



Doncaster Council

Agenda

To all Members of the

HEALTH AND WELLBEING BOARD

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

Venue Room 007a and b - Civic Office, Waterdale, Doncaster, DN1 3BU

Date: Thursday, 12th March, 2020

Time: 9.00 a.m.

Items for consideration:

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

Damian Allen
Chief Executive

Issued on: Wednesday 4 March 2020

Governance Officer for this Meeting:

Jonathan Goodrum, Senior
Governance Officer
Tel. 01302 736709

- | | | |
|-----|--|---------------------------------|
| 6. | Minutes of the Meeting of the Health and Wellbeing Board held on 16th January 2020.
<i>(Attached – pages 1 – 6)</i> | 3 mins
(Chair) |
| 7. | Report from Health and Wellbeing Board Steering Group and Forward Plan.
<i>(Paper attached – pages 7 – 28)</i> | 30 mins
(Dr Rupert Suckling) |
| 8. | Arts and Health Update.
<i>(Verbal Update/Cover sheet attached – pages 29 – 30)</i> | 30 mins
(Lucy Robertshaw) |
| 9. | Update on Doncaster Social Isolation and Loneliness Alliance.
<i>(Presentation/Paper attached – pages 31 – 32)</i> | 30 mins
(Jon Whitely) |
| 10. | Director of Public Health Annual Report 2019.
<i>(Paper attached – pages 33 – 100)</i> | 30 mins
(Dr Rupert Suckling) |

Date/time of next meeting: Thursday, 11 June 2020 at 9.00 a.m. in Room 007a and b - Civic Office, Waterdale, Doncaster, DN1 3BU

Members of the Health and Wellbeing Board

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

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

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Cynthia Ransome	DMBC Conservative Group Representative
Dr. Rupert Suckling	Director of Public Health, Doncaster Council
Kathryn Singh	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning NHS England (Yorkshire and Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Phil Holmes	Director of Adults, Health and Well Being, Doncaster Council
Riana Nelson	Director of Learning, Opportunities and Skills, Doncaster Council
Jackie Pederson	Chief Officer, Doncaster Clinical Commissioning Group
Chief Superintendent Shaun Morley	District Commander for Doncaster, South Yorkshire Police
Paul Tanney	Chief Executive, St. Leger Homes of Doncaster
Shayne Tottie	District Manager, South Yorkshire Fire and Rescue
James Thomas	Chief Executive of Doncaster Children's Services Trust
Peter Dale	Director of Regeneration and Environment, Doncaster Council
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Assistant Director darts, Doncaster Community Arts (Health and Social Care Forum representative)

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Agenda Item 6

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 16TH JANUARY, 2020

A MEETING of the HEALTH AND WELLBEING BOARD was held in Room 007A AND B - CIVIC OFFICE on THURSDAY, 16TH JANUARY, 2020, at 9.00 a.m.

PRESENT:

Chair	-	Councillor Rachael Blake, Portfolio Holder for Adult Social Care
Vice-Chair	-	Dr David Crichton, Chair of Doncaster Clinical Commissioning Group
Councillor Nigel Ball		Portfolio Holder for Public Health, Leisure and Culture
Councillor Nuala Fennelly		Portfolio Holder for Children, Young People & Schools
Dr Rupert Suckling		Director of Public Health, Doncaster Council
Steve Shore		Chair of Healthwatch Doncaster
Alan Adams		Interim Chief Executive, Doncaster Children's Services Trust
Richard Parker		Chief Executive of Doncaster & Bassetlaw Teaching Hospitals Foundation Trust
Phil Holmes		Director of Adults, Health and Wellbeing (DASS), Doncaster Council
Riana Nelson		Director of Learning, Opportunities and Skills (DCS), Doncaster Council
Lucy Robertshaw		Assistant Director, Darts
Jo McDonough		Care Group Director, RDaSH, substituting for Kathryn Singh

Also in attendance:

Glyn Butcher, People Focused Group
Councillor Andrea Robinson, Observer
Councillor Frank Tyas, Observer
Shabnum Amin, Safeguarding Adults Board Manager, Doncaster Council
Griff Jones, Head of Safeguarding and Mental Health, Doncaster Council
James Thomas, Director of Performance and Improvement, Doncaster Children's Services Trust
Clare Henry, Public Health Specialist, Doncaster Council
Vanessa Powell-Hoyland, Project Manager, Doncaster Council
Emma Nicholas-Hernandez, Public Health Improvement Officer, Doncaster Council
Debbie Burton, Engagement Manager, Doncaster Council

34 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from Councillor Cynthia Ransome, Kathryn Singh, Jackie Pederson, Peter Dale, Chief Superintendent Shaun Morley and Paul Tanney.

35 CHAIR'S ANNOUNCEMENTS

The Chair introduced Glyn Butcher from the People Focused Group (PFG) to the meeting, who gave a brief outline of the new 'Safe Space' mental health service that had recently been launched in Doncaster. This was a joint scheme between NHS Doncaster CCG, RDaSH, PFG, Mind and Open Minds.

Glyn explained that this pioneering new service was the only peer-led crisis support service running in England. The Safe Space service was based in Intake and could be accessed via a single point of access phone line. Using peer and voluntary support, the service was aimed at helping those suffering from a mental health crisis so that they could avoid having to attend the local emergency department. It was noted that service users were often people who were not well enough to go home but were not unwell enough to be in hospital. Glyn added that the service aimed to provide each individual with wrap around support and a living well plan, which linked with local services, so that people could access the ongoing support they needed for longer-term recovery and stop them from escalating into crisis.

It was noted that partners were welcome to visit the staff and volunteers running the Safe Space in Intake if they wished to learn more about the service.

36 PUBLIC QUESTIONS

There were no public questions asked at the meeting.

37 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

38 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 7TH NOVEMBER 2019

RESOLVED that the minutes of the meeting held on 7th November, 2019 be approved as a correct record and signed by the Chair.

39 DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19

The Board viewed a video presentation on the Doncaster Safeguarding Adults Board's (DSAB) Annual Report for 2018/19. Members also received a copy of the Annual Report Executive Summary document.

<https://www.youtube.com/watch?v=JP0pXawwtHw&feature=youtu.be>

Following the video, Shabnum Amin and Griff Jones summarised the key headlines from the Annual Report and outlined the multi-agency activities undertaken during 2018-19 by the Doncaster Safeguarding Adults Board to safeguard adults at risk and prevent abuse from occurring wherever possible.

Griff Jones explained that efforts were being made to strengthen the connections between the work of both the Safeguarding Adults and Safeguarding Children Boards. One example where there was scope for greater joint working was in dealing with cases of transitions from child into adult abuse. On this point, Alan Adams and James

Thomas indicated that they would welcome the development of a joint working agenda between the two respective safeguarding boards, which would enable opportunities for greater collaboration to be explored, such as joint working on the Boards' respective Annual Reports.

In response to a query regarding the promotion of safeguarding adults training, Shabnum explained that a range of basic awareness courses was offered, both online and classroom based. She added that steps were being taken to try and make these courses more accessible out in the localities. It was noted that other agencies and partner organisations in the Borough carried out their own safeguarding training and Shabnum explained that there was a need to capture this data to have a more complete picture. In response, Board Members agreed to assist by helping to promote these courses, and to share their data in relation to any safeguarding training provided by each of their respective organisations.

Lucy Robertshaw pointed out that Safeguarding Workshops using the Makaton language programme were also available and she offered to share the website link for colleagues to access further information outside of the meeting.

RESOLVED to note the multi-agency activities undertaken during 2018-19 by the Doncaster Safeguarding Adults Board to safeguard adults at risk and prevent abuse from occurring wherever possible.

40 REPORT FROM HEALTH AND WELLBEING BOARD STEERING GROUP AND FORWARD PLAN

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

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

- the Ageing Well workshop held in October 2019;
- Board Effectiveness;
- An Expression of Interest to participate in the 'Shaping Places for Healthier Lives' programme; and
- Forward Plan for the Board.

In introducing the report, Dr Rupert Suckling referred to the significant amount of work that had been carried out in relation to the recent flooding emergency in the Borough, including the ongoing flood recovery operations, and he suggested that it would be useful for the Board to examine aspects of this, such as the health and wellbeing impacts, at some point in the future.

After the Board had noted that the content of the Forward Plan would be refreshed following the next Board workshop to be held on 6th February 2020, it was

RESOLVED:

- (1) that the update from the HWB Steering Group be received and noted;
- (2) that the proposed Forward Plan, as detailed in Appendix A to the report, be agreed.

41 UPDATE ON GET DONCASTER MOVING - A WHOLE SYSTEMS APPROACH TO ADDRESSING INACTIVITY

The Board received a presentation by Clare Henry which outlined the work that had been taking place in 2019 predominantly from the work overseen by the Get Doncaster Moving Programme and Advisory Boards.

During subsequent discussion, Board Members reflected on their organisations' roles in addressing inactivity and whether they were doing enough to address this significant challenge.

Jo McDonough outlined some of the ways that RDaSH was encouraging physical activity. From a staff perspective, she explained that RDaSH promoted walking and running clubs, and organised walking competitions. She felt, however, that with regard to service users, there was scope for greater engagement, while acknowledging that certain services such as cardiac rehabilitation did promote physical activity.

Councillor Nuala Fennelly stated that under her Cabinet portfolio for Children, Young People and Schools, she encouraged schools to do more to promote physical activity. She also stressed the importance of local exercise classes, which she felt helped to reduce the number of visits made to GPs, but highlighted that sustainability was an issue, as often these classes came to an end when funding ran out and people were left disappointed.

Dr David Crichton advised that he was pleased to represent the DCCG on the Get Doncaster Moving Board. He then outlined some of the initiatives that the DCCG was involved in, including supporting Sport England's and the Royal College of GPs' Active Practice Charter, which was aimed at increasing activity and reducing sedentary behaviour in patients and staff. Dr Crichton also reported that GP training sessions had been organised as part of the Fit Rovers scheme, a free health and fitness programme funded by the CCG in partnership with Doncaster Rovers Football Club. He also advised that online training was currently being tested, which would enable clinicians to provide more support for people in relation to advising them on how they could improve their health through being more active.

Richard Parker informed the Board that Karen Barnard, Director of People and Organisational Development, was the lead officer on this at Doncaster and Bassetlaw Teaching Hospitals (DBTH). He stated that the DBTH had received a platinum award last year for staff health and wellbeing through its 'Wellbeing at Work' programme. He explained that DBTH endeavoured to create an environment where staff were able to exercise easily.

Phil Holmes felt that, from a staff perspective, working conditions greatly influenced participation levels in relation to exercise and being active. He stressed the need to make improvements to the way in which organisations worked in order to help staff be less sedentary.

In response to a question with regard to future plans in relation to parks and open spaces, Clare Henry explained that a significant amount of work was being done in this area, including holding workshops and conducting parks surveys, and drawing up

bespoke Park Plans for 10-15 parks which had been identified as being within 1km of deprived areas.

After further discussion, during which the Chair explained that Councillor Nigel Ball had been proactive in trying to encourage elected members to be more active, it was

RESOLVED to note the presentation and the contents of the Get Doncaster Moving Annual Report 2019.

42 WELL DONCASTER UPDATE

The Board received a presentation by Vanessa Powell-Hoyland and Emma Nicholas-Hernandez on the Well Doncaster programme, including its strategic goals, the journey so far, outputs and strategy for moving forward in 2020 and beyond.

The officers also informed the Board that a submission had recently been made to the European Regional Development Fund for investment of approximately £500,000 for the Community Wealth Builder Programme. This was an 18 month Borough-wide programme providing non-financial support to new and existing social enterprises, and would complement the Well Doncaster agenda.

General discussion followed, during which Glyn Butcher explained on a personal level how the Well Doncaster programme had transformed his life and he paid tribute to the work of officers such as Vanessa Powell-Hoyland, Emma Nicholas-Hernandez and Dr Rupert Suckling in engaging with and supporting people like him.

After the Board had noted that Well Doncaster was one piece of a larger jigsaw, building on the principles laid down in the Doncaster Growing Together Borough Strategy and the move towards locality working, it was

RESOLVED to note the update on the Well Doncaster programme and how it cut across Team Doncaster priorities, fed into the Place Plan and addressed the Board's priorities at population level.

43 CHILDREN AND YOUNG PEOPLE'S PLAN IMPACT REPORT

The Board received the Impact Report for 2019 in relation to the Children and Young People's Plan.

It was noted that the Children & Young People's Plan had been released in 2017, setting out how the outcomes and experiences of all children and young people in Doncaster were going to be improved through until 2020. The plan focused on 4 themes;

- Keeping our children and young people **safe**
- Ensuring our children and young people are **happy & healthy**
- Helping our children and young people **achieve** in their education
- Striving for **equality** in everything we do.

This year's Impact Report included assessments of each of the 4 themes individually. Each of the 4 themes had a section of infographics setting out some important improvements that had been delivered in the past year.

In presenting the report, Riana Nelson stated that she was proud of the progress made to date since the CYPP was launched. She explained that two years into the delivery against the priorities within the CYPP, the Impact Report was able to demonstrate some real positive changes that had been made and the impact those had had on the outcomes and experiences of Doncaster's children and young people. Moving forward, it was noted that the Plan and its priorities would need to be refreshed and set in the context of Doncaster's ambition to be the most child friendly borough in the UK.

During subsequent discussion, Councillor Nuala Fennelly referred to the Young Advisors and Doncaster Young Commissioners groups listed on the back page of the Impact Report, and explained that groups such as these played an invaluable role in helping to measure the impact of the CYPP and ensuring that the voices of children and young people were heard.

After the Board had acknowledged the progress made against the CYPP objectives, and recognised the importance of being clear on which Boards were taking the recommendations forward, it was

RESOLVED to note the content of the Impact Report for 2019 in relation to the Children and Young People's Plan.

CHAIR: _____

DATE: _____



Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 12 March 2020

Subject: Report of the HWB Steering Group and Forward plan

Presented by: Dr Rupert Suckling

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

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>This report provides an update on Flooding, Coronavirus, Board effectiveness and an Expression of Interest to the 'Shaping places for healthier lives' programme. There has been one meeting of the South Yorkshire and Bassetlaw Shadow Integrated Care System Collaborative Partnership Board in the last period and no meetings of the Doncaster Joint Commissioning Management Board. It also provides a forward plan for the Board.</p>

Recommendations
<p>The Board is asked to NOTE the report, DISCUSS and AGREE the forward plan.</p>

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Doncaster Council

**Agenda Item No. 7
12 March 2020**

To the Chair and Members of the HEALTH AND WELLBEING BOARD

REPORT FROM THE HEALTH AND WELLBEING BOARD STEERING GROUP AND FORWARD PLAN

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachel Blake	All	No

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Steering Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

EXEMPT REPORT

2. N/A

RECOMMENDATIONS

3. That the Board **RECEIVES** the update from the Steering Group, and **CONSIDERS** and **AGREES** the proposed forward plan at Appendix A.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

BACKGROUND

5. At the first full Board meeting on 6th June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board. In March 2016 this

support was changed to a steering group.

The Steering group has not met since the last Board in January 2020. The ongoing need for this group will be kept under review as part of the development of the next borough strategy. It is refocussing to ensure progress on the Health and Wellbeing Strategy and key Board priorities including health inequalities, loneliness/social isolation, oral health, the areas of focus (alcohol, obesity, dementia, and mental health) and prevention. Key updates include:

Flooding

Team Doncaster partners are moving into a recovery phase. Community staff and third sector providers are seeing an increasing number of people with mental health concerns as a result of the flooding. The public health grant is being used to provide additional capacity in key communities.

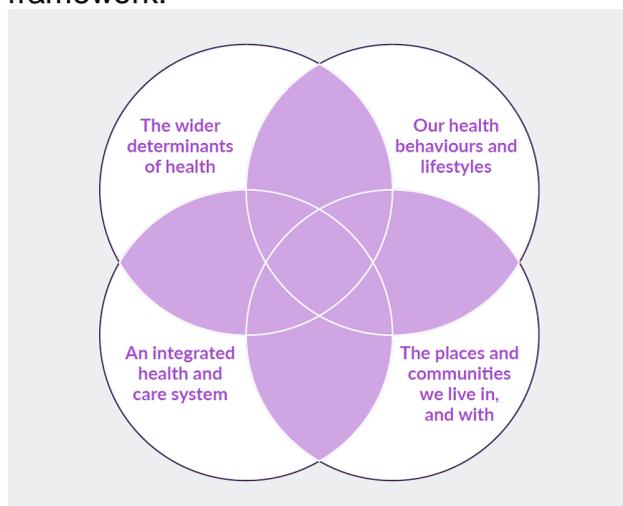
Coronavirus (COVID-19)

On the 31st December 2019 the World Health Organisation was informed of a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei province, china. The cause, a novel coronavirus has (as 2nd March 2020) caused 89,070 diagnosed cases in 70 countries, with 3,043 fatalities and in the UK 40 cases have been recorded. Nationally the current approach is detect and assess. NHS 111 and Public Health England are leading the response. Local resilience and business continuity planning is underway through the local pandemic tactical coordinating group.

Board Effectiveness

The board had its second development session in December. As described last time the focus was on identifying two or three key priorities for the Board that weren't being 'gripped' by other local partnerships.

The Board used the King's Fund's model for population health as a framework.



The conclusion of the workshop was that progress on the wider determinant of health should be the work of the Team Doncaster partners and that the work on an integrated health and care system should be taken forward by

the local integrated care partners. This in effect would allow the board to concentrate on the behavioural determinants of health (tobacco, diet, alcohol and physical activity) and the role of communities as healthy places linking through to previous board's discussions on mental health and loneliness and the role of arts, culture and social connection.

If supported these proposals will be taken into account in the development of the next borough strategy and an updated health and wellbeing strategy.

Shaping Places for Healthier Lives - Expression of Interest

The LGA is working in partnership with the Health Foundation on a new programme to tackle the wider determinants of health. Successful local systems will be supported with a three year learning approach focussing on using a complex systems approach, building cross sector partnerships and strengthening systems leadership. Doncaster Council has made it through to stage 2 of the process with a bid , focusing on aligning work on the wider determinants of health in the East of the Borough through the new 'Towns deal' with improvements in mental health outcomes.

South Yorkshire and Bassetlaw Shadow Integrated Care System Collaborative Partnership Board

There has been one meeting of the Board in the last period – see attached minutes.

Doncaster Joint Commissioning Management Board

There have been no formal meetings of the Board in the last period.

Forward Plan

The Forward Plan for 2020/2021 is presented for debate, discussion and agreement (Appendix A).

OPTIONS CONSIDERED

6. None

REASONS FOR RECOMMENDED OPTION

7. None

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and	The Health and Wellbeing Board will contribute to this priority

	<p>prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>The Health and Wellbeing Board will contribute to this priority</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce 	<p>The Health and Wellbeing Board will contribute to this priority</p>

	<ul style="list-style-type: none"> • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	
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RISKS AND ASSUMPTIONS

9. None

LEGAL IMPLICATIONS

10. No legal implications have been sought for this update paper.

FINANCIAL IMPLICATIONS

11. No financial implications have been sought for this update paper.

HUMAN RESOURCES IMPLICATIONS

12. No human resources implications have been sought for this update paper.

TECHNOLOGY IMPLICATIONS

13. No technology implications have been sought for this update paper.

HEALTH IMPLICATIONS

14. There are no additional health implications in this report.

EQUALITY IMPLICATIONS

15. The primary care committee and the Working Win approach both address the needs of some of the most vulnerable people in Doncaster. Assessing the impact of these approaches will be important.

CONSULTATION

16. None

BACKGROUND PAPERS

17. None

REPORT AUTHOR & CONTRIBUTORS

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**Dr Rupert Suckling
Director Public Health**



South Yorkshire and Bassetlaw Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

11 October 2019

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Decision Summary

Minute reference	Item	Action
45/19	Matters Arising: Public Health Update	Neil Priestley, STH to support the work to align with plans in the LTP.
45/19	Matters Arising: Priorities for joint working for local authorities	That work is underway and present findings at a future CPB meeting.
47/19	Priorities of Joint Working for Local Authorities: Complex Lives	Further work is needed on the funding proposal to enable presentation at a future ICS HEG meeting.
52/19	Developing the ICS focus on the Voluntary and Community Sector	Greg Fell to send a letter to NHS England on behalf of the ICS with regards to concerns around funding limitations and implications for the VCS.
54/19	New arrangements for CPB	That an update would be provided at the next CPB meeting.

South Yorkshire and Bassetlaw Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

11 October 2019

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw Integrated Care System	Chief Executive, SYB ICS	√		
Adrian England	Healthwatch Barnsley	Chair	√		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	√		
Alison Knowles	NHS England	Locality Director North of England,		√	
Andrew Hilton	Sheffield GP Federation	GP	√		
Angela Potter	Nottinghamshire Healthcare NHS Foundation Trust	Director and Business Development and Marketing		√	
Angie Smithson	Chesterfield Royal Hospital NHS Foundation Trust	Chief Executive		√	
Anne Gibbs	Sheffield Teaching Hospitals NHS Foundation Trust	Director of Strategy	√		
Anthony May	Nottinghamshire County Council	Chief Executive		√	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher		√	
Catherine Burn	Voluntary Action Representative	Director	√		
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer		√	
Chris Marsh	Public Health. Doncaster Council	Director of Public Health	√		
Clive Clarke	Sheffield Health and Social Care	Interim Chief Executive	√		
Damien Allen	Doncaster Metropolitan Borough Council	Chief Executive	√		
Des Breen	South Yorkshire and Bassetlaw Integrated Care System	Medical Director	√		

Greg Fell	Sheffield City Council	Director of Public Health	√		
Hayley Tingle	NHS Doncaster Clinical Commissioning Group	Chief Finance Officer	√		
Helen Stevens	South Yorkshire and Bassetlaw Integrated Care System	Associate Director of Communications and Engagement		√	
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	√		
Janet Wheatley	Voluntary Action Representative	Chief Operating Officer	√		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer		√	Hayley Tingle
Jeremy Cook	South Yorkshire and Bassetlaw Integrated Care System	Director of Finance	√		
John Brewin	Nottinghamshire Healthcare NHS Foundation Trust	Chief Executive		√	
John Mothersole	Sheffield City Council	Chief Executive		√	
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive	√		
Julie Attfield	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director, Mental Health	√		
Julia Burrows	Barnsley Metropolitan Borough Council	Director of Public Health		√	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS Foundation Trust	Chief Executive		√	
Kevin Smith	Yorkshire & the Humber Public Health England Centre	Deputy Director – Healthcare	√		
Kirsten Major	Sheffield Teaching Hospitals NHS Foundation Trust	Chief Executive		√	
Kevan Taylor	South Yorkshire and Bassetlaw Integrated Care System	Director of Workforce	√		
Lesley Smith	NHS Barnsley Clinical Commissioning Group and NHS Sheffield Clinical Commissioning Group	Chief Officer NHS Barnsley CCG, Interim Accountable Officer, NHS Sheffield CCG	√		
Lisa Kell	South Yorkshire and Bassetlaw Integrated Care System	Director of Commissioning Reform	√		

Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive		√	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director		√	
Mike Curtis	Health Education England	Local Director		√	
Neil Priestley	Sheffield Teaching Hospitals NHS Foundation Trust	Director of Finance		√	
Neil Taylor	Bassetlaw District Council	Chief Executive		√	
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		√	
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		√	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive		√	
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Chief Executive		√	
Richard Stubbs	Yorkshire and Humber Academic Health Science Network	Chief Executive		√	
Rob Webster	South West Yorkshire Partnership NHS Foundation Trust	Chief Executive		√	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive		√	
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	√		
Salma Yasmeen	South West Yorkshire Partnership NHS Foundation Trust	Director of Strategy	√		
Sarah Norman	Barnsley Metropolitan Borough Council	Chief Executive		√	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		√	
Steve Shore	Healthwatch Doncaster	Chair		√	
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health		√	
Terry Hudsen	NHS Sheffield Clinical Commissioning Group	Clinical Chair		√	
Wendy Lowder	Barnsley Metropolitan Borough Council	Director Adults & Communities			
Will Cleary-Gray	South Yorkshire and	Chief Operating		√	



	Bassetlaw Integrated Care System	Officer			
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In attendance

Lisa Wilkins, Consultant in Public Health Medicine, South Yorkshire and Bassetlaw Integrated Care System
 Aejaz Zahid, Programme Director, Innovation, South Yorkshire and Bassetlaw Integrated Care System
 Melanie Hall, Strategic Commissioner Mental Health Adult Social Care, Vulnerable Persons Commissioning Service, Sheffield City Council
 Krysia Wooffinden, Assistant Director Skills and Employment, Sheffield City Region
 Andrea Fitzgerald, Senior Programme Manager, Sheffield City Region

Minute reference	Item	Action
41/19	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting.</p>	
42/19	<p>Apologies for absence</p> <p>The Chair noted the apologies for absence.</p>	
43/19	<p>Declaration of Interest</p> <p>There were no items declared.</p>	
44/19	<p>Minutes of the previous meeting held 12 July 2019</p> <p>The minutes of the previous meeting were agreed as a true record and would be posted on the website after this meeting. www.healthandcaretogethersyb.co.uk</p>	
45/19	<p>Matters arising</p> <p>Item 31/19 – Public Health Update KS advised that work is progressing in relation to the inequalities work to align with plans in the Long Term Plan and it was agreed to include CCG and provider colleagues in conversations. Neil Priestley, Sheffield Teaching Hospital NHS Foundation Trust was recommended to support the discussions.</p> <p>Item 32/19 – Priorities for Joint working for Local Authorities RS advised that he is investigating opportunities with West Yorkshire and would present findings to a future meeting.</p> <p>All other items were covered on the agenda.</p>	
46/19	<p>ICS System Leader Update</p> <p>AJC reported the North East and Yorkshire STP/ICS Leaders Network met on 2nd October, the main discussions focused on feedback from the NHS Executive Board meeting, preparing for winter, Brexit, capital funding, CCG mergers and ICS development. AJC added that deterioration in performance compared to last year was a concern for the region. System led meetings are ongoing with Trust Chief Executives in support of winter readiness.</p> <p>The National STP / ICS Leaders Development event attended on 25th September,</p>	



	<p>focused on the Long Term Plan planning process, stakeholders' feedback on the ICS maturity matrix, NHS England / Improvement Policy Statement 2020/21. ICS development remains a hot topic acknowledging the range of ICS development and models nationwide and the prospect of a variety of models rather than "one fits all". AJC added there is an expectation of an announcement on ICS development imminently.</p> <p>AJC reported on the Place Reviews noting the quarter two reviews took place during September. Quarter three reviews will be held later in the term to allow a longer period of time between meetings.</p> <p>LW advised that the Yorkshire Cancer Research (YCR) Board has confirmed their support for the QUIT business case. A formal announcement will be made following the agreement around the terms and conditions. Planning for implementation is accelerating. NHS England national Long Term Plan lead for smoking has asked if SYB would be interested in being an early adopter site for mental health. Further details of what this would entail and funding is awaited. LW has discussed with ICS Director of Finance the possibility of using any early adopter funding to support smoking in pregnancy as that was not included in the QUIT business case.</p> <p>AJC reported that the ICS Chief Executive has led the programme on behalf of the North STP and ICS leaders group across seven ICSs, launched in May with an event to share good practice and expertise. Since then the Task and Finish Group has met on three occasions developing a range of excellent interventions and innovative service models that could be delivered at scale across the North of England to improve care and outcomes and support the local community.</p> <p>LK added that the SYB ICS contribution to this work includes the tobacco dependency ICS QUIT programme, developing new joint pulmonary and cardiac rehabilitation in primary and community care tailored to individual needs to improve the take up and completion of the course, exploring the potential of spirometry hubs across Primary Care Networks sharing skills and expertise to diagnose respiratory conditions and trialing Cognitive Behaviour Therapy (CBT) to support people to manage their breathlessness due to their respiratory condition.</p> <p>AJC reported that the engagement work that the local Healthwatches in South Yorkshire and Bassetlaw carried out on the NHS Long Term Plan won the Healthwatch England Outstanding Achievement Award. Congratulations was conveyed to all involved noting a great reflection of excellent partnership working.</p> <p>DB advised that South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) is a partner in the development of a new national Digital Innovation Hub (DIH). The hub is being created thanks to a successful multi-agency bid with Yorkshire and Humberside awarded part of a £4.5 million pledge by the government to set up the hub. The DIH's hubs are part of a four year £37 million investment split between seven hubs to create a UK-wide system for the safe and responsible use of health-related data on a larger scale. Partners working with SYB ICS include West Yorkshire and Harrogate ICS, Humber, Coast and Vale STP, University College London Partners, Queens University Belfast and partners in Wales, Genomics England and IQVIA. The hub, named Data-Can, centres around cancer as the main clinical focus.</p>	
<p>47/19</p>	<p>Priorities of Joint Working for Local Authorities</p> <p>RS updated the CPB on the work done to develop the three priorities identified by Local Authorities.</p>	



Complex Lives

The CPB noted that the bid submitted to Public Health England Rough Sleepers Fund was not successful but the process was valuable in generating collaboration and firming up ideas for new approaches. Discussions are planned with the Sheffield City Region Mayor and Police and Crime Commissioner to discuss wider collaboration on multiple disadvantages across South Yorkshire and Bassetlaw (SYB) in particular the importance the integration with the housing and criminal justice services.

The collaboration is welcome across areas and adding value. Examples of collaborative working were noted, including extensive sharing between Doncaster and Barnsley, to develop in Barnsley a version of integrated Complex Lives whole system approach, providing two way benefits.

The CPB was asked to consider a proposal to establish a design led innovation process to foster new care models. It would first focus on the development of mental health services and trauma informed practice at Place looking at integrated accommodation, care and support and accommodation for people experiencing multiple disadvantages as a result of complex and chaotic lives.

Funding for the proposal was briefly discussed, and it was agreed that the proposal should be worked up in more detail to include clarification of priorities, outcomes, milestones and funding arrangements to enable presentation of the proposal to the Health and Executive Group for consideration / approval.

It was noted that funding to support workforce issues would be a discussion at a later date.

Connectedness

Work is taking place to tackle loneliness and each Place is looking at opportunities through existing services and initiatives to promote social connection. Key local stakeholders have been identified and dialogue has started to scope current activity alongside the national strategy. This will offer the potential to use this as a framework to understand current issues. Links have been made with other ICS workstreams including prevention, and primary care and the inclusion in the SYB Long Term Plan.

It was noted there is potential to link with Place based social prescribing schemes and the expansion of support and referral pathways over the next five years. Activity will continue to tackle loneliness, engaging with stakeholders and share learning from other areas.

Physical Activity / Active Travel

It was noted that scoping to look at opportunities to work across the ICS to maximise the potential to increase physical activity identified a number of areas for further exploration. Promoting activity in clinical services, potential integration of NHS services in leisure centres, capacity for implementation, active travel for NHS and strategic links with Sheffield City Region, Public Health England, Yorkshire Sport Foundation Partnership and Sport England.

In order to develop the priority, a proposal was presented to use the appreciative inquiry method in 4 workshops between December 2019 and March 2020, bringing 20-50 people from across the system with the aim of presenting a proposal to the CPB by the end of March 2020. A small budget will be required, mainly for venue hire and refreshments. The sessions would be facilitated free of charge by Yorkshire Sports Foundation, Active Notts / Sport England which would



	<p>add value.</p> <p>This in turn will build a robust approach building on existing good practice and assets, bringing people together from all parts of the NHS and social care system to work collaboratively to explore new ways of thinking and acting.</p> <p>The CPB agreed to support the next steps in the development as outlined within the report and the small budget to support the workshops.</p>	
<p>48/19</p>	<p>Developing the South Yorkshire and Bassetlaw 5 Year Strategy 2019 – 2024</p> <p>LK informed the CPB that the SYB ICS Five Year Strategic Plan first draft is available to share with Boards, Governing Bodies, Councils, Health and Wellbeing Board and key stakeholders for discussion and input, feedback is required by 23rd October 2019. There will be an interim submission on 1st November and the final submission is due on 15th November 2019.</p> <p>The three components of the plan which the Integrated Care System must provide were noted:</p> <ul style="list-style-type: none"> - Strategic Delivery Plan (a system narrative that describes the ambition and five year strategy of the ICS and how it will deliver the Long Term Plan (LTP) requirements) - Strategic Planning Tool (sets out the five year plans at ICS/STP level for finance, activity and workforce to support the delivery of the LTP) - Strategic Planning LTP Collection template (set out the five year trajectories at ICS/STP level for the LTP metrics) <p>The CPB noted the details of the report, the draft plan and the need to share with Governing Bodies and Boards to feedback comments and final sign off within the timeframe.</p>	
<p>49/19</p>	<p>ICS Finance Update</p> <p>JC informed the CPB that Sheffield Children’s Hospital (SCH) is £0.7m adverse to plan, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) and The Rotherham Hospital Foundation Trust (TRFT) are both £0.1m adverse to plan. Efficiency Plans (CIP and QIPP) are £2.5m adverse to plan year-to-date, with a forecast full year shortfall of £4.9m.</p> <p>JC added that there remains some risk to full-year delivery of the overall financial plan, in particular SCH and NHS Bassetlaw CCG (BCCG). CCG risks reported to NHS England remain fully mitigated.</p> <p>The key provider risk is around the financial position of SCH where the risks are between £2m to £3m. It was noted that the ICS and NHS England / Improvement Regional Team are continuing to monitor the risks with the Trust.</p> <p>JC added that all organisations are expected to achieve plan.</p> <p>A discussion took place around the deployment of capital funding and the criteria for prioritising bids.</p>	
<p>50/19</p>	<p>ICS Highlight Report – LK to approve</p> <p>The highlight report was presented by LK summarising the progress of the SYB ICS programmes including an overview of mitigated risks for each which are grouped into larger portfolios following the workstream review.</p>	



	<p>LK added that the ICS Transformation Delivery Group will produce future reports for the CPB, encompassing a written report highlighting progress of each ICS program with escalated risks and mitigating actions. The report will also be shared with the ICS Integrated Assurance Committee and the ICS Health Oversight Board.</p> <p>The CPB noted the contents of the report.</p>	
<p>51/19</p>	<p>Sheffield City Region team on the Health Led Employment Trial</p> <p>KT introduced Andrea Fitzgerald, Senior Programme Manager, and Krysia Wooffinden, Assistant Director Skills and Employment, Sheffield City Region (SCR), to inform the CPB on the progress of the Working Win, Health Led Employment Trial which was launched in May 2018. It is an eighteen month programme involving partners from the ICS and Public Health, service users, employers, University of Sheffield, JobCentre Plus, Local Authorities and Government.</p> <p>AF and KW provided details on the performance of the trial across the 5 target areas (Barnsley, Bassetlaw, Doncaster, Rotherham, Sheffield) and the activities being undertaken to close referrals at the end of the trial on 31 October 2019. The trial will continue to support participants for a further 12 months after this date. Details included:</p> <ul style="list-style-type: none"> - Employment profile – gender/ethnicity and disability/ low and high skills - Health and salaries - Bringing work and health together <p>It was noted that work will continue to promote and support the offer until November 2020 and continue to work with the Integrated Care System (ICS) and stakeholders to develop a cohesive offer of support to help people find, stay and progress in work no matter what their circumstances.</p> <p>AF and KW were thanked for their presentation and to provide an update on developments at a future meeting.</p>	
<p>52/19</p>	<p>Developing the ICS focus on the Voluntary and Community Sector</p> <p>LW advised that the Long Term Plan notes the value that the voluntary sector can offer including helping to reduce health inequalities by working with vulnerable groups. The NHS England ICS maturity matrix also expects a thriving ICS to have the voluntary sector embedded as a key partner for strategy, co-design of services as well as being a deliverer of services. During engagement for the development of the report, voluntary sector infrastructure leaders and front line organisations have asked the CPB to consider ways in which the full potential of the sector is supported and valued within the ICS. .</p> <p>A discussion took place around the VCS commitments and challenging funding needs, long term planning and the need for a set of principles of engagement aligned to ICS level support.</p> <p>Concern was raised around the future funding of the VCS due to NHS England ambition for a rapid growth in the number of social prescribing link workers. There is a funding gap with regard to the link workers. It was agreed a letter would be sent to NHS England on behalf of the ICS expressing concern about the funding limitations and implications for the VCS. GF agreed to draft the letter.</p>	



	<p>The CPB agreed to the following recommendations:</p> <ol style="list-style-type: none">1. That this vision within the Long Term Plan is supported and used to contextualise the next steps in developing relationship with the VCS.2. That an exploratory task group is established to bring together VCS and ICS stakeholders and lead a programme of work specifically to embed the VCS in the ICS at every level of the system. The task group would co-design its scope and objectives. <p>It was agreed to arrange a CPB single item workshop on the voluntary sector at a future time.</p>	
53/19	<p>Any Other Business</p> <p><u>New arrangements for CPB:</u> AJC added that the design of the CPB is under review with the support of Rotherham Metropolitan Borough Council, in readiness for April 2020. In the interim, the meeting will continue in its current format. An update will be provided at the next CPB meeting.</p>	
54/19	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place on 8 November 2019, 09.30 – 11.30.</p>	

Date	Board Core Business		Partner Organisation and Partnership Issues	HWBB Steering Group Work plan
	Meeting/Workshop	Venue		
<p>2nd April 2020 *Please note this workshop has now been cancelled</p>	<p>Workshop Cancelled</p>	<p>N/A</p>	<ul style="list-style-type: none"> ● Plans and reports from <ul style="list-style-type: none"> ○ CCG ○ NHSE ○ DMBC ○ Health watch ○ RDaSH ○ DBH ● Safeguarding reports ● Better Care Fund ● DPH annual report ● Role in partnership stocktake ● Wider stakeholder engagement and events ● Relationship with Team Doncaster and other Theme Boards ● Relationship with other key local partnerships ● Health Protection Assurance Framework ● Wellbeing and Recovery strategy ● Adults and Social care Prevention Strategy ● Housing ● Environment ● Regeneration 	<ul style="list-style-type: none"> ● Areas of focus – schedule of reports and workshop plans ● Integration of health and social care (BCF)) workshop plan ● Other subgroups – schedule of reports ● Communications strategy ● Liaison with key local partnerships ● Liaison with other Health and Wellbeing Boards (regional officers group) ● Learning from Knowledge Hub

11th June 2020	Board meeting <ul style="list-style-type: none"> • HWBB Steering group update • Health and social care update • Outcomes framework update tbc • Alcohol alliance and needs assessment update • Adults mental health improvement update 	Civic Office room 007 a and 007b		
2nd July 2020	Workshop Topic tbc	Venue tbc		
3rd September 2020	Board meeting <ul style="list-style-type: none"> • HWBB Steering group update • Health and social care update 	Civic Office room 007 a and 007b		

2020/21 Health and Wellbeing Board: future meetings

11 June 2020 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

3 September 2020 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

12 November 2020 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

14 January 2021 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

11 March 2021 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

10 June 2021 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

2 September 2021 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

11 November 2021 (Venue: Rooms 007a/007b, Civic Office, Waterdale, Doncaster)

Health and Wellbeing Workshop Dates – Topics/ venues/dates to be confirmed

2nd July 2020 9-12 Topic tbc

8th October 2020 9-12 Topic tbc

3rd December 2020 9-12 Topic tbc

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Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 12th March 2020

Subject: Arts and Health Update

Presented by: Lucy Robertshaw

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	Yes

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

How will this contribute to improving health and wellbeing in Doncaster?
Doncaster residents taking part in creative activity will be healthier, happier and more resilient and the positive effects will reach into the surrounding community.

Recommendations
The Board is asked to note the update on the Arts and Health work and to think about how they could contribute and support the further development of arts and health in Doncaster.

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 12/03/2020

Subject: Doncaster Social Isolation Alliance Briefing

Presented by: Jon Whiteley – Doncaster Culture & Leisure Trust (DCLT)

Purpose of bringing this report to the Board: Update Health and Well Being Board on Doncaster’s Social Isolation Alliance by Lead Organisation DCLT. To gain strategic collaborative support in reducing loneliness and social isolation amongst Doncaster’s residents.

Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

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

How will this contribute to improving health and wellbeing in Doncaster?

Partnership/collaborative approach to reducing social isolation and loneliness will have a marked positive impact on the physical, mental and economic health and wellbeing of Doncaster’s residents – in-line with its shared vision, mission and aims/objectives.

Recommendations

The Board is asked to:-

Support the work of The Alliance in reducing loneliness and social isolation within the Borough and signpost to opportunities that will build capacity and sustain provision.



Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 12 March 2020

Subject: Director of Public Health Annual Report 2019

Presented by: Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>The Director of Public Health (DPH) has a statutory duty to write a report on the health of the local population and the authority has a duty to publish it (section 73B (5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.</p> <p>The 2019 Doncaster Director of Public Health Annual Report is the fifth authored by Dr Rupert Suckling.</p> <p>In an increasingly digital world, this year the delivery of the main report is as an online document which will be accessible at</p> <p>https://www.doncaster.gov.uk/services/health-wellbeing/about-public-health</p>

This report includes an assessment of whether or not health is improving in Doncaster. The report shows that there is a slowdown in health improvement. It also shows how averages mask inequalities between different groups of people in Doncaster. The report demonstrates how the public health grant is committed locally, how those commissioned services perform and how the public health grant and the action of the public health team and partners combine to address the most pressing local health issues.

The comparison of the performance of public health commissioned services is included for the first time. The ranking of tobacco control is based on the high rates of smoking in the in the adult population (19.6%) and smoking during pregnancy (15.9%). This national indicator does not include any data in the effectiveness of local specialist smoking cessation services. This annual report does include a call to action on tobacco control. Tobacco is still the leading cause of preventable ill health and premature deaths in the Borough. Despite high quality specialised smoking cessation services in Doncaster, as many people are starting to smoke each year as quit resulting in no overall reduction in smoking numbers.

The Best start in life indicator is made up of 2 process measures, the percentage of new birth visits within 14 days and the percentage of children receiving an 'Ages and Stages' assessment between 2 and 2 1/2 years old. It also includes an assessment of school readiness that is improving and an assessment of breast-feeding at 6-8 weeks, which is 30%.

Whilst alcohol and drug treatment indicators are good in this report, there will be changes as to how these indicators are calculated in future years. It is likely that performance will deteriorate, as both indicators will include an assessment of unmet need.

Finally, the report provides a summary of progress on the recommendations from my previous reports and I make three new recommendations for 2020.

- Doncaster partners should continue to embed a population health approach focussed on four related activities addressing:
 - The wider determinants of health
 - Our health behaviours
 - The places and communities we live in and with
 - Integrating health and care services into an integrated health and care system
- Doncaster Council should consider an LGA prevention peer review
- Doncaster Council public health function should continue to take a sector led improvement approach to quality improvement

Recommendations

The Board is asked to:-

NOTE the report and consider how the recommendations can be taken forward in future strategy and delivery plans.

Public Health Annual Report

2019



Doncaster
Council

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A call to action
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recommendations



Doncaster faces many challenges in relation to the health and wellbeing of its citizens.

Year on year the Public Health Grant has been reduced since 2010 and this has impacted on the people of this borough and their wellbeing.

Despite this, Doncaster Council and its partners continue to engage and promote health, happiness and wellbeing with its people. We also strive to produce and enact innovative approaches to tackle and combat deprivation, illness and isolation.

We have worked hard to consult with the people of Doncaster to design and fund activities and programmes out of our Wider Determinants Fund. These initiatives are successful, engaging and have a positive effect on the people involved in them.

I am very proud of the work we do within Public Health, and collectively as a local authority with our partners, to make Doncaster a better place and make its people healthier. This said, unless there is significant increase in funding or a change to national policy, this task will become even harder.

We have a long, difficult journey ahead, but our people are full of spirit, grit, resilience and determination and we are committed to making Doncaster a happier, healthier place over the coming years.

Councillor Nigel Ball

Cabinet Member for Public Health, Leisure and Culture



Welcome to my fifth Annual Report as Director of Public Health for Doncaster Council.

This report includes an assessment of whether health is improving locally and shows how there is a slowdown in health improvement that masks inequalities between different groups of people in Doncaster. The report also demonstrates how the public health grant is used locally, how those commissioned services perform and how the public health grant is combined with the action of the public health team and partners to address the most pressing local health issues.

The report is also a call to action on tobacco control. Tobacco is still the leading cause of preventable ill health and premature deaths in the borough. Despite high quality specialised smoking cessation services in Doncaster, as many people are starting to smoke each year as quit resulting in no overall reduction in smoking.

Finally, the report provides a summary of progress on the recommendations from my previous reports and I make three recommendations for 2020.

A handwritten signature in black ink, appearing to read 'Rupert Suckling', with a long horizontal flourish extending to the right.

Dr Rupert Suckling
@rupertsuckling

Director of Public Health
Doncaster Council

Changes to health and wellbeing outcomes



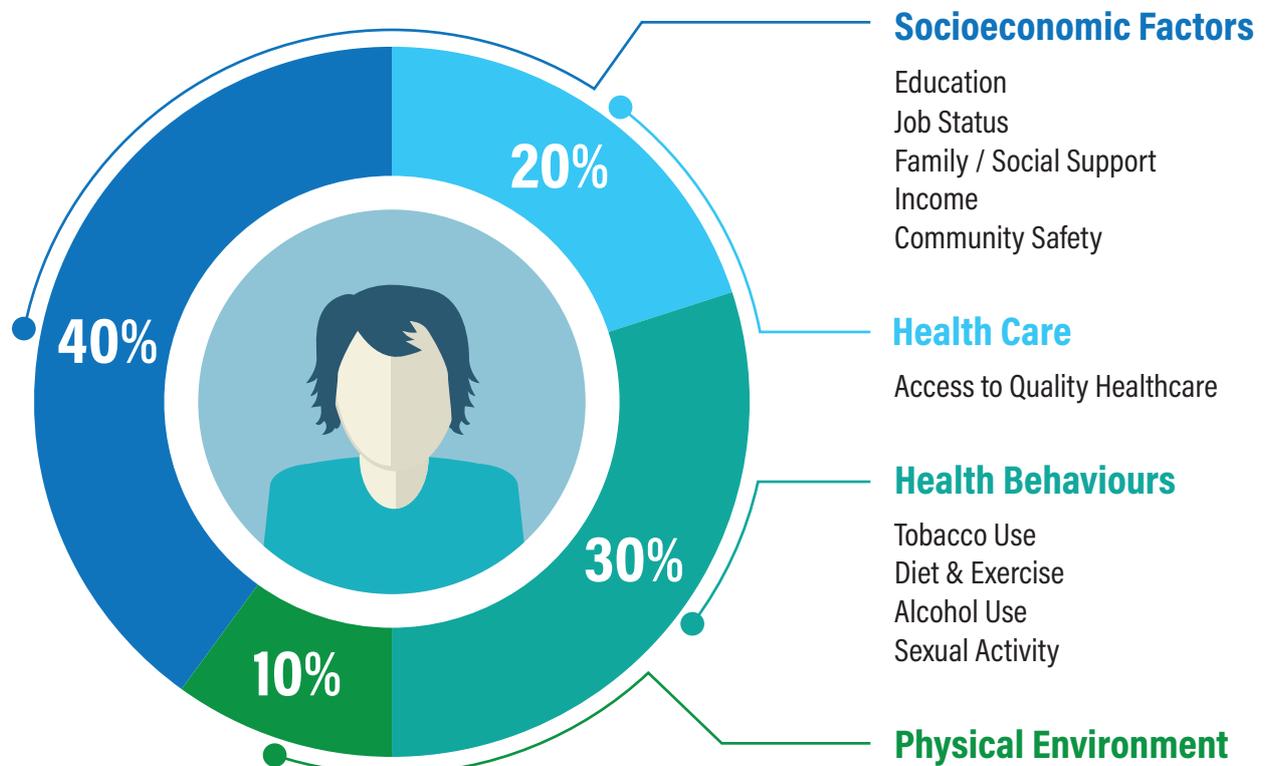
In 2019 across the country and in Doncaster, people still value good health above income, careers and education.

In previous reports I have described how good health is not only valuable in its own right but also contributes to thriving and vibrant economies and places. I have also described

how staying healthy depends on much more than health care, important though that is in a crisis. Health is both created and maintained in the places we are born, live, work and socialise. A series of broader socio-economic factors, the physical environment, health behaviours as well as health care all contribute to health.

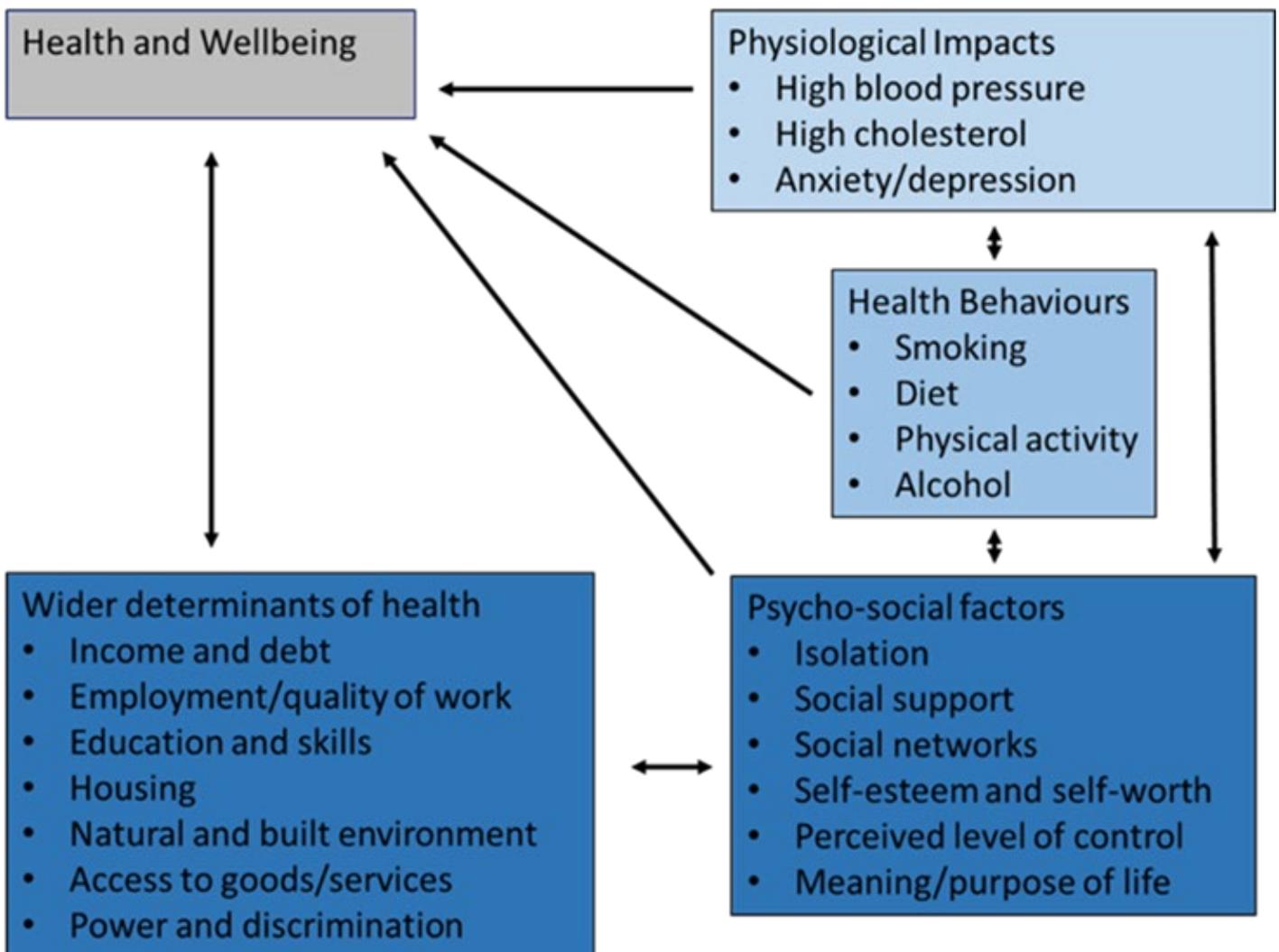
There is increasing evidence that shows how all these factors not only have an individual impact on health but also combine through the body's response to chronic stress and trauma through psycho-social factors, health behaviours and ultimately physiological factors to lead to disease, disability and ultimately death.

What goes into your health



I have also previously described how everyone knows when they feel healthy and how Directors of Public Health use a range of population outcomes to assess overall health status.

In particular, there are three headline measures that are used to describe overall population health; life expectancy, healthy life expectancy and health inequalities.



The state of health in Doncaster 2019

Life Expectancy

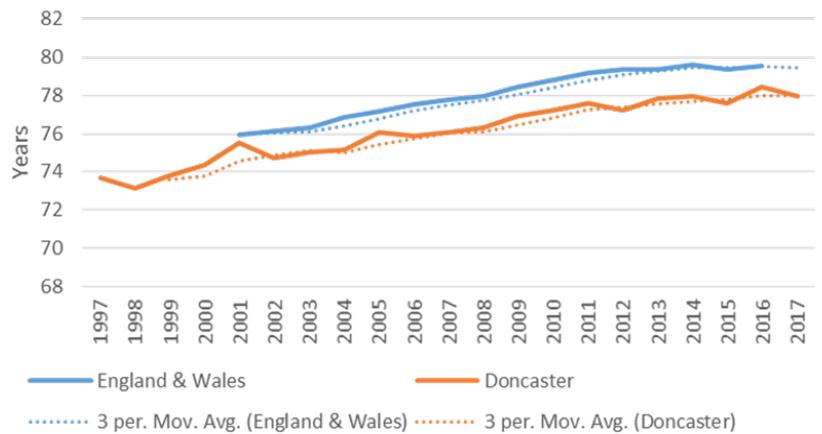
Life expectancy at birth in the UK (between 2001 and 2005) improved, on average around 0.34 years a year in men and around 0.25 a year in women.

However, between 2012 and 2017 the average improvement in life expectancy at birth fell in men to only 0.02 years and in women to 0.004 years.

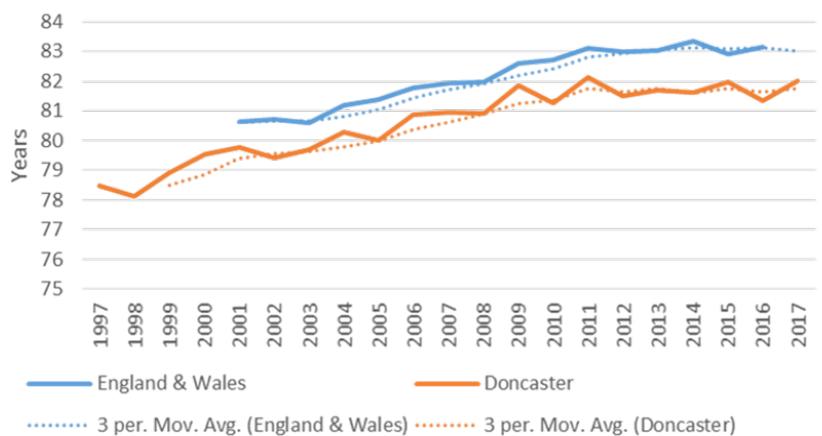
Life expectancy in Doncaster has largely reflected the changes that have occurred nationally.

In Doncaster between 2006 to 2011 life expectancy in men improved on average by 0.25 of a year each year and in women by 0.33 of a year each year. However, between 2012 and 2017 life expectancy only improved in men by 0.06 of a year and in women there was actually a fall in life expectancy of 0.02 years.

Male Life expectancy at birth



Female Life expectancy at birth



The contributors that make the biggest impact on life expectancy in Doncaster are deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer. Many of these conditions are preventable and although reducing are not reducing as fast as nationally.

Avoidable Deaths in Local Population (Mortality Rate Per 100,000)

Avoidable deaths have reduced

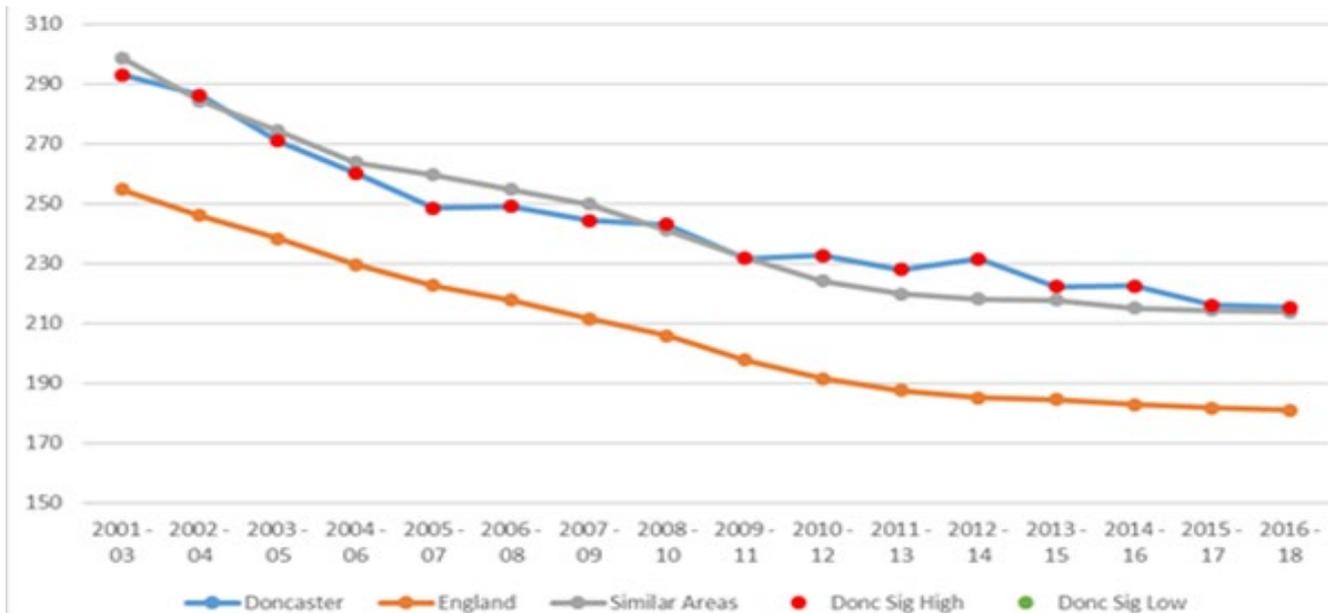
Avoidable deaths remain higher than comparators



The long-term trend shows a reduction in avoidable deaths, including a reduction of 6.7 per 100,000 population over the past year. This mirrors the long-term trend for the Yorkshire and Humber rate and England. However, the Doncaster rate remains higher than comparators. These are deaths that could have potentially been avoided using preventative public health interventions. This figure will be influenced by public health issues such as Doncaster having higher than average rates of smoking and obesity.

Data Source: Public Health Outcomes Framework 2015-2017, Public Health England

Preventable mortality Doncaster compared to national averages.





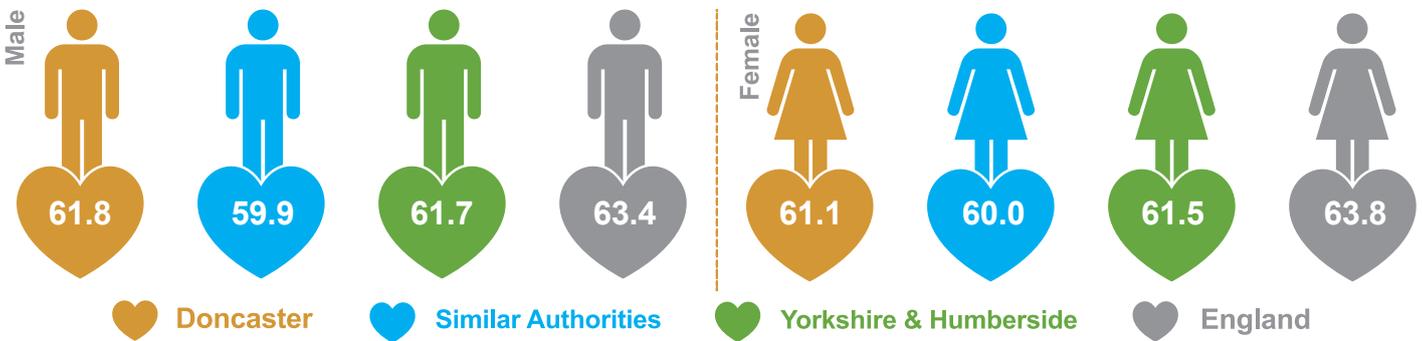
Healthy Life Expectancy

As well as assessing length of life, quality of life is important and this is measured by assessing Healthy Life Expectancy.

This is the length of time people live in a self assessed state of good or very good health. The latest update of the Public Health Outcomes Framework shows that, for the first time since 2009, healthy life expectancy at birth for men in Doncaster is no longer significantly worse than the national rate. Healthy life expectancy for men is 61.8 years compared to the England rate of 63.4 years.

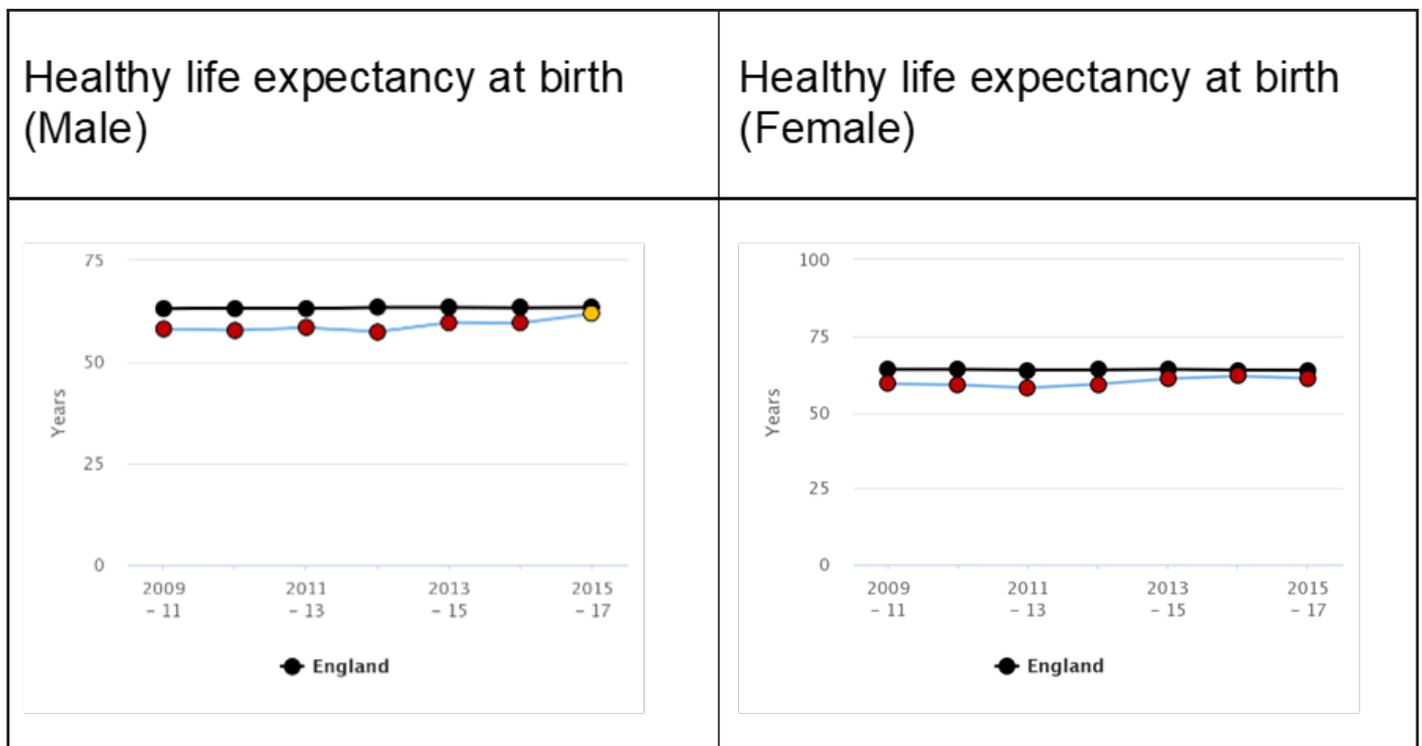
The average difference between England and Doncaster has historically been around 4.7 years. The difference in 2015-17 (latest data) is now 1.6 years. However, healthy life expectancy in women has remained significantly worse than the national average. The latest data shows a health life expectancy for women of 61.1 years a difference between Doncaster women and England of 2.7 years.

Healthy Life Expectancy at Birth



Healthy life expectancy in Doncaster is better than for similar areas. It has increased for males by 2.2 years since 2014-16 and by 3.6 years since 2009-11, narrowing the gap with England. After increasing for females since 2011-13, the most recent data shows a decline of 0.8, whilst it has levelled out for Yorkshire and the Humber and England. There does remain inequality across Doncaster with significant differences between the most affluent and deprived communities.

Data Source: Public Health Outcomes Framework 2015-17, Public Health England



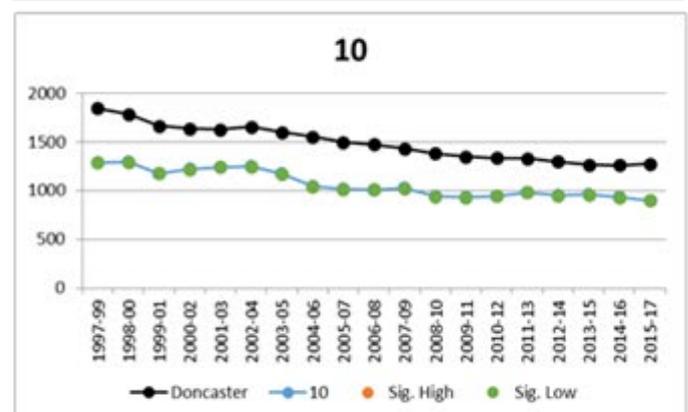
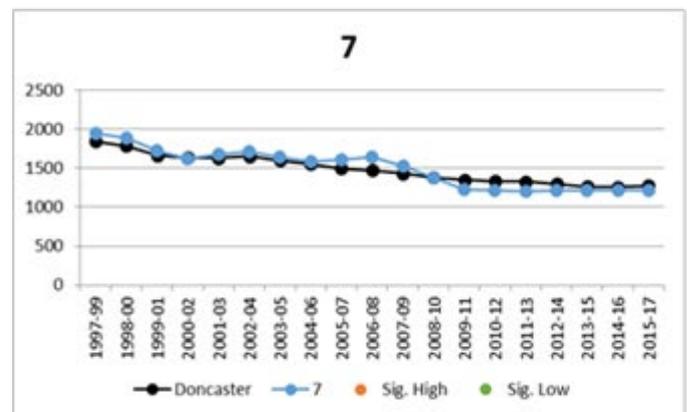
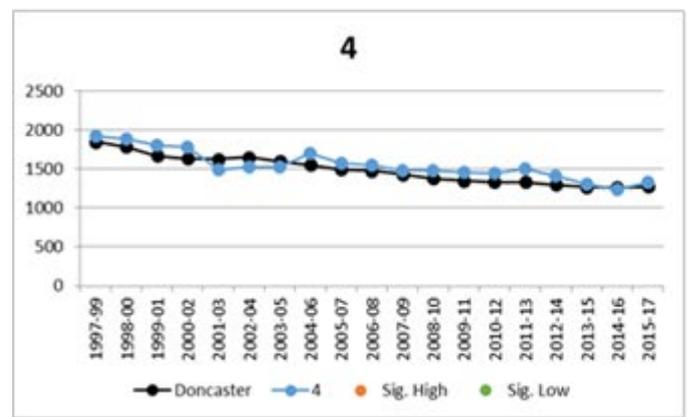
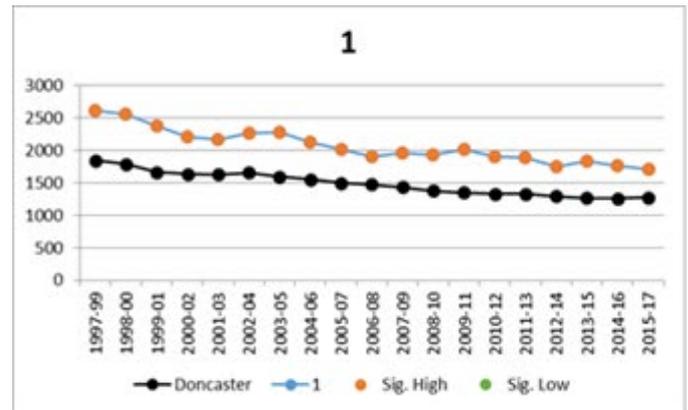
Health Inequalities

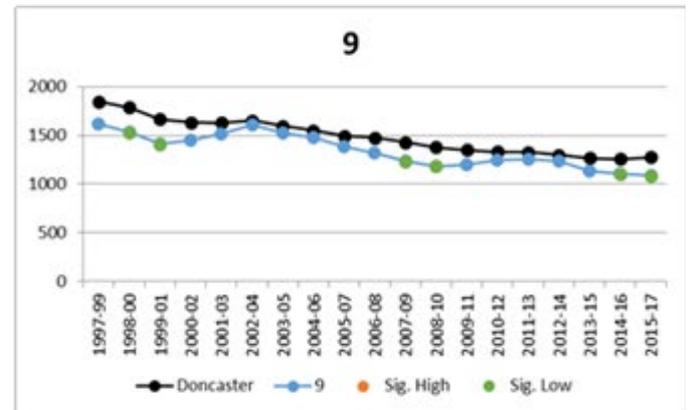
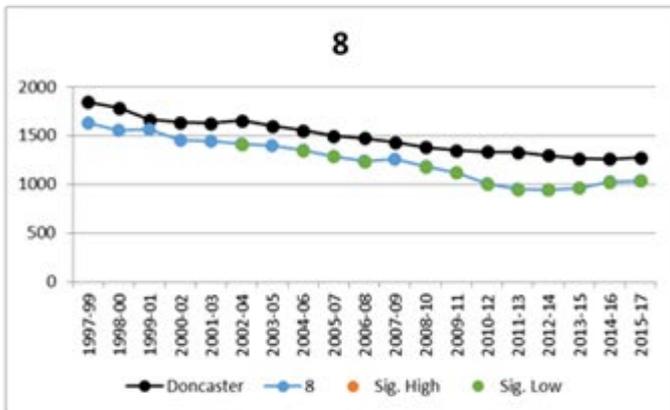
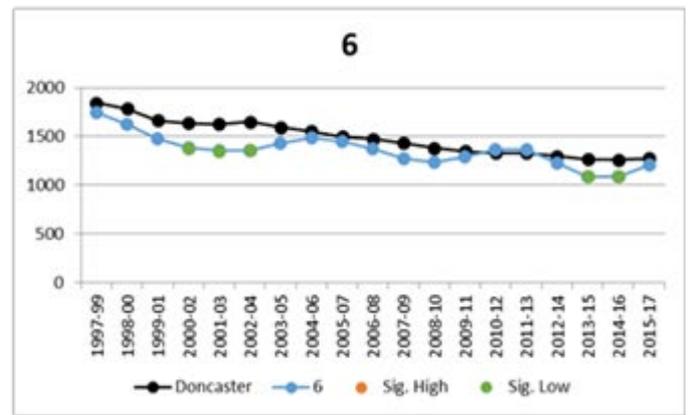
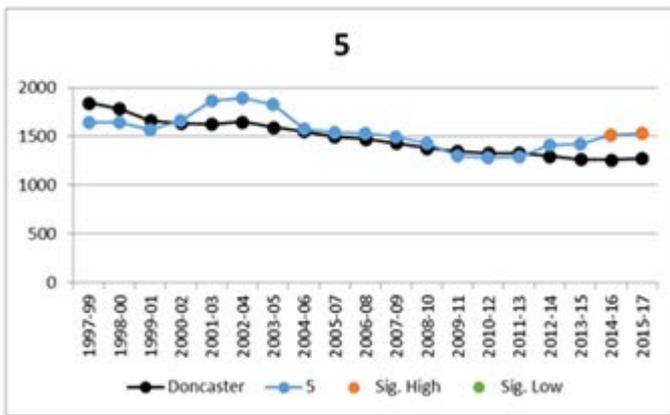
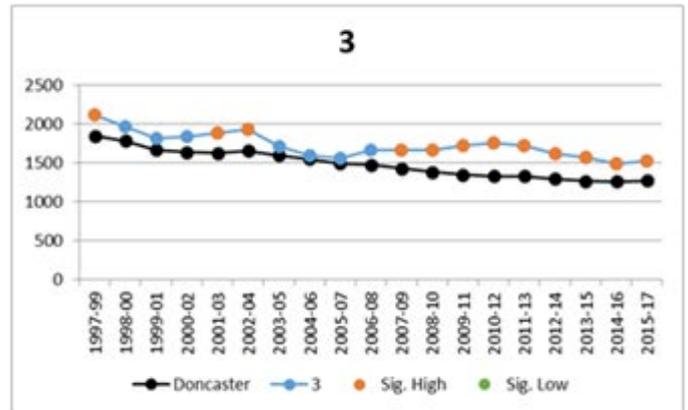
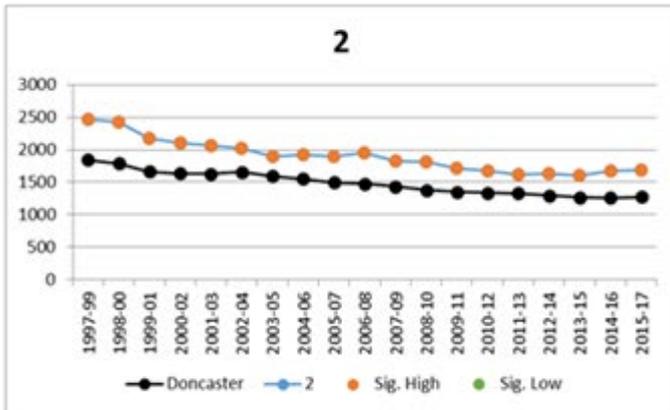
Whilst these headline figures are useful and show how Doncaster compares to national averages, they may mask variation within Doncaster.

One way to show this is to show the changes to all-age all-cause mortality by each tenth of the population ranked by deprivation where 1 is the most deprived tenth of the population and 10 is the least deprived.

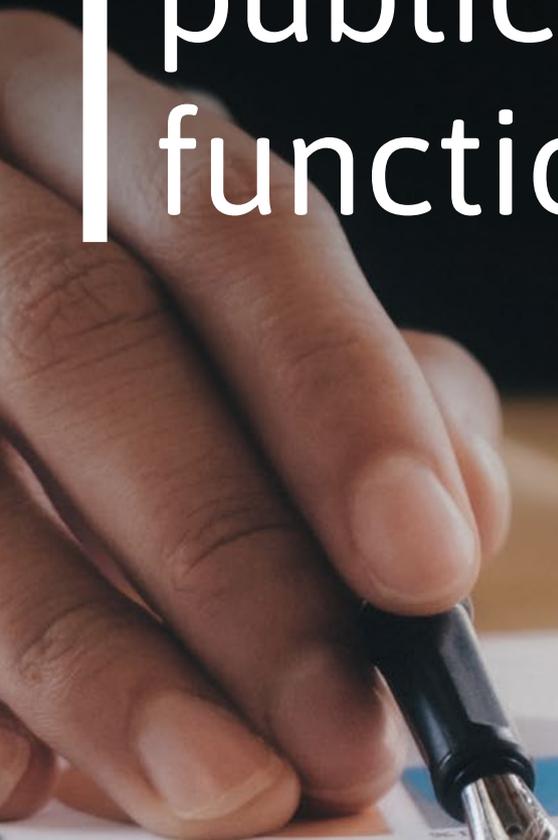
The following graphs show that although the mortality is decreasing in both the most deprived and the least deprived areas.

The mortality rate in the most deprived communities is still twice that in the least deprived.





Use of the public health grant and impact of the public health function



Use of the public health grant

The council's director of public health is tasked with leading the local public health function with the overall intention of improving health and improving the health of those with the worst health fastest.

To achieve these goals often involves multi-sector and multi-party activity working across boundaries both between and within organisations. However, the council's public health function does receive a ring-fenced public health grant to support activity.

The public health grant is allocated through the council's budget setting process and can be directed to both mandated and non-mandated services guided by the Public Health Outcomes Framework (PHOF), the local Joint Strategic Needs Assessment (JSNA) and the local Health and Wellbeing Strategy. The list of public health services that are mandatory (prescribed) and non-mandatory (non-prescribed) includes the following:

Prescribed functions (mandated services):

1. Sexual health services – sexually transmitted infections (STI) testing and treatment
2. Sexual health services – Contraception
3. NHS Health Check programme
4. Local authority role in health protection
5. Public health advice to NHS Commissioners
6. National Child Measurement Programme
7. Prescribed Children's 0-5 services

Non-prescribed functions (non-mandated services):

8. Sexual health services - Advice, prevention and promotion
9. Obesity – adults and children
10. Physical activity – adults and children
11. Treatment for drug misuse and alcohol misuse in adults
12. Preventing and reducing harm from drug misuse and alcohol misuse in adults
13. Specialist drugs and alcohol misuse services for children and young people
14. Stop smoking services and interventions and wider tobacco control
15. Children 5-19 public health programmes
16. Other Children's 0-5 services non prescribed
17. Health at work
18. Public mental health
19. Miscellaneous, which includes: Nutrition initiatives, accident prevention, general prevention, community safety, violence prevention & social exclusion, dental public health, fluoridation, infectious disease surveillance and control, environmental hazards protection, seasonal death reduction initiatives birth defect prevention and other public health services

In 2019 the Public Health Grant was allocated as set out below. The in-year short fall has been offset by committing part of the public health reserve. Plans for 2020 will return the budget to a recurrent break-even position.

	2018/19	2019/20
	(£000s)	(£000s)
Public Health - Grant	-23,809	-23,180
Public Health - Other income	-330	-330
Public Health - Corporate recharges	-505	-505
Total Public Health Income	-24,644	-24,015
Expenditure: Commissioned Services		
Sexual health	2,242	2,242
NHS Health Check programme	475	375
Health protection	76	76
National Child Measurement programme	68	68
Obesity	170	0
Physical activity	71	71
Substance misuse	5,805	5,805
Smoking and tobacco	654	659
Children 5-19 public health programmes	1,874	1,827
Children 0-5 health visiting	6,289	6,109
Other public health services misc H&WB	86	86
Residential rehabilitation	173	173
Sub-total Commissioned Services	17,983	17,491
Public Health advice (including Salary costs)	1,245	1,245
Support services	505	505
Sub-total Central and Support Services	1,750	1,750
Expenditure (wider determinants)		
Realignment	4,657	4,907
Growth	263	263
Sub-total wider determinants	4,920	5,170
shortfall i.e. income against expenditure	-9	-396
Total Expenditure (commissioned + central & support +wider determinants)	24,644	24,015

Performance of Public Health Commissioned Services

Public Health England produce a public health dashboard that compares the performance of local services to similar or national benchmarks.

Local Authorities that are Chartered Institute of Public Finance & Accountancy (CIPFA) nearest neighbours to Doncaster include:

- Rotherham
- Stockton-on-Tees
- Kirklees
- Wakefield
- Tameside
- Halton
- Wigan
- Telford and Wrekin
- Bolton
- St Helens
- Calderdale
- North East Lincolnshire
- Barnsley
- Dudley
- North Lincolnshire

<http://bit.ly/dn-phhealth-stats>



How does Doncaster compare?



Alcohol treatment
(2016/17)



Drug treatment
(2016/17)



NHS Health Check
(2014/15 - 18/19)



Sexual and reproductive health
(2017/18)



Child obesity
(2016/17)



Population (%) living in AQMAs
(2017)



Best start in life
(2016/17)



Tobacco control summary
(2017/18)



Work of the public health leads

Improving health and Improving the health of those with the worst health fastest is not only brought about by committing the public health grant but is also brought about by the work of the public health leads and their teams working across organisational boundaries.



Planning into reality

The way we plan, design and build our communities affects the way we live our lives.

Good quality housing, walking and cycling networks and access to local employment, parks and leisure facilities can all add to the appeal of an area; creating places everyone can enjoy.

There are many ways that Public Health can influence place, from the initial development right through to living, working and socialising.

Planning:

Public Health brings the perspective of the people to the world of planning policy. Our role is to ask questions, highlight where even small design adjustments will create a more person-focussed setting and an environment that can benefit health and wellbeing.

Living:

Public health influence goes beyond the planning stage and work is taking place to ensure that where we live keeps us healthy and happy. We are working towards a Doncaster where all homes provide security and safety, privacy and comfort and are a source of pride.

We work with a wide range of partners to make sure this happens.

The Local Plan guides development within the borough and sets out its long-term future. The policies contained within the Local Plan are used when making decisions on planning applications. Public Health completed a health impact assessment of all the policies in the draft Local Plan. This is important because good spatial planning creates places that meet the needs of society, the economy and the environment in a way that is beneficial to our everyday health and wellbeing. Comments submitted as part of that assessment have been taken on board and amendments made to policies to reflect health and wellbeing.





Carrying out a Health Impact Assessment (HIA) on proposed developments provides an opportunity for health and wellbeing to be put at the heart of a development whether it be housing, workplaces, schools or facilities for pastimes and leisure. In Doncaster Public Health has worked with Planning colleagues to introduce HIAs into the planning process to ensure that any new developments in the borough are assessed at an early stage to ensure that any negative impacts can be mitigated against. This should mean new developments are constructed in a way that harmonises health and wellbeing with the built environment.

Easy access to hot food takeaways is thought to be one of the contributing factors to the increasing levels of weight across the population. At the time of writing this report there are 285 hot food takeaways and 70 fish and chip shops across Doncaster. Anyone seeking to open a new one has to apply to Planning for approval to use the building for that purpose. Through the local planning policy, Public Health is seeking to increase the scrutiny of all future applications. Not only will this ensure that the number of takeaways doesn't increase it will also help to make sure that our local shops offer a variety of products and services within our communities.

Commenting on Planning Applications

Public Health makes comments on many types of planning applications highlighting the impacts health and well-being. These developments can include schools, housing, travel networks and business premises. We work with the Energy team to deliver the Affordable Warmth Programme. We help people stay warm and well in their own homes by giving them valuable support, advice and sometimes access to grants. We particularly want to support people with health conditions and any households who are struggling to afford to keep their house warm. For some people, our service can make the difference between having warm or a cold home this winter.

Advice, information and challenge

Public Health is championing the right of everyone to be in a healthy home by working with partners and providing intelligence, advice and support. We contribute to the planning and delivery of services and health pathways. For example, we are working to ensure that people can return from hospital into a suitable, safe and healthy home.

We are supporting the wider workforce to make sure everyone who visits or works with someone in their own home understands how important a healthy home is and how to help if it isn't. For example, we are working with Health Visitors to design an interactive online resource to support and train local workers and volunteers who go into people's homes.

Public Health is working to improve the condition of existing homes to ensure that they are accessible, in good condition and fit for purpose. We are supporting partners to ensure that homes meet the needs of people with long-term conditions and disabilities.

Children and Young People

We know that learning environments play a crucial role in supporting the health and wellbeing of young people and pupils, as with better health and wellbeing, they are likely to achieve better academically.

The Healthy Learning, Healthy Lives (HLHL) programme is making a difference in Doncaster by supporting, developing and celebrating the good work of local settings.

The programme includes early years settings and is open to all education settings up to post-16, including Pupil Referral Units (PRU) and special schools, with a vision that all Doncaster children and young people learn in an environment that supports their health.

Engagement with educational settings has been good, with over half of all setting types either signed up to or working towards accreditation. The numbers achieving accreditation is also steadily increasing with 23 HLHL accredited settings across the borough.



As part of the accreditation process, learning settings evidence how they are promoting health. Here is just some of the good practice demonstrated over the last year;

- **PHYSICAL ACTIVITY** incorporated into pre-school children’s learning about the environment and how to protect it through action songs, nature walks and recycling scavenger hunts.
- **WELLBEING DAYS** for staff to experience the activities the children take part in, from yoga and mindfulness to short bursts of physical activity as part of every school day.
- **REDUCING SUGAR** in tuckshop snacks using alternative recipes provided by the HLHL team. They include a broad range of flavours, a variety of fruit and vegetables and less sugar than the original items served. Parents have received the recipes to recreate the healthy snacks at home.



23



HLHL accredited settings across the borough



Staff from Maple Medical PRU receiving a Healthy Learning, Healthy Lives Enhanced Award for their work in supporting emotional wellbeing.

“It’s given us a reason to pursue and a focus of a whole school approach that really does serve to help the children.”

[Healthy Learning, Healthy Lives School]

Clean Air Day

Air Pollution affects children's health from the first breath they take as the damage to our health can start when we are a baby and carry on through into old age.

Exposure to air pollution can affect children's lung development and in areas of high air pollution, it could be setting some children up for health problems throughout their lives.

For these reasons, we held a Street Play Road Closure event outside West Road Primary school with the purpose to reduce the exposure of car emissions to families on the journey to and from school.

During the morning school drop off we saw many families walking, cycling or scooting to school with the added benefit of a quiet, traffic free road leading them in to the school gates. There was an overall sense of community spirit with many parents commenting positively to the head teacher about the road closure.



444 

Children took part in the street play event



A drone picture of the school children and staff marking out "we love clean air"

To make the most of the closed road we held a number of activities where 444 children took part in circus skills, scooter skills, and improved their cycling skills. 'Dr Bike' also attended to service the children's bikes and the Communities Team stamped 86 bikes with smart water to help prevent theft.

To help more families to choose active ways to get to school in the future, 5 and 10 minute zones have been mapped out which show how long it takes for families to walk, cycle or scoot to school. The map is now on permanent display in the school entrance.

"It's given us a reason to pursue and a focus of a whole school approach that really does serve to help the children."

[Healthy Learning, Healthy Lives School]

"Travelling to school in an active way, whether this be walking, cycling or scooting is important for everyone. It's a great way for children to meet their recommended daily exercise needs; it takes cars off the road which has a positive impact on the quality of air that we breathe. Not only this but walking and cycling are fun modes of transport and are a great way for families to spend quality time together."

Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture

Working Age, Healthy Lives

The team supports residents to have the best quality of life possible, both in and out of work, adding years to life and reducing the health inequalities which are still prevalent across our communities.

One of our priorities for 2019 was to support local businesses in building good internal health and wellbeing practices and developing kinder cultures.



Be Well @ Work Awards

With this in mind we launched the Be Well @ Work Award. We know that poor employee health costs huge amounts of money to employers relating to sick pay, absence to attend medical appointments, employee turnover, recruitment and lower employee productivity.

There are considerable benefits to making small changes to promote a healthy workplace and looking after an employee's health and wellbeing has considerable benefits for employers. As well as reducing sickness absence, productivity, moral and satisfaction of employees are all enhanced.

The award is free and supports all types of employers, whether public, private sector or voluntary sector, small, medium or large organisation. The award runs over three levels, bronze, silver or gold and accreditation lasts for two years.

In addition to the award we support employers in carrying out an Employee Wellbeing Survey. The purpose being for the management team to better understand the current health and wellbeing needs of their staff and help identify areas of improvement.

The award also supports the employer with training and development and in the past year, we have provided sessions to support the topical issues that are arising in workplace health. This includes Menopause Awareness, Mental Health Awareness, Improving Musculoskeletal Health, Suicide Awareness, Improving Leadership Skills, Creating Kinder Cultures and many more. We also provide Workplace Health Champions Training and have trained 40 champions across a number of organisations to help in driving forward the health and wellbeing agenda.

We hosted our first Be Well @ Work Awards Ceremony in September, whereby local organisations nominated themselves across a number of themes. The winners were:

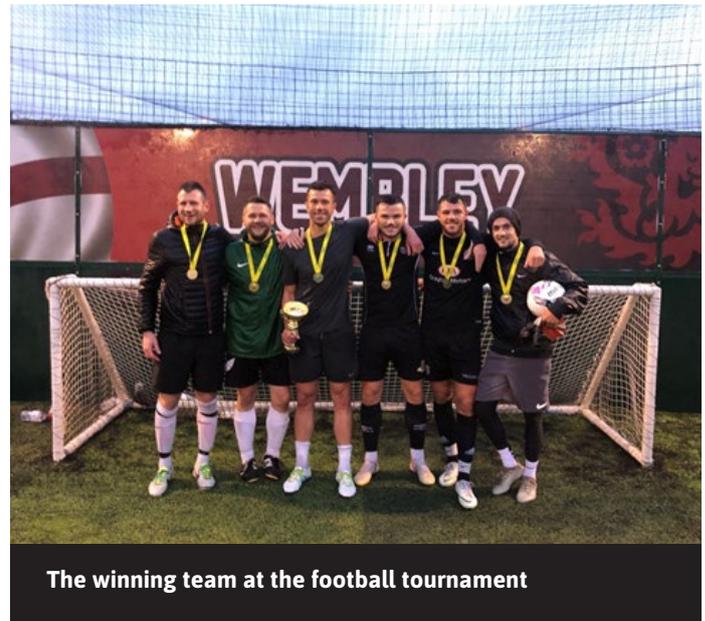
Be Well @ Work Best Small sized Business:
Hallcross Medical Services

Be Well @ Work Best Medium sized Business:
Hitachi Rail

Be Well @ Work Best Large sized Business:
**Rotherham Doncaster and South Humber
NHS Foundation Trust (RDaSH)**

Be Well @ Work Best Workplace Health Initiative:
RDaSH

Be Well @ Work Workplace Health Champion:
Adam Delsignore from BT



The winning team at the football tournament



The winning team at the football tournament

Annual Football Tournament

In addition to this, we host the Be Well @ Work Annual Football Tournament in support of Men's Health.

The 2019 Tournament was the biggest to date and we had 24 teams from local organisations supporting the event.

Alongside the tournament, we opened the evening with a preview of the Another Way suicide awareness video (see page 34) and we had a number of health promotion stalls available for the gentlemen to engage with.

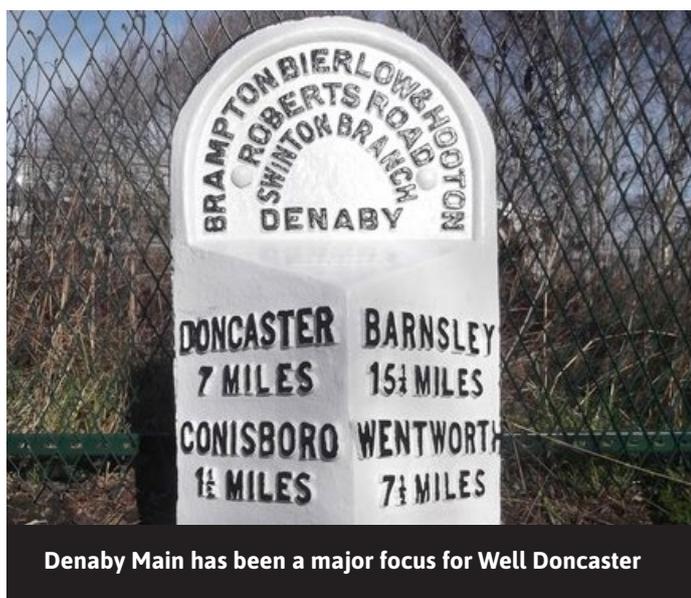
Lifestyle information and signposting was available on mental health, cancer, smoking, substance misuse, relaxation and physical activity. The event was also supported by our NHS Health Checks provider, Hallcross Medical Services who offered free full checks to those over 40 and a mini check to those under 40.

Another accomplishment was our Be Well @ Work Health and Safety Conference in October whereby we showed the good practice that is taking place within local organisations.

Well Doncaster

Well Doncaster follows an Asset Based Community Development (ABCD) approach to health which builds on the positives in life that empowers local people and trusts communities to shape their futures.

Well Doncaster has focused on Denaby Main since 2015 and supported major changes in one of Doncaster's most deprived communities. In 2018 the approach was rolled out to four other areas of the borough.



Get Doncaster Enterprising

Denaby Main has twice the borough average of Employment Support Allowances claimants. A series of community workshops and events highlighted that a focus on self-employment would be a way for residents with a long term condition to find and sustain employment, as it would allow them the flexibility to manage working hours around their condition.

In August 2017 Well Doncaster commissioned local social enterprise Aspiring2 to deliver 'Get Denaby Enterprising', an approach which offers tailored, one to one business start-up and enterprise support.

To help people start thinking about enterprise, Aspiring2 initiated the **£10 Challenge** where residents received £10 to raise as much money as they could for a good cause of their choice. Thirty four participants raised a total profit of £1385.64 through handmade crafts, baking and holding community events for 15 good causes. This led to a 407% return of investment!

Building on this momentum, Aspiring2 rolled out a series of workshops supporting budding entrepreneurs to develop their business ideas and access support around marketing, HMRC and book keeping. This guidance was able to support the creation of business plans and an opportunity to apply for a Well Doncaster funded Start-up Micro Grant. The grants were for up to £500, to remove the barriers of start-up costs, and applications were reviewed by a panel of local business owners. In the first year, 72 people engaged with this approach, 22 have completed the series of workshops, 17 successful start-up grants were awarded and 24 new businesses registered with HMRC and began trading.



Well Doncaster worked with Aspiring2 to deliver Get Denaby Enterprising, offering one-to-one business start-up advice and support.

Due to the success of the approach, its scope was widened to encompass the other Well Communities and was rebranded as **Get Doncaster Enterprising** in 2018. This saw an increase in engagement to 89 residents, 20 successful start-up grants and 31 new businesses registered and trading in Doncaster.

An important part of 'Get Denaby Enterprising' has been the establishment of **Denaby Business Club** which has gone from strength to strength. Around 35 new and established business owners meet once a month to network and support each other.

Danielle's Case Study

"Get Doncaster Enterprising has helped me set up my business by providing me with constant support, information and facilities needed in order to launch my company.

"The team has been great in regards to providing me with information booklets, contacts and even putting me in contact with someone to help with business cards.

"The team were lovely, and as they are women, I find it more comfortable to approach them and ask for them to help and assist me when needed.

"I attended a business start-up workshop which gave me a lot of knowledge and information I needed to get started. I left feeling confident and a lot more knowledgeable about starting up a business and where and how to approach potential clients.

"Aspiring2 are a great group and I hope they can continue supporting me with all the information and their own experiences when needed."

£1,385

Raised for good causes in the enterprising £10 challenge making a 407% return on investment

Leisure Services

Leisure services manage and develop sports and physical activity across Doncaster.

This includes exciting large scale events like the Tour de Yorkshire, UCI Road World Championships and the Rugby League World Cup.

May 2019 saw us host our first ever Tour de Yorkshire stage start at the newly refurbished market. Later in September we hosted two stages of the UCI Road World Championships at the brand new cycle circuit at the Dome.

Both events demonstrated the power of sport:

- Attracted 155,000 spectators
- Supported 11,900 school children to spectate and engage
- Delivered a major international sporting event to 67.8% of residents living within a 1 mile radius
- Supported 111 community groups to deliver celebratory events or activities
- Provided 33 micro grants of up to £200 engaging 11,066 residents



The 'Doncaster Welcomes The World' film shows a snap shot of delivering a hosting a major event:

<http://bit.ly/doncasterwelcomes>



Our services have now been identified as national best practice by UK Sport and Sport England as our approach and research in hosting these events creates a positive social impact on our communities and encourages residents to become more active. These events do more than just provide opportunities for spectating.

We have advised other local authorities from the north east to Cornwall, and we are supporting British Cycling, British Climbing Olympic team, RFU and RFL to maximise the social impact of their key events and delivery programmes.

None of this would be possible without all the help and support from our teams, partners, communities and residents.

155,000

Spectators got involved in the events locally



11,066

School children engaged with the events

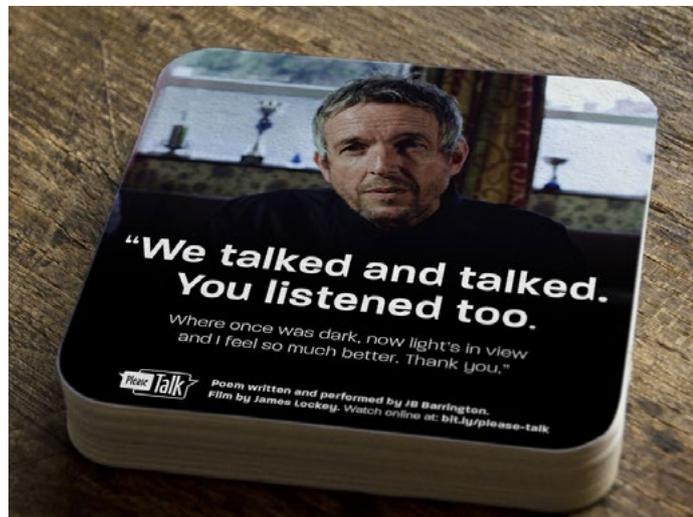
2019 has been the breakthrough year that raised the profile of Doncaster as a key player in delivering large scale major sports events in the UK.



Vulnerable People and Improving Lives

The team covers a wide range of areas which include mental health and suicide prevention, disability issues, domestic violence, smoking cessation and adult substance misuse.

One of our biggest priorities for 2019 was to focus on male suicide and to deliver a campaign to raise awareness of it and look at ways of preventing it.



*"Suicide is the biggest killer of men under 45 in the UK and today 16 people will take their own lives. That's why I'm keen that in Doncaster we pledge to become a **zero suicide borough** and that we always ask twice when we're talking to people and asking about their mental health." - Dr Rupert Suckling*

Suicide presents a real threat to human lives, with as many as one in four experiencing suicidal thoughts at some point in their lives. Although it affects so many people, suicide is often a topic that many don't feel comfortable talking about and we wanted that to change.

Through our Another Way campaign we aimed to actively encouraged people to talk more openly about their feelings and emotions and reduce suicide in Doncaster by 10%.

The strapline of the campaign was '**There is Help. There is Hope. There is Another Way.**' and we used a variety of ways to spread this message across the borough and beyond.

From using social media to promote our film to holding events in the community, the message was clear and we always ask twice when we're talking to people and asking about their mental health.

We launched the whole campaign, which coincided with the start of Mental Health Awareness Week, with an event for the media, attended by TV, radio and print press. This premiered the film and also allowed access to our two case studies who had been affected by suicide and wanted to share their experiences to help others.

207,000

People watched the video on Facebook alone



In loving memory of Nicholas Chadwick and Peter Clarke.

bit.ly/please-talk

7,167

comments, reactions and shares on Facebook

“Wow, such poignant words and message” - Angela

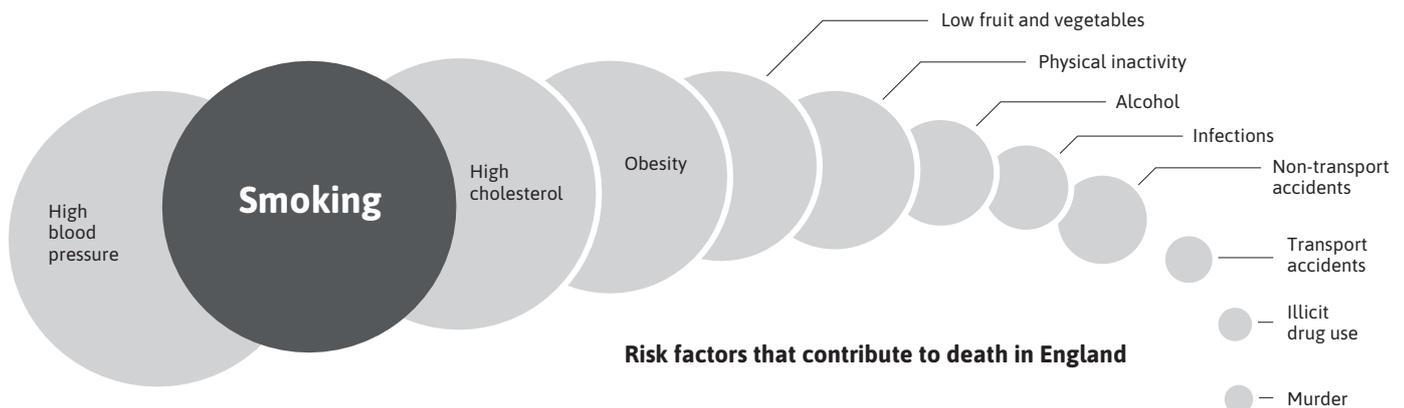
“This matters. Thank you!” - Will

“Donny Council ... it’s a first, but truly well done and thank u!” - Carol

Tobacco Control in Doncaster: A Call to Action



Tobacco Control in Doncaster



Smoking is one of the major public health challenges facing the people of Doncaster.

Smoking is the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week¹.

Around 48,000 adults aged 18 years and over in the borough smoke or 19.6%, which is significantly higher than the national average for England (14.4%).

Although the smoking prevalence rate showed a pattern of decline in the first half of this decade, rates have stagnated in the past few years (Fig 1).

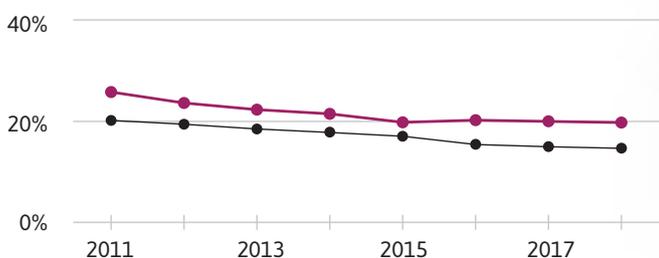
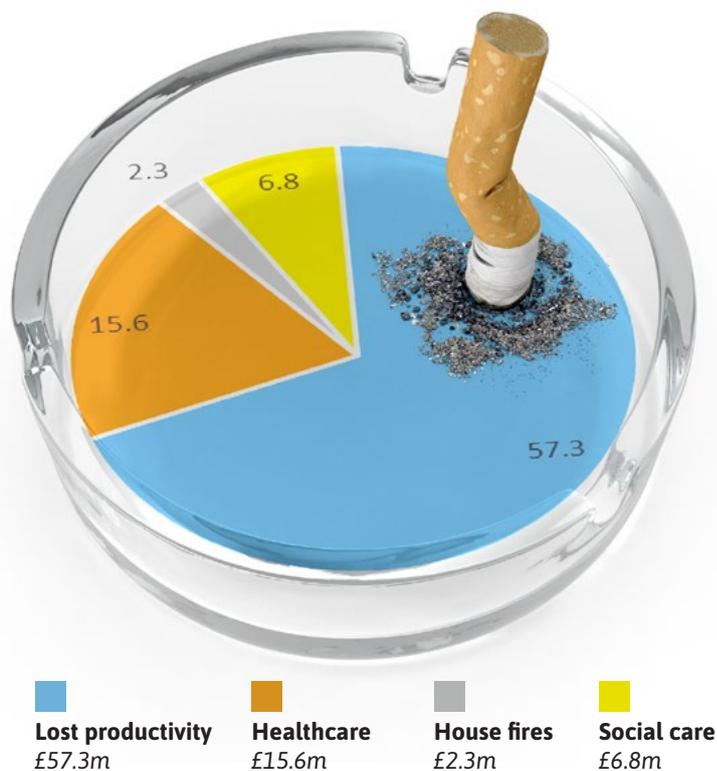


Fig 1. Smoking Prevalence in adults (18+) current smokers (APS) for Doncaster²

The economic and health costs of smoking to the people of Doncaster is enormous. Smoking costs the people of Doncaster £82m each year³. The cost of smoking impacts not only on the NHS, but it extends to social care, lost productivity (economy), and house fires (Fig 2). It is estimated that on average, a smoker in Doncaster spends £2,050 per year.

Fig 2. The costs of smoking to the people of Doncaster (£million)



¹Clear Peer Assessment report for Doncaster 2019

²Annual Population Survey (APS) 2018, published by Public Health England (<http://bit.ly/2RCyK05>)

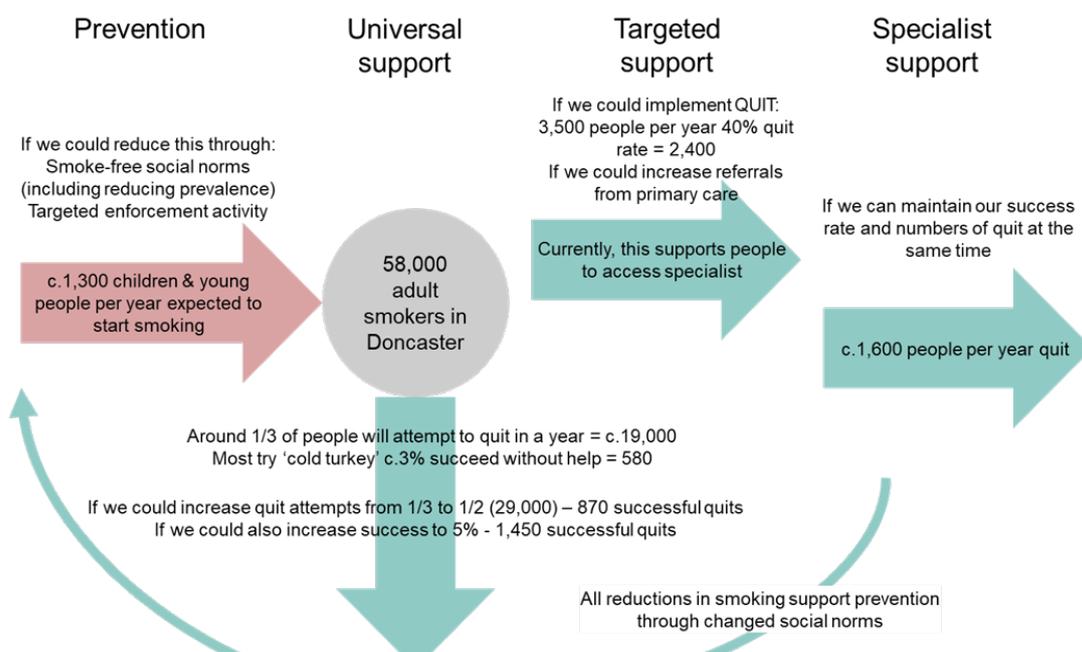
³ASH (2019): The Local Cost of Tobacco. ASH "Ready Reckoner": 2019 Edition V7.0; Published 4 October 2019

In 2017, the Government set a new vision to create a smokefree generation in England, where smoking prevalence is less than 5%⁴.

In order to address the challenges posed by smoking, we have undertaken two important initiatives during 2019 under Doncaster Tobacco Control Alliance:

1. Carried out a peer-assessment of our local actions to tackle smoking in Doncaster by independent assessors. This has helped us identify areas of our strengths and opportunities for improvements.
 2. We carried out public consultation on smoke-free Doncaster, an initiative which will see children grow up in an environment free from smoking. The majority of participants of the consultation agreed with the proposal for designated voluntary smoke-free spaces especially areas where there are children present.
- a. preventing children and young people from starting smoking;
 - b. mass media to help increase the number of people quitting smoking;
 - c. targeted intervention such as new initiatives in our local hospitals, and
 - d. building on the work of our specialist stop smoking service in the community

Strategy refresh



⁴Department of Health (2017): Towards a Smokefree Generation – A Tobacco Control Plan for England.

Our call to action focuses on preventing children and young people from starting smoking, by creating an environment in Doncaster where it is an accepted social norm to be smoke-free.

We want to see children grow up in an environment free from smoking

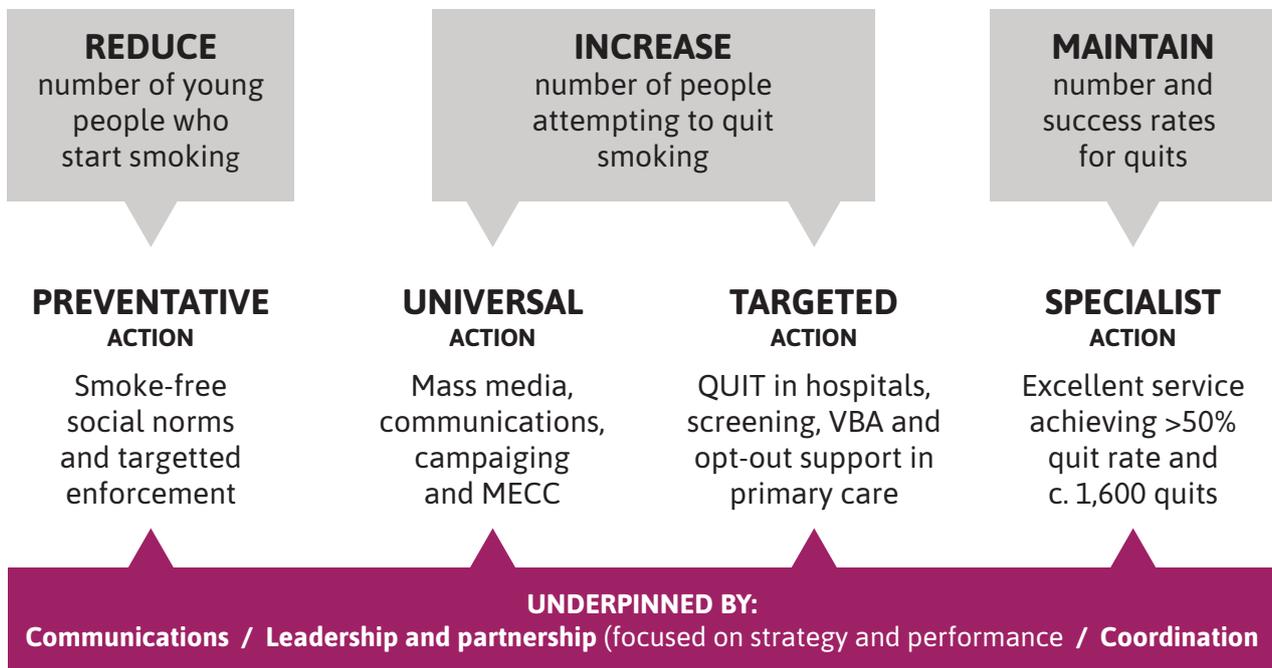
In order to realise this, we need the full participation of all stakeholders in Doncaster, each playing its best to tackle the challenge posed by smoking. There are several stages proposed to create smoke-free environment in Doncaster and these are:

- **ONGOING:** develop and implement communications plan
- **STAGE 1:** play parks and park events, schools and school gates, hospital grounds and family-friendly council events
- **STAGE 2:** Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free side-lines
- **STAGE 3:** Other council events
- **STAGE 4:** Bus stops, railway station and airport (note that the railway station may need to be considered earlier due to redevelopment)
- **STAGE 5:** Smoke-free high streets (other town centres), Smoke-free markets (including no sale of tobacco products)





The action plan aims to:



A Sub-group of Tobacco Control Alliance will monitor the action plan that will cover the delivery of work of each of the stage described above. The Subgroup will report to the Doncaster Tobacco Control Alliance, which intern reports to the Health and Wellbeing Board.

In order to achieve a smoke-free environment in Doncaster for our children and young people, all stakeholders need to pull together to realise this vision; from the public, businesses, statutory organisations, voluntary sectors, etc.

The Tobacco Control Alliance will continue to play a leading role in this fight.

Conclusion

On average, health is still improving in Doncaster, although the improvements are smaller than any time in the last ten years.

These average improvements mask differences between Doncaster populations.

The public health grant is committed against a range of services and the performance of these services is generally good. These services are supported by a range of supporting public health activity led and/or coordinated by the public health leads.

Three areas on the dashboard bear further scrutiny health checks, tobacco and air quality. In year health check performance is good despite reductions in the public health grant, tobacco is focus for this year's call to action and further work on air quality should be addressed through the council's forthcoming environment strategy.

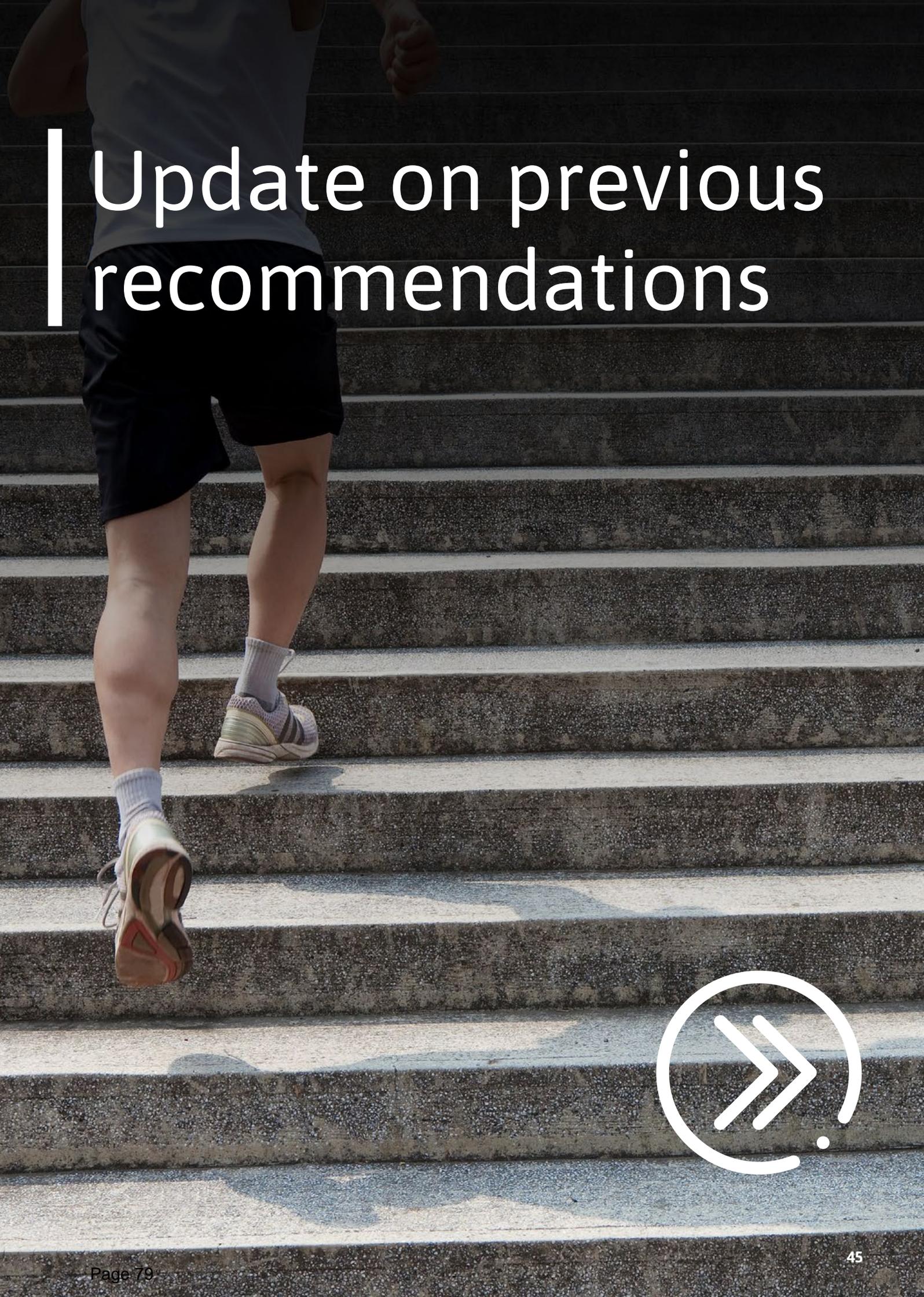
Progress on the recommendations over the last five years is good.

Future recommendations

In order to secure future health improvement and health improvement for those with the worst health I recommend the following:

1. Doncaster partners should continue to embed a population health approach focussed on four related activities addressing:
 - The wider determinants of health
 - Our health behaviours
 - The places and communities we live in and with
 - Integrating health and care services into an integrated health and care system
2. Doncaster Council should consider an LGA prevention peer review
3. Doncaster Council public health function should continue to take a sector led improvement approach to quality improvement

| Update on previous recommendations



Updates about previous recommendations

Tackle unfairness and health inequalities

Continue to adopt a 'Health in all Policies' approach

Dance strategy adopted 03.09.19
Local Plan – HIA, Cycling, Walking, HFT, Gambling policies

SYFR has refreshed the Health and Wellbeing policy and broadened the services internal capacity to support staff. Along with introducing health related messages and practices within the core prevention offer.

The Director of Public Health is a member of the council's senior management team and executive board. The DPH has full access to the mayor, cabinet and members. The corporate report template include health implications on all decisions and this approach was audited in 2019.



Make a strategic shift to prevention through the Doncaster Place Plan

The introduction of the Joint Community Safety Department which bring together SYFR and SYP prevention and early intervention activities is strengthening both services approach to prevention and supporting the most vulnerable.

The Doncaster Place Plan refresh makes an explicit commitment to shifting to prevention. The delivery plan identifies prevention activity. New investment models are needed to secure investment in these areas.



Build a Sustainable and Resilient Borough

The Doncaster Growing Together approach will develop an environmental strategy.

The development of a Local Plan will support planned developments and effective use of land.

Local 'No-deal' Brexit planning in place.

Transforming Cities Fund – Phase 1 approved £1.5m – Phase 2 in development. Supporting active travel behaviour change via the Doncaster Active Travel Alliance.



Empower people and communicates to take control of their own health and if services are required involved people in co-designing the services

SYFR Safe & Well Checks for over 65's for falls referrals and crime prevention along with leaving the healthy ageing booklet as a resources for residents to self-refer or seek further guidance.



SYFR Safe & Well Checks for over 65's for falls referrals and crime prevention along with leaving the healthy ageing booklet as a resources for residents to self-refer or seek further guidance.



We continue to take forward the ambition set out in our Community Engagement Strategy focussing in on our six areas of focus. We have made progress in each of these areas but more is still to be done for the remainder of the strategy period.

- Active Citizen Voice – Has been superseded by Doncaster Talks. The first Doncaster Talks borough-wide listening exercise collected over 3600 responses. The Doncaster Talks brand and platform has the potential to be developed into a comprehensive, Team Doncaster Consultation Hub.
- Supporting Volunteering – A number of Volunteer Recruitment Fairs at Priory Church, the Wool Market & Doncaster College, attracted around 40 third sector organisations respectively. Feedback has been extremely positive & many volunteer placements were brokered as a direct result. Around 50 people attended a Volunteer Celebration Walk in partnership with RDaSH, it attracted local press & positive social media attention.
- Supporting the VCF Sector: Voices of Doncaster project has recommended the formation of a VCF Cooperative that would act as a democratic coordinating structure for the sector. Ongoing partnership working with & enabling of VCF Middle Tier Organisations: Expect Youth, Social Isolation & Loneliness Alliance, & the nascent Doncaster Nature Alliance; Well Doncaster Programme; Market Shaping within Adults and Children's Commissioning.
- Training and Development – Internal programme of training to be developed.
- Embedding Social Value – A Social Value & Community Wealth Building anchor network is coordinated across Team Doncaster partners. A priority the consistent application of how social, economic & environmental factors are considered & contract managed to establish a social value baseline. It also plans to develop a Team Doncaster online procurement prospectus & meet the buyer events, which will improve engagement with social economy organisations.
- Bringing People Together through the Use of our Community Assets - The revised policy for Community Lease & Asset Transfer provides a more collaborative & enabling process, designed to increase the uptake.

Updates about previous recommendations

Tackle unfairness and health inequalities (continued)

Improve data capture, sharing and reporting so that services can become more seamless and based on insight to address inequalities in access and outcomes.		
<p>SYFR and Doncaster Council are progressing the sharing of data through the SPINR program, this includes identifying vulnerability to enable early prevention and intervention activities to take place.</p>		
<p>SYFR and Doncaster Council are progressing the sharing of data through the SPINR program, this includes identifying vulnerability to enable early prevention and intervention activities to take place.</p> <p>The Doncaster Health and Wellbeing board has now completed its first year's cycle of the new JSNA process in line with the policy agreed last year. This successfully ensured that stakeholders across the health and wellbeing system can access more easily accessible information to base decisions on. Future focus will be on main-streaming this work under the new Doncaster Talks brand with a library of information available to all.</p> <p>The data sharing agreement for the Doncaster Integrated Business Intelligence project has been signed so that health care providers and commissioners can share data using new tools that are available to us to better understand flow between services.</p>		
Report back on the local Health Needs Assessment for Black and Minority Ethnic (BME) groups		
<p>We have reported back via the Health and Well Being board and have also established a Minorities Partnership Group Meeting which is supported by the Public Health Team.</p>		
Continue to move beyond integration to population health system and budget		
<p>The Doncaster place plan refresh makes a commitment to working as a population health system. Further work is required on budgets and future commissioning intentions.</p>		

Give every child the best start in life - Children, Young People & Families

Continue to monitor the effectiveness of the Early Help strategy

SYFR offer a Think Family service this is trying to prevent anti-social behaviour fire setting both in homes and communities. Family hubs are signed up as a referral partner to SYFR.



Continue to monitor the effectiveness of the Early Help strategy

Early Help remains a key priority for the Children and Families Executive Board as identified within the Children and Young People's Plan (2017-20). Partnership oversight and monitoring of this priority is provided through the Early Help Strategy Group with the Local Authority as lead agency. In addition, the Starting Well Strategy has a specific focus on children aged 0-5 years, which focusses on early help in the early years.

The Early Help Strategy identifies four key objectives, which underpin the delivery of the Strategy:

1. Promote Early Help to Families; Communities and Partners to develop a common understanding of prevention and earlier intervention.
2. Embed the Early Help pathway to support children and young people who have additional or multiple/complex needs.
3. Support the Lead Practitioner role and increase responsibility across partner organisations.
4. Develop Family Hubs to promote participation; increased access to services and improve integrated working to secure better outcomes.

The responsibility for delivering the preventative and early intervention elements of Early Help reside with providers and practitioners. Doncaster Council delivers two critical elements to support. The Early Help Coordinators work with Lead Practitioners from schools and other partners to support individual cases. They gather information from across the partnership regarding children and families, supporting Lead Practitioners to complete Early Help Assessments, develop family plans, identify, and engage support for a child and their family. This delivers a key safeguarding function for families where there are concerns, ensures a well-documented process around delivering support and measures both process and progress. Recent monitoring data shows that the quality of Early Help Assessments and family plans are steadily improving and that more children are reaching key development milestones.

Family Hubs form part of the infrastructure for locality-based working, particularly for younger children. Engagement of families continues to increase and the effectiveness of services is improving. The learning journeys of a sample of children show the majority reaching new development milestones, parents showing a high level of satisfaction and forming social networks. Critically, they also report changes to the home environment because of participation, alongside increased reading, better approaches to behaviour management and increased parental confidence and understanding.

Give every child the best start in life (continued)

Continue to monitor the effectiveness of the Early Help strategy (continued)

The following performance information provides evidence of the improving picture in relation to the embedding of Early Help and the important role that schools play:

100%

1. At the end of June 2019, there were 1,192 cases in the existing Early Help Multi-Agency caseload, 38.5% in Parent and Family Support Services and 46.9% in schools. Although there has been a decline in the Early Help Multi-Agency caseload (1,682 – June 2018) there has been an increase in single agency cases from 716 in June 2018 to 1035 in June 2019, the majority of which (622 – 57.8%) are being held within schools.
2. The number of Lead Practitioners based in schools is growing and the quality of their work is improving. This is evidenced by increasing numbers completing Early Help Modules, Signs of Safety and Outcome Star training, and subsequently, taking on Lead Practitioner responsibility. The proportion of completed cases audited as 'good or better', which is a high bar in terms of evidenced partner engagement, case progression and family impact, has risen over the last year from 62% to 67%. Within the partnership-audited cases, 74% were rated good or outstanding for Children and Young People's wishes and needs evidenced through the family plan and 86% of audits were graded good or outstanding for child focused Early Help Assessment (EHA).
3. Across the partnership, the timeliness of holding the first TAC/F meeting has improved to 21 days. This remains below the 30-day recommendation. It is likely that this improvement will have a positive effect on the reduction of family disengagement over time.
4. Targeted training has taken place with groups of key partners, who were previously under represented as Lead Practitioners. This included training for Early Years practitioners, CAHMS, Voluntary Organisations and Midwifery. This work will broaden the range of Lead Practitioners and help to alleviate the pressure on schools.
5. Family Hubs are continuing to increase their levels of registration and participation, though this remains focussed on under-fives, with 4,917 families attending an average of 3.3 times. Signs of impact are positive, with those participating scoring slightly highly in Early Years Foundation Stage Profile outcomes, their parents reporting positive changes to the home environment (for example, increasing opportunities to read) and individual children's learning journeys showing participants catching up with expected age-appropriate development stages.

Continue to monitor the effectiveness of the Early Help strategy

The following performance information provides evidence of the improving picture in relation to the embedding of Early Help and the important role that schools play:



Over the last three years strategic action has focussed on establishing an understanding of Early Help, providing a framework for delivery and setting the strategic direction needed. Several strategies are in place and remain on track to deliver against the set priorities. Building on these foundations, further work is under way to link clearly health, education and care to respond early and effectively to families who are struggling. These include:

- The Place Plan – two opportunity areas: 1001 days and vulnerable adolescents
- The Doncaster Innovates and the local solutions model will ensure Early help is even more accessible as this will be a locality based community asset and contribute to meeting needs at the earliest opportunity and providing access to lower level intervention to reduce demand on pathway processes for single and multi-agency. The model is currently being prototyped in the Denaby and Hexthorpe areas.
- The Stronger Families programme and whole family working.
- The development of an Inclusion Strategy

A review of the Early Help Strategy is currently taking place led through the Early Help Strategy Group. Monitoring of the strategy whilst remaining a priority is now routine business for the group.

Updates about previous recommendations

Continue to monitor the effectiveness of the Early Help strategy

SYFR offer a Think Family service this is trying to prevent anti-social behaviour fire setting both in homes and communities. Family hubs are signed up as a referral partner to SYFR.



SYFR have many referral partnerships set up with Midwife services, children's centres to enable referrals for Home Safety Checks.



Focus on vulnerable mothers from pregnancy until the child is 2 ½ (the first 1000 days)

Body SYFR have many referral partnerships set up with Midwife services, children's centres to enable referrals for Home Safety Checks.

Health Visiting services have been exploring the use of a parent-infant attachment tool and are developing it in conjunction with Better Start Bradford Innovation Hub and University of York.

The tools will be used to open conversations regarding attachment and how a parent feels about their baby in order to identify any potential issues and intervene early where necessary. Health Visitors will pilot the tool early 2020 with a view to eventually embedding a functioning, final version of the tool into routine practice.

An incentive scheme to support women and their significant others to quit smoking is currently being piloted by the smoking in pregnancy service. Women and their significant others will be offered shopping vouchers at key points throughout their quitting journey in order to stay motivated to quit and remain smokefree. Early indications are that the vouchers are being received well which will hopefully translate into sustained quits.

Working with Public Health, the Health Visiting Team will develop a Healthy Homes Resource to be utilised during the contract year 2019/20. Homes should promote health. They should be free from hazards, warm and dry and smoke-free. They should promote a sense of security (in terms of both tenure and safety), be affordable to heat and should be suitable and big enough for the family. The influence of the home on the health of families and children is well evidenced and Health Visiting Teams are well placed to support families to make their homes healthier, as lead personnel in the delivery of the Healthy Child Programme. It is expected that the resource will continue to be used locally after the pilot period as part of the Health Visiting Team's toolkit to improve the health of the families they work with.

The first 1001 days has been chosen as an 'area of opportunity' in the first phase implementation of Doncaster Place Plan that will drive the shift to accountable care systems in Doncaster. Recruiting is now underway for team members who will pilot a new service model that will focus across the first 1001 days ensuring families receive the right support as and when needs arise.

Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children

The narrative below is feedback from NHS England on the latest submission of performance and progress for the Local Transformation Plan. This external feedback evidences the continued progress being made.

Progress Update

The DCO Panel met on the 30 May 2019 to review the documentation and were able to be **fully confident** of your progress in delivering your Local Transformation Plan in Quarter 4.

Your report was much improved, with progress and next steps clearly identifiable. There was clear emphasis on resilience and self-care, with your Mental Health Toughness pilot scheme and work with the Children's Sleep Charity highly regarded by the panel.

The impact and outcomes of your work were clearly evidenced, along with your commitment to system wide transformation. Your update was open and transparent with key challenges outlined along with mitigating actions. It was encouraging to read that the Mental Health Investment Standard (MHIS) had been met for all-age mental health in 2018/19 and that you remained confident that the standard would be sustained into 2019/20.

Promoting Resilience, Prevention and Early Intervention

The panel were encouraged to read of the positive progress made in developing your Mental Health Support Teams (MHSTs) and were pleased that this had been reflected at your most recent NHS England site visit. Your comprehensive engagement and co-production with children and young people were acknowledged, with your involvement of Young Advisors in the site visit highly regarded by the panel.

Your update on your work with the Children's Sleep Charity was insightful and the panel were pleased to hear of your plans to increase the recurrent contract value for the service in order to enhance provision and provide training. It was also positive to read of the successful impact of your CAMHS locality workers, which every primary and secondary school had access to.

Your progress with the community specialist perinatal team was recognised and it was encouraging to read of your plans to appoint an infant mental health practitioner and develop pathways for dads and vulnerable groups. It would be helpful to include detail on a) the perinatal work plan within the SYB ICS Local Maternity System Transformation Plan on improving services for women with low to moderate perinatal mental health conditions and b) work being undertaken at a Doncaster locality to improve universal perinatal mental health services and support to women and their families, in your October 2019 refresh.

Updates about previous recommendations

Give every child the best start in life Children, Young People and Families (continued)

Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children (continued)

Improving Access to Effective Support

It was positive to note your improved identification of children and young people presenting with eating disorders and the consequent reduction in urgent and emergency eating disorder referrals in 2018/19. It would be beneficial to include an overview of access and waiting time performance in future updates.

The panel welcomed your update on CAMHs e-clinics and were pleased that children and young people were able to self-refer via the app and book a convenient appointment. Your plans to expand the clinics more widely were acknowledged along with your successful roll-out of locality based self-referral clinics.

It was encouraging to read that the number of children and young people presenting in crisis had decreased year on year with an increasing number of children seen on paediatric wards. It was also positive to note the reduction in tier 4 beds.

The panel were pleased that transition would continue to be a priority, with your Mental Health Toughness pilot ensuring pupils experienced fewer concerns about the transition to secondary school. We look forward to hearing more about the pilot as findings begin to emerge.

It would be beneficial to outline your plans for improving the access standard within your LTP refresh. Support is available from the Intensive Support Team and NHS England.

Care for the Most Vulnerable

Your report demonstrated extensive work to improve the service offer for vulnerable groups, with lots of progress made this quarter. It was encouraging to read of your positive site visit with the Anna Freud Centre and the Children Outcomes Research Consortium for your Mental Health Assessment Framework pilot for Looked After Children (LAC). Your plans to involve Young Advisors and children and young people with experience of the LAC pathway to develop opportunities for peer support was welcomed, in advance of the frameworks launch in July 2019. We look forward to hearing more about how this work progresses in your LTP refresh.

The panel were pleased that your General Development Assessment (GDA) pathway had been commended and your waiting list size reduced, as a result of your service redesign. It was also encouraging to note that your waiting list for ASD (<5 pathway) had remained stable, despite the increase in referrals. Your reduction in longest waits for ASD (<5 pathway and >5 pathway) was also acknowledged.

Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children (continued)

Accountability and Transparency

Your report evidenced clear lines of accountability and governance, with strong integration and reporting to the Children and Families Executive Board and Health and Wellbeing Board.

Your ongoing commitment to the participation and engagement of children and young people was welcomed, with your work with Young Minds Participation Champions highly regarded by the panel. It was encouraging to read that your work with Young Minds would be continuing for a further two years, with lots of exciting developments planned. It would be helpful to see some examples of your engagement with children and young people in your LTP refresh such as photographs, artwork and materials produced.

It was also interesting to see the outputs from the CAMHS audit tool and we look forward to hearing more about how the recommendations are implemented and progressed through your Young Persons Participation Group.

Developing the Workforce

The panel welcomed your plans to implement the recommendations set out in the Mental Health Competency Framework and were pleased that this would include consideration of workforce across the entire system. It would be helpful to receive an update on how this work is developing in your LTP update, along with details of the progress made to develop the workforce across the SYB ICS. Your continued participation in the CYP-IAPT programme was also positive to note.

It was encouraging to read that your progress with the Transforming Care Programme (TCP) had been positively received by NHS England and reflected in your rating of Amber/Green. The panel commended your commitment to allocate recurrent funding to resource a post-diagnostic support pathway for children and young people with autism and your appointment of a Designated Clinical Officer to progress the SEND agenda. We would welcome sight of your SEND strategy and the outcome of your SEND inspection in your LTP refresh.

Support schools to develop a Curriculum for Life

SYFR schools packages which are primarily fire reduction and safety talks but also all include health messages, healthy relationships. We are part of the Joint Community Safety Department who offer crucial crew to all Yr 6 Students across SY this has a 97% uptake and includes personal safety, fire safety, road safety, consequences, healthy relationships, drug and alcohol packages



Updates about previous recommendations

Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children (continued)

The One Doncaster commitment to develop 'whole person, whole life' learning has been taken forward by Team Doncaster's three core Education & Skills Programmes (Doncaster Opportunity Area, DGT Learning and the Inclusion Programme), as well as the wider work of the Cultural Education Partnership (CEP). Fundamentally, the objective is to provide a broad, balanced and place-based curriculum that equips young people and more widely, learners of all ages to develop the competencies required to function effectively in a globalised world.



While the Local Authority has little formal responsibility over schools curricula, we have been working in partnership to develop both place-based classroom learning and Essential Life Skills.

On the latter, this has included the successful 100 Things to do before you are 11 Programme and a constituent 50 Things to do before you are 5, aimed at Early Years. This consists of free or low cost activities that all families in Doncaster can undertake, linked with the curriculum and personal development. Over 12,500 booklets have been handed to local families. The Doncaster Essential Life Skills programme, commissioned by the Doncaster OA funded the EXPECTYouth Summer Programme. In 2018 and 2019, this summer programme engaged over 13,000 children and young people and provided almost 15,000 free healthy meals. We are currently commissioning a first-in-kind digital tool to monitor young people's essential life skills development, which will be rolled out before the new year.

With regard to the former, we are working closely with schools to promote a place-based, inclusive curriculum that furnishes children and young people with the right skills for the future. This is why the Cultural Education Partnership is working to increase schools accredited to ArtsMark and the Opportunity Area is working closely with schools to ensure that their post-16 settings offer a broad, balanced, viable and complimentary post-16 curriculum. We are working as system-leaders to broker successful partnership working between schools and community organisations – which has recently been successfully reflected by the innovative partnership between XP School and the Heritage Service.

Ensuring that young people have the right skills for working life is a vital element of our agenda. This is why the Careers Hub has worked closely with all schools in the borough to integrate careers learning within the curriculum and to facilitate meaningful encounters with employers. This is why, as of September 2019, we have delivered over 67,000 meaningful encounters with employers. We have also delivered a new Business-Education organisation, Opportunities Doncaster, who have ambitious plans to promote and generate a distinctly 'Doncaster' skills-based contribution to schools' curricula.

All of this is underpinned by the emergent 2030 Education and Skills strategy for Doncaster. This document builds upon the local strategic context, our achievements and the OECD 2030 Education and Skills framework to set forward our long-term ambition for local, place based learning. This will frame the contribution made towards this objective in the coming year.

Support schools to increase physical activity

All schools have been given the opportunity for support to deliver the Daily Mile with approximately 30 providing the opportunity for pupils to take part.

It has now been over a year since the official launch of the Healthy Learning, Healthy Lives programme in Doncaster. Engagement with educational settings has been good, with over half of all setting types either signed up to or working towards accreditation. Particular success has been seen with special schools & Pupil Referral Unit's (PRU's).

The Centre of Nutrition and Behaviour, Grounded Research Department, RDaSH were commissioned to carry out an evaluation of the programme to date.

Findings demonstrated an overall positive impact of the programme on policy and practice within settings. The table below outlines some of the survey results and the impact participating in the accreditation has had on the setting.

Question	Yes%	No%	Unanswered%
Do you think changes have been made?	90	10	0
Do you think that HLHL has influenced children's activity levels?	55	35	10

Qualitative data was also gathered in the evaluation via interviews with practitioners from settings who have worked towards Healthy Learning Healthy Lives accreditation. This further demonstrates the value and impact of the programme on increasing physical activity:

"...so every day the kids are doing table tennis and things and the wellbeing walk, which we only introduced when we came to do the HLHL, so we introduced that"



Updates about previous recommendations

Make good growth our watchword for economic development Employment and Health

Use the Social Value Act to maximise equitable employment opportunities when commissioning to secure social, environmental as well as economic benefits

Contract Procedure Rule (CPR) were update in May 2019 mandating a minimum weight of 10% to social value requirements for all contracts valued above £181,302.

The Council is currently looking at procuring the social value portal to enable the quantification of social value commitments made by contractors during the tender process

In additional to the changes in CPRs, a Doncaster Anchor Institutions Procurement Grp has been established. Part of the remit of this group is looking at inclusive growth and social value being embedded across Team Doncaster.



100%

Re-commission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market find work and deliver the Work and Health Unit trial

Work and Health Programme

The Work and Health Programme is being delivered by Reed in Partnership in South Yorkshire (part of a wider contract package area) and will run until 2021. The programme reports to Doncaster's Local Integration Board and in July reported the following update:

- 772 programme referrals to date from Job Centre Plus
- 83% referral to start (which is the second best on the entire national contract)
- 365 currently active on caseload
- 240 people have secured employment
- 59 re-entries (support does not end with securing employment but continues for 6 months)
- 86 jobs sustained which equates to 75% exceeding contract expectations
- 47 job entries (nearest competitor is on 31)



25%

Re-commission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market find work and deliver the Work and Health Unit trial (continued)

Work and Health Unit Trial (Working Win)

Working Win is delivered by South Yorkshire Housing across South Yorkshire and Bassetlaw. In October the referral window closes and the programme will have one year left during which it will continue to support those already on the Programme. Working Win also reports to Doncaster's Local Integration Board and in July reported the following update:



Referrals

- 685 randomized to trial in Doncaster

Outcomes

- 58 Job starts
- 32 jobs sustained
- 18 Education outcomes
- 13 Volunteering outcomes
- 12 job returns

Updates about previous recommendations

Make good growth our watchword for economic development Employment and Health

Work to keep those with health issues in employment longer, improving health literacy and self management

The Be Well @ Work Award launched in February of this year. The programme offers support to organisations to improve health and wellbeing provision and ensure policies and procedures are conducive to employee wellbeing.

The programme not only offers accreditation to the healthy workplace award but also access to an independently carried out workplace health needs assessment. The document has assisted in gathering anonymous information about the health of a company's workforce and provided a baseline of data to track progress against.

It has helped employers to understand where to organise investment in staff health and well-being, especially beyond the basic legal health and safety requirements.

In addition to this, the programme hosts a monthly engagement calendar where organisations are invited along to learn best practice amongst a number of workplace related topics. Sessions run to date include:

- Workplace Health Champions Training
- Making Every Contact Count
- MSK in the Workforce- Supporting an ageing population
- Menopause Awareness
- Improving Leadership Skills
- Mitigating the Risk of Disability Discrimination
- Sleep Hygiene
- Mental Health Awareness
- Domestic Abuse Awareness
- Substance Misuse Awareness
- Cancer Awareness



30%

Continue to help residents keep their homes warm by improving the energy efficiency of properties, ensuring access to welfare advice and helping residents find a cheaper energy tariff.

SYFR are currently seeking a referral route back into DMBC services (similar to the old Hotspots scheme) to enable referrals.

Since the launch of the Council's energy company in November 2017, over 6,500 supplies have switched to Great North Energy (GNE). A cheaper energy supply for these residents equates to at least £450,000 of savings. The promotion of GNE adds to a list of other services the Council is able to support residents with. These include:

The Public Health funded Boiler on Prescription scheme (aka Winter Warmth Project). The Neighbourhood Energy Action project; the Energy Company Obligation (ECO grant) and a variety of support services the Energy Team is able to refer to via a proactive (home visit) approach.

The introduction of the Council's local 'Flexible' grant criteria has enabled a further 479 households to access ECO insulation grants since March this year.



Use community assets to join up health, social care, education, skills and employment around the family. Extend both the Stronger families and Well North approaches to other groups and geographical areas in the Borough

SYFR have community rooms in Edlington (Currently being refurbished), Adwick, Dearne which partners can utilise to run sessions/meetings to support health, social care, education, skills and employment around the family, including fire safety.



Stronger Families is locally coordinated via the Communities Area teams in localities who also lead on the Community Led Support (CLS) and wider community engagement and capacity building work. Stronger Families ethos and principles have been fully adopted by the Complex Lives programme working with complex needs adults; it is also the basis of the new SLHD Tenancy Support Unit team. Stronger Families and Well North approaches are working with the localities prototype areas to test out ways of reducing demand on the front door by 'loosening' requirements for early and low level intervention. Under the Sheffield City Region, the Local Integration Board (LIB) has been working to improve the employment pathways and support for people with health issues to remain in work or return to work. More recently Doncaster has begun to implement the national DWP reducing Parental Conflict work, training local trainers and providing access to the training modules on line for all practitioners to access in order to help them be more confident in identifying and raising the issue with parents / couples.



Updates about previous recommendations

Improve healthy life expectancy through preventing disabilities

Include preventative approaches in all patient pathways and clinical services

SYFR make falls prevention referrals through our Safe and well checks.



SWYPT also run a stop smoking service from Adwick Community room looking to reintroduce referral pathways into stop smoking service

Plans for smoking cessation to be offered to all in patients well advanced.



Focus on 'Get Doncaster Moving' campaign to increase physical activity

A whole systems approach is being taken to address the stubborn challenge of inactivity in Doncaster. This includes utilising in-depth evidence and insight utilising a number of tools including systems mapping, COM-B behaviour change, ABCD and reframing. Progress over the last 12 months includes adoption of a Dance Strategy, establishment of 4 new community health walks, 14 Community Street Audits completed and 4 large active travel awareness raising events delivered. There has been 63 community sports clubs and 37 volunteers supported with the delivery of a programme of high profile cycling & rugby events.



Develop a 'Delicious Doncaster' approach to food and nutrition

The Good Food Doncaster Partnership continues to meet on a quarterly basis and is supported by Public Health and economic/business development teams in the council. This year the partnership has worked with Sustainable food cities and has joined as the 50th city in the Sustainable Food Cities network. Although charitable status has not been possible, the Partnership continues to work on the sustainable food agenda and this year work has included a workshop to review priorities and review the action plan; commissioning of a piece of work around food poverty which has complimented the action plan; a presence at the Sustainable food cities conference and wider networking with other areas including Leeds, Barnsley and Hull. In order to raise the profile of the group and the issues, the website has been reviewed and re-reported and presentations have been delivered at the Anti- poverty steering group in Doncaster and the regional food power group. The group has been working in partnership with the "Love Food Hate Waste" campaign in October to promote the waste agenda too. In addition links have been made with cook and eat projects, food banks and other local initiatives and the next tasks are to develop a food map and to look at any future projects including veg cities and connecting local food providers. The group is now seeking further membership from local businesses/groups and will continue to grow and identify some new areas for development for 2020.



Continue to reduce the negative impact of takeaways and fast food on health and air pollution by considering health in spatial planning and licensing approaches

Public Health has continued to work with Planning colleagues on the development of a Hot Food Takeaway Policy. This has been finalised and included in the draft Local Plan. The intention is that once approved there will be a restriction on any new hot food takeaways gaining planning permission in any area of Doncaster where year 6 childhood obesity levels are above 10%. In the meantime, the Director of Public Health submits an objection to any planning applications for hot food takeaway use.



Evaluate local approaches with South Yorkshire Fire and rescue to promote fire safety and address falls including enhanced home safety checks

We can demonstrate what Safe and Well referrals partnerships we currently have set up in Doncaster and we look and target gaps in key services.

Rose regeneration have undertaken independent evaluation of S&W visits which indicates that the social return of investment is £30 for every £1 invested.



Create, improve and protect mental wellbeing using the five ways to wellbeing to harness the role of arts, culture and physical activity, promote social connections and contribute to inclusive economic growth and the reduction of health inequalities.

The five ways to wellbeing model is embedded in the 'another way' public health campaign.



Doncaster Council and partners should sign the Prevention Concordat for Better Mental Health as an indication of support for the mental wellbeing of both Doncaster people and Doncaster employees.

Doncaster became a signatory to the Prevention Concordat for Better Mental Health, and a Better Mental Health (adults) Improvement Plan was endorsed by the Health and Wellbeing Board.



Updates about previous recommendations

Improve healthy life expectancy through preventing disabilities

Suicide is the biggest killer of men under 45 in the UK and today 16 people will take their own lives. That's why I'm keen that in Doncaster we pledge to become a zero suicide Borough and that we always ask twice when we're talking to people and asking about their mental health. This should be backed by rolling out Mental Health First Aid training across the Borough.

Doncaster Public Health team is supporting the Human Resources department at Doncaster Council, to pilot a mental health first aid scheme within the Council

Some SYFR Community Safety staff are trained in Mental Health First aid but this is not all CS staff.



Continue to deliver mental health service improvements across the life course with service users as identified by Overview and Scrutiny reviews including:

- a. improving the mental health of parents at the time of the birth of a new child**
- b. improving children and young people’s mental health by responding quicker to all requests for support**
- c. improving responses to crisis including better use of peer support**
- d. reducing the need for and use of Out of Area placements**

improve employment support for those with mental health issues to help them stay in work or return to work

<p>a. New perinatal mental health service under development</p>	
<p>b. Performance of children’s mental health service routinely assessed.</p>	
<p>c. Modernisation programme mobilisation is underway to include additional Crisis resolution, Home Treatment and alternative crisis resolution approaches. The latter includes a dedicated psychiatric decision unit to deliver assessment away from A&E in a more appropriate environment, it also includes a separate peer led crisis resolution and connection service to recognise and value a peer role as an alternative to statutory clinical provision. Doncaster will also achieve CORE 24 compliance for acute psychiatric liaison provision operating on DRI site with additional MH & Substance / Alcohol intervention operating within A&E and throughout the hospital site. Mobilisation will take place through November and December 2019.</p>	
<p>d. Very good progress has been made toward achievement of out of area placement for capacity (non-specialist) reasons. The national target is to eliminate capacity out of area placements by 2021. Current 90 day rolling performance is 25 days to the end of June 2019 compared to circa 450 days for the equivalent quarter at the commencement of the initiative. Access to capacity remains a risk but service investment in crisis modernisation should have a positive impact.</p>	

