

To all Members of the

## HEALTH AND WELLBEING BOARD

### AGENDA

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

**VENUE** Civic Office Room 007a and b - Civic Office, DN1 3BU  
**DATE:** Thursday, 5th November, 2015  
**TIME:** 9.30 am

**PLEASE NOTE VENUE FOR THIS MEETING**

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

Jo Miller  
Chief Executive

Issued on: 28th October, 2015

Governance Officer for this meeting:

Jonathan Goodrum  
01302 736709

6. Minutes of the Meeting of the Health and Wellbeing Board held on 3rd September 2015. (Attached) (Chair)

**A. Delivery of Health and Wellbeing Strategy**

7. Performance report Q2 2015/16. (Allan Wiltshire)  
*(Paper attached)*

8. JSNA Update and Discussion. (Laurie Mott)  
*(Presentation)*

9. Doncaster Health and Wellbeing Strategy 2016-21. (Louise Robson)  
*(Paper attached)*

**B. Board Assurance**

10. Doncaster Safeguarding Children's Board (DSCB) Annual Report 2014-2015. (John Harris)  
*(Paper attached)*

11. Children and Young People's Plan 2011-2016 - (Draft Interim Plan 2015/16 Plan). (Riana Nelson)  
*(Paper attached)*

12. Multi-Agency Early Help Strategy for Children, Young People and their Families 2015-2018. (Riana Nelson)  
*(Paper attached)*

**C. Board Development**

13. Report from HWB Officer Group and Forward Plan. (Dr Rupert Suckling)  
*(Paper attached)*

**Date/time of next meeting: Thursday, 7 January 2016 9.30 am Drawing Room - St Catherines House**

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

<b>Chair</b> – Cllr Pat Knight	Portfolio Holder for Public Health and Wellbeing
<b>Vice-Chair</b> – Chris Stainforth	Chief Officer, Doncaster Clinical Commissioning Group
Damian Allen	Director of Learning, Opportunities and Skills
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council
David Hamilton	Director of Adults, Health and Wellbeing, DMBC
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Glyn Jones	Deputy Mayor and Portfolio holder for Adult Social Care and Equalities
Councillor Cynthia Ransome	
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire and Humber)
Colin Hilton	Chair of Doncaster Children's Services Trust
Susan Jordan	Chief Executive, St Leger Homes
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Steve Shore	Chair of Healthwatch Doncaster
Trevor Smith	Chief Executive, New Horizons
Dr Nick Tupper	Chair of Doncaster Clinical Commissioning Group
Chief Superintendent Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Norma Wardman	Chief Executive Doncaster CVS
Kathryn Singh	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Steve Helps	Head of Prevention and Protection South Yorkshire Fire and Rescue

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# Agenda Item 6

## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND WELLBEING BOARD

3RD SEPTEMBER, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at the MONTAGU HOSPITAL, MEXBOROUGH on THURSDAY 3RD SEPTEMBER, 2015 at 9.30 A.M.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing

Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Councillor Cynthia Ransome	Doncaster Council Conservative Group Representative
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Damian Allen	Director of Learning, Opportunities and Skills, DMBC
Paul Wilkin	Director of Finance, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), substituting for Kathryn Singh
Jackie Pederson	Chief of Strategy & Delivery, Doncaster Clinical Commissioning Group (DCCG), substituting for Chris Stainforth
Trevor Smith	Chief Executive, New Horizons
David Hamilton	Director of Adults, Health and Wellbeing, DMBC
Kathy Gillatt	Director of Finance & Company Secretary, Doncaster Children's Services Trust, substituting for Colin Hilton
Susan Jordan	Chief Executive, St Leger Homes
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Steve Shore	Chair of Healthwatch Doncaster
Chief Superintendent	District Commander for Doncaster, South Yorkshire Police
Richard Tweed	
Norma Wardman	Chief Executive, Doncaster CVS
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue

Also in attendance:

Allan Wiltshire, Policy and Performance Manager, DMBC  
Lisa Swainston, Stronger Communities Wellbeing Manager, DMBC  
Roger Thompson, Independent Chair of Doncaster Safeguarding Adults Board (for Min.No. 22)  
Prof. Alistair Burns, National Clinical Director for Dementia (for Min. No. 23)  
Wayne Goddard, Doncaster Dementia Programme Lead (for Min. No. 23)  
Lee Tillman, Head of Service Skills, Enterprise, Policy & Improvement, DMBC  
John Leask, Policy and Partnerships Officer, DMBC

## APOLOGIES:

Apologies for absence were received from Chris Stainforth - Chief Officer, Doncaster Clinical Commissioning Group (DCCG), Colin Hilton - Chair of Doncaster Children's Services Trust, Councillor Nuala Fennelly - Portfolio Holder for Children, Young People and Schools, Karen Curran - Head of Co-Commissioning, NHS England (Yorkshire & Humber), Dr Nick Tupper - Chair of DCCG, Kathryn Singh - Chief Executive of RDaSH and Peter Dale - Director of Regeneration & Environment, DMBC.

## 14. WELCOME AND INTRODUCTIONS

The Chair, Councillor Pat Knight, welcomed Kay Burkett, Local Government Association (LGA) Peer Challenge Manager, who was observing today's meeting as a follow-up to the LGA Peer Review which was conducted in December 2013. It was noted that Kay had developed a self-assessment tool and had offered to provide facilitated support to the Board for a designated session to review progress since the Review and identify any issues for further development. The Chair explained that more detail on this would be provided by Dr Rupert Suckling when he presented the report of the HWB Officer Group (see minute no. 25).

The Chair also welcomed Damian Allen, the new Director of Learning, Opportunities and Skills at Doncaster Council, who was attending his first meeting of the Board.

The Chair stated that she was pleased to confirm that Professor Alistair Burns, the National Clinical Director for Dementia would be in attendance later in the meeting to speak to the Board on Dementia (see minute no. 23).

## 15. CHAIR'S ANNOUNCEMENTS

The Chair referred to the Board's workshop on the Environment that had been held in July 2015 which she felt had been excellent and stated that it had been good to see a wide cross-section of people in attendance, including 6 elected Members. A copy of the draft report from this event had been sent to Board Members by Louise Robson.

With regard to the consultation on the Health and Wellbeing Strategy, the Chair confirmed that the maximum number of responses permitted by Survey Monkey (i.e. 100) had already been received. The survey had, therefore, been re-launched to allow for a fresh tranche of responses to be submitted. These would then be taken into account in compiling the final Strategy.

## 16. PUBLIC QUESTIONS

There were no questions from members of the public.

## 17. DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

18. MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 4TH JUNE, 2015

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 4th June, 2015 be approved as a correct record and signed by the Chair.

19. QUARTER 1 2015-16 PERFORMANCE REPORT

The Board considered a report which provided the latest performance figures for the Quarter 1 period. The paper set out the current performance against the agreed priorities in the Health and Wellbeing Strategy.

It was reported that a refreshed 'outcomes based accountability' (OBA) exercise had been completed parallel to the refresh of the Health and Wellbeing Strategy. The five outcome areas remained and specific indicators had been identified which would measure progress towards these outcomes in 2015-16. Further information and narrative around the performance was provided in Appendix A to the report, with each indicator being accompanied by a 'story behind the baseline' together with an action plan indicating 'what we will achieve in 2015-16' and 'what we will do next period'. It was noted that the OBA methodology moved away from targets for the whole population indicators and this was reflected in the report. Instead, the trend and direction of travel was the key success criteria.

Having summarised the key points and narrative behind the latest performance figures, Allan Wiltshire drew the Board's attention to a proposal that the relevant Lead Officer for one of the key outcome areas be invited to attend a Board meeting every Quarter to provide a more detailed update on the latest performance statistics relating to their respective indicators. Board Members supported this suggestion and agreed that the first detailed report to be received in Quarter 2 should be in respect of Outcome 1 (Obesity statistics).

Discussion followed, during which Board Members made various comments/observations on specific Performance Indicators. With regard to the indicator showing % of adults overweight or obese, Steve Shore queried why only one particular year's worth of statistics (2012/13) was provided. In reply, Allan Wiltshire explained that this was a national indicator that had not been run since 2012/13, hence the absence of any later data. He pointed out, however, that it might be possible to obtain some local data relating to this indicator for the Board's information. Dr Rupert Suckling added that some of this data could be obtained from the Acute Trust and Primary Care if the Board decided that this was a priority issue and wanted to capture the information on a local basis.

Similarly, in response to a query by Councillor Cynthia Ransome regarding the indicator for % of children that are classified as overweight or obese (aged 10/11), Allan Wiltshire explained that this related to a national programme where children of that specific age group were measured and that statistics for later age groups were therefore unavailable.

In commenting on the indicators, Damian Allen stated that he was pleased to see that the OBA methodology was being used as this was a sound and robust approach. With regard to comparing indicators against the national average, he suggested that it might be useful to consider whether some indicators were still valid indicators to be tracking, or should others that were more sensitive to change

be looked at instead.

RESOLVED:

- 1) To note the performance against the key priorities; and
- 2) To agree that further in depth information will be provided on a rolling quarterly basis on the 5 outcome areas detailed in the report, commencing in Quarter 2, 2015-16 with a report on Outcome 1 (Obesity statistics).

20. WELLBEING UPDATE

The Board received a report by Lisa Swainston, Stronger Communities Wellbeing Manager, which outlined the measures being taken in Doncaster to refocus strategically and financially through this Board and the Health and Social Care Transformation Programme to commit to enhancing a preventative approach to Wellbeing, alongside the development and change to more complex Health and Social Care Services. This work involved collaboration with the What Works for Wellbeing Centre, sharing best practice and collecting evidence to determine the impact that prevention services were having. Other key stages identified to progress this work included driving the use of the Think Local Act Personal Model into the development of the Wellbeing offer and influencing future commissioning plans and JSNAs to reflect prevention, Wellbeing, an Asset based approach and involvement of third and voluntary sectors.

Discussion followed, during which Members made a range of comments on issues relating to Wellbeing, including:-

- The importance of fostering stronger, more resilient communities in the Borough and the need to identify relevant indicators which may help to measure impacts and illustrate what makes a community more resilient;
- The importance of recognising the connection between Adult Social Care assessment work and Wellbeing work;
- How taking steps to reduce the number of visits made by people to their GPs and to hospital, and reducing the amount of medication being taken, all contributed towards strengthening resilience in communities;
- Recognising the valuable work carried out by Wellbeing Officers in supporting Doncaster communities, and the key role they played in helping to signpost people to the services they needed and dealing with issues such as loneliness.

It was then

RESOLVED to note the update report on the development of the preventative wellbeing approach within Doncaster, with wider partners and nationally.



## 21. HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME UPDATE

The Board received an update from Dave Hamilton on the latest progress with the development of the Health and Social Care Transformation Programme. It was noted that there was now a clear focus on delivering the Programme, with information being disseminated to ensure that the plan was embedded in frontline services and that all frontline staff understood their roles in contributing to its delivery. To assist in this process, 'Ambassadors' would be visiting teams to spread the word. In addition, Dave Hamilton and Chris Stainforth had agreed to carry out visits to each other's respective teams with the aim of sharing knowledge.

Dave Hamilton advised the Board that he and Chris Stainforth had recently been invited to give a presentation on Doncaster's approach at a national event – the Health and Care Innovation Expo 2015 held in Manchester on 2nd September 2015. This had generated a significant amount of interest and it was noted that the officers may be asked to speak at other similar events in the future to promote the work being undertaken in Doncaster.

RESOLVED to note the update on the implementation of the Doncaster Health and Social Care Transformation Programme.

## 22. DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15

Roger Thompson, Independent Chair of Doncaster Safeguarding Adults Board (DSAB), presented the Annual Report of the DSAB, which reflected the work and achievements in Doncaster during 2014/15.

In introducing the Report, Roger Thompson confirmed that under the Care Act 2014, Safeguarding Boards had now become statutory bodies, resulting in a higher profile and greater public scrutiny of their work, together with increased public expectations. The Act had also introduced a framework for the Board's membership and annual reporting arrangements which had been mapped against the Annual Report for assurance purposes.

Roger then summarised the salient points and drew particular attention to the following issues:

- A key challenge during 2014/15 had been the performance of agencies in relation to the timeliness of handling safeguarding adults cases;
- A DSAB Constitution had been developed in line with the requirements of the Care Act 2014, including a revised Board membership;
- A joint safeguarding self-assessment and challenge process was being developed in partnership with the Doncaster Safeguarding Children's Board;
- During 2014/15 the Board had taken part in two national pilots; Making Safeguarding Personal and the Adult Social Care Outcomes Framework Pilot;
- The Board's Engagement Sub-Group had launched a 'Keeping Safe' campaign, aimed at empowering adults at risk to protect themselves from

abuse by raising awareness of safeguarding adults and the reporting process;

- Work was ongoing with colleagues in the Prison Service to ensure that Safeguarding Adults was understood and delivered well within Doncaster's prison population;
- The Performance Sub-Group was receiving qualitative information from the case file audit to provide a more holistic picture of practice which was being used to inform service improvements. The conclusions from the audit indicated that people were not being fully empowered through the safeguarding process and that Independent Mental Capacity Advocates were not being routinely used to support people who lacked capacity.
- The DSAB had contributed significantly throughout 2014/15 to the review of the South Yorkshire Procedures for Safeguarding Adults in line with the implementation of the Care Act 2014.
- The Solar Centre Serious Case Review had identified lessons which had been learned and acted upon.
- The Case Study provided in the Report ('Phil's Story'), which was a real story from Doncaster, was a good example of a case where a satisfactory outcome was achieved.

During subsequent discussion, Susan Jordan referred to the Keeping Safe campaign launched in March 2015 and stressed the importance of all agencies understanding what 'keeping safe' actually meant. She stated that people were often reluctant to report neglect or abuse but it was vital that they looked out for their neighbours and friends. The Board noted that a Keeping Safe public event was due to be held at the Keepmoat Stadium on 19 November 2015 to further promote and raise awareness of this issue.

In welcoming the ethnicity breakdown provided in the report in relation to the number of safeguarding referrals made in 2014/15, Dr Rupert Suckling suggested that it would be useful for all partners to compare each other's approaches to engagement with hard to reach groups in order to share best practice and improve methods of engagement. Susan Jordan added that the DSAB's Engagement Sub-Group was currently looking at how to engage better with hard to reach groups and would welcome the opportunity of joint working with partners in this respect.

RESOLVED to note the contents of the DSAB Annual Report 2014/15.

## 23. DEMENTIA UPDATE

The Board received a presentation by Professor Alistair Burns, National Clinical Director for Dementia, who had been invited to Doncaster on the back of recent partnership success. Professor Burns outlined the progress being achieved nationally in relation to the treatment and care provided for people with dementia and summarised how Health and Wellbeing Boards could drive, support and assist further improvements.

After Professor Burns had answered a wide range of questions on issues relating to dementia, including the current prevalence rates, innovative models of dementia

care in care homes, the use of assistive technology and the value in having a person-centred approach in helping people with dementia, rather than focusing on people's ages, it was

RESOLVED to note the information presented by Professor Burns.

#### 24. HEALTH NEEDS OF VETERANS

The Board considered a report which provided a summary of the 2015 Veterans' Health Needs Assessment.

It was noted that the national armed forces covenant aimed to end any disadvantage members of armed forces, and their families, faced when accessing services. Dr Rupert Suckling confirmed that Doncaster council now had a dedicated Veterans Champion and a Veterans Steering Group in place. The number of Veterans in the Borough was estimated at being in the region of 20,000 – 30,000, many of whom faced challenges such as poor mental health, alcohol misuse and post-traumatic stress disorder.

It was reported that the recommendations outlined in the veterans Health Needs Assessment would support partner organisations in meeting the health and wellbeing needs of Veterans living and working in the Borough. Dr Suckling confirmed that some of these actions would be taken forward through the Veterans Steering Group.

RESOLVED to endorse the following recommendations set out in the 2015 Veterans' Health Needs Assessment:

1. Build on the Health Needs Assessment, using a qualitative research approach, to better understand the veteran experience in the absence of complete and reliable statistical data.
2. Improve data collection in particular in GP practices and in primary care. This could be achieved by identifying GP champions to promote the recording of data in practice systems.
3. To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da).
4. Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services.
5. Increase awareness of the health of veterans with strategic bodies such as the Health and Wellbeing Board and ensure that their issues are addressed in health strategies such as the Health and Wellbeing Strategy.
6. Ensure that the Council's Overview and Scrutiny Committee addresses veteran health issues in its programme of work.
7. Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the health

needs of veterans are addressed.

8. As a number of veterans are almost certainly in one of Doncaster's 3 prisons, the health and wellbeing of these men should be a priority.

## 25. REPORT FROM HWB OFFICER GROUP AND FORWARD PLAN

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

In particular, the report included updates on:

- Feedback from the Health and Wellbeing Board Workshop on the Environment, held on 16th July 2015;
- Maternity, Children and Young People's Health, including a recommendation that the Chair of this Board be nominated to sign off the local transformation plan for children and young people's mental health and wellbeing, with the final approved plan coming back to the Board in due course;
- Carers Strategy;
- Board Development, with a recommendation that the Board agrees to a LGA facilitated self-assessment on 4th November 2015; and
- Forward Plan for the Board.

In referring to the Forward Plan, the Chair encouraged Board Members to attend the Obesity Workshop to be held on 1st October, or arrange for substitutes to attend on their behalf, to ensure that as many partner organisations as possible were represented at the session.

### RESOLVED:

- 1) to note the update from the Officer Group;
- 2) to agree the proposed Forward Plan, as detailed in Appendix A to the report;
- 3) to agree that the Chair of the HWB should be nominated to sign off the local transformation plan for children and young people's mental health and wellbeing, with the final approved plan coming back to the Board in due course;
- 4) to agree to participate in a LGA facilitated self-assessment to be held on 4th November 2015.

5th November, 2015

**Subject:** 2015-16 Q2 Performance Report

**Presented by:** Allan Wiltshire

<b>Purpose of bringing this report to the Board</b>	
Regular performance reports on the priorities set out in the Health and Well-being strategy will provide assurance that progress is being made and the board are made aware of any risks or barriers to improvement in key areas.	
Decision	NA
Recommendation to Full Council	NA
Endorsement	Y
Information	Y

<b>Implications</b>		<b>Applicable Yes/No</b>
DHWB Strategy Areas of Focus	Alcohol	Y
	Mental Health & Dementia	Y
	Obesity	Y
	Family	Y
	Personal Responsibility	Y
Joint Strategic Needs Assessment		Y
Finance		N
Legal		N
Equalities		Y
Other Implications (please list)		N

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
Good quality performance management arrangements ensure that priorities are achieved and good quality services delivered to the residents of Doncaster. Also this report should highlight progress against the key health and well-being priorities identified as priorities in Doncaster.

<b>Recommendations</b>
The Board is asked to:- <ol style="list-style-type: none"> <li>Note the performance against the key priorities</li> <li>Receive and note the short presentation from the 'obesity' area of focus</li> <li>Agree what area of focus the Board would wish to have further information in Q3 2015-16</li> </ol>

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**To the Chair and Members of the Health & Well Being Board**

**PERFORMANCE REPORT Q2 2015-16**

<b>Relevant Cabinet Member(s)</b>	<b>Wards Affected</b>	<b>Key Decision</b>
Cllr Pat Knight	All	NA

**EXECUTIVE SUMMARY**

1. A refreshed 'outcomes based accountability' (OBA) exercise was completed parallel to the refresh in the Health and Well-being strategy. The five outcome areas remain and specific indicators have been identified which will measure our progress towards these outcomes in 2015-16, shown below,

<p><b>OUTCOME 1: ALL DONCASTER RESIDENTS TO HAVE THE OPPORTUNITY TO BE A HEALTHY WEIGHT</b></p> <ul style="list-style-type: none"> <li>• % of Children that are classified as overweight or Obese (Aged 4/5)</li> <li>• % of Children that are classified as overweight or Obese (Aged 10/11)</li> <li>• % of Adults Overweight or Obese</li> <li>• % of adults achieving at least 150 minutes of physical activity per week.</li> </ul>	<p><b>OUTCOME 2: ALL PEOPLE IN DONCASTER WHO USE ALCOHOL DO SO WITHIN SAFE LIMITS</b></p> <ul style="list-style-type: none"> <li>• Numbers of people being screened for alcohol use and, where</li> <li>• Alcohol-related attendance at A&amp;E (per 1000 pop) appropriate, receiving brief advice</li> <li>• Alcohol-related violent crime per 1000 pop (2015/16 YTD Only)</li> <li>• Alcohol related admissions to hospital</li> </ul>
<p><b>OUTCOME 3: FAMILIES WHO ARE IDENTIFIED AS MEETING THE ELIGIBILITY CRITERIA IN THE EXPANDED STRONGER FAMILIES PROGRAMME SEE SIGNIFICANT AND SUSTAINED IMPROVEMENT ACROSS ALL IDENTIFIED ISSUES.</b></p> <ul style="list-style-type: none"> <li>• Number of Families Identified as part of the Phase 2 Stronger Families</li> <li>• Number of families achieving positive outcomes through the Programme</li> </ul>	<p><b>OUTCOME 5: IMPROVE THE MENTAL HEALTH AND WELL-BEING OF THE PEOPLE OF DONCASTER ENSURES A FOCUS IS PUT ON PREVENTIVE SERVICES AND THE PROMOTION OF WELL-BEING FOR PEOPLE OF ALL AGE'S ACCESS TO EFFECTIVE SERVICES AND PROMOTES SUSTAINED RECOVERY.</b></p> <ul style="list-style-type: none"> <li>• Proportion of adults in contact with secondary mental health services in paid employment</li> <li>• Proportion of adults in contact with secondary mental health services living independently, with or without support</li> <li>• Proportion of People Completing Treatment and Moving to Recovery</li> <li>• % of patients with agreed care pathway &amp; treatment plans</li> </ul>
<p><b>OUTCOME 4: PEOPLE IN DONCASTER WITH DEMENTIA AND THEIR CARERS WILL BE SUPPORTED TO LIVE WELL. DONCASTER PEOPLE UNDERSTAND HOW THEY CAN REDUCE THE RISKS ASSOCIATED WITH DEMENTIA AND ARE AWARE OF THE BENEFITS OF AN EARLY DIAGNOSIS</b></p> <ul style="list-style-type: none"> <li>• Dementia Diagnosis Rate (%)</li> <li>• Number of 4hr RDaSH Emergency responses for people with dementia</li> <li>• Reduce the number of Hospital Admissions (DRI) for people with</li> <li>• Length of stay of people with Dementia in an acute setting (average days)</li> <li>• Hospital re-admissions within 30 days (DRI) for people with Dementia</li> <li>• Number of patients having any delayed discharges encountered at RDaSH</li> <li>• Attendances at A&amp;E for people with dementia</li> <li>• Number of people with dementia being admitted from care homes to DRI</li> <li>• Number of Hospital deaths for patients with dementia</li> <li>• Unplanned episodes of Respite for people with Dementia</li> <li>• Proportion of referrals for Assistive Technology that are for people with Dementia</li> <li>• Number of Safeguarding Referrals that are for people with a Primary Support Reason as Memory and Cognition</li> <li>• Proportion of People with Dementia living at home</li> </ul>	

2. Further information and narrative around the performance is available in **Appendix A**.

## EXEMPT REPORT

3. NA

## RECOMMENDATIONS

4. The Board is asked to:-
- Note the performance against the key priorities
  - Receive and note the short presentation from the 'obesity' area of focus
  - Agree what area of focus the Board would wish to have further information in Q3 2015-16

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

5. Good Performance Management arrangements of the priorities set out in the Health and well-being strategy will ensure services improve and peoples experience in the health and well-being system is positive.

## BACKGROUND

6. The Health and Well Being Board have chosen to use Outcomes Based Accountability (OBA) to support the delivery of improvement against the key priorities in the health and well-being strategy. *Appendix A* sets out the five outcomes and the main *indicators* associated with each. The OBA methodology moves away from targets for the whole population indicators and this is reflected in this report, instead the trend and direction of travel is the key success criteria.
7. We have introduced a basic forecast into some of the indicators contained within Appendix A which should help the board to assess if the direction of travel is acceptable and if not seek to understand the options and implications of such a trend. The forecast is a linear forecast and only used if there is an acceptable amount of data to base a forecast on. Furthermore if there have been any significant deviation within the period that may impact on the validity of a linear trend a forecast has not been made.
8. As agreed with the board in Q1 2015-16 a short presentation on one of the areas of focus will be provided at each quarterly performance update. In Q1 the board agreed to invite the lead officer for Obesity to give a short update in Q2 2015-16. The Board will need to decide which area of focus should be invited for Q3 2015-16.

## OPTIONS CONSIDERED

9. NA

## REASONS FOR RECOMMENDED OPTION

10. NA

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

11.

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>	
We will help people to live safe, healthy, active and independent lives.	Reduce Obesity. Reduce Alcohol



<p><i>Mayoral Priority: Safeguarding our Communities</i>  <i>Mayoral Priority: Bringing down the cost of living</i></p>	<p>Misuse  Dementia  Mental Health</p>
<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	
<p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>Stronger Families  Programme</p>
<p>Council services are modern and value for money.</p>	
<p>Working with our partners we will provide strong leadership and governance</p>	

## RISKS AND ASSUMPTIONS

12. NA

## LEGAL IMPLICATIONS

13. There are no specific legal implications for this report.

## FINANCIAL IMPLICATIONS

14. Any financial implications will be associated with specific indicator improvement and will be associated with separate reports as appropriate.

## EQUALITY IMPLICATIONS

15. There are no specific Equalities implications associated with this report. However specific programmes or projects aimed at improving performance and changing services will need to have a comprehensive analysis detailing the impacts on protected groups.

## CONSULTATION

16. This report has significant implications in terms of the following:

Procurement		Crime & Disorder	
Human Resources		Human Rights & Equalities	
Buildings, Land and Occupiers		Environment & Sustainability	
ICT		Capital Programme	

## BACKGROUND PAPERS

18. NA

## REPORT AUTHOR & CONTRIBUTORS

Allan Wiltshire  
Policy and Performance Manager  
01302 862307 [Allan.wiltshire@doncaster.gov.uk](mailto:Allan.wiltshire@doncaster.gov.uk)

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

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Doncaster Health & Well Being Board

# Performance Report

Q2 2015-16

Appendix A

Values below 5 have been rounded to 0 or 5

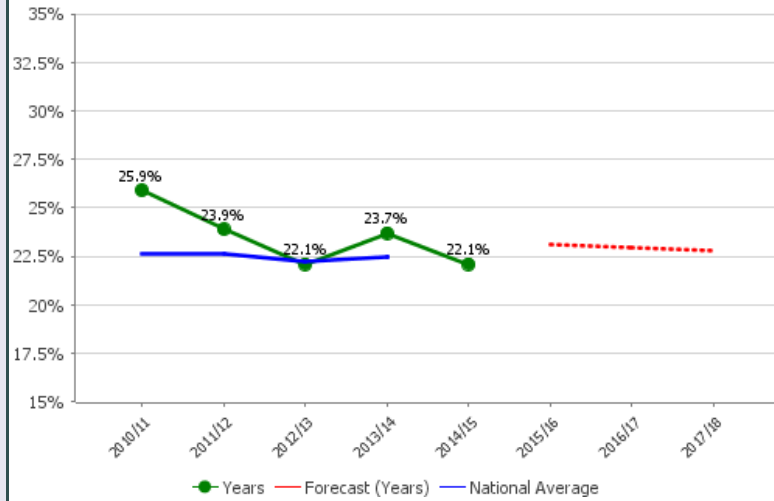
OUTCOME

All Doncaster residents to have the opportunity to be a healthy weight

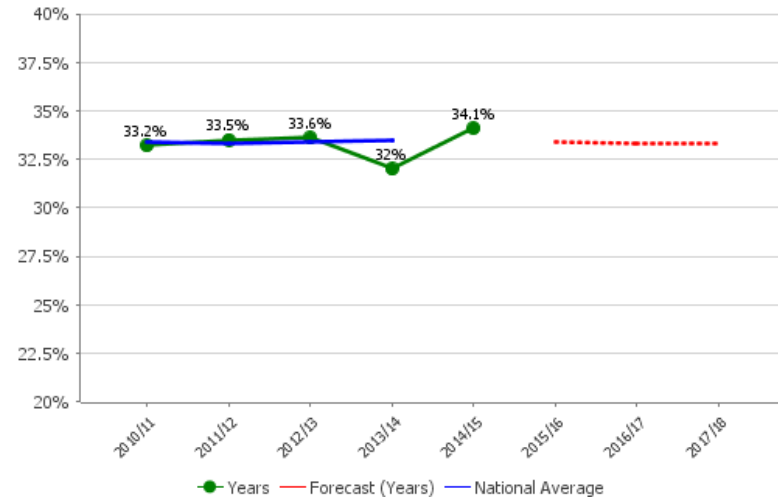
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INDICATORS

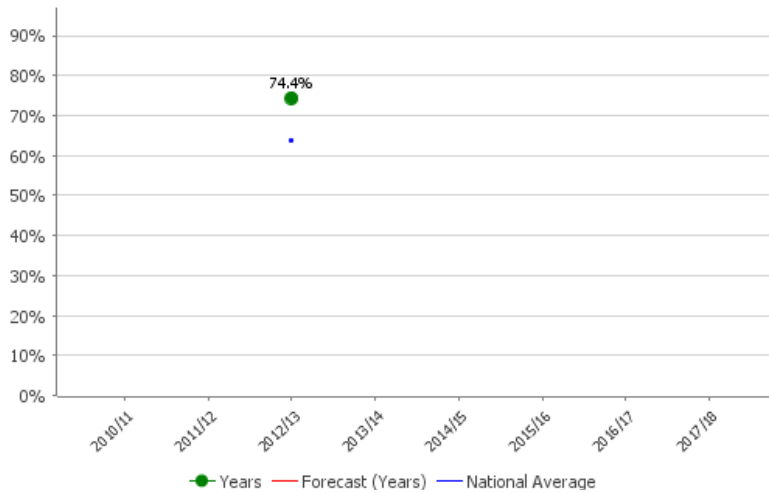
a) % of Children that are classified as overweight or Obese (Aged 4/5)



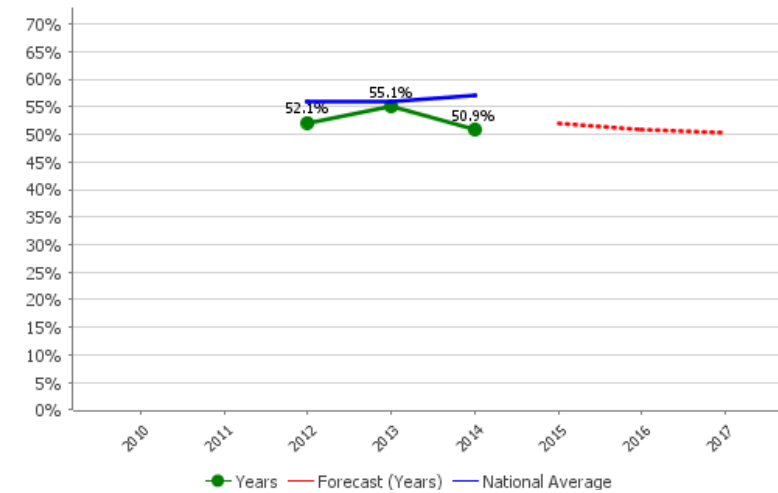
b) % of Children that are classified as overweight or Obese (Aged 10/11)



c) % of Adults Overweight or Obese



d) % of adults achieving at least 150 minutes of physical activity per week



<p style="text-align: center;"><b>STORY BEHIND THE BASELINE</b></p>	<p>Due to the secondment of the programme Lead in August, less progress has been made this quarter. Team members have been trained to use the OBA database and reporting mechanism and are currently populating the database with the work they have completed to date. Team members have engaged with a number of local organisations with a view to improving access to healthier food and are beginning to implement changes. For example, working with the local Asda to tailor their community activities to the areas with highest obesity and to support them to deliver healthy eating sessions and host "supermarket tours" to encourage healthy shopping habits; and engaging with the Café manager at Denaby Children's Centre to create a healthier café, including menu adaptations, new recipes and work around promoting healthier options through price and placement. Keepmoat stadium are trialling a new healthier conference menu currently and will feed back later this year regarding uptake/success. Work has also commenced to with a local housing/support project to support in the development of diet/weight related training packages and interventions. Consultation with stakeholders on the Doncaster Food plan is now near completion. Feedback will be incorporated into the plan which will be completed for 1st Dec and then disseminated, which is slightly later than anticipated. The plan will continue to be updated and improved in line with feedback from stakeholders as it is put into use.</p>	
	<p>The Nutrition &amp; Dietetics team at DRI have been delivering training workshops in schools to encourage them to incorporate healthy food and cooking into the curriculum. Further work needs to be carried out as to how we collect schools meals uptake data from schools catering and this will be looked at in Q3. The "Decent helpings" work with academic partners has been approved and is now in the project mobilisation stage; this research will involve understanding why a particular community in Doncaster is currently performing better in childhood obesity rates than would be predicted by indicators such as deprivation. Consultation on the E-Learning module for the Making Every Contact Count (MECC) programme has been carried out during Q2. This module will help people understand when and how to deliver appropriate lifestyle information on five key public health areas; stopping smoking, diet, physical activity, alcohol and mental wellbeing. A regional workshop is planned for October to discuss other e-learning around MECC, along with other aspects of rolling out the MECC initiative. Further development of a face-to-face module will be completed in Q3 with a view to the programme being ready for delivery into 2016.</p>	
	<p>The Change 4 Life, Disney 10 minute shake up campaign, which ran from July to September 2015 and was targeted at children aged 5 to 11 years and their families, received 2182 sign-ups across the borough. Most were in DN4 (378), DN5 (279) and DN3 (221) and the least sign-ups were in S66 (4) and DN10 (10). Work will continue with the schools involved over the coming months to continue promoting the sugar swap messages and the campaign will be re-visited nationally from March 2016 so planning will begin in Q3-4.</p>	
	<p>The Tier2 Weight Management service is currently out for tender and will be awarded in Q3. The reporting issues around the Tier 3 contract remain a concern and will be addressed in Q3. The NHS Health Checks service has now been running for 6 months. Q2 has seen good improvements after a slow start in Q1 but is still under-performing and this will be monitored closely during Q3 &amp; 4. Planning and preparation has taken place for the Health &amp; Wellbeing Board Obesity workshop on 1st Oct and this will be reported on in Q3.</p>	
<p style="text-align: center;"><b>ACTION PLAN</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 17</p>	<p style="text-align: center;"><b>What we will achieve in 2015-16</b></p>	<p style="text-align: center;"><b>What we will do next period</b></p>
	<ol style="list-style-type: none"> <li>1. The development of a plan to address access to healthier food (to incorporate Doncaster food plan, food procurement, school meals, workplace health award environmental health plan).</li> <li>2. Work with academic partners to explore the feasibility of a toolkit to improve the food environment in Doncaster communities</li> <li>3. Active promotion of physical activity opportunities (promotion of discount cards).</li> <li>4. Development and rollout of a Making Every Contact Count (MECC) training package.</li> <li>5. Continued work with planning teams to ensure access to healthier food and physical activity opportunities are incorporated into the Local Development Plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evaluation of tenders for the Tier 2 service will be completed and contract will be awarded</li> <li>2. Close contract management of Tier 3 &amp; Health Checks services</li> <li>3. Investigate better partnership working with school nurses, Tier 3 and NCMP programmes to be co-beneficial</li> <li>4. Dissemination of the completed Doncaster Food Plan</li> <li>5. Commence the Decent Helpings research</li> <li>6. Continue work with Nutrition &amp; Dietetics to deliver training session to improve school food and get cooking on the curriculum and plan evaluation of the effectiveness of the intervention</li> <li>7. Complete development of MECC e-learning tool and work on a face-face version</li> <li>8. Develop a Communications plan to launch MECC</li> <li>9. Collection and collation of indicator data for the OBA, work with organisations so that resulting changes can be monitored and evaluated</li> </ol>

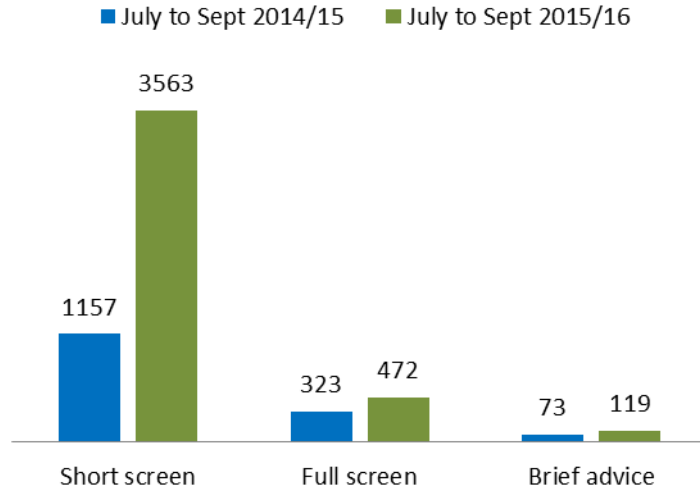
OUTCOME

## All people in Doncaster who use alcohol do so within safe limits

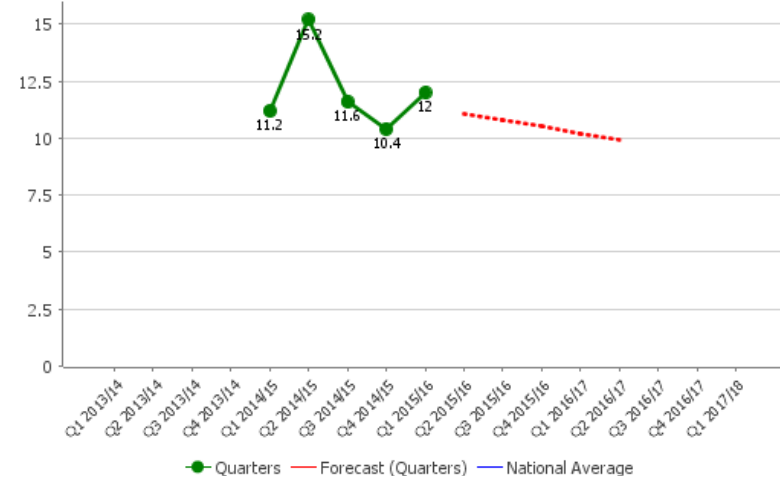
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INDICATORS

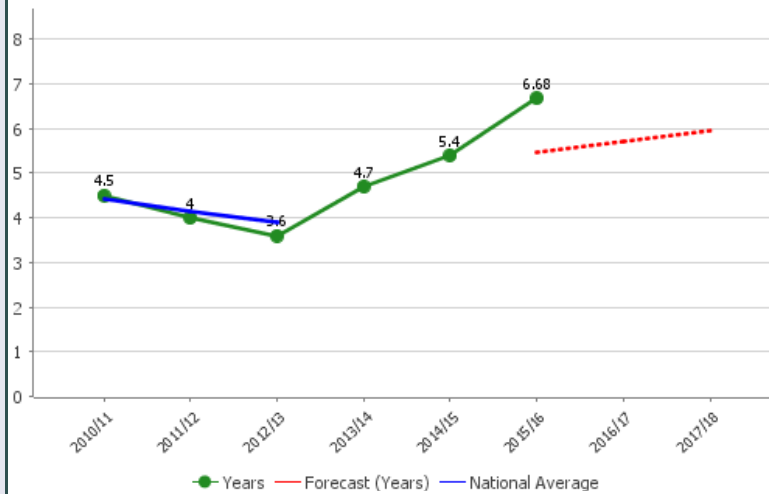
a) Numbers of people being screened for alcohol use and, where appropriate, receiving brief advice



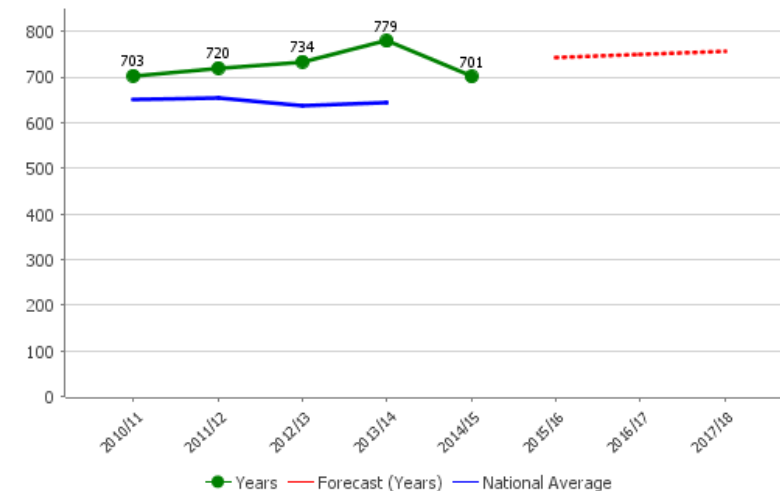
b) Alcohol-related attendance at A&E (per 1000 pop)



c) Alcohol-related violent crime per 1000 pop (2015/16 YTD Only)



d) Alcohol related admissions to hospital (14/15 data provisional)



<p><b>STORY BEHIND THE BASELINE</b></p>	<p>The short form of alcohol screening has trebled from last year to this and the ratios then receiving a full screen and brief advice mirror the evidence base (i.e. 5:1 at each stage). This suggests screening and advice is being targeted at suitable patient groups. Alcohol-related admissions increased up to 2013/14 and were consistently above England. The rate for 2014/15 appears to decrease sharply though this requires further investigation. These admissions are primarily linked to cancer, unintentional injuries and mental and behavioural disorders linked to alcohol. Alcohol-related A&amp;E attendances fluctuate over time but there are no significant trends. Attendance peaks sharply between 21-25 years but over half of attendances occur in people aged 26 to 60, cutting across age groups. Reviewing the presenting condition, it appears three quarters of attendances are linked to minor injuries and accidents rather than assaults. Alcohol-related crime has increased significantly from a low in 2012/13. The Joint Strategic Intelligence Assessment notes this increase citing increases in Town Centre violence and recorded domestic abuse, but also changes in the recording process.</p>	
<p><b>ACTION PLAN</b></p>	<p style="text-align: center;"><b>What we will achieve in 2015-16</b></p> <ol style="list-style-type: none"> <li>1. Work with GP practices to expand and improve screening and interventions from this year to next. There is also scope to deliver screening and very brief interventions in non-primary care settings such as pharmacies, hospitals, criminal justice, housing providers and social care (the evidence base outside primary care is mixed so investment would be carefully considered).</li> <li>2. Evaluate the Community Alcohol Partnership (CAP) in Askern, Campsall and Norton and expand the model to other areas if appropriate. The CAP was launched in November 2014 and is a partnership approach to address underage sales and antisocial behaviour. This is a collaboration between the community, schools, retailers, the Local Authority, Police and St Leger Homes. Utilising communities and addressing underage consumption will be key in the future.</li> <li>3. Make greater use of campaigns to raise public awareness and influence attitudes to alcohol in the population. Fixed national dates include Alcohol Awareness Week and Dry January while local campaigns will likely include topics such as alcohol in pregnancy, alcohol and older people and the link between alcohol and house fires. Public Health will work on campaigns aimed specifically at businesses to help foster an ethos of responsible retailers, for instance working with Pub Watch organisations and delivering a 'Reduce the Strength' campaign to limit the availability of very strong alcohol.</li> <li>4. Improve the referral pathway between hospitals and the treatment system and enhance the identification and support to people repeatedly attending A&amp;E or admitted to wards. Alcohol Concern defines these as 'Blue Light' clients - people who become vulnerable and isolated so that emergency services are their only source of support. Similarly there are vulnerable people, including alcohol misusers, who revolve through the Criminal Justice System. The Criminal Justice Liaison and Diversion Scheme launched in April 2015 and Public Health will work with partners to embed substance misuse within the model.</li> </ol>	<p style="text-align: center;"><b>What we will do next period</b></p> <ol style="list-style-type: none"> <li>1. Mobilising the new recovery system around the lead provider following the outcome of tendering.</li> <li>2. Continuing to monitor screening and brief interventions through GP practices</li> <li>3. Delivering public awareness campaigns, alcohol awareness week (Nov 2015).</li> <li>4. Promote custody testing and ATRs within the Liaison and Diversion Scheme.</li> <li>5. Monthly monitoring of exits and representations.</li> </ol>

<b>OUTCOME</b>	<b>Families who are identified as meeting the eligibility criteria in the expanded Stronger families programme see significant and sustained improvement across all identified issues.</b>																									
Page 20  <b>INDICATORS</b>	<b>a) Number of Families Identified as part of the Phase 2 Stronger Families Programme</b>  <table border="1"> <caption>Data for Chart a)</caption> <thead> <tr> <th>Quarter</th> <th>Number of Families</th> </tr> </thead> <tbody> <tr> <td>Q1 2015/16</td> <td>757</td> </tr> <tr> <td>Q2 2015/16</td> <td>795</td> </tr> <tr> <td>Q3 2015/16</td> <td>Forecast</td> </tr> <tr> <td>Q4 2015/16</td> <td>Forecast</td> </tr> <tr> <td>Q1 2016/17</td> <td>Forecast</td> </tr> </tbody> </table>	Quarter	Number of Families	Q1 2015/16	757	Q2 2015/16	795	Q3 2015/16	Forecast	Q4 2015/16	Forecast	Q1 2016/17	Forecast	<b>b) Number of families achieving positive outcomes through the Stronger Families Programme</b>  <table border="1"> <caption>Data for Chart b)</caption> <thead> <tr> <th>Quarter</th> <th>Number of Families</th> </tr> </thead> <tbody> <tr> <td>Q1 2015/16</td> <td>0</td> </tr> <tr> <td>Q2 2015/16</td> <td>0</td> </tr> <tr> <td>Q3 2015/16</td> <td>Forecast</td> </tr> <tr> <td>Q4 2015/16</td> <td>Forecast</td> </tr> <tr> <td>Q1 2016/17</td> <td>Forecast</td> </tr> </tbody> </table>	Quarter	Number of Families	Q1 2015/16	0	Q2 2015/16	0	Q3 2015/16	Forecast	Q4 2015/16	Forecast	Q1 2016/17	Forecast
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<b>STORY BEHIND THE BASELINE</b>	<p>The initial family identification process is complete and this has identified the following families:</p> <ul style="list-style-type: none"> <li>• 400 families who are eligible for the programme and have been validated</li> <li>• 400 families who are eligible for the programme and validation is taking place</li> <li>• 1700 families who meet one criteria after initial 'trawl'</li> <li>• Further families are also being identified as eligible on an ongoing basis as services work with them.</li> </ul> <p>Our current total of identified and validated families is 795. We have started to work with 276 families (families who are being worked with) We are still awaiting the formal announcement of the programme extending to March 2020 (expected late November). We foresee no problems with meeting our engaged with target for the end of this financial year. Unlike Phase 1 we are not able to back date any work with families past April 1 2015. We submitted zero claims in the September claim period as this ended prior to the 6 month minimum period required on the majority of indicators so leaving us un able to claim (only early starter areas made claims). This was expected and is normal for the developing programme. We have forecast low numbers in January also for similar reasons.</p> <p>In June we submitted our National Impact Study (NIS) data for 203 families, we subsequently received a call from DCLG to tell us we were one of 7 areas who submitted a good enough return to be included in the national report which will outline fiscal benefits of the programme. We are still awaiting this report from the Government which is expected during Quarter 3. Further detailed data is being prepared as part of our next FPD return and we are looking at where we have data gaps and trying to fill them. This will then provide cost savings analysis. The main weakness in the Outcomes Plan is the health indicators and surrounding data. Whilst it is acknowledged that this is not just a local issue, data relating to alcohol, none-prescription drugs, obesity and mental health issues has not been available in order to help identify families and furthermore in assessing family needs this intelligence has been based on self-referral or practitioner knowledge. (The case management system was near to go live and despite detailed specification and testing we have hit a disastrous technical error that requires the developer (liquid Logic) to repair which may take some time. Therefore the planned go live date of 23rd October is not possible. Given this we are making arrangements for operating into the new year without the system for the purposes of PbR, returns to DCLG and other performance/analysis. This is</p>																									



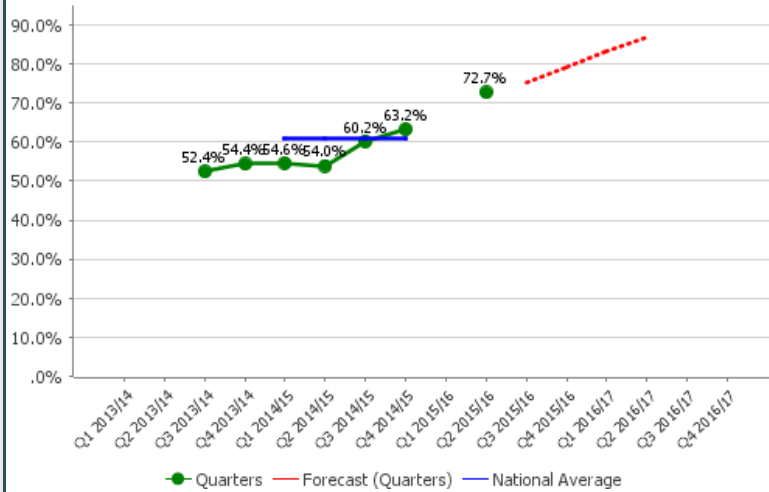
	<p>very time consuming and is additional manual work compounded with the complexity of the expanded programme, however contingency planning is taking place to minimise any impact to resources and risks. In the meantime we are taking the extended time frame to enable training of staff to take place to allow them to upload the minimum demographic information of our families to make a 'dent' in the workload expected when the system finally goes live. We have worked with our SY LA neighbours and SY Police to develop a consistent process for gathering and analysing SYP data that is required for identification and progress. This new process has been used successfully for the completion of the FPD. This working group continues to discuss and develop the process. A similar process is taking place with the new Community Rehabilitation Companies (ex-probation).</p> <p>We hosted a data group for the region in September and this was well attended. One of the issues raised was poor health data access across all programmes. One potential solution was to approach the Health and Social Care Institute in Leeds. Colleagues in York have started the process of specifying the needs and agreed to lead on the discussion with contributions from the regional data group, we await an update.</p> <p>The Outcome plan has been to Overview and Scrutiny and Executive Board in the Council and been endorsed. It is no longer Draft although it is still subject to change as the programme progresses.</p>	
<b>ACTION PLAN</b>	<b>What we will achieve in 2015-16</b>	<b>What we will do next period</b>
	<ol style="list-style-type: none"> <li>1. To identify as many families who meet the criteria as we can</li> <li>2. Implement the case management system to allow for easier case management , tracking and progress reporting</li> <li>3. Commission services needed by families following evaluation of the first SF programme.</li> <li>4. Train multi-agency staff in working with families, 'early help' assessment and case management system inputting.</li> </ol>	<ol style="list-style-type: none"> <li>1. Implement Go live of EHM system</li> <li>2. Prepare for January claim</li> <li>3. Prepare for FPD submission</li> <li>4. Train staff in Signs if Safety processes</li> <li>5. Review areas to be commissioned / where there are gaps.</li> </ol>

OUTCOME

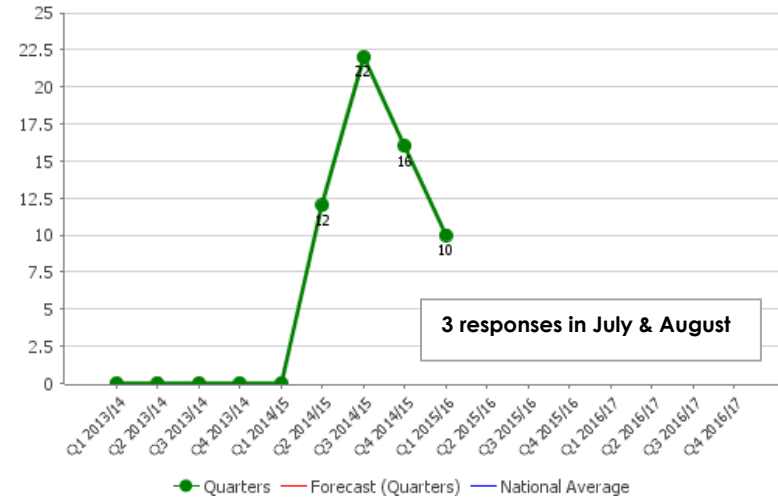
People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis

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a) Dementia Diagnosis Rate (%)

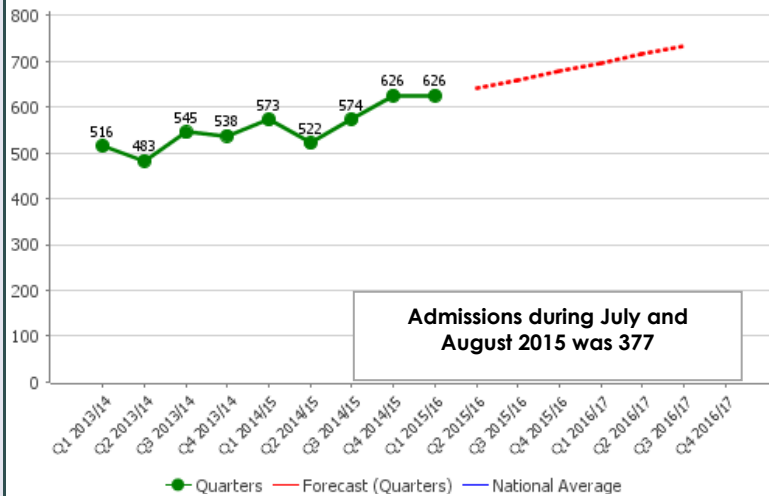


b) Number of 4hr RDaSH Emergency responses for people with dementia

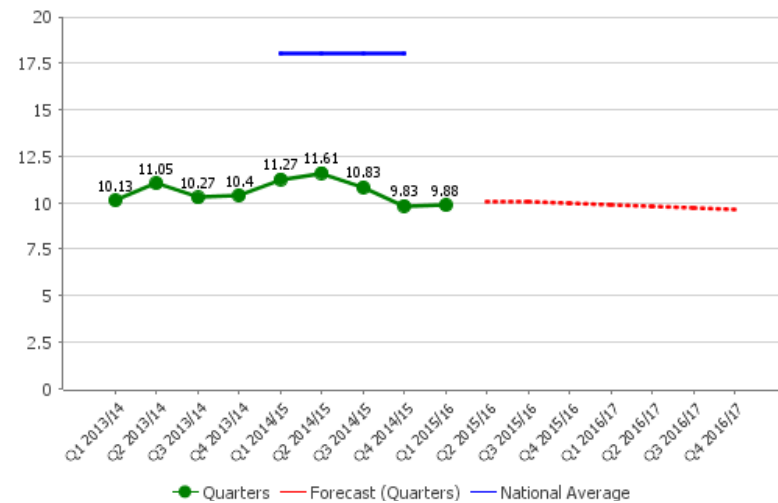


INDICATORS

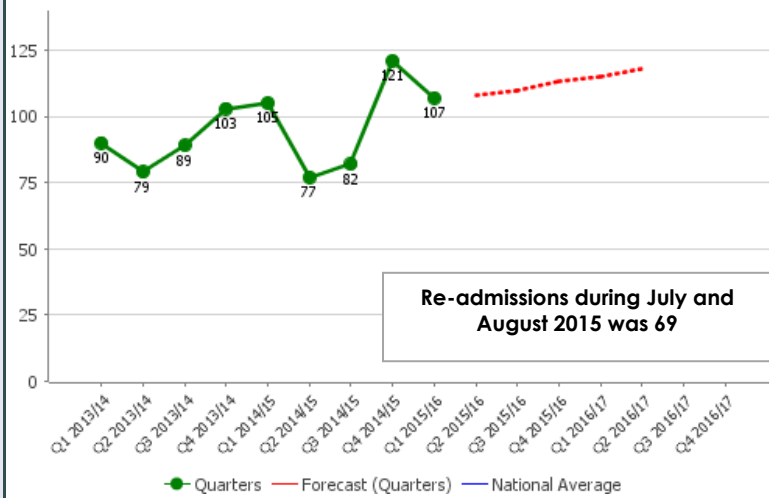
c) Reduce the number of Hospital Admissions (DRI) for people with dementia



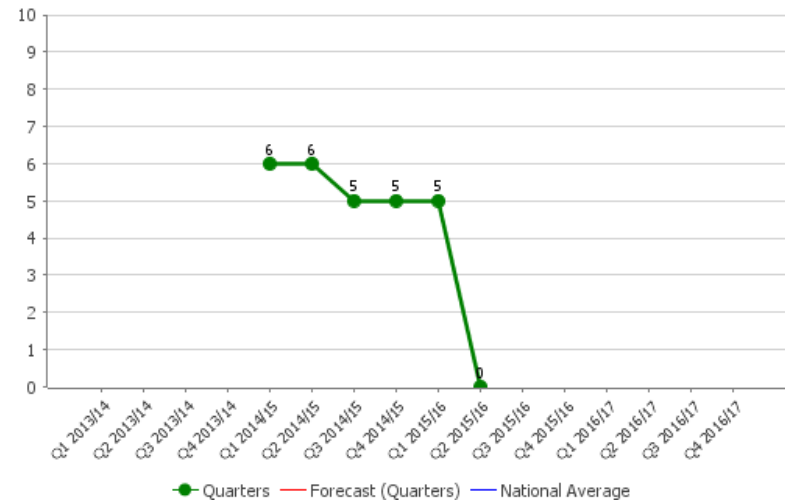
d) Length of stay of people with Dementia in an acute setting (average days)



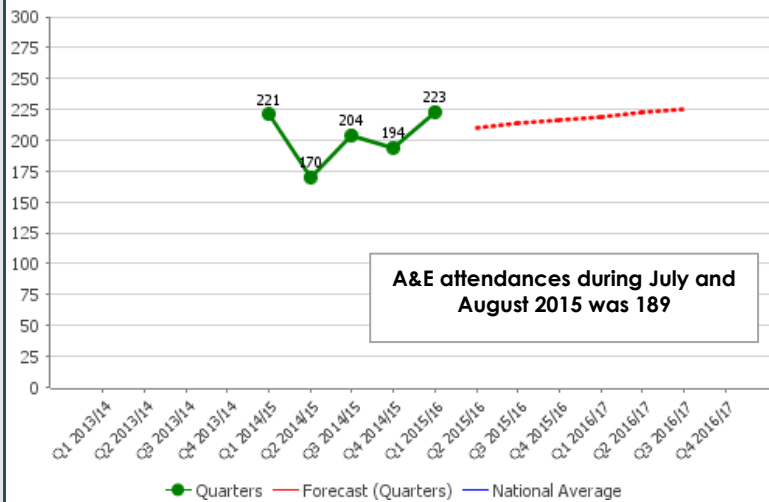
e) Hospital re-admissions within 30 days (DRI) for people with Dementia



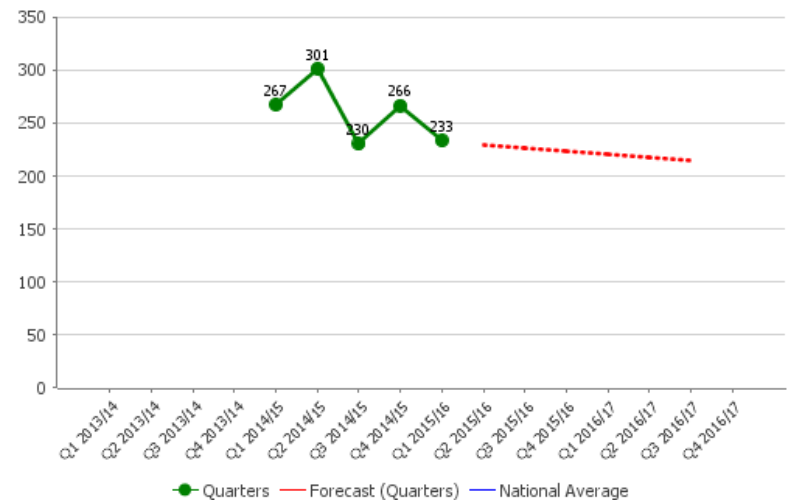
f) Number of patients having any delayed discharges encountered at RDaSH



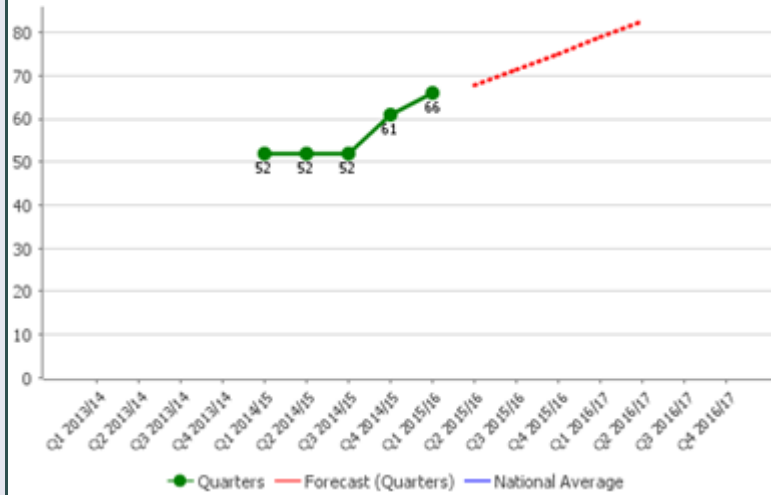
g) Attendances at A&E for people with dementia



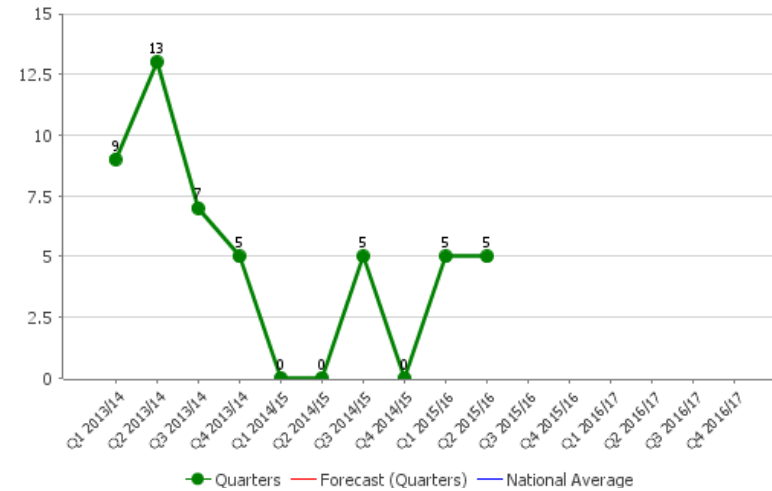
h) Number of people with dementia being admitted from care homes to DRI



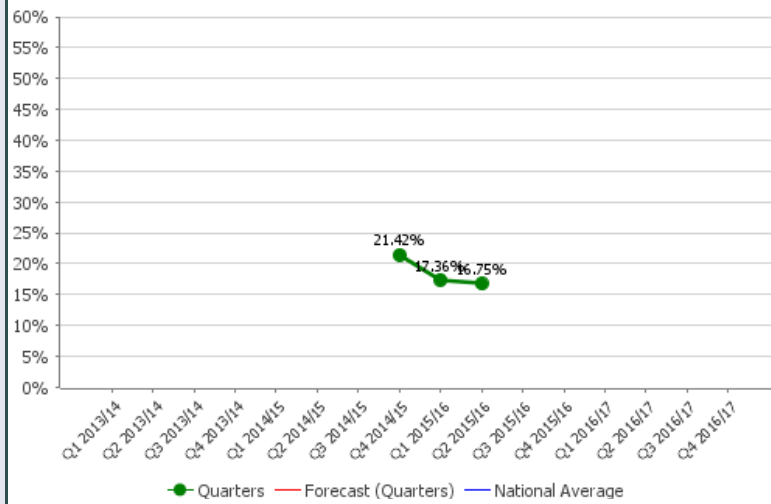
i) Number of Hospital deaths for patients with dementia



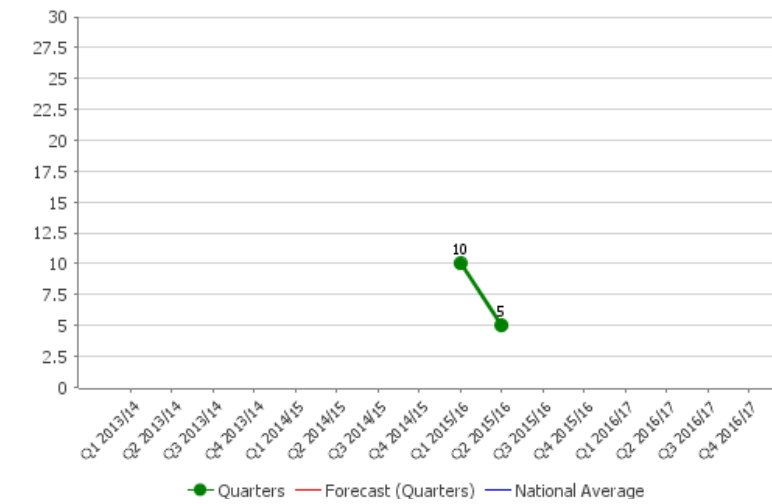
j) Unplanned episodes of Respite for people with Dementia



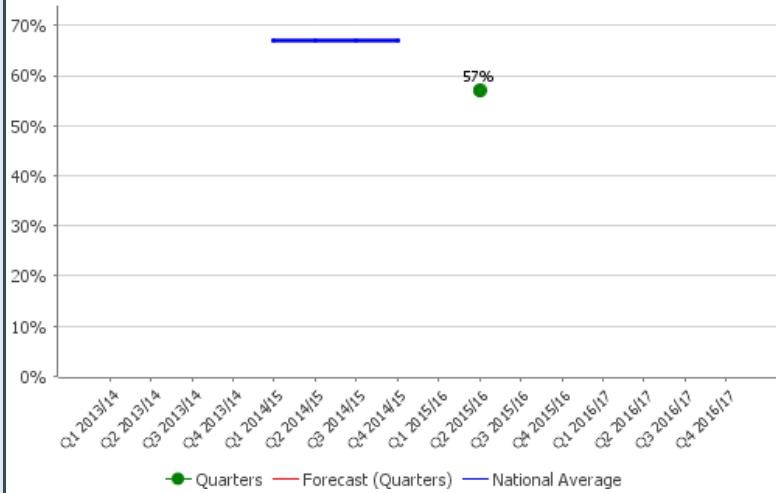
k) Proportion of referrals for Assistive Technology that are for people with Dementia



l) Number of safeguarding referrals involving people with a PSR of Memory & Cognition



**M) Proportion of People with dementia living at home**



**STORY BEHIND THE BASELINE**

Although most of the data captures the position at month 2 of Q2, there are some significant highlights and some areas to note for future monitoring.

The measures capture the strategic direction of improving diagnosis rates, reducing inequalities and supporting people to live well with dementia by preventing crisis and helping people to be in control of their lives. The key significant highlight is that Doncaster's dementia diagnosis rate is now well over the national ambition of 67%. Having a diagnostic rate of over 72% leaves an unknown gap of around 950. By being able to identify people with dementia results in 2 key outcomes; firstly it enables people with dementia and their carers to access the right services and support and secondly assists commissioners to identify more accurately activity in the health and social care system so improvements can be made. This maybe a contributory factor for the increase in acute activity (referrals and A&E) in Q2, but again this is a measure to note and monitor. Supporting carers is also a key ambition and measures show we are having some success.

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**ACTION PLAN**

**What we will achieve in 2015-16**

For 2015/16 the action plan will address the 5 Key Areas of Focus as presented in Dementia Strategy for Doncaster, Getting There, launched in March 2015. These are Information,

- Advice and Signposting,
- Assessment and Treatment,
- Peri and Post Diagnostic Support,
- Care Homes
- End of Life.

This will ensure we build on the success of 2014/15 but also address identified gaps and areas for improvement. This year the people of Doncaster will be able

**What we will do next period**

1. Launch of a "Doncaster Admiral Service". This will be a 12 month pilot, where partners working together, will ensure everyone with a diagnosis of dementia living in Doncaster will have adequate support with a point of contact following diagnosis and discharge from acute services. The expectation here will be that the service has a significant impact on preventing acute activity and improving quality of life.
2. Investigate and report information on carers of people with dementia for Q3 reporting cycle.

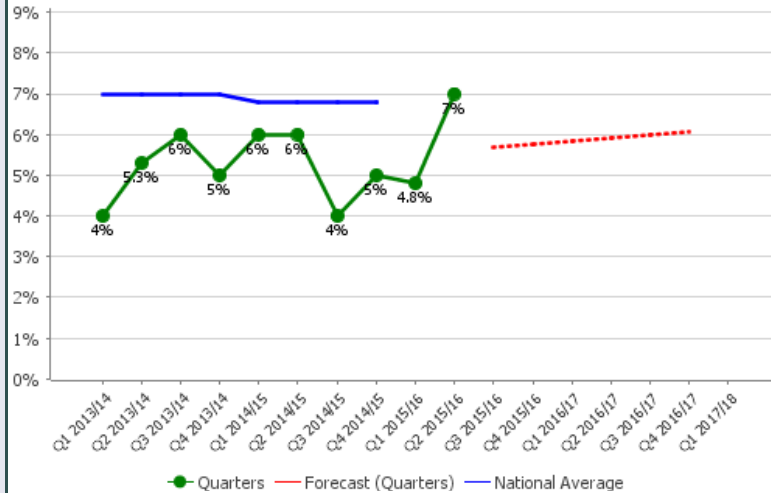
1. to access reliable and consistent dementia information and support in a timely manner;
2. there will be reduced variance in assessment and treatment pathways ensuring every referral receives a timely and effective response;
3. there will be an integrated and co-ordinated support pathway/service for people with dementia and their carers/families before and after diagnosis; more people will live at home with dementia and be in control of their life/care delaying the need for possible residential care and people;
4. when people with dementia need residential care they receive high quality care locally
5. people with dementia will die with dignity and in a place of choice through planned empowerment.

**OUTCOME**

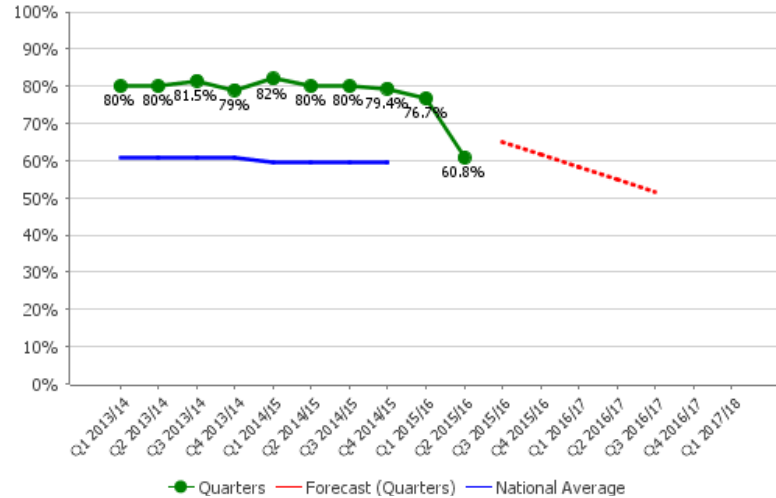
**Improve the mental health and well-being of the people of Doncaster ensures a focus is put on preventive services and the promotion of well-being for people of all age's access to effective services and promote sustained recovery.**

**INDICATORS**

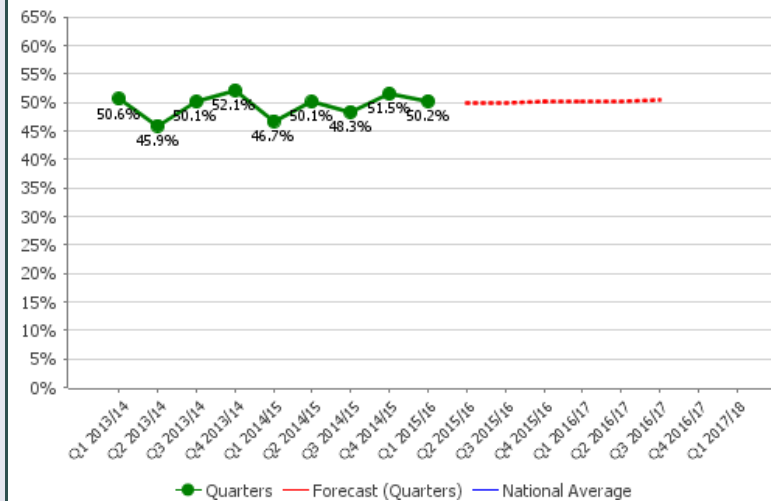
**a) Proportion of adults in contact with secondary mental health services in paid employment**



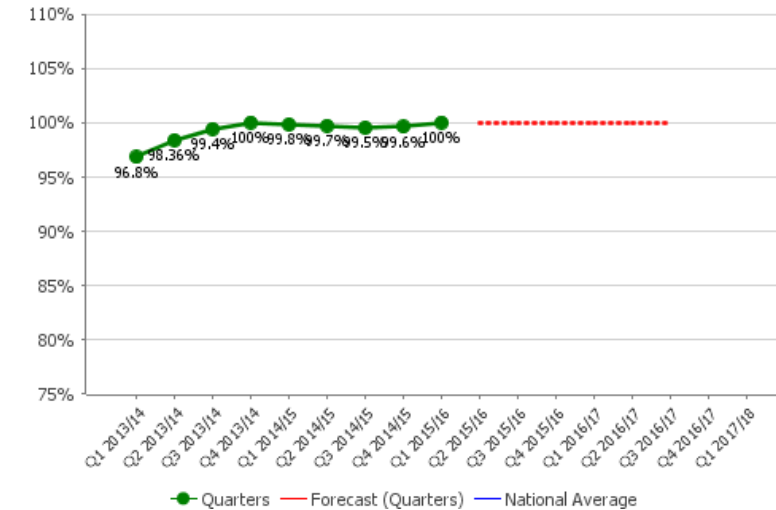
**b) Proportion of adults in contact with secondary mental health services living independently, with or without support**



**c) Proportion of People Completing Treatment and Moving to Recovery**



**d) % of patients with agreed care pathway & treatment plans**



<b>STORY BEHIND THE BASELINE</b>	<p>There is a slight downward trend for both the proportion of adults in secondary mental health accessing paid employment and also the proportion living independently, with or without support. However the Paid employment measure is below the national and regional averages and has been so for some time.</p> <p>The proportion of people completing treatment and moving to recovery has decreased this quarter. Each CCG nationally has received a sum of £11,000 which will be used to support CCGs in an IAPT waiting list initiative to achieve fully validated waiting lists and good operational processes in all IAPT services. CCGs have also been invited to apply for further funding of £6 million nationally, due to significant regional variations in services as evidenced by the waiting list clearance times. NHS Doncaster has submitted a bid along with proposals for improvements.</p>	
<p>Page 28</p> <p><b>ACTION PLAN</b></p>	<b>What we will achieve in 2015-16</b>	<b>What we will do next period</b>
	<p>1. Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda:</p> <p>Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year one)</p> <p>a. Crisis and acute care pathway  b. Secondary Care &amp; Community Teams      i. Personality Disorder      ii. Perinatal Mental Health      iii. Eating Disorders  iv. Attention Deficit Hyperactivity Disorder</p> <p>2. Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing  3. Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health &amp; Wellbeing Board</p>	<ol style="list-style-type: none"> <li>1. Launch the new Crisis Hub at the end of September, providing a single point of contact for people in crisis. This will also include support for Children &amp; Young People experiencing mental health crisis out of hours and for older age adults</li> <li>2. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health &amp; Wellbeing Board</li> <li>3. Redesign of the Eating Disorders pathway which will be combined with the new children's planning guidance for improving access for young adults to rapidly access Eating Disorder services locally</li> <li>4. Redesign of the Attention Deficit Disorder pathway for young people in transition to adult secondary care services and support general practice to manage people in the community who have ADHD</li> <li>5. The National Guidance for improved Access to Early Intervention in Psychosis has been published and Doncaster CCG will be working with RDASH to improve access response to 2 weeks from referral.</li> <li>6. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.</li> </ol>



**Date: 5<sup>th</sup> November 2015**

**Subject:** Joint Health and Wellbeing Strategy 2016-21 Consultation Update

**Presented by:** Louise Robson

<b>Purpose of bringing this report to the Board</b>	
Decision	x
Recommendation to Full Council	x
Endorsement	x
Information	x

<b>Implications</b>		<b>Applicable Yes/No</b>
DHWB Strategy Areas of Focus	Alcohol	x
	Mental Health & Dementia	x
	Obesity	x
	Family	x
	Personal Responsibility	x
Joint Strategic Needs Assessment		x
Finance		
Legal		
Equalities		x
Other Implications (please list)		

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
<p>The Joint Health and Wellbeing strategy underpins the work plan of the Doncaster Health and Wellbeing Board and is fundamental to the health and wellbeing needs of the population. A refresh of the Health and Wellbeing strategy is required to ensure that the board's work programme fulfils the local population needs and that it is updated in line with the changing health and social care landscape.</p>

<b>Recommendations</b>
<p><b>THE BOARD IS ASKED TO:-</b>  <b>1. CONSIDER and APPROVE</b> the aligned supporting documents and the</p>

recommendation to change the strategy date period from 2015-20 to **2016-21** (due to its 2016 publication and the date of the previous strategy being 2013-16)

**2. CONSIDER and ENDORSE** the final strategy report with recommendation for final publication of the Health and Wellbeing Strategy 2016-21 in January 2016 and recommend to take to full Council

**3. CONSIDER and AGREE** a timescale for developing a delivery plan for the strategy in 2016

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

**Doncaster Health and Wellbeing Strategy 2016-21**

<b>Relevant Cabinet Member(s)</b>	<b>Wards Affected</b>	<b>Key Decision</b>

**EXECUTIVE SUMMARY**

1. The purpose of this paper is to present a revised final draft of the Doncaster Health and Wellbeing Strategy (with feedback and recommendations) following a 12 week consultation since its presentation at the June 2015 Health and Wellbeing Board. The paper outlines an update on progress, a revised Health and Wellbeing strategy document, a consultation summary with Equality statement (Due Regard Statement) and a number of proposals/recommendations for final publication in 2016.

**EXEMPT REPORT**

2. N/A

**RECOMMENDATIONS**

3. The Health and Wellbeing Board is asked to:
  - a **CONSIDER and APPROVE** the aligned supporting documents and the recommendation to change the strategy date period from 2015-20 to **2016-21** (due to its 2016 publication and the date of the previous strategy being 2013-16).
  - b **CONSIDER and ENDORSE** the final strategy report with recommendation for final publication of the Health and Wellbeing Strategy 2016-21 in January 2016 and recommend to take to full Council
  - c **CONSIDER and AGREE** a timescale for developing a delivery plan for the strategy in 2016

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

4. The Health and Wellbeing strategy provides an overarching strategy for the Health and Wellbeing Board and is the link between the Borough strategy and more detailed operating plans of both partnerships and individual organisations. The strategy is not meant to include everything that is happening in health and wellbeing but serves to focus the work of the board.

## BACKGROUND

5. **Strategy Refresh**– following the feedback from the Health and Wellbeing Board Peer Challenge review in December 2013 it became apparent that in view of the changing membership of the board, and the changing landscape in recent months it would be timely now to refresh the current Joint Health and Wellbeing Board strategy. It was also pertinent in that the Borough strategy, the Council Corporate plan and the JSNA were also under review and have since been refreshed in 2014 as part of a wider Partnerships Improvement plan and therefore it would make sense that the Health and Wellbeing strategy is aligned with these corporate strategies. It is also significant in terms of the developing Integration (Better Care Fund) agenda now called the *Health and Social Care Transformation Programme*.

At the **13<sup>th</sup> March 2014** Board meeting it was agreed that the proposal to provide a review of the current strategy and to determine if there are any gaps; which elements of the strategy are still current and identify any new areas for development was approved. The following areas/priorities were considered:

- *Vision*
  - *I statements*
  - *Areas of Focus – review of current areas particularly personal responsibility*
  - *Alignment with other strategies and Corporate Plan*
  - *Refresh of the JSNA*
  - *Wider partnership links*
  - *Wider Determinants model*
  - *Links to Better Care Fund*
  - *Links to TLAP/Community Capacity building*
  - *Community engagement*
  - *Work plans for the Areas of Focus and programme areas*
6. In **June 2014** a stakeholder event was held at the Hub and the report Presented to the board in **September 2014** where a further update paper was presented outlining the proposal for the refresh and was endorsed by the Board. The outcomes of the June Stakeholder event were collated and presented to the Board and were agreed alongside the vision, the mission statement and the I Statements as the overarching framework. Further work was proposed to develop the 4 strategic priorities which included the following 4 themes:
- **Wellbeing** including the themes identified from the June event
  - **Areas of Focus** – refresh of current priorities
  - **Health and Social Care Transformation Programme**
  - **Reducing Health Inequalities**
7. In **June 2015** a draft Health and Wellbeing strategy was presented to the Health and Wellbeing Board following a series of workshops and conversations in February 2015 with a caveat that further amendments would be made, graphical design input would be implemented and the

proposed consultation plan would be delivered over the 12 week period from July to early October 2015. Final revisions would be made following the consultation and a final draft presented to the Health and wellbeing Board in November 2015.

8. In **July 2015** the consultation plan for the Health and being Strategy was executed through the Public Health team and the Officer group and consisted of a two staged process – an online survey monkey targeting over 400 stakeholders and third sector networks/groups, a social media campaign implemented through local bulletins, Facebook, social media. local libraries, GP practices, area teams and a targeted consultation with 11 protected groups. The detailed consultation plan is found in **Appendix 1**. As a result of this **256** responses were received consisting of:

- 131 survey monkey responses
- 91 protected groups responses
- 34 hard copy and email responses

Although 28 groups were contacted (and the invite extended to further groups through Third sector emails and lead contacts) in the end **11** groups were consulted with using a variety of methods including focus groups, 1:1 interviews, easy read presentations and group discussions. All consultations were tailored to group and individual need. With this in mind, an easy read version and dictionary of the strategy was produced in conjunction with service users and a summary was also made available on the website in response to early feedback through consultation. The targeting of groups with protected characteristics was deliberately chosen to gain representation and feedback from those groups who are usually unrepresented.

The feedback from the consultation is summarised in **Appendix 2**. The results show representation from different areas of Doncaster, different age groups, gender and ethnic status and from those with learning and physical disability and different sexual orientations.

9. **Consultation feedback and Strategy revision** – following the 12 Week consultation period a Public Health task group who implemented the consultation process met to discuss the findings and to pull together a consultation report (see **Appendix 2**). The main themes identified from the consultation were as follows:

- The need to include **substance misuse (Drugs and alcohol)** - a recurring theme;
- The need to include **children and young people** – make it more explicit around children’s health and wellbeing;
- The needs of **minority ethnic groups** -this will be picked up through the health inequalities section and the delivery plan;
- The need to ensure **user friendly versions of the strategy** are available and to ensure a **delivery plan** is in place.

**The key issues raised from the consultation from the protected groups is also captured in the Due Regard statement in Appendix 3 where real consideration has been applied in relation to the impact of the strategy on certain groups including veterans, minority ethnic groups, individuals with physical or learning disability, sex workers, immigrants and refugees . These will be further explored through the proposed delivery plan**

Other issues raised were around the varying definitions of wellbeing; cultural and spiritual wellbeing and the need to include '**feeling safe**' in the overall vision. These changes have already been incorporated into the final version of the strategy. Issues were also highlighted around mental health and the Crisis team and these will be picked up through the Mental Health work streams.

The timescale proposed for the strategy development is as follows:

- **Revised draft to Board 5<sup>th</sup> November 2015**
- **Presentation to Full Council – January 2016**
- **Final publication of document – January 2016**
- **Development of Strategy Implementation/ Delivery plan January – March 2016**

## **OPTIONS CONSIDERED**

10. a. Endorse the final strategy document following recent amendments and present to Full Council for final publication by January 2016
- b. Propose further amendments before final sign off in January 2016

## **REASONS FOR RECOMMENDED OPTION**

11. The current strategy reflects the health and wellbeing needs of Doncaster people and is based on the Joint Strategic Needs Assessment and public consultation. The strategy refresh is based on similar inputs and production will be aligned with the borough strategy, the Corporate Plan ,The Health and Social Care Transformation Programme and the refreshed JSNA bringing it up to date. The Think Local Act Personal (TLAP) framework and the Health Improvement Framework will provide the underpinning delivery mechanism for the implementation of the strategy and will further enhance community engagement and wider consultation with key stakeholders in Doncaster. A delivery plan will be developed following its publication and a wider public engagement strategy will be explored in line with the Board's self- assessment process.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

12.

	<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>The dimensions of Wellbeing in the Strategy should 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>The Health and Wellbeing Board strategy will contribute to 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>The Health and Wellbeing Board strategy will contribute to 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>The Health and Wellbeing Board strategy will contribute to this priority</p>
	<p>Council services modern and value for money.</p>	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>

## RISKS AND ASSUMPTIONS

13. Doncaster requires a health and wellbeing strategy and reviewing the current strategy will fulfill the Board's statutory duty

## LEGAL IMPLICATIONS

14. N/A

## FINANCIAL IMPLICATIONS

15. N/A

## HUMAN RESOURCES IMPLICATIONS

16. N/A

## TECHNOLOGY IMPLICATIONS

17. N/A

## EQUALITY IMPLICATIONS

18. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The officer group will ensure that all equality issues are considered as part of the work plan and the underpinning delivery mechanisms.

A due regard statement is presented alongside the Health and Wellbeing strategy for consideration and will be revisited during its life course. A number of groups have been consulted as part of this process and the feedback has informed the amendments in the strategy as well as informing future work programmes and approaches to health inequalities.

## CONSULTATION

19.

This report has significant implications in terms of the following:

Procurement		Crime & Disorder	
Human Resources		Human Rights & Equalities	
Buildings, Land and Occupiers		Environment & Sustainability	
ICT		Capital Programme	

## BACKGROUND PAPERS

20. Health and Wellbeing Strategy 2013-16  
Consultation Plan 2015 (attached)  
Consultation Summary 2015 (attached)  
Due Regard Statement March 2015-21 (attached)



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## Appendix 1: Health and Wellbeing Strategy Final Consultation Plan (July – October 2015)

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### Doncaster Health and Wellbeing Strategy Refresh Consultation and Action plan 2015/16

Communications Activity (Target Audience)	Key Actions (Purpose)	Method (How/What)	Lead(s) and Links	Actions	By Whom/When
<b>1. Cabinet Members</b>	<ul style="list-style-type: none"> <li>Inform/ engage and consult – briefings with Cabinet Members and the Mayor</li> </ul>	<p>Briefings with Chair and follow up briefings with Cabinet Members</p> <p>Electronic copy of questionnaire</p>	Councillor Pat Knight	<ul style="list-style-type: none"> <li>Email circulated to all members as part of consultation mail-out</li> <li>Ask Pat to cascade through briefing?</li> </ul>	<p>PH team <b>(10/7/15) complete</b></p> <p>LR to contact Councillor Knight and request follow up with Cabinet members – <b>July</b> - email sent 16/7/15 <b>complete</b></p>
<b>2. Councillors</b>	<ul style="list-style-type: none"> <li>Inform/engage and consult – briefings</li> </ul>	<p>Local briefings</p> <p>Electronic copy of questionnaire</p>	Democratic Services (JG)	<ul style="list-style-type: none"> <li>Email circulated to all members as part of mail out</li> <li>Ask Democratic services to add to any bulletins/briefings</li> </ul>	<p>PH team <b>(10/7/15) complete</b></p> <p>LR to contact Democratic Services and request further actions – <b>July</b> – email sent 17/7/15 <b>complete</b></p>
<b>3. Overview and Scrutiny Adults and Social Care Panel</b>	<ul style="list-style-type: none"> <li>Inform, consult, involve –attend panel meeting/s.</li> </ul>	Potentially attend O&S Adults and Social Care panel meeting to discuss and involve Members in the	Discuss with Andrew Sercombe/ Caroline Martin to	<ul style="list-style-type: none"> <li>Email circulated to all members as part of mail out</li> <li>Attend Adults Health and Adult</li> </ul>	<p>PH team <b>(10/7/15) complete</b></p> <p>LR/JW to attend Adults</p>

		consultation process..	establish role of Overview and Scrutiny.	Social are panel	Health and Social Care panel – <b>29<sup>th</sup> July complete</b>
<b>4. Team Doncaster (Theme Boards)</b>	<ul style="list-style-type: none"> <li>Inform and consult with all relevant leadership teams</li> </ul>	Electronic copy of draft document and feedback form to be circulated	John Leask Comms	<ul style="list-style-type: none"> <li>Email circulated as part of wider mail out</li> <li>Ask John Leask to disseminate through Team Doncaster Bulletin and briefings</li> </ul>	PH team ( <b>10/7/15</b> ) <b>complete</b> LR to speak to John Leask to request actions – <b>July</b> – email sent 17/7/15 <b>complete</b>
<b>5. Community (protected groups)</b>	<ul style="list-style-type: none"> <li>Establish point of contact to best plan consultation with 9 protected characteristic groups (Age; Disability; Race; Gender; Sexual Orientation; Religion/Belief; Maternity/Pregnancy; Gender reassignment; Marriage/Civil Partnership)</li> </ul>	<p>Arrange possible focus groups: Older People’s Parliament , Learning disability groups etc</p> <p>For harder to reach groups liaise with key workers to encourage participation (EMTAS/Gypsy &amp; Traveller Community/Children’s Centres/Youth council/Doncaster college/Age UK/Meeting New Horizons/Pride/LGBT/f aith groups/PDSI/LD Partnership/Dementia</p>	<p>Adults and Social care/Public Health/Vol &amp;com sector/ EMTAS</p> <p>Public Health and area teams</p>	<ul style="list-style-type: none"> <li>Email potential contacts from DMBC Consultation list</li> <li>Complete Summary document/Easy read version</li> <li>Liaise through Engagement and Experience management forum</li> <li>Compile distribution lists from PH team</li> </ul> <p><b>Next Steps: Implementation</b></p> <ul style="list-style-type: none"> <li>Decide methods of delivery (tailored to group needs and</li> </ul>	<p>PH team (<b>July</b>) <b>email by 20/7/15-complete</b></p> <p>CT/JS (<b>10th July</b>) <b>complete</b></p> <p>LR to feed in at meetings (<b>28<sup>th</sup> July</b>) <b>complete</b></p> <p>CT to contact Vanessa and others for contact lists (<b>July</b>) -<b>complete</b></p> <p><b>July/August/ September</b></p> <p><b>Action plan –</b></p>

		<p>groups/Changing Lives/Conversation Club/DEM RP)</p> <p>Public Health team (Wider determinants) to support community engagement Well-being officers and area teams</p>		<p>circumstances):</p> <ul style="list-style-type: none"> <li>• <b>Focus groups</b></li> <li>• <b>Surveys</b></li> <li>• <b>Drop ins</b></li> <li>•</li> <li>• <b>Groups/Ideas</b></li> </ul> <p>Draft Implementation Plan</p> <p><b>AGE</b> Over 50s parliament Age UK Youth parliament Doncaster College DCST/children's centres Doncaster Foyer Doncaster Youth Offending Service</p> <p><b>SEX/GENDER</b> Changing Lives Alcohol Group - Askern</p> <p><b>RACE</b> Conversation club Changing Lives Doncaster Ethnic Minority Regeneration Chinese Community EMTAS /Gypsies and Travellers</p>	<p><b>completed</b></p> <p><b>All groups listed opposite were emailed 28/7 &amp; 5/8 and asked to host a consultation session and/or to complete the on line survey.</b></p> <p><b>Consultation sessions arranged were:-</b></p> <p>05.08.15 – Doncaster Foyer 12.08.15 - Doncaster Mens Social group 14.08.15 – Service User Group Onyx Centre 26.08.15 – CHAD 09.09.15 – Community Learning</p>
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			<p><b>DISABILITY (PHYSICAL AND LEARNING / HEARING / VISUAL)</b></p> <p><b>CHAD</b> <b>PDSI</b> <b>Deaf Trust</b> <b>Carers Partnership</b> <b>Holmesarr Community Enterprise Centre</b></p> <p><b>RELIGION/BELIEF</b> <b>Faith Communities</b></p> <p><b>SEXUAL ORIENTATION/ GENDER RE-ASSIGNMENT</b></p> <p><b>PRIDE</b></p> <p><b>MATERNITY /PREGNANCY (Carrie's team)</b></p> <p><b>Breastfeeding Peer Support groups</b> <b>Pregnant Girl can Greengables</b></p> <p><b>MARRIAGE/CIVIL</b></p>	<p>Forum 10.09.15 – Conversation Club 16.09.15 Doncaster Carers Partnership 22.09.15 – Doncaster College 22.09.15 – Healthwatch 24.09.15 – Holmesarr Community Enterprise Centre 29.09.15 - PDSI</p>
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				<b>PARNERSHIP</b> N/A	
<b>6. Health and Wellbeing Board members</b> 42	<ul style="list-style-type: none"> <li>Inform and consult with all relevant organisational leaders</li> </ul>	Electronic copy of draft document and feedback form to be circulated	Organisation al leaders and Comms contacts RDASH comm's/CCG Comm's/ DMBC Comms (Lois)	<ul style="list-style-type: none"> <li>Email circulated to all members as part of consultation mail-out</li> <li>Feedback to Board and Officer group</li> </ul>	<p><b>PH team (10/7/15) - complete</b></p> <p>LR/RS ( 8<sup>th</sup> Oct) and 5<sup>th</sup> November (HWBB)</p>
<b>7. Healthwatch</b>	<ul style="list-style-type: none"> <li>Inform and consult</li> </ul>	Arrange to attend coffee mornings	Philip Kerr/Sandie Hodson Louise Robson	<ul style="list-style-type: none"> <li>Arrange to visit coffee morning/drop in session?</li> <li>Ask to cascade through mail-out</li> </ul>	PH team to contact Sandie Hodson PH team (10/7/15) <b>Complete.</b> <b>Consultation session arranged for 22.09.15. Completed</b>
<b>8. Third Sector</b>	<ul style="list-style-type: none"> <li>Inform/engage and consult with voluntary &amp; charity groups</li> </ul>	Engage CVS forum  Engage Meeting New Horizons	Louise Robson/ Caroline Temperton	<ul style="list-style-type: none"> <li>Contact CVS (Norma Wardman/Tom Mcknight/Sue Womack)</li> <li>Contact Meeting</li> </ul>	PH team – email sent to Tom McKnight - <b>complete</b>  LR met Julie Cox

				<p>New Horizons to cascade through networks and through sessions</p> <ul style="list-style-type: none"> <li>Contact through list of Voluntary and community sector groups/organisations</li> </ul>	<p>(MNH) – 8<sup>th</sup> July Email sent to JC (20/7/15) – <b>complete</b> <b>Positive response received from Doncaster Mens Social group.</b> <b>Consultation arranged for 12.08.15. Completed.</b></p>
<p>9. General Public</p>	<ul style="list-style-type: none"> <li>Inform/ engage and consult with general public</li> </ul>	<p>Local media/PR including press releases</p> <p>Social media i.e. Facebook, Twitter</p> <p>Cascade information through existing networks, frontline teams and Elected Members</p> <p>Libraries, Pharmacies and GP practices</p>	<p>Communications teams Leadership teams/ Frontline Area teams/ Elected Members/ Portfolio Holders</p> <p>LPC, LMC, CCG, libraries</p>	<ul style="list-style-type: none"> <li>Press release (DMBC)</li> <li>Social media campaign – all partners</li> <li>Explore translation option with DCCG new website</li> <li></li> <li></li> <li></li> <li></li> <li></li> <li>Send info to Libraries</li> </ul>	<p>PH and Comms team to liaise with: DCCG RDAsH/DBHFT Comms teams.</p> <p>LR to contact Adam Tingle and Ian Carpenter – email sent and response received 17/7/15 <b>complete.</b></p> <p>LR/CT to contact Nick Stopforth – email sent 16/7/15- <b>complete.</b> <b>24 hard copies of strategy delivered to</b></p>





				nursing teams?	<b>Complete. Email sent 03/08</b>  Consultation held on 09.09.15 with Community Learning Forum
<b>11. Young People</b>	<ul style="list-style-type: none"> <li>• Inform/engage/consult across a variety of settings</li> </ul>	Engage via Youth Council, schools, The Hub, Youth Services	Louise Robson/ Caroline Temperton	<ul style="list-style-type: none"> <li>• Contact Youth Parliament</li> <li>• Contact Doncaster College</li> <li>• Childrens centres</li> </ul>	<p>PH to establish Contact - <b>complete</b></p> <p>LR to contact Donna Robinson – Doncaster college (July/August) - email sent 17/7/15 <b>Complete. Consultation session arranged for 22.09.15. Completed.</b></p> <p>PH team to contact – emailed Wayne Hoyle – <b>Complete.</b></p>

## Appendix 2: Consultation Summary

### Health and Wellbeing Strategy

#### Feedback analysis

Over the course of the consultation the team promoted a survey monkey questionnaire for feedback, visiting protected groups and invited hard copy responses to collate. The total figures and breakdown can be seen below:

Consulted	Number of responses
Protected Groups survey replies 28 groups contacted and 11 consultation sessions delivered	91
Survey Monkey replies	131
Survey Monkey replies hardcopies	31
Email replies	3
<b>Total</b>	<b>256</b>

The themes and comments in the following sections are based on all 256 respondents.

#### **Question 1 - Is it clear why we have a Health and Wellbeing Strategy?**

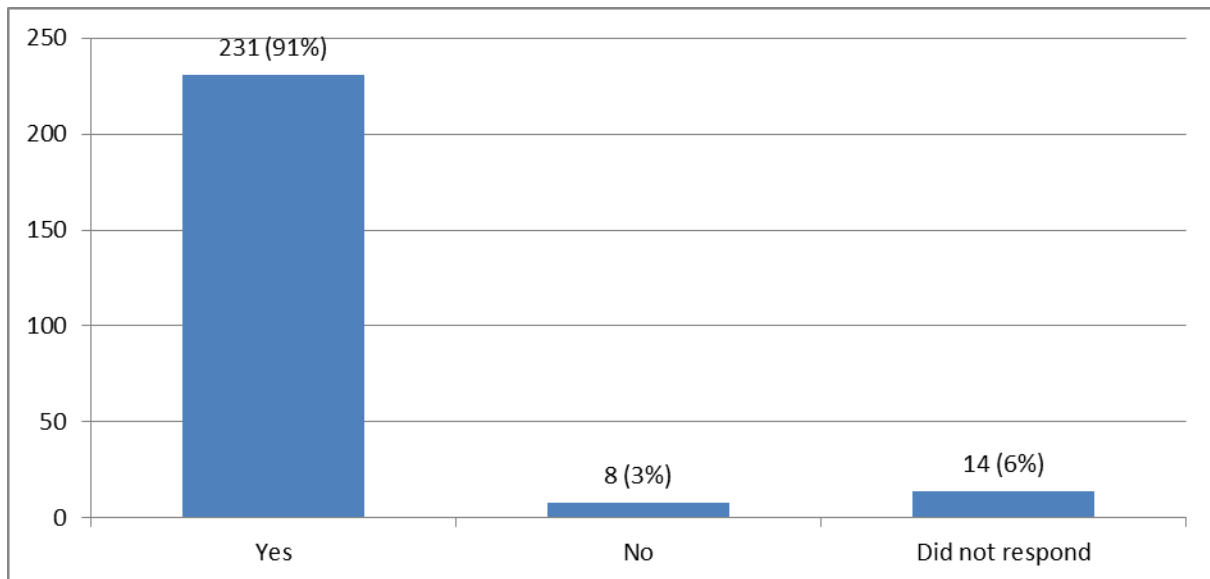
91% of respondents agreed that it was clear why we have a Health and Wellbeing Strategy.

3% said they did not and 6% skipped this question.

The main comments received back for this question was that respondents had never heard of the strategy before completing the questionnaire.

*'Whilst I understand this: - The community are always the last people to hear that such strategies are being introduced...'*

**Reflection: What more can we do/What more should we do to ensure the public know about the work we are doing?**



**Question 2 - The vision for Health and Wellbeing is that ‘Doncaster people enjoy a good life, feel happy and healthy, and agree Doncaster is a great place to live.’ Do you support this vision?**

5% of respondents did not agree with this vision, 4% did not respond and as with question one, 91% agreed with the vision.

The themes that emerged from this question are;

- Need to feel safe

*‘I think that the vision misses out the need to feel safe. I think that the vision should read: "Doncaster people enjoy a good life, feel happy, health and safe, and agree Doncaster is a great place to live"’*

- Reality versus Council View

*‘I support the vision but the reality outside the council bubble is different.’*

- More support for minority groups

*‘I think there is a lot of discrimination on service users such as sex workers. Need to have more help support.’*

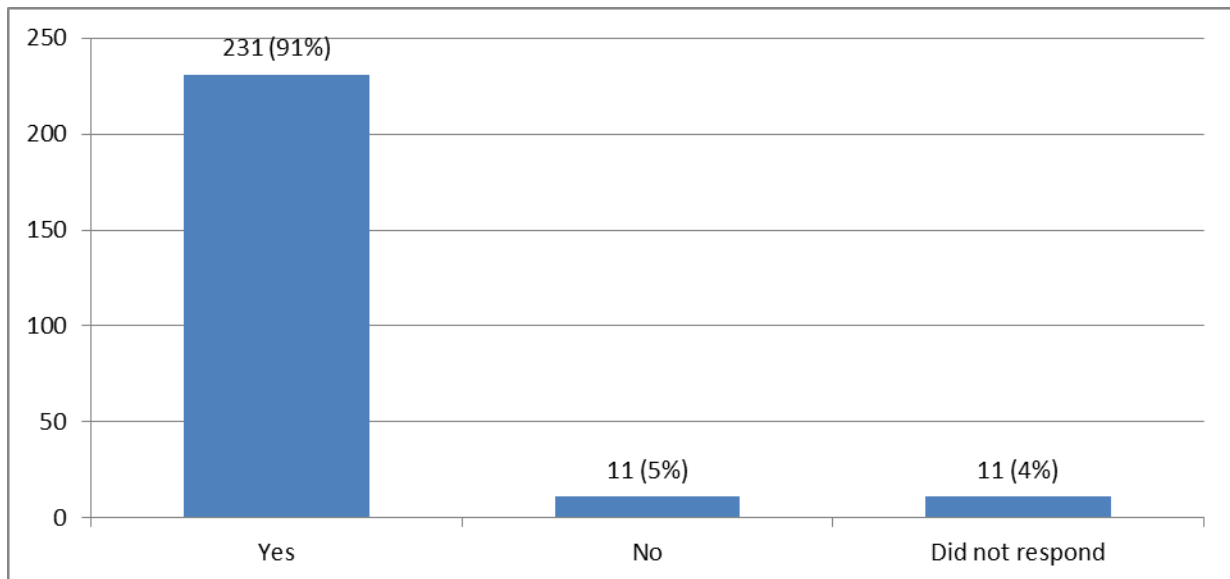
- Concerns over ill health

*‘It is a lonely place if you ill and on your own.’*

- Having a great place to live is not relevant to wellbeing.

*‘There is a difference between feeling healthy and having the correct NHS resources to make people actually healthy and more should be focussed on that and not living in a good environment (in terms of health).’*

**Reflection: How can we address issues such as these in the future? Would the HWBB be happy to include Safe in the vision?**



**Question 3a - The Board has proposed a number of themes and areas of focus to improve health and wellbeing in Doncaster. Do you agree with these?**

90% of respondents agreed with the focus areas for the strategy.

4% disagreed and 6% did not answer the question.

The themes that arose from this question are;

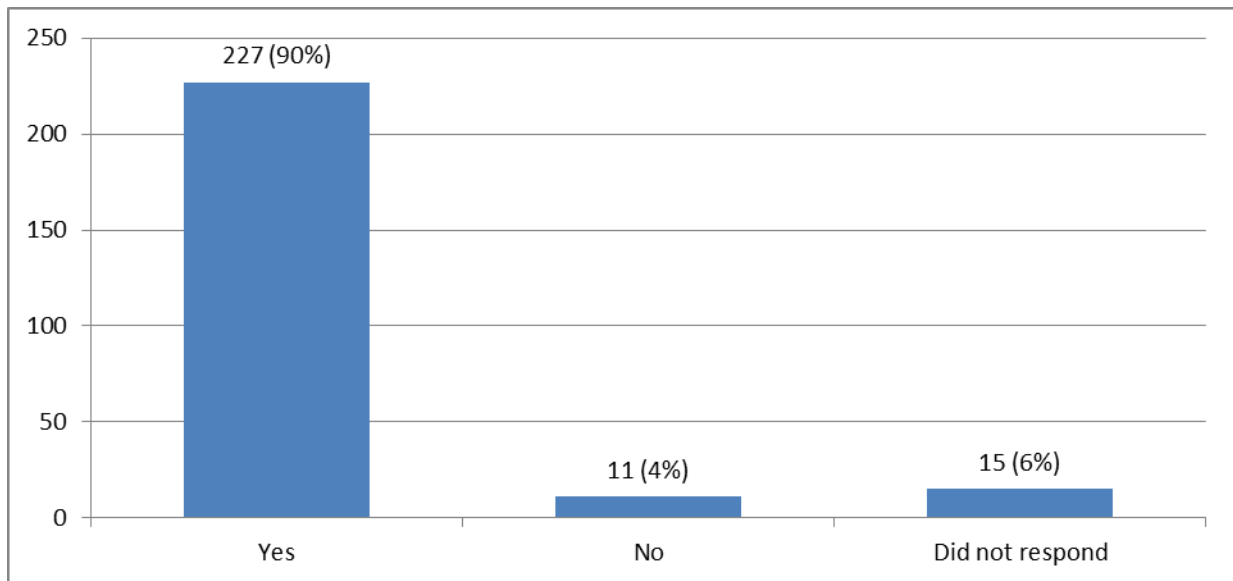
- There are too many themes to focus on  
*'It is almost too much - great to aspire to lots but better to deliver on a few?'*
- Substance misuse including legal highs should have been included. This theme runs throughout the whole consultation as the biggest area of concern for respondents  
*'Yes - although alcohol is a legitimate concern, emphasis should still be given to the wider issues of substance misuse as all substances can cause harm and in turn, vulnerabilities to the population.'*

This theme has also highlighted some conflicting views on whether the strategy should include alcohol and drugs as a matter of concern;

*'No - alcohol is self-inflicted problem'*

*'Alcohol is the choice of the drinker not a medical condition. Same as drugs and that is not on.'*

**Reflection: Consider why substance misuse was left out of the strategy, do we need to put equal emphasis on both alcohol and substance misuse.**



**Question 3b - The Board has proposed a number of themes and areas of focus to improve health and wellbeing in Doncaster. Do you think there any themes or areas of focus missing?**

Only 18% of respondents thought the strategy had covered all issues for Doncaster. 34% thought more should be covered but overwhelmingly 48% did not answer the question. However, this may be due to respondents answering 3a in more detail.

The main areas of focus that came up as themes are;

- Substance misuse including legal highs

*'Possibly include drugs alongside alcohol as the newer 'legal highs' are readily available and being used by all age groups including children'*

- Children and young people's health

*'...don't just aim the campaigns at adults - start young - get children involved - let them educate their parents and grandparents - teach them what they should and shouldn't be doing and how to do it - including relationship management - assertiveness, not blame, taking responsibility.'*

*'We have high-lighted the negative impact caring can have on young people and yet I cannot see them included in this plan. Surely the impact of caring, especially for children hits every aspect of your priorities and yet they do not feature in this plan - surely this is an oversight?'*

- Family support including veterans

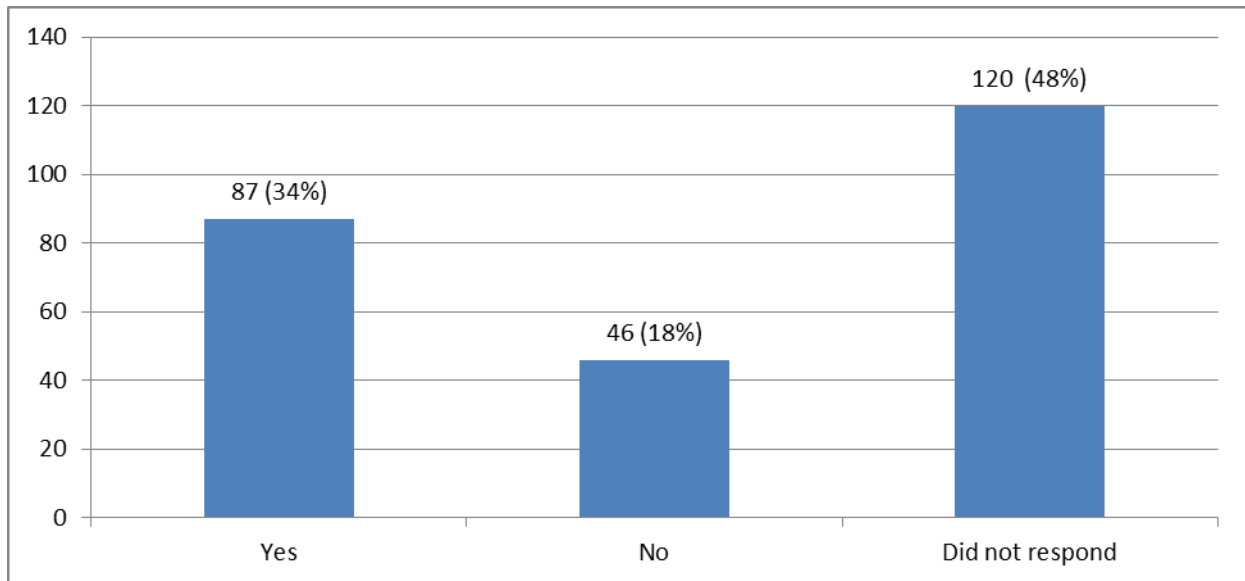
*'Juvenile perpetrator Family intervention, stop looking the other way help the family learn better social skills.'*

*'Veterans & Their families are disadvantaged. A Veteran Health Needs Assessment has been raised to highlight the lack of effective representation and ongoing disadvantage.'*

- Homelessness

*'Increase in complex needs in relation to homelessness'*

**Reflection: Why is the Doncaster population lacking interest in their own health and wellbeing?  
Are they disenchanted with the council or do they want to be left to live their lives?**



**Question 4 - Is the Strategy clear about what is meant by Wellbeing?**

Overall respondent agreed that the strategy is clear (92%) with only 3% disagreeing and 5% skipping the question. However the themes that came from the comments are;

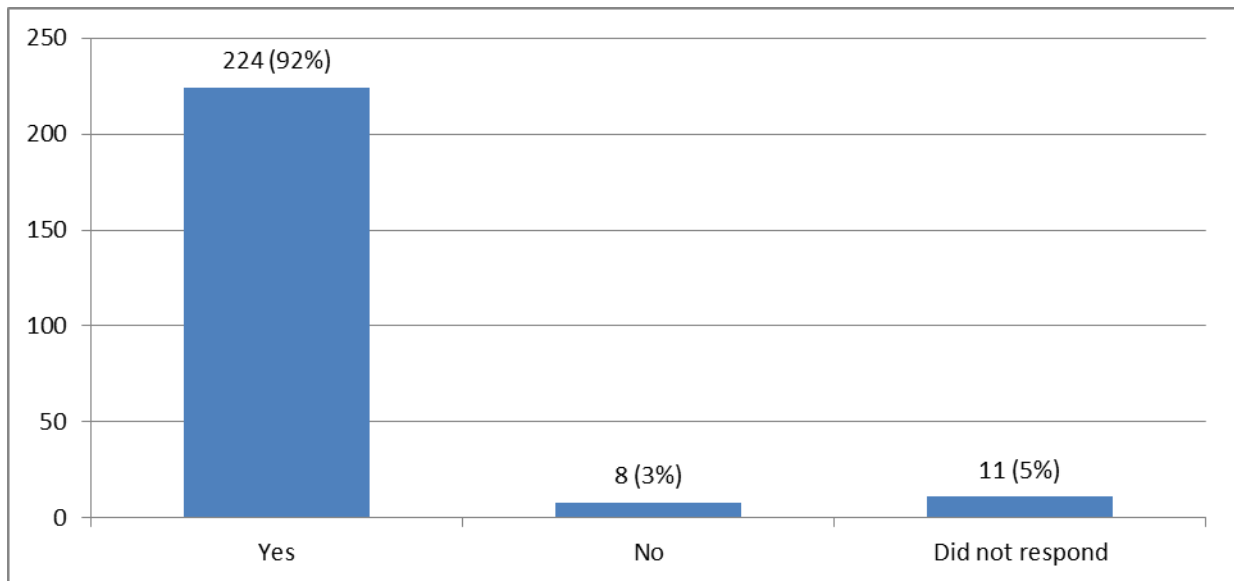
- The definition of wellbeing is different for everyone which could make the strategy difficult to understand

*'... 'wellbeing' means different things to different people.'*

- The strategy is not user friendly for the public.

*'There are a lot of buzzwords that people who work in the council would understand but what about the man on the street and the layman? You need plain English - ask your gran if she knows what the diagram means then as whether it is clear'*

**Reflection: What more can be done to make the writing easier to understand and the documents easier to navigate?**



**Question 5 - Do you agree that improving the 5 areas of Wellbeing is important for people to live well?**

92% of respondents agreed with the five areas of wellbeing. Only 1% did not agree and 7% skipped the question.

Considering the high agreement on the five areas, there was still a number of comments to show what people think is missing. The themes that came out of this question are;

- Employment and economy  
*'...Economic wellbeing, a large amount of crime is born out of poverty and desperation'*

- Spiritual wellbeing  
*'Spiritual not necessarily religion'*

- A better wellbeing definition is needed  
*'Not answered Y or N. Unsure over meanings'*

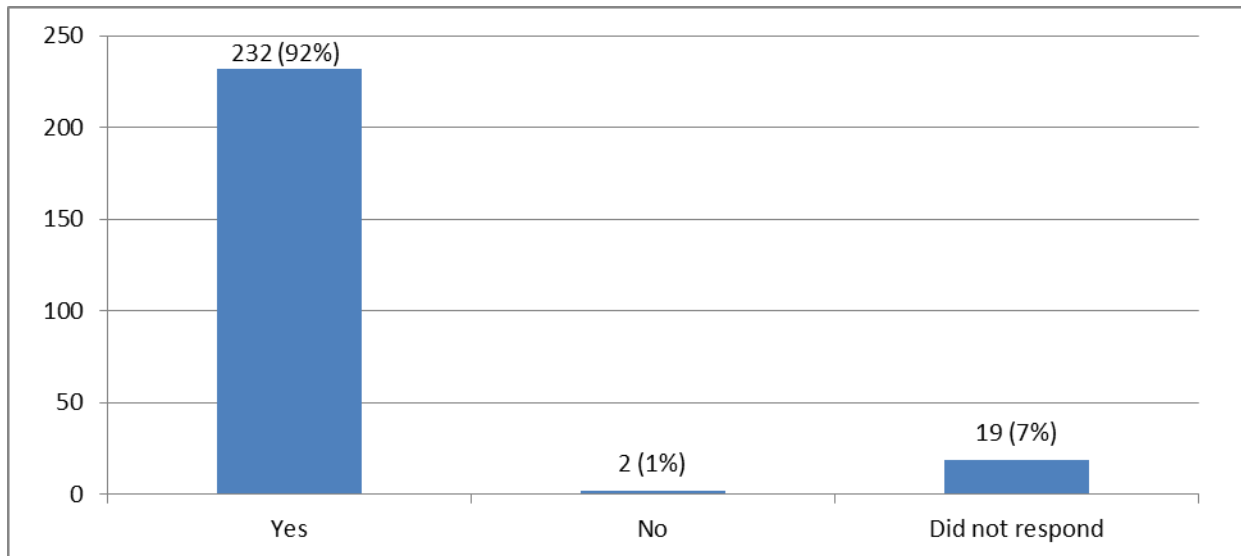
- Carer support including children and young adults  
*'What if you are a carer for an elderly relative and you are the only person doing this - how can Doncaster help these people to do things differently if everything falls on their shoulders? What about the practicalities of implementation - or are they just words to tick a box?'*

*'Focus on carers - with higher thresholds for accessing support for adult the pressure is falling on children and young people within families and adult carers. How is a plan missing the opportunity to support the people who save Health so much money?'*

- Substance misuse including legal highs  
*'Think we should include legal highs & other substance abuse'*

- Social inclusion  
*'Think it's important to realise that, whilst having clear strategies in place is essential, there are always those people who either won't engage or won't be helped, no matter what.'*

**Reflection: Do we need to be more clear on what is included the five areas of wellbeing or are these themes a signal that more needs to be done?**



**Question 6 - Is the Strategy clear how we measure our performance using Outcomes Based Accountability templates?**

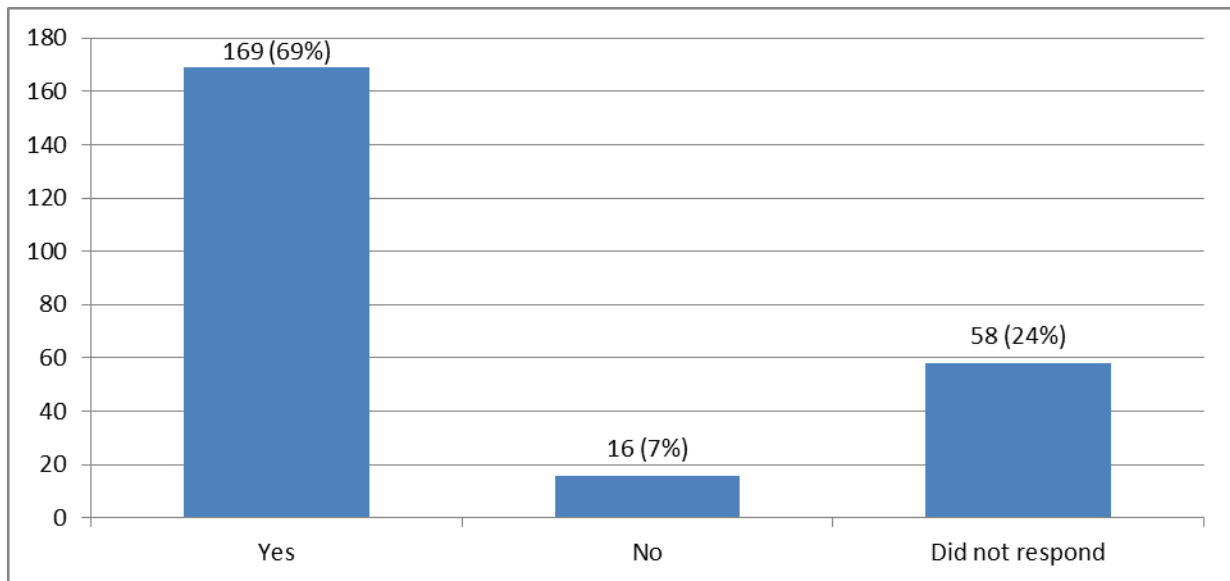
69% of respondents agreed that it was clear how the OBA templates were being used an only 7% disagreed. It is important to note however that 24% did not answer this question. The reason for this high percentage is that the question was not asked in some of the face to face protected group consultations due to using easy read versions of the strategy.

The themes coming from question feedback are:

- Figures are not true representations of issues  
*'...the plan works in theory but in reality services aren't communicating with each other which could affect the figures.'*
- Lacking resident outcomes  
*'Couldn't see how resident's outcomes are included'*
- Too complicated and long  
*'Too wordy and is uninviting to read in entirety'*

**Reflection: How do we incorporate resident outcomes more and get a truer reflection of services for the figures?**





### Question 7 - Is the Strategy presented in a way that is easy to read and understand?

86% of respondents thought the strategy was presented in a way that is easy to understand. This is surprising due to previous comments stating the strategy used too much jargon and was not user friendly for the public. The comments for this question did include some positive feedback but a future learning opportunity for next time may be to try and capture more positive and constructive lessons.

*'Yes - very well presented. Visually it looks good. I think the format and way it is. Rosen up with some key facts for Doncaster and its people give opportunities for reflection and discussion'*

*'I like that there are different versions depending how in depth you want to look at it'*

6% of respondents disagreed with the question and 8% didn't answer the question.

Out of the comments received three clear themes emerged:

- Too much jargon has been used

*'Some of the statements don't seem to make sense - i.e. not plain English, and so confusing as to what is meant and so makes the Strategy very wordy'*

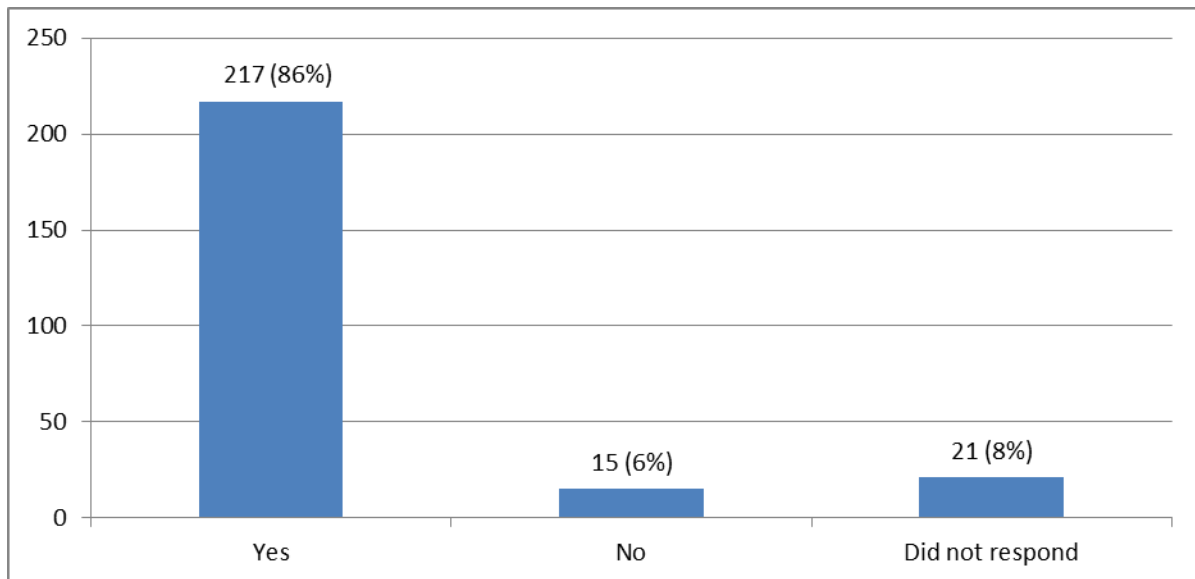
- The document is too long

*'Too many pages to read through, for those who just need a general understanding. Many of the terminology are hard to understand'*

- It is not user friendly for the public

*'What about a flier version with simpler language for the general public?'*

**Reflection: How can we capture more positive lessons to help improve the next strategy?**



**Question 8 - After reading through the document are there any comments you wish to make?**

There are no figures recorded for this question.

Within the comments it is easy to suggest that most people agreed on the whole that it was a good document.

*'Doncaster Mind would like to assist in delivering the strategy'*

*'Very clear, very concise. A good document'*

*'Overall a user friendly and clearly set out document'*

*'It's good and ambitious - poss to publicly share progress on targets as a tool for engagement??'*

Two issues have come out of the comments that may need further investigation into the Crisis Team:

*'It is frustrating not being able to get through to crisis team the strategy is excellent , but if you cannot access the service the strategy cannot be implemented , are there difficulties staffing the phones????'*

*'Crisis service has failed to be empathic to my needs and this has resulted in me not wanting to contact other services as I fear that they will also reject my need for support'*

The themes arising from this question are;

- Housing and employment  
*'More homes for families, more opportunities in community, more help for schools'*
- Document should be more clear

*'There are a lot of targets but where is the activity/action? What are you going to do who is going to do it and by when is it going to be done. If it's a strategy then surely that's what should be explained. Otherwise it's a wish list.'*

- Children and young people

*'Please review and include your plan to support the 2,000 young carers and army of adult carers who struggle on a daily basis.'*

*'Start with children - engage them and help them to understand and it will become second nature as they become older'*

*'I felt that children should have mentioned more. The document speaks about families and there is a couple of sentences with children in it but at first when reading it I thought it was only for adults and older people in particular.'*

- Mental Health

*'Mental health services are not adequate to meet the needs of young people in Doncaster'*

*'Re mental health no mention of liaison and diversion i.e. links between MH and courts/prisons etc.?'*

*'I agree that Mental Health should be one of the areas of focus but I think that the next steps and measures in relation to mental health should include steps/measures which focus on improving the mental health of people who have a learning disability. The recent "No Voice Unheard, No Right Ignored" Department of Health consultation document states that the scale or pace of change that the DoH wanted to see in this area has not yet happened and more needs to be done.'*

- Veteran support

*'A scant reference on page 7 refers to veteran Support, "there is ongoing support for our veteran to find jobs & housing"? No mention of the ongoing disadvantage in the health pathway.'*

- Quality of later life

*'Whilst I recognise the fact people are living longer I am not certain that we do enough to maintain the quality of life'*

- Substance misuse including legal highs

*'Feel that drugs are a problem in particular Cannabis, sniffing drugs, and crack'*

- Services need to be clearer on what they offer

*'Single people accessing services when have no family/job etc. – problems accessing housing and the transition period between M25 support and obtaining own accommodation. Highlighted legal aspects and barriers with services – need to be more joined up; need a central access point on entry as new arrivals and clear information/support regarding accessing housing and other services'*

- Better support for migrants and refugees

*'...when granted immigration status (in transition period) – Council should take a leadership role in ensuring that people have somewhere to live (good examples shared from Huddersfield and Sheffield); mentioned Council rules and exception clauses regarding acquisition of housing (3 year*

rule); M25 only short term option and then nothing available particularly if a single person; if have no house and no job can't think about the other things that affect health and wellbeing'

**Reflection: What is the best way to respond to comments and ensure that the strategy meets the main overarching themes gained from the feedback?**

**Conclusion**

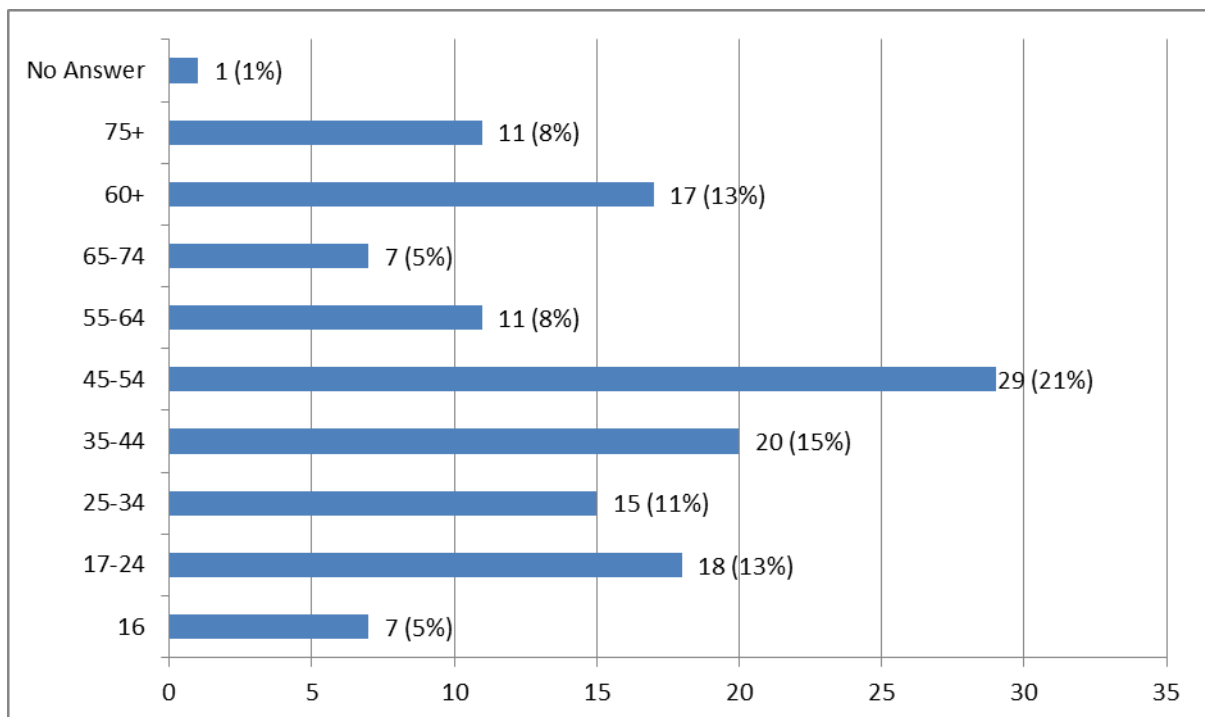
The responses to this consultation have brought out myriad themes over the questions, however so very clear overarching themes have emerged. They are:

- Substance misuse including legal highs
- Children and young people
- Make the documents easier to understand (less jargon)
- More support for minority groups e.g. disability, immigrants, refugees, sex workers and veterans.

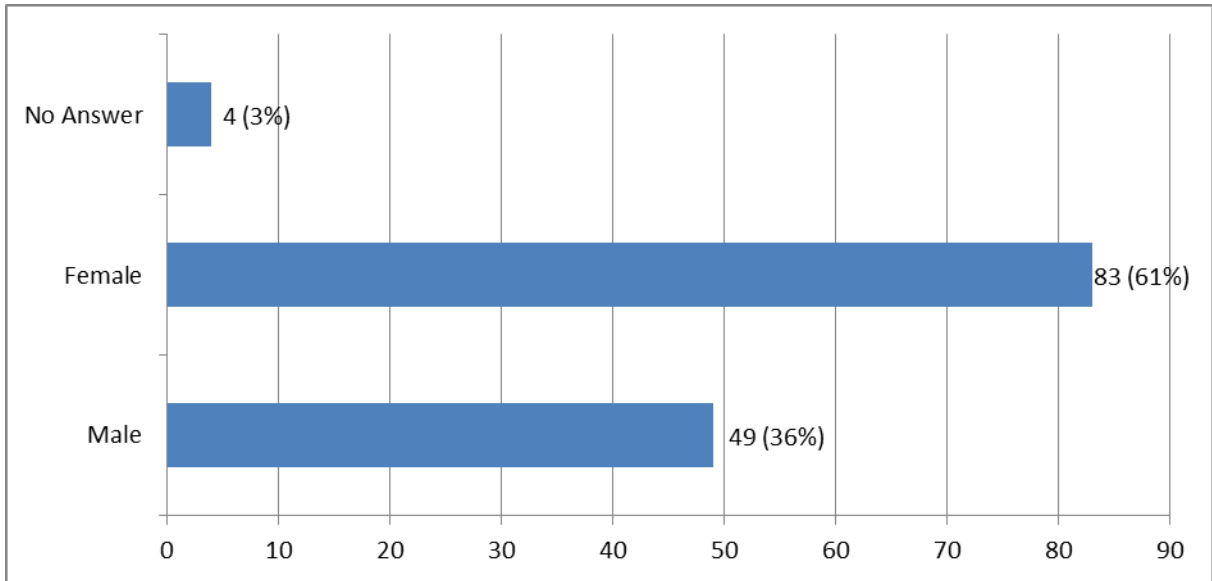
**Demographics**

Over the course of the consultation we collected equal opportunity data on gender, location, marital status etc. See the charts below for a breakdown of results. Keeping in mind that this section is voluntary the team collected 136 (53%) responses out of 256. It is important to acknowledge that on some questions respondents were able to pick more than one option which may mean some percentages differ between charts.

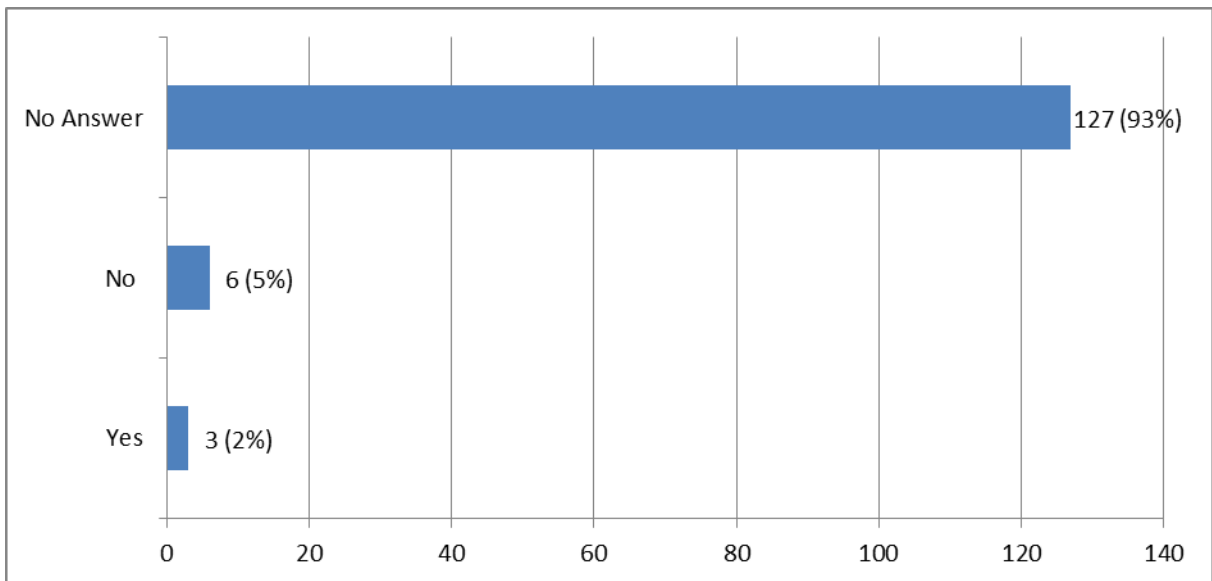
**Age**



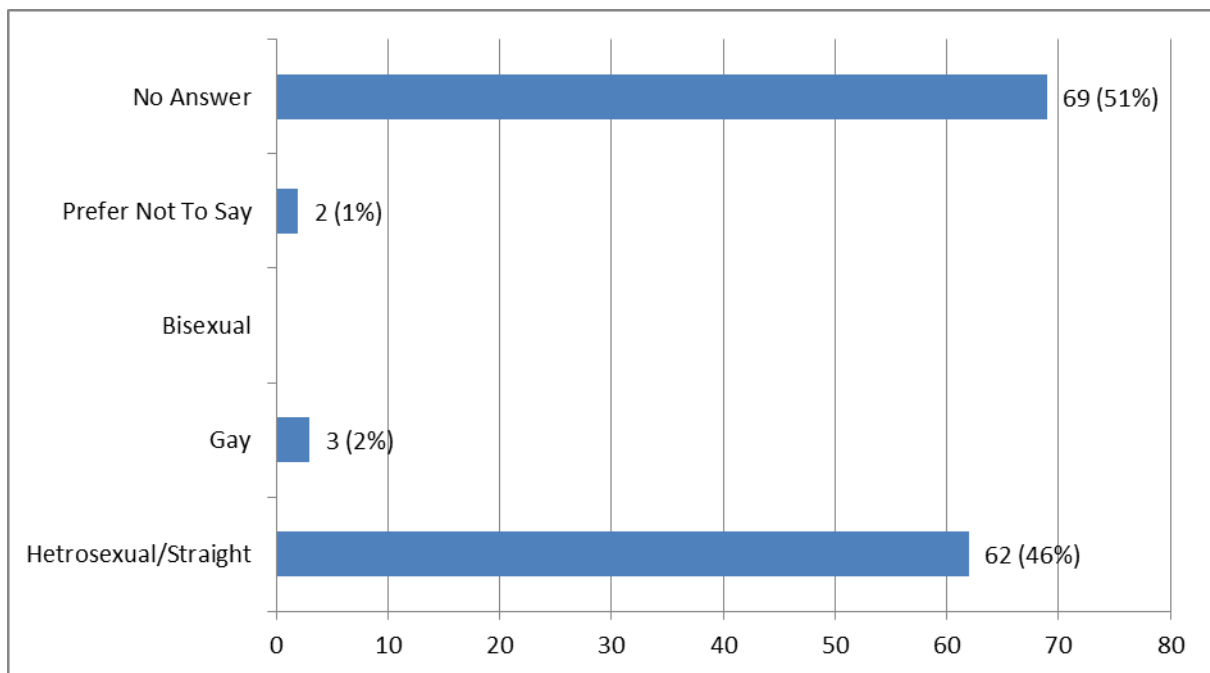
## Gender



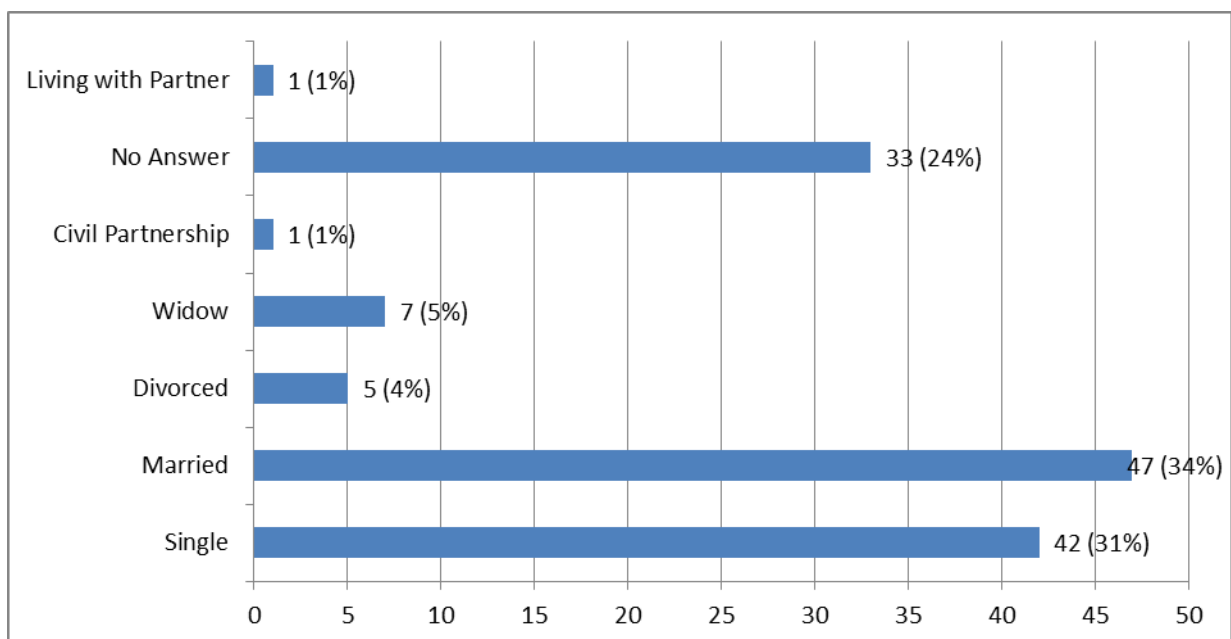
## Gender Reassignment



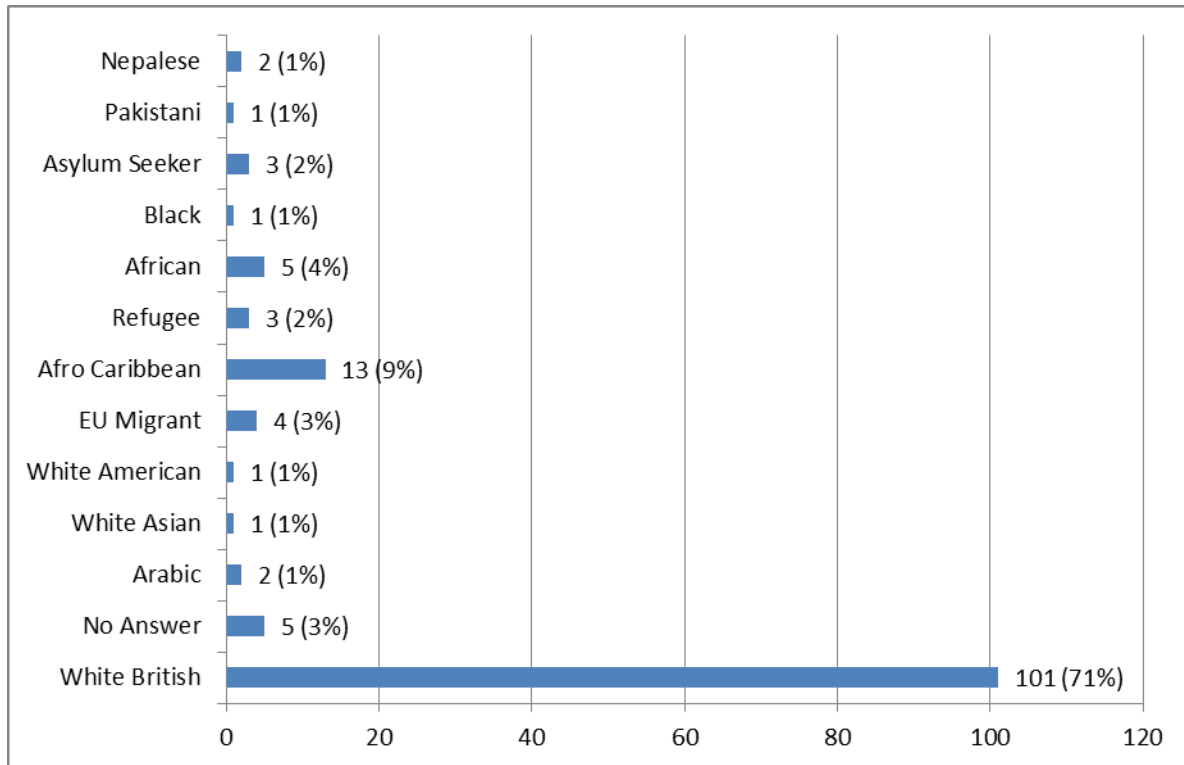
## Sexual Orientation



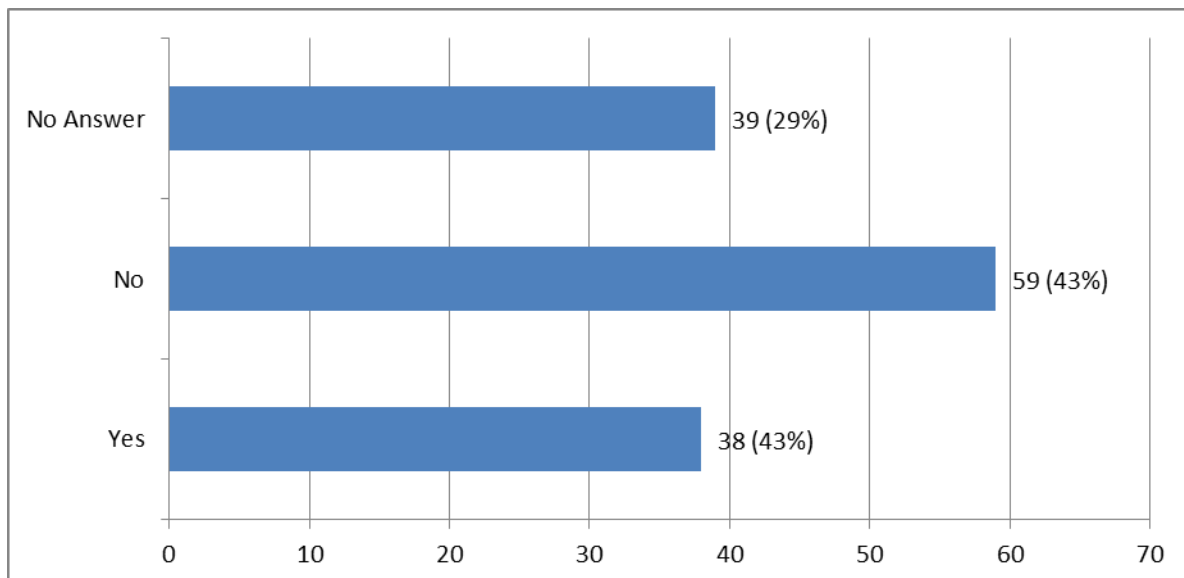
## Marital Status



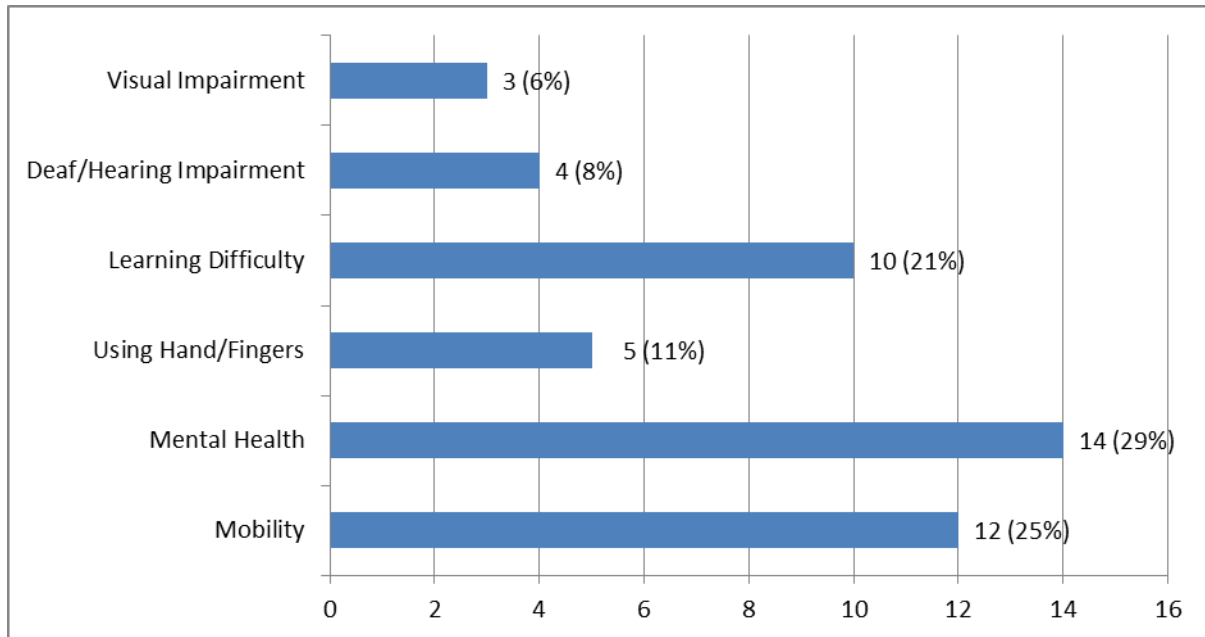
## Ethnicity



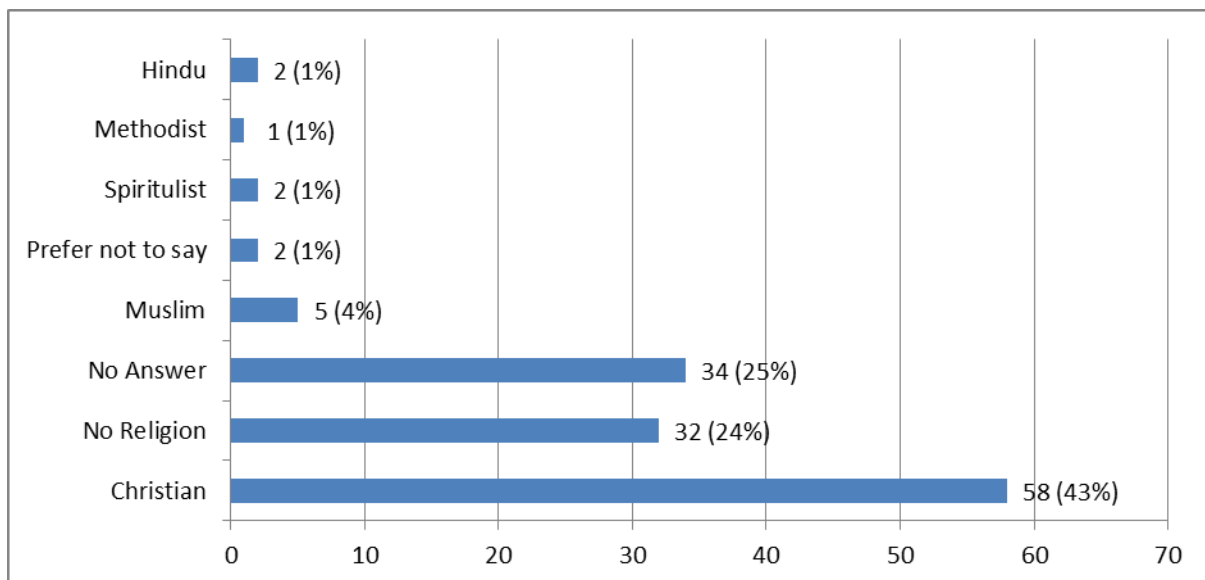
## Disability



## Disability Type



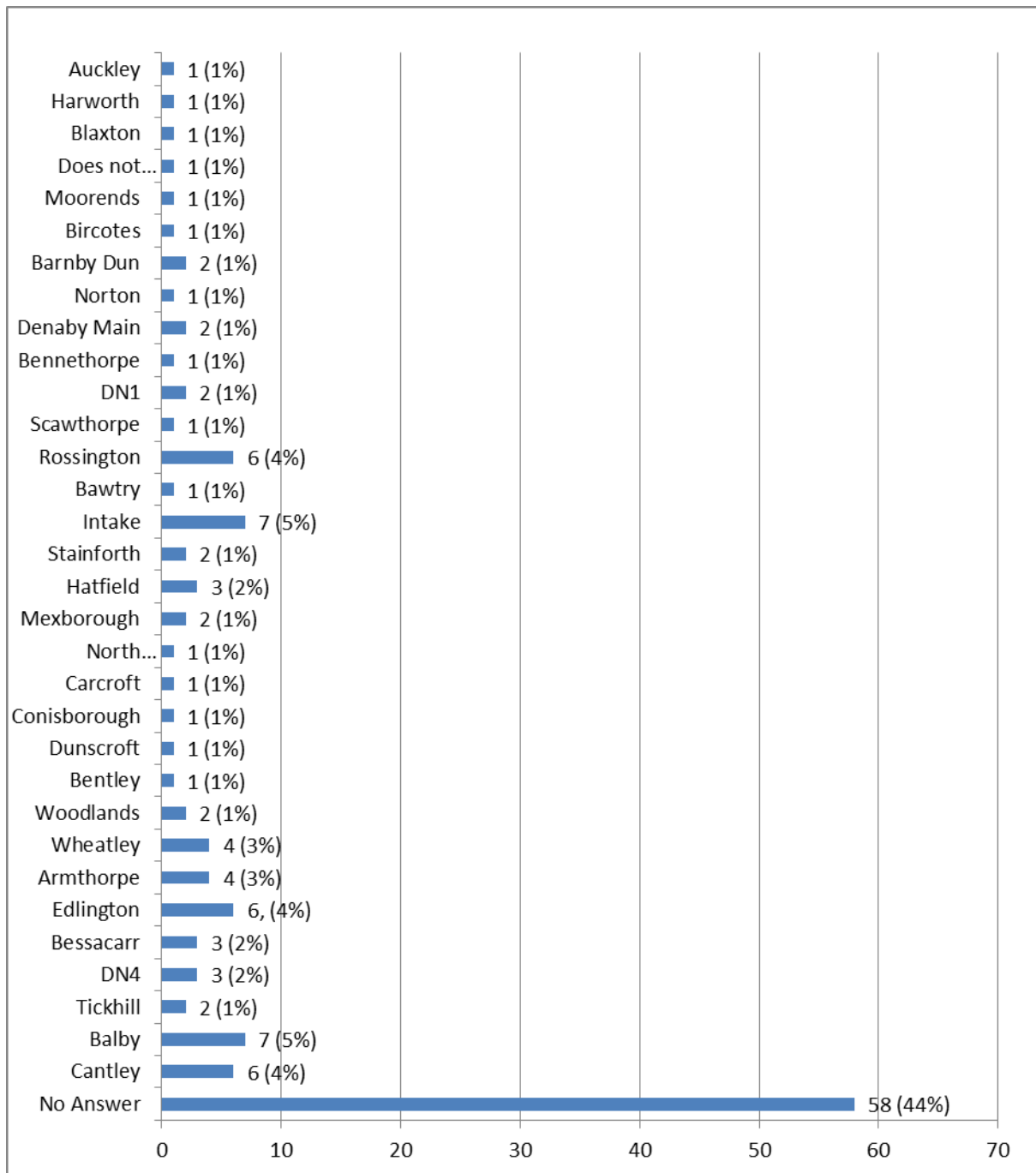
## Religion



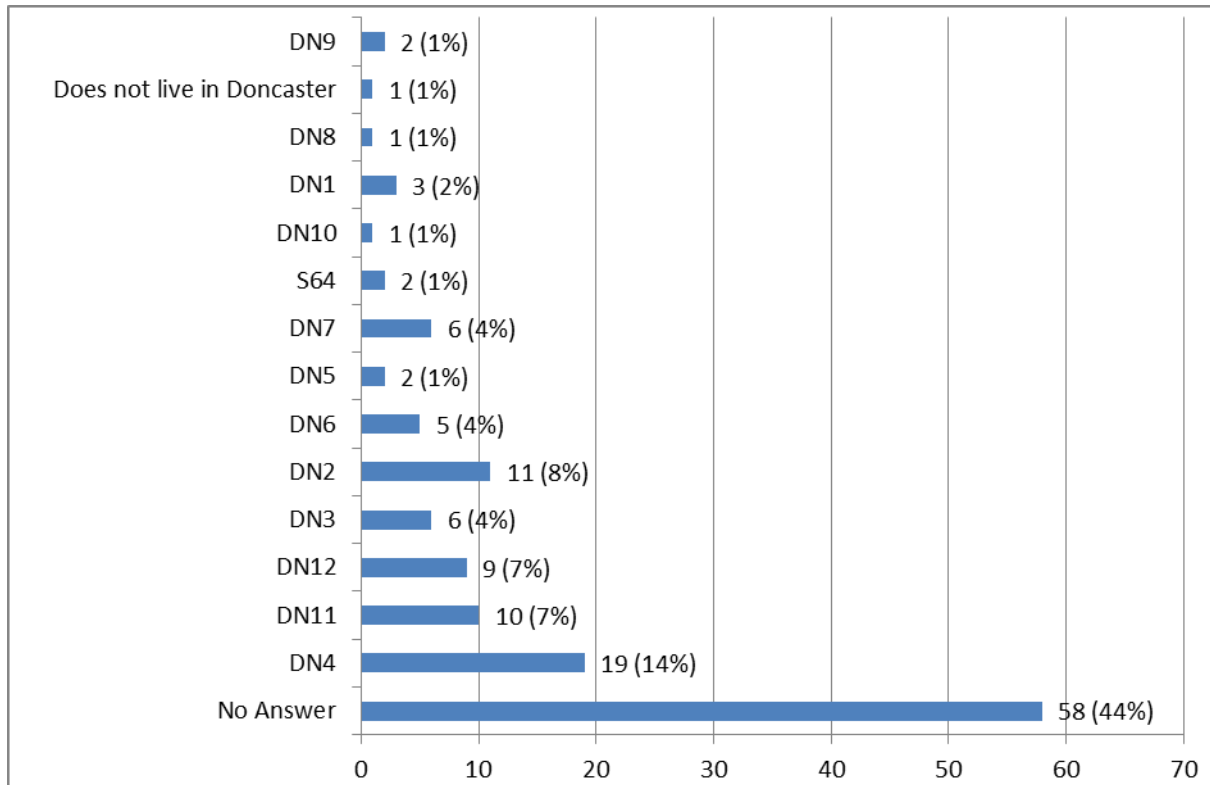


Scroll down for location charts 1 and 2.

### Location 1



## Location 2





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# **EQUALITY, DIVERSITY AND INCLUSION**

## **DONCASTER METROPOLITAN BOROUGH COUNCIL**

### **Due Regard Statement Template: Doncaster Health and Wellbeing Strategy (March 2015 - 2021)**

How to show due regard to the equality duty in how we develop our work and in our decision making.

## **Due Regard Statement**

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning
- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the relevant points
- Any reports produced needs to reference “Due Regard” in the main body of the report and the DRS should be attached as an appendix
- The DRS cannot be fully completed until the programme, project or change is delivered.

1	<p><b>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>Name:</b> Doncaster Health and Wellbeing Strategy 2016-2021</p> <p><b>Aim:</b> To refresh the Doncaster Health and Wellbeing strategy through stakeholder and community wide engagement and consider that due regard is given to all the protected groups within Doncaster.</p> <p><b>Activity:</b> To consult on the draft consultation document across a broad cross section of the Doncaster community including the voluntary sector and key stakeholders through a comprehensive consultation process.</p> <p><b>Expected Outcome:</b> Doncaster Health and Wellbeing Strategy will be completed and published in line with statutory requirements by January 2016.</p>
2	<p><b>Service area responsible for completing this statement.</b></p>	<p>Doncaster Health &amp; Wellbeing Board/Public Health Directorate.</p>
3	<p><b>Summary of the information considered across the protected groups.</b></p> <p><b>Service users/residents</b></p> <p><b>Doncaster Workforce</b></p>	<p><i>To undertake the HWB strategy refresh process utilising a wide range of demographic information and service mapping from the following areas:</i></p> <ul style="list-style-type: none"> <li>• <i>JSNA – current demographic profiles and data already available through Public Health intelligence including protected groups (Doncaster Council website)</i></li> <li>• <i>Doncaster Census 2011</i></li> <li>• <i>Outcomes Based Accountability (OBA) mapping through workshops and consultation – approach endorsed by Team Doncaster</i></li> <li>• <i>Existing data sets around protected groups</i></li> <li>• <i>Existing data sets around services and previous consultations/workshops – user</i></li> </ul>

*feedback; consultation reports; telephone research (baseline data established in 2012);*

- *Health watch data*
- *Local account data*

*The Equalities & Inclusion Plan includes a number of Service Specific Equality Objectives including 6: To improve health and wellbeing by reducing health inequalities. A [factsheet](#) has been published on the Team Doncaster website including the key data.*

*Published information from the [Census 2011](#)*

#### **Age and Demographics:**

The age profile in Doncaster is broadly similar to the national picture with a slightly higher proportion of older people (65+) and slightly lower proportion of working age people (16-64). The number of younger people (0-15) from the 2011 Census was 57,493 (19% of population), working age people (16-64) was 193,768 (64.1%) and older people (65+) was 51,141 (16.9%).

Projecting to 2016, the overall population of Doncaster is predicted to grow by 1% compared to the national prediction of 4%. However in Doncaster the number of older people (65+) is predicted to grow by 9% which is the same as the national predictions. In particular the proportion of people aged over 90 in Doncaster is predicted to grow by 23% which is faster than the national prediction of 20%.

#### **Disability:**



In Doncaster 21.7% (65,535) of people have some form of disability compared to the national average of 17.9%. Of these 33,644 (11.1%) residents in Doncaster indicated that their day-to-day activities were limited a lot and 31,891 (10.5%) residents indicated that day-to-day activities were limited a little. Doncaster is predicted to have a similar proportion of people with learning disabilities as the national average at 1.85% of the population.

**Ethnicity:**

Based on Census 2011 data, the proportion of total population in Doncaster classified as 'White British' equates to 91.8% (4.7% less than in 2001), and the national average is 80.45%. Those from Black & Minority Ethnic (BME) backgrounds represent 8.2% of the total population. Young people from BME backgrounds represent 10.2% of the total 0-19 population. The working age population from a BME background represent 8.8%, and older people from BME backgrounds represent 2.9%.

The proportion of BME population is not as large as the national average however key minority groups do exist in Doncaster. The table below shows the distribution of these groups. The ethnic group that is the second largest in Doncaster is 'white other' which includes 0.4% Irish, 0.2% Gypsy or Irish Traveller, and 2.8% White Other.

White	British	91.8%
	Other	3.4%
Mixed	White & Black Caribbean	0.5%
	White & Black African	0.1%
	White & Asian	0.3%

	Other	0.2%
Asian / Asian British	Indian	0.6%
	Pakistani	0.9%
	Bangladeshi	0%
	Chinese	0.4%
	Other	0.6%
Black / Black British	African	0.4%
	Caribbean	0.3%
	Other	0.1%
Other	Arab	0.1%
	Other	0.3%

Although it appears from the census data that the ethnic group 'Gypsy or Irish Traveller' accounts for only 0.2% of the population, this group is accountable for 587 people, the largest population in South Yorkshire (Barnsley 163, Rotherham 126 and Sheffield 358 people). This is the second largest settlement in the region (42nd in England and Wales). Furthermore local analysis has estimated that the population of this group is closer to 4000 with a number of sites within the borough and also an estimated 900 permanent households.

The working age population for BME groups in Doncaster is 8.8% compared to the National Average of 21.5%.

The older people population for BME groups in Doncaster is 2.9% compared to the national average of 8.4%.

The proportion of people in Doncaster who speak English as their main language is 95.9% compared to the national figure of 92%. Other main languages spoken in Doncaster are Polish 1.6%, Urdu 0.3%, Chinese 0.2% and Punjabi 0.2%.

**Gender:**

The gender ratio in Doncaster is very similar from birth up until 65+. From the 2011 Census the ratio between the ages 0-17 are Male 50.51% and Female 49.49%. Between the ages of 18-64 the ratio is Male 50.31% and Female 49.69%. However at 65+ the ratio becomes Male 44.37% and Female 55.63%.

**Gender Reassignment:**

The 2011 Census did not include a specific question in respect of gender reassignment. It is estimated from national research that 1 in 10,000 are referred to as being transgender or transsexual. This would equate to around 30 residents in Doncaster.

**Marriage and Civil Partnership:**

The proportion of people over the age of 16 who were married in Doncaster is 46.91% which is similar to the national average of 46.6%. In Doncaster 32.21% of people were single, 0.2% were in a civil partnership, 13.1% were separated/divorced and 7.7% were widows/surviving member of civil partnership.

**Pregnancy and Maternity:**

Doncaster has a higher proportion of babies born with low birth weight at 9.7% compared to the national average of 7.4%. Teenage conceptions in Doncaster were at a rate of 39.7

per 1000 women, this is above the national rate of 30.0 per 1000 women.

#### **Religion and Belief:**

Most of the population of Doncaster in the 2011 Census stated their religion as Christian at 65.9% compared to 59.3% nationally. A further 24.4% stated they had no religion, 2.9% was made up of other religions and 6.9% did not state their religion.

#### **Sexual Orientation:**


There is no specific question on the 2011 Census regarding sexual orientation, however in 2010 the Office of National Statistics received responses on their Integrated Housing Survey that suggested that around 1.4% of the population considered themselves as gay, lesbian or bisexual. If this was applied to Doncaster's population this would equate to 4,223 residents.

#### **A picture of Doncaster (Census 2011)**

	<b>Category</b>	<b>Doncaster population</b>
<b>Gender</b>	Female	50.6%
	Male	49.4%
<b>Age</b>	0 – 19	24.0%
	20 – 39	25.2%
	40 – 59	27.6%
	60 – 79	18.6%

		80+	4.5%
<b>Ethnicity</b>	White	British	91.8%
		Other	3.4%
	Mixed	White & Black Caribbean	0.5%
		White & Black African	0.1%
		White & Asian	0.3%
		Other	0.2%
	Asian / Asian British	Indian	0.6%
		Pakistani	0.9%
		Bangladeshi	0%
		Chinese	0.4%
		Other	0.6%
	Black / Black British	African	0.4%
		Caribbean	0.3%
		Other	0.1%
	Other	Arab	0.1%
		Other	0.3%

	-----	Prefer not to say	Not given as option
<b>Disability</b>	Declared disability		21.6%
<b>Religion / Belief</b>	No religion / Atheism		24.4%
	Christianity		65.9%
	Buddhism		0.2%
	Hinduism		0.3%
	Judaism		0.03%
	Islam		1.7%
	Sikhism		0.4%
	Any other religion		0.3%
	Prefer not to say		24.4%
<b>Sexual orientation</b>	Bisexual		Not asked in 2011 Census.
	Gay man		
	Gay Woman / Lesbian		
	Heterosexual		
	Other		
	Do not wish to declare		

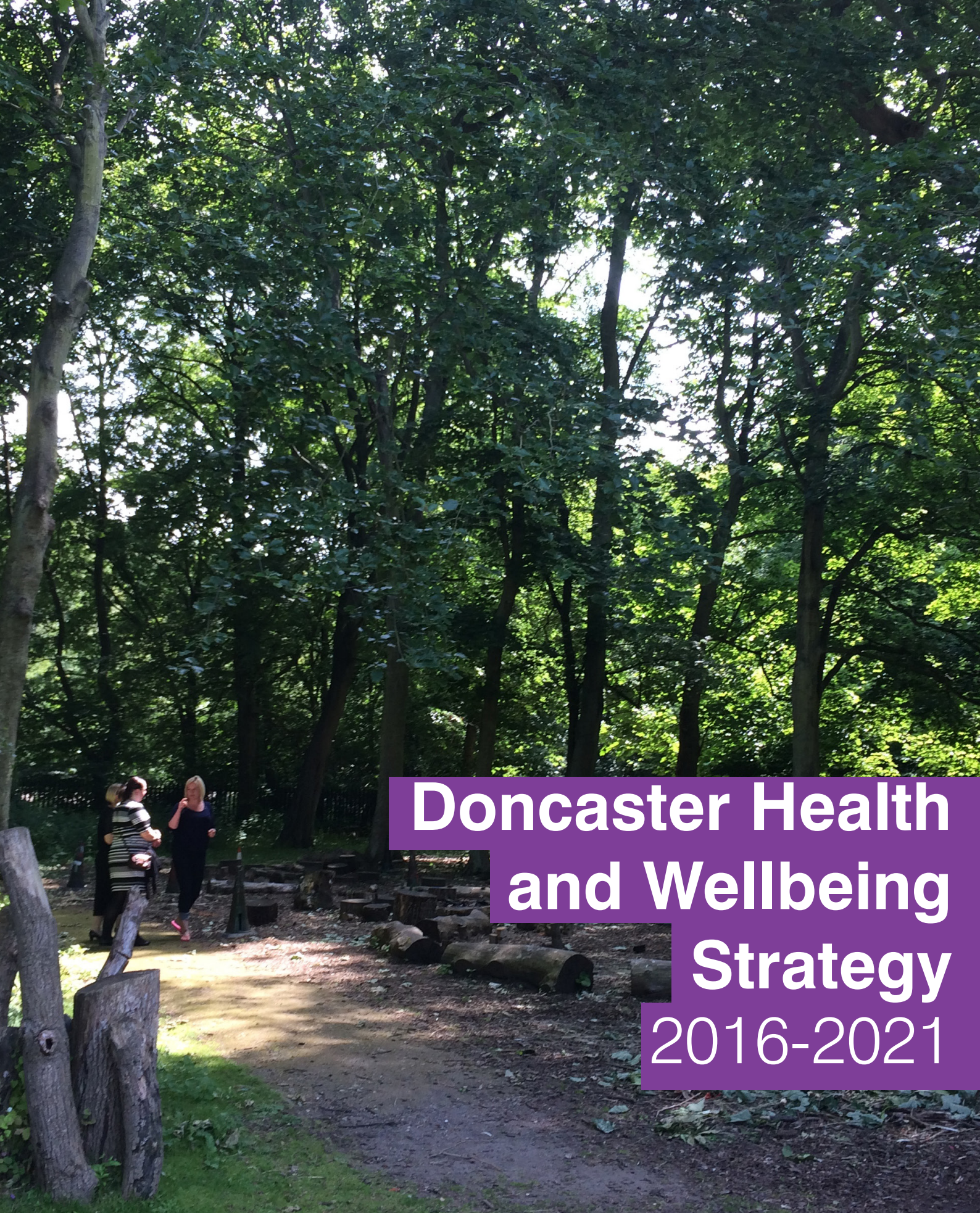
<p><b>4 Summary of the consultation/engagement activities</b></p>	 <p>HWB strategy consultation planning</p> <ul style="list-style-type: none"> <li>• Online consultation (survey monkey) – a 12 week public and stakeholder consultation</li> <li>• 28 protected groups contacted; 11 groups responded and consultation sessions were held, including third sector organisations</li> <li>• Social media – press release; Facebook; Twitter; internal bulletins; external bulletins</li> <li>• Partnership boards and elected members – internal boards and bulletins; Team Doncaster will be used as the umbrella partnership for wider consultation</li> <li>• Community – through current events and existing consultations</li> <li>• Stakeholder Engagement through wide dissemination <ul style="list-style-type: none"> <li>○ 415 stakeholders emailed four times over the consultation period.</li> <li>○ Hard copies distributed on request</li> <li>○ On line copies distributed to GPs and Libraries</li> </ul> </li> <li>• Various easy read documents were developed in conjunction with service users to support people with learning/physical disabilities</li> </ul>
<p><b>5 Real Consideration:</b></p> <p><b>Summary of what the evidence shows and how has it been used</b></p>	<p>Following the consultation a number of key themes have emerged, the main four themes are:</p> <ul style="list-style-type: none"> <li>• Substance misuse including legal highs <ul style="list-style-type: none"> <li>○ As a result of this theme we are now adding substance misuse into the strategy within the areas of focus section with an OBA template.</li> <li>○ This theme covers the drugs aspect of the alcohol area of focus set out in the strategy</li> </ul> </li> <li>• Children and young people (families) <ul style="list-style-type: none"> <li>○ As a result of this theme we are now adding children to the families section as an area of focus. This is to highlight the importance of childrens health and</li> </ul> </li> </ul>

- wellbeing.
- This theme covers the childrens aspects of the families area of focus.
  - More support needed for minority groups eg. disability, immigrants, refugees, sex workers, veterans
    - A veterans health needs assessment has been produced, endorsed and is available on the website.
    - Feedback from the consultations with asylum seekers and refugees highlighted the need for better provisions on entering Doncaster i.e. welcome pack/induction process. Other issues highlighted from this consultation included housing, education and awareness/access to services. This has been fed back to the Engagement And Experience Management Group
    - Issues pertaining to sex workers will be considered through the sexual health partnership.
    - This theme covers the reducing health inequalities section of the strategy. (theme 4)
  - Make the documents easier to understand (less jargon)
    - A variety of documents were available including easy read, easy read dictionary, an easy read powerpoint. All of these documents were developed in conjunction with service users and have been well received.
    - A strategy summary was added to the website and was used for consultations and made available in the libraries.
    - Resources were tailored to each consultation based on group and individual needs.
    - Although this is a theme that we need to consider there were conflicting views between the general public and professional stakeholders. This is because the documents were intended as a high level strategic plan.
- Other areas highlighted were:
- Theme 1 Wellbeing
    - A minority of respondents (3%) believed that “wellbeing means different things to different people”. Comments suggested that cultural and spiritual wellbeing had not been represented in the Doncaster five domains of wellbeing. In



		<p>response to this we have added this to the social and emotional wellbeing domain.</p> <ul style="list-style-type: none"> <li>• Theme 4 Reducing Health Inequalities <ul style="list-style-type: none"> <li>○ See previous comments. Further work will be developed around veterans and other protected groups.</li> </ul> </li> </ul>
<b>6</b>	<b>Decision Making</b>	<ul style="list-style-type: none"> <li>• The due regard statement for this Health and wellbeing strategy commenced in March 2015 and continues throughout the process until the report is finalised and published in January 2016.</li> <li>• The Health and Wellbeing Board are the accountable body for the completion and publication and implementation of Doncaster's Health and Wellbeing strategy. Local commissioners including Board members and wider partners are responsible for considering the implications of this strategy and for the implementation and delivery of its priorities and vision. The report will be shared at full council for information.</li> </ul>
<b>7</b>	<b>Monitoring and Review</b>	<p>Performance for all areas of the HWBB strategy refresh will be monitored through quarterly and annual reports and also through the regular monitoring of the action plans/Outcome based accountability plans. The delivery of the strategy will also be monitored through the Transformation Board Programme, the health Improvement framework action plan and through the quarterly report mechanisms at Board meetings. Equality implications are a standard consideration for all papers presented to the board and should be included in all Partnership papers. This will also be monitored through an internal Equality audit.</p>
<b>8</b>	<b>Sign off and approval for publication</b>	<p>*To be completed post consideration at the November 2015 Health and Wellbeing Board and approved for publication in January 2016.</p>





# Doncaster Health and Wellbeing Strategy 2016-2021



**Doncaster**  
Metropolitan Borough Council

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## Foreword

The Doncaster Health and Wellbeing Board have been in a full board function now for 3 years. It is good to see so many partners on the Board giving their time to assist in the health and wellbeing of Doncaster residents. Our areas of focus are still strong and real progress is being made.

We have made changes to our performance measures and have taken the route of Outcomes Based Accountability (OBA) where clearer outcomes are defined and the measures actually show whether the outcome is achieved or not.

The specific areas of focus will be challenging due to on-going Government cuts to Public Health budgets but the health and wellbeing of our Doncaster residents is still paramount in our work and will remain a top priority in the work streams of the Board.



Pat Knight  
Councillor Pat Knight  
Cabinet Member for Public Health & Wellbeing  
Chair Doncaster Health and Wellbeing Board



Dr Rupert Suckling  
Director Public Health

# Doncaster's Health and Wellbeing Strategy

The production of Doncaster's Health and Wellbeing Strategy has been led by the Doncaster Health and Wellbeing Board in consultation with members of the public and key partners. It is aligned with [Doncaster's Borough Strategy Refresh 2014](#) and is an opportunity to take stock and look at what has been achieved since the last Strategy, assess and review our priorities and identify where we need to go in the next five years. It takes into consideration the Team Doncaster self-assessment and Peer Review in 2014, the [Partnership Summit](#) in the same year and all key strategic plans including the Corporate Plan and is aligned to the Mayoral priorities. Like the Borough Strategy, it is a high level document underpinned by a number of technical plans and delivery mechanisms. The Strategy will only be successful if all key partners and residents are involved.

The Doncaster Health and Wellbeing Strategy has three key aims:

1. This Strategy presents a high level vision for health and wellbeing in Doncaster and describes the locally adopted model for health and wellbeing
2. The Strategy outlines the roles and ways of working for key partners to play in ensuring the effective delivery and implementation of the Health and Social Care Transformation Fund which will focus on developing early interventions and lower level wellbeing support in communities
3. The Strategy has identified 4 key themes for development to improve health and wellbeing outcomes in Doncaster:

- Wellbeing
- Health and Social Care Transformation
- Five Areas of Focus
- Reducing Health Inequalities

Taken together these three aims form the work plan of the Health and Wellbeing Board, which will continue to be the key partnership for health and wellbeing in Doncaster and is part of the wider [Team Doncaster Strategic Partnership](#).



Highfields Country Park

## How the Health and Wellbeing Strategy has been developed

Since its formal establishment in April 2013 (following the Health and Social Care Act in 2012) the Health and Wellbeing Board has been working to develop the Health and Wellbeing Strategy. It has done this by using a number of existing priorities and plans and by holding several workshops and consultations. This work is shaping the way forward to improve health and wellbeing in Doncaster.

## The Journey So Far - Events and Consultations: 2012-2015

In 2011/12 an extensive public consultation took place regarding the first Health and Wellbeing Strategy in Doncaster which consisted of:

- Telephone research with over 400 residents
- A Voluntary and Community sector workshop
- Online and wider public consultations

Following this, the Strategy was reviewed by the then Shadow Board and later endorsed by the Doncaster Health and Wellbeing Board in June 2013.

In December 2013, following an external Peer Review, it was recommended that the Health and Wellbeing Strategy was revisited in view of the changing membership of the Board and the changing health and social care landscape.

Therefore, during 2014 a series of workshops were held to review the Health and Wellbeing Strategy alongside the Joint Strategic Needs Assessment (JSNA). These workshops included a borough-wide stakeholder event held in June which explored the wellbeing themes and looked at updating the Strategy priorities. A further workshop was held in October with Board members to revisit the strategic priorities and to set the parameters for the Strategy refresh.

In November 2014 the Doncaster Borough Strategy Review was finalised through a wider Partnership Summit event. The journey then began to refresh the Health and Wellbeing Strategy for Doncaster to reflect the outcomes from the earlier workshops. A more detailed description of these outcomes is included on page nine of this document.

Following the Corporate Peer Review in 2014 and as part of the Communities restructure, further emphasis was made around an Early Help Wellbeing Model combined with recommendations for development and expansion of the current Wellbeing Service in Communities.

As part of the on-going work of the Health and Wellbeing Board a Health Improvement Framework was approved and a series of 'conversations' took place during the first part of 2015. The aim of the conversations was to further enhance work streams and inform an action plan that will sit under the Strategy as a living document.

In July 2015 a public consultation was launched over a 12 week period to test out the draft Strategy with both stakeholders and the wider community and the results have informed this final version of the Health and Wellbeing Strategy. A Consultation Summary and a Due Regard Statement were completed in October 2015 and are available on the council website.

## Health and Wellbeing in Doncaster: Key Achievements

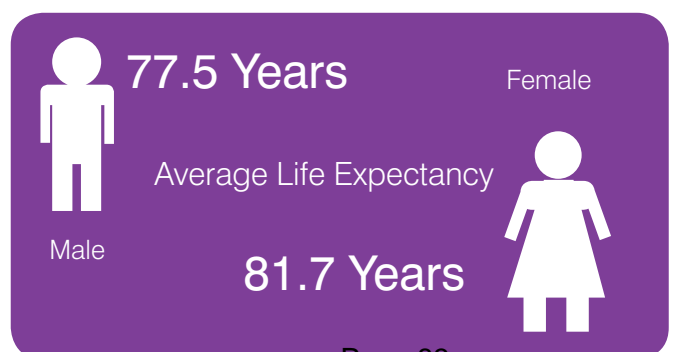
Since the last Health and Wellbeing Strategy was launched there have been a number of key achievements in the last 12-18 months:

- The Health and Wellbeing Board has continued to make progress on reducing the harmful impact of alcohol, obesity, addressing dementia and mental health and improving the lives of families
- A successful bid to the Better Care Fund was approved which engages all the key partners and will enhance joined up health and social care across the borough
- A refresh of the Joint Strategic Needs Assessment (JSNA) has been undertaken and we are revising our Health and Wellbeing Strategy
- The Health and Wellbeing Board has agreed a protocol on how to work with the Safeguarding Boards
- The Health and Wellbeing Board has signed up to the Local Government Declaration on Tobacco Control and the Mental Health Crisis Concordat
- The Health and Wellbeing Board lobbied for a stricter approach to gambling advertisements locally, regionally and nationally (Partnership Summit, 2014)


## Where are we now?

Generally speaking health and wellbeing is improving in Doncaster for both men and women. Life expectancy for men is now 77.5 years compared to 72.8 years in 1992 and 81.7 years for women compared to 78.1 years. Although life expectancy is improving in Doncaster it should be noted that too many people still experience poor health with too many dying prematurely (i.e. before the age of 75).

Diseases such as cancer, cardiovascular disease, liver disease and respiratory diseases account for between 80% and 90% of all preventable deaths. Around 2000 residents are diagnosed with cancer each year and



more than a quarter of all cancer deaths are due to lung cancer.




Around 2,000 Doncaster people are diagnosed with cancer each year

However, it's not all bad news, there is some good news to report around Cancer:

Due to action taken to increase work around cancer awareness, early identification and treatment, over the past 2 years we have seen:

- A 30% reduction in emergency admissions relating to cancer
- A 38% increase in referrals from GPs for suspected cancer with no deterioration in the conversion rate (which equates to 2,703 additional referrals)
- Over 500 more people have had their 1st treatment for cancer
- For patients receiving their first treatment in the latest 4 quarters (compared to the baseline year) we have seen an increase in the proportion of Doncaster patients receiving their 1st treatment by 12% compared to an average of 2.5% increase across the rest of South Yorkshire and an average 0.5% increase across 3 comparator CCG areas
- Early staging data suggests that patients are experiencing their first treatment at an earlier stage in their diagnosis therefore survival rates are increasing
- It is estimated that 10,473 people in Doncaster are currently living with and beyond cancer and this is expected to increase to over 20,000 by 2030. The one year cancer survival rate is currently 67% compared to a national average of 68% and the five year survival rate is around 46% across the South Yorkshire area comparable again to the national average of 48%. A co-production approach has been successfully implemented in Doncaster over the last 2 years working with current survivors around improving services, pathways and engagement. With these improvements in services and joined up working, cancer survival rates are clearly improving in Doncaster
- In Doncaster we have a peer support scheme called Cancer Buddies for people affected by Cancer which has received local, regional and

national recognition and is being shared in other areas



74% of adults in Doncaster carry excess weight

Although people are aware of the links between lung cancer and smoking, fewer are aware that obesity is also a major risk for cancer. 74% of adults in Doncaster carry excess weight (overweight or obese). Doncaster has the 2nd highest rate in England. Reducing obesity is a long term goal for the Health and Wellbeing Board and is being tackled at every level, starting in schools to ensure that the message is learned very early on. For example a plan is currently being developed to address access to healthier school meals. Other areas of focus include work place health awards, a toolkit to improve the food environment in our communities and a training package to rollout the Making Every Contact Count (MECC) principle.

Because people are living longer the Doncaster population is ageing and the more the population grows and ages the more people will develop dementia. Dementia remains a priority for Doncaster and some key outcomes have already been achieved:

- Diagnosis rates are now beyond the national ambition of 67% (currently 72.7%)
- Over 3500 people live with dementia in Doncaster but we now have over 5000 Dementia Friends
- Less people with dementia are being admitted to hospital and in the main, if they are, their lengths of stay are shorter and they are not being re-admitted Outcomes are improving and satisfaction is increasing

## Communities, Co-production and impact on health and wellbeing

An integral part of the Health and Wellbeing Strategy process in Doncaster is a significant move to develop and release personal, community, state, private and third sector assets to increase community self-help and increase the effectiveness of co-production. It is also to improve health and wellbeing and build



stronger more inclusive communities with the expected impact of increased strengths and assets of communities with reduced demand on services.

Stronger more mutually supportive communities, who look after each other, should reduce social isolation and enable people to stay in their own homes through an enhanced Community Wellbeing offer, including building on community assets such as the Cancer Buddies and Dementia Friends initiatives.

The evidence shows that strong, inclusive communities impact on overall physical and mental health and well-being:

- Improving overall health and well-being – for example: people with adequate social relationships have a 50% greater likelihood of survival. Social support and activity may protect against dementia and cognitive decline and committing one act of kindness, once a week, over a six week period, boosts overall well-being
- Specific conditions and social outcomes – compared with conventional approaches increased social cohesion and social networks can reduce fatal heart attacks by 25% in men. Social participation is the most significant predictor of difference between people with and without mental health problems and time credit schemes for young people can reduce crime by 17%

(Health and Social Care Transformation Fund, 2014)

Other good news from our recent Team Doncaster Self-Assessment in 2014 is as follows:

## Crime, Anti-Social Behaviour and Employment

- Reduction in crime rates is improving. The burglary of people's homes is at its lowest level since 1983, vehicle crime is at its lowest since 1990 and criminal damage is also at its lowest level since 1992
- There has been a 34.4% reduction in anti-social behaviour
- We've increased apprenticeships currently ahead of targets and youth unemployment has reduced. Youth unemployment is down 31%
- We've got better relationships with teachers and school governors and we are working together to improve education outcomes

## Housing, Fuel Poverty and Veterans support

- More new homes are being built in Doncaster
- A large number of households now have cheaper energy through the Big Switch initiative which has saved Doncaster residents £80,500 in total
- 544 Council properties have been improved, five low income communities regenerated, £1.6m of grant funding and £2.9m of energy company funding provided
- There is ongoing support for our veterans to find jobs and housing

## Community Services, Wellbeing and Public Health

- We have successfully established a Community Managed model for libraries. This service now has 600+ volunteers and is an award winning model.
- A recent LGA Peer Challenge Review in January 2014 highly commended the Communities Team: "Wellbeing Officers exemplify person-centred delivery, community development, joined up working and front line empowerment. Work to make every contact by frontline workers count is in hand."
- The integration of Public Health into the Council has been identified by the Local Government Association (LGA) and Department of Health as an example of good practice

## Mission Statement

The mission of the Health and Wellbeing Board is to

“Ensure everyone works together to improve Health and Wellbeing for and with the people of Doncaster”

To achieve this, the Health and Wellbeing Board will:

- Lead on the production of the statutory Joint Strategic Needs Assessment
- Develop a refresh of the original Joint Health and Wellbeing Strategy
- Monitor the Health and Social Care Transformation programme outcomes and progress which promotes integration and joined up commissioning across the NHS, Local Authority, Public Health and key stakeholders supporting joint commissioning and pooled budget arrangements. Early identification and early help are key themes.

To ensure that there is a ‘safety-net’ of health and social care services and interventions for Doncaster people, partners will share their individual commissioning and/or delivery plans at the Health and Wellbeing Board.

The Board will review the adequacy of these plans and co-ordinate actions to address any identified gaps by any or all of the partner agencies. The Transformation Health and Social Care Programme will be a catalyst for this partnership approach in Doncaster.

## The Vision for Health and Wellbeing

The Doncaster Health and Wellbeing Board’s vision for Health and Wellbeing is that:

‘Doncaster people enjoy a good life, feel happy, healthy and safe, and agree Doncaster is a great place to live’

The Board’s ambition is for Doncaster people to agree with the following ‘I’ statements.

- I’m able to enjoy life
- I feel part of a community and want to give something back
- I know what I can do to keep myself healthy

- I know how to help myself and who else can help me
- I am supported to maintain my independence for as long as possible
- I understand my health so I can make good decisions
- I am in control of my care and support
- I get the treatment and care which are best for me and my life
- I am treated with dignity and respect
- I am happy with the quality of my care and support
- Those around me are supported well
- I want to die with dignity and respect



Highfields Country Park

## Our Strategic Priorities

Since the development of the last Health and Wellbeing Strategy in 2013, Team Doncaster has become the overall umbrella for partnership development across Doncaster and the Health and Wellbeing Board is one of the 4 theme boards within that [partnership structure](#). A number of approaches have been taken to ensure consistency in approach across the theme boards including the following:

- An overarching Borough Strategy which highlights the work of all the theme boards
- Corporate plan and Mayoral priorities incorporated in all plans
- Inclusion of all partners including the public, private, voluntary, community and faith sector
- A culture of co-production and personal responsibility to create independence and reduce dependency on public services

## Performance Measures

The Health and Wellbeing Board uses Outcomes Based Accountability (OBA) templates to measure its performance against its strategic priorities (further information about OBA's can be found on the [David Burnby & Associates' website](#)). This approach was endorsed by Team Doncaster in 2014 and is being adopted by all the theme boards.

The aim of the Outcomes Based Accountability process is to:

- Have a clear defined outcome for each area of focus/priority
- Define what indicators need to be measured to show whether the outcome is achieved or not
- Identify who is involved i.e. which partners
- Tell the story about what is being measured and why

This approach has been used for all the strategic priorities in this Strategy.

## Health and Wellbeing Board Strategic Priorities

In 2014 the Board reviewed its strategic priorities which are now grouped into 4 themes as follows

- Wellbeing
- Health and Social Care Transformation
- Areas of Focus
- Reducing Health Inequalities



## Action around the Strategic Priorities (4 themes)

The delivery of the Board's strategic priorities will be undertaken through a number of themed groups and partnerships which are grouped under the following four themes:

### Theme 1 - Wellbeing

Wellbeing is a complex idea, but it can be divided into two aspects: feeling good and functioning well. The New Economics Foundation (NEF) describes it as follows:

'Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for well-being is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing.'

The Office for National Statistics (ONS) has developed a national programme of work to produce 'accepted and trusted measures of the wellbeing of the nation'. This programme breaks down wellbeing into 10 areas that are being used to measure individual wellbeing. These are:

- Personal wellbeing
- Our relationships
- Health
- What we do
- Where we live
- Personal finance
- Economy
- Education and skills
- Governance
- Natural environment

The New Economic Foundation has also identified an approach to wellbeing which adopts Five ways to wellbeing:

#### New Economic Foundation – Five ways to wellbeing:

- Connect
- Take notice
- Give
- Be active
- Keep learning

This approach will be adapted at a local level as part of the wellbeing programmes.

In 2014 Doncaster Public Health team commissioned a film called High5 which focuses on how the 5 Ways to Wellbeing can enhance recovery of substance misuse.

<https://www.youtube.com/watch?v=KLsVSIjhtTc>

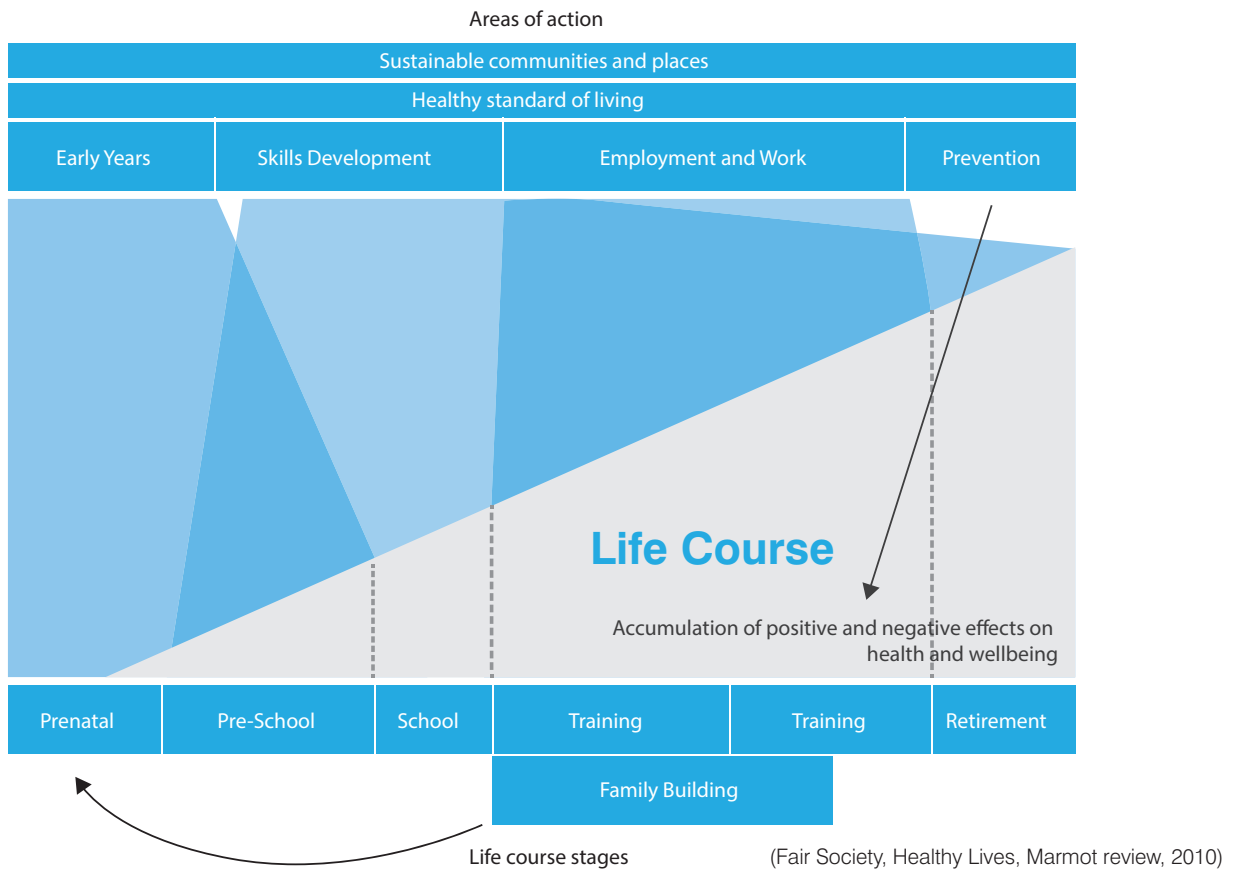
Locally, the Health and Wellbeing Board has created the model below which depicts five themes that encompass the measures opposite.



Doncaster's five domains of wellbeing

### How can we improve Wellbeing?

There is much evidence to demonstrate the different factors that impact on individual wellbeing and there are key moments in people's lives when we are motivated to make lifestyle changes that will improve our wellbeing as well as our health. Marmot calls this the Life Course approach.



Of course, all lifelines are unique to an individual but there are certain common episodes, as illustrated in the diagram above that provide opportunities for significant positive behaviour and lifestyle changes. Having the right choices, support and interventions in place at the right time in life means individuals will have every opportunity to improve their health and wellbeing.

To achieve this all partners have a commitment to work collectively to identify the best times to intervene using the most effective interventions at that stage of life.

The Health Improvement Framework is a tool that the Board is using to gather information about the services and support that are available to support the people of Doncaster at these critical times in their lives. This piece of work is on-going and will run alongside this Strategy.

## What is happening locally around Wellbeing?

In June 2014 a stakeholder event was held to explore a Wellbeing Model to inform the Strategy refresh. Five wellbeing themes were identified:

- Social and emotional wellbeing
- Physical health and mental wellbeing

- Environmental wellbeing
- Educational wellbeing
- Economic wellbeing

Priorities for each of these areas were collated and fed back to the appropriate boards. The full evaluation report for the event can be accessed [here](#)

The Health and Wellbeing Strategy will explore all of the 5 Wellbeing Themes over the next 12-18 months and focus on the wider determinants of health. The following key priorities will need to be considered:

- Housing** – affordable, safe and quality housing/ places to live
- Environment** – green spaces, planning, transport, access to services, asset based community development and community safety
- Education** – lifelong learning, work readiness, family support
- Economy** – business support, money management, living wage/fairer working conditions, apprenticeships/ employment opportunities and financial planning
- Social and emotional wellbeing** – self-worth/ esteem; relationships; leisure opportunities and youth engagement; cultural and spiritual factors
- Physical and mental health** – personal responsibility; physical activity, lifestyle choices, reducing stigma.

(Health and Wellbeing Workshop Report, June 2014)

## How will Wellbeing be delivered in Doncaster?

The Health and Wellbeing Board will be looking at how it can improve loneliness and social isolation for all age groups across the life course (not just older people) and this will become a cross cutting thread in view of a growing and ageing population in Doncaster.

In particular it will work with the Safeguarding Boards and partners to address domestic violence and sexual exploitation.

The provision of access to quality housing is a vital step towards empowering people to be able to live independently in their own homes for as long as possible.

The Board will continue to provide a combination of services to support residents to live in safe, healthy and supported communities (Borough Strategy, 2014)

## The Way Forward, our Health Improvement Framework

To complement the Health and Wellbeing Strategy a series of 'conversations' have been held with a wide range of stakeholders to begin to develop a Health Improvement Framework for Doncaster.

This piece of work highlights work that is already in place to reduce barriers to good health and wellbeing and will underpin the delivery of the strategic priorities over the next five years.

The Framework is a living document of action that Board members and stakeholders sign up to.

Alongside this, following the Peer Review in 2014 the Adults, Health and Wellbeing Directorate has committed to the further development of the Wellbeing Service across the borough which will also compliment the implementation of the Health Improvement Framework and other delivery plans.



Meeting of local Ghurkas at a community centre



## Theme 2 - Health and Social Care Transformation Programme

The Health and Social Care Transformation programme is the Doncaster approach to embedding person-centred integrated care. It is led by the Health and Social Care Partnership. The Health and Social Care Transformation OBA template seeks to capture data in relation to three outcomes:

**Outcome 1:** People are independent with good health and wellbeing. This outcome focuses on the whole population of Doncaster and looks at the most effective interventions by all partners to make a difference.

The key success markers will include:

- The number of people needing intensive support from health and social care services is reduced
- People say they find it easy to access information and advice
- There are more people in long term employment, education and training
- People report an improvement in their overall quality of life
- The gap in inequalities is improved
- People are feeling safer and more involved in their communities

**Outcome 2:** When in need of care and/or support it is personalised, flexible and appropriate. The focus here is on those people who might need more support to stay independent and healthy.

Key success markers for this will include:

- People spending less time living in long term care settings
- There are more carers feeling supported and enabled to care
- More people choose to have a personal budget/ personal health budget

**Outcome 3:** When people are in urgent need or crisis there will be effective and efficient services to help them recover. This outcome aims to do the following:

- Reduce unnecessary non-elective admissions to general and acute services
- Increase number of anticipatory care plans for people at risk of crisis

- Increase people who are re-abled enough to stay at home and be independent post crisis
- Reduce people's length of stay in acute and crisis services

## Theme 3 - Areas of Focus

The Doncaster Health and Wellbeing Board has agreed 5 Areas of Focus that will act as a catalyst to change across the borough. These Areas of Focus were developed in the original Strategy in 2013 following a series of workshops and consultations and remain strategic priorities (with the exception of personal responsibility which is now a cross cutting theme) for the refresh strategy in 2015 as identified below:

Alcohol with the addition of drugs (Substance Misuse) is now 1 of the 5 areas of focus due to recent feedback from the public consultation.

- Substance Misuse (Drugs and Alcohol)
- Obesity
- Families
- Dementia
- Mental Health

Here are our progress updates and plans for the Areas of Focus priorities since the last Strategy:

## Substance Misuse

### Alcohol

**Population Outcome:** All people in Doncaster who use alcohol do so within safe limits

### What has happened since the last Strategy?

Alcohol was chosen as a priority in 2011/12 because alcohol-related hospital admissions and deaths from preventable liver disease were significantly above the rates for England.

Alcohol was also chosen because of its detrimental effect on mental health, domestic violence and family cohesion, community safety, sickness absence and economic wellbeing. Since 2011/12 the rates of alcohol-related admissions have increased further while the national rate has decreased, meaning the gap has widened further. The reasons are complex and largely driven by the low price and high availability of alcohol.



Doncaster High Five



Doncaster Cycling Festival 2014



determinants.

There have been changes in the local system since 2011/12. Separate treatment services for drugs and alcohol have now been integrated and made more accessible; removing the ring-fence on drug treatment has opened more resource to alcohol clients and there are now more alcohol clients in treatment. There is a greater focus on recovery than in recent years; clients access education, training and employment and there is more provision for mentoring, volunteering and family support (rather than a successful treatment exit being the end point).

The treatment service is being tendered in 2015/16 which will further integration through a lead provider model, enhance the recovery agenda and provide greater emphasis on social models of support.

## What are we measuring?

This refresh of the [Alcohol OBA template](#) seeks to broaden the information to cover preventive work, acute health harms, wider social impacts and community engagement.

Therefore the system indicators detail primary care screening, A&E attendance, hospital admissions and community safety. The performance measures for individual stakeholders detail primary care screening, specialist treatment and recovery / quality of life measures.

The data development agenda includes plans to incorporate alcohol use by young people, work to support children and families and the public health influence on licensing.

## Next Steps

Reducing alcohol-related harm requires a focus on prevention and early intervention alongside conventional treatment. The top priorities to reduce alcohol harm over the next year are to:

- Expand and improve primary care screening and interventions. Also deliver screening and very brief interventions in non-primary care and non-health settings
- Evaluate the Community Alcohol Partnership in Askern, Campsall and Norton and expand the model to other areas if appropriate. Utilising communities and addressing underage consumption will be key in the future
- Make greater use of campaigns to raise public awareness and influence peoples' attitudes to alcohol, and work with business to help foster an ethos of responsibility
- Improve the referral pathway between the hospitals and the treatment system and do more to identify and support vulnerable people who repeatedly attend A&E or are admitted to wards. Similarly, working to embed substance misuse within the Liaison and Diversion Scheme within the criminal justice system

## Drugs

**Population Outcome:** Reduce illicit/other harmful substance use

### Background

Drug treatment in England continues to head in the right direction. Though demand is generally declining in most areas, services remain open to anybody who needs them and they are helping more and more people to make a full recovery from their addiction.

The original pool of dependent heroin and crack users in England is shrinking and because far fewer young people are using heroin or crack, it is not being topped up. This is reflected in a shifting treatment population profile: there are now fewer younger users of opiates and crack cocaine. Older clients, who have been using for many years and who have had several previous experiences of treatment have complex needs. It is also important that we respond to changing patterns of drug use (Novel



Psychoactive Substance or so called 'Legal Highs') by adopting a preventative approach and providing early intervention, this increases knowledge of the harms of substance misuse and prevents longer term 'drift' into maintenance.

Client characteristics, previous experience of, and progress in treatment all give valuable insight into treatment outcomes.

For example, analysis shows that:

- Opiate and non-opiate clients in treatment have a different profile and experience significantly different treatment outcomes
- Length of time in treatment and drug using career
- Starting treatment for the first time or having previous experience
- Client complexity of needs
- Extent of their recovery capital
- Treatment of naïve clients (those new to the treatment system) and those abstinent from their main problem drug during treatment are more likely to complete treatment successfully
- The more complex, and those with previous experience of treatment, are often in treatment for much longer periods
- Clients that have been in treatment long term (over four years), or those with long drug using and treatment careers, are most likely to remain there

A client's likelihood of completing treatment in a successful way can be influenced by their housing needs and access to training, education, employment and mutual aid. Drug users can be prone to relapse, however, by adopting a recovery focused treatment system re-presentations can be minimised.

Beyond supporting parents to reduce their substance misuse, drug and alcohol services can play an important role in delivering enhanced outcomes relating to child safeguarding and families; by providing treatment and supporting recovery for parents, they play a part in supporting the wellbeing of Children & Young People. In recent years, separate drug and alcohol services were integrated; this has benefited clients by giving them access to more holistic pathways. This integration will continue next year as Public Health has tendered a whole system approach, to start in April 2016, encompassing screening, assessment, treatment and recovery.

## What are we measuring?

The refresh of the drug OBA aims to measure those that are leaving specialist treatment in a successful

way recovery and quality of life measures. This is in line with national priorities about 'recovery' rather than maintaining people in treatment indefinitely.

## Next Steps

Reducing illicit and other harmful substance use requires a focus on prevention and early intervention alongside conventional treatment. The top priorities to reduce drug related harm over the next year are to:

- Make greater use of campaigns and prevention work to raise public awareness and influence attitude to drug and alcohol in the population
- Direct services to be more flexible to meet the needs of the ever changing patterns and trends of usage and vulnerabilities

## Obesity

**Population Outcome:** For all Doncaster residents to have the opportunity to be a healthy weight

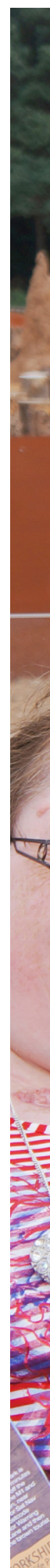
## What has happened since the last Strategy?

Obesity was chosen as a priority area because it is widespread, prevalence is rising and the consequences are costly. The prevalence of overweight and obesity across Doncaster is considerably higher than the England average. Although there is a marginal decrease in recent National Child Measurement Programme (NCMP) results, this may be more to do with a fluctuation in data, rather than a levelling off or part of a long term downward trend.

Unhealthy diets, inactivity and the availability of high energy foods are major factors in the rise of obesity across the UK. Obesity is a complex issue and we know it is not solely affected by individual behaviours, but influenced by a number of social and environmental issues.

Since the last Strategy the focus has been on developing a range of both prevention and weight management interventions to promote good health and prevent ill health in the Doncaster population, specifically targeting groups where we know obesity is more common, such as people from deprived communities, people with disabilities, older age groups and some black and minority ethnic groups.

The priorities of this OBA are around developing a whole systems approach to obesity which promotes and positively contributes to creating a healthy





and equitable living environment; by providing access to healthy, affordable locally produced food, opportunities to be physically active and, where appropriate, by restricting opportunities for unhealthy eating.

## What are we measuring?

The Obesity OBA template focuses on capturing data around creating a healthier environment and creating the skills and opportunities to provide individuals with support and advice. One of the challenges of this OBA template is demonstrating short term impact as a result of policy changes and prevention initiatives. For this reason we will be incorporating a qualitative element, with the use of case studies.

Some of the indicators which will be used will be around the quality and availability of healthier food, access to physical activity opportunities and an increase in the opportunity to offer advice and support.

## Next Steps

Although the objectives of this OBA are long term, over the next year, the aim is to strengthen partnership and collaborative work to tackle issues which influence excess weight.

The top priorities for 2015/16 are:

- The development of a plan to address access to healthier food (to incorporate Doncaster food plan, food procurement, school meals, workplace health award environmental health plan)
- Work with academic partners to explore the feasibility of a toolkit to improve the food environment in Doncaster communities
- Active promotion of physical activity opportunities (promotion of discount cards)
- Development and rollout of a Making Every Contact Count (MECC) training package
- Continued work with planning teams to ensure access to healthier food and physical activity opportunities are incorporated into the Local Development Plan

## Children and Families

**Population Outcome 1:** Families are able to receive help as early as possible, by the right person at the right time

## What has happened since the last Strategy?

- Doncaster established the Early Help Implementation Group which is responsible for driving the delivery of the Early Help Strategy
- The Early Help Strategy is in final draft – this document describes how the whole partnership will ensure that families are able to access help at the earliest opportunity
- The Doncaster Children Services Trust (DCST) became operational in October 2014. All social care and high level Early Help will be delivered by DCST
- 16 Collaboratives have been established around school pyramids. The Collaboratives commission services to meet localised need and bring the network of partners together at a local level

## What are we measuring?

A reduction in the number of early help referrals that are inappropriately being received by DCST Referral and Assessment Team.

## Next Steps

- We will refresh the Children, Young People and Families plan and develop an Outcomes Based Framework
- We will agree and consult on the Early Help Strategy and Outcomes Framework
- We will implement the new Early Help System across the Partnership

**Population Outcome 2:** The Expanded Stronger Families programme is delivered. Families who are identified as meeting the eligibility criteria see significant and sustained improvement across all identified issues.

## What has happened since the last Strategy?

- Doncaster successfully delivered the first phase of the national Troubled Families Programme (locally known as Stronger Families)
- In February Doncaster posted a claim to take us past 100% of the agreed number of families we had to 'turn around' by the end of the programme (March 2015). Doncaster was one of only 56 of the 152 Local Authorities across the country to do this
- On top of this Doncaster is also Number 1 in the country for people accessing progress to work under the programme
- Due to our success Doncaster has been formally invited to participate in the Expanded Troubled Families programme which commenced 1st April 2015



Street Play at the Homestead, Bentley

- We have developed a Stronger Families Outcomes Plan in line with the programme requirements and we are identifying families who meet the criteria

## What are we measuring?

The Stronger Families OBA template focuses on capturing data around what has been achieved to deliver the national Troubled Families Programme in Doncaster.

- At the highest level we are measuring the number of families identified as meeting the criteria and being 'worked with' along with the number of families who make significant and sustained progress on the issues they face in order to make a Payment by Results (PbR) claim to Government
- We also need to measure cost savings via a cost savings calculator and wider family impacts via two Government processes

## Next Steps

- To continue to refine the Outcomes Plan and to continue to identify families who meet the criteria. We also need to develop our reporting for cost benefit analysis and wider impact
- We need to ensure agencies are identifying families, assessing them holistically, monitoring progress against identified needs, working with whole families and implementing the 5 family intervention principles through a lead professional model

## Dementia

### Population Outcome:

People in Doncaster with dementia and their carers will be supported to live well.

Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis



## What has happened since the last Strategy?

Much of the work since the last Health & Wellbeing Strategy has focused on raising awareness and reducing stigma, improving diagnosis rates and developing services that support people with dementia and their carers to live well with dementia.

Doncaster has seen significant improvements as follows:

- Doncaster's diagnosis rate of 72.7% is now better than the national ambition of 67% (estimated 3514 people with dementia, 2555 have a formal diagnosis)
- Doncaster now has a substantial Dementia Needs Assessment supported by timely, continuous and robust stakeholder feedback
- Doncaster is becoming dementia friendly



demonstrated by: 72 members of the Doncaster Action Alliance (national average for membership of local action alliance is 16), 5429 dementia friends and 52 dementia friends' champions

- Less people are being admitted and re-admitted to hospital with dementia and more are being supported effectively at home. If people with dementia are admitted to hospital their experience and outcomes have improved with on average shorter length of stays and less complaints

(figures correct at the time of this report).

Dementia still remains a priority for Doncaster. The launch of the "Getting There" Doncaster Dementia Strategy 2015-2017 sets out the vision "to add years to life and life to years for people with dementia and their carers living in Doncaster".

### What are we measuring?

This refresh of the Dementia OBA template seeks to expand on previous success by focusing on prevention, living well and reducing and managing crisis.

We will measure activity to ensure crisis is prevented or reduced for both the person with dementia and the carer. The performance measures will include reduction in referrals requiring 4hr response, increase in number of carers taking up carers offer, reduction in delayed discharges, hospital admissions, re-admissions from care homes, reduced length of stay for people in residential care, increase in people accessing direct payments, usage or take up of assistive technology and increase in the number of people with an advanced care plan.

### Next Steps

The number of people with dementia is predicted to hit 850,000 in 2015 and 1 million by 2025 in the UK. The more the population grows and ages the more people will develop dementia. Dementia has a huge impact on a person's whole life, as well as their families, carers and the community. In addition to the substantial personal cost of the condition, dementia costs the UK economy an estimated £26 billion per year. Dementia was chosen as a priority in 2012 to address just some of these issues.

The top priorities over the next two years are:

- Improved public, community and workforce awareness and understanding of dementia, working

towards a dementia friendly community, including how people can reduce the risks associated with dementia so they can live life well

- Wherever people with dementia and their carers live in Doncaster, whatever age they are or ethnicity / faith or gender they may be, they have equal access to assessment and treatment services and that their outcomes and experience are the best they can possibly be. This includes all primary care and specialist services such as memory services
- People who may present with symptoms of dementia, as well as those with a diagnosis of any type of dementia (e.g. vascular or Alzheimer's), receive the right, timely care and support (pre and post diagnosis) from people with the right knowledge and skills
- People with dementia live at home for as long and as independently as possible. If they should require a care home that care home provides the care and support that ensures a quality of life we would expect for our own loved ones
- People with dementia and their carers' and families will be supported to plan life and the end of life to ensure it is the best it can possibly be

## Mental Health

**Population Outcome:** The strategic vision to "Improve the mental health and well-being of the people of Doncaster" ensures a focus is put on preventive services and the promotion of well-being for people of all ages (children & young people to older adult), access to effective services and promote sustained recovery

### What has happened since the last Strategy?

Since the Government set out its intention for improvement to mental health services as outlined in 'No Health without Mental Health' published in 2011, there have been a number of mental health policies and initiatives, all of which, call for more inclusive and responsive mental health services. More recently, the tone of the mental health policy has changed from encouragement to expectation and mandate. The service improvements outlined in these initiatives are not just an aspiration but more of a quality requirement. All of these documents are clearly linked and are a call to action to health and social care communities to demonstrate how they will respond to the standards and challenges laid down and more importantly set the intent to closely monitor CCGs, Local Authorities and providers about how care is commissioned and provided for people with mental health issues.

The scope of the documents include standards for children and young people, with particular emphasis on transition from CAMHS (Children's and Adolescents) to Adult Mental Health Services, support for children and young people with specialist educational needs and a call to action for strengthened partnership and commissioning arrangements between local authorities and health.

The documents are also clear that partnerships should commission and provide ageless services and the emphasis is that we will not discriminate on the basis of age i.e. people should not experience separated care pathways due to their age i.e. Adult Mental Health and Older People Mental Health service provision should be seamless.

The National Mental Health Strategy sets the scene for service transformation that addresses the issues of the separation between mental and physical health. It clearly defines 6 key objectives which will demonstrate that our service improvements are delivering outcomes:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience avoidable harm
- Fewer people will experience stigma and discrimination

It also contains a number of 'I' statements developed by services users and MIND that outlines advanced expectations when experiencing a mental health crisis. These include:

- I expect urgent help to avert a crisis 24 hours/7 days per week, and for people to trust my judgement and take me seriously
- I feel safe and I'm treated kindly with respect at all times and in accordance with my legal rights
- I am given information about and referrals to services that support my process in recovery

Doncaster Health & Wellbeing Board has identified mental health as one of its areas of focus and will seek to continue to deliver the national objectives and has been working in partnership with agencies to do so. In particular, Doncaster has been working to deliver the recommendations of a Mental Health Review which took place at the beginning of 2014 to enhance mental health crisis response services and

ensuring that people in crisis get the right care at the right time.

- In response to the National Crisis Care Concordat, Doncaster submitted the Crisis Care Concordat Action Plan to the national team which was delivered by 31 March 2015 deadline
- Completion of the modernisation of the Crisis Care Pathway redesign which will deliver an ageless crisis response service for Children & Young People, Adults and older Adults by October 2015
- Where other areas have seen cuts in budgets for mental health, Doncaster has invested development monies
- Doncaster Health & Social Care Community are working alongside Public Health to develop responsive services that meet the needs of people who are in emotional distress due to life impacts such as access to debt management, housing support, job coaching and support
- Development of a perinatal mental health service which provides joint services between mental health and antenatal service for women who have a history of mental illness ensuring that the right care is provided in the most suitable setting

## What are we measuring?

The [Mental Health OBA template](#) focuses on capturing data around:

- The numbers of people accessing Psychological Therapies within 4 weeks of referral and achieving recovery
- The numbers of people who are supported to live in their own home and are receiving support to maintain their tenancy
- The numbers of people accessing employment opportunities and supported to remain in work

## Next Steps

- Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda
- Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year one)
- Crisis and acute care pathway
- Secondary Care & Community Teams

- Personality Disorder
- Perinatal Mental Health
- Eating Disorders
- Attention Deficit Hyperactivity Disorder
- Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing
- Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health & Wellbeing Board

## Theme 4 - Reducing Health Inequalities

Together we are working hard to improve wellbeing and quality of life for everyone. In recent years, there have been significant improvements in the health of Doncaster people. However, despite this progress, these improvements have not been seen in equal measures across the Borough. The fact is, many people still experience poor health and many die too young with illnesses that are preventable.

Everyone has the right to be treated fairly and have the opportunity to achieve their aims in life. Unfortunately some people still do not get equal access to, for example, job opportunities, health outcomes, skills development or educational attainment. As a Council, we are committed to taking positive action to tackle discrimination and spread equality of opportunity. The [Council's Equality and Inclusion Plan 2014-2016](#) aims to do just that. Ultimately, its success will be determined by whether we are able to demonstrate improved outcomes for local people.

**Population Outcome:** All Doncaster people are able to make informed choices to enjoy a good quality and healthy life

## What has happened since the last Strategy?

Since the last Health and Wellbeing Strategy positive steps have been made to look at where there are areas to develop including the development of Asset Based Community Development (ABCD) approaches and mapping across the borough. The Well North project is currently being developed which is embryonic and also in development are the early intervention models of wellbeing.



## What are our ambitions?

Health inequalities are unjust differences in health outcomes between individuals and groups. They are driven by differences in social and economic conditions that influence peoples behaviours and lifestyle choices, their risk of illness and any actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and are therefore considered avoidable and unfair. The causes are complex, but are linked to an individual's social, economic or geographic status. There have been many studies undertaken throughout the UK to investigate the problem of health inequalities over the years. These confirm people who live in more deprived areas have a shorter life expectancy than those who live in less deprived areas.

Inequalities exist in a number of areas:

- Socio-economic e.g. income and education
- Lifestyle and health-related behaviours e.g. smoking, diet and physical activity
- Access to services e.g. access to maternity care or screening
- Health outcomes e.g. life expectancy and rates of death or disease

As a result of the strategy consultation a number of approaches will now be explored over the next five years with number of groups including the veterans, minority ethnic groups, disabilities ,sex workers and other at risk communities.

A comprehensive needs assessment has been developed for the veterans community and the main recommendation from this is that although the delivery of priority psychological and mental health support for veterans and their families is working well, a review of the veteran pathway to primary health provision is required to form compliance with NHS armed forces commissioning legislation and community covenant to identify and remove disadvantage.

A number of issues have been raised from asylum seekers and refugees as part of this consultation which will also be explored as well as improving access to services for all minority groups through dedicated workstreams as part of the delivery plan.

There are also personal factors which can contribute to health inequalities, such as gender, ethnic background, disability and other equality characteristics. There is nothing that can be done to change these factors, but inequalities can also result from lifestyle choices, such as smoking, drinking too much alcohol, drug misuse, poor diet or lack of physical activity etc.

## Smoking

Smoking is the single biggest cause of premature deaths and widening health inequalities in Doncaster. Over 1,900 people died due to smoke-related causes between the years 2011-13. It impacts across the four strategic priorities of Doncaster Health and Wellbeing Board. Estimates indicate that smoking costs the area £88 million each year, and this is spread across social care, lost productivity (smoking breaks, and sick days), cost to the NHS, and the environment in terms of cigarette waste. Some actions are being done by individual agencies locally to tackle smoking so as to reduce the local prevalence. Current services include commissioning of social marketing campaigns on smoking, Stop Smoking Service, smoking in pregnancy, enforcement and education. However, more needs to be done by adopting integrated system-wide approach interventions on smoking, for example Making Every Contact Count (behaviour change) at industrial scale in Doncaster.

(ASH Ready Reckoner, 2014)



## What is our Outcome for Doncaster?

Our aim is Doncaster people are able to make informed choices to enjoy a good quality and healthy life. The Marmot Review, "Fair Society, Healthy Lives", focuses on reducing health inequalities through six key policy objectives, and provides areas of policy action across the Life Course approach mentioned on page 11. By taking a life course approach the Marmot Review is emphasising the fact that disadvantage starts before birth and accumulates throughout life.

## What are we measuring?

The Reducing Health Inequalities in Doncaster OBA template focuses on capturing data around:

- Smoking in pregnancy rates; teenage conception rates and childhood /adult obesity rates/mortality rates
- Feedback through our Local Account data (Baseline 2014/2015 and 2016)
- Feedback from Healthwatch Doncaster data – views of our residents around services including complaints
- Well North – a pilot is being developed identifying hotspot areas of inequality across the borough and area based approaches to improving health outcomes are currently being developed

## Next Steps

The Health and Wellbeing Board is committed to taking a strategic approach and will work in partnership to promote equality of opportunity and tackle health inequalities. This is not straightforward, so in some instances we will deliver targeted asset based actions in geographical areas where the inequalities gap is greatest for example through the Well North Initiative. This is because it is important to ensure that health and wellbeing of people who live in the most deprived areas 'catches up' with those who live in less deprived areas. However, some initiatives will be focused on individuals, specific groups or on the population as a whole.

For our residents to make more informed choices we need to get better at:

- Communication and awareness raising to all groups
- Clearly signposting what is available and connectivity to services internally and externally
- Using social media to reach those individuals and groups who do not engage with services
- Building on good practice: celebrating success of positive information campaigns
- Increasing awareness of what is available to our frontline staff through training and cascading information
- Developing pilot services the Well Doncaster arm of Well North
- Building on an asset based approach
- Team Doncaster Partnership Theme Boards consider how the Health and Wellbeing priorities link to their particular strategies and work plans

## What Happens Next?

Following nine weeks of consultation on the draft Strategy, where we sought views from stakeholders and the wider community we have made some changes to the Strategy based on the feedback and:

- We will further develop our action plans around the priorities and keep the information up to date and available on our website
- We will review our priorities as a Board and look at our own strategic development
- We will continually review our plans to reduce health inequalities and update our Due Regard statement
- We will provide an Annual Report on our performance and progress to date which will be available through our website
- We will develop a delivery plan to implement this strategy.



Sign Language

## Glossary of Terms

DCST Doncaster Children Services Trust  
JSNA Joint Strategic Needs Assessment  
LGA Local Government Association  
MECC Making Every Contact Count  
OBA Outcomes Based Accountability (Performance tool)  
ONS Office of National Statistics

## References

Doncaster Borough Strategy Refresh 2014

Fair Society, Healthy Lives: The Marmot Review Executive Summary. Strategic Review of Health Inequalities in England post 2010

The Five Ways to Wellbeing: Developed by the New Economics Foundation (NEF) from evidence gathered for the Foresight Mental Capital and Wellbeing Project (2008)

Introduction to Outcome Based Accountability Workshop, David Burnby & Associates (2015)

Joint Strategic Needs Assessment (JSNA), Doncaster 2014

Team Doncaster Self-Assessment, 2014





5th November 2015

**Subject:** DONCASTER SAFEGUARDING CHILDREN BOARD (DSCB) ANNUAL REPORT 2014-15

**Presented by:** John Harris – Independent Chair, DSCB  
Rosie Faulkner – DSCB Business Manager

### Purpose of bringing this report to the Board

1. The Independent Chair of the Doncaster Safeguarding Children Board (DSCB) prepares and publishes an Annual Report, reviewing the work of the Board in the previous year and setting out its view about the effectiveness of safeguarding in Doncaster. The Chair presents the report to the Health and Well-Being Board (HWB). The purposes of the report to HWB are to:
  - inform the commissioning priorities for children and young people (particularly in respect of safeguarding);
  - challenge the work of the HWB partners in order to ensure that children are properly safeguarded.
2. The DSCB Annual Report 2014-15 was published on October 8<sup>th</sup> 2015. At the meeting of HWB the Chair will make a short presentation, setting out the key findings from the draft report.

Decision	
Recommendation to Full Council	
Endorsement	
Information	

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Alcohol	
	Mental Health & Dementia	
	Obesity	
	Family	YES
	Personal Responsibility	
Joint Strategic Needs Assessment		YES
Finance		
Legal		
Equalities		YES

Other Implications (please list)	
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<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
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Drawing on the findings from the DSCB Annual Report 2014-15, HWB partners will take the required action to improve the effectiveness of safeguarding. Action on the key issues highlighted in the DSCB Annual Report will enable partners to deliver priorities in the Doncaster Health and Well-Being Strategy 2015 – 2020 more effectively.
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<b>Recommendations</b>
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The Board is asked to:
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- |  |
|--|
| <ol style="list-style-type: none"><li>1. Consider the DSCB Annual Report and note (a) the key implications for children and young people's commissioning priorities; (b) the action required by HWB partners to improve the effectiveness of safeguarding in Doncaster, particularly in the context of the Doncaster Health and Well-Being Strategy 2015-2020.</li></ol> |
|--|

# DSCB Annual Report 2014-15



Doncaster  
Safeguarding  
Children  
Board





## Foreword

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This is the second annual report to be published since I was appointed as Independent Chair of Doncaster Safeguarding Children Board (DSCB) in January 2014. I would like to take this opportunity to thank Board members, partners and the DSCB Business Unit for their support

The report provides an assessment of the performance and effectiveness of local services in safeguarding and promoting the welfare of children in Doncaster during 2014-15, as well as providing an account of the activities, development and impact of the Board in meeting its statutory responsibilities. It is intended to be read by both professionals and members of the public.

The past year has seen important and ground-breaking changes in Doncaster, with the establishment of the Doncaster Children's Services Trust following a direction by the Secretary of State for Education. The Trust is taking an important lead in improving the quality of social care in Doncaster as well as playing its part as an innovative and collaborative 'system leader' within Doncaster's multi-agency safeguarding arrangements. Doncaster Council has adapted to its key commissioning role as well as taking a lead in the promotion and coordination of systematic early help arrangements. DSCB is beginning to deliver its own statutory responsibilities more effectively following a Strategic Review.

External reviews and inspections in the period have nevertheless identified continuing challenges for the local authority, police and health in terms of quality and consistency of practice. Partners are also responding to cross-cutting safeguarding issues such as child sexual exploitation and domestic abuse. DSCB itself is being challenged to demonstrate that its activities are making a positive difference for children, young people and families. These challenges are addressed through a focused and robust DSCB Business Plan for 2015-16.

In this period of challenge and change, what has remained consistent is the determination of all who are engaged with DSCB to make an impact, to continue to learn, develop and fulfil their responsibilities to the highest standard.

A handwritten signature in black ink that reads "John M. Harris". The signature is written in a cursive style and is positioned above a short horizontal line.

John Harris - Independent Chair



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## Executive Summary

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Section 13 of the Children Act 2004 sets out the statutory objectives of the Doncaster Safeguarding Children Board: to coordinate what is done by organisation represented on the Board for the purposes of safeguarding children.

The DSCB Annual Report and Business Plan evaluates the effectiveness of the work of partner agencies to safeguard children in Doncaster and promote their welfare, and sets priorities for the year ahead. It covers the work undertaken in the financial year April 2014 to March 2015 and incorporates emerging themes in quarter one of the next financial year.

Partners to the Board are undergoing significant changes including restructuring within South Yorkshire Police and Probation, new commissioning arrangements in the Health Community and DMBC and the creation of the first Children's Services Trust. External reviews have identified continuing challenges for the Local Authority, Police, Health and DCST.

The population of children in Doncaster is 92,053 representing 30.4% of the population. The live birth rate has increased steadily since 2006 with an increase in migration particularly of those from Eastern Europe. Public health data suggests Doncaster has a high number of mothers who smoke, reflected in the low birth weights and high numbers of emergency hospital admissions for respiratory problems. Doncaster is ranked 36 out of 326 Local Authorities on the index of multiple deprivation. There is a high level of domestic abuse. Systematic arrangements for prevention and early intervention continue to be a priority to build resilience and meet the needs of vulnerable children and young people. It will be important that such arrangements are not over-complex and that they facilitate timely responses to changing needs and risk.

The Board has improved its Governance structures and Board members report greater clarity of role which has enabled them to provide a stronger challenge to each other. The Board has strengthened its links with strategic partnerships such as the Health and wellbeing Board, Safer Stronger Doncaster and the Doncaster Adult Safeguarding Board. As a result, the Board is becoming more influential in promoting system-wide improvements in safeguarding.

The Board has generally made good progress against its strategic priorities but notable exceptions are Early Help and the Voice of the Child. It also currently lacks strong evidence of the impact of its work. Good progress has been made in regards to Child Sexual Exploitation (CSE) workforce development, audit activity and the performance framework. The Board has undertaken a Lessons Learned review and a Serious Case Review. The learning from these reviews will be implemented in the coming year.

Partner agencies contributed to the report by providing evidence regarding the steps they have taken to ensure services to safeguarding children continue to improve. There have been many examples of positive initiatives however it is noted that external inspections have identified areas for improvement for a number of partners.

The number of early help assessments undertaken rose during the period but this is still not sufficient and the lack of a clear early help pathway appears to be reflected in the high number of repeat referrals into Doncaster Children's Services Trust. Detailed planning for a

comprehensive early help offer has been undertaken. It will be important that the council, Children's Trust and partner agencies support effective implementation.

The number of referrals has fallen in comparison with 2013-14 but the trend since January 2015 has seen monthly increases. There continues to be a high proportion of children who are referred for a second time within the year. The number of children subject to child protection plans has fallen to 46 per 10,000 this year but is still higher than the National average at 37.9.

The number of children who have been looked after by the Local Authority has decreased from 512 per 10,000 in 2013/14 to 485 in 2014/15. This is due to more close scrutiny at the entry to care and steps being taken to improve permanency arrangements through the use of adoption and special guardianship orders. The number of children who have been in the same placement for at least two years is lower than the national average. More work needs to be undertaken to understand the reason for placement breakdown and to improve the stability of children who are looked after.

Domestic abuse continues to be a key cause for concern and is a significant feature in over 30% of referrals to DCST. The DCST, through its Innovations funding has developed a project focussing on children and young people experiencing domestic abuse.

The Child death Overview Panel reviewed 26 child deaths this year and identified modifiable factors in 9 of those. The overall functioning of the panel has improved with less time being taken for cases to come to the panel. It has linked with the Learning and Improvement group to ensure learning from child deaths is acted upon.

The report identifies a number of weaknesses within local service provision but notes many developments and initiatives which will enable improvements to be made. It identifies the key areas for improvement as:

- The implementation and embedding of the early help pathway and the thresholds
- Ensuring greater quality and consistency of practice in social care
- Ensuring that victims and those at risk of CSE are effectively supported
- Development of a clear communications strategy to ensure there is wide understanding of the role of the DSCB including improved linkages with the Black, Asian and Minority Ethnic groups and through the Faith and Culture Group
- Implementation of the action plan to ensure the voice of the child is heard
- Continue to develop the Performance Framework to ensure that the impact of the Board's activities is evidenced

## 1. Purpose of the Report

---

- 1.1 This is the annual report and business plan for the Doncaster Safeguarding Children Board. It covers the work undertaken in the financial year April 2014 to March 2015 and incorporates emerging themes in quarter 1 2015. The report assesses the effectiveness of the work of partner agencies to safeguard children in Doncaster and promote their welfare. It identifies the key issues and constructive challenges for organisations that have safeguarding responsibilities and outlines ways in which the Board itself can perform its functions to better effect.
- 1.2 The report is intended for professionals in partner agencies and voluntary organisations as well as others who have an interest in the welfare of children and young people, not least children, young people and their families and carers whose lives we look to improve through the work of DSCB. A child-friendly version of the report is being developed and will be available on the DSCB website.
- 1.3 The report has been authored by John Harris, Independent Chair and Rosie Faulkner, Board Manager with contributions from Board partners and the DSCB Business Unit. Information in the report has also been taken from a number of sources and reports approved by the Board:
- Annual Private Fostering Report
  - Annual Independent Reviewing Officer Report
  - Annual Local Authority Designated Officer Report
  - Joint Strategic Needs Assessment 2014
  - Children and Young Peoples Strategic needs Assessment 2014
  - Department of Education 'Characteristics of children in need in England 2013-14'
- 1.4 The report will be presented to the Mayor of DMBC, the Chief Executive, the Health and Well-Being Board, the Schools, Children and Young People Scrutiny Panel, and the Children and Families Strategic Partnership Board, who all have a wider remit to promote better outcomes for children. DSCB leads and influences the safeguarding agenda in these wider political and partnership arenas and is held to account for its impact.

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

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

The statutory objectives of any LSCB are to:

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

### 3. Functions of Doncaster Safeguarding Children Board

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

3.2 Developing policies and procedures for safeguarding and promoting the welfare of children, including on:

- Action where there are concerns, including thresholds
- Training of people who work with children
- Recruitment and supervision
- Investigation of allegations
- Privately fostered children
- Co-operation with neighbouring authorities.

3.3 Communicating the need to safeguard and promote the welfare of children and young people.

3.4 Monitoring the effectiveness of what is done to safeguard and promote the welfare of children and young people.

3.5 Participating in the planning of services for children in Doncaster

3.6 Undertaking Serious Case Reviews.

3.7 Procedures to ensure a co-ordinated response to unexpected child deaths

3.8 Collecting and analysing information about child deaths.

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

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

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



## 4. Safeguarding in Context

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

The delivery of children's services in Doncaster is unique. Children's services were inspected in 2012 by Ofsted and found to be inadequate. In response to the subsequent report by Professor Julian Le Grande and Alan Wood in 2013, the decision was made by the Secretary of State that the Doncaster Children's Services Trust would be established to deliver the majority of children's social care services in the Borough.

The Secretary of State directed that the Doncaster Children's Services Trust assumed operational control of the majority of children's social care services on 1<sup>st</sup> October 2014. Some children's social care services such as those for disabled children and families requiring an early help service have remained within the Council, The Council retains its statutory duties and responsibilities and these are managed through a contract with the Trust.

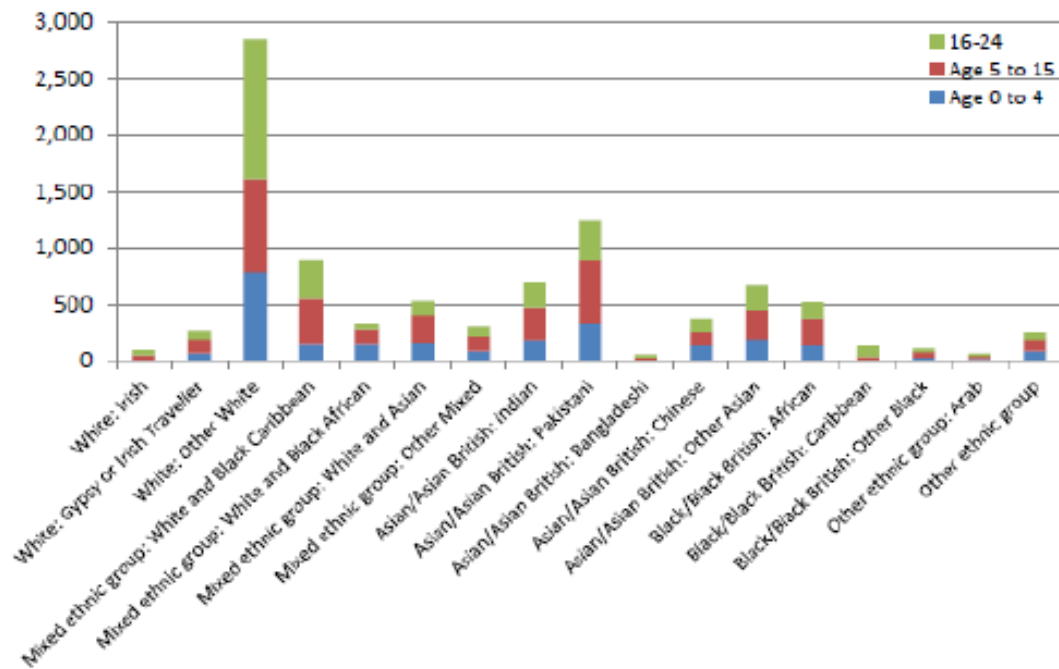
The details below help set the safeguarding of children and young people in Doncaster in context, drawing on Doncaster's Children and Young People's Needs Assessment (CYPNA) 2014.

### 4.2 Population

The population of young people aged 0-24 in Doncaster is 92,053, representing 30.4% of the population. The relative age profile, with national and regional comparisons, is shown in the table below.

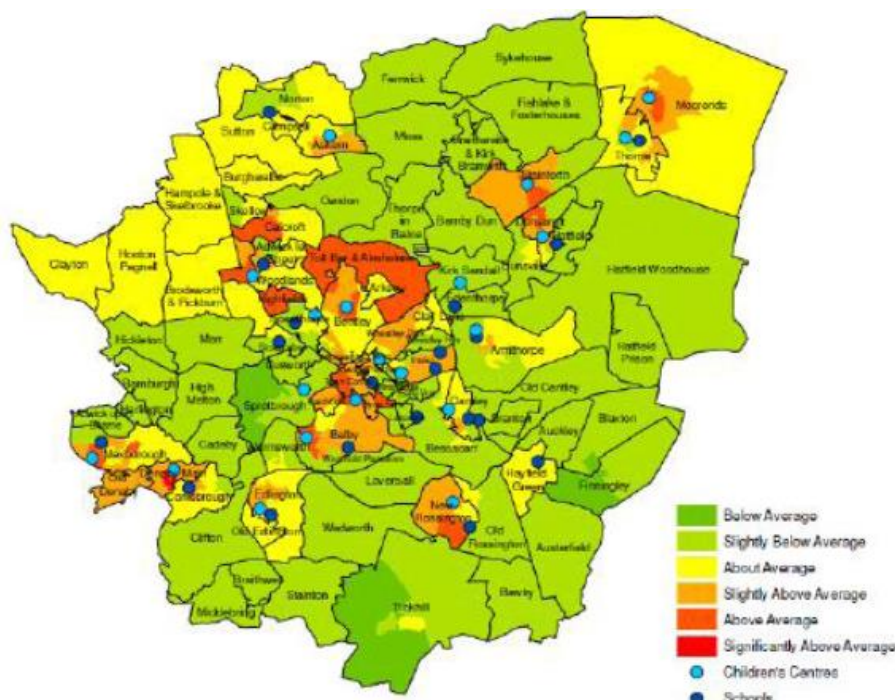
Age	Doncaster	Comparator Group2	England
Aged 0-4	6.4%	6.3%	6.3%
Aged 5-11	7.8%	7.9%	7.9%
Aged 11-18	9.8%	9.9%	9.7%
Aged 18-24	8.8%	8.9%	9.4%
<b>Aged 0-24</b>	<b>30.4%</b>	<b>30.6%</b>	<b>30.8%</b>

The live birth rate has increased steadily since 2006. A key concern is to ensure that children get a good start in life. Public health data indicates that too many children are born to mothers who smoke and, as a result, have low birth weight; there are also low breastfeeding rates and too many emergency hospital admissions for respiratory infection. Children and young people in Doncaster are more culturally diverse with a rising number classifying themselves as 'white other', reflecting inwards migration notably from Eastern Europe.



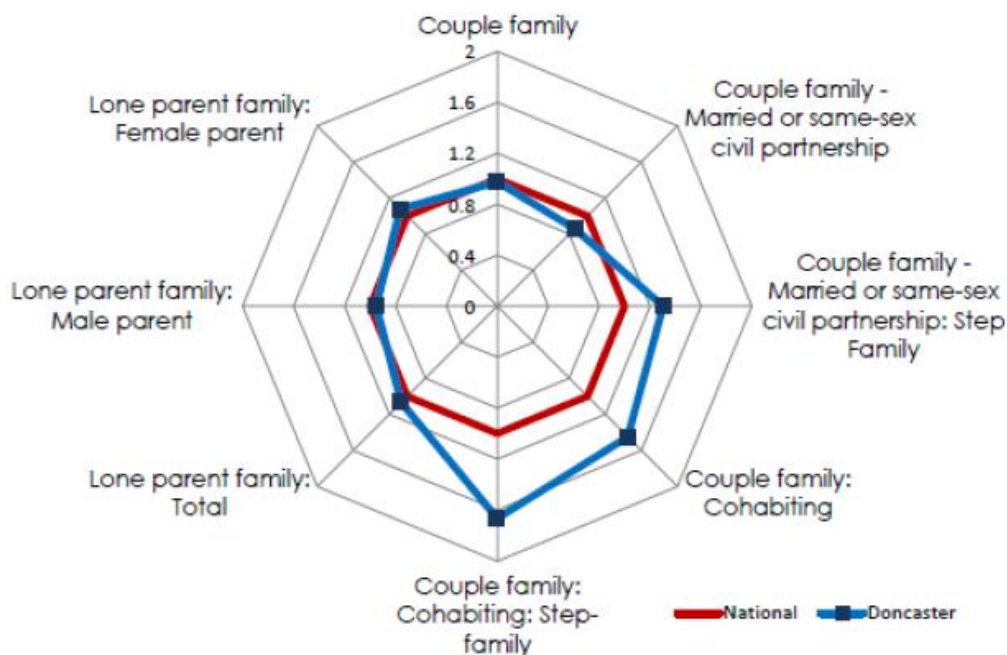
### 4.3 Deprivation

Doncaster is currently ranked 36 out of 326 local authorities according to the index of multiple deprivation and is third highest of the 21 Yorkshire and Humber local authorities. The proportion of children and young people living in poverty in Doncaster is higher at 24.2% than that found nationally with high concentrations of child poverty in a number of wards in the central urban area. There are a number of areas where more than 45% of children are living in poverty, including parts of Denaby Main, Mexborough, Toll Bar, Highfields and Balby. The highest incidence of child poverty is found amongst 0-4 year-olds.



#### 4.4 Family Composition

Family composition is changing with variable arrangements rather than the traditional married family household. A rise of cohabiting partners, step families, lone parents and same sex relationships in the past decade has resulted in a very different profile of family composition in Doncaster. The latest information shows that over 70% of families with dependent children are couples, with almost one in three children living in lone parent families (28%). A key difference between the family composition profile in Doncaster and that found nationally is the higher proportion of families that are cohabiting, particularly where this involves step families.



#### 4.5 Child Protection

Last year's annual report identified high levels of deprivation, high levels of re-referral and poor performance in terms of Early Help. The number of referrals has fallen in comparison with 2013-14 but the trend since January 2015 has seen monthly increases. There has been little increase in the number of early help assessments and the number of statutory assessments which identify no role for DCST indicate that continued attention to thresholds and the early help pathway is required.

The number of early help assessments undertaken rose during the period but this is still not sufficient and the lack of a clear early help pathway appears to be reflected in the high number of repeat referrals into Doncaster Children's Services Trust. The number of children subject to child protection plans has fallen to 46 per 10,000 this year which is a positive move but is still higher than the national average at 37.9.

The number of children who have been looked after by the Local Authority has decreased from 512 per 10,000 in 2013/14 to 485 in 2014/15. This is due to more close scrutiny at the entry to care and steps being taken to improve permanency arrangements through the use of adoption and special guardianship orders. The number of children who have been in the same placement for at least two years is



lower than the national average. More work needs to be undertaken to understand the reason for placement breakdown and to improve the stability of children who are looked after.

Domestic abuse continues to be a key cause for concern and is a significant feature in over 30% of referrals to DCST. The DCST, through its Innovations funding has developed a project focussing on children and young people experiencing domestic abuse

#### 4.6 Conclusion

High levels of deprivation and changing family patterns indicate the importance of establishing high quality and systematic early help services, along with effective interventions to reduce risks to children arising from neglect, domestic violence and substance misuse.

## 5. Governance and accountability structure of DSCB

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### 5.1 Chairing

The DSCB is chaired by an independent chair who was appointed in January 2014 by the Local Authority Chief Executive in conjunction with the DSCB partners and Lay Members. The Chief Executive holds the Chair to account for the effective working of DSCB. A performance management framework is in place to assist the Chief Executive in holding the Chair to account for his work. The Board has also appointed a Vice-Chair.

Doncaster Children's Services Trust has responsibility for administrating the Board and employs and line-manages the DSCB Business Support Unit.

### 5.2 Membership

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

- Doncaster Metropolitan Borough Council (DMBC)
- Doncaster Children's Services Trust (DCST)
- South Yorkshire Police (SYP)
- South Yorkshire National Probation Service
- Youth Offending Service (YOS)
- Doncaster Clinical Commissioning Group (CCG)
- South Yorkshire and Bassetlaw NHS England
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- CAFCASS
- Doncaster and Bassetlaw Hospital Foundation Trust
- St Leger Homes
- Primary, secondary and special schools
- Doncaster College
- 2 Lay Members
- Safe@Last
- The South Yorkshire Community Rehabilitation Company Ltd
- Doncaster Safeguarding Adults Board
- South Yorkshire Fire & Rescue Service
- HM Prison Service

In addition to those listed above, the Board is considering how to ensure the voice of children and young people can be heard by the Board.

Designated representatives of the statutory Board Members are expected to serve a minimum of 3 years on the Doncaster Safeguarding Children Board. The Doncaster Safeguarding Children Board also has a small number of professional advisors from key agencies.

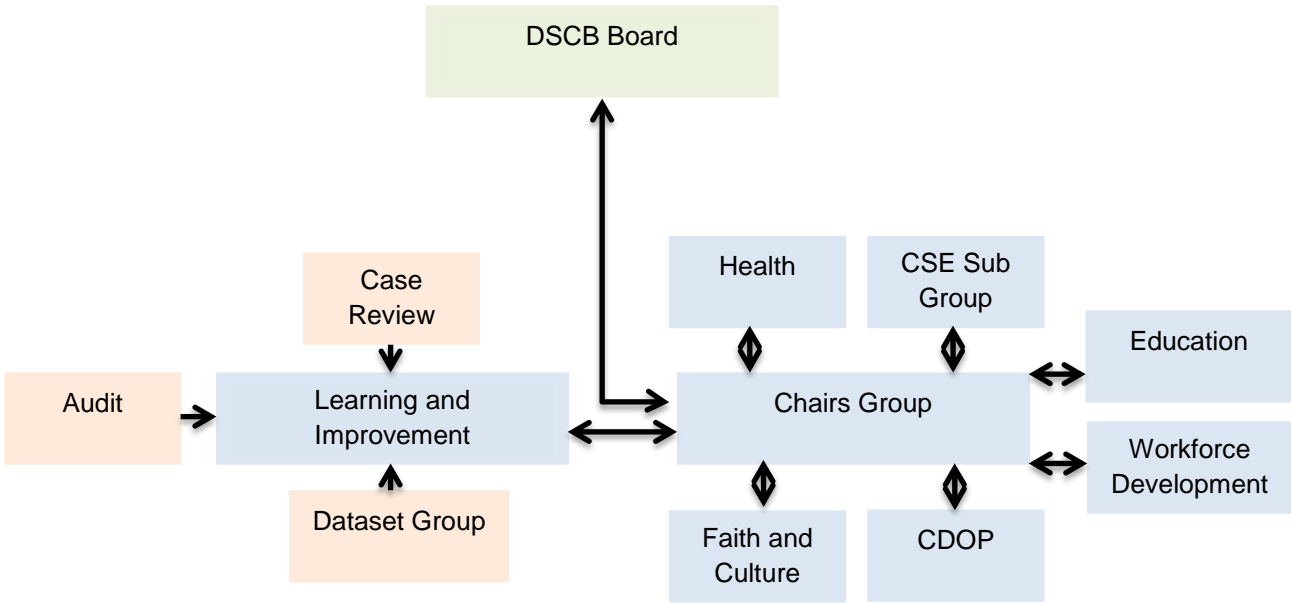
Members of the Doncaster Safeguarding Children’s Board are Chief Officers from within their own organisation with a **strategic** role in relation to safeguarding and promoting welfare of children and young people within their organisation. They are able to:

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

DSCB Board Members have a clear role description, which includes their role in disseminating the work of the Board within their respective agencies. They self-assess their effectiveness within an agreed performance framework. DSCB has appointed two Lay Members who operate as full members of the Board with defined roles and responsibilities (please see statements in Appendices 4 and 5).

**5.4 Board Structure**

The Board is supported in its work by a number of sub-groups. The current structure is as follows:



The sub-groups have been established to progress the Board's strategic priorities and to ensure the Board meets its statutory functions. More detail on how this work is being progressed by the respective groups can be found in the sections on Quality and Effectiveness of Local Safeguarding Arrangements and Learning and Improvement.

## 5.5 Board Meetings in 2014-15

The Board has met four times in the last year including a strategic review in February 2015 to consider what progress had been made against Business Plan priorities and to update priorities for the coming year.

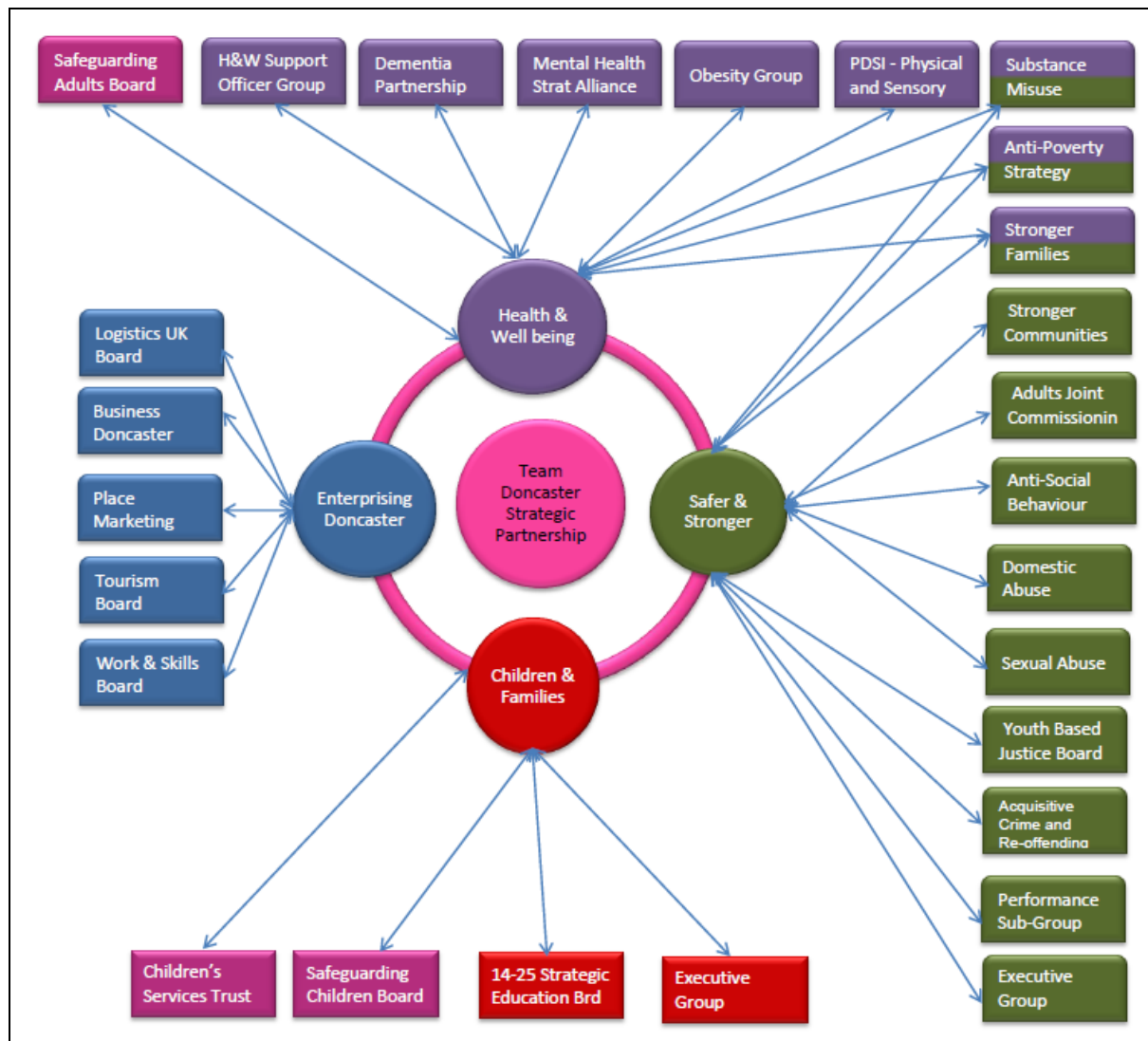
Attendance at the Board has improved, now most agencies achieve 100% attendance, this ensures there is representation to enable the Board to effectively carry out its business. Direct headteacher engagement with the Board has been very limited; the Board member positions for headteachers have remained vacant throughout the last year. Low attendance tends to be from agencies where there is only one representative from that agency or where an agency represents a number of Boards in the region.

<b>Agency attendance at Board meetings May 2014 – July 2015</b>	
<b>Agency</b>	<b>Percentage</b>
Doncaster Children's Services / Children's Services Trust Including YOS	100%
Doncaster CCG Including Primary Care	100%
DMBC Including Public Health	100%
South Yorkshire Police	83%
St Leger	83%
Headteachers	0%
Doncaster College	100%
Lay Member	100%
Safe@Last	33%
NHS England	83%
National Probation Service	83%
SY Community Rehabilitation Company	100%
Safeguarding Adults	50%
SY Fire & Rescue	50%
RDaSH	100%
DBHFT	100%
CAFCASS	50%
HMP	100%

Recent Board Member review suggests that members feel more engaged with the Board and believe it has a clearer sense of purpose. Attendance at sub-groups has been variable but as membership has been reviewed and clarified sub-groups have developed more focused programmes of work leading to better engagement.

## 5.6 Linkages with other strategic partnerships

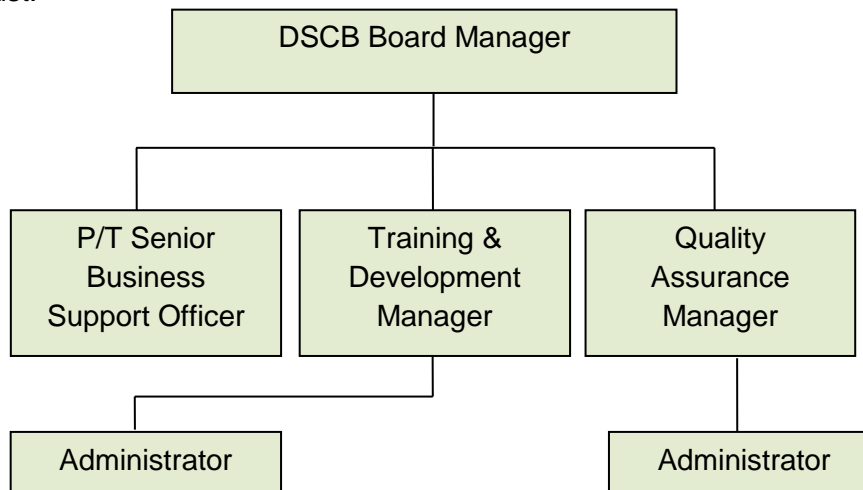
The DSCB has developed protocols to ensure good communication, collaboration and alignment between other strategic partnerships such as the Doncaster Safeguarding Adults Board, Health and Wellbeing Board and Safer Stronger Doncaster. The Chair meets regularly with Chairs of the other Boards and the Safeguarding Board Managers on the Adults and Children's Boards both attend the other Board to ensure opportunities for joint work are identified and that issues are picked up and dealt with appropriately by both Boards. The diagram below depicts the linkages with other partnerships.



The DSCB has begun to establish more ways in which the strategic groups can work together. This is evident in the joint Section 11 audit process which has been developed with the Adult Safeguarding Board and reciprocal attendance on these Boards by the Board Managers. Future work plans include joint working with the Safer Stronger Doncaster on sexual exploitation and work on Hidden Harm with the Health and Wellbeing Board.

## 5.7 Business Support for DSCB

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



## 5.8 Board Partner Financial Contributions and Board Expenditures 2014/15

The table below sets out the financial contributions of partner agencies to support the work of the Board and the expenditure in 2014/15. Partner agencies continue to manage increasing financial pressures however they continued to prioritise the work of the Board by providing the same level of contribution 2014/15 as for the previous year. It is considered that the core funding provided by partners is sufficient to maintain the Board's statutory responsibilities but it has been agreed that a further £30,000 will be provided by the CCG and DMBC to accelerate improvement in priority areas of the Board's work in the coming year.

<b>Doncaster Safeguarding Children Board Budget Report 2014/2015</b>		
<b>Employee Costs</b>	<b>£191,203.04</b>	
<b>Supplies &amp; Services</b>	<b>£54,038.43</b>	
<b>Training</b>	<b>£16,160.54</b>	
<b>Total Expenditure</b>		<b><u>£261402.01</u></b>
<b>Funded by:</b>		
<b>CCG Doncaster</b>	<b>£97,881.00</b>	
<b>CAFCASS</b>	<b>£550.00</b>	
<b>South Yorkshire Police</b>	<b>£26,000.00</b>	
<b>Probation</b>	<b>£2045.76</b>	
<b>DMBC</b>	<b>£134926.28</b>	
<b>Underspend C/F from 2013/2014</b>	<b>£20,000.00</b>	
<b>Total Income</b>		<b><u>£2581,403.04</u></b>
<b>Underspend for 2014/2015</b>		<b><u>£20,000.01</u></b>

SAFEGUARDING BOARD 15/16 INDICATIVE BUDGET	
	£
Doncaster Children's Services Trust	132,920
Police	26,000
CAFCASS	550
Probation Service	2,050
CCG	97,880
<b>TOTAL</b>	<b>259,400</b>

## 6. Summary of Progress against DSCB Priorities

The 2013/14 Annual Report identified a number of strategic priorities for 2014/15 (Appendix 1). The Board has made good progress against most of the strategic priorities. A summary overview is provided below.



### 6.1 Strategic priority 1: Doncaster has an effective safeguarding Children Board which meets statutory responsibilities, promoting a culture of challenge, accountability and shared learning.

Since the strategic review in 2014 Board has made progress in members understanding their role individually and collectively providing appropriate challenge to individual organisations and system wide issues.

During the last year the Board and its sub-groups have been reviewed with new terms of reference being developed. These have provided a clearer reporting structure from the sub-groups and their work-streams to the Board. The Board and the sub-groups have all had development days to review progress and set new priorities for 2015/16. Membership of groups has been revised which has ensured an improved commitment

to work-plans and attendance. Each Board member completed an individual review of their contribution to the Board. These identified that members have a better understanding of the Board and their role on it. Board members meet regularly with the Chair and with the Business Manager to ensure they understand their role within the Board.

The challenge log has been created which identifies a number of challenges made by Board members. In addition to this Board members completed a CSE self-assessment and attended challenge meetings with the chair and members of the Chairs group (see Section 8.7 CSE). The Board has commissioned a Peer Review to take place in June 2015 looking at the extent to which the DSCB and its members were making an impact in improving safeguarding in the borough. The Board has also commissioned an independent review of the extent to which thresholds for intervention are understood and effectively applied across the Borough. This was scheduled for July 2015.

The DSCB dataset has been developed and quarterly reports have begun to be presented to the Board highlighting key issues. The DSCB strategic plan reflects local priorities and its sub-groups have developed plans based on information from local performance data. A series of multi-agency audits have taken place based on local priorities. The Learning and Improvement Sub Group has developed a learning and improvement framework which has been agreed by the Board. It has now developed an action plan which will ensure all aspects of learning and improvement are used to influence the Boards agenda (see Section 9 Learning and Improvement).

The DSCB continues to commission its policies and procedures through an external provider TriX ensuring that all procedures have been updated as required since the introduction of Working Together 2015. In addition, task and finish groups are established where specific procedures require updating or developing. In some cases new procedures are developed by staff within the Business Unit and then shared with Board members for consultation. The following have been updated in the last year:

- The South Yorkshire Missing Children Protocol
- The Rapid Response Protocol (sudden and unexpected death in childhood)
- CSE Team Operational Procedures
- MASH Protocol
- Dispute Resolution Process

A new group is being established to consider Female Genital Mutilation procedures and guidance.

## **6.2 Strategic Priority 2: Doncaster has highly effective safeguarding systems and practice**

The DSCB Annual Report 2013/14 identified the need for a more extensive programme of multi-agency audits and required urgent action to be taken to agree what performance information would be presented to the Board. In the last year the dataset has been agreed and the Board now receives regular performance reports. A programme of audits has been undertaken and multi-agency action plans have been developed. Work needs to be accelerated however to ensure the actions are implemented in practice and to ensure changes have been embedded.

In the 2013/14 report it was identified that re-referrals were high and that this reinforced the Board's priority to promote the development of a systematic early help offer and to review the current thresholds document. Progress on this issue has been

slow which has resulted in the Board undertaking a full review of early help services in 2015 (see section 8.2 on Early help for more detail).

An action plan has been developed to ensure the voice of the child is better incorporated into the Boards work. Meetings have taken place with members of the Youth Council to influence the development of the plan. Young people attended the DSCB spring conference and their views have influenced future engagement strategy with young people.

The Board commissioned a Learning Lessons Review which has now concluded and an action for dissemination of the learning has been developed. A Serious Case Review is also nearing conclusion and messages from this are being incorporated into current training.

The Workforce Development Strategy has been developed and more training opportunities are being offered. The training on offer has been reviewed and updated leading to improved course evaluation. A multi-agency training pool has been developed and training for trainers provided by the NSPCC. This has enabled a wider range of courses to be offered including substance misuse and domestic abuse (see Section 9.7 Workforce Development).

### **6.3 Strategic Priority 3: Doncaster has effective arrangements for responding to key safeguarding risks (particularly child sexual exploitation, missing children, and neglect), promoting early identification & support to prevent escalation of risk to keep children safe**

Good progress has been made on arrangements to respond to CSE and missing children and training is being delivered to raise understanding of neglect. However, as noted above progress on early help arrangements has not moved with sufficient pace. Work to safeguard children vulnerable to CSE has moved forward with pace. The findings from the Rotherham Review were incorporated into the Doncaster CSE action plan which has now been completed. A new action plan was developed in March 2015 after reviewing progress. This has led to the development of a number of work-streams. The Chair of the Board has provided two assurance reports to DMBC Scrutiny Panel providing updates on progress.

The South Yorkshire Missing Children Protocol has been ratified this provides new guidance on the categorisation of children who go missing. The police led 'Threat Harm Risk Meeting has now merged with the Children Missing Operational Group to ensure intelligence is shared in a timely way regarding missing young people and those at risk of CSE. This group will also consider information on children missing education.

A multi-agency audit has been completed of neglect cases. The multi-agency pregnancy liaison meetings have been established although a formal pathway has not yet been agreed. A neglect training course has been developed which has evaluated well and will now be part of the regular programme of training provided by the Board.

The Annual Report on Private Fostering has been considered by the Board and as a result an action plan has been developed to progress the work. (See Section 8.6 on Private Fostering).





**6.4 Strategic Priority 4: Doncaster SCB is visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, parents, carers, children and young people**

There has been some progress regarding links with other partnerships and practitioners however more development needs to take place to ensure the voice of children and young people influences the work of the Board.

The DSCB held two Conferences in the last year which were each attended by around 100 people. Feedback was positive and they enabled practitioners and managers to contribute to the Boards agenda.

The DSCB website has been updated to include up to date safeguarding information for practitioners including a summary of Working Together 2015, information on self asphyxiation ('the Choking Game') and 'This is abuse' discussion guide. Information about the conference and the Spring newsletter have also been uploaded to the website. The Board also has a regular Twitter Feed which currently has 325 followers but which is growing.

A series of lunch time seminars has been developed to provide short inputs on a range of safeguarding topics and an online forum for practitioners called the Common Room which includes discussion topics such as medical neglect, fatal and serious physical abuse and extreme malnutrition and neglect. This is part of the developing work to engage more effectively with practitioners and will be evaluated in terms of its usage and impact in the coming year.

The Board has received various progress reports in relation to the development of the Early Help Strategy and has actively participated and also challenged in relation to progress. The Board is now coordinating the development of revised threshold guidance to support the redesigned early help offer. These two strands of work will be presented to the Board in October 2015 for final approval.

### Areas for Improvement

- The DSCB needs to be assured that Doncaster has an effective Early Help offer in place and that all partner agencies are discharging their duties
- Local guidance on thresholds needs to be reviewed and relaunched to support the new Early Help Strategy and pathway
- The Board needs to develop a clear strategy in relation to listening to what Doncaster's children and young people have to say about services
- The Board needs to be able to effectively challenge agencies in relation to safeguarding performance and quality, This cannot be achieved without an effective and appropriate dataset and reporting mechanism
- Embed learning and improvement framework ensuring action plans are taken forward from case reviews and have an impact on practice
- Develop an effective communications strategy to raise the profile of the DSCB by improving links with practitioners

## 7. Performance of Partner Agencies

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### 7.1 Doncaster Metropolitan Borough Council//CAFCASS/Doncaster Children's Services Trust

The key development since the last DSCB Annual Report is the implementation of the Doncaster Children's Services Trust. DMBC has continued to have responsibility for early help, school improvement and services for disabled children. The last year has challenged the Local Authority and DCST to establish new arrangements for working effectively together whilst at the same time enhancing and improving service provision. Progress has been made in many areas with innovative projects being established to improve practice. Some progress has been made on Early Help but this continues to be a challenge.

#### **Doncaster Metropolitan Borough Council (DMBC)**

##### ***Overview of safeguarding responsibilities:***

- Monitoring, challenging and supporting school, academy and provider safeguarding compliance.
- Responding to need regarding Health and safety provision for access to education
- Improving attendance, pupil welfare and reducing exclusion.
- Training and supporting designated members of staff in education settings
- Responding to Ofsted alerts to concerns in education settings
- Ensuring children with disabilities are safeguarded
- Ensuring the safeguarding of children in care in their education settings
- Ensuring Governing Bodies know and understand their safeguarding responsibilities
- Supporting LADO enquiries when education settings are involved
- Promoting effective partnerships with DSCB and education settings
- Providing safe placements for short term residential care for CWD
- Promoting effective partnerships in delivering the Early Help Strategy – This includes leading and co-producing with the partnership an Early Help offer from supporting the identification of escalating need and ensuring appropriate access to services.
- Commissioning and delivery of safe short breaks for disabled children
- Overall accountability for the commissioned social care function delivered by the Doncaster Children Service's Trust
- Delivery of the Council 0 – 19 Early Help offer, including delivery against the Children Centre Core Purpose; and Youth Provision.

##### ***Key Areas for Development***

- Exercising statutory functions in a changing education provider landscape.
- Fulfilling duties in new partnership arrangements with the Trust for children in care and those with disabilities. Ensuring the safe delivery of commissioned services through a contract management process.
- Engaging the Partnership in relation to the Lead Practitioner role and capacity building within the workforce to ensure early identification of escalating need.
- Ensuring the safe delivery of Council 0 – 19 Early Help Services

### ***Summary of assurance arrangements***

- Section 11/ 175 audits
- Training evaluation and feedback
- Ofsted inspection outcomes for settings and services
- Outcomes measures for attendance, exclusion, training compliance, complaint investigation.
- Quality Assurance framework is in final draft – this will include a case file and supervision file audit program. We furthermore assure ourselves through the supervision and PDR Council processes.
- Ofsted inspection of Children Centres
- Ofsted inspection of services: children in need of help and protection.

### ***Challenges made to other partners and challenges received and how these were addressed***

- Challenges to schools and academies when there are indications of non-compliance are usually received positively and acted upon following challenge from the LA via the education safeguarding officer and senior officers where required.
- Challenges to DCST when communication is not effective re children SEND and Looked after. These are resolved on a case by case basis and have been improved with the revisions to working protocols.
- Challenges to Governing Bodies when their handling of staffing issues and complaints has reflected unsafe practice. Matters have been resolved with intensive support from school improvement, legal and HR services in the Council.
- Fully participate and challenge partners through the DSCB sub-groups
- Conduct regular performance challenge meetings with Doncaster Children's Services Trust – the relationship between DCST and the Council is one of a commissioner/provider for children social care functions.
- DCST and the Council engages in a co-production relationship in specific areas, for example Early Help. All of the interactions and challenges are constructive and productive with appropriate responses.

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

#### ***Overview of safeguarding responsibilities***

The DCST is responsible for the delivery of the majority of children's social care services in the borough. Some services, for example those relating to children with disabilities and early help have remained within the Council. However with these exceptions the Trust is responsible for providing all children's social care interventions for children in need or those who are at risk of significant harm. The Trust has also retained the Intensive Family Support Service who provide a targeted and coordinated support service to those families whose children are not yet identified as being "in need" but who are likely to reach this stage if they are not provided with a high level of support. The Trust is also responsible for the majority of children in care in Doncaster and for those who are leaving the care system.

Specific services within the Trust are as follows:

- The Intensive Family Support Service
- The Referral and Response Team
- The CSE Team
- The Multi-agency Safeguarding Hub
- Nine Assessment and Child Protection Teams
- Four Children in Care Teams
- The Leaving Care service
- The Fostering Team
- The Adoption Team
- Four children's residential homes
- The Safeguarding and Standards Unit (including the Child Protection Team, IRO Team, Quality Assurance Team, LADO and advocacy services)

### ***Key Areas for Development***

The need for improvement in children's social care in Doncaster is clear. Although this process has started there is recognition that this will be a long-term development if improvement is still needed. The government has set the Trust the following targets:

- To be judged by Ofsted as "requires improvement" by April 2016
- To be judged "outstanding" by April 2019

The Trust has a strong desire to be innovative and to this end it is implementing a number of projects that offer new ways of working. These include:

- The Growing Futures Project. This project has been funded by the Government's Innovations Fund and focusses on domestic abuse which is a problem that faces many families in the district. By working in a different way with families we are aiming to provide a more effective service than in the past. One example of how we intend to achieve this is by recruiting twelve new Domestic Abuse Navigators to work intensively with families who are experiencing domestic abuse and who will receive additional training to equip them for this task. This project is externally evaluated and the learning from the project will be shared nationally.
- The Trust is also adopting the Signs of Safety model of intervention which aims to reduce the numbers of children experiencing harm by giving Social Workers and other professional's new tools to work with families in a different, more empowering way that recognises strengths as well as risks and supports more effective safety planning. Training of Trust staff begins in September 2015 and this training will also be offered to our partner agencies to support effective partnership working following implementation.
- The Pause Project aims to provide enhanced support to women who have had previous children taken into care as a means of reducing the likelihood of this happening again if they have children in the future. A key part of this project is the woman's agreement to take long-term contraception and in effect "pause" from having any further children whilst therapeutic work is provided.
- The Mockingbird Project aims to provide greater placement stability for children in foster care by utilising the skills of our most experienced foster carers to support other carers and placements and to reduce the risk of placements breaking down.
- The Trust is also a partner in a South Yorkshire project relating to CSE.

- The Trust is also a partner in a successful bid alongside Sheffield, Barnsley, Rotherham and Sheffield University to form a South Yorkshire Teaching Partnership. These partnerships aims to improve the quality of Social Work education by supporting employers and universities to work more closely together at all stages of education including the first year in practice.

Children's services in Doncaster have a history of challenges in relation to recruitment and retention and this has resulted in the past in over-reliance on agency Social Workers and Managers. This has led to inconsistency for children and young people and to a workforce lacking in stability. There are signs that the Trust is now in a much better position and its reliance on agency staff has reduced significantly. Retention rates have improved.

One significant challenge facing the Trust has been the level of demand for services. Referrals to the Trust have increased significantly, particularly since January 2015. This created significant pressure on the Referral and Response Service, and the Assessment Team. Caseloads in the Child Protection Teams have increased. A significant proportion of those referrals do not require intervention by the Trust following assessment and are subsequently re-directed to services that could assist the family. This highlights the need for joint work with the Council and other partners in relation to the effectiveness and accessibility of early help provision in the borough.

The Trust's own quality assurance has shown that there are still areas where practice needs to improve or become more consistent. A particular issue has been the quality of assessments the extent to which they are used to inform plans that reflect the needs of the child. This is now a focus for workforce development in the Trust, drawing on the feedback from service users.

### ***Summary of assurance arrangements***

Because of the unique nature of the Trust it has experienced a great deal of external scrutiny. This has included a formal, on-going evaluation of progress by the Department for Education.

The Trust has developed a new Quality Assurance Framework and when this has been embedded it will be in a position to provide a greater level of assurance and information to DSCB in relation to the quality of practice and in doing so will also be able to highlight any learning for our partner agencies.

### ***Challenges made to other partners and challenges received and how these were addressed***

The Trust recently participated in a Learning Lessons Review initiated by DSCB which related to practice during 2013 and 2014 prior to the implementation of the Trust. Although this was a multi-agency review process, the majority of learning related to the planning for young people in care and the on-going process of risk assessment. Although much has changed since the incident that led to this review, the Trust is currently developing its action plan in response to the challenge from the DSCB.

In relation to operations, it is inevitable that at times there will be disagreements between professionals and agencies. In order to be able to resolve these disagreements in a timely and effective way and to promote partnership working generally, the senior managers in the Trust will now be meeting on a regular basis with key colleagues in the Police and in Doncaster Royal Infirmary. These new forums will enable any potential problems to be identified early and resolved and will also be a forum in which joint initiatives can be discussed and developed.

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

### ***Overview of safeguarding responsibilities***

CAFCASS has the overall responsibility for safeguarding children in family court proceedings. CAFCASS has a statutory duty (s16A CA 1989) to undertake a risk assessment where there is cause to suspect that a child is at risk of harm, and to provide that risk assessment to the court. The requirements relating to CAFCASS' s16A duty are set out in the *Child Protection Policy* and in the s16A guidance to staff.

### **Summary of assurance arrangements**

The following are the principal mechanisms of quality assurance:

- Situational supervision – advice provided at the point of need.
- Quarterly Performance Learning Reviews (PLRs)
- Full file audits are completed per quarter, unless the FCA has been assessed as sufficiently competent to be subject to proportionate performance management, in which case one report is read and one full file audit is conducted per quarter.
- ADs/SHOs dip sample closed files monthly and observe one PLR per manager per annum.
- A national audit of practice was undertaken in November 2014, the third such audit. The results exceeded targets with a marked rise in cases graded as good, and a marked fall in cases graded as unmet. In the light of these positive findings (and in line with Ofsted practice) thematic audits will be conducted in 15/16 looking into: the quality of liaison with the IRO; the children's guardian's involvement in any position statements; and the quality of analysis in private law work after first hearing (WAFH), including the use of assessment tools and research.
- A three-year cycle of Area Quality Reviews (AQRs), whereby each service area is subject to a 'deep dive' peer review using a number of methods including: performance data; file review; service user survey; feedback from judges, and input from the Family Justice Young People's Board (FJYPB).

### ***Challenges made to other partners and challenges received and how these were addressed***

If case matters cannot be resolved in court there is a clear line of communication between CAFCASS managers and Children's Services managers where challenges can be addressed.

## **7.2 Health Services**

There have been radical changes to the way health services are commissioned in the last couple of years which has provided the health community with challenges in terms of continuity of services and organisational history. Nevertheless there have been many areas of improvement evidenced by two positive CQC inspections on child protection and looked after children. There have also been positive developments in training of both primary care staff and consistency offered by key staff being provided with training by the DSCB. Some positive initiatives have been undertaken around supervision, additional funding made available to support the child death rapid response function and the appointment of a new nurse consultant.

A wide range of health professionals have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care professionals, paediatricians, nurses, health visitors, midwives, school nurses, those working in

maternity, child and adolescent mental health, adult mental health, alcohol and drug services, unscheduled and emergency care settings and secondary and tertiary care.

### **Doncaster Clinical Commissioning Group**

The implementation of the Health and Social Care Bill has involved significant organisational change within the NHS. From 1 April 2013, all Primary Care Trusts in England were abolished as part of the NHS Reforms with the statutory responsibilities for commissioning local health services becoming the responsibility of the new Clinical Commissioning Groups (CCG). The implementation of the Health and Social Care Act gave General Practitioners and other clinicians, the responsibility to commission health services on behalf of service users.

The NHS 5 year Forward View (2014) Introduces Co Commissioning whereby some of the commissioning for Primary Care will be at a local CCG level, where conflicts of interest will need to be managed.

Specific roles and responsibilities for Clinical Commissioning Groups and other NHS statutory bodies in relation to safeguarding are outlined in "Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework", first published by NHS England in March 2013 and revised March 2015.

Doncaster Clinical Commissioning Group, as a commissioner of provider services, has provided strong leadership to the safeguarding children agenda across the health community. The designated professionals and CCG executive lead for safeguarding are members of the LSCB and make a significant contribution to the work of the Board and its subgroups.

Health and adult social care services in England are independently regulated by the Care Quality Commission (CQC), which ensures that the Essential Standards for quality and safety are met. The Health Community was reviewed by CQC in September 2014 as part of the Children who are Looked After and Safeguarding Framework. A positive report was received with some recommendations. A plan has been developed to achieve actions to address the recommendations.

During 2014 – 15 the Doncaster CCG has shared the annual report for Safeguarding and Looked After Children, these reports set out to provide assurance that the CCG is fulfilling its statutory responsibilities as commissioners to ensure that the safety and welfare of children is paramount in all of the services commissioned from NHS Trusts and from Primary Care. It also provides an overview of the clinical governance arrangements in place for safeguarding children in our NHS provider trusts as requested. Mid-Year the CCG presented a performance data set and outlined the key commissioning intentions as well as re affirming the governance arrangements in place to seek assurance from its provider organisations.

This has been supplemented by more subject specific reports as and when required from the CCG, NHS England and the provider trusts.

The CCG have updated and assured the DSCB regularly on the commissioning and mobilisation of the Community Paediatric Redesign and as requested share the commissioning intentions and plan on a page in relation to children.

### **Primary Care**

In respect of primary care during the last year some practices have engaged in a self-assessment tool that has been developed by the Designated and Named



Professionals for safeguarding, to offer support and guidance, to enable the surgery to consider the policies in place, training, safe recruitment and safeguarding practice, targeted support has been offered as required.

Through TARGET, GP protected training sessions at level 3 have been delivered in partnership with DSCB workforce lead, supporting them to strengthen their engagement with safeguarding children processes, training included

- Child Sexual Exploitation
- Case conferencing and strengthening families
- Themes and learning from national serious case reviews
- Young Carers

Since the training session last year Safeguarding and Standards monitor GP attendance and/or reports submitted at child protection conferences. In year an increase has been seen from no reports received to 48%.

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

In September 2014 a CQC Inspection took place in the Doncaster Health Community reviewing Child Protection and Looked after Children. For DBHFT the two areas focused on in the visit were A&E and Midwifery Services at Doncaster Royal Infirmary. There was positive feedback however the formal written report identified a number of actions for A&E. A check and challenge meeting demonstrated that although there had been a number of challenges good progress had been made with the plan.

There have been a number of positive changes in 2014 to the trust safeguarding team and infrastructure. In September 2014 an appointment was made to a Head of Safeguarding post providing leadership and management of the safeguarding team and safeguarding within the Trust. Following agreement of a service specification with Doncaster CCG, DBHFT received additional funding to support the Child Death Rapid Response Service Specification. Recruitment took place to appoint a Lead Nurse and administration support. In March 2015 a new Named Nurse, Safeguarding Children was appointed bringing to the team a wealth of skills, knowledge and experience in safeguarding.

In 2014/15 for the first time there was a CQUIN specifically for safeguarding. This focused on training. There were a number of challenges in meeting the safeguarding CQUIN requirements particularly in relation to training data however this enable a focus on the development of a new 'training' programme and a new approach to delivering safeguarding training in 2015. Our safeguarding training now includes: Safeguarding Adults, Safeguarding Children, Domestic Abuse, Mental Capacity Act and Deprivation of Liberty, Prevent, Child Sexual Exploitation and Female Genital Mutilation.

The development, roll out and implementation of the Preventing Non- Accidental Head Injuries in Babies (Don't Shake the Baby) project specific to Maternity was also part of the CQUIN. This is a health promotion programme specifically in midwifery that includes showing a DVD to new parents. Another development in midwifery was the implementation in 2014 and continuing development of the Pregnancy Liaison Meeting which has improved communication between midwifery and social care.

Work has been taking place in 2014/15 to develop a Trust Policy on Female Genital Mutilation. This is particularly in response to the national requirement to report cases but also to ensure staff are informed about this type of abuse.

The DBHFT safeguarding team are developing a trust Child Sexual Exploitation action plan focusing on the key items from the DSCB self-assessment and health economy recommendations that apply to an acute trust. Work continues to raise staff awareness for example through our new style Safeguarding Newsletter and audit by the safeguarding team of staff awareness in Children's Services and A&E.

### **Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)**

The safeguarding children team sits within the Nursing and Partnerships Directorate, where strong leadership and a clear vision is provided by the Deputy Chief Executive/Director of Nursing, the Deputy Director of Nursing and the Head of Quality and Standards. In 2014. A Nurse Consultant took up post in January 2015 to further strengthen the leadership team and work is advancing quickly together with the Safeguarding Children Team to deliver a safeguarding children offer in an innovative and empowering way that sustains change in safeguarding practice across the workforce.

To ensure safeguarding practice has a strong and robust evidence base considerable investment has been made in books and journals. These resources are available to borrow for all staff, but staff providing safeguarding supervision are being particularly encouraged to access the resources enabling staff to strengthen the evidence base being applied.

To further strengthen the safeguarding offer to the medical staff in the Trust the activities of the Named Doctor have been delegated to the Nurse Consultant, who will be in a position to offer an expert and early response to medical staff in the Trust.

2014 saw the publication of the intercollegiate guidance for safeguarding children training and education for all health service staff, the guidance strengthened both the competencies required by specific groups of staff working with children and their families and provided some flexibility as to how this might be delivered.

Safeguarding education is delivered via a number of mediums improving accessibility for staff and enabling the safeguarding team to be responsive to particular needs as they may arise.

A particular and significant shift has been the move back for staff to access the majority of level 3 training through the excellent multi-agency programmes delivered by the Local Safeguarding Children Boards. The programmes available are extensive and of the highest quality and to which the safeguarding team do contribute their considerable skills and experience.

To ensure that the right staff were getting the right education and training that they need to safeguard children, managers were asked to review the staff training profiles, which then enabled the safeguarding children team to align staff with the level of training they required.

For those staff identified as requiring education at this level, accessing level 3 training in this way models and strengthens multi-agency working.

During 2014 an innovative and exciting new model of safeguarding children supervision was rolled out across the Trust. Recognising that supervision in relation to child welfare was not simply a requirement of the workforce working directly with children but equally as relevant and often more so to those staff working in services such as adult mental health, a cascade model was developed and rolled out. This model of supervision will remain under close scrutiny and the impact it is having has been identified as a key focus for audit during 2015 and is included in the Clinical Audit Forward Programme 2015/16.

Business Divisions now collate and manage the performance information in relation to safeguarding supervision with the Safeguarding children Team providing assurance in relation to quality and consistency.

It is without question that 2014 was one the most challenging years ever experienced for those working in the fields of safeguarding and child protection, however the core business of keeping children safe and being cared for by their families was never lost.

Particular achievements included:

- The revision and embedding of safeguarding supervision, moving to a cascade model where every team has a safeguarding supervisor who is on to offer immediate guidance and the opportunity to reflect on difficult and troubling situations.
- The support in the development of the responses to CSE, this has been achieved at every level from operational up to the Board and across a wide and complex health and social care economy
- The building and maintaining relationships with partners in both health and social care communities during periods of particular scrutiny and soul searching.
- The Safeguarding Children Team have established themselves as leaders in the safeguarding partnerships and are recognised as being able to bring diverse and expert level knowledge.

## **NHS England**

Across the region NHS England, with the Designated Nurses, have developed a set of Key Performance Indicators in relation to safeguarding. The Indicators are now in the main provider contracts and a developing dataset is emerging.

The dataset presents a range of evidence concerning child protection activity, training, leadership and management, underpinned by good quality assurance work, such as auditing, across the CCG and provider trusts. This includes

- safeguarding supervision, particularly in public health nursing and midwifery services;
- engagement with the CAF process and the early help strategy, particularly within maternity services for teenage parents and vulnerable women;
- review of processes for service user involvement and feedback to ensure the voice of the child is heard to inform service development and better outcomes for children and young people;
- ensuring contracts and service specifications reflect statutory safeguarding children requirements and additional safeguarding quality standards.

Also an updated consistent policy has been developed for all practices to adopt, this includes child protection, domestic abuse, Prevent, DOLS and safeguarding adults. The policy was shared with and ratified by the DSCB.

NHS England, South Yorkshire and Bassetlaw Area Team, supported by the Designated Nurses, hosted a national learning event on 18 September 2014 in Sheffield, 'Exploring Exploitation and Sexual Abuse'. The conference was aimed at providing level 4 and 5 training for safeguarding leads to enable them to provide specialist advice to practitioners and colleagues within provision or commissioning. The object of the day was to have increased understanding of the potential, personal impact when working with victims or perpetrators of sexual exploitation and sexual abuse and work more effectively with safeguarding partners to plan and design and deliver local training on sexual exploitation.

Over 250 delegates attended and feedback from the event has been 'one of the best conferences I have ever attended'.

Following the reorganisation of health commissioning and provision described above, responsibility for the commissioning for child and adolescent mental health services (CAMHS) is divided between NHS England, the CCG and the local authority. Tier 4 (inpatient) CAMHS services are commissioned by NHS England

### **7.3 Police/YOS/Youth Service/Probation**

Partners have undergone significant structural and organisational changes such as the creation of the National Probation Service and The South Yorkshire Community Rehabilitation Company Ltd. The impact of this on their ability to keep safeguarding children to the fore will be monitored by the Board over the coming year.

South Yorkshire Police are also undergoing a period of change having received a critical HMIC report on Child Protection. The Board will require assurances that the recommendations from the report have been acted upon and become embedded in practice. Other challenges have been to ensure CSE is effectively dealt with and that the welfare of children in custody is appropriately considered. The Board will want to assure itself that actions from Inspections have been taken forward.

#### **South Yorkshire Police**

##### ***Overview of safeguarding responsibilities***

- To protect the lives of children and ensure that in the policing of child abuse the welfare of the child is paramount.
- To investigate all reports of child sexual exploitation, child abuse, neglect and to protect the rights of child victims of crime.
- To take effective action against offenders so that they can be held accountable through the criminal justice system, whilst safeguarding the welfare of the child.
- To ensure a proactive multi-agency approach is applied to safeguarding and in the prevention and reduction of child sexual exploitation, child abuse and neglect.

## ***Key Areas for Development***

In 2014 SYP restructured its services and created a central referral unit for all cases of child protection and domestic violence. This provided centralised expertise and enabled a consistent approach across South Yorkshire. The service will be reviewed over the coming months to ensure the benefits of the restructure has been realised.

SYP were Inspected by HMIC and the report was shared with the DSCB in October 2014. Although some positives were identified particular issues were raised in relation to cases of concern not being escalated to partners in a timely way. Since then the DSCB escalation procedures have been made good use of to ensure young people at risk of harm receive an appropriate multi-agency response. The Inspection also noted specific concern regarding the welfare needs of young people in custody. An action plan has been developed to improve practice. This has been shared by the DSCB and updates have been provided on a regular basis.

SYP has worked to establish investigating child sexual exploitation as a mainstream policing activity. SYP has worked consistently with the DSCB to ensure the response to CSE is robust. The Superintendent of Partnerships has taken over chairing of the DSCB CSE Sub Group and a new action plan has been implemented. Operation Makesafe involves officers visiting hotels in order to raise awareness of CSE, help management and staff to recognise the signs, and encourage those employed in the hotel industry to contact the police with information. This was piloted in Sheffield but is now being rolled out across South Yorkshire. A new task group has been established to work more widely with taxi drivers and takeaways to improve safeguarding practice by only providing licences to those businesses who have undertaken safeguarding training.

SYP has been working with the four local authorities in its area to establish a MASH.

## ***Summary of assurance arrangements***

South Yorkshire Police's Public Protection Units now deliver specialist services addressing child sexual exploitation, domestic abuse, vulnerable persons and public protection services, thereby ensuring effective communication and the appropriate sharing and management of information with partner agencies. In addition, there is now an increased capacity to carry out criminal investigations and to provide specialist care for victims.

## ***Challenges made to other partners and challenges received and how these were addressed***

To ensure an effective multi-agency Early Help strategy is designed and adopted across the Team Doncaster Partnership.

## **Youth Offending Service**

### ***Overview of safeguarding responsibilities***

Doncaster Youth Offending Service (YOS) has responsibility for the management of all young people aged 10 to 17 subject to either an Out of Court Disposal (Youth Caution or Youth Conditional Caution) or Statutory Court Orders, including young people subject to a custodial sentence

The YOS has a statutory responsibility to safeguard young people throughout the sentencing process, including during PACE interviews and employs the ASSET

assessment tool and Vulnerability Management tool to ensure that these needs are met

The YOS commissions the organisation SOVA to undertake an appropriate adult function as and when required

The YOS is responsible for ensuring that young people in its client group are safeguarded from Child Sexual Exploitation (CSE) and provide a dedicated police officer to address CSE concerns arising.

The YOS has responsibility to ensure that both service users and the public are protected from the risk of serious harm as defined by the Youth Justice Board (YJB) and are responsible for creating Intervention plans which manage the risks that young people pose both to themselves and the public.

In cases where a serious incident occurs, as defined by the Community Safeguarding and Public Protection Incident Protocol (YJB) The YOS undertakes investigations of all incidents including partner agency involvement and produces either, Critical Learning Reviews (CLR's) or Extended Learning Reviews (ELR's) depending on the nature of the incident and agency response. These reports are presented to DSCB for review upon completion

The YOS, where appropriate will act in a lead professional role for young people subject to a CAF and also work on a non-statutory basis as part of DMBC's Stronger Families Programme, in cases where a young person subject to a court outcome is also part of the Stronger Families cohort. In these cases the YOS has a wider responsibility for ensuring that adult family members are safeguarded.

### ***Key Areas for Development***

Due to the limited work undertaken with adults prior to the delivery of the Stronger Families Programme YOS staff have limited understanding of both the Mental Capacity Act and Deprivation of Liberty Act, training will be undertaken in respect of both of these areas in 2015/16

The use of custody for young people in terms of time spent in Police Cells and vulnerability issues arising out of time spent in such an environment remains an issue for the YOS

The historically high custody rate for post court sentences has reduced significantly in 2014/15 but remains marginally higher than national averages, although work is being undertaken to reduce this further to be in line with, or below, the national average in 2015/16

The impact of CSE on the client group, which often displays high risk behaviours remains an ongoing concern

The impact of Neuro Psychoactive Substance (NPS) usage and illegal substance misuse and the consequences associated of young people placing themselves in high risk situations due to impaired decision making abilities and the subsequent risks arising from this remain a cause for concern

## **Summary of assurance arrangements**

A Safeguarding Lead will provide internal training on to other operational staff members of the YOS.

In future the Safeguarding Lead will hold responsibility for the quality assurance of all aspects of YOS safeguarding practice

The YOS provides all reports and reviews produced both nationally and locally in relation to safeguarding issues to its staff via email.

In addition any CLR or ELR reports are reviewed by the YOS management team and actions arising monitored via this forum.

Action plans from CLR and ELR's are also reviewed by the MOJ via the YJB regional representative, Jon Bradnum. A quarterly report from the YJB tracks YOS compliance with action plans.

The YOS annually produces statutory Youth Justice Plan, which is currently subject to approval via DCS Trust scrutiny procedures, but also the DMBC Overview and Scrutiny Process, culminating in approval before full Council. The Youth Justice Plan clearly outlines the YOS responsibilities in relation to safeguarding issues. The plan is also overseen by the Safer Stronger Doncaster Partnership.

Doncaster YOS is in the process of developing a new policy on Missing From Home and Child Sexual Exploitation Issues which will be integrated into the existing policies.

Cases involving a significant risk of harm are subject to multi-agency risk management meetings chaired by a member of the YOS Management Team.

In addition cases assessed as presenting a high risk of recidivism are subject to registration at the Deter Young Offenders forum (DYO) which is subject to senior management oversight, where are presenting safeguarding issues are discussed.

Finally all the young people presenting a significant risk of serious harm or vulnerability are subject to discussion by the YOS Management Team at the fortnightly YOS management team meetings. Actions allocated operationally arising from the management team are monitored and reviewed fortnightly.

## ***Challenges made to other partners and challenges received and how these were addressed***

Doncaster YOS was challenged in the following key areas:

- Operational understanding of both The Mental Capacity Act and the Deprivation of Liberty Act
- The efficacy of its data in terms of monitoring the welfare of young people in police custody and the appropriate use of custody for young people
- The extent to which the voice of the child is represented throughout the work of the youth offending service
- The efficacy of the YOS in working with adults who have safeguarding needs

Doncaster YOS intends to undertake the following actions to address the challenges made:

- Training for all staff in both the theory and application of the mental capacity act and the deprivation of liberty act to be completed no later than 31.12.15
- A review of the current data captured by SOVA in relation to the amount of time spent by young people in police custody and their presentation in this environment. Following which an investigation and report to be undertaken around thematic welfare issues for young people in police custody to ensure that safeguarding concerns are both fully considered and reflected in practice
- A consultation with service users beginning on week commencing 21.09.15 specifically about how better planning can be undertaken to meet service user needs and to ensure that case planning is “done with”, and “not too” Children and families
- Training to be provided by adult safeguarding board to all YOS staff in relation to the identification of adult and safeguarding issues and best practice in working with young people in this area.

## **National Probation Service (NPS)**

### ***Overview of safeguarding responsibilities***

- Effective assessment and offender management of adult offenders including risk of serious harm to known adults, public, staff, self and children.
- Identification and referral of young people and children at risk.

### ***Key Areas for Development***

- Identification of CSE perpetrators who are under statutory supervision for broader offences.

### ***Summary of assurance arrangements***

- All adult offenders under the statutory supervision of the NPS will have a full and comprehensive assessment (OASys) and robust Risk Management Plan.

### ***Challenges made to other partners and challenges received and how these were addressed***

- To include offender management in strategy as part of Prevention, a perpetrator’s journey does not end at Court.
- In order to effectively protect the public they need to be effectively managed to reduce their risk of re-offending and risk of serious harm.

## **SY Community Rehabilitation Company (CRC)**

### ***Overview of safeguarding responsibilities***

- SYCRC was formed in June 14 and is the organisation responsible for managing the punishment and rehabilitation of low and medium risk offenders in South Yorkshire.
- In February 2015 Sodexo Justice Services in partnership with NACRO became the majority shareholder of SYCRC.
- The workforce works directly with those offenders sentenced by the court to tackle the causes of their offending and where possible rehabilitate and re integrate them



into their communities. We work with offenders to ensure they understand the impact of their behaviour on their victims.

Priorities for this year include:

- **Women offenders:** developing a women offender strategy which will be led by a champion within the senior team. Doncaster will have a women's champion who will be a single point of contact as well as the conduit for delivery of the strategy locally. Changing Lives has been commissioned to undertake most of our work with women in Doncaster
- **Public Protection:** Commitment to deliver strong strategic partnerships. The CRC will maintain its involvement in MAPPA, MARAC, MASH and local safeguarding board arrangements and collaborate with NPS to develop joined up planning and delivery.
- **Embedding partnerships:** The new strategic partnership with Sodexo Justice Services and Nacro provides the opportunity to review existing partnerships and contracted services. The intention is to have a supply chain for rehabilitation services which is the same across custody and community, with the aim of giving offenders continuity of provision and relationships for the whole of their sentence and order to support a reduction in re offending
- A partnership with NACRO will see them using their expertise to manage and deliver the in-custody and community integration across South Yorkshire.

### **Key Areas for Development**

Purposeful home visits will be reprioritised for most medium risk offenders- many of whom will have committed offences including domestic abuse. SYCRC intends to be less office based and to see more people in their own communities.

All staff will attend at least safeguarding refresher training during the year and most will also attend multi- agency seminars to broaden their awareness locally

### ***Summary of assurance arrangements***

Staff supervising medium risk offenders receive 6 weekly reflective supervision during which all cases are reviewed where there are concerns about children including CSE. This supervision is observed by a senior manager at least annually.

A National Offender Management Service (NOMS) audit team is based at service headquarters, undertaking spot check unannounced audits most months.

An internal quality assurance regime is still being developed. For medium risk cases it will include a monthly day of file auditing. As a result it is expected that most staff will have at least 4 files read each year.

Team managers also undertake SEEDS based (Skills for effective engagement and development) live observations at least twice per year for medium risk work.

Much of the lower risk work is undertaken with partnerships, but with scope for an internal risk escalation process should more individual one to one work be required.

Likewise if risks rise to high risk of harm the case supervision will be escalated to the NPS.

***Challenges made to other partners and challenges received and how these were addressed***

Our collaboration with NACRO in each of the local prisons has presented an opportunity to work closer / share intelligence with private fostering workers.

## **7.4 Education**

College continues to play a significant role in safeguarding and contributes to DSCB through rooms for training and voice of the child.

### **Doncaster College**

#### ***Overview of safeguarding responsibilities***

- Aligning priorities/activities to DSCB's Business Plan, national priorities and legislation.
- To act as a Corporate Parent for Looked after Children in line with local and national guidance
- Embedding safeguarding into the culture and ethos of the College and curriculum delivery.
- To ensure all students and potential students who may present at risk are referred to appropriate services.

#### ***Key Areas for Development***

- Aligning the Prevent Agenda within the curriculum and ensuring staff are aware of their responsibilities.
- Ensuring safeguarding strategies, procedures and training are aligned to DSCB priorities such as Child Sexual Exploitation, Female Genital Mutilation and Domestic Abuse/Neglect.

#### ***Summary of assurance arrangements***

- College Ofsted Inspection Report (29<sup>th</sup> April 2013).
- DSCB Section 11 Audit Assessment (10<sup>th</sup> May 2013)
- DSCB Child Sexual Exploitation Audit Assessment and Challenge Meeting (November 2014).
- Safeguarding Children and Adult Board's Audit Assessment (June 2015).
- Education Standards and Effectiveness Service Annual Safeguarding Report 2014/15 (15<sup>th</sup> March 2015).

#### ***Challenges made to other partners and challenges received and how these were addressed***

- Challenges made through membership of DSCB Meeting, DSCB Education Sub Group Meeting and Safeguarding Adults Engagement Sub Group.

- All challenges were received positively, noted and action taken.

## **7.5 Other Partners**

The DSCB engages well with all partners including those whose safeguarding children is not its main function. St Leger Homes and SY Fire Service have engaged well with the Board, ensuring the completion of an annual S11 Audit, attending LSCB meetings and providing assurances to the DSCB that their safeguarding responsibility is fully met.

### **Lay members**

The Board lay members are both actively involved in ensuring the Board meets its priorities. They are both members of sub-groups where their contribution and expertise is fully utilised.

### **St Leger Homes**

#### ***Overview of safeguarding responsibilities***

Safeguarding is a key priority for St Leger Homes as it places the needs of its customers and their families at the heart of its work.

As outlined in section 11 guidance, housing staff play an important role in safeguarding and promoting the welfare of children as part of their day to day work – recognising child welfare issues, sharing information, making referrals and subsequently contributing to managing or reducing risks of harm (WTSC 2015).

St Leger Homes has a proactive and reactive approach to safeguarding both children and adults to ensure our responsibilities are maximised. It has a designated safeguarding lead officer whose role is to ensure that we fulfil our responsibilities and promote positive practice within our organisation. In addition, the Engagement Team has a strategic involvement officer whose role is to work with young people, 16 – 25 year olds in partnership with other organisations, including schools. The aim is to empower and support individuals in this age group, by delivering training and workshops on key issues, such as CSE, FGM, FM and Prevent.

Internal arrangements 'dovetail' the Doncaster partnership approach in terms of delivering the Doncaster Safeguarding Children Board strategy. Procedures and services are available to individuals who either make enquiries or wish to report a safeguarding concern. Integral to this process we have introduced a 'single point of contact' via telephone, to continue best practice and safeguarding awareness throughout the organisation. This is used by employees and representatives of St Leger Homes to report any concerns they may have regarding a child (or adult) they may come across while completing their day to day duties. Actions arising from this are tracked.

In 2014/15, 243 safeguarding cases were received, resulting in appropriate enquiries and action being taken, including any relevant and necessary partnership work required to minimise risk and deliver early intervention. The 243 cases received resulted in 512 referrals being made to various partner agencies for support for the customer and families involved.

St Leger Homes work within CAF processes, attending these and other meetings e.g. Child in Need, Team Around the Child, Child Protection Strategy meetings which are an integral part of delivering frontline services that are integrated and focused around the needs of children and young people.

### ***Key Areas for Development***

CSE training and awareness is currently being rolled out by the training pool but places are limited and staff development in this field is on-going.

### ***Summary of assurance arrangements***

- Challenge meetings arranged on behalf of the Board are completed annually to ensure our internal arrangements and processes reflect WTSC 2015 Guidance and the Children Act 2004 (Sec 11) requirements.
- Safeguarding is included in St Leger Homes annual audit.
- We have received accreditation from the Tenants Participation Advisory Service (TPAS) and Customer Service Excellence for our safeguarding arrangements.

### ***Challenges made to other partners and challenges received and how these were addressed***

- Raising awareness with partners of the consequences of tenancy enforcement to the individual/family.
- Clarity in terms of Early Help pathway

## **South Yorkshire Fire & Rescue Service**

### ***Overview of safeguarding responsibilities***

South Yorkshire Fire & Rescue is an emergency responder for operational firefighting and rescue services, committed to reducing deaths and injuries and safeguarding property.

In addition to an emergency response SYFR provide services in Prevention and Protection to create a safer environment for people to work and live. This includes Technical Fire Safety with responsibilities for improving fire safety in business premises, public buildings, enforcement of legislation and also Community Safety to improve fire safety in the home and wider community.

Designated Lead: - A Safeguarding Officer was appointed into a newly created post for SYFR in May 2009. This role sits within the Community Safety function under the Prevention and Protection Directorate and is championed by both the Area Manager for the Directorate and also Group Managers with Community Safety Leads.

### ***Key Areas for Development***

Current Safeguarding Officer will be leaving SYFR in mid-August 2015 to take up a new post. The post is to be advertised externally and interim arrangements are in place.

### **Summary of assurance arrangements**

The Safeguarding Officer as the designated lead for safeguarding adults and safeguarding children is the named representative for SYFR at the Board. The role sits within the Community Safety function under the Prevention and Protection Directorate. The Safeguarding Officer is responsible for Safeguarding policy development, management and coordination and monitoring of all internal safeguarding alerts & referrals (Group Manager deputise out of hours and in the absence of the Safeguarding Officer), planning and delivery of internal safeguarding training.

### **Challenges made to other partners and challenges received and how these were addressed**

Case specific concerns taken to the Assistant Director of Children's Services with regard to actions taken by a secondary school and failing to recognise and provide support as part of the Early Help Strategy

## **7.6 DSCB Summary**

Based on the information provided by agencies the DSCB has identified number of areas of strength including:

- The DSCB is now well-attended by colleagues at the appropriate level of seniority in their organisation
- Our Lay Members continue to make a strong contribution to the DSCB and are an integral part of our business
- Work on CSE is progressing well via an established CSE Subgroup that has developed a detailed Action Plan and is currently developing a CSE Communications Strategy
- The CCG is providing strong leadership to safeguarding children across the health community
- The CQC has reported positively in relation to safeguarding within the health community
- GP protected training sessions provided jointly with DSCB leading to an increase in GP reports to CP conference
- Additional funding to support the Rapid Response process has removed the backlog of cases waiting to be dealt with at CDOP
- A new model of safeguarding supervision has been introduced within RDASH
- Positive partnership working has been demonstrated in the development of the MASH
- The Doncaster Children's Services Trust's has made successful bids for funding from the Government's Innovations Fund and innovative projects have been initiated as a result including Growing Futures, Pause and Mockingbird.
- The Doncaster Children's Services Trust and DMBC, as part of South Yorkshire partnership made a successful bid to improve quality of social work by forming the South Yorkshire Teaching Partnership

Based on the information provided by agencies the Board needs to assure itself that:

- Culture and diversity are taken into account when providing services to safeguard children
- Actions are taken to reduce radicalisation and the impact on children of extremism
- Conflicts of interest due to co-commissioning are dealt with appropriately
- DBHT addresses the issues identified by the CQC in relation to the Accident and Emergency Department
- the 'Don't shake baby' initiative has had a positive impact
- RDASH model of safeguarding supervision has led to improvements in safeguarding practice
- The findings of the Review progress of offender management strategy (NPS)
- The Early Help Pathway and thresholds are embedded across all agencies
- SYFR Service arrangements for safeguarding are unaffected by staff changes
- SYP to provide assurances that the welfare of children in custody is appropriately provided for
- The MASH arrangements have been effectively implemented

## 8. Quality and Effectiveness of Local Safeguarding Arrangements

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



- 8.1** DSCB has highlighted the need for it to be visible and influential through engagement with parents, carers, young people and wider community. Its CSE Plan identified the need to engage with black and ethnic minority groups. Work has commenced on engaging with these groups and impact will be evaluated in 2015/2016.

### **8.1.1 Voice of the Child and Community Engagement**

There is a wide range of positive work being carried out in Doncaster on the participation of children and young people. For example, DCST has established a dynamic Children in Care Group that provides looked after children with an opportunity to express their views. Doncaster Children's Trust conducted a participation event on 12th November 2014 where children and young people provided the Trust with views and suggestions about how LAC Reviews and Child Protection Conferences should be conducted. As a result of this work young people now take part in interviews of senior staff in the Trust including Head of Service and Independent Reviewing Officer posts.

The Council has conducted a major survey on the views of children and young people, Doncaster College has regular focus groups for young people to question senior leaders and Doncaster Youth Parliament engages in strategic decision making and provides challenge to statutory and other sectors in Doncaster.

It is recognised however that the DSCB needs to ensure the voice of young people influences the work of the Board directly. To this end the DSCB has developed an action plan to draw together work carried out by partners across Doncaster and to ensure children and young people have access to decision making to create change in the services and policies that have an impact on their lives.

The action plan has been developed with input from Doncaster Youth Parliament members. It has five key pillars for engagement with children and young people which are:

- To set up a children and young people sub-group of the DSCB – this will be chaired by young people to enable them to influence the work of the Board directly
- To develop the use of social media as a means of engaging with young people
- Develop close working links with advocacy workers – this will provide the board with direct link to professionals who are championing the needs of children and young people who receive services in Doncaster.
- To develop a challenge process to show how well partner agencies are engaging with children and young people who use their services – for example attendance and participation at case conferences and share good practice.
- Focus groups will be developed to engage with children and young people on issues such as road safety, legal highs, and detection of neglect. For example, in the forthcoming year a session has been planned for a focus group on neglect – this will be attended by the chair of the safeguarding board to listen to the views of children and young people.

### **8.1.2 Faith and Culture (F&C) Group**

The DCST Local Authority Designated Officer (LADO) established a Faith and Community Group in 2014 to support the sharing of key safeguarding messages and standards across this sector. This group has grown and in April 2015 the decision was made that it would now become a formal subcommittee of the DSCB. The sub-group will focus on safeguarding and promoting the welfare of children from faith groups and culturally diverse communities in Doncaster.

The terms of reference have been agreed and an action plan has been developed focusing on three main areas over the next twelve months.

- To engage with faith centres and culturally diverse communities and groups in Doncaster in order to raise awareness of the safeguarding issues so that groups will be able to better safeguard children in their communities.
- Produce a set of safeguarding standards for good practice and produce a self-assessment tool for groups that links with the set of safeguarding standards.
- Identify ways of supporting faith centres and culturally diverse communities in Doncaster in the role of safeguarding within their communities

Although it is still in its infancy, the F&C Sub Group has already made significant progress in bringing together a number of groups to raise awareness of safeguarding issues. Meetings have taken place in some faith centres. A clear purpose and direction of the sub group has been established which is promoting mutual trust and support. The future challenge is to build on this and to engage with more groups and to strengthen the links that have already been established. The 2015-16 Business Plan includes plans for an Engagement Conference at which a Safeguarding Standards and Self-Audit tool will be launched. A future development of the F&C sub group will be to facilitate a forum so that specific safeguarding issues related to this particular sector can be discussed and good practice shared. This will mean that safeguarding issues can be considered in a safe environment without groups feeling threatened or criticised and practice can be improved.

#### Areas for development

- Analyse the data from the self-assessment tool and develop an action for future support
- Formation of a forum for faith centres and culturally diverse communities and groups in Doncaster
- Engage with more groups and continue to strengthen the links that have already been established
- To implement Voice of the Child Action Plan

## 8.2 Early Help

Under *Working Together 2015* the LSCB is required to assess the effectiveness of early help arrangements in the Borough. Last year's Annual Report noted that systematic changes to early help arrangements were under development and due for implementation in 2014/15. The Board has requested regular updates on the progress of this work however to date the work has not yet been concluded, leading to challenge by the DSCB.

In quarter 4 2015 a total of 182 eCAF's had been started with 97 completed, giving an average completion of 53% - 12% higher completion rate than last quarter. The increase in eCAF's throughout the year has been attributed to the impact of the Early Help coordinators offering support and guidance to schools and other agencies and the Intensive Family Support Team fully utilising the Early Help Module to record their cases.

Whilst this is a positive move there is clearly much work to be done to improve the number of early help assessments being undertaken and the provision of early help to families. The high re-referral rates to Doncaster Children's Services Trust and



assessments which identified cases as not meeting the thresholds for social care would suggest that early help services are not yet working effectively in providing lasting improvements in family functioning.

There is currently no data to support analysis of the effectiveness of early help that is provided and to help us to identify whether this work prevented escalation to a statutory service. The new early help pathway that is currently being developed has a focus on the need for the implementation and effectiveness of early help to be monitored and reported.

As well as the work done by partner agencies, both DCST and DMBC deliver early help services. This has resulted in a complex situation and the need to redesign pathways to ensure that families receive the right help without unnecessary delay. DMBC and the Doncaster Children's Services Trust are currently working to develop clear pathways for the provision of early help and this has now gathered pace. The final outcomes of this work including a new Early Help Strategy, Handbook for Practitioners and revised thresholds guidance will be considered by the DSCB in October 2015. The development of the Early Help Hub aims to assist in ensuring a seamless offer is in place. The DSCB will keep this under review to have a better understanding of the processes and to scrutinise the understanding and application of thresholds.

DCST and SYP have worked collaboratively to establish the Doncaster MASH, with plans for its implementation in the first quarter of 2015-16. The primary role of the MASH (which will consist of Police, Social Care and Health services, will be to ensure that referrals to children's social care services receive a multi-agency information gathering and analysis process to inform decision making. It is expected that this will enable a more effective response to changing needs and risk alongside the Early Help Hub. DSCB will keep these developments under review as part of its core responsibility to monitor the understanding and application of thresholds.

#### Areas for development

- Finalise and launch the new Early Help Strategy and supporting guidance and procedures
- Develop and embed revised thresholds guidance
- To seek assurance in relation to the effectiveness of MASH arrangements
- Review the effectiveness of early help arrangements, including the engagement of practitioners in partner agencies

### 8.3 Child Protection

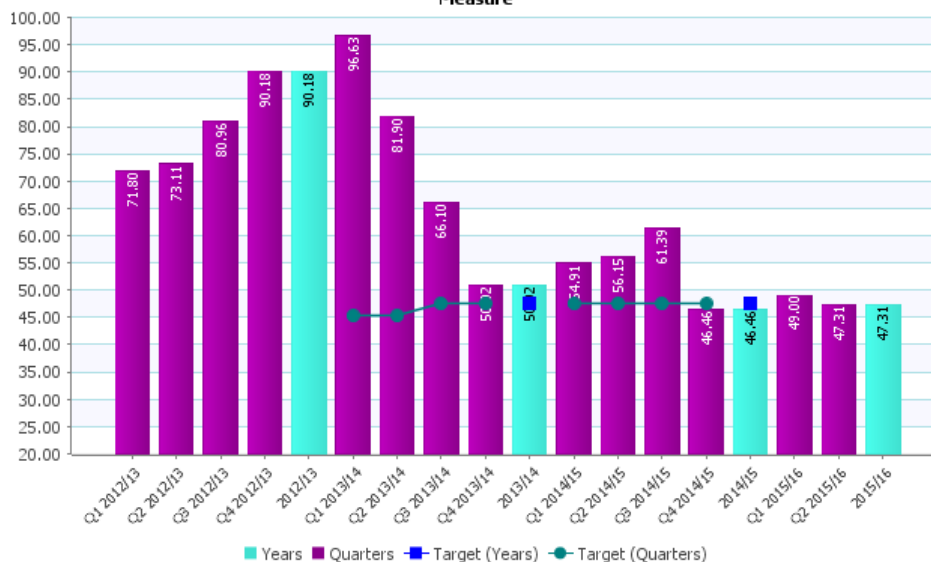
In October 2014 Doncaster Children's Services Trust became responsible for the delivery of many children's social care services. Data provided by DCST shows a large year-on-year drop in referrals from 1047 per 10,000 of population to 573.9. Whilst the overall number of referrals over the period is down, there has been a trend of monthly increases since January 2015. The national rate for the period 2012/13 to was 520.7 and this increased to 573 in 2013/14. The national data for 2014/15 is not yet available. Child in need (CIN) cases increased over the same period from 353 per

10,000 of population to 358. This is below statistical neighbours (397) but above the national average of 325.7. The number of cases which are assessed as requiring no further action, although reduced from 2013/14, remains high, suggesting the threshold for intervention is not met. As highlighted earlier, this is indicative of the need for a coherent Early Help pathway to be established.

Performance Indicator	Statistical Neighbour average	National average	2013/2014	2014/2015
Children subject to a CP plan per 10,000 population aged U18.	47.5	37.9	50.9	46.46

The number of children subject to a CP plan per 10,000 of population has fallen from a high of 60.39 to 46. This is in line with statistical neighbours but still higher than the national average at 37.9. However at the current time the overall trend in Doncaster is towards a gradual reduction of this cohort whilst nationally the number of Section 47 enquiries and the numbers of children subject to a Child Protection Plan continues to increase. This reduction is therefore seen as a positive trend. DSCB will want to be assured that there are positive outcomes for children whose needs are being met through a CIN plan.

(CYP CT) E14 E14. Children with CP Plan per 10,000 pop aged U18 (KIGS CH01) - as at end of month CT Contract Measure



The number of children becoming the subject of a plan for a second or subsequent time remains high compared with statistical neighbours. However this does fluctuate considerably each month reflecting the fact that the numbers are low and that a small number of families with multiple children can significantly affect the figure. Audit evidence indicates that in the majority of cases, the decision to end the original Child

Protection Plan had been made some years ago with full agreement of partners based on the family having made good progress. However concerns had reoccurred some years later, sometimes at the point at which the children became teenagers, with concerns often being quite different. Within the DCST Safeguarding and Standards Unit thematic audits will be undertaken to identify themes and practice messages arising from these cases. In addition data is provided to the Child Protection Team Manager on a weekly basis that identifies all potential “re-registrations” enabling individual cases to be discussed and audited.

Performance Indicator	Statistical Neighbour average	National average	2013/2014	2014/2015
% of Children subject to a CP plan for a second or subsequent time	14.3	14.9	17.58	17.00

There is a low number of children who have been subject to a CP Plan for more than two years. Proposals are under development to initiate an audit of CP cases at twelve months, with multi-agency discussion if the child remains on a plan at 15 months. This will ensure more proactive consideration of changing need and risk if CP plans are not making progress.

The percentage of children made subject to a CP plan under each category of abuse has varied very little, the greatest change being a slight decrease in emotional abuse and slight increase in neglect. This is likely to be due to a greater emphasis being placed on neglect at the current time.

Category of abuse	% of children under each category 2014/15
Emotional	30.78
Neglect	56.11
Physical	4.84
Sexual	8.27

Attendance at conference is monitored on a weekly basis, including which agencies have provided reports. This has shown that there is consistent attendance at conference and reports are regularly provided by social care, health and education. Other agency attendance is determined by their level of involvement, e.g. police will usually attend when there is an ongoing criminal investigation but will provide reports in other cases.

The Conference Chairs assure the quality of the case conference process including whether appropriate cases are brought to conference, whether the appropriate professionals attend and whether information is shared appropriately. Improvements in the process have been introduced to improve the engagement of children and young people in the process. Audits are completed for cases where the child has been subject to a plan for more than 15 months and midway reviews of all cases in order to

drive plans and prevent drift. As a result of this oversight there has been a significant reduction in the length of time children are subject to a CP plan.

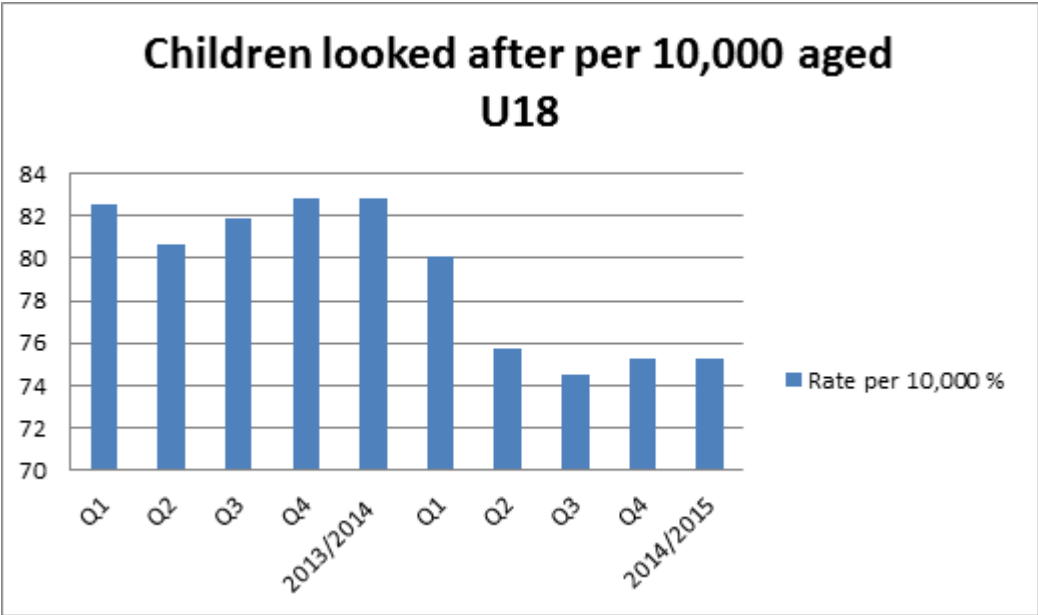
**Areas for development**

- Reduction in the numbers of referrals and re-referrals in line with statistical and national trends
- Audit of de-plans and re-plans to ensure the right children are subject to plans

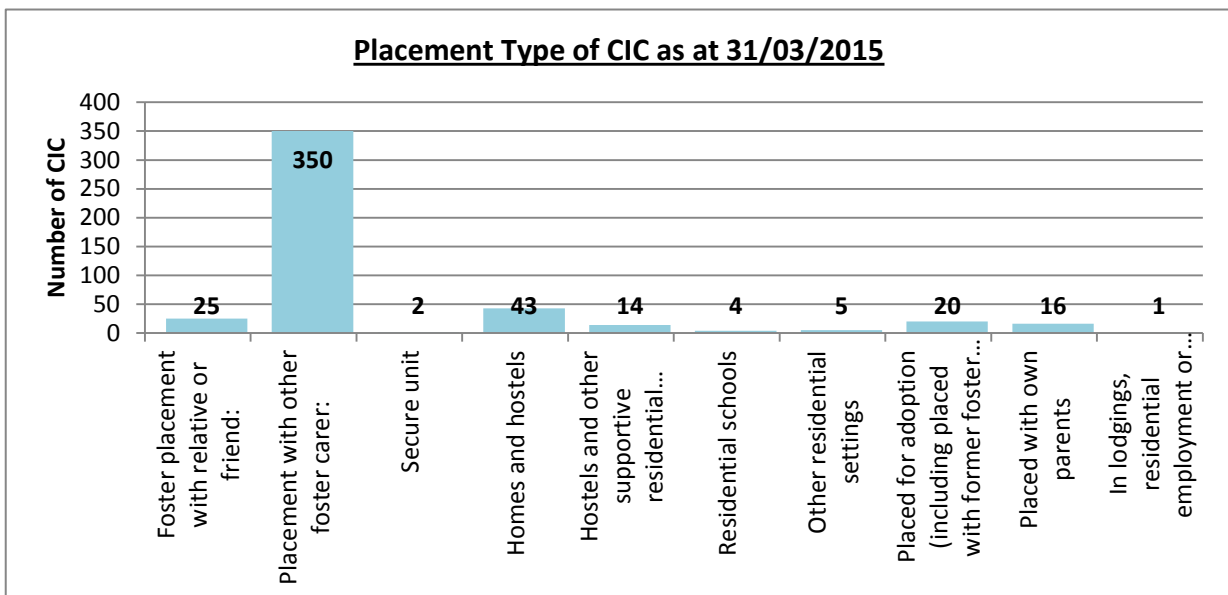
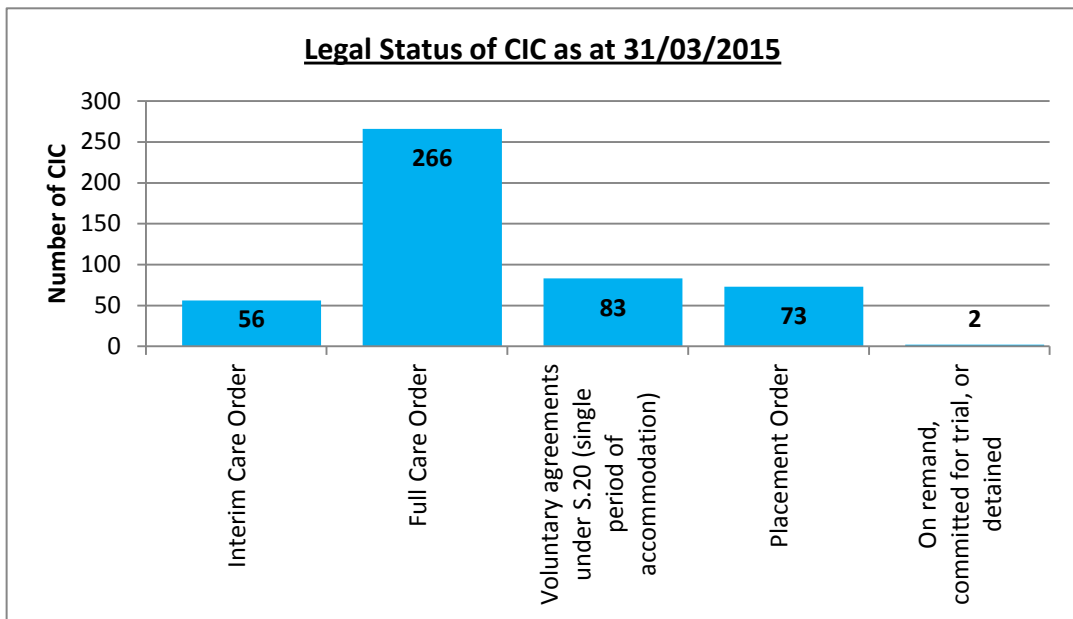
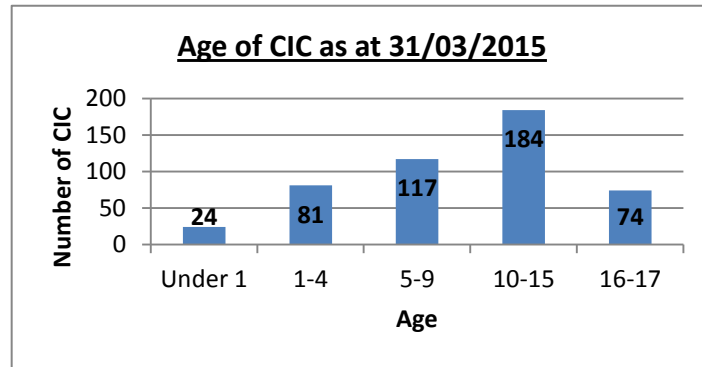
**8.4 Looked after Children**

Over the past year there has been a decrease in the number of looked after children which is due to a number of reasons:

- Children moving into adoptive placements
- Monitoring and scrutiny at the point of entry to care
- Permanence being achieved with extended family through Special Guardianship Orders, Child Arrangement Orders, and foster placements within the extended family.



The gender of young people in care was 3% higher for boys than girls. The largest age group for children in care in Doncaster was the 10-15 year age range. The highest category of need for children and young people entering care is abuse or neglect. There is a very low number of children from ethnic minority backgrounds, proportionally represented. The placements where children reside are generally foster placements, adoptive placements and children’s homes.



In the last DSCB Annual Report it was noted that a number of aspects of support for children in care needed significant improvement. In the last year much progress has been made:

- The timeliness of health assessments for children in care has improved although further improvement is still needed in relation to the initial health assessment which needs to take place when the child has entered the care system
- A greater proportion of school age children in care now have a Personal Education Plan in place. To improve the quality of Personal Education plans the Children in Care Education Service have been quality assuring PEPs specifically for children in years 6 and 11.
- The extent to which children and young people have contributed to their LAC Review has also increased this year and in 2014/15 almost half of young people in care actually attended their LAC Review and were able to state their wishes and feelings. In total only 6% of children and young people were unable or did not wish to contribute to their review.
- In 2014/15 the total number of reviews taking place within the statutory timescale was 98.4% which equated to 18 review meetings. The Safeguarding and Standards Unit's target is for 100% of reviews to be completed on time and the DSCB will monitor this.

**Placement stability**

Further work is required to improve placement stability for children in care. Chart 5 shows that too few looked after children in Doncaster have been in the same placement for at least two years.

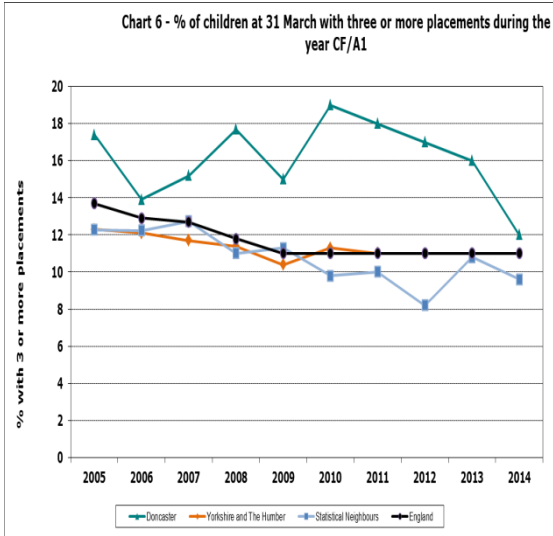
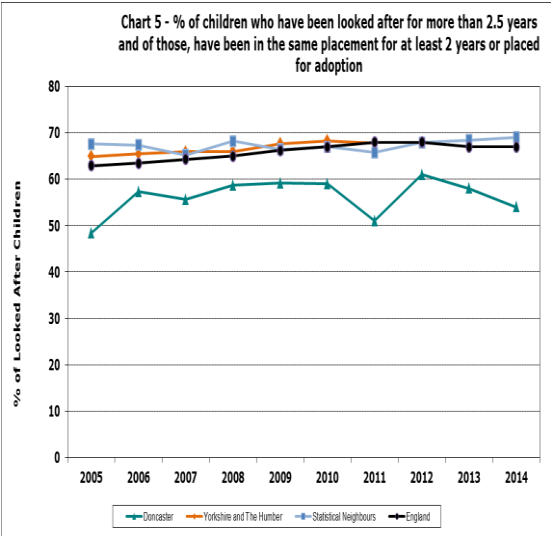


Chart 6 shows that the number of children with three or more placements in a year has been reducing significantly in recent years and this is positive but performance is still behind comparators. Together this data shows that whilst there are fewer instances of early placement break there are also substantial numbers of placements that break down before two years.

More work needs to be done to better understand when and why placements break down. The Fostering and Adoption Teams will undertake analysis which will form part of the work plan for 2015/16. A full review of the sufficiency plan and needs analysis is

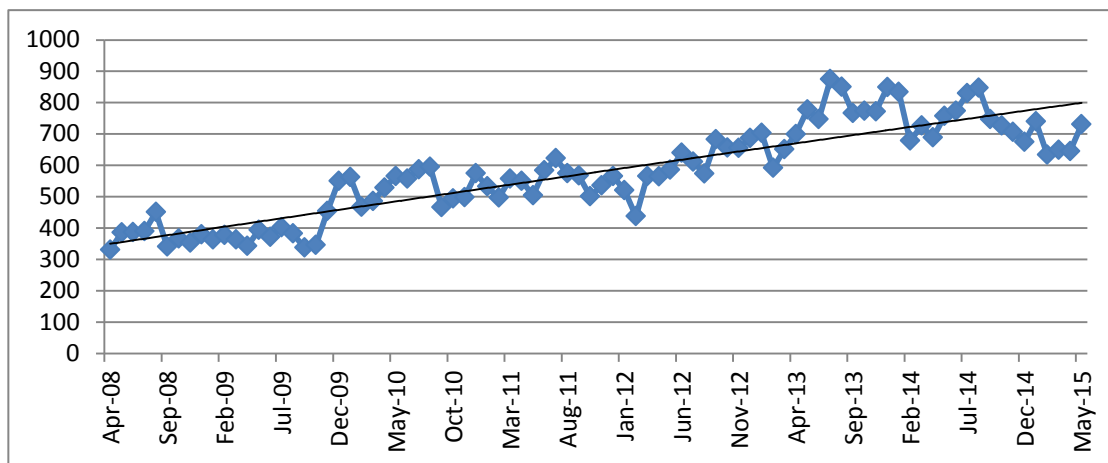
in progress and this will ensure recruitment is effectively targeted to meet identified need.

Based on this information the DSCB has identified the need for partners to work together at both strategic and operational level in order to develop a strengthened partnership response to young people in care who present significant challenges and are likely to experience placement breakdown

### 8.5 Domestic Abuse

The number of incidents of domestic abuse in Doncaster reported to the police has been increasing since 2008. There has been a small reduction in reported incidents in 2014/2015 from 9344 in 2013/2014 to 8769 (575).

<b>Total number of Domestic Abuse incidents reported to the police</b>	
Year	Total
2008/2009	4480
2009/2010	5089
2010/2011	6446
2011/2012	6523
2012/2013	7596
2013/2014	9344
2014/2015	8769



Domestic abuse and violence is a significant feature for children and young people in over 30% of all referrals to Doncaster Children’s Service Trust, and is prevalent in police referrals to social care. Families and children in Doncaster experience significantly higher levels of domestic abuse compared with neighbouring local authorities. Recorded crimes of domestic abuse offences in 2014-15 (up to the end of January) in Doncaster represent a third of all violent crimes in South Yorkshire. This indicates a disproportionate culture of acceptance of family violence, particularly in some communities.

Research carried out by DCST into children and young people's assessments carried out throughout 2014/2015 shows that domestic abuse is a factor and a concern in 42% of all assessments carried out.

It is important to recognise the contribution that will be made by the DCST Growing Futures Project. Funded by the Government's Innovation Programme this project aims to work differently with families where domestic abuse is an issue. Key to the success of the project is the recruitment of a team of specialist workers called Domestic Abuse Navigators who will work directly with families, and who will receive enhanced training and support for their role.

DSCB continues to work closely with Safer Doncaster Partnership, The Community Safety Service and the Doncaster Safeguarding Adults Partnership Board to develop and implement the Doncaster Domestic Abuse Strategy.

There is a robust training package within Doncaster to train professionals around identification and assessment of risk. DSCB provides multi-agency domestic abuse training in partnership with the Domestic Abuse caseworkers. The Community Safety Service also provides Multi Agency Risk Assessment Conference, (MARAC) training.

In addition, there are online courses available for Men and Women, such as 'Living with the Dominator and the 'Freedom Programme Home Study Course' for Women or 'How Hard Can It Be?' for men.

Partners within Doncaster are extremely committed to addressing and tackling domestic abuse and violence, and acknowledge that it is time to think differently and work differently.

DSCB will keep under review the effectiveness of the Growing Futures Project

## 8.6 Private Fostering

Under *Working Together 2015* one of the Board's statutory functions is to develop policies and procedures to ensure the safety of and welfare of children who are privately fostered.

- Private fostering is an arrangement made by a child's parents for a child under the age of 16 (or under 18 if the young person disabled) to be cared for by someone other than a parent or close relative with the intention that it should last for 28 days or more.
- As part of its challenge and assurance process the DCSB is provided with an annual report on the arrangements for privately fostered children. The report provided by the Doncaster Children's Services Trust identifies that the numbers of private fostering arrangements known or reported to the Trust continues to increase although the numbers are still very low. This is in line with national data, although it should be noted that the numbers vary regionally, with some regions showing fewer arrangements than in previous years.
- Children who are privately fostered continue to receive visits from an allocated Social Worker within appropriate timescales and the Doncaster Children's Services Trust Private Fostering Coordinator continues to work to increase awareness of the



issue, in order to help ensure that the Trust is appropriately notified of these arrangements. Research nationally has shown that public campaigns have had little impact on the extent of reporting of private fostering arrangements and for this reason the Doncaster Children's Services Trust continues to focus its efforts on ensuring that practitioners who are working with families are able to identify private fostering arrangements and are aware of their duty to report such arrangements to the Trust.

Authority/Trust	Number of children in private fostering arrangement at the end of March 2015
Sheffield	9
Doncaster	9
Rotherham	5 (although under validation)
Barnsley	4

The planned development for the future of Private Fostering are:

- Redesigning the resources (for example the leaflets are currently being reworded)
- Refocusing the awareness raising and continuing to raise awareness.
- Developing new links with the DCST in particular the CSE Team
- Established ways of communicating with ethnic groups and primary schools
- Develop the links with Community Rehabilitation Company to ensure notifications are received appropriately from them.
- CCG will consider private fostering within the evaluation of the emergency services within health.
- The DSCB to provide an assurance review from partner agencies on what is being completed for private fostering.

## 8.7 Child Sexual Exploitation

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

Current data relating to referrals and casework with children and young people who are at risk of CSE indicates that between 1st April 2014 and 31st March 2015, Doncaster Children's Services Trust received 120 referrals with the reason for concern listed as 'Sexual Exploitation'. Almost three quarters of these referrals have now been dealt with and closed with the remainder being young people who are still in receipt of a service from the Doncaster Children's Services Trust.

Of the 120 referrals, 20 resulted in the provision of advice or information only and did not require a service. The remainder progressed to a full assessment by the Doncaster Children's Services Trust. Almost half of these were subsequently signposted or transferred to another service such as an early help service following this assessment.

Data indicates that 33 children experienced some form of sexual exploitation during this period.

There has been an increase in pace and activity in responding to CSE since the publication of the Jay Report into CSE in Rotherham and a number of other high profile reports (e.g. the Casey report and the independent report into matters relating to Jimmy Savile). In response, the DSCB:

- developed a short-term local action plan in response to key recommendations from the Jay Report;
- published a CSE Assurance Report in December 2014, with an update in April 2015;
- developed a local challenge process to seek assurance from agencies about their work to protect children from CSE
- undertook an audit of CSE cases
- revised its CSE Strategy and Action Plan.

The CSE sub-group has made good progress, with the majority of actions on its action plan completed or on schedule. The key areas where more progress is required are the gathering of performance data and work with minority ethnic groups.

There has been a continuing difficulty with the provision of data and intelligence to enable the Board to have a clear view of CSE in Doncaster. As a result DCST has now employed an analyst to support this work and it has been agreed that this person will be given access to Police data and intelligence. Data and intelligence is now being collated and analysed and a performance report is in progress.

Work on community engagement with minority ethnic communities has been included in the work of the Faith and Culture Sub Group which will work with local community groups to improve safeguarding standards generally (see Faith and Culture Group, Section 8.1.2 for more information on the work of this group).

The Casey Report emphasised the wider leadership role that local councils can play in responding to CSE. DMBC has promoted awareness-raising of CSE with elected members and, through its Schools, Children and Young People Scrutiny Panel, has reviewed and challenged the Board's CSE Assurance Reports and action plan. Two recent developments are underway via partnership between DMBC and SYP. DMBC and SYP are introducing a scheme based on a model now operating in Rochdale Council in which taxi drivers are required to attend CSE awareness raising and training prior to being issued with a license. In Doncaster this will involve training 800 taxi drivers. All takeaway restaurants are to be visited jointly by DMBC and SYP staff to raise awareness. It is planned to develop a training package for all those involved in working in such establishments.

Doncaster Clinical Commissioning Group (CCG) had already anticipated key recommendations arising from the Savile report and has built a safeguarding standard in relation to celebrities and volunteers into its contracting arrangements with NHS providers. The standard will be updated to reflect any additional requirements arising from the recent independent report to the Secretary of State, with checks and challenges by the CCG to ensure that the responses of providers are robust. Progress will be reported to the CCG's Quality and Patient Safety Committee, with a summary report to DSCB.



### **South Yorkshire CSE Innovation Project**

A bid from the funding to support new initiatives in social work has been successful. Over a million pounds has been secured from the DfE fund to support new initiatives in social work for an innovation project in relation to CSE across the four South Yorkshire Local Authorities. The main objectives of the funding are:

- To develop a regional pool of specialist foster carers for children subject to CSE who continue to be at risk
- To reduce the need for “out of authority” placements
- To provide carers with the skills needed to deal with the significant challenges that young people involved with CSE can pose
- To develop specialist wrap-around services to support families and foster carers in sustaining relationships through intensive support

The timescale for the funding is twelve months from April 2015. Within this time there will be a need to develop and embed the service, and evaluate its success. If successful the service will become part of established functions in the four local authorities.

The DSCB has identified the following areas for development based on the information provided by agencies:

- Development of the dataset to give an accurate picture of CSE in Doncaster
- Implement and embed a CSE Communications Strategy

## 8.8 Children who go missing

In previous years the numbers of children reported as missing have been high compared with statistical neighbours. When analysed it was apparent that this was to some extent due to the way missing episodes were categorised, with some young people who were absent but whose whereabouts were known being recorded as missing. Work has been undertaken on a South Yorkshire basis to develop a protocol which provides greater clarity on which children should be classified as missing, and therefore considered at greatest risk. This new protocol appears to have been successful in reducing the numbers however not all providers are yet applying it appropriately.

The current statistics suggest that some private providers and semi-independent providers are still over-reporting young people as being missing as opposed to absent. For example in April 2015 out of the 8 young people who were reported as being missing from home (MFH) 5 of them were 16-17 year old males who clearly were just returning (24 out of 31 incidents) to their supported living accommodation later than their curfew time. Work continues to take place to embed the new protocol. This will ensure that those young people who are genuinely missing or at risk through being unauthorised absent will be much more readily identifiable and will receive more of a dedicated and commensurate level of police intervention.

In terms of future developments the newly established Children's Missing Operational Group (CMOG) has now met twice. This group reviews all children and young people who have been missing from home or care on more than one occasion. The group identifies the level of risk and ensures that appropriate action is taken to safeguard the young person. The group also cross-references with data on A&E attendances and children who are missing from education in order to help ensure that risks are identified. An example of the impact of this group is that one young person had only been missing once but was known to the hospital due to two previous over-doses. The collation of this information enabled the group to identify a risk that may not have been identified at this early stage.

In addition the South Yorkshire Police commitment to the locating of the police officer in the Children's Homes will continue as this is proving to have a beneficial impact on missing episodes.

## 8.9 Allegations against professionals

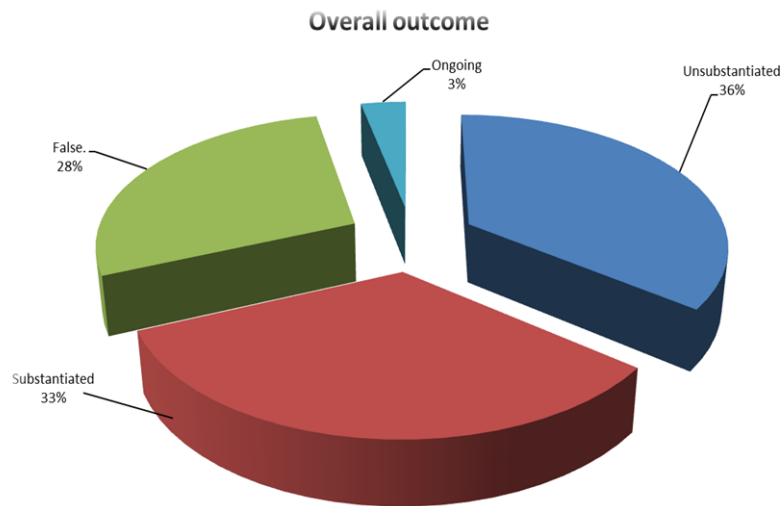
The overall numbers of cases reaching the threshold for involvement of the LADO has increased over the last three years by 13.5 %.

1/4/14 to 31/3/15	117
1/4/13 to 31/3/14	115
1/4/12 to 31/3/13	103

This has been the first full year that records have also been kept in relation to the number of *consultations* held and advice given (398). These involved matters that were of potential interest to the LADO but ultimately did not reach the threshold to hold a LADO strategy meeting.

The majority of referrals are from education settings and these are usually under the category of physical abuse. Referrals for sexual abuse have increased by 24%.

As can be seen from the graph below, a significant number of concerns relating to professionals are not substantiated. However this does not necessarily mean that the concern was not genuine. In some cases although a concern may remain, there is insufficient evidence to take action against the employee. The LADO has introduced a system of monitoring such cases through an action plan. The cases are then reviewed after a suitable period of time to ensure there have been no further concerns.



Good collaborative working with key agencies including the police, health and adult social care has had a positive impact on the way that these often complex cases can be managed. The location of LADO in the same building as the Police Public Protection Unit, Referral and Response Team, Domestic Abuse Advisors and Child Sexual Exploitation Team, has aided in the facilitation of strategy / evaluation discussions and meetings.

## 9. Learning and Improvement

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The Learning and Improvement Group has responsibility for the implementation of the Learning and Improvement Framework. During 2014 the group suffered from poor attendance which has hampered progress. In November new membership and chairing arrangements were agreed which resulted in more consistent attendance. In the last quarter good progress has been made on all aspects of the group's work.

It has reviewed the Learning and Improvement Framework which has now been approved by the Board. The group identified a timetable of multi-agency audit activity which has been progressed by the Audit Group. The group received its first performance report in March for quarter 3 and has just received the Quarter 4 report. The group has received reports from case reviews and is responsible for the oversight of the serious case review and learning lessons review commissioned by the Board.

The Learning and Improvement Group has three sub-groups which undertake activities and provide information to enable learning from all aspects of safeguarding to be pulled together into the Performance Report. The work of these groups is detailed below.

## 9.1 Performance Data

The Data Group has met on a number of occasions to agree a dataset and develop a performance report. The data includes a large number of indicators but gives a good multi-agency view of safeguarding indicators. Partners also agreed to provide analysis of their data to ensure The Board had a clear view of progress and issues. The first of these reports provided data on quarter 3. It was agreed that the full report will be completed six monthly; on the alternate quarters a [headline report](#) will be produced. This was produced at quarter 4. The report is a first step in providing good quality information to the Board as a basis for challenge. As the report framework is embedded, greater emphasis will be placed on analysis and evaluation of the performance information

The key issue identified as a result of the performance reports has been the large number of re referrals into children's social care. This can be linked to the lack of progress on early help which has resulted in the Board commissioning a review of the understanding and application of thresholds and the impact of early help.

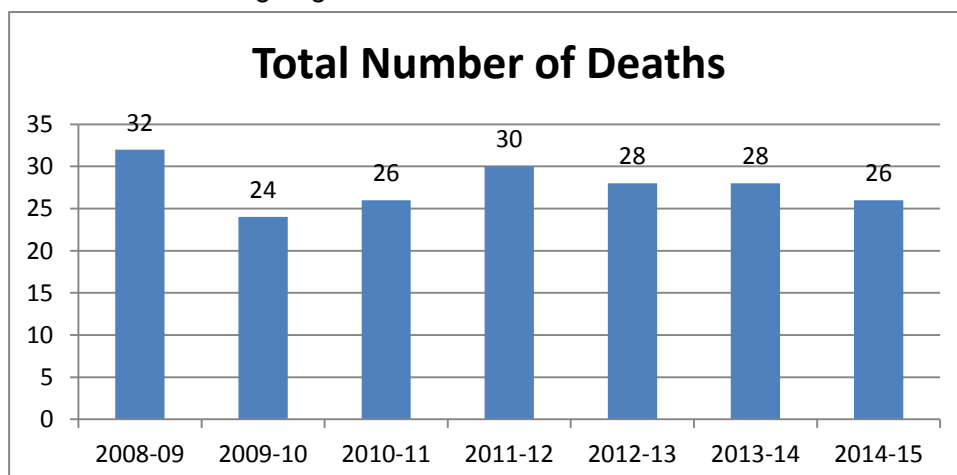
## 9.2 Child Death Overview Panel (CDOP)

The CDOP in Doncaster is chaired by the Designated Nurse for Safeguarding & LAC Doncaster Clinical Commissioning Group.

There are a number of examples of learning and practice change that have arisen as a result of the panel's work. These are established as clear targets within the CDOP action plan set in January 2015. Key areas are:

- Ensuring that there is a clear focus regarding modifiable factors when reviewing neo and perinatal deaths.
- Supporting arrangements for the Lullaby Trust to offer bereavement support to bereaved families.
- Establishing the need for a comprehensive road safety campaign to reduce the number of child deaths resulting from road traffic accidents.
- Improving communication between schools and colleges and other agencies when a child dies.

The [CDOP Annual Report](#) gives a more detailed overview of the work of the panel and can be viewed on the DSCB website. In summary 2014/15 did not represent a high number of child deaths. In comparison with previous years the 26 deaths notified was the second lowest since 2008. This is in keeping with the national trends where the number of child deaths is going down.



Of the cases that were reviewed 9 cases were found to have modifiable factors some of which were multiples.

Some examples of the modifiable factors found in the reviews include:

- Smoking by parent/carer in a household
- Smoking by mother during pregnancy
- Housing
- Domestic violence
- Co-sleeping
- Poor parenting/supervision
- Child abuse/neglect
- Poor surgical intervention

This categorisation does not indicate any implication of blame on any individual party but acknowledges where factors are identified which had been different may have resulted in the death being prevented.

The DSCB has identified the following strengths in relation to the implementation of the Child Death Review process:

- CDOP has increased in its efficiency. There are now a higher number of cases reviewed than in previous years. The average length of time taken to review cases has decreased.
- The panel has a high level of attendance indicative of strong multi-agency engagement.
- An action plan is in place to address the issues that have been identified and some of the tasks within it particularly with regard to bereavement support have been completed.
- Healthy Pregnancy, Healthy Baby strategy is in place
- The need for a road safety campaign focussing on adolescent risk taking behaviour has been clearly communicated to all partners.

The DSCB has identified the following areas for development

- Links are being established with regional LSCBs to observe their operation and consider what can be learnt from these areas.
- Greater scrutiny of modifiable factors in neo-natal deaths is being undertaken to ensure local practice reflects national.
- Consideration is being given to the use of electronic systems to share information across agencies following a death occurring.

### **9.3 Case Reviews including Serious Case Reviews**

The case review group has met regularly over the last year. The remit of the group is to consider cases which may have learning for the partnership but which do not meet the criteria for a serious case review. A number of cases have been considered and action plan have been pulled together into one composite action plan. Actions have been addressed in a timely way with changes in process evidenced. Currently there is little evidence of impact in terms of outcomes for children and young people.

### **9.4 Serious Case Reviews and Learning Lessons Reviews**

The Board maintains a dedicated Serious Cases Review Panel which considers all cases which may meet the criteria for a serious case review (SCR). During 2014–15 the panel was convened on one occasion and the Chair of the Board accepted that the criteria for a serious case review were met.

An independent chair for the review was appointed and the methodological approach agreed upon was that of a significant incident learning process (SILP). This review is nearing completion and is expected to report to the Board in October 2015.

In July 2014 the panel considered a case relating to an incident in a residential care establishment. The panel recommended undertaken a learning lessons review. This review has now concluded. The findings have been developed into an action plan which is being monitored by the Learning and Improvement Group.

### **9.5 Learning from Serious Case Reviews**

The Board and Workforce Development Sub Group fully support the principles of continuous learning improvement and as stipulated in Working Together 2015 “Professionals need to learn from their own practice and that of others.....Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.”

Multi-agency training has been devised to incorporate the two most recent high profile child deaths, Daniel Pelka and Hamzah Khan. These cases provide significant learning opportunities in relation to the failures of multi-agency working and poor safeguarding practice with regard to the voice of the child, case recording and assessment of likelihood of significant harm. These are used as detailed studies and the key learning points are cross referenced throughout the training in the presentations regarding substance misuse and domestic abuse. Participants frequently indicate via evaluation and reflective logs that the opportunity to study in detail the lessons arising from these SCR's has had a significant impact on their practice. All training devised includes both reference and examination of procedures and reflects any changes to practice mandated by Working Together guidance. This will continue to updated to incorporate Working Together 2015.



## 9.6 Audits

The Learning and Improvement Group identified a timetable of multi-agency audits to were:

- Child sexual exploitation
- Neglect
- S47 cases

The audit group has developed a format for undertaking multi-agency audits which requires each agency to audit the identified cases then come together as a group to discuss findings and agree themes for improving practice.

The CSE audit identified a number of themes which were translated into a multi-agency action plan. The key areas identified for the action plan included improved practice on risk assessments, development of an Intelligence Forum, data/information about victims, perpetrators and CSE hotspots. This action was incorporated into the strategic CSE action plan and is now covered by the Children Missing Operational Group (see Section 8.7 on CSE).

## 9.7 Workforce Development

2014-15 saw significant progress in relation to workforce development. Overall there has been an increased level of engagement across all agencies. The content of the training is now greatly improved reflected by the outcome based evaluations and reflective logs returned. The range of courses has expanded alongside the development of a multi-agency training pool. Although a reasonable number of professionals participated in the analysis of impact this continues to be an area for development.

The Training Strategy 2015-16 was endorsed by the Board in January. The new strategy incorporated a focus on the impact of the training on practice utilising outcome based evaluations linked to capabilities as well as re-establishing the use of reflective logs. Further developments include charging for non-attendance and the establishment of an electronic booking system to improve the accessibility of training.

The Board has a strong commitment to multi-agency training and has invested in developing a multi -agency training pool. The role is supported by a person specification and job description. The training pool now consists of experienced practitioners from Doncaster Children's Services Trust; DBHFT; RDASH; DMBC; Doncaster Pride; St Leger and South Yorkshire Police. The Board was keen to ensure that the pool were suitably skilled therefore the NSPCC were commissioned to deliver "Training for Child Protection Trainers". Thirteen members of the training pool completed the course. The training pool are now utilised across the range of courses provided.

## 9.8 Content of Training

Effective Partnership Working (Level 3) – Having been completely overhauled in May 2014 the course continued to gain very positive feedback. The two day course is delivered by eight members of the training pool including the Training Manager.

Themes emerging from the feedback include the course being: very informative and useful; positively influencing practice in organisations; beneficial to hear from different perspectives; well delivered; would recommend to colleagues; the course being vastly improved; use of the risk and resilience tool; being much better informed and more confident to make judgements; being able to challenge or pursue difficult conversations; the best safeguarding training ever attended.

The end of 2014/15 saw two new training courses being added to the DSCB training calendar focussing on Neglect in line with Board's Strategic Priorities and also Parental Mental Illness. The Neglect course will be developed and delivered by members of the Training Pool. Five dates have been posted for this course for the remainder of 2015. The course focusses on recognition and the multi-agency response. This course will be promoted widely across the children's workforce. "Parent Mental Illness and the Impact for Dependent Children" has also been reintroduced to the calendar.

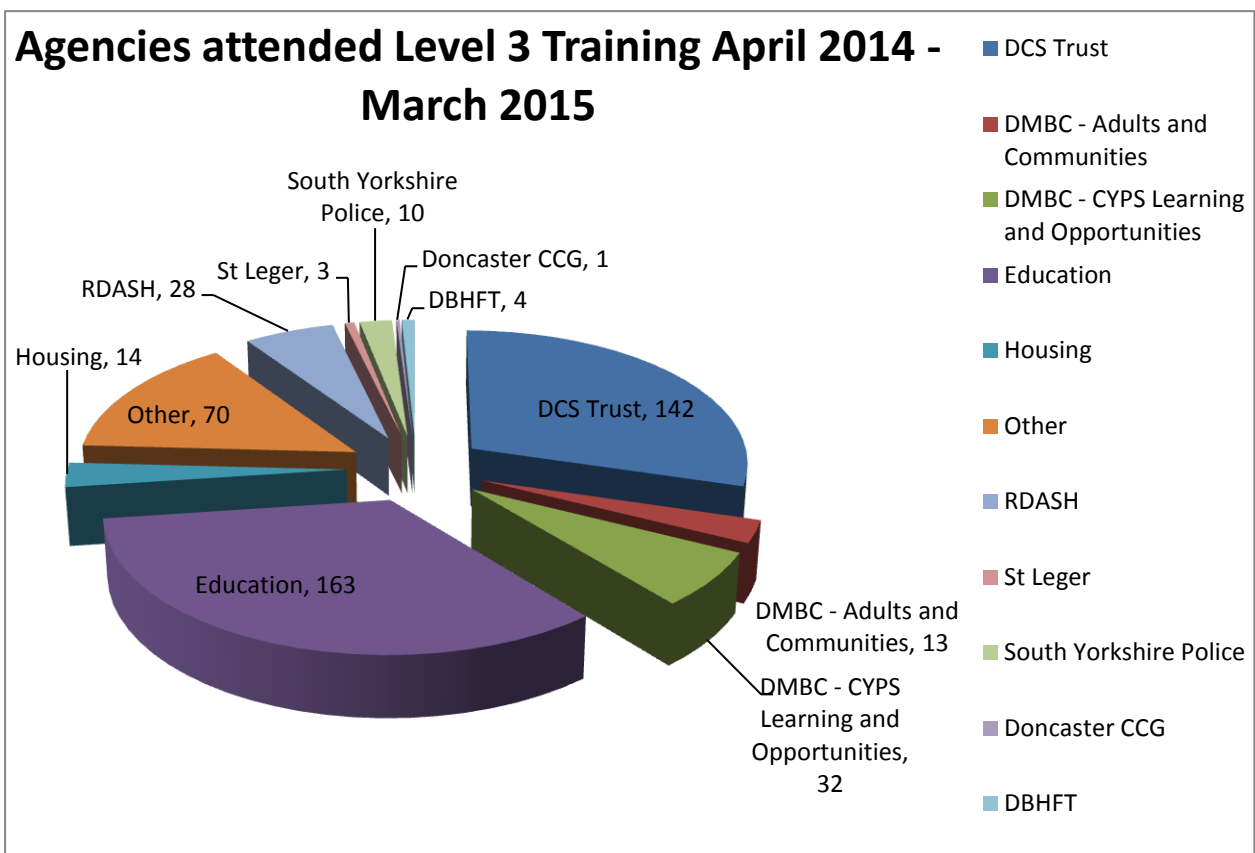
CSE is a further strategic priority for the Board. It continues to be delivered at Level 3 by an Independent Trainer and to receive positive evaluations. Multi-agency attendance at training continues to be good. The training delivered by the DSCB complements the awareness raising briefings that are delivered by the dedicated CSE team. These briefings are targeted at a much broader audience including parents and young people as well as professionals. The CSE team has engaged with a wide range of participants including the industries sector where there is a significant preventative benefit to raising awareness of the signs to look for that would indicate that a young person is being exploited. The CSE Team collates figures by calendar year as opposed to financial year. In 2014 a total of 6811 individuals were engaged with. At the time of writing (August 2015) 2194 people had been trained.

The DSCB commissions two online training courses from the Virtual College; Basic Awareness and Safer Recruitment. The strategy allows individual agencies to source their own training or alternatively to access the DSCB provision free of charge. The Junction Project delivered a course on behalf of the DSCB entitled Recognizing and Responding to Sexually Harmful Behavior. CAF Awareness – Delivering Early Help was delivered jointly throughout the year by the Training Manager and an Early Help Coordinator/ Manager. In order to ensure that practitioners are fully equipped to deliver Early Help the training runs sequentially with eCAF training which enables practitioners to use the electronic system.

Two sessions of GP training have been delivered. In total 160 GPs attended. The training consisted of four 30 minute workshops with each GP attending. Outcome based evaluations were used and they demonstrated a positive effect in terms of increasing GP's knowledge and skills relating to Safeguarding Children.

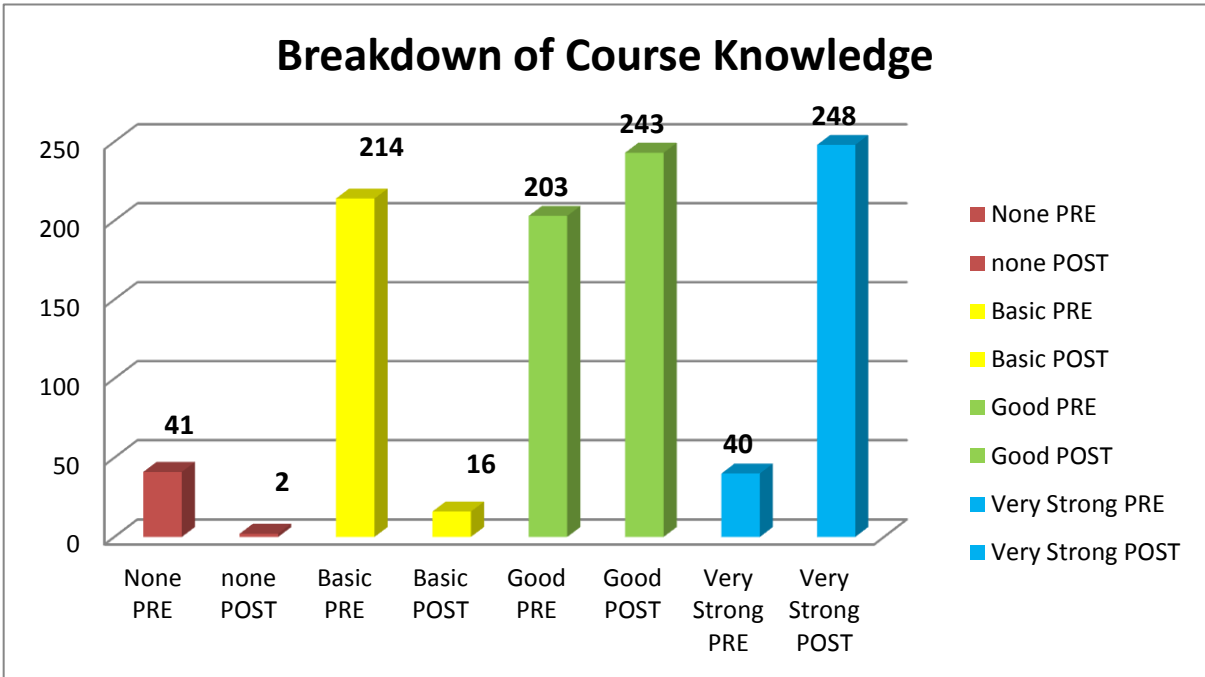
A total of nine lunchtime seminars have been delivered in the year. These were Operation Clan; Fuel Poverty; Safeguarding Children who Self Harm; Impact of Child Death on Professionals; Safeguarding LGBT; Female Genital Mutilation; Honour Based Violence and Forced Marriage; Child Death Overview Process and Recent Changes in Family Law.

At the start of '14/'15 multi-agency engagement with Level 3 training was limited. The main attendees were drawn from schools; children's centres; private nurseries and voluntary sectors. The year saw a steady increase in participation from the key safeguarding partners. Agency attendance for 14/15 is outlined in the graph below. The pattern of engagement by all agencies is repeated across the other courses delivered on behalf of the DSCB including CSE.



**Outcome Based Evaluation**

Currently outcome based evaluations linked to capabilities are utilized in the Level 3 training. There is a need to develop these across the range of courses and this will take place over the next year. The outcome based evaluations that have been used show a strong increase in scores across all the different levels i.e. from none to very strong.



### Reflective Logs

Participants at Level 3 training are sent reflective logs in order to assess the impact that the training has had on their practice. The logs pose the following questions: What have you done differently in your practice since attending the training? How has the training impacted on your service? How has the training had an impact on you as a practitioner? It also includes a section for comments from the practitioner's line manager regarding the impact of the training. In total 85 reflective logs were returned. Overall participants indicated that the training had a significant impact on their practice.

Themes identified included:

- confidence to know when and how to make a referral;
- revision of systems for recording safeguarding concerns;
- awareness of the impact of mistakes by professionals and the need for effective partnership working;
- completion of more relevant reports for case conferences;
- familiarization with thresholds; confidence in following correct procedures;
- deeper understanding of child protection issues ;
- the requirement for openness and a true sharing of information;
- utilizing the SCR's to demonstrate the importance of recording and reporting;
- the importance of chronologies ;
- partnership with other agencies to improve outcomes for children

The DSCB has identified the following strengths and achievements:

- Significantly improved engagement and commitment from all partner agencies to both the delivery of and attendance at multi- agency training.
- Adoption of outcome based evaluations evidences improvement in children's workforce capabilities as a direct result of DSCB training.
- Reflective log process provides detail of actual impact of training on practice.
- Training has provided positive learning opportunities and promoted improvements in morale and confidence alongside a better understanding of other roles and greater mutual respect.
- Range of course provision reflects key strategic priorities.

The DSCB has identified the following areas for development:

- Planned provision for 2015-16 reflects increased emphasis on diversity including safeguarding children who are LGBT and seminars promoting awareness of minority cultures.
- Further development of analysis to ensure that training programmes have a significant impact on safeguarding practice.

## **10. Impact of the Board – Responding to Challenge**

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Over the last year there is evidence that the culture of the Board has changed. There is now culture of challenge where Board members are clearer about their roles and are willing to challenge others and also to be challenged. There is emerging evidence of how the Board has influenced partners and that it is now beginning to gather the information, through a range of sources, to challenge and impact on the way things work across the safeguarding system in Doncaster.

In November 2014 the Board provided a challenge to partners to assure the Board of the work they are undertaking to safeguard children at risk of sexual exploitation. All partners completed the self-assessment tool and attended 'challenge meetings' with the Independent Chair, Deputy Chair and the Chair of the CSE sub-group. These meetings resulted in changes in practice by some partners, for example one partner identified that they could not be sure that they were identifying all CSE cases and as a result have become members of the Children Missing Operational group.

The Board has received various assurance reports from partners including the Doncaster Children's Services Trust Private Fostering Annual Report, CQC Inspections Reports and HMIC Reports. The HMIC Report noted an issue with children in custody and the Board has challenged the South Yorkshire Police to provide updated information regarding this matter.

Further challenges have included requesting updates on the development of the Multi-Agency Safeguarding Hub and the Early Help Strategy.

The Board has been able to influence progress on the development of the Early Help Strategy has taken and is actively involved in the development of the thresholds document and early help model.

The Board uses a Challenge Log to record and ensure action on challenges raised at its meetings. This is attached at Appendix 2.

The DSCB has worked closely with the Doncaster Safeguarding Adult Board to develop a joint S11 self-assessment and challenge process. This process includes the completion of a self-assessment tool covering both children's and adult's issues. The partners then attend a challenge meeting which involves a panel of the Chair of the Adult or Children's Board, a Board Manager and a representative of another agency who will have appropriate knowledge to ensure the challenge process is effective. This process will reach a conclusion in October when themes will be shared with both Boards.

## **11. Conclusion and Recommendations for future actions**

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This has been a period of significant change for all partners including restructuring within the South Yorkshire Police, new commissioning arrangements in the Health Community and DMBC and the creation of the first Children's Services Trust. External reviews have identified continuing challenges for the Local Authority, Police, Health and DCST. In a time of continued budgetary restraint agencies have had to respond to the increased challenges posed by reports such as the Savile Inquiry and the Jay report into CSE issues in Rotherham.

Information available to the DSCB directly from partners and through its performance framework suggests that while there are areas of good practice across all agencies, there are still many areas which require further development and some which require urgent attention.

The Board has developed in clarity of purpose and confidence in the last year. The Learning and Improvement Framework has led to the Board having clearer oversight of issues and progress and there is a strong commitment to developing a culture of challenge.

The Board's links with other strategic groups such as the Health and Wellbeing Board, Safer Stronger Doncaster and Doncaster Safeguarding Adults Board are getting stronger with joint initiatives around shared agendas such as Hidden Harm, sexual exploitation and the development of a joint self-assurance process.

There has been a strong and purposeful approach to CSE, with robust plans being taken forward by a number of task and finish groups.

Within the Doncaster Children's Trust the successful bid for the Innovations Fund has led to the development of a number of new initiatives: to support families experiencing domestic abuse, improvements to the quality and approach to foster care for challenging teenagers and support mothers who have had previous children removed.

Performance data and information from case reviews suggest that early help arrangements are still not providing services early enough and that many families are needlessly referred to Doncaster Children's services Trust. The planned implementation of the MASH and new arrangements at the Children's services 'front-door', linked with the establishment of systematic early help provision will enable a more effective response to families who are re-referred for a service and ensure families are supported to get the right service as early as possible through the system. The DSCB will review the progress of these developments in the coming year to ensure their effectiveness.

Within the Health community there have been two significant appointments to improve safeguarding services (Nurse Consultant in RDASH and Named Nurse to support the child death process within DBHFT). Generally positive inspections of the safeguarding within the health community highlighted actions in relation to the Emergency Unit. The DSCB will review progress on the implementation of these actions and will review the

impact of the new commissioning arrangements in respect to Child and Adolescent Mental health services to ensure they meet young people's needs.

A number of partners have undergone significant structural and organisational changes such as the creation of the National Probation Service and The South Yorkshire Community Rehabilitation Company Ltd. The impact of this on their ability to keep safeguarding children to the fore will be monitored by the Board over the coming year.

South Yorkshire Police are also undergoing a period of change having received a critical HMIC report. The Board will require assurances that the recommendations from the report have been acted upon and become embedded in practice.

Progress on the Board's strategic priorities has been positive but there is still much to do. The Board has received an increased level of performance reporting this year which has enabled it to better evaluate the effectiveness of safeguarding. This information however needs to be more analytical and have a greater focus on impact.

Work on CSE has generally progressed well but work with ethnic minority groups has only just begun to be progressed through the Faith and Culture group. The workforce group has also identified a need for greater professional confidence in working with diverse communities. This has been included in the Workforce sub-groups priorities for the coming year.

Each agency can provide positive examples of how they have involved children and young people however the work has not been coordinated to enable the voice of the child to influence the work of the Board. An action plan has now been developed which will focus on bringing partners together to work with children and young people.

In conclusion 2014/15 has seen the Board put down good foundations for taking forward its priorities. This report identifies a number of weaknesses within the local service provision but has noted many developments and initiatives which will enable improvements to be made. The role of the Board in the coming year is to ensure that the planned initiatives and those already implemented have an impact on the performance and effectiveness of safeguarding services in Doncaster.

### **Key Areas for improvement**

- The implementation and embedding of the early help pathway and the thresholds
- Ensuring greater quality and consistency of practice in social care
- Ensuring that victims and those at risk of CSE are effectively supported
- Development of a clear communications strategy to ensure there is wide understanding of the role of the DSCB including improved linkages with the Black, Asian and Minority Ethnic groups and through the Faith and Culture Group
- Implementation of the action plan to ensure the voice of the child is heard
- Continue to develop the Performance Framework to ensure that the impact of the Board's activities is evidenced



## Business Plan and Strategic Priorities 2014-2016

### DSCB Vision

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



#### Statutory responsibilities of DSCB include:

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

#### The structure of the Board is:

- Board
- Chairs Group

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

- Child Death Overview Panel
- Learning and Improvement (includes Case Review Panel)
- Workforce Development
- CSE and Missing Children

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

- Policies and procedures
- Education
- Family Justice Review

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

### Strategic Priority 1

**SP 1 Doncaster has an effective Safeguarding Children Board which meets its statutory responsibilities, promoting a culture of challenge, accountability and shared learning**

1. The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the CSIPB) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children. Arrangements include effectiveness of meetings with opportunities to challenge  
**Lead:** Chair of Board

2. The LSCB effectively prioritises according to local issues and there is evidence of clear improvement priorities, incorporated into specific delivery plans to improve outcomes.  
**Lead:** SBU & Chair of Board

3. Through its annual report the LSCB provides a rigorous and transparent assessment of the performance and effectiveness of local services and can evidence challenge. The report includes lessons from management reviews, serious case reviews and child deaths.  
**Lead:** SBU & Chair of Board

4. The LSCB has a local learning and improvement framework with statutory partners.  
**Lead:** Workforce (link to SP2 (3))

5. The LSCB ensures that high-quality & effective policies and procedures are in place.  
**Lead:** SBU & Task & Finish Group

### Strategic Priority 1 continued...

6. Review business support unit and structure to enhance Board effectiveness  
**Lead:** AD Children & Families

7. Review DSCB membership to ensure the right agencies at the right managerial level are members of the board and are held to account for their agencies engagement with the board and attendance at board meetings and groups  
**Lead:** Chair of Board

### Strategic Priority 2

**SP 2 Doncaster has highly effective safeguarding systems and practice**

1. The DSCB have a robust Quality, Performance Assurance Framework which gives a whole view of children's and families experience.  
**Lead:** HOS Safeguarding & Standards via Learning & Improvement Group

2. The DSCB has an effective single and multi-agency audit system, which has the capacity and process to undertake enhanced assurance inspections (deep dive)  
**Lead:** HOS Safeguarding & Standards via Learning & Improvement Group

3. The DSCB has created a learning improvement culture, learning from best practice, research, SCR/LLR and Serious Incidents Together which directly influence and shape practice.  
**Lead:** Workforce Development Group

### Strategic Priority 3

**SP 3 Doncaster has effective arrangements for responding to key safeguarding risks (particularly child sexual exploitation, missing children, and neglect), promoting early identification & support to prevent escalation of risk to keep children safe**

1. To reduce the likelihood of children and young people being sexually exploited and also to protect those who are involved by disrupting and bringing to account those who commit this form of child abuse.  
**Lead:** CSE and Missing Children

2. To reduce the likelihood of children and young people going missing from home and care.  
**Lead:** CSE and Missing Children

3. Effective pathways to respond to children and young people who are missing education.  
**Lead:** CSE and Missing Children

4. To ensure and embed effective arrangements to respond to early signs of neglect; including for unborn children.  
**Lead:** AD Children & Families

5. To ensure effective arrangements to support the recognition, notification and safeguarding of privately fostered children and young people.  
**Lead:** HOS CIC

### Strategic Priority 4

**SP 4 Doncaster SCB is visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, parents, carers, children and young people**

1. Implement a Communication Strategy to ensure clear, effective and plain communication of DSCB messages.  
**Lead:** SBU

2. DSCB develops a mechanism for front line practitioners led by principal social worker and designated professionals to come together to provide a voice to the DSCB.  
**Lead:** PSW

3. DSCB will review and relaunch the Threshold document.  
**Lead:** Service Improvement Director

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

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

Doncaster Safeguarding Children Board – Challenge Log

Date of Meeting	Challenge No:	Challenge Made by:	What the Challenge was	What difference did the challenge make to the discussion/decision/learning/practice
13/03/14	1	Director of Operations The South Yorkshire Community Rehabilitation Company Ltd	<p>The members agreed that there is a big gap in commissioned services in the borough to support these cases. Specialist intervention is required to work with children at risk from CSE.</p> <p>The Director of Operations for SY CRC asked about boys at risk too? Information was not shared with South Yorkshire Probation on a case when they were working with the person involved.</p>	As a result there has been a change to the way CSE is being dealt with. There is improved working between police and Children's Services with the creation of the multi-agency team. Children's Services and the Police jointly chair the CSE and Missing Children sub-group. CSE strategy is being reviewed with a multi-agency action plan which is regularly reviewed and overseen by the DSCB. A report on progress has been provided to DMBC Scrutiny Panel.
15/05/14	2	Assistant Principal Inclusion & Learner Experience Doncaster College	Need to find a way to embed the Voice of the Child within the Constitution	The voice of the child is now covered in the section on community involvement and has also been covered in the terms of reference for the sub groups.
15/05/14	3	Director of Children & Young People's Service, DMBC	Assurance from agencies about their safeguarding processes in place to assure themselves of the effectiveness of their safeguarding arrangements	A multi-agency data set has now been agreed and is in the process of being populated. This will provide assurance to DSCB members that all agencies are focussing on the effectiveness of their safeguarding arrangements.
20/10/14	4	Head of Referral and Response, DCST	Seek to establish a single team manager for the Doncaster CSE team to be in place by the end of November as a fixed term appointment for twelve	JD has been developed for CSE coordinator role. The Team Manager is now in place who will undertake the role of 'coordinator'.

			months in the first instance. The Director for Children and Young Peoples Service, DMBC to take this forward and discuss with the Police Crime Commissioner	
20/10/14	<b>5</b>	Head of Referral and Response, DCST	Chair to raise concerns about lack of data analyst at meeting of SYP with DCSs and LSCB Chairs on 5 <sup>th</sup> November with a view to securing a designated data analyst for Doncaster (possibly shared with another local authority area).	Funds been secured through DCST to provide data analyst for CSE to be based within DCST performance team. This post has now been appointed to and work has commenced on the dataset.
16/10/14	<b>6</b>	Director of Operations The South Yorkshire Community Rehabilitation Company Ltd	All agencies to provide a position statement on activities undertaken to safeguard children from CSE	Self-assessment form developed which all agencies completed and returned to Business Unit. Challenge meetings have taken place and actions from these are being taken forward by agencies.
2/12/14	<b>7</b>	Assistant Director for Education, DMBC	Agencies required to provide evidence on the safeguarding training provided at level 2 and to provide workers to join multi-agency training pool	Most agencies have provided members for the training pool, still require names from the DCST. Regular meetings to support the training provided by the pool have been established and training from NSPCC took place March 2015. As a result the amount of training provided has increased and additional courses are being developed.
14/05/15	<b>8</b>	Independent Chair, DSCB	In order that the DSCB can assure itself that thresholds are understood and of what is being provided in relation to early help the Board agreed to undertake an independent review if thresholds.	
03/07/15	<b>9</b>	Chief Operating Officer, DCST	Partners challenged to provide data and analysis to populate the Performance report	As a result of this request the Police agreed to allow the data analyst for CSE to have access to their data to populate the dataset

<b>Glossary of Terms</b>	
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Children and Mental Health Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIC	Children in Care
CIN	Child in Need
CMOG	Children Missing Operational Group
CP	Child Protection
CSE	Child Sexual Exploitation
CYPNA	Children and Young People's Need Assessment
CYPS	Children and Young People's Service
CQC	Care Quality Commission
CQUINS	Commissioning for Quality and Innovation
DBHFT	Doncaster Bassetlaw Hospital Foundation Trust
DfE	Department of Education
DMBC	Doncaster Metropolitan Borough Council
DOLS	Deprivation of Liberty Safeguards
DSAB	Doncaster Safeguarding Adults Board
DSCB	Doncaster Safeguarding Children Board
DCST	Doncaster Childrens Services Trust
eCAF	Electronic Common Assessment Framework
FGM	Female Genital Mutilation
FM	Forced Marriage
HMPS	Her Majesty Prison Service
HMIC	Her Majesty's Inspectorate of Constabulary
ICPC	Initial Child Protection Conference
IRO	Independent Reviewing Officer
NFA	No Further Action
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
NWG	National Working Group
MASH	Multi Agency Safeguarding Hub
MFH	Missing From Home
OASys	Offender Assessment System
PACT	Police and Communities Together
PEP	Personal Education Plan
PPU	Public Protection Unit
RDaSH	Rotherham Doncaster and South Humber
RTA	Road Traffic Accident
LAC	Looked After Child
LADO	Local Authority Designated Officer
LGBT	Lesbian Gay Bisexual and Transgender
LLR	Lessons Learned Review
LSCB	Local Safeguarding Children Board
SCR	Serious Case Review
SGO	Special Guardianship Order
SILP	Significant Incident Learning Process
SYF&R	South Yorkshire Fire and Rescue Service

SYP	South Yorkshire Police
TAC	Team Around the Child
TPAS	Tenants Participation Advisory Service
YAS	Yorkshire Ambulance Service
YOS	Youth Offending Service
QA	Quality Assurance

## Appendix 4 – Akeela Mohammed Statement

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

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

DSCB has supported the development of a sub-group of which I am a member, to focus on promoting the welfare of children from the faith and culturally diverse communities in Doncaster who undertake activities with children. It is still in the development stage but we have been able to draw together a number of organizations to look at safeguarding issues within their settings. So are we have developed a set of safeguarding standards and a self-audit tool and a conference has been planned for a Conference in the early autumn.

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

This year one of our challenges is to monitor the longer term impact of what we do and also to increase the participation of young people so that we can ensure their experiences, views and wishes are responded to in a meaningful way and incorporated into the work of the Board.

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

## Appendix 5 – Marilyn Haughton Statement



This is my 3<sup>rd</sup> year as a Lay Member on Doncaster Safeguarding Childrens Board and my commitment and the enthusiasm I have towards the work of the board is as strong as when I came into post.

My interest in this area stems from being the Manager of project that worked with people involved in prostitution and with sexually exploited children and young people. I was in that role for 20 years and left in 2010 to concentrate on my private practice as a counsellor, supervisor and as a trainer on a wide range of topics including CSE and Cultural Competence. I am also the Vice Chair of the National Working Group for Sexually Exploited Children and Young People (NWG Network).

Throughout my time with Streetreach I worked face to face with hundreds of vulnerable young people who were often on the margins of society and it was evident that there were multiple factors precipitating their exploitation through CSE. This led me to believe that early identification, intervention and appropriate support is crucial if we are to move the young people on to more positive, safer, healthier outcomes. Being a Lay Member has provided me with an opportunity to be part of working towards these outcomes and I hope that I make a worthwhile contribution to the various sub-groups that I am part of.

My hope for the future is that we will embed Culture and Diversity into all our training programmes. We live in a wonderfully diverse community in Doncaster and training will contribute to an improved understanding of safeguarding in all communities and enable us to improve links with them.

When I came into the position of Lay Member my hope was that we would see some progress in developing flexible and innovative child - centred support for young people particularly around the area of CSE and I believe we have made great progress in this area. Our local CSE Team have recently been runners up for a National Award for the work they are doing and they continue to expand and develop this.

We are continuing to develop and update our strategies and plans and currently have a strong commitment to our communications strategy and it feels as though we have accountability which is encouraging. Being part of the Board has given me the opportunity to stay energised around keeping children and young people as safe as possible. We have gone through significant changes in the past year in terms of staff/sub-group members however I feel that as a Board and sub groups we are moving in the right direction with our 'velvet steamroller' Chair encouraging and guiding us towards making a difference to the lives of children and young people in Doncaster.

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# **Doncaster Safeguarding Children Board**

## **Annual Report 2014-15 Business Plan Priorities 2015-16**

**John Harris**

**Independent Chair, DSCB**

**Health and Well-Being Board**

**5th November 2015**



# Overview



- Role of DSCB
- Board working arrangements
- Progress with DSCB Business Plan 2014-15
- Responding to key safeguarding risks
- Areas for improvement
- Implications for the Health and Well-Being Board

# Annual Report Requirements

- rigorous and transparent assessment of the performance and effectiveness of local services
- identify areas of weakness, the causes of those weaknesses and the action being taken to address them
- include lessons from serious case reviews, child death reviews and other relevant reviews
- report on the outcome of assessments undertaken on the effectiveness of Board partners' responses to CSE
- include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families
- include data on children missing from care, and how the LSCB is addressing the issue.
- list the contributions made to DSCB by partner agencies and details of what DSCB has spent



# **Progress with Business Plan 2014-15**

## **Priority 1: Board Effectiveness**

- Greater evidence of challenge – in the Board, with partners and system-wide

## **Priority 2: Effective Safeguarding Systems and Practice**

- Greater use of audits to drive improvement
- Improved training offer, supported by multi-agency pool of trainers

## **Priority 3: Responding to Key Safeguarding Risks**

- Good progress with CSE strategy
- Early help provision underdeveloped

## **Priority 4: Visible, influential Board**

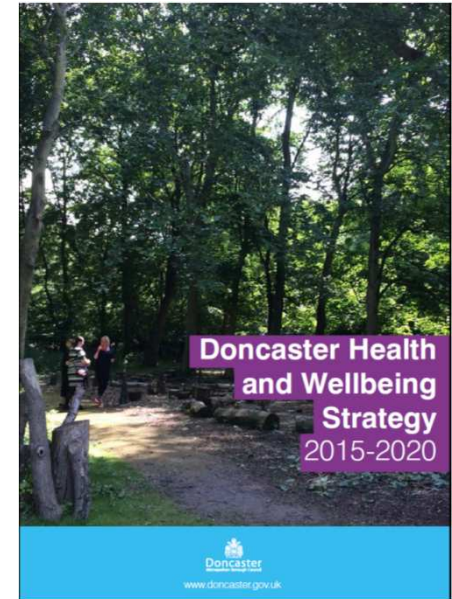
- More effective links with other partnerships in Doncaster
- Conferences and lunchtime seminars
- Faith and Culture Group
- Need for action to engage young people in influencing the Board's work

# Key Areas for Improvement

- The implementation and embedding of the early help pathway and the thresholds
- Ensuring greater quality and consistency of practice in social care
- Ensuring that victims and those at risk of CSE are effectively supported
- Development of a clear communications strategy to ensure effective engagement with BME and faith communities
- Implementation of the action plan to ensure the voice of the child is heard
- Continue to develop the Performance Framework to ensure that the impact of the Board's activities is evidenced

# Implications for Health and Well-Being Board

- Public Health messages from child death reviews
- Progress in implementing early help strategy
- Early help – evidencing impact
- Emotional health and well-being of children and young people
- Co-production with children, families and communities



5th November, 2015

**TO:  
THE CHAIR AND MEMBERS OF THE HEALTH & WELL BEING BOARD**

**CHILDREN AND YOUNG PEOPLE'S PLAN 2011-2016  
(DRAFT INTERIM 2015-2016 PLAN)**

## **EXECUTIVE SUMMARY**

1. This report presents Doncaster's Draft Interim Children and Young People's plan (CYPP) 2015 – 2016.

## **EXEMPT REPORT**

2. N/A

## **RECOMMENDATIONS**

3. That the Board review the draft plan and provide comments, which will be considered at the Children and Families Strategic Partnership Board (CFSBB) meeting in November 2015 (date subject to confirmation)

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

4. The children and Young People's Plan is a high level strategic plan which sets out the vision and outcomes which 'Team Doncaster' and the Children and Families Strategic Partnership wants to achieve for children and young people in the borough. Principally, the plan seeks to ensure the safety of children, that help is provided as early as possible and that the voice of the children, young people and families is heard in the planning and delivery of services. The CYPP will also seek assurance that all six outcomes in this plan are either improving, or being achieved and will rigorously challenge under-performance.

## **BACKGROUND**

5. The Doncaster CYPP 2011-2016 has been reviewed and redrafted as an interim plan for the period 2015-2016 to reflect the seismic changes which have occurred in the national and local children's policy and practice landscape, since the original plan was conceived. Over the past five years significant changes to children's services have included:- an agreement to establish a Children's Trust for the delivery of the majority of safeguarding and social care services; the impact of the Munro report which raised the profile and highlighted practice in safeguarding and the importance of early

intervention and multi-agency working; the implementation of the Health and Social Care Act 2012; a reducing financial envelope due to Local Authority and partner agency spending reductions following ‘austerity measures’; nationally initiated changes to Local Authority relationships with schools and the growth of the academies programme. There will be a new CYPP plan produced in 2016 for the period to 2021 which will be subject to more extensive consultation and which will be a more dynamic and cohesive document.

## OPTIONS CONSIDERED

6. There is no longer a statutory requirement to produce a Children’s Plan, however, most Local Authorities continue to produce a children and young people’s plan because it is recognised that this is an important strategic document for partners and the community in seeking to secure better outcomes for children and young people. The existing CYPP could have remained in place but was no longer felt to represent the reality of the children’s landscape in 2015.

## REASONS FOR RECOMMENDED OPTION

7. The Draft interim Children and Young People’s Plan has been subject to consideration by the CFPB at its meeting on 24<sup>th</sup> September, 2015 and further work by an executive grouping of partner agencies. The CYPP will be signed off at the next Children and Families Partnership Board meeting in November 2015. As the Health and Wellbeing Board is a key strategic arm of the Team Doncaster partnership, the Children and Families Partnership Board and there are clear thematic linkages between the Health and Wellbeing Strategy and this plan, the CFPB would invite and welcome comments from the Health and Wellbeing Board.

## IMPACT ON THE COUNCIL’S KEY OUTCOMES

- 8.

<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>The CYPP has, as an outcome, the ambition for Children and young people to reach their full potential - in so doing, they will be able to access the benefits of a thriving economy and will themselves be participants in creating and sustaining the strength of the economy.</p>
<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our</i></li> </ul>	<p>Ensuring children and young people are free and feel free from harm is a key plank of this plan.</p>



<p>Communities</p> <ul style="list-style-type: none"> <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>The CYPP has clear implications for safeguarding communities in reducing risk and exposure of risk to children; improved early help and thus outcomes for families</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>Council services are modern and value for money.</p>	
<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The CFPB has a membership of leading agencies who are committed to improve outcomes across the piece for children, Young people and Families and through its sub groups will strive to achieve the same.</p>

## **RISKS AND ASSUMPTIONS**

9. The key to improving outcomes for children young people and families will be successful implementation of the CYPP and the underpinning plans and strategies. The Governance structure for children's services will promote and rigorously challenge the key actions necessary to fulfil the objectives within the CYPP.

## **LEGAL IMPLICATIONS**

10. There are no legal implications directly arising from this report.

## **FINANCIAL IMPLICATIONS**

11. There are no financial implications directly arising from this report.

## **HUMAN RESOURCES IMPLICATIONS**

12. There are no Human resource implications directly arising from this report.

## **TECHNOLOGY IMPLICATIONS**

13. There are no technology implications directly arising from this report, however achieving the ambitions of the CYPP may require appropriate investment / disinvestment from ICT systems.

## **EQUALITY IMPLICATIONS**

14. There are no equality implications directly arising from this report, although a key outcome identified in the plan is the ambition to narrow the gap between disadvantaged and non-disadvantaged children and young people.

## **CONSULTATION**

15. The Draft interim CYPP has been considered by partners at the meeting of CFPB on 24<sup>th</sup> September, 2015.

The CYPP was made available on request to Ofsted during the recent inspection of service for children in need of help and protection, children looked after and care leavers.

## **BACKGROUND PAPERS**

16. Draft Interim Children and Young People's Plan 2015-2016 (attached)

Children and Young People's Plan 2011-2016 – available for inspection at Civic Office, Doncaster.

## **REPORT AUTHOR & CONTRIBUTORS**

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DRAFT

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# Doncaster Children, Young People & Families Plan 2011 – 2016

## Interim 2015 – 2016



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Look out for hyperlinks embedded in this Plan that will take you to documents we have referenced.

## Foreword by the Chair

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### Children and Families Partnership Board



Welcome to the 2015 refresh of the Doncaster Children, Young People and Families Plan. This is an interim plan to reflect the many changes since the original plan was conceived and to keep up the momentum until the landscape for children's services is clearer. It is our vision, our expression of the outcomes that we will deliver, for our children and young people, from birth to 19 years of age. It is the precursor to a brand new plan for 2016 -2019.

This plan focuses on the issues where the national picture, our needs assessments, performance information, quality assurance and what children and families themselves tell us that we still need to improve.

It is imperative that agencies work in true partnership spirit, sharing resources – time, money, staff and energy to produce the synergy that only effective partnership working can deliver, especially as many organisations are faced with declining resources. This context means that our response must be focused, with greater clarity on our joint priorities, the outcomes that are of most importance and how we can best secure added value through collaboration. Our Children, Young People and Families Plan is the overarching framework for that collaboration and demonstrates how we will achieve the right outcomes our children and families, so we can see the impact we want, and that they deserve.

We are fully committed to listening to the views of children and young people and families, so as to secure the outcomes that will ultimately create a brighter future for the people of Doncaster.

**Bishop Peter Burrows**

**Chair of the Doncaster Children and Families Partnership**



# Introduction

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The last few years have been a period of significant change for local government and public services in general. Our ambitions for Doncaster children remain focussed but we now have fewer resources to deliver them. Demand for our services has increased, costs are rising and overall funding has reduced dramatically. We know that the current situation is unlikely to improve and that even greater challenges lie ahead. Therefore we must find different and more creative ways to deliver services. Doncaster has worked in partnership for many years and the “Team Doncaster” ethos will be a catalyst for even closer bonds pooling our resources is the most effective way to deliver better outcomes for Doncaster children and families together.

The changing landscape has re-shaped Doncaster’s services for children. Government intervention and the establishment of the Children’s Trust, a national focus on safeguarding and early intervention, the impact of the Health and Social Care Act 2012, the growth of the academies programme and increased participation age have all contributed to where we are today.

The future will require even more commitment, energy and flexibility. Changes to health visiting services are imminent and new Government Bills are progressing through parliament. The Childcare Bill will result in changes to childcare availability and information available to parents and children. The Welfare Reform and Work Bill will impact upon apprenticeships, Youth Allowance, careers advice in schools and Child Benefit. The Education and Adoption Bill will introduce new powers for intervention

in failing and coasting schools and change adoption arrangements. The expanded Troubled Families programme aims to turn around 400,000 families nationally in the next 4.5 years. Clearly, the nature and scale of change will require us to constantly review our plan. Consequently, it is presented here on the basis that it is an interim plan and will merely bridge the gap between where we are currently and a clearer long term plan that will run from 2016-19, which will incorporate our process and Partnership review.

This Children, Young People and Families Plan contains the vision and outcomes which the Children and Families Partnership, within Team Doncaster wants to achieve to secure better outcomes for all children and young people in the Borough. It is informed by key policy developments at national and local level and reflects a developing relationship between the Children and Families Partnership Board and children, young people and families. The plan outlines the importance of our primary objective to ensure the safety of children within the Borough and is underpinned by our agenda to improve early help provision offered to families, thereby enabling them to make the best choices for children, as well as providing appropriate pathways towards targeted help and support for those who need it. We will focus on improving the voice of the child and families in monitoring the effectiveness of services and input into the design and delivery of service provision.

The bottom line is that we all want Doncaster’s young people to thrive.



## **Our focus and challenges ahead include:**

- To work together as a partnership to improve services for children, young people and families
- To Improve the quality of safeguarding and support for our most vulnerable children
- Through partnership and influence, improve children and young people's attainment, particularly for vulnerable groups and the number of good and better schools, particularly in secondary academies
- Deliver effective preventative early help support with a reducing budget and less reliance on buildings
- Improving and strengthening our Early Years Services so that our youngest most vulnerable children are engaged in activities that will help them develop and thereby improve all outcomes for young people as they grow older

## **Doncaster's Borough Strategy**

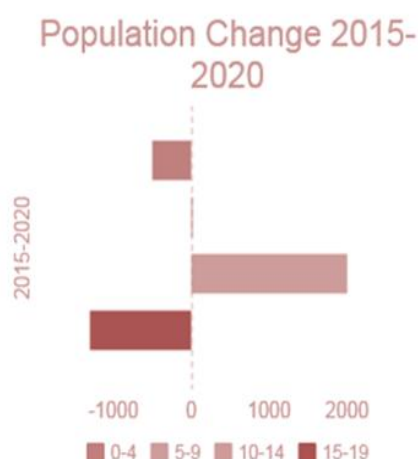
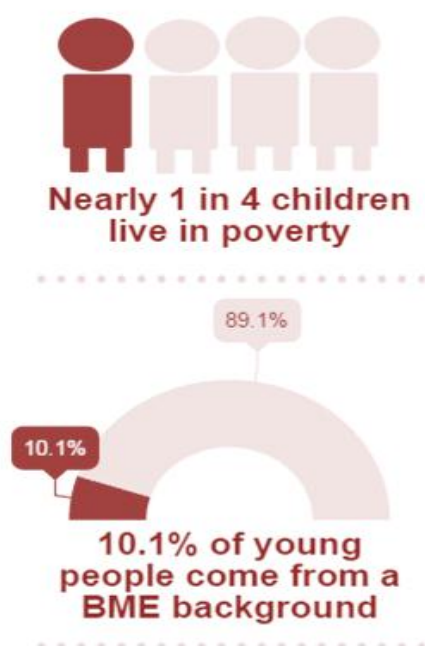
### **Theme 1: Children, young people and families**

#### **Our Strategy:**

- Children should have the best possible start in life: they should be safe, fit, well fed, clothed, educated and given access to all the opportunities that Doncaster has to offer.
- Children's voices must be incorporated into everything we do, informing service planning, service delivery and decision making: if we don't listen, we can't learn.
- Families face multiple issues, and they need support. Early intervention remains vital to preventing the escalation of problems, and children in resilient families will have a better quality of life.
- The most effective support is only possible if Doncaster's statutory, private, voluntary and independent organisations work together to share information and work towards sustainable solutions.
- We must maximise opportunities for our young people in school and beyond, boosting attainment, raising expectation and improving the transition to work and independence. Our young people should feel valued and job-ready, and have the skills, qualifications and personal qualities to take on the world.

# Doncaster's Children & Young People

Doncaster is the largest borough in England by geographic area (220sq miles) with a mix of an Urban Core, larger urban settlements and rural areas. The population of Doncaster is 304,200 with a younger population (0-19) of 71,200 which is approximately 23.4% of the population, broadly similar to the national average.



## Health and Wellbeing of Children in Doncaster

The health and wellbeing of children and young people in Doncaster is generally worse than the England average:

### At Birth

- In the first year of life 9.2% of Doncaster babies are born at a low birth weight, directly related to parental factors including high levels of maternal smoking.
- 5 per 1000 Doncaster live birth babies die before their first birthday, again worse than the national average
- Life expectancy at birth for boys and girls is below the regional and national average

### By Age 5

- 23.7% of children in reception class have excess weight compared to 22.5% nationally
- A third of children have one or more decayed, missing or filled teeth
- Over 90% of Doncaster children have been vaccinated

### Age 5 to 24

- Hospital admissions due to injuries, asthma, substance misuse are higher than national averages
- Admissions for mental health are also increasing; including an increase for children and young people with an eating disorder.
- Nearly a third of young people in year 6 are overweight or obese, similar to the national average.





## What Young People have told us...



Top issues identified through Make Your Mark 2014:

Living Wage  
Euthanasia



Our Youth Surgeries are concerned about lack of activities, drug and alcohol issues and sexual health



Emotional Health and Wellbeing is a priority for the Youth Council, especially mental health and identifying gaps in mental health provision



Jobs / access to jobs including work experience



Accessible, affordable and acceptable public transport



Bullying and cyberbullying

## Attainment of young people in Doncaster

The gap between Doncaster children and their peers nationally has narrowed across most age groups and subjects; however educational attainment is generally lower than the national average.

### Early Years

- 95% of 3 and 4 year olds benefit from an early education
- In 2014, 53% of Doncaster children have achieved a good level of development at the end of reception compared to 60% nationally. However results demonstrate good progress in 2015 with a provisional figure of 65.4%.

### Key Stage 2

- In 2015, 73% of young people at the end of primary school achieved a level 4 in reading, writing and mathematics against national average

of 80%. This was the lowest performance in the Yorkshire and Humber Region and one of the lowest in the country.

### Key Stage 4

- 49% of Doncaster children achieved 5 or more A\* to C Grades at GCSE or equivalent (including English and Maths) in 2014, compared to 53% nationally.

### 16-19

- 5% of 16 to 18 year olds were not in education, employment or training in 2014
- By the age of 19, 83% of young people had achieved a level 2 qualification, similar to the national average of 86%.
- By the age of 19, 48% of young people had achieved a level 2 qualification, slightly below the national average of 57%.





## Wellbeing

The health and wellbeing of parents directly impacts on the wellbeing of children and young people

It is important to have an understanding of the needs of children, young people and families within the Borough. This plan in arriving at its priorities and outcomes having used the needs assessment and the following sources of information to provide a profile of children and young people in Doncaster:

### The 2014 Children and Young People Needs Assessment

#### Identified Key Areas of Focus

- Support vulnerable young people who need it most and support all Families to Thrive
- Raise Aspirations and support young people with skills and experience to help them into work, education, volunteering and training

- Improvements in Education attainment and experience is at the centre of what we do
- Improve data analysis and understand the views of young people

The data within the children's needs assessment has been used to inform the Children, Young People and Families Plan.

#### Links:

 [Doncaster Data Observatory CYP Needs Assessment](#)

 [2014 Community Profiles](#)

# What We Have Achieved So Far



Doncaster Children's Services Trust

**Established**



**Reduction in NEET**



**School Ready**



**Reduction in Childhood Obesity**



**Stronger Families**

**100% Achieved**

## Progress on Previous Plans

- ✓ Doncaster Children's Services Trust (DCST) became operational on 1st October 2014 with a smooth transition of children's social care services.
- ✓ The average length taken for children in care proceedings at the end of March 2015 was 22 weeks, an improvement to the 26 week target; indicating timelier placements for children who enter into care.
- ✓ There has been a reduction in the number of children with a Child Protection Plan.
- ✓ The percentage of school leavers aged 16 to 18 years 'Not in Employment, Education or Training' (NEET) reduced to 5.4% in 2014/15 against the target of 6%. This improvement in performance is in part down to the increased partnership working and most notably the contribution of the Stronger Families Programme.
- ✓ Preparing our very young children for education has shown a marked 12% improvement on 2014 performance, with 65% of children measured as 'school ready' as part of the Early Years Foundation Stage Profile.
- ✓ Improving the education of our children is pivotal to the general improvement of Doncaster. To support school improvement we have a detailed Post Ofsted 2-Year Action Plan and have demonstrated improvements in management and leadership.
- ✓ The percentage of children aged 10-11 years classified as obese or overweight was lower than the national and regional averages.
- ✓ Over 950 families achieved positive outcomes through the Stronger Families Programme against the target of 870. This included fewer incidence of antisocial behaviour, better attendance at school and more people into work



# How It All Fits Together

Team Doncaster is an ethos of collaboration, progress, and positivity. Membership of Team Doncaster is not a private and elitist group, but it is certainly something to be proud of.

If you are making a positive difference to the people and place of Doncaster through the work that you do, through volunteering, through being a neighbour, a parent, or a friend then you are part of Team Doncaster.

Team Doncaster is also formally recognised as the strategic partnership of organisations and individuals that span the public, private, voluntary and community sectors.

The Team Doncaster Partnership board sets the strategic direction and oversees four thematic partnerships that direct activity to where it is needed the most. Each theme board is responsible for delivering a section of the Borough Strategy - a key document that sets out an aspirational vision for improvements to the quality of life for Doncaster's residents, and those working in and visiting the borough. Theme 1 of Doncaster's Borough Strategy is 'Children, young people and families'



# The Children and Families Partnership Board

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The Children and Families Strategic Partnership Board is one of the four thematic partnerships. It has the senior partnership responsibility for policy, strategy and achievement in services for children, young people and their families.

The core functions of the Board are:

- Determine Children & Families strategy - establishing a vision, and prioritising issues that have not progressed and can only be addressed in partnership
- Oversee the Children and Young People's Service Improvement Plan and delivery against the agreed priorities
- Commission and sign-off an annual children, young people and family's needs assessment, and associated research as appropriate, to inform priorities
- Ensure the voice of children and young people is represented in both strategic planning and service delivery across the partnership
- Review and reflect on opportunities for alignment of resources
- Promote success, stimulate innovation and engage with evidence around what works
- Challenge and act as a critical friend around performance
- Interact with other strategic theme boards, the Team Doncaster Strategic Partnership and Overview and Scrutiny
- Respond to challenges about safeguarding identified by Doncaster Safeguarding Children Board (DSCB)

The Board has agreed **3 key priorities** which shape their activity and overall outcomes, towards the delivery of the Borough Strategy. These are:

- **Early Help and Early Years**
- **Work experience, Information Advice and Guidance and, Education Attainment linked to Economic Opportunities**
- **Voice of Children, Young People and Families**


The Children, Young People and Families Plan identifies **6 outcomes** to deliver the 3 priorities:

1. Children and young people are healthy and have a sense of wellbeing
2. More children, young people and families access appropriate services at the earliest opportunity
3. Children and young people are free (and feel free) from harm
4. The gap between disadvantaged and non-disadvantaged children and young people narrows
5. Children and young people are listened to and their influence is evident
6. Children and young people reach their full potential



# The Delivery Plan

The following tables demonstrate our outcomes and key objectives for the Children, Young People and Families Plan.




**OUTCOME 1: (Early Help and Early Years)**

***Children and Young People are Healthy and Have a Sense of Wellbeing***

**OBJECTIVES**

- Reduced incidence of dental decay
- Reduced childhood obesity
- Reduced smoking rates in pregnancy
- Fewer unwanted teenage pregnancies
- Reduction in premature mortality
- Reduction in children that access acute mental health provision




**OUTCOME 2: (Early Help and Early Years)**

***More Children and Young People Access Appropriate Services at the Earliest Opportunity***

**OBJECTIVES**

- Better access to mental health services
- Reduction in avoidable hospital admissions
- Reduction in family offending
- Children and families are seen by the right services at the right time



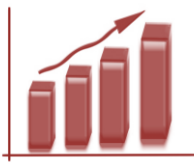
**OUTCOME 3: (Early Help and Early Years)**

***Children and Young People are Free (and Feel Free) From Harm***

**OBJECTIVES**

- Reduction in risk scores for young people in relation to Child Sexual Exploitation
- Children who have an identified need have an appropriate plan
- Fewer traffic accidents involving children and young people
- Fewer children live in households with domestic violence
- Children and young people feel safer





**OUTCOME 4:** *(Work experience, Information Advice and Guidance and, Education Attainment linked to Economic Opportunities)*

## ***The Gap between Disadvantaged and Non – Disadvantaged Children and Young People Narrows***

### **OBJECTIVES**

- Reduction in the attainment gap for disadvantaged children
- Education achievement of Looked after Children
- Reduce child poverty
- Reduce the health gap for disadvantaged children and young people



**OUTCOME 5:** *(Voice of Children, Young People & Families)*

## ***Children and Young People are Listened to and their Influence is Evident***

### **OBJECTIVES**

- Enable the voice of parents and carers in the development and review of children and family services
- Evidence children and young people participation in delivered services
- Better service design and delivery that meets the needs of children, young people and families



**OUTCOME 6:** *(Work experience, Information Advice and Guidance and, Education Attainment linked to Economic Opportunities)*

## ***Children and Young People to Reach their Full Potential***

### **OBJECTIVES**

- Increase school readiness
- Improved school attendance
- Reduce the number of young people not in education, employment or training
- Improvement in GCSE results and post-16 qualifications.



# Governance

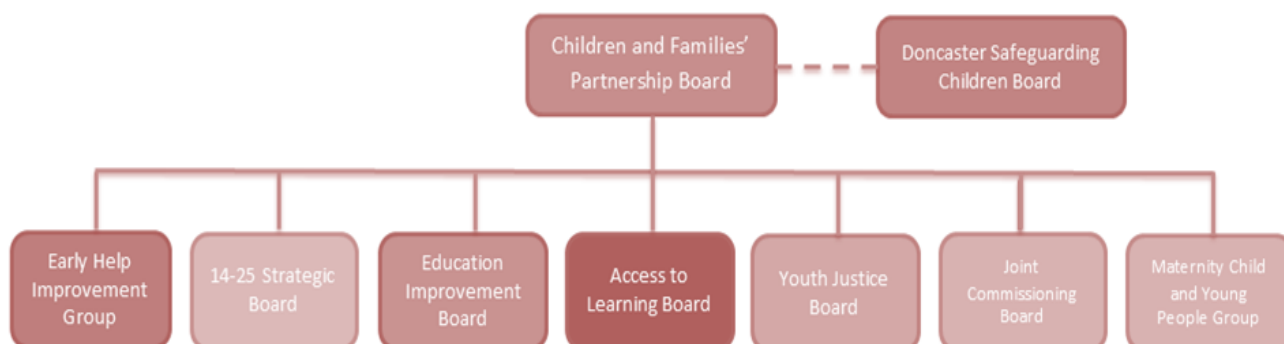
The Children, Young People and Families Plan is the overarching plan for our children, young people and families in the Borough. Partner agencies will also have their own strategies and plans that contribute to it, but this Plan is specific to the Partnership and pulls together those shared priorities that as a partnership we will deliver together. The Plan forms part of the Partnerships' integrated planning and performance management framework for children, young people and families.

The various boards that sit below the Children and Families Partnership Board will contribute to the delivery of the partnership priorities and report their progress to the Board on a regular basis. Similarly, the Children and Families Partnership Board will regularly report to the Team Doncaster Strategic Partnership on achievement of priorities, partnership learning and challenges through Outcomes Based Accountability (OBA) methodology, which has been adopted across the Partnership.

The governance framework will provide the means for the monitoring of plans and performance by the most appropriate individual sub-board. Issues which cannot be resolved or which require further action will be escalated to the appropriate higher tier. Equally, issues which require a more detailed response will be delegated to the most appropriate lower level tier.

In any event, each of the partnership boards will periodically report into the Children and Families Partnership Board on any escalations or exceptions (areas of concern; very good or poor performance).

In the coming year, the Children and Families Partnership Board will be undertaking a review of its membership, its sub-structure, and how it delivers against the plan.





## Our linked strategies and plans:

These are some of the Plans and Strategies that the Partnership Boards have put in place to deliver the priorities in the Borough Strategy and that complement the Children, Young People and Families Plan.

### **Health and Wellbeing Strategy**

Sets out a high level vision for health and wellbeing in Doncaster, outlines the roles and ways of working for partners and indicates 5 areas of focus where partners must work together to bring about real progress – Alcohol, Mental Health & Dementia, Obesity, Family, Personal Responsibility.

### **Community Safety Strategy**

Focuses on reducing crime and disorder in Doncaster's communities, focusing on 3 priorities – Protecting vulnerable people, Reduce crime ASB and re-offending, Reduce substance and alcohol misuse and associated effects on crime. *(Revised plan to be published autumn 2015)*

### **Economic Growth Plan**

Provides a clear framework for how we will release the potential of our people, businesses and the Borough's assets, focusing on business growth, place, and skills.

### **Joint Strategic Commissioning Strategy**

This has 3 key areas of focus, including: Complex Needs, Emotional Health and Wellbeing and School Readiness.

### **Early Help Strategy**

Underpins improvements in the delivery of Early Help Services. Its 3 outcomes include: Early Years Foundation Stage, reduced number of referrals to specialist services, improved progress with speech and language

### **School Improvement Plan**

Action plan to address the post Ofsted recommendations for the School Improvement Service

### **Child Sexual Exploitation Plan**

Focusing on 10 key assurance questions to scrutinise and challenge partner and action owners

### **Domestic Violence**

Doncaster Children's Services Trust programme aimed at breaking the cycle of domestic violence by helping victims and their children recover and move on together.

### **Stronger Families Expanded Programme**

Based on 6 family themes aimed at identifying and intervening in families earlier, using a whole family approach and building resilience whilst reducing demand on high cost services. *(Plan to be published autumn 2015)*

### **Mental Health and Wellbeing local transformation Plan**

A five year vision based on 5 themes from 'Future in Mind' to bring about a whole system transformation to our local offer of services that contribute to, and support children and young people's mental and emotional health. *(Plan to be published late 2015/16)*



## Children and Families Board Members

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- Chair - Bishop of Doncaster
- DMBC Cabinet members with responsibility for Education and Children's Services
- Children and Young People's Service Overview and Scrutiny Committee – Chair
- Doncaster Council – Director of Children's Services
- Doncaster Council – Chief Executive
- Doncaster Children's Services Trust – Chief Executive / Chair
- Doncaster Clinical Commissioning Group – Chief Nurse
- Rotherham, Doncaster and South Humber NHS Foundation Trust – Service Director, Children's and Community Services
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust – Chief Operating Officer
- Voluntary and Community sector representative x 2 (via network)
- Doncaster Safeguarding Children Board – Independent Chair
- Doncaster College – Deputy Principal Curriculum and Learner Experience
- Schools – Primary, Secondary and Special School Heads representatives
- South Yorkshire Police – Superintendent
- Doncaster Youth Council – Chair / Secretary
- UK Youth Parliament – Doncaster's Member
- Doncaster Council – Director of Adults, Health and Wellbeing
- Enterprising Doncaster – Work and Skills Board – Chair
- Doncaster Council – Assistant Director, Public Health
- Doncaster Council – Assistant Directors Children and Young People's Service
- St Leger Homes – Director of Housing Services
- South Yorkshire Fire and Rescue Service

The following organisations will receive Board papers and be invited to attend / contribute as relevant:

- South Yorkshire Community Rehabilitation Company
- JobCentre Plus

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If you have a question or comment regarding the Children and Families Partnership then please contact:

**Team Doncaster, Floor 1, Civic Office, Waterdale, Doncaster, South Yorkshire, DN1 3BU**  
Tel: 01302 737414 | Email: [partnerships@doncaster.gov.uk](mailto:partnerships@doncaster.gov.uk)



**TO:  
THE CHAIR AND MEMBERS OF THE HEALTH AND WELLBEING BOARD**

**MULTI-AGENCY EARLY HELP STRATEGY FOR CHILDREN, YOUNG PEOPLE  
AND THEIR FAMILIES 2015-2018**

**EXECUTIVE SUMMARY**

1. The Early help strategy sets out the partnership framework as to how Team Doncaster will coordinate and deliver early help services. The strategy is a three year strategy to establish and join up the early help system which will promote the identification of emerging needs and earlier intervention for children and young people so as to prevent the escalation of problems which are damaging to individuals and families and which are expensive and complex to deliver.

**EXEMPT REPORT**

2. This report is not exempt from publication.

**RECOMMENDATIONS**

3. The Health and Wellbeing Board is requested to receive the strategy for information.

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

4. Providing Early help is more effective in promoting and securing the welfare of children and young people than reacting at a later stage. Early help means providing support as soon as a problem emerges at any point in a child's life. Implementation of effective early help services and support will ensure that problems do not escalate and that children and young people are therefore able to receive an earlier resolution to problems which is significantly less damaging to their welfare and more cost effective for those not directly affected and for service providers.

**BACKGROUND**

5. The Munro report of child protection and subsequent statutory guidance identified the important and effective role which early help interventions can have on the lives of children, young people and families. The preceding Allen report had identified a long list of financial costs to society as a result of poor preventative services, which include an increased need for mental health provision, high benefits dependency, preventable reliance on social

care and provision of high cost specialist care provision. Statutory guidance emphasises that early help relies on local agencies working together, identifying those in need of early help, assessing those needs and provision of services, which will include high quality support in universal services, but other typical services such as, family and parenting programmes, health support, support for problems in relation to drugs, alcohol and domestic violence, services may also include a focus on improving family functioning and building family capacity.

The Early Help strategy articulates the foregoing principles in the priorities which it identifies in paragraph 2 of the document. The strategy proceeds to identify current early help prevention and provision and describes how need is identified, assessed and met and how children and families access universal, targeted and specialist services. The strategy describes the measures which have been taken and are planned to be taken to improve the early help system which include the establishment of early help coordinators, early help networks and the Early help Hub.

The strategy is established on the principles identified at paragraph 4 of the document which include, local accessibility; listening to the voice of Children, young people and families, especially how to shape service delivery; ; strong partnership working; reaching out to hard to reach families and communities; providing the right support at the right time. The strategy is also founded on seven key pillars, which are:- Good information advice and guidance for families to self-help; good understanding of 'place' and commissioning of localised provision through Collaboratives; development of DMBC 'Family Hubs' to coordinate and provide services for 0-19 years and families; building the Lead Professional role and capacity through the partnership; the consistent application of Thresholds as described at Appendix 2 of the strategy; establishment of the 'Early help Hub'; and an effective challenge and Quality assurance framework .

The strategy is underpinned by a suite of documents which includes an implementation plan and an output and outcomes based performance monitoring report and a Quality assurance framework, which the Early help implementation group will rigorously monitor and which the Children and Families Partnership Board will oversee.

## **OPTIONS CONSIDERED**

6. There is no obligation to produce an early help strategy however, as a matter of good practice it is widely recognised and there is a tacit expectation by Ofsted that one will be produced, not least because this provides a focal point for local partners to direct their collective energies.

## **REASONS FOR RECOMMENDED OPTION**

7. The early help strategy is a key plank in Doncaster's ambition for safe, healthy and resilient children, young people, families and communities, by ensuring support through universal services with good access to targeted support, providing support to families with additional needs at the earliest opportunity, working to build resilience in families and providing services which are responsive and flexible to meet the needs of families.

The Health and Wellbeing Board is a key strategic arm of the Team Doncaster Partnership and has an important role in securing some of the ambitions contained within this plan and via the Health and Wellbeing strategy provides strands of the ‘golden thread’ which links these key documents together.

## IMPACT ON THE COUNCIL’S KEY OUTCOMES

8.

	<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>Healthy and independent children and families will ensure that not only will these people be able to participate in the economy but will also contribute to the creation and maintenance of a strong economy.</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 early help provision reduces the vulnerability of children and young people and the potential for damaging safeguarding issues for the individual and the community to arise</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 early help provision reduces the vulnerability of children and young people and the potential for safeguarding issues to arise.</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>Council services are modern and value for money.</p>	<p>Effective Early help services are highly cost – effective in reducing reliance on high cost social care and specialist support services</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>Implementation of the Early help strategy leans heavily on effective partnership working. The Council will</p>

		through its support and participation oversee the strategy and its effective implementation which will be subject to challenge in multi – agency fora.
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## **RISKS AND ASSUMPTIONS**

9. Effective early help services are fundamental in reducing the risk of escalation for individual children and more generally, safeguarding and child protection issues arising and the attendant damaging implications to the individual, to families and to society. Early help has wider and longer term benefits for the targeted provision of services to those who most need them and for society more generally in reducing the risk of alienation, offending and disadvantage in local communities.

## **LEGAL IMPLICATIONS**

10. There are no legal implications directly arising from this report. There is no explicit statutory requirement to produce an Early help Strategy, or indeed specific early help services, however, a number of legislative provisions outline the framework for certain elements of early help provision, including those for children’s centres; Early Years foundations stage framework. Section 10 of the Children Act 2004 requires each Local Authority to make arrangements to promote cooperation between the Authority, each of the Authority’s relevant partners and such other persons or bodies working with children in the Local Authority’s area as the Authority considers appropriate. The arrangements are made with a view to improving the wellbeing of all children in the Authority’s area, which includes protection from harm and neglect - this would include the contribution of early help services.

## **FINANCIAL IMPLICATIONS**

11. There are no financial implications directly arising from this report

## **HUMAN RESOURCES IMPLICATIONS**

12. There are no human resource implications directly arising from this report

## **TECHNOLOGY IMPLICATIONS**

13. There are no technology implications directly arising from this report, however, achieving the ambitions of the early help strategy may require appropriate investment/disinvestment from ICT systems.

## **EQUALITY IMPLICATIONS**

14. There are no equality implications directly arising from this report. However, it is known that children and families with specialist and additional needs are disproportionately represented among minority groups.

## **CONSULTATION**

15. The Doncaster Safeguarding Children's Board and the Early Help implementation Group have considered and approved the Early help strategy. The Early help strategy will be presented to the Council's Cabinet for endorsement in November 2015.

## **BACKGROUND PAPERS**

16. Multi-Agency Early help Strategy for Children, Young people and their Families 2015 – 2018 (attached)

## **REPORT AUTHOR & CONTRIBUTORS**

**Damian Allen**  
**Director of Learning, Opportunities and Skills.**

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Doncaster

# Multi-Agency Early Help Strategy for Children, Young People and their Families

2015 - 2018

**'To improve outcomes and life chances by supporting families and safeguarding children'**

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## Foreword

Providing early support to children, young people and their parents & carers is a key part of achieving our aim to make sure all our children have safe and fulfilling childhoods and grow up to be healthy and resilient adults. We want them to achieve their potential and contribute to making our communities positive and dynamic places to live and work.

This strategy is the basis for the Team Doncaster commitment to making sure that opportunities to provide early help for children and their families are prioritised and resourced by all partner organisations. We want to evaluate the difference our early help services are making, particularly for vulnerable children and young people.

Our strategy aims to ensure that our assessments identify or meet the individual needs of children within their family or community, by analysing and focusing on need and by planning and reviewing, through clear objectives, what needs to change for children.

Your commitment to and use of this strategy is critically important, both in making sure you are clear about and are able to prioritise your role and responsibilities but also as working as part of a 'team around the family' collaborative approach.



**Damian Allen**  
Director of Learning, Opportunities & Skills (DCS)

## Introduction

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

*(Working Together 2015)*

Early Help is a simple concept; it is about changing our culture from an often late reaction to chronic and acute need and re-focussing our activities, along with our resources, on the root causes of social problems. By doing so, outcomes for children and families improve and costly statutory interventions are avoided.

The Children and Families Strategic Board (CFB) has defined early help as:

*‘The job of all public, private, voluntary and community services as well as citizens in Doncaster, is to prevent and intervene early with children, young people and families experiencing problems in order to prevent escalation of problems. This will deal with root causes, providing support at an early age and an early stage of problems emerging. We will do this by taking a whole family approach and intervening in a co-ordinated way.’*

In Doncaster we use the term Early Help as the umbrella term that describes our continuum of service response from universal/preventative services to where a Team Around the Child/Family is required.

## Introduction

This strategy builds on the good work to date and sets out how Team Doncaster will ensure that there is a consistent, high quality, early help response for children, young people and families. A **joined up early help system** will promote the identification of emerging needs and earlier intervention which is based on a whole family approach as promoted by the Stronger Families programme. One of the measures that will indicate the early help system is working will be a reduction in the inappropriate demand for statutory social care services and families being supported appropriately by services according to need and risk.

The **3 year strategy** will be the overarching document that **governs and describes the early help partnership approach and system**. It is one of the 'golden threads' together with other strategies and plans, i.e. the Children, Young People & Families Plan and the Health and Wellbeing strategy, the CSE strategy, etc., that will be weaved through all we do. The strategy is supported by a suite of documents including: an action plan; a handbook: Team around the Child/Family (TAC/F), young person and family; a work force development plan, etc. These will become available as implementation of the Early Help strategy progresses.

## Why do we need to focus on Early Help in Doncaster?

The DSCB Annual Report 2013, page 14 makes reference to the importance of developing a systematic early help offer.

In addition we have developed a good understanding of our needs in Doncaster and we have formed this view by listening to children, young people and families. We have also worked closely with the Community Area Teams to understand their knowledge about the localities in which they work and have had the opportunity to understand the priorities of the 16 partnership Collaboratives. A common theme that transpired through these local commissioning networks was the need for early speech and language development with most areas, but not all, having further considerations of how to respond in terms of behaviour/anger management support.

A Joint Strategic Needs Assessment was completed by the Data Observatory in 2014 (Appendix 1 – Summary of Need - this provides the sources of information in relation to the Doncaster needs analysis).

In addition to building and improving our early help model and system, the partnership has identified the following areas for review and commissioning for the duration of this strategy:

- Giving children a head start by supporting parental good health and wellbeing, including parenting quality and attachment;
- Improving aspiration and achievement particularly through school readiness;
- Improving children and young people's emotional health and wellbeing through increasing resilience to adversity;
- Building community self-reliance through designing services around the views and needs of communities;
- Harm reduction in relation to the effects of parental alcohol and drug misuse, domestic abuse and parental mental ill-health; Child Sexual exploitation; etc.
- Tackling the effects of children in poverty whilst promoting aspiration, achievement and employment; and
- Commissioning of services through Collaboratives to build commissioning locally.

## Why do we need to focus on Early Help in Doncaster

We will measure our success through the following outcomes measures:

- Increase in the number of children who are school ready as measured by the Early Years Foundation Stage Profile (EYFSP).
- A reduction in referrals to specialist services and an increase on those that are accepted and supported by an Early Help Assessment appropriate to need and risk.
- A decrease in persistent absence figures in primary and secondary schools.
- A decrease in the number of young people Not in Education, Employment or Training (NEETs)
- Reduction in recorded levels of obesity at age 4/5 and 10/11 years.

These indicators will form the 'bell weather' indicators of our strategy and will be further supported by a complete Performance scorecard – still to be developed.



## Ambitions, outcomes and approach

'In Doncaster we want **safe, healthy and resilient** children, young people, families and communities.'

Our vision means that the outcomes we are aiming for are that children, young people, families and communities are:

- Self-reliant and confident
- Thriving and emotionally well
- Reaching their full potential
- Living in safe, strong families and communities

Key to our approach in Doncaster is a commitment to using a range of evidence based interventions. Early help is a collaborative approach not a service.

All children and young people will receive **universal services**. We will promote self-help for parents, carers, children, young people and families, encouraging them to access and use services independently. Through various digital platforms we will develop and promote services and signpost families to local activity for such as Children Centres.

Some children, either because of their needs or circumstances, will require early help to be healthy and safe and to achieve their potential. Children and their families who receive early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989.

In Doncaster, we recognise that a timely response is essential for families who need some support and to achieve this we have developed our early help approach. Early help may be needed at any point in a child or young person's life and we will offer support quickly to reduce the impact of problems that may have already emerged. Families are best supported by those who already work with them through our universal services.

For children whose needs and circumstance make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an **Early Help Assessment** with a **Lead Practitioner** to work closely with the child and family to ensure that they receive all the support they require.

Where there are significant concerns about the safety of a child or children, practitioners should contact the Referral and Response Team on 01302 737777, email: [referral&responseteam@doncaster.gov.uk](mailto:referral&responseteam@doncaster.gov.uk) and make a referral rather than starting or completing a common assessment.

## Ambitions, outcomes and approach

Children and young people live in families and therefore it would be foolish to ignore problems faced by the **whole family**. Many adults have additional needs e.g. substance use, mental health needs, parental learning disabilities and domestic violence which can impair their parenting capacity. We therefore will build on a **whole family approach**.

This strategy builds on existing joint working in Doncaster and proposes a robust and more consistent delivery model; providing a vehicle for better understanding the needs of children, young people and families and our ambition to promote equal access to early help services to reduce inequalities and close the gap in relation to health and education outcomes.

## Principles - “We believe, therefore we will...”

The principles that underpin our approach are focused on producing ways of working that add value to existing work at acute levels of need and the ambition over time is to shift the focus of this work to prevention and early intervention.

What we will test all our developments against:

### 1. Support all families through our universal services in Doncaster, therefore we will...

- Build, support and develop strong universal provision which will meet most of our families' needs, most of the time;
- Have no wrong door – families will be able to ask for help where ever they feel comfortable;
- Build capacity within universal provision to identify needs early and respond to families;
- Commission services specific to local need through our Collaboratives;
- Work with and invest in the Private, Voluntary and Independent sector to provide support and activities for children and young people and families.

### 2. Provide support to families who have additional needs at the earliest opportunities, therefore we will...

- Ensure that services are locally accessible; working within the existing four area geographical structure to develop multi-agency and joint services which are clear about what support is on offer and how it can be accessed;
- Our approach will involve listening to and working with families, rather than assuming that we know what is best for them;
- Working together across the partnership to share intelligence and identify needs at the earliest opportunity, building confidence so practitioners identify needs as early as possible and take responsibility for getting them resolved;
- Reach out to those families and communities who are reluctant to engage to ensure that the needs of vulnerable children and young people are met. Building relationships and trust with children, families and communities and providing a range of services from hands on practical support through to specialist provision;
- Identify access points in neighbourhoods and communities and commit to co-locating staff, sharing buildings where possible and active outreach into communities and homes where families feel comfortable in using them.

## Principles - “We believe therefore we will...”

### 3. Work to build resilience in families, therefore we will...

- Give families, children and young people and communities the skills and confidence to do things for themselves, working with families rather than ‘doing’ interventions to them. We will help them to develop skills and capabilities which will prevent their needs from escalating and support them to thrive without additional intervention;
- Focus services and training for staff on how to build resilience in children, families and communities and to develop sustainability by working with a wide range of networks in families and neighbourhoods, maintaining a proportionate involvement whilst a family needs us.

### 4. Build strong relationships to achieve and sustain change, therefore we will...

- Engage with families to assure that their needs are being met, recognising the strengths and skills of family and community networks in securing the best outcomes. We will not overly-practitionerise our approach but will use multi-agency team working and whole family action plans to co-ordinate support for a family;
- Employing practitioners who can listen to children, young people and parents and establish a transparent working relationship; building on strengths within a family and using evidence based interventions to meet need. Practitioners and their services will know and understand what works best with their families.

### 5. Provide services that react quickly and flexibly to meet the needs of families, therefore we will...

- Invest in the first point of contact to ensure we provide families with the right support at the right time. We will create an additional help screening service utilising existing resources from across the partnership, to support access to early help services;
- Ensure that our workforce feels responsible for enabling successful family outcomes and providing a timely response;
- Use outcome based systemic assessment and intervention tools to identify need and to plan and monitor progress;
- Review our commissioning and procurement processes to ensure that they build our services and interventions from the bottom up, using the voices of children and young person and families to shape service delivery;
- Develop a performance framework that demonstrates impact not only outputs.

# Our Early Help delivery model

Our early help model has 3 key elements:

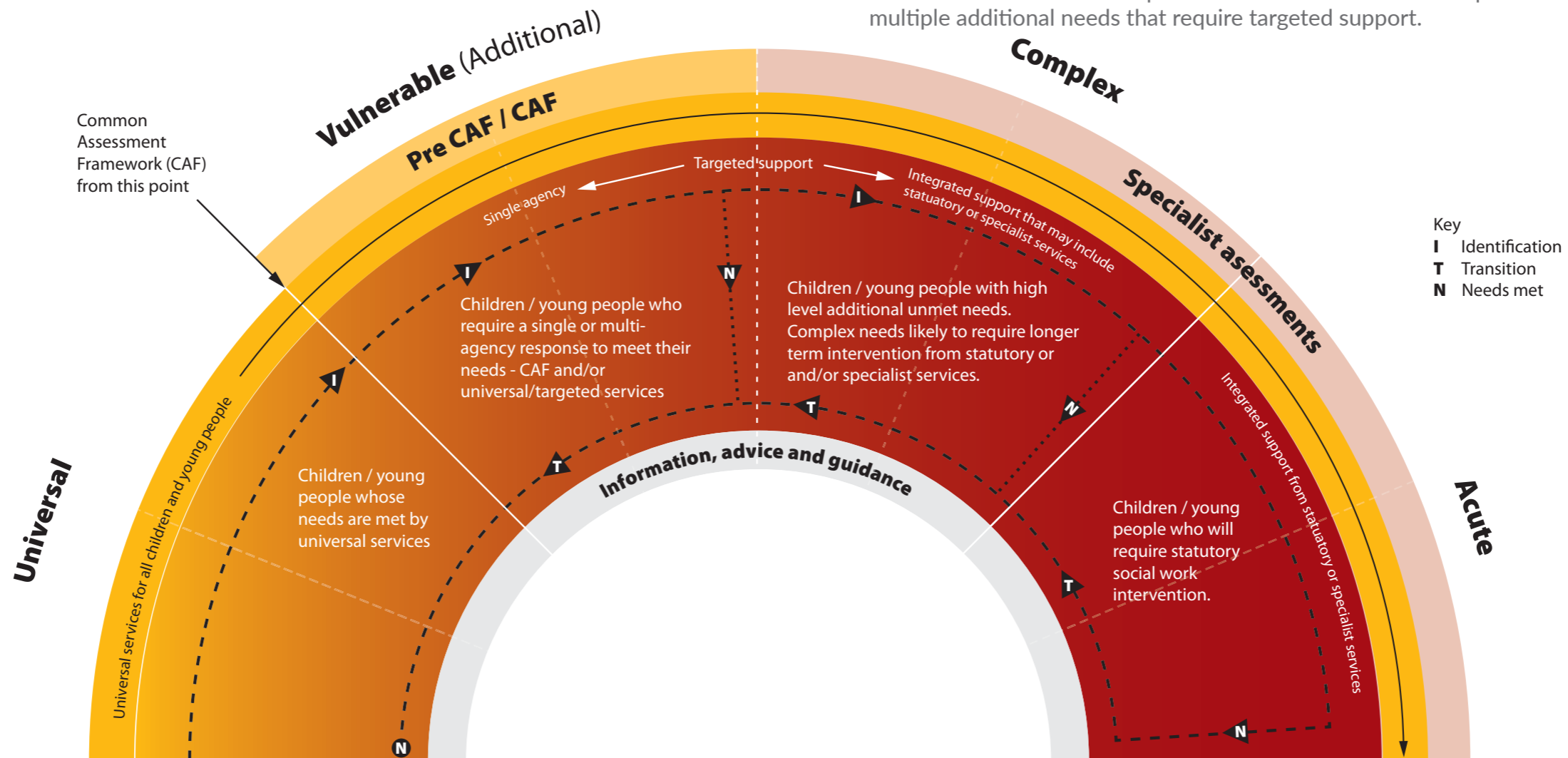
- The Continuum of Need** – families will be entitled to universal services and most of the time this will be enough. However, at times their needs may become more acute and additional support is required.
- Service Response** – a range of services from practitioners across the partnership, responding to different and changing needs and relevant to their remit and expertise.
- Building capacity and providing support** – these are the things that will enable our wider workforce to become competent and to help them support families to navigate and move between types of interventions and services, whether they are ‘stepping up’ (escalation of needs requiring extra help) or ‘stepping down’ (families whose needs are becoming less complex).

# Our Early Help model - The Continuum of Need

It is important to remember that depending on a family’s needs:

- The response to multiple needs can and will usually be met from a **variety of services** at or along the continuum service delivery;
- Assessments should build on each other as needs change so that children and parents **will tell their stories the least times possible**;
- Service should **feel like one big service** because they are integrated around common points of entry;
- Practitioners can **hold the baton**, not letting go of families and remaining involved to help families move along the continuum of services as their needs change.

Diagram 1 demonstrates the continuum of needs for children, young people and their families. This is the whole continuum of need. This strategy deals with how Doncaster will respond to children with no needs up to children with multiple additional needs that require targeted support.





## Our Early Help model - Our Service Response

- Joint working to support prevention and early intervention, across our partnership (including non-statutory and statutory services) has been evident in many forms over recent years and a summary can be found in Appendix 2 – [Early Help Partnership Mapping](#).
- A range of early help services are present such as family and parental support services through Children Centres, health care support from midwifery, health visiting and school nursing as well as direct support to children and young people from schools and youth centres. The Voluntary and Community Sector provides vital localised services to our communities, building resilience and capacity. These provisions will be strengthened and shaped in accordance to local needs and our future resources to further develop Doncaster's early help system.
- The multi-agency map illustrates the [breadth of services](#) available, the connectivity between services and the places where more focus should be given to ensure service provision is more co-ordinated.
- In Doncaster, we realise the importance of Early Years development. [Children's Centres](#) across the Borough provide parenting and family support; equipping young children to be socially and emotionally resilient and ready for school and support child development through both health service provision on site as well as focused play sessions that encourage parents and children to interact and build positive relationships.
- Support and guided activities for older children and young people are available across [Youth Centres](#) through specialist workers who also offer 1-1 direct work, mentoring and coaching. Further youth work is delivered via the vibrant Voluntary, Community and Faith Sector. Public Health plays a pivotal role in prevention and early intervention specifically relating to risk taking behaviours through the newly commissioned Project 3.
- [Schools](#), supported by DMBC's Special Educational Needs and Disability (SEND) services provide early help in a variety of ways, including nurture support and pastoral care. These play a crucial role in promoting aspiration and achievement within communities.
- [Maternity Services](#) provide an opportunity for early, evidence based assessment of health and welfare needs, working with parents antenatally and postnatally, to offer health promotion and education, advise and support to increase resilience and preparation to nurture healthy independent families. Effective partnership working with, health visitors and primary care play a crucial role in building a good foundation for the child's life journey.

## Our Early Help model - Our Service Response

- [Health Visitors](#) provide a crucial, early intervention role through delivery of the 1001 critical days programme delivered universally to families with children under 5 focusing on the life course stage from antenatal to 2 years of age. Targeted interventions are offered to families with additional needs working in partnership with midwifery, children centres and intensive family support teams.
- Through its [Aiming High programme](#) the Council support and procure resources for disabled children and families to support their inclusion at home and in communities. This offer will be refreshed during 2015/16.
- The [Stronger Families Programme](#) provides whole family support for families through a co-ordinated approach using a lead practitioner and systemic assessment technique as well as an agreed holistic family action planning process. This programme is very successful and is having a real impact on our families.
- The [Voluntary and Community sector](#) plays a vital role in delivering interventions and services to support families that need some encouragement or support when running into trouble through a varied mix of services. This can include uniformed youth activity, voluntary youth groups and sporting clubs.

### What makes us unique and what should we build on?

- There is a rich history of multi-agency working over recent years very unique to the Borough through initiatives such as '[One Team Working](#)' (a strategic partnership to facilitate integrated working between social care and health services in Doncaster) and the [Stronger Families Approach](#) (Doncaster's local solution for 'Troubled Families') which focuses on a whole family approach, developing sustainable resources, including intensive support for families with complex needs and issues.
- [Our Community Teams](#) build community resilience and play an active part in reducing anti-social behaviour and identifying families who require extra help or support.
- As part of work already underway to improve the relationships between partners at a local level, [Collaboratives](#) have been established. These networks bring together local leaders to look at collective resources in order to address local issues (see section 6 for further detail).
- Following Department for Education (DfE) intervention, a decision was taken to establish the [Doncaster Children Services Trust](#) (DCST). Statutory children's social care services in addition to the Youth Offending Service (YOS) as well as intensive family support and targeted youth support transferred to the Trust which became operational on the 1st October 2014.

## Our Early Help model - Our Service Response

The Trust has recently been successful in securing **central government innovation fund**, including the Pause Project; Growing Futures (Domestic Abuse Innovation Programme) which aims to establish future 'wrap around' multi-disciplinary teams for children who live with domestic abuse.

The Council and DCST have worked collaboratively to ensure that children and families presenting with child development or family support needs are supported by the **DMBC Early Help Service** and further support to families, whose needs might lead to a risk of harm or social work intervention are provided by the DCST Intensive Family Team.

Early Help delivery teams or services are generally organised within a four locality delivery model and other partner organisations such as **South Yorkshire Police, NHS Primary Care and St Leger Homes** have reconfigured their boundaries to be co-terminus with the Council's locality model. This has laid the foundation for expanding multi-agency working.

The Doncaster Partnership recognises that we need to do more to ensure an integrated seamless service offer and pathway for our children, young people and their families and therefore we will do the following:

### Services available to all Families

**Families and Universal services** are where most children's needs are met. – those services that are **available to everyone**. These are provided as of right to all children including those whose needs are also met within targeted and/or specialist and statutory services. Universal services will always be used by all. Examples of these include the General Practitioner (GP), schools and school nursing.

Our strategy will support organisations at a local level to deliver **more services where possible to meet potential needs at the earliest stage**; for example, school nurses providing emotional health and wellbeing support on the school campus. We will do this by developing and implementing a **comprehensive Workforce development plan** (more of this in Section 6.3 – support and capacity building) through an EHIG Workforce development group. The plan will be focused on the areas identified in section 3 using evidence based best practice approaches.

## Our Early Help model - Our Service Response

Our starting point is to enable families to **self-help** and access services independently as far as possible. We are therefore committed to the development and sustainability of various **technology platforms** such as the Family Information Service website, libraries, information in schools and GP practices in order to keep our children, young people and families informed about the services and support that are available to them. This will be led and co-ordinated by DMBC.

To ensure families get support at the earliest possible opportunity, universal services will build **strong links with local communities** to encourage 'hard to reach' families to use their services and to build resilience both within families and communities. Universal services will play an important role in **spotting and reacting to early signs**, using the escalation channels for early help, and also emerging trends and issues within localities. Examples of universal services can be seen in Table 2 on pg. 15: A summary of the Early Help Model.

### Targeted Support

**Targeted Support** becomes more focussed around individual families as their needs become more complex and risk increases. This means, for example that targeted support can be provided by a practitioner in a school who delivers a self-esteem program to a group of children or young people.

We see our Family Hubs (The Council's 0-19 offer delivered through the Children Centre core purpose and an integrated youth offer) as universal access points for families but where we target the offer to communities/groups where **there is the greatest need**. Similarly, voluntary and community sector organisations and services within the Council, for example Community Teams will provide targeted group work or interventions at a local level to address specific issues.

The co-ordination and commissioning of services to build community capacity will be enhanced by **Collaboratives** (more on this in section 6.3: Support and Capacity building).

It is the expectation that most universal and emergency response services, for example GP's and the Police will be our **'eyes and ears'** – identifying needs of communities and families early and sign posting this through the various channels available to them, for example the Collaboratives, Early Help Networks and the Early Help Hub.

At times, a child/family will require additional support for a short, time limited period through a single agency/practitioner response. This targeted support will happen as and when required with an ambition the family will be quickly self-reliant and healthy again. This can be provided by anybody who is involved in the family and is able to provide the specific support needed, for example additional learning support in schools, etc.

## Our Early Help model - Our Service Response

In some instances, the nature of additional needs of the child/family will be of such that an **integrated response** by a number of practitioners/agencies will be required. There are 3 key elements to this response: The Lead Practitioner; The Team Around the Child/Family (TAC/F); and the Early Help Assessment (EHA)

The **Lead Practitioner** performs three core functions:

1. To act as single point of contact for the child or family;
2. To co-ordinate the delivery of the actions agreed; and
3. To reduce overlap and inconsistency in the service received.

Many practitioners working with children already undertake these functions as part of their role. A lead practitioner is accountable to their home agency for their delivery of the lead practitioner functions. They are not responsible or accountable for the actions of others.

### *Who should be the Lead Practitioner?*

A lead practitioner can be any adult who works with and support a child or young person. The most important selection criteria, is that they be the best placed to coordinate provision to meet the child's needs, and have a good relationship with them. For example, this means a lead practitioner could be a teacher, sports coach, early years worker or youth worker, etc. We do not expect emergency response services for example the police, fire brigade or General Practitioners to fulfil the Lead Practitioner Role. However, services that provide individual or family interventions on a daily basis and who have a good relationship with families are ideally positioned to provide this critical function, for example Midwives, Health visitors, family support type functions within schools, community workers etc.

### *What skills and knowledge are required in a lead practitioner?*

Lead practitioners need the knowledge, competence and confidence to:

- Develop a successful and productive relationship with the child and family, and communicate without jargon.
- Work in partnership with other practitioners to deliver the support plan.
- Co-ordinate the delivery of effective early intervention work and ongoing support.

The **Team Around the Child/Family (TAC/F)** - is a shared assessment and planning framework which is used by a variety of agencies across the borough and is employed in a similar format throughout the country. It aims to help with the early identification of additional needs of children and young people whilst also promoting a co-ordinated multi-agency response to meet them.

## Our Early Help model - Our Service Response

The **Early Help Assessment** – is completed with the agreement of parents so that local agencies can work with the family to identify what help the child and family might need to reduce an escalation of needs that could require statutory intervention.

The Team around the Child, Young Person and Family – Handbook for practitioners provides front line practitioners and their managers with information about the integrated response to children with additional needs (Appendix 3). The **Early Help Hub** has been established to support the development and embedding of additional help practice (more on this in section 6.3: Building Capacity and Support).

When a child/young person/family requires integrated support in the form of a **structured family support** package, the **Early Help Hub** will allocate the case to either the **Early Help Service's locality team (DMBC)** or the **Intensive Family Support Service (DCST)**. The appropriate response for services will be based on the application of the **DSCB multi-agency thresholds document** (see appendix 4).

It is important to remember that all support is aimed at being delivered at the **right level, at the right time and by the right person** with the ultimate aim of families being self-reliant and therefore stepping down to single practitioner support/universal services.

### **Specialist Support**

Specialist services respond and work with children with complex needs and usually require a specialist referral. Services include the Children and Adolescent Mental Health Service (CAMHS), Social Care Services and the Youth Offending Service. Access to these services are usually managed through a referral process.

When there is significant concerns re a child's safety or their needs cannot be met by universal or targeted support services, practitioners can make a request directly to **Referral and Response service**. This will include when a child is in need of help and where it is believed that a child is suffering or likely to suffer significant harm.

**Referral and Response** is a team of qualified social workers who have the training and experience to discuss with other practitioners concerns they may have about a child to identify the best way to meet the child's needs. This may include the case being allocated for Social Care intervention or it may be referred to targeted support.

## Our Early Help model - Our Service Reponse

The continuum of need and services provides a **common description of needs and associated risks** and support the correct response to a child/ young person or family over time. It is described across 4 broad levels in line with the DSCB multi-agency thresholds:

Level of Need	Description	Service Response	Examples of services provided	Quality conversations and records
Universal need	Children who are enjoying general wellbeing, accessing education and health services and maintaining good overall progress in all areas of development	Universal Services	<ul style="list-style-type: none"> <li>Schools &amp; Colleges</li> <li>PVI nurseries and child-minders</li> <li>GPs &amp; Health Visiting surveillance</li> <li>Leisure &amp; Arts providers</li> <li>Social Landlords</li> <li>Local Voluntary and Faith group child and youth activities</li> </ul>	<ul style="list-style-type: none"> <li>Early Help networks</li> </ul>
Additional need	Children who have an identified, need and whose health, development and/or learning is starting to be adversely affected as a result	Lead Practitioner / Early Help	<ul style="list-style-type: none"> <li>Universal Services &amp; Early Help Services: Children's Centre services</li> <li>Behaviour support</li> <li>Speech &amp; Language support</li> <li>Portage</li> <li>Parent Support services</li> <li>Youth Clubs</li> <li>Stronger Families</li> <li>Education Welfare Officers</li> <li>Targeted Youth Support</li> <li>Short Breaks</li> <li>Occupational Therapy and equipment; CAMHS therapy service</li> <li>Paediatric health care</li> </ul>	<ul style="list-style-type: none"> <li>Early help networks</li> <li>Extra Help Hub</li> </ul>
	Children who have unmet needs, who as a result are not maintaining satisfactory health, development and/or learning and who are increasingly vulnerable and at risk of future harm	Intensive Family Support		
Complex need	Children and families in crisis, with complex, acute need who are vulnerable and at risk of future harm	Intervention, Treatment & Care	<ul style="list-style-type: none"> <li>Youth Offending</li> <li>Child protection, Looked After Children and Care Leaver Social Work services</li> <li>CAMHS treatment services</li> <li>Paediatric A&amp;E</li> <li>Stronger Families</li> </ul>	<ul style="list-style-type: none"> <li>Referral and Response</li> <li>MASH</li> </ul>

## Our Early Help model - Building capacity and support

This section is about how we will build capacity, competence and assurance within and throughout the system. Some of the elements described below are already in place and need further development; others are new concepts that we will implement as part of our strategy. The areas below will form the basis of the Early Help Delivery Plan and each of the elements will be delivered through a correlating work stream reporting progress to the Early Help Implementation Group.

Our Building Blocks to Success:



## Our Early Help model - Building capacity and support

### Advice, Information and Guidance

Advice, information and guidance are central to our model. Our **ambition** is that high quality information, advice and guidance is readily available and accessible to all our children, young people, families and practitioners.

We will:

- Promote self-help and access for families through the development and sustainability of various **technology platforms** such as the Family Information Service website and information in libraries, schools and GP practices to keep our children, young people and families informed of services and support available to them. This will be led and coordinated by DMBC
- Use **quality conversations with our families and communities** as to what needs to be better for them and how we make it better for them.
- Use **quality conversations** to support Lead Practitioners at a local level through **Early Help Networks. Early Help Co-ordinators (DMBC)** will organise and facilitate locality networks which will bring together practitioners from a range of services with a focus on building competence in support families through universal and targeted service, including being a lead practitioner, the completion of Early Help Assessments and the navigation of the Early Help Pathway.
- Further guidance will be available through the **DSCB multi-agency thresholds** document (Appendix 4) and the **Team around the Child, Young Person and Family – Handbook for Practitioners** (Appendix 3). These documents complement each other and provide relevant guidance in relation to the role of the Lead Practitioner, the Extra Help Pathway and supporting documentation.
- A single phone number, 01302 737777 will enable families and practitioners to have quality conversations with the **Early Help Hub** or **Referral and Response** where there are more serious concerns about a family. These teams will decide with the caller what the appropriate response will be.

### Pathways and System Navigation Support

Our **ambition** is for families and practitioners to easily access and navigate the Early Help system from information, advice and guidance through to where families require Social Care input not only where needs and risk are escalating (step-up) but also where a family’s needs are met and require less intensive support (step-down).

In order to realise our ambition we will:

## Our Early Help model - Building capacity and support

- Strengthen the current **Early Help Coordinator** role (DMBC) allocated to each of our 4 localities. This role has a specific focus on supporting services to **navigate the EH systems** and **build Lead Practitioner competency and capacity**. They will co-ordinate the **Early Help networks** and will be the **conduit between the Extra Help Hub and Lead Practitioners**. They will actively contribute to ensuring high quality Early Help Assessments and TAC/F processes.
- Set up **Extra Help Hub (EHH)** – there will be an integrated multi-agency screening and decision making team to support the development and embedding of Early Help practice.

Initially, the EHH will be staffed from the Council's Early Help Service and Stronger Families programme. The team will be hosted and managed by DMBC and co-located with the Referral and Response and the MASH to promote integrated, steam lined working.

The purpose of the team will:

- Be the first point of contact where any practitioner in Doncaster identifies that there are additional needs and an early help assessment is considered. This is to share information and to identify if there is a current TAC/F or family are known to Children's Social Care;
- Gather and collate information to support decision making and give advice on appropriate support/response regarding threshold of need and potential interventions;
- Record and assist with the identification of Lead Practitioner to gain family consent and progress and early help assessment.

We are taking a 'belts and braces' approach to building the capacity and competence of the Early Help System and therefore all Lead Practitioner activity will be recorded through the EHH. This will ensure that all early help activity is recorded on the Early Help Module (Liquid Logic) which will improve effective performance management. We appreciate that this may pose some difficulties in the current system but we will explore ways of overcoming these obstacles.

The service will screen all requests and will come to a joint decision with the enquirer as to what needs to happen next. It may include: support to the Lead Practitioner to initiate a TAC/F; where structured family support is required a decision will be made as to whether or not the Early Help Service (DMBC) or Intensive Family Support (DCST) need to act as lead professional; where the concerns about a child/young person is significant the case will be transferred to the Referral and Response Team.

## Our Early Help model - Building capacity and support

Access to structured family support (Early Help Service (DMBC)/IFSS (DCST) or Referral and Response will be managed through one phone number: 01302 737777 or via email: [referral&responseteam@doncaster.gov.uk](mailto:referral&responseteam@doncaster.gov.uk).

The Extra Help Pathway within the handbook provides an overview of the path that will be followed for children, young people and families with additional needs requiring a targeted response. This pathway includes stepping up and stepping down of cases.

### Systems

Our ambition is to have uniform approaches, processes and systems to support early help.

We acknowledge that single agencies will have their own recording and risk management processes that will be relevant and appropriate for that service. However, as a partnership, when children/young people and families require targeted support, it is important that uniform processes and systems are in place.

To achieve our ambition we have/will:

1. Developed the **Team Around the Child, Young Person & Family – Handbook for Practitioners** which makes proposals to use an **improved** Early Help Assessment and supports the completion of all **documents** relating to individual families and supports recording information whether this is done directly onto the EHM case management system, when access is available, or when documents are used in paper version.
2. Review and improve the **electronic Early Help Module (EHM)** system for use by all early help services. It is used by DMBC and DCST staff and the intention is for health services, schools and the VCS to use it. EHM is a complete solution designed to act as a general case management tool for children outside of Children's Social Care. The EHM provides the following functions:
  - Case management and record keeping facilities for children who do not reach social care thresholds, but merit some support and attention; including forms, assessments, plans, alerts and workflow.
  - Recording and management of the whole Early Help Assessment process, including the requisite consent and security.
  - Referrals in and out of Children's Social Care – the ability to electronically escalate and refer cases and data into Social Care, and similarly to receive electronic referrals and data from Social Care.

## Our Early Help model - Building capacity and support

- Team around the Child – the ability to set up the team around the child or family to coordinate all their activities.
- A set of in built management reports.

### Competent Workforce

Our ambition is to have capable and competent workforce where individual practitioners feel able and confident in undertaking the Lead Practitioner role and participate in any multi-agency wraparound response to families. We want the partnership to use a common language that everybody, including families will be able to understand.

We will achieve our ambition by:

- **Commissioning** early help services/evidence based approaches at a strategic level through our **Joint Commissioning Executive Group** – the role and function of this group is set out in the Joint Commissioning Plan. This may or may not include the pooling of funding.
- Strengthen the role and function of the **Collaboratives**. They have been established around school clusters to ensure that we engage schools as the place where most of our children spend their time. Collaboratives bring together managers from a range of universal, targeted and specialist children's services in each local area including schools, children's centres, police, social care, the voluntary and community sector along with some relevant services for adults such as housing. The configuration will vary in each Collaborative, depending on the services available and the needs of families in the local area. The aim and task of Collaboratives is to **improve the effectiveness and efficiency of early help support in defined local areas, through effective collaboration between services**. The potential for Collaboratives is to provide broader interagency direction and governance of provisions and services for children and families at a local level where services can be most responsive and flexible to need, best designed and delivered. These networks focus on **unique locality issues, commissioning services to build capacity**.
- Developing and implementing a comprehensive **Workforce Development Plan** (more on this in section 6.3: Support and Capacity building) through an EHIG Workforce Development group. The plan will be focused on the areas identified in section 3 using evidence based best practice approaches such as 'Signs of Safety'.
- Providing local development opportunities for Lead Practitioners through the **Early Help Networks**.

## Our Early Help model - Building capacity and support

### Quality Assurance

The EHIG will have oversight of progress against this strategy and will be responsible for the quality assurance and performance management of the Early Help System.

Our **ambition** is to ensure that our Early Help system is of high quality and where targeted integrated support is necessary we are able to monitor the quality of work and the impact this is having.

We will achieve our ambition by:

- Develop a **rich picture** of Doncaster as a place - We want to encourage and enable the **sharing of data across agencies** to build rich pictures of localities in terms of demographic/needs analysis and resources available within localities. This will enable true gap analysis and the commissioning of services targeted at the right level to ensure greatest impact.
- Developing an **Early Help performance scorecard** to not only show throughput in relation to targeted integrated support but also to evidence impact of interventions.
- Developing a **Quality Assurance Framework** that will include regular auditing activity of Early Help Assessments and other case management information to identify good practice and learning. Regular learning sessions will be facilitated through the local Early Help Networks.

## Our governance

DMBC is the lead agency for the coordination of our Early Help response on behalf of Team Doncaster. Individual agencies are signed up to this strategy and will be accountable for their service delivery and practice in line with organisational procedures and responsibilities. When an integrated response is required to meet a family's needs, organisations will be responsible for their individual contribution to the TAC/F.

The following table sets out how we will drive the strategy and hold the Doncaster Partnership to account for the delivery of Early Help with Team Doncaster, the most senior strategic partnership in the Borough.

Accountable Partnership Board	The Strategy and Plans	The Priorities
<p><b>Team Doncaster</b> – strategic partnership of organisations and individuals that spans the public, private, voluntary and community sectors responsible for delivering the Borough Strategy through 4 thematic partnerships:</p> <p><b>The Children and Families Board;</b> The Health and Wellbeing Board; Enterprising Doncaster; and the Safer and Stronger Board</p>	<p><b>The Borough Strategy,</b> refreshed in 2014.</p>	<ul style="list-style-type: none"> <li>• The Borough strategy priorities included for Children and Young People:</li> <li>• Children should have the best possible start in life</li> <li>• Children's voices must be incorporated into everything we do</li> <li>• Early Intervention</li> <li>• Partnership working and sharing of information</li> <li>• Opportunities for our young people in school and beyond, boosting attainment raising expectation and improving the transition to work and independence.</li> </ul>
<p><b>The Children and Families Board</b> responsible for policy, strategy and achievement in services for children, young people and their families.</p> <p>3 Sub-groups: Early Help Implementation Group; Joint Commissioning Executive Group; Voice of Children, Young People and Families.</p>	<p><b>The Children and Young People's Plan</b> 2011 – 16 is being refreshed in 2015 to reflect the changing commissioning and service delivery model that is set out in this strategy.</p>	<ul style="list-style-type: none"> <li>• The CYFP has the following 3 priorities:</li> <li>• Early Help and Early Years</li> <li>• Work experience, information Advice and Guidance and Education attainment linked to Economic opportunities</li> <li>• Voice of children, young people and families.</li> </ul>
<p><b>Early Help Implementation Group</b> Responsible for driving and delivery of the Early Help Strategy</p>	<p><b>The Early Help Strategy 2015 – 2018</b></p>	<p>The Early Help Strategy Priorities are:</p> <ul style="list-style-type: none"> <li>• Development and Communication of the Early Help system and pathway</li> <li>• Development and implementation of Early Help training programme</li> <li>• Commissioning of Early Help Services</li> <li>• Development of an outcomes framework that will set measurable change targets.</li> </ul>

## Our Governance

The Doncaster Safeguarding Children's Board (DSCB) is the statutory body which is independently chaired and consists of senior representatives of all the partner agencies and organisations working together to safeguard and promote the welfare of children and young people in Doncaster. DSCB determines the multi-agency thresholds which underpin the continuum of need within the Doncaster early help system. The DSCB has a statutory duty to evaluate the effectiveness of the Early Help System. Early help will be considered as part of the Board's quarterly performance reports. The Board will challenge the contribution of partner agencies through its section 11 audit and specific assurance reviews. The effectiveness of early help will form part of the Board's multi-agency audit programme, including the auditing of the understanding and application of multi-agency thresholds.

The EHIG will provide regular updates on the development, quality impact of the early help system to the DSCB and the Children and Families Strategic Partnership Board with further links to the Team Doncaster Health and Wellbeing Board.



## Next steps

By agreement from the Partnership, a high level Early Help Action Plan will be developed with the areas in Section 6.3 as the high level priorities. 5 work streams will take forward the set priorities with detailed work stream plans to support delivery.

Progress against the action plan and the Early Help Performance scorecard will be reported to the **EHIG**.



## Appendix 1

### Needs Analysis - Our challenges

Developing an effective early help offer is dependent on understanding the needs of children, young people and families within the Borough. This involves having strategic overview of trends in the area, a clear understanding of the factors which influence local need and listening to what children and young people are telling us.

Important to this Strategy is the question: Does the Early Help System work?

The following sources were used to establish the picture:

- The CYP Need Assessment - [http://www.doncastertogether.org.uk/Doncaster\\_Data\\_Observatory/cyp\\_needs\\_assessment.asp](http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/cyp_needs_assessment.asp)
- Community profiles - [http://www.doncastertogether.org.uk/Doncaster\\_Data\\_Observatory/Profiles/community\\_profiles\\_2014.asp](http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/Profiles/community_profiles_2014.asp)
- Mark your Mark 2014 - <http://www.ukyouthparliament.org.uk/wp-content/uploads/Make-Your-Mark-Results-2014.pdf>
- Youth Surgeries
- Youth Council
- DCST - monthly scorecard.

### Demography

- The population of young people aged 0-24 is 92,053 which is 30.4% of the total population.
- 1 in 4 children under the age of 16 live in poverty.
- The population is predominantly White British. 10.9% of school age children are from a minority ethnic background.
- Children and Young people are not equally distributed across Doncaster. Main urban areas see higher proportions with the central and northern urban areas of particular note; settlements with the highest proportions including Woodlands, Highfields, Toll Bar, Hyde Park and Hayfield Green.
- The numbers of children and young people are growing. The number of primary school aged children will increase by almost 20% from 2011 to an increase of nearly 4,500 children by 2020.

## Appendix 1

**Health and Well-being of Children in the Borough**

The health and wellbeing of children and young people in Doncaster is generally worse than the England average:

**The first year of life**

- 348 (9.2%) of Doncaster babies are born at a low birth weight. This is directly related to parental factors including high levels of maternal smoking.
- 19 (5 per 1000) babies (live births) in Doncaster die before their first birthday, again worse than the national average.

**By age 5**

- 1 in 20, 3 and 4 year olds do not benefit from an early education.
- Under half (1,623 children - 43.3%) of Doncaster children have achieved a good level of development at the end of reception compared to 51.7% nationally.
- 320 (9%) of Doncaster children are obese at age 4-5.
- 1/3 of children have one or more decayed, missing or filled teeth.
- There will be 9,411 A&E attendances in 0-4s.
- Over 90% of Doncaster children have been vaccinated.

**Age 5 to 24**

- The gap between Doncaster children and their peers nationally has narrowed across most age groups and subjects; however our children generally perform remains below the national average. Educational attainment is lower than the national average. In 2012/13 1,944 (56.6%) of Doncaster children achieved 5 A\* to C (including English and Maths).
- In 2012, 690 16-18 years olds were not in education, employment or training and 188 had received their first reprimand, warning or conviction from the youth justice system.
- Hospital admissions due to injuries are higher than national averages with 731 hospital admissions due to injuries in children ages 0-14 in 2012/13.
- Hospital admissions for asthma are higher than the national average as are admissions due to substance misuse. There were also 195 admission for self-harm and 26 for mental health in 2012/13 and this figure is increasing.

## Appendix 1

**Parental Well-Being**

The health and wellbeing of parents directly impacts on the wellbeing of children and young people.

- In 2012/13, 806 (22.5%) of mothers were smoking at the time of delivery.
- In 2012/13, 2,337 of mothers initiated breastfeeding and 1,047 are still breastfeeding 6-8 weeks after birth.
- In 2011 there were 204 under 18 conceptions with 77 births to mothers aged below 18 in 2012/13.
- Numbers of children where parents have mental health problems is 12,500 (East Sussex model).
- In the last year 350 people (40%) starting to receive treatment for substance misuse have children living with them. 1,150 people (50%) of the total numbers of those in treatment have children living with them.
- Families and children experience significantly higher levels of domestic abuse compared with neighbouring local authorities.
- Number of families affected by multiple problems is 1,065 (Stronger Families cohort 2014).

Community profiles – helped Collaboratives to consider local needs and the specific areas of focus. The areas of focus were identified as:

- Emotional health and wellbeing – for example through the Bentley Collaborative a drama therapy project was commissioned.
- Communication, Speech and Language Development – was identified as a Borough wide need, therefore this is being commissioned on behalf of all Collaboratives.
- Attachment and parenting – Askern Collaborative commissioned an Anger Management/Attachment Disorder/Community Engagement Event.

This serves as an example of where local commissioning has taken place.

What young people told us...

- The top 2 issues identified through Make your Mark (2014) were the living wage and Euthanasia.
- Our Youth Surgeries told us that they are concerned about the environment i.e. litter and street lights, lack of activities, drug and alcohol issues and sexual health.
- The Youth Council said that the Emotional Health and Wellbeing is a priority for them.

# Appendix 2

## Early Help Partnership Mapping

### Types of contact



Self and professional referrals are the predominant contact method, followed by direct contact, transfers, signposting, drop-in and criteria data match.

### Customer Groups



Families are supported by all partners, almost all support children, young people and parents and health predominantly support pregnant women and unborn babies.

### Models/Activity



Activities are wide ranging and include: universal services, a focus on child health and development, school transitions, supporting families directly and through multi-agency meeting, providing appropriate housing, stopping truancy and supporting home education and those described as NEET.

### Assessment Tools/IT



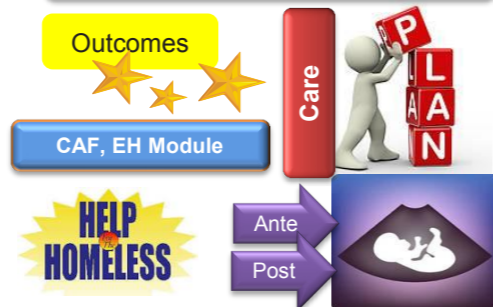
CAF is one of the main tools, together with service specific assessments, documents and IT systems, e.g System One & Civica; also promotional guidance, Solihull and Outcomes Star.

### Evidenced-based outcomes



Outcomes focus on parenting and early years support; whether transition support is implemented, smoking cessation and outcomes of key tools such as Solihull, CAF and family intervention principles.

### Specialist Assessment/Tools



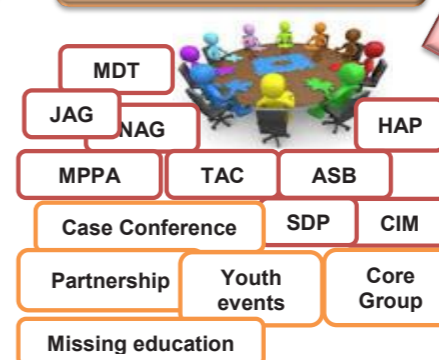
Tools and assessments used that are service specific include CAF and the Early Help Module, TAC, homelessness applications, Outcomes Stars Framework as well as antenatal and postnatal guidance.

### Service Delivery



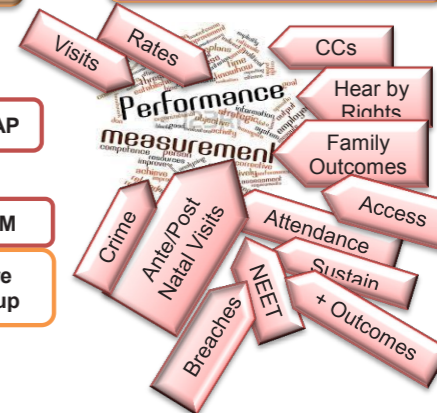
Service delivery is wide-ranging and offers: support, mentoring, education, guidance, help to manage emotions, planning, diversionary activities, money management, property repairs and improvements, allocating housing, transitions, outreach, partnership working, home visiting, pregnancy care and postnatal visits.

### Multi Agency Forums



There are a large number of meetings, groups, advisory boards, service specific groups and partnership meetings.

### Key Outcome Measures



Performance indicators are varied, the common link however is achieving positive outcomes for children, young people, parents and families.

## Appendix 3

## Appendix 4



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**5th November, 2015**

**Subject:** Report from the Health and Wellbeing Board Officer Group and forward plan

**Presented by:** Dr Rupert Suckling

<b>Purpose of bringing this report to the Board</b>	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

<b>Implications</b>		<b>Applicable Yes/No</b>
DHWB Strategy Areas of Focus	Alcohol	x
	Mental Health & Dementia	x
	Obesity	x
	Family	x
	Personal Responsibility	x
Joint Strategic Needs Assessment		Yes
Finance		
Legal		
Equalities		x
Other Implications (please list)		

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
<p>This report includes updates for the Board on:</p> <ul style="list-style-type: none"> <li>Health and Wellbeing Board workshop on obesity</li> <li>Joint work with South Yorkshire Fire and Rescue</li> <li>Lung Cancer Collaborative Commissioning</li> <li>Director of Public Health Annual report</li> <li>Forward plan for the Board</li> </ul>

**Recommendations**

The Board is asked to: RECEIVE the update from the Officer Group, and CONSIDER and AGREE the proposed forward plan.



**To the Chair and Members of the  
HEALTH AND WELLBEING BOARD**

**REPORT FROM THE HEALTH AND WELLBEING BOARD OFFICER GROUP  
AND FORWARD PLAN**

**EXECUTIVE SUMMARY**

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Officer Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

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

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

**EXEMPT REPORT**

3. N/A

**RECOMMENDATIONS**

4. That the Board RECEIVES the update from the Officer Group, and CONSIDERS and AGREES the proposed forward plan at Appendix A.

**PROGRESS**

5. At the first full Board meeting on 6<sup>th</sup> June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board.

The Officer group has had two meeting since the last Board in September 2015 and can report the following:

- **Feedback from the Health and Wellbeing Board Workshop on Obesity**

The aim of the workshop held on the 1<sup>st</sup> October 2015 was to consider what more the Health and Wellbeing Board could do to address the issues of obesity.

A draft report will be sent to participants and the Board. Particular areas of focus were:

- Physical Activity
- Nutrition
- Availability of healthy food

The key outputs from the workshop were a need to

- Increase access to information
- Ensure messages are sustainable and consistent
- Work with individuals to understand their wants, needs and motivation. What is the way in to engage with them? What is their trigger point?
- Identify those people who could benefit from support, but who are currently 'invisible' to health professionals and other key partners in order to make every contact count
- Work more with planning to impact on the built environment
- Develop work in workplaces
- Consider submitting an expression of interest in the Whole System Approach to Obesity programme launched on 21<sup>st</sup> October.

This item will also be addressed in the Performance Report focus on obesity.

- **Joint work with South Yorkshire Fire and Rescue**

Health and Wellbeing Board partners have started to work jointly with SYFR to expand the home safety check to include healthy aging and falls prevention. This is in line with national announcements on the impact that Fire and Rescue services can have on health and wellbeing. A full report will be brought to a future Health and Wellbeing Board.

- **Lung Cancer Collaborative Commissioning**

The council and CCG are developing a proposal to work together with NHS England to assess and improve the commissioning of services for lung cancer. A workshop will be held in the new year involving the strategic clinical network. Lung cancer is still one of the largest causes of death and disability in the borough and is largely preventable through tobacco control measures.

- **Director of Public Health Annual Report**

This year the Annual Report will focus on looking at the impact we have had locally in identifying and addressing variation in health and wellbeing both between Doncaster and the rest of the country and within Doncaster. Partners are requested to supply examples of work that has addressed these differences for consideration to be included in the report by the 21<sup>st</sup> November 2015 to the Director of Public Health [rupert.suckling@doncaster.gov.uk](mailto:rupert.suckling@doncaster.gov.uk).

- **Board development**

The Board held a facilitated time out session on the 4<sup>th</sup> November 2015. A full write up and action plan will be circulated to Board members.

- **Forward Plan for the Board.**

This is attached at Appendix A.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

6.

	<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>The dimensions of Wellbeing in the Strategy should 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>The Health and Wellbeing Board will contribute to 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</i></li> </ul>	<p>The Health and Wellbeing Board will contribute to this priority</p>

	<p><i>our Communities</i></p> <ul style="list-style-type: none"> <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>	The Health and Wellbeing Board will contribute to this priority
	<p>Council services are modern and value for money.</p>	The Health and Wellbeing Board will contribute to this priority
	<p>Working with our partners we will provide strong leadership and governance.</p>	The Health and Wellbeing Board will contribute to this priority

## **RISKS AND ASSUMPTIONS**

7. None.

## **LEGAL IMPLICATIONS**

8. None.

## **FINANCIAL IMPLICATIONS**

9. None

## **HUMAN RESOURCES IMPLICATIONS**

10. None

## **TECHNOLOGY IMPLICATIONS**

11. None

## **EQUALITY IMPLICATIONS**

12. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The officer group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

## **CONSULTATION**

13. None

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DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2015/16

	Board Core Business		Partner Organisation and Partnership Issues	Officer Group Work plan
	Meeting/Workshop	Venue		
7 <sup>th</sup> January 2016	<ul style="list-style-type: none"> <li>• Better Care Fund Update</li> <li>• Officer Group Report</li> <li>• Pharmacy Update</li> <li>• JSNA Update</li> <li>• Fire and Rescue Service Joint Plan</li> <li>• DPH Annual report</li> <li>• Anti-Poverty activity</li> <li>• Libraries and Culture Update</li> <li>• One Public Estate</li> </ul>	St Catherine's House	<ul style="list-style-type: none"> <li>• Plans and reports from                             <ul style="list-style-type: none"> <li>○ CCG</li> <li>○ NHSE</li> <li>○ DMBC</li> <li>○ Healthwatch</li> <li>○ RDaSH</li> <li>○ DBH</li> </ul> </li> <li>• Safeguarding reports</li> <li>• Better Care Fund</li> <li>• DPH annual report</li> <li>• Role in partnership stocktake</li> <li>• Wider stakeholder engagement and event</li> <li>• Relationship with Team Doncaster and other Theme Boards</li> <li>• Relationship with other key local partnerships</li> <li>• Health Improvement Framework</li> <li>• Health Protection Assurance Framework</li> <li>• Wellbeing and Recovery strategy</li> <li>• Adults and Social care Prevention Strategy</li> <li>• Housing</li> <li>• Environment</li> <li>• Regeneration</li> </ul>	<ul style="list-style-type: none"> <li>• Areas of focus – schedule of reports and workshop plans</li> <li>• Integration of health and social care (BCF) workshop plan</li> <li>• Other subgroups – schedule of reports</li> <li>• Communications strategy</li> <li>• Liaison with key local partnerships</li> <li>• Liaison with other Health and Wellbeing Boards (regional officers group)</li> <li>• Learning from Knowledge Hub</li> </ul>
4 <sup>th</sup> February 2016	Workshop (Children's Health and Wellbeing)	TBC		
3 <sup>rd</sup> March 2016	<ul style="list-style-type: none"> <li>• Q3 Performance Report</li> <li>• Better Care Fund Officer Group Report</li> </ul>	Civic Office		
14 <sup>th</sup> April 2016	Workshop TBC (Supported Living and wellbeing)	TBC		
2 <sup>nd</sup> June 2016	<ul style="list-style-type: none"> <li>• Q4 Performance Report</li> </ul>	Civic Office		

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2015/16

	<ul style="list-style-type: none"> <li>• Better Care Fund Update</li> <li>• Officer Group Report</li> </ul>			
<b>14<sup>th</sup> July 2016</b>	Workshop TBC (Mental Health and social emotional wellbeing)	TBC		
<b>1<sup>st</sup> September 2016</b>	<ul style="list-style-type: none"> <li>• Q1 Performance Report</li> <li>• Better Care Fund</li> <li>• Officer Group Report</li> <li>• Annual Safeguarding reports (Adults and Children's)</li> </ul>	Montagu Hospital		
<b>13<sup>th</sup> October 2016</b>	Workshop TBC (Fuel poverty)	TBC		
<b>3<sup>rd</sup> November 2016</b>	<ul style="list-style-type: none"> <li>• Q2 Performance Report</li> <li>• Adults and Social Care Local Account</li> <li>• Better Care Fund</li> <li>• Officer Group Report</li> </ul>	Civic Office		
<b>1<sup>st</sup> December 2016</b>	Workshop TBC (Time out)	TBC		