by impairment group. However, there is evidence that disability impacts on the length and quality of life, and can adversely affect access to services:</p> <ul style="list-style-type: none"> <li>☒ Access to services can be difficult for people with a physical, cognitive or sensory impairment unless special measures are put in place</li> <li>☒ There is low uptake of both breast and cervical cancer screening amongst disabled people: Only 19% of women with a learning disability have cervical smears, compared to 77% in the general population. Access to mobile breast screening units is difficult for women with a physical impairment, but alternative arrangements are in place at static units.</li> <li>☒ The lack of inclusion of disability in routine recording makes it difficult to measure equity of access and treatment for disabled people, and presence of a disability is not recorded on death certificates so it is not possible to break down ONS mortality data by disability.</li> <li>☒ People with learning disabilities:             <ul style="list-style-type: none"> <li>○ are three times more likely to die from respiratory disease</li> <li>○ have a higher risk of ischemic heart disease than the general population and this is the second most common cause of death in people with learning disabilities are 58 times more likely to die before the age of 50 than the general population.</li> </ul> </li> <li>☒ People with a diagnosis of Serious Mental Illness (SMI) are twice as likely to die from coronary heart disease and four times as likely to die from respiratory disease as the general population and people with schizophrenia are more than four times as likely to die from infectious diseases. Rates of diabetes and hypertension are also high. Clients with SMI sometimes find it difficult to engage with primary care services, which results in them not accessing routine health checks.</li> </ul>
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	<p>This domain will include an indicator on amenable mortality in people with Serious Mental Illness to address this inequality directly.</p> <p><b>Gender</b></p> <p>There are particular issues around risk factors and mortality for both men and women:</p> <ul style="list-style-type: none"> <li>☐ Women can expect to live longer than men.</li> <li>☐ Although women live longer than men, they also spend more years in sub-optimal health on average, males in England spend 59.1 years in good health and 15.9 years in poor health; for women the corresponding figures are 61.4 years and 18.6 years.</li> <li>☐ For both males and females life expectancy at 75 has been increasing in recent decades, but the gap between males and females has decreased slightly over the last fifteen years.</li> </ul> <p>The gender difference in life expectancy is greatest in deprived areas.</p> <ul style="list-style-type: none"> <li>☐ Some cancers are gender specific. For most cancers which affect both men and women, such as lung cancer, age standardised survival rates are somewhat higher in women. However mortality from lung cancer in UK women is higher than the EU15 average, while for men it is lower. This may be related to UK women's relatively higher smoking levels.</li> <li>☐ Men are more vulnerable to cardiovascular disease than women, and at a younger age, and are also diagnosed with the majority of cancers.</li> <li>☐ Because the death rate from coronary heart disease (CHD) is very different for men and for women, the extent to which this condition is included in any definition of amenable mortality has a large impact on the difference in the amenable mortality rate between men and women.</li> </ul> <p>Evidence from local equity audit of Stop Smoking Service in Doncaster suggests that access for males and females was fair, with 50% access in each group (Philip A and Joseph V, 2017).</p> <p><b>Religion or Belief</b></p> <p>In general there is little available evidence on the links between specific religions or beliefs and amenable mortality beyond that relating to race. There are some issues around cancer screening and certain religions:</p> <ul style="list-style-type: none"> <li>☐ Uptake of routine invitations for breast screening is lower amongst Muslim women than among women in the general population possibly due to fear of a male carrying out the mammogram;</li> </ul>
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	<p>and</p> <ul style="list-style-type: none"> <li>☐ In the first phase of the bowel screening programme overall population uptake was 62% but only 32% for Muslims.</li> </ul> <p><b>Sexual orientation</b></p> <p>There is currently limited data availability on sexual orientation issues. From the General Household survey, fewer people living in same sex couples had used hospital services in the past year than in the population as a whole, however this is likely to reflect the age profile of those in same sex couples.</p> <p>A study of mortality among over 8,000 Danish men and women in same-sex marriage concluded that despite recent marked reduction in mortality among gay men, Danish men and women in same-sex marriages still have mortality rates that exceed those of the general population. However the excess mortality is restricted to the first few years after a marriage, possibly reflecting pre-existing illness at the time of marriage.</p> <p><b>Gender-reassignment</b></p> <p>There is little evidence available to determine whether the mortality rate from amenable causes in the transgender population is different from the rate in the population as a whole. Available evidence shows:</p> <ul style="list-style-type: none"> <li>☐ 35% of the transgender population report having made at least one suicide attempt. However, the Gender Identity Research and Education Society (GIREs) are not aware of any data that indicate high mortality among severely gender dysphoric people from successful suicide attempts.</li> <li>☐ A report of the use of cross–sex hormones in the context of gender reassignment in a hospital in Netherlands from 1995 to 2006 in over 3000 (2236 male-to-female and 876 female-to-male transsexuals) reveals that the mortality rate from cancer and coronary heart disease was not higher than in a comparison group.</li> </ul> <p><b>Marital status (marriage/civil partnership)</b></p> <p>There is evidence to show that single men and to a lesser extent single women have higher mortality rates than married men and women and that single people have a greater risk of dying</p>
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		<p>after surgery. Further study is needed to investigate the reasons for this. It is known that these outcomes are likely to be highly influenced by economic factors, and some studies have shown that stress associated with marital separation affects the body's immune system and its ability to fend off disease.</p> <p>Infant and perinatal rates are highest among sole registered births and births outside marriage registered jointly by both parents living at different addresses.</p> <p><b>Missing Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ethnic group</li> <li><input type="checkbox"/> social class</li> <li><input type="checkbox"/> religion or belief</li> <li><input type="checkbox"/> sexual orientation</li> <li><input type="checkbox"/> transgender; and</li> <li><input type="checkbox"/> marital status</li> </ul> <p>Data in relation to mortality rates for the protected characteristics listed above are not available routinely as it is not recorded on death certificates. Until this information is available an assessment of amenable mortality rates in these groups could be done through detailed investigation of a sample of deaths where the cause was considered 'amenable', if there were reliable estimates of numbers in the relevant populations. Mortality data are available by low level geographical area so deprivation of area where the death occurred can be used as a proxy for socio-economic group.</p> <p>Participation and experience data for protected groups will be collected by commissioned services and will be agreed through the commissioning process. Initially an equality profile will be sought from each provider.</p>
<p><b>4</b></p>	<p><b>Summary of the consultation/engagement activities</b></p>	<p>The public health services currently in place have benefitted from service reviews and users experience / feedback. For each area of activity further consultations will be undertaken.</p>

<p><b>5 Real Consideration:</b></p> <p><b>Summary of what the evidence shows and how has it been used</b></p>	<p>Analysis of nationally available data suggests significant differences in health outcomes depending on protected characteristics.</p> <p>Local data, where available, shows differential access to smoking cessation services for BME citizens.</p> <p>The BME health needs assessment 2017 concluded a number of actions including:</p> <ul style="list-style-type: none"> <li>· Actions around building stronger engagement with BME communities and that this engagement needs to recognise the diversity within our BME population and that work should strengthen BME communities by seeking collaboration opportunities.</li> <li>· Ideas for engagement included community development approaches; single gender groups; use of pharmacies</li> <li>· Actions that ensure high quality and accessible interpretation and translation</li> <li>· Actions to develop community understanding (seek opportunities to bring people together) challenge prejudice (from all sources offer training on cultural competence; unintended bias) and celebrate and value diversity</li> <li>· Actions which focus on other determinants of health such as education (including education around navigating the system and induction for new arrivals and access to English courses)</li> <li>· Actions which focus on more intelligence gathering from our BME populations</li> </ul> <p>In light of this 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 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.</p>
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6	<b>Decision Making</b>	<p>The Public Health commissioning strategy should proceed but for each area of commissioning activity a separate due regard statement will be developed as part of the process. Equity profiles and remedial actions should be built into service specifications, contracts and contract review processes.</p> <p>If the strategy is implemented effectively then the strategy should reduce health inequalities.</p>
7	<b>Monitoring and Review</b>	<p>The Public Health Contracts and Finance Group will monitor progress.</p>
8	<b>Sign off and approval for publication</b>	<p>Dr Victor Joseph; June 2017</p> <p>Consultant in Public Health</p>

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## To the Chair and Members of Cabinet

### SLHD Performance & Delivery Update: 2016/17 Quarter Four

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Mayor Ros Jones		All	None

### EXECUTIVE SUMMARY

1. As part of the Management Agreement and governance arrangements for St. Leger Homes of Doncaster (SLHD) an Annual Development Plan is produced in agreement with DMBC officers, the Housing Portfolio holder and the Mayor. This Annual Development Plan identifies the key deliverables, outcomes, milestones and the measures by which performance is assessed. There is an agreed governance framework part of which is a quarterly report of key performance indicators to Cabinet.
2. This report provides an opportunity to feedback on performance successes and issues against the suite of 2016/17 key performance indicators.

### EXEMPT REPORT

3. This report is not exempt.

### RECOMMENDATIONS

4. That Cabinet note the progress of SLHD performance outcomes and the contribution SLHD makes to supporting DMBC strategic priorities.

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

5. As this report includes the current progress on the St. Leger Homes Performance indicators, the implications of the contents may ultimately affect the delivery of services to the people of Doncaster.

### BACKGROUND

6. Appendix A contains the SLHD 2016/17 End of Year Performance Management Report.

7. Key elements to note are:
- six of the ten key performance indicators are on target (green),
  - three are within acceptable tolerance levels (amber), and
  - one is below target (red).

Performance at the end of Quarter 4 has improved compared to Quarter 3, when there were six on target (green), two within acceptable tolerance (amber) and two below target (red). Further details explaining notable areas of performance is provided below. Commentary covering the performance against all ten indicators is provided at Appendix A.

## 8. Notable areas of performance:

- 8.1 **Performance measure:** Void Rent Loss – Percentage of rent loss through vacant dwellings (performing well against target – green)

Performance throughout the year has been good, continuing an improving trend seen toward the latter part of 2015/16. At 1.00% for the year (£751,812), performance was well within the target of 1.19% and was much improved compared to 1.37% (£1,031,346) for last year.

The North and East areas of the Borough continue to perform well, and the South West continues to show the highest percentage of void rent loss. The average overall re-let times for void properties, which includes major works, remains at 49 days. This has been consistent throughout the year and it is an improvement compared with 56 days at the end of 2015/16, although it is disappointing not to have reduced re-let times further during the year. The new voids standard and process, which was piloted last year in the North, has been fully rolled out across the Borough on schedule. This new approach provides a better quality product for tenants.

- 8.2 **Performance measure:** Percentage of Current Rent Arrears against Annual Debit (performing well against target – green)

Performance improved from 2.66% at the end of quarter three to 2.44% at the end of quarter four. Performance throughout the year has been good and within forecast, resulting in exceeding the year-end target of 2.50%. This is better than the outturn for the previous three financial years.

This is considered a particularly good achievement bearing in mind the numbers of tenants impacted by wider welfare reform changes including the under-occupation charge and the recent introduction of Universal Credit.

The number of evictions is slightly higher than last year, with 66 at the end of Quarter four compared to 60 at the same point last year. Fewer evictions reduce former tenant arrears and void costs. The total number of serious arrears cases (over £1,500) decreased from 170 to 137 cases and the intensive management of these cases will continue to be a priority. Where appropriate, payment by direct debit is encouraged. During 2016/17 we achieved a steady increase of just over 100 new direct debit payers each month resulting in 19% now paying by direct debit.



- 8.3 **Performance measure:** Number and % of households maintaining or established independent living (performing well against target – green)

This indicator is taken as a snap-shot at the end of the Quarter when there were 40 households supported to maintain or establish independent living, which is the contractual target. This is an improvement in performance compared to previous quarters.

Staffing within this area of the business has been challenging due to pressures linked to 'Tent City' since Quarter 3, coupled with staff sickness and vacancies, though these issues are being addressed.

- 8.4 **Performance measure:** Scheduled repairs % of promises kept (near target - amber)

A total of 2,431 repair jobs were raised during Quarter 4, of which 39 were not completed within the target timeframe. Performance for the year was, therefore, 99.45% against a target of 100% and is an improvement on the 2015/16 performance of 98.85%.

Close monitoring and management of this KPI continues with detailed analysis undertaken to ascertain the reason why repair promises have not been made. Some delays have been as a result of delays to delivery of non-stock items.

- 8.5 **Performance measure:** Days Lost to Sickness per Full Time Equivalent (near target - amber)

Sickness levels improved during each month of Quarter 4, having deteriorated in Quarter 3. The year to date performance is 8.26 days lost per full time equivalent employee (FTE), which is below the target of 7.9 days but an improvement on the 8.4 days lost per FTE last year. This continues the improving trend seen over the last 3 years.

The top reason for both long and short term absence during Quarter 4 was infection/virus, following by stress/depression/anxiety and musculo/skeletal. Whilst these are consistently the top three reasons, it is interesting to see musculo/skeletal cases fall from the highest number of cases to the third highest number of cases.

- 8.6 **Performance measure:** Number of households in temporary accommodation (below target – red)

There was a significant effect on the numbers entering temporary accommodation during Quarter 3 as a result of 'Tent City' and the focus on homelessness in the town centre. The number of people moving into temporary accommodation increased to 62 during Quarter 4, compared to 50 during Quarter 3. However, the number of households who remained in temporary accommodation at the end of Quarter 4 was 25, slightly higher than at the end of Quarter 3, and considerably higher than the 9 households at the end of last year.

During 2016/17 we have seen a significant increase in the level of homelessness and rough sleeping within the borough. In the 12 months to

31<sup>st</sup> March we have seen a 34% increase in approaches to the homeless service for advice and assistance, a 131% increase in formal homeless presentations and a 63% increase in the number of Full Duty Homeless decisions. This has led to a reconsideration of how the use of temporary accommodation is targeted, specifically whether targeting a low number of households in temporary accommodation is an appropriate measure for the future and driving the right behaviours. Consideration is being given to alternative measures of the pathway from homeless to sustainable tenancy.

**OPTIONS CONSIDERED**

9. Not applicable

**REASONS FOR RECOMMENDED OPTION**

10. Not applicable

**IMPACT ON THE COUNCIL’S KEY PRIORITIES**

11.

	<b>Outcomes</b>	<b>Implications</b>
	<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>Work of St. Leger Homes of Doncaster impacts on Council key priorities, with implications on the quality of life for Doncaster Council’s tenants and other residents and the communities they live in.</p>
	<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>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>	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

## **RISKS AND ASSUMPTIONS**

12. Specific risks and assumptions are included in the performance management report at Appendix A.

## **LEGAL IMPLICATIONS**

13. There are no legal implications for this report.

## **FINANCIAL IMPLICATIONS**

14. In 2016/17 St. Leger Homes received a management fee of £28.445m from DMBC. This is made up of £27.452m from the Housing Revenue Account and £0.993m from the General Fund to pay for the general fund services managed by SLHD.

## **HUMAN RESOURCES IMPLICATIONS**

15. There are no Human Resource Implications for this report.

## **TECHNOLOGY IMPLICATIONS**

16. There are no Technology Implications for this report.

## **EQUALITY IMPLICATIONS**

17. Equality implications are considered in line with the Equality Act 2011 for the delivery of all St. Leger Homes services.

## **CONSULTATION**

18. Consultation has taken place with key managers within St. Leger Homes, the Lead Member for Housing and Senior Officers within the Council.

## **BACKGROUND PAPERS**

19. None

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### **Appendices Table of Contents**

Appendix A – SLHD 2016-17 End of Year Performance Management Report

# Appendix A - SLHD 2016-17 End of Year Performance Management Report

Cumulative performance April to end of March 2017

## Areas Performing Well

% Rent Arrears Against Annual Debit



2.44% (£1.82 million)

End of year target of 2.50%

Void Rent Loss



1.00% (£751,812)

End of year target of 1.19%

Number of Households Maintaining or Established Independent Living



40

End of year target of 40

Right First Time



98.19%

End of year target of 98%

Gas Servicing And Solid Fuel



100% End of year target 100%

% of Invoices Paid within 30 Days



97.21% against a target of 95%

## Areas Near to Target

Complaints - % of Service Failure and Dissatisfaction



24% against a target of 20%



Scheduled Repairs - Promises Kept



99.45%

End of year target of 100%

Days Lost Through Sickness per Full Time Equivalent



8.26 days

End of year target of 7.90 days

## Requiring Improvement

Number of Households in Temporary Accommodation



25

End of year target of 10

## St. Leger Homes Key Performance Indicator Summary

Direction of travel is against previous quarter performance.

### Key Performance Indicator 1

Percentage of current rent arrears against annual debit

Direction of Travel - ↑

Traffic Light 



At the end of quarter four, performance was 2.44% (£1.83m), well within the profiled target of 2.50% and 0.12% less than at the end of 2015/16. In monetary terms, this was a decrease of £164,832 against quarter three and a reduction of £106,731 against the previous year. Additionally, the number of tenants paying by direct debit is still increasing with almost 500 more tenants paying by Direct Debit than this time last year. The number of evictions at the end of 2016/17 stands at 66, compared to 60 in 2015/16.

### Key Performance Indicator 2

Void rent loss (lettable voids)

Direction of Travel - ↓

Traffic Light 



Quarter four performance reduced slightly from 0.97% in December to 1.00% in March. Positively, overall there has been a big reduction in void rent loss in 2016/17. From 1.37% (£1,031,346) in 2015/16 to 1.00% (£751,812) in 2016/17. This is well within the end of year target of 1.19%.

### Key Performance Indicator 3

Number of households in temporary accommodation

Direction of Travel - ↓

Traffic Light 



The number of people moving into temporary accommodation throughout the quarter has reduced slightly since last quarter from 62 to 60, however compared to the same time last year this is an increase of 45. The snapshot of people in temporary accommodation at the end of the quarter has increased from 21 to 25. Again this is a big increase compared to 9 at the end of 2015/16. The circumstances surrounding the 'Tent City' situation has had a big impact on this service area since quarter three.

### Key Performance Indicator 4

Number and % of households maintaining or established independent living

Direction of Travel - ↑

Traffic Light 



The number of households we are supporting has increased in quarter four to 40 which meets our contractual target level of 40. This is a snapshot at the end of the period and the number fluctuates throughout the quarter. This is also one more than the same time last year.

### Key Performance Indicator 5

Analysis of complaints received (month in arrears)

Direction of Travel - ↓

Traffic Light 



There were 216 complaints logged in quarter four (Dec-Feb), which is the same as quarter three (Sep-Nov). Complaints are measured one month in arrears compared to other performance measures to allow time for complaints to be reviewed and categorised. There were 92 complaints in March, which is above the monthly average. Performance for the year 2016/17 has declined compared to 2015/16, with service failure at 24% which is below the 20% target. The number of complaints deemed service failure increased from 188 in 2015/16 to 219 in 2016/17, although the overall number of complaints reduced slightly from 932 in 2015/16 to 911 in 2016/17.

**Key Performance Indicator 6**

Right first time

Direction of Travel - ↑

Traffic Light 

End of year performance is 98.19% against a target of 98%. Compared to quarter three's performance this is an increase of 0.07%. This is also an improvement of 0.34% compared to the same time last year.

**Key Performance Indicator 7**

Scheduled repairs - % of promises kept

Direction of Travel - ↓

Traffic Light 

This indicator has been amended to include a tolerance level of 5 working days at the end of each month. End of year performance is at 99.45%, which is a down 0.17% compared to quarter three but is an improvement of 0.60% compared to the same time last year.

**Key Performance Indicator 8**

Gas servicing - % of programme completed against plan

Direction of Travel - ↔

Traffic Light 

The yearly Gas Servicing programme commenced in April 2016. All of the 19,428 properties due to receive a gas service in this financial year have and the programme is complete.

**Key Performance Indicator 8a**

Solid Fuel Servicing

The Solid Fuel Servicing programme is now complete and all 168 properties have received a solid fuel service.

**Key Performance Indicator 9**

Days lost through sickness per FTE

Direction of Travel - ↑

Traffic Light 

March's performance saw a reduction in days lost per FTE in both long term and short term sickness cases compared to December. Long term sickness reduced from 0.36 days in December to 0.30 days in March, and short term sickness reduced from 0.39 days in December to 0.36 days in March.

The year to date performance is 8.26 days lost per FTE and although this has not met the target of 7.90 days, it is an improvement of 0.14 days compared to 2015/16's outturn (8.40 days).

**Key Performance Indicator 10**

Percentage of invoices paid within 30 days

Direction of Travel - ↑

Traffic Light 

End of year performance for 2016/17 is 97.21% slightly below quarter three's performance of 97.25% but well within the target of 95%. This is also an end of year improvement of 4.41% compared to 2015/16.

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