



Doncaster Council

Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

Venue: Council Chamber - Civic Office

Date: Thursday, 26th September, 2019

Time: 1.00 pm

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Items for Discussion:

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

Damian Allen
Chief Executive

Issued on: Wednesday 18th September 2019

Governance Services Officer for this meeting

Chris Rothwell
Senior Governance Officer
Tel: 01302 735682

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 4th July 2019 (*Pages 1 - 8*)
5. Public Statements

[A period not exceeding 20 minutes for Statements from up to 5 members of the public on matters within the Panel's remit, proposing action(s) which may be considered or contribute towards the future development of the Panel's work programme].

A. Items where the Public and Press may not be excluded

6. Hidden Harm: The impact of parental substance misuse on children and young people (*Pages 9 - 28*)
7. Childhood Obesity and Oral Health in 0-5 Year Olds (*Pages 29 - 36*)
8. H&ASC O&S Workplan Update - Sept 2019 (*Pages 37 - 66*)

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

Chair – Councillor Andrea Robinson
Vice-Chair – Councillor Cynthia Ransome

Councillors George Derx, Sean Gibbons, John Gilliver, Martin Greenhalgh,
Pat Haith, Rachel Hodson and Derek Smith

Invitees: Jim Board

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 4TH JULY, 2019

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on THURSDAY, 4TH JULY, 2019 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, John Gilliver, Martin Greenhalgh and Rachel Hodson

ALSO IN ATTENDANCE:

Councillor Nigel Cannings

Councillor David Nevett

Phil Holmes Director Director Adult Health and Wellbeing

Dr. Victor Joseph, Consultant in Public Health

Karen Johnson, Assistant Director Adult Social Care and Safeguarding

Laurie Mott, Senior Strategy and Performance Manager

Jon Gleek, Head of Service Strategy and Performance

APOLOGIES:

Apologies for absence were received from Councillors George Derx, Sean Gibbons and Pat Haith

		<u>ACTION</u>
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
2	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
3	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 21ST MARCH 2019</u>	
	RESOLVED that the minutes were agreed as a correct record.	
4	<u>PUBLIC STATEMENTS</u>	

	There were no public statements made at the meeting.	
5	<u>2019 JOINT STRATEGIC NEEDS ASSESSMENT - STATE OF HEALTH AND 2019-20 JSNA WORK PLAN</u>	
	<p>Doncaster Caring/cross cutting all themes</p> <p>The Panel was presented with the 2019 Joint Strategic Needs Assessment (JNSA) report which is an assessment of the health, wellbeing and social care needs of Doncaster and its communities. The report highlighted areas of work delivered and those that were to be addressed over the forthcoming year, with the findings being reported within the annual State of the Health report.</p> <p>It was noted that work undertaken had highlighted a number of issues within Doncaster, as follows:</p> <ul style="list-style-type: none"> • The changing population; • Inequalities in childhood obesity; • Access to health services for people with learning disabilities; • The experiences of LGBT Year 10 pupils; and • Changes in life expectancy. <p>During consideration the Panel held detailed discussion on the following areas:</p> <p>Changing population – it was noted that the number of people living over the age of 85 was increasing due to older people being much healthier, and the figure would continue to rise for the foreseeable future, therefore there would be a continued increasing demand on services.</p> <p>Migration – the Panel acknowledged that there was now an increase in the number of people moving into the Doncaster area from around England, with a return flow of young people aged 22 and 23. There had been a reduction of people moving from abroad, with the Panel noting and nationally this had started to drop 3 years ago.</p> <p>Childhood Obesity – it was noted that the Doncaster position was not significantly different to the national picture but was an issue that Team Doncaster and the NHS were addressing to improve individuals health and a healthy environment to live.</p> <p>The Panel highlighted the temptation of people regularly using corner shops and takeaways particularly when they were sited close to residential areas and schools and therefore of the opinion that it was a contributing factor towards the problems some people faced with obesity. Concern was expressed particularly that children and young people were buying energy drinks and crisps for breakfast on the way</p>	

to school.

Members stressed the urgent need to look at this issue from a school perspective, particularly the environment around schools. Members expressed the wish to learn if the levy on high sugar drinks had made an impact but recognised that it may be too early and that further data would be required.

It was noted that Team Doncaster was working on the issue of obesity

Active Travel – Members were pleased to see that there had been an increase in people taking an interest in cycling in Doncaster compared to England as a whole where this had fallen.

Mental Health – it was stressed that each child was entitled to go through school healthily without stress or worry but concern was expressed that young people within the LGBT grouping had significantly lower levels of happiness than other pupils. The Doncaster pupil Lifestyle Survey revealed that in Doncaster there were higher levels of bullying within this grouping and young people found it more difficult to find people they felt confident to talk to. Members stressed that this was disturbing and concerning, therefore sought assurances that this group was being supported and asked that data and supporting information, including any hotspots, be shared with schools. It was suggested that if not being undertaken, schools be requested to address the issues as part of the school learning opportunities or curriculum.

Alcohol consumption – there was active intervention however it was noted that data measurements showed it was undertaken at the far end of the problem, for example, hospital admissions amongst the elderly or young people. A Member reported that some young people were choosing not to drink due to an attitudinal change and wished for the awareness of this shift in behaviour to be shared amongst Council colleagues and partners.

Additional to this discussion the Panel raised the Information Sharing Agreement between Local Authorities and GP Practices that enables them to extract data from clinical systems, to assist with understanding of the local populations health.

To conclude, it was stated that “the environment we live in influences how you live.”

RESOLVED that:

- a) The Panel receive a report at a future meeting following further work relating to the environmental areas around schools and that the data be shared with partners to ultimately influence the department of health.

	<p>b) The Executive investigate a possible information sharing agreement, similar to that established in other authorities in the region.</p> <p>c) The Executive request that the data and supporting information gathered through the JNSA be shared with schools, particularly in relation to LGBT bullying and childhood obesity.</p>	
6	<p><u>THE CARE QUALITY COMMISSION (CQC) INSPECTION AND REGULATION OF ADULT SOCIAL CARE</u></p>	
	<p>The Panel considered a report providing the CQC ratings as at 20th April, 2019 of Doncaster’s provider performance as well as the local authority area data profile for older people, whilst highlighting the areas below.</p> <p>The data was used to identify which providers need support to improve and the areas to focus on. The report identifies that Doncaster was in a stable position with only one inadequate service.</p> <p><u>Inadequate service provision</u> – service user feedback can identify patterns of inadequate provision. Additional to the CQC inspections, Doncaster Council has a separate responsibility to inspect a business and assess if there was good quality service.</p> <p><u>Unrated</u> – this category referred to if there had been a change in registration and a business is awaiting its first visit. For example, if a business had been sold and its old inspection had been archived or a new business was being provided</p> <p><u>Domiciliary care and salaries</u> – In response to Members concerns raised at this and previous meetings, it was reported that work had been undertaken to ensure salaries were paid on an inclusive hourly rate within the Doncaster area. This included travel time and expenses for the care worker. It was stressed that the minimum wage must be paid by providers and the HMRC had been undertaking checks to ensure that staff were being paid for all hours, not just contact time with their clients.</p> <p>It was explained that staff rotas were monitored to ensure stress was not being created by having to rush between clients with a minimum contact time of 15 minutes or 30 minutes if personal care was required for each client.</p> <p>It was confirmed that staff training was the responsibility of the company providing a service to clients and this was checked as part of the Doncaster MBC monitoring process. The Local Authority has an in-house development training team specifically looking at moving and</p>	

	<p>handling work with domiciliary care providers.</p> <p><u>Caring as a career choice</u> – It was acknowledged that competition was strong from within the retail and mass distribution sector who offered high salaries and able to attract more workers whether they were from other European Countries or within the Uk. However, it was noted that people were beginning to volunteer in the care field, including college students, who were being encouraged to pursue care as a vocational career. Work was also being undertaken with schools and colleges through a workforce development scheme. Additionally discussions were taking place with employers addressing initiatives to assist with staff retention. It was recognised that there was a need to expose care work to younger people through schools, colleges and universities.</p> <p>With regard to staff retention in Doncaster it was noted that it was comparable to the region and in line with the national average.</p> <p>To conclude, it was highlighted that Doncaster had been working effectively through the collaborative approach to continue to provide a good supportive service.</p> <p>RESOLVED that:</p> <ol style="list-style-type: none"> a) The report and discussion be noted; and b) The Executive be asked to investigate whether providers could promote health and social care careers with the opportunity to undertake voluntary and paid sessional work through 6th Form education establishments and report back to a future meeting of the Panel. 	
7	<p><u>YOUR LIFE DONCASTER TRANSFORMATION PROGRAMME - UPDATE</u></p>	
	<p>The Panel gave consideration to a report relating to the Your Life Doncaster Transformation Programme. Since the programme commenced in late 2016, it had been revised to embrace an all age approach wherever possible.</p> <p>The Panel therefore received information on the following areas which provided supporting evidence that ensured the people of Doncaster were safe within their environment and receiving the support they need:</p> <ul style="list-style-type: none"> • The revised programme scope; • Impact of the programme review; • Achievements to date; and • Benefits to the people of Doncaster. 	

The programme focused on maximising outcomes and demonstrating impact, therefore creating a stop and reflect culture to ensure those people were receiving the correct assistance when required.

Four all age mandates had therefore been developed as follows:

- Points of Access;
- Localities Working;
- Strategic Commissioning; and
- Strengths based practice.

How to access provision – Campaigns have been provided on how to access support. It was noted that over the past year there had been a 100% increase on the number searches made on line. Therefore further campaigns were being considered for the forthcoming year, including the use of new technology.

Team Members – A team of 20 people were working on the programme. An example of how the Rapid Response Teams were dealing with a number of issues was provided. The 3 conversation model was being used to ensure appropriate care was provided immediately enabling people to live at home as quickly as possible, rather than a referral being made after, for example, a short stay in hospital.

Conversation 1 – results in provision of information and how this could support with nothing further required.

Conversation 2 – results in low level support managed with the community; and

Conversation 3 – results in people receiving intervention.

The Panel acknowledged that resources were required to support this system and that it was providing the right results by ensuring people were cared for properly at home rather than being in a care home. Keeping people in hospital for long periods reduced their confidence together with an element of physical wasting, therefore providing the right support early delivered longer term benefits.

To achieve this a strength base practice model was being implemented across the whole system with staff training, including nursing staff and planning for a discharge as quickly as possible with professionals. Following discharge from hospital the majority of people required therapy services with the hospital marrying up with the Local Authority Occupational Therapists to provide the right care.

Service advertisements – it was confirmed that advertisements for the service were aimed only at the Local Authority's region.

	<p>RESOLVED that:</p> <p>a) That the Executive be asked to investigate whether a more generic advertising culture across South Yorkshire could be undertaken ensuring every opportunity for collaboration with partners.</p> <p>b) a briefing note be provided to the Panel in 6th months outlining the up to date position.</p>	
8	<u>OVERVIEW AND SCRUTINY WORK PROGRAMME 2019/20</u>	
	<p>The Senior Governance Officer presented the Scrutiny Work Plan for consideration. Attached to the report were details of the Council's Forward Plan of key decisions and Terms of Reference of the Joint health Overview and Scrutiny Committee for South Yorkshire, Derbyshire, Wakefield and Nottinghamshire (JHOSC)</p> <p>RESOLVED that:</p> <p>a) The Overview and Scrutiny Work Plan for the Panel, be approved;</p> <p>b) The Forward Plan of Key Decisions, be noted;</p> <p>c) The Terms of Reference for the JHOSC (South Yorkshire, Derbyshire, Wakefield and Nottinghamshire), be ratified; and</p> <p>d) The appointment of the Chair of the Panel to the JHOSC (South Yorkshire, Derbyshire, Wakefield and Nottinghamshire), be noted.</p>	

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Doncaster Council

Report

Date: 26/09/19

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

REPORT TITLE: Hidden Harm: the impact of parental substance misuse on children and young people

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture	All	No
Councillor Nuala Fennelly, Cabinet Member for Children, Young People and Schools		

EXECUTIVE SUMMARY

- The experience of children and young people living with, and impacted by, parental problem alcohol and other drug use has come to be known as 'Hidden Harm'. The effects on children and young people include:

- Physical maltreatment and neglect
- Poor physical and mental health
- Development of health harming behaviours in later life, for example using alcohol and drugs at an early age which predicts more entrenched future use
- Poor school attendance due to inappropriate caring responsibilities
- Low educational attainment
- Involvement in anti-social or criminal behaviour

In 2018, in the Doncaster adult drug and alcohol treatment service (Aspire) 31.4% (52) new presentations for drugs (opiate and non- opiate) and 30.9% (43) of new presentations for alcohol were people living with children (a total of 446 affected children).

For Doncaster Children's Services Trust, in March 2019, out of 2718 open cases, 955 cases cited had parental alcohol/substance misuse (35.1%). In addition 5.47% of early help open cases (129 of 2357 cases) had parental

alcohol/substance misuse.

It is helpful to consider the different levels of response that can be adopted to address Hidden Harm; individual level, families and social networks, organisations, communities and finally society

Some service responses, which specifically address Hidden Harm include:

- Families Moving On Together (FMOT): a whole family intervention of group work and one to one support provided by Project 3 and Aspire which has been running for 4 years
- Multi Systemic Therapy for Child Abuse and Neglect (MST CAN): offers help and support for the whole family, with special attention given to parents to help them overcome a range of personal challenges, particularly where a child may be at risk
- Stronger Families: The aim of Stronger Families is to change the way families are supported to improve their lives using a whole family approach co-ordinating services through a lead worker

There are some key delivery challenges to improve responses:

- It is a complex whole system issue, for which no one commissioning or delivery organisation is responsible.
- Historical difficulty in getting buy in, for delivery of the Hidden Harm Strategy 2016, led by Public Health.
- The Neglect Toolkit (practitioner's tool) is not as well used across the board as it could be: however the Neglect Strategic Group is in the process of revising the Strategy.
- Across the whole system, approaches to whole family working could be better embedded.
- The capacity of FMOT delivery does not match the order of magnitude of the size of the problem hence early intervention opportunities are missed.

EXEMPT REPORT:

2. The information contained in this report is not exempt

RECOMMENDATIONS

3. Health and Adult Social Care Overview and Scrutiny Panel is asked to give consideration to the attached presentation and detail content in this report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. There will be a system wide effort across Doncaster to improve the outcomes for children and young people affected by parental substance misuse. It is a complex issue for which there is no one set solution, requiring co-operation

across the system.

BACKGROUND

5. A strategic update on substance misuse was presented to the Health and Wellbeing Board in June 2019, following which the chair of the Health and Adult Social care Overview and Scrutiny Panel requested that the subject of Hidden Harm be presented to the Panel.
6. A presentation is attached outlining the issues is provided to the Panel.
7. This contains the following proposed actions for improvement:
 - A refreshed strategic commitment from Doncaster Safeguarding Partnership
 - The development of a formal joint working protocol between Aspire and Doncaster Children's Services Trust which strengthens intervening early
 - Greater capacity for FMOT delivery. This would require a wider range of professionals to be trained to deliver the intervention to reach a larger cohort of families
 - Hidden Harm responses to be integral in the development of the Doncaster Alcohol Alliance: a key strategic group of senior officers, convened to drive improvement actions on the harms of alcohol (first meeting September 2019)

OPTIONS CONSIDERED

8. All possible complementary options within a whole system approach were considered.

REASONS FOR RECOMMENDED OPTION

9. A range of complementary options are recommended for consideration.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 10.

	Outcomes	Implications
	<p>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 prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	Parental work options are improved through high quality support and treatment to address addiction
	<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</p>	None

	<p>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>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>Outcomes for children and young people are improved through high quality support and parental treatment of substance misuse</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>An 'ecological' whole system approach with a range of actions is taken to improve responses to the impact of parental substance misuse</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • 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 	<p>none</p>

	residents to provide effective leadership and governance	
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RISKS AND ASSUMPTIONS

- 11. To reduce the impact of parental substance misuse there is an assumption that high quality adult substance misuse treatment of sufficient capacity will be maintained.

LEGAL IMPLICATIONS [HMP 5.9.19]

- 12. This area of work assists with our statutory duties under the Health and Social Care Act 2012 under which Local Authorities are responsible for improving the health of their local population and for public health services including services aimed at reducing drug and alcohol misuse. In addition, the recommendations will assist in ensuring the Council complies with its duty under section 11 of the Children Act 2004 in discharging its functions with regard to the need to safeguard and promote the welfare of children.

FINANCIAL IMPLICATIONS [HR 06/09/19]

- 13. There are no specific financial implications arising from this report. In event of any training requirements being identified, these costs would need to be met from within existing resources.

HUMAN RESOURCES IMPLICATIONS [BT 10/09/2019]

- 14. There are no immediate and obvious HR implications associated with this Corporate Report. Designated individuals from within the Council’s Public Health Staffing Establishment - Vulnerable People & Improving Lives team co-ordinate aspects of the Hidden Harm subject matter. Any additional resource would be secured through the Safer Doncaster Recruitment policies and processes as necessary.

TECHNOLOGY IMPLICATIONS [PW 03/09/19]

- 15. There are no anticipated technology implications in relation to this report.

HEALTH IMPLICATIONS [HC 13/08/19]

- 16. Hidden Harm causes health inequalities to affected families; hence improvement of support for affected families will contribute to reducing these inequalities. Specifically, helping children be ready for school and reducing social isolation and loneliness via improved family functioning. Consideration should be given with respect to how to measure improved outcomes for families who receive hidden harm support. An increase in uptake of services is a positive outcome, due to the protective nature of family support and adult substance misuse treatment

EQUALITY IMPLICATIONS [HC 13/08/19]

- 17. The recommendations will contribute to the need to eliminate discrimination, promote equality of opportunity and foster good relations with different communities. People with protected characteristics will not be adversely

affected.

CONSULTATION

18. This report has been produced in co-operation with members of the Public Health team who have responsibilities to improve the health of both children and adults. Other professionals were consulted, from Doncaster Children's Services Trust and Doncaster Clinical Commissioning Group

BACKGROUND PAPERS

19. None

REPORT AUTHOR & CONTRIBUTORS

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Rupert Suckling
Director of Public Health



Doncaster Council

Health and Social Care Overview and Scrutiny 26/09/19

Hidden Harm: the impact of parental substance misuse on children and young people

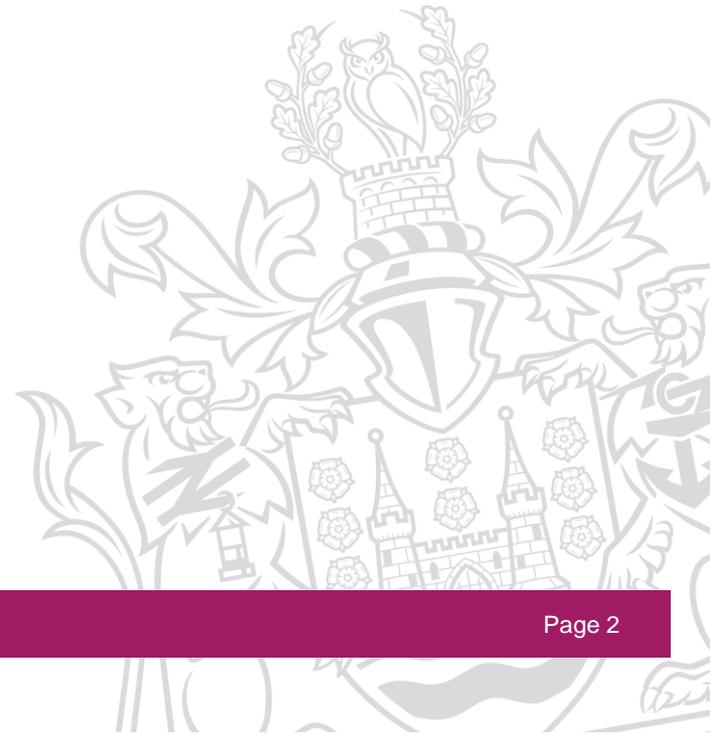
Helen Conroy, Public Health Theme Lead

Andy Collins, Public health Improvement Co-ordinator

Jane Mundin, Public health Improvement Co-ordinator

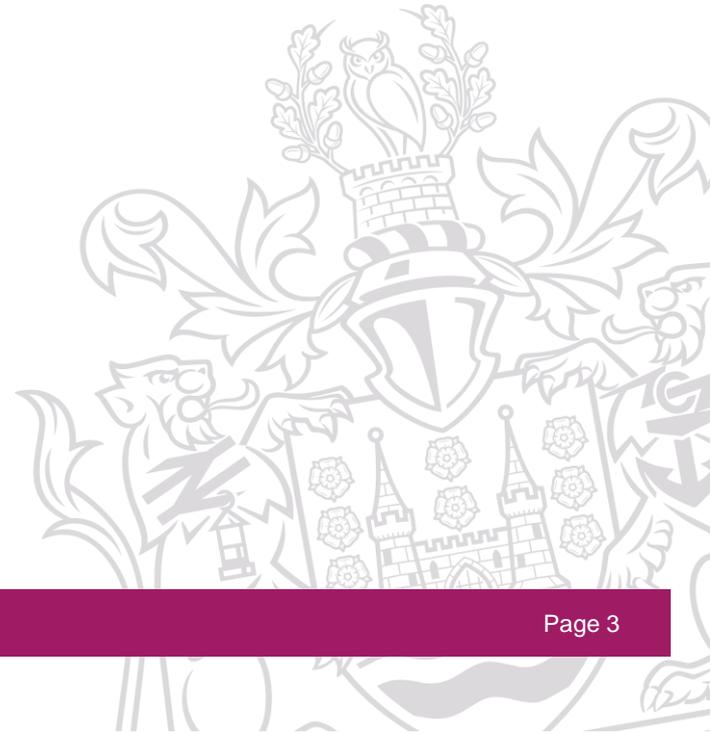
Hidden Harm

- What is Hidden Harm and what are the effects on children and young people?
- What is the size of the problem in Doncaster?
- How can services respond, and how can local authorities prevent harm?
- What are the key delivery challenges?
- What improvements could be made?



What is Hidden Harm ?

- *“Parental problem substance misuse and its actual and potential effects on children”*
- The experience of children and young people living with and impacted by parental problem alcohol and other drug use has come to be known as ‘Hidden Harm’



What are the effects on children and young people?

Parent's dependent alcohol and drug use can negatively impact on children's physical and emotional well being, their development and their safety. The impacts on children include:

- Physical maltreatment and neglect
- Poor physical and mental health
- Development of health harming behaviours in later life, for example using alcohol and drugs at an early age which predicts more entrenched future use
- Poor school attendance due to inappropriate caring responsibilities
- Low educational attainment
- Involvement in anti-social or criminal behaviour



What is the size of the problem in Doncaster?

Aspire:

- 52 (31.4%) of new presentations for drugs (opiate and non-opiate) in 2018 were living with children – total of 327 children. National rate 20%
- 46 (30.9%) of new presentations for alcohol in 2018 were living with children – total of 119 children. National rate 24%
- 6 clients entered treatment who were pregnant
- **Treatment as a protective factor:**
- Growing up with a parent misusing substances has a detrimental impact on children's health and wellbeing, relationships, educational attainment and future substance use. Treatment provides families with stability and reverses some of these negative impacts

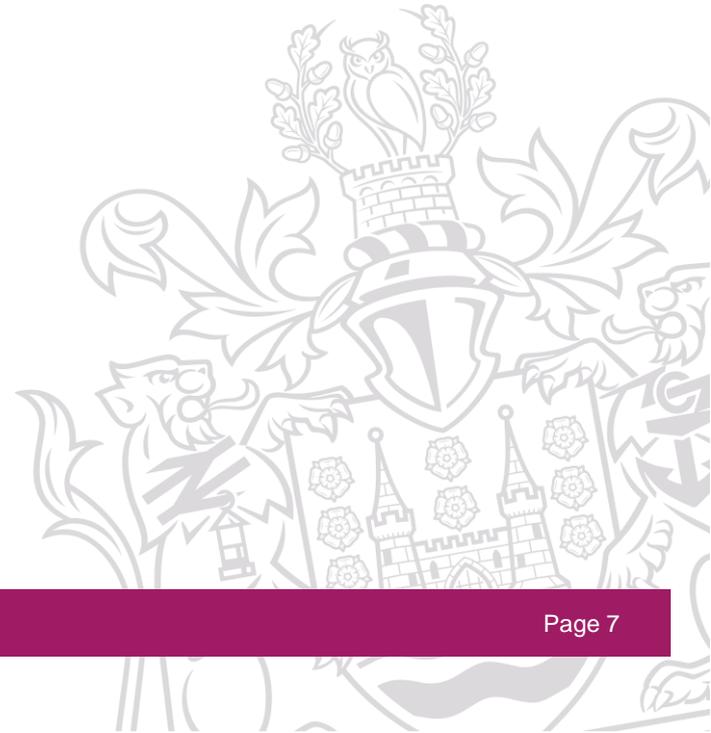
The Doncaster picture

- 65,867 children under the age of 18 in Doncaster
- Approximately 13,000 children in a household where a parent drinks too much (based on the APPG estimated figures of 1 in 5)
- PHE estimates 4313 dependent drinkers in Doncaster
- If the national figure of 20% of dependent drinkers in England who live with children is applied, a crude estimate of 862 children live in the household of a dependent adult in Doncaster.
- 508 Wholly Attributable Alcohol diagnosis admissions for females aged 20 to 39 to DRI in the last two years.



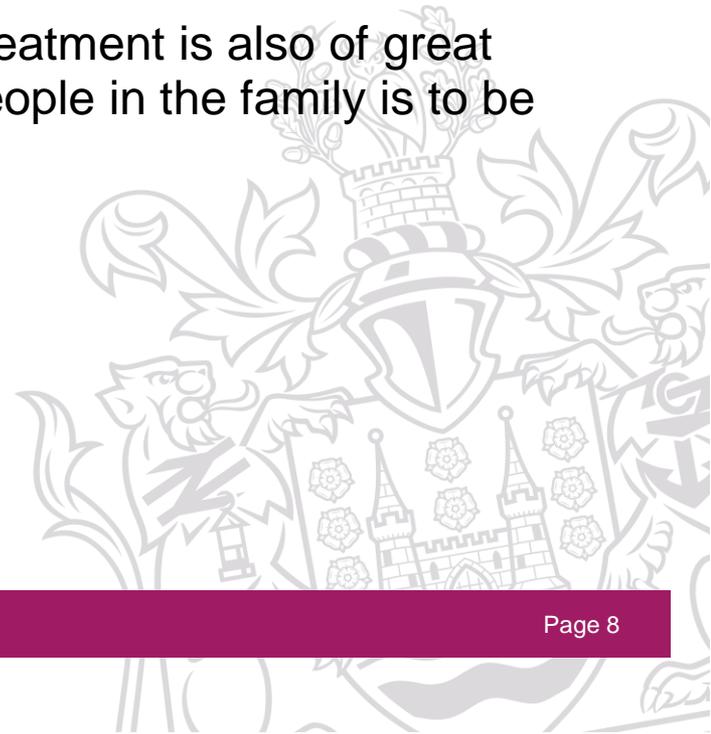
Doncaster Children's Services Trust

- In March 2019, out of 2718 open cases, 955 had parental alcohol/substance misuse (35.1%)
- Also 5.47% of early help open cases (129 of 2357 cases) had parental alcohol/substance misuse



An 'ecological' approach to responding to Hidden Harm

- It is helpful to consider the different levels of response that can be adopted to address Hidden Harm; individual level, families and social networks, organisations, communities and finally society
- Specific level responses in isolation, may not tend to address the wide ranging impacts of Hidden Harm
- The impact on the whole family unit is a key consideration for professionals formulating a response
- The protective factor of adult substance misuse treatment is also of great importance if the impact on children and young people in the family is to be addressed

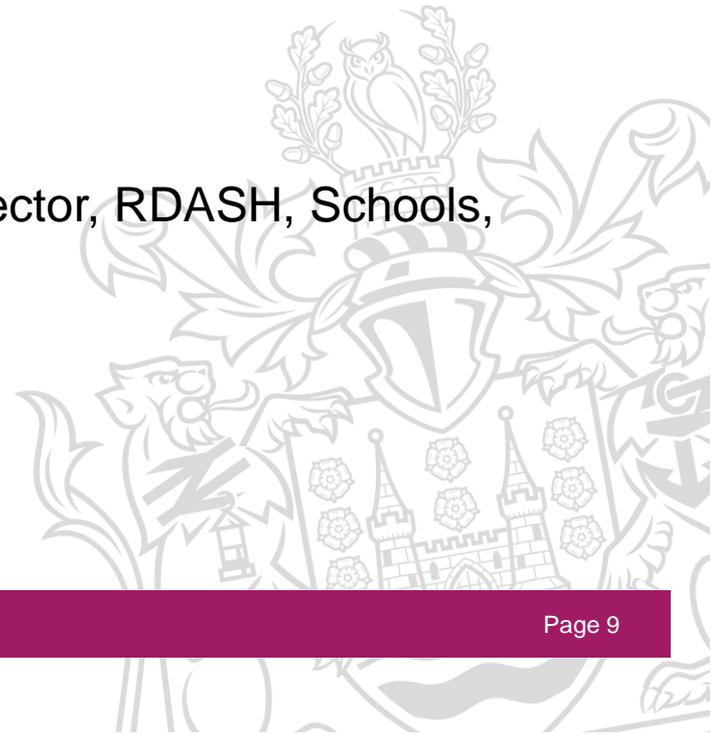


How can services respond, and how can local authorities prevent harm?

Local alcohol and drug treatment services help prevent later harmful consequences for both parents and children, including

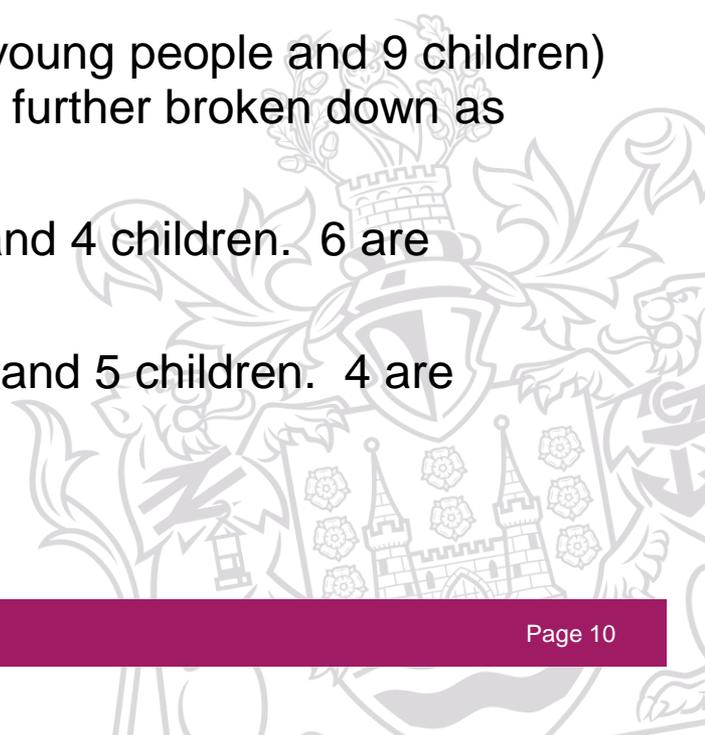
- Screening for problematic alcohol and drug use in parents who attend their services
- Assessing the impact their current use has on their children
- Assessing the risks to their children if their alcohol or drug use escalates
- Providing help and support at an early stage

- Hidden Harm is everyone's business
- Not just affecting Aspire and DCST: GPs, Acute sector, RDASH, Schools, health visitors and school nurses for example.



Service response: Families Moving On Together

- FMOT is a whole family intervention of group work and one to one support for Hidden Harm provided by Project 3 and Aspire which has been running for the past 4 years
- The intervention highlights what the harms to children are to the parents, from the perspective of their children, making parents more aware of the impacts and providing support to the children
- A rolling programme throughout the year
- In 2018/19 a total of 41 individuals (14 adults, 18 young people and 9 children) were supported by the FMOT programme. This is further broken down as follows:
 - One to one support: 1 adult, 12 young people and 4 children. 6 are continuing to access support.
 - Group support: 13 adults, 6 young people and 5 children. 4 are continuing to access support.

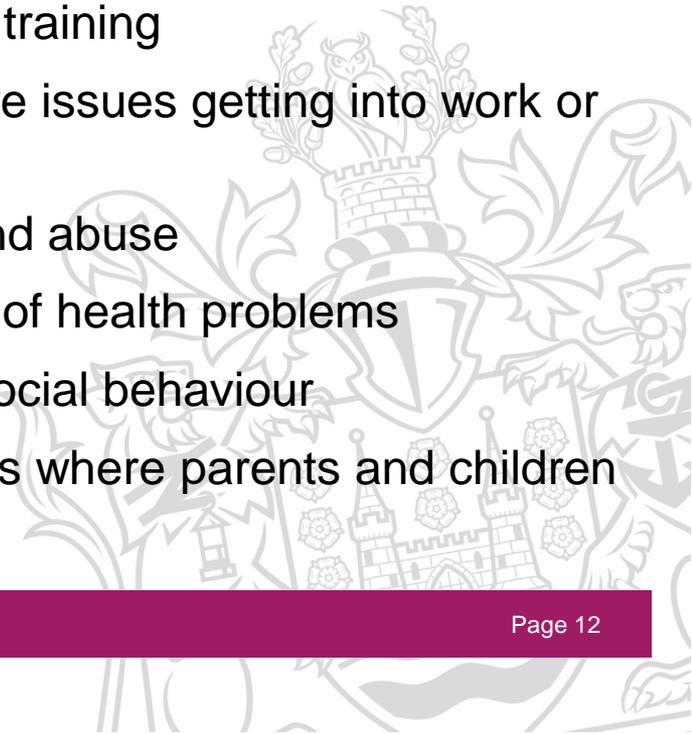


Service response: Multi Systemic Therapy for Child Abuse and Neglect: MST-CAN

- The MST-CAN service offers help and support for the whole family, with special attention given to parents to help them overcome a range of personal challenges, particularly where a child may be at risk.
- Team members work with families, which include children between the ages of six and 17, in their home and in partnership with other agencies, to help them deal with a variety of issues and to keep children safely at home.
- Using a range of approaches that best suit the family, the practitioners provide evidence based therapy for a raft of issues, including substance abuse, depression, anger management, anti-social behaviour, conflict management, impulsive behaviour and Post Traumatic Stress Disorder (PTSD) in young people and adults.
- Doncaster has become the fifth authority in the UK to run the service, thanks to funding from the Department for Education (DfE).
- The MST-CAN team, which includes three therapists, a case worker, a psychiatrist and a supervisor, are available to work intensively with all members of the family. The service also offers an on-call 24-hour seven-day a week service for families, so that whenever a family needs critical help and advice they can access it. (Available to families with a child protection plan)

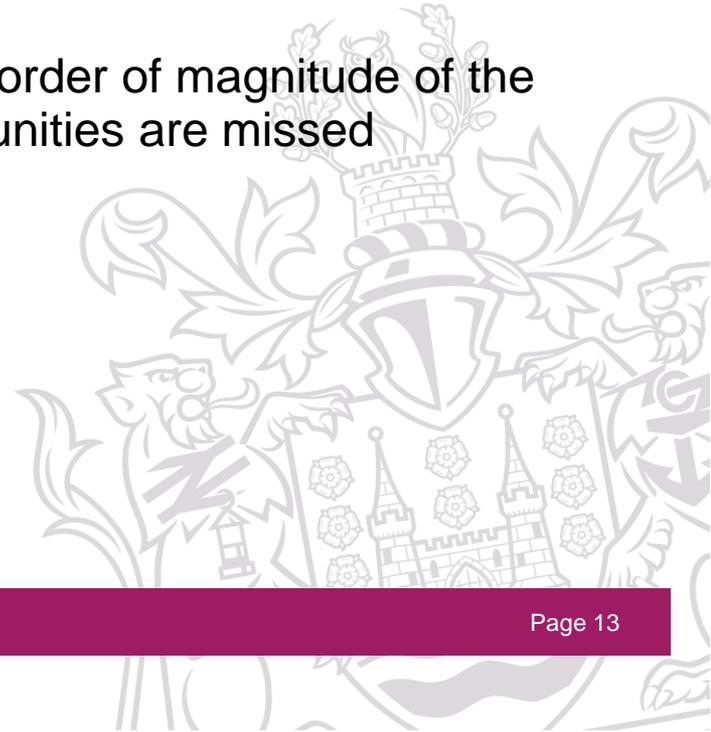
Service response: Stronger Families

- The aim of Stronger Families programme is to change the way families are supported to improve their lives using a whole family approach coordinating services through a lead worker. Families are supported to tackle the issues they face and build their resilience; through this there will be a reduced demand on high cost services by identifying and supporting families earlier.
- We are already helping hundreds of families who are dealing with issues in their lives, through a whole family approach when things happen, such as:
 - children in families have problems attending school
 - young people are not in education, employment or training
 - adults are claiming out of work benefits, or there are issues getting into work or debt
 - the family may be affected by domestic violence and abuse
 - members of the family may be affected by a range of health problems
 - family members may be involved in crime or anti-social behaviour
- In April 2018, 294 families have improved outcomes where parents and children have a range of health problems



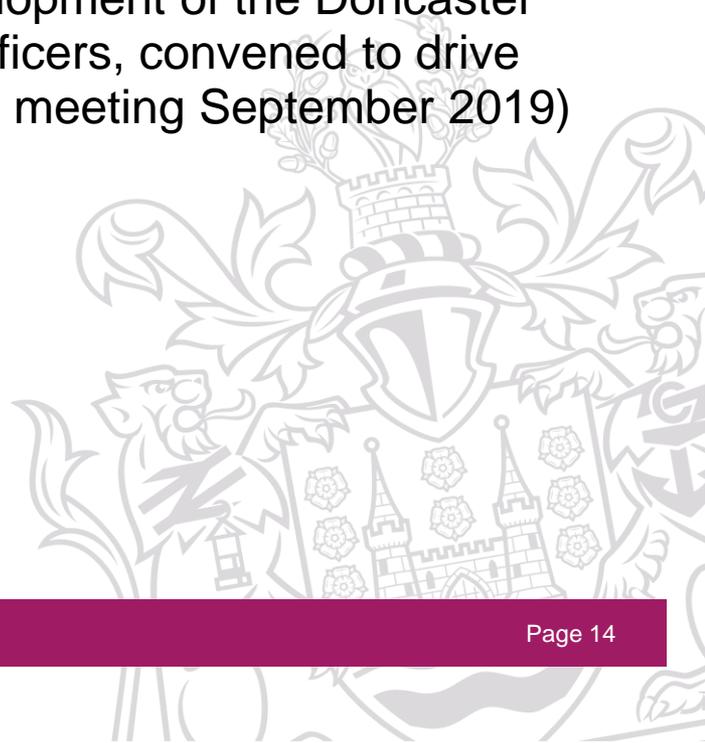
What are the key delivery challenges?

- It is a complex whole system issue, for which no one commissioning or delivery organisation is responsible
- Historical difficulty in getting buy in, for delivery of the Hidden Harm Strategy 2016, which was led by Public Health.
- The Neglect Toolkit (practitioner's tool) is not as well used across the board as it could be: however the Neglect Strategic Group is in the process of revising the Strategy
- Across the whole system, approaches to whole family working could be better embedded
- The capacity of FMOT delivery does not match the order of magnitude of the size of the problem hence early intervention opportunities are missed



What improvements could be made?

- A refreshed strategic commitment from Doncaster Safeguarding Partnership.
- The development of a formal joint working protocol between Aspire and Doncaster Children's Services Trust which strengthens intervening early
- Greater capacity for FMOT delivery. This would require a wider range of professionals to be trained to deliver the intervention to reach a larger cohort of families
- Hidden Harm responses to be integral in the development of the Doncaster Alcohol Alliance: a key strategic group of senior officers, convened to drive improvement actions on the harms of alcohol (first meeting September 2019)





Doncaster Council

Report

Date: 26th September 2019

**To the Chair and Members of the
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL**

CHILDHOOD OBESITY AND ORAL HEALTH IN 0-5 YEAR OLDS

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture	All	No
Councillor Nuala Fennelly, Cabinet Member for Children, Young People and Schools		

EXECUTIVE SUMMARY

1. Childhood obesity and tooth decay in children both pose significant public health challenges. Overweight and obese children are more likely to stay obese into adulthood and are at increased risk of non-communicable diseases like diabetes and heart disease. Children from disadvantaged backgrounds are more likely to be overweight or obese and suffer from poor oral health.
2. Obesity in particular is a complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.
3. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight and good oral hygiene in children, young people and families rather than single interventions on their own.

EXEMPT REPORT

4. There is no exempt information contained in the report.

RECOMMENDATIONS

5. That the Panel considers the information presented

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Childhood obesity and tooth decay in children both pose significant public health challenges. Overweight and obese children are more likely to stay obese into adulthood and are at increased risk of non-communicable diseases like diabetes and heart disease.
7. Children in Doncaster continue to suffer the pain and discomfort associated with oral diseases, which are largely preventable. A healthy mouth and smile means that people can eat, speak and socialise without pain or discomfort and play their parts at home and in society. Oral health is an integral part of health and wellbeing and many of the key risk factors are associated with other diseases, including obesity.

BACKGROUND

National Evidence

8. National reports evidence that whilst obesity prevalence overall is plateauing, the obesity burden is increasing for children from the most deprived areas and this is worsening over time. Obesity inequality becomes most pronounced between the ages of 5 and 11. A five year old from a low income background is twice as likely to be obese than a child from the most affluent background and this becomes three times more likely at age 11 years.

Local data - Obesity

9. The latest National Child Measurement Programme (NCMP) data highlights that approximately 1 in 4 Reception Year children in Doncaster has excess weight (either overweight or obese), increasing to 1 in 3 by the time of leaving primary school. In relation to obesity; approximately 1 in 10 children are obese at the start of primary school and this doubles to 1 in 5 by the time of leaving.
10. Analysis of NCMP data shows that in Doncaster, excess weight prevalence increases as children age in primary school. There is inequality in relation to excess weight in primary school children in Doncaster with those in schools in the most deprived areas carrying the greatest burden.

Local data – Tooth decay

11. Children in Doncaster may attend hospitals in Rotherham, Barnsley, Sheffield or Bassetlaw for extractions due to tooth decay. The extraction of teeth under general anaesthetic due to tooth decay is the most frequent reason for hospital admission in children aged between 5 to 9 years in England.
12. In 2016/17 the majority of extractions occurred in the 5-9 year olds age group. In 2016/17, 97.1% of hospital admissions for extractions in Doncaster had caries as the primary diagnosis for 5-9 year olds (i.e. the extractions

were needed due to tooth decay). In 2016/17, 679 (3.5%) of 5-9 year olds in Doncaster had extractions for tooth decay This was the highest level in the country, much higher than the mean for England (0.7%) and Yorkshire and Humber.

13. Poor oral health is also related to deprivation, with children living in more deprived local authority areas experiencing poorer oral health than those from less deprived areas. In Doncaster prevalence of tooth decay was significantly worse for those living in the most deprived quintile than those in the least deprived quintile.

A Prevention Approach

14. Tooth decay may be prevented by reducing the amount and frequency of consumption of sugary foods and drinks and optimising exposure to fluoride, however common risk factors associated with poor oral health are shared with other diseases such as diabetes, cardiovascular disease, cancer and obesity.
15. It is well established that the factors contributing to child obesity are complex and multi-factorial with weight gain taking place over a period of time. Therefore, tackling the issue requires a range of interventions. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight in children, young people and families rather than single interventions on their own.

Programmes in Doncaster

16. The public health children and young people's (CYP) team are working to tackle some of the factors that can contribute to childhood obesity and tooth decay through a combination of commissioned services; provision of training and resources for people who work with children and young people; and the promotion of environments that support healthy behaviours.
17. Healthy Learning, Healthy Lives (HLHL) is Doncaster's own health and wellbeing award scheme designed for schools, colleges and early years providers. The comprehensive Healthy Learning Healthy Lives website supports settings with free resources and information that will enable them to promote health throughout their organisation and identify their own strengths and weaknesses and improve their own practice. A dedicated worker can offer support, advice and information to ensure all settings are able to successfully attain accreditation.
18. As well as educational settings, public health CYP team support the wider children and young people's workforce through the distribution of oral health and healthy eating promotional materials and best practice guidance. We also offer a comprehensive training programme for anyone working with children and young people around healthy eating and oral health promotion.
19. The public health commissioned services, Health Visiting and Schools Nursing, lead on the delivery of the Healthy Child Programme. Healthy eating, oral health, and physical activity are key themes running throughout the programme starting in the early years with promotion of breastfeeding, weaning advice and first foods, to school aged children and continuing advice around health eating, nutrition and promoting physical activity as a

means to support healthy development as well as to maintain a healthy weight.

20. 'Get Doncaster Moving' aims to help Doncaster's communities become healthier and more vibrant, by increasing participation in physical activity and sport. The Get Doncaster Moving Strategy was developed using the latest local and national data, and through consultation with a wide range of stakeholders. It sets out a framework for how we can get more people moving and has commitment from a range of organisations that form the Get Doncaster Moving Network.
21. Set within a backdrop of relatively high, and increasing inactivity levels, Doncaster has a wide range of delivery partners, connected both through the Get Doncaster Moving Network and the EXPECT Youth partnership. We are also one of twelve areas in England chosen by the government as an opportunity area (OA), designed to unlock the potential of our young people through education.
22. In response to a recent oral health need assessment (2018), the Oral Health Improvement Advisory Group (OHIAG) was established to provide a system to drive forward oral health improvement across the borough of Doncaster through implementation of the Oral Health Improvement Action Plan 2018/19.
23. Several oral health promotion initiatives are in place to help families improve their diets and reduce the amount of food and drinks containing added sugar.
24. Health Visiting teams work with families across the borough offering advice on infant feeding and promoting good oral health messages. Each family in Doncaster who is seen by the health visiting teams will be given an oral health pack containing a toothbrush, fluoride toothpaste, a children's book on attending the dentist, and other information about maintaining good oral health.
25. Public Health run a scheme for supervised tooth brushing sessions in nursery settings. Nurseries involved in the pilot have been targeted due to them being in areas of Doncaster where we know tooth decay is worse. It is estimated that up to 400 children will take part in the pilot which will end, and be evaluated, this summer.
26. With multiple risk factors associated with obesity and poor oral health, it is important to ensure a 'whole systems' approach in tackling these issues across Doncaster. Schools and Parents are important stakeholders in improving oral health, but must be seen as part of a wider strategy, which should be inclusive of multiple partners including early year providers, health care providers, local business, community and voluntary sectors.

OPTIONS CONSIDERED

27. There are no alternative options within this report as the intention is to provide the Panel with an opportunity to note and consider the information presented.

REASONS FOR RECOMMENDED OPTION

28. This is not applicable as there are no options to consider.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

29.

	Outcomes	Implications
	<p>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 prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Prevention of long-term illness into adulthood which may affect an individual's ability to find and maintain employment.</p>
	<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>Prevention of long-term illness into adulthood that may impact on an individual's ability to flourish and lead lives they value</p> <p>Support early formation of good habits in relation to consumption of healthy foods and incorporating movement and physical activity in to everyday lives</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>Ensuring all children can participate fully in educational opportunities and are not held back by poor physical or mental health</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>Support early formation of good habits in relation to consumption of healthy foods, movement and physical activity and good oral hygiene.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • 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 	

RISKS AND ASSUMPTIONS

30. There are no specific risks associated with this report.

LEGAL IMPLICATIONS [HP 11.9.19]

31. This area of work assists with our statutory duties under the Health and Social Care Act 2012 under which Local Authorities are responsible for improving the health of their local population and for public health services. In addition, this work will assist in ensuring the Council complies with its duty under section 11 of the Children Act 2004 in discharging its functions with regard to the need to safeguard and promote the welfare of children.

FINANCIAL IMPLICATIONS [HR 13/09/19]

32. Programmes identified within this report form part of the 2019/20 budget. There are no further financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS [BT 11/09/2019.]

33. There are no immediate and obvious HR implications associated with this Corporate Report. Designated individuals from within the Council's Public Health Staffing Establishment – 0-19 Years Theme team co-ordinate

aspects of the Childhood Obesity & Oral Health in 0-5 Year Olds subject matter. Any additional resource would be secured through the Safer Doncaster Recruitment policies and processes as necessary.

TECHNOLOGY IMPLICATIONS [PW 11/09/19]

34. There are no technology implications.

HEALTH IMPLICATIONS [CW 13/09/19]

35. Childhood obesity and tooth decay in children both pose significant public health challenges and both disproportionately affect children from disadvantaged backgrounds.
36. It is well established that the factors contributing to child obesity are complex and multi-factorial with weight gain taking place over a period of time. Therefore, tackling the issue requires a range of interventions. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight and good oral health in children, young people and families rather than single interventions on their own.
37. Public Health England (PHE) recently published 'Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight'. The guide takes local authorities through a 6-phase 'how to' process from engaging senior leaders and wider stakeholders to conducting system mapping and action planning workshops, to reviewing and adapting the approach.

EQUALITY IMPLICATIONS [CW 13.9.19]

38. This report outlines how work is being undertaken locally to reduce inequalities in health and improve health outcomes for those who experience disadvantage and poorer health outcomes. Delivery of these programmes and services aims to reduce inequalities for groups with protected characteristics and to promote equitable access.
39. Both tooth decay and childhood obesity affect children from disadvantaged backgrounds disproportionately. Some other protected characteristics are more risk of poor oral health or obesity including looked after children, different ethnic groups and children with disabilities. By utilising a whole systems approach that utilises multiple programmes to provide universal prevention whilst targeting those most at risk of poor health it is anticipated that inequalities could be reduced.
40. During the development of Public Health programmes and services, local data is utilised to identify those protected characteristics most at risk and understand the barriers they face, this includes local population health data and, where appropriate consultation with the target populations is undertaken. Interventions are designed and targeted to ensure that those most likely to experience poorer health outcomes, or those less likely to participate are engaged and that barriers are identified and mitigated.

CONSULTATION

41. Not Applicable.

BACKGROUND PAPERS

42. Not Applicable.

REPORT AUTHOR & CONTRIBUTORS

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Rupert Suckling
Director of Public Health



Doncaster Council

Date: 26th September 2019

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

OVERVIEW AND SCRUTINY WORK PLAN – September 2019

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care		All	None
Councillor Nigel Ball – Cabinet Member for Public Health, Leisure and Culture			

EXECUTIVE SUMMARY

1. The Panel is asked to consider the Overview and Scrutiny work programme for 2019/20.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to:
 - a) Give consideration to the Overview and Scrutiny Work Plan for 2019/20 at Appendix A and note it is a living document and will be reviewed and updated at each meeting of the Panel to include any relevant correspondence, updates, new issues and resources available to meet additional requests;
 - b) Consider the Council's Forward Plan of key decisions attached at Appendix B; and
 - c) Note the correspondence at Appendix C.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy. The Overview and Scrutiny of health is an important part of the Government's commitment to place patients at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, Local Authorities can assist to reduce health inequalities and promote and support health improvement. The Health and Adult Social Care Overview and Scrutiny Panel have been designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

5. Overview and Scrutiny has a number of key roles, which focus on:
 - Reviewing decisions made by the Executive of the Council
 - Policy development and review
 - Monitoring performance (both service indicators and financial)
 - Considering issues of wider public concern.

The Health and Adult Social Care Panel has statutory responsibilities relating to Health Scrutiny.

Monitoring the Work Programme

7. An updated version of the work plan is regularly presented to OSMC and Panels for consideration. The Panel is asked to consider the unresolved issues in Appendix A and agree when items should be programmed or removed from the list. It should be noted that the work plan highlights those items that have been considered and those that are planned at the time this agenda is published.

Council's Forward Plan of Key Decisions

8. Attached at Appendix B is the Council's Forward Plan of key decisions for consideration by the Committee.

Correspondence following the meeting held on 4th July, 2019

9. Attached for the Panel's attention at Appendix C and D is correspondence relating to:
 - a) 2019 Joint Strategic Needs Assessment – State of Health and 2019-20 JNSA Work Plan;
 - b) Care Quality Commission Inspection and Regulation of Adult Social Care; and
 - c) Your Life Doncaster Transformation Programme – Panel update

OPTIONS CONSIDERED

10. There are no specific options to consider within this report as it provides an opportunity for the Committee to develop a work plan for 2018/19.

REASONS FOR RECOMMENDED OPTION

11. This report provides the Panel with an opportunity to develop a work plan for 2018/19.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>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 prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and policy development through robust recommendations, monitoring performance of the Council and external partners, services and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.</p>
2.	<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 	
3.	<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 	

	<ul style="list-style-type: none"> • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
4.	<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 	
5.	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • 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 	

RISKS AND ASSUMPTIONS

12. To maximise the effectiveness of the Overview and Scrutiny function, it is important that the work plan devised is manageable and that it accurately reflects the broad range of issues within its remit. Failure to achieve this can reduce the overall impact of the function.

LEGAL IMPLICATIONS [05.09.19]

13. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those bodies, Overview and Scrutiny Management Committee and its Panels will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).

17. Specific legal implications and advice will be provided as required on matters brought to the panel.

FINANCIAL IMPLICATIONS [DB 14/8/19]

18. There are no specific financial implications arising from this report however, the delivery of the work plan will need to take place within agreed budgets. Any financial implications relating to specific reports on the work plan will be included in those reports.

HUMAN RESOURCES IMPLICATIONS [AT 14.08.19]

19. There are no specific human resource implications arising directly from this report. Any human resource implications relating to recommendations made will need to be considered if any proposals are brought forward.

TECHNOLOGY IMPLICATIONS [PW 15/08/19]

20. There are no specific technology implications in relation to this report.

HEALTH IMPLICATIONS [RS 14.08.2019]

21. This report provides an overview on the work programme and as such there are no specific health implications associated with this report. Within its programme of work, Health and Adult Social Care Overview and Scrutiny will need to ensure it is able to review how the Council addresses health inequalities within its policies and programmes and ensure that these do engender inequalities.

EQUALITY IMPLICATIONS [Officer Initials CR Date 02/08/19]

22. This report provides an overview on the work programme and there are no significant equality implications associated with the report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

23. During June 2019, OSMC and the standing Panels held work planning sessions to identify issues for consideration during 2019/2020.

BACKGROUND PAPERS

23. None

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Director Health and Wellbeing

** Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2019/20

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May					
June	Wed, 5th June 2019, 1pm (AS/CR)	Mon 17th June 2019 1pm (CM)	Thurs 20th June, 2pm (CM)	Tues, 11th June 2019, 10am (CM)	Wed, 5th June 2019, 10am (CR)
	<ul style="list-style-type: none"> OSMC Workplanning 	<ul style="list-style-type: none"> H&ASC O&S Workplanning 	<ul style="list-style-type: none"> CYP O&S Workplanning 	<ul style="list-style-type: none"> R&H O&S Workplanning 	<ul style="list-style-type: none"> C&E O&S Workplanning
	Thurs, 27th June 2019, 10am (AS)				
	<ul style="list-style-type: none"> Youth Justice Plan Qtrly Finance & Performance Report – Qtr 4 <ul style="list-style-type: none"> DMBC SLHD Scrutiny Work Plan 				
July	Thurs, 11th July 2019, 10am (CANCELLED)	Thurs, 4th July 2019, 10am (CR)			Wed, 17th July 2019, 10am (CM)
		<ul style="list-style-type: none"> JSNA State of Health/Workplan Your Life Doncaster Update (Transformation) The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. Scrutiny Workplan 			<ul style="list-style-type: none"> Social Isolation & Loneliness Alliance Update Scrutiny Workplan

FP – Forward Plan Decision
 CR, CM or AS – Officer Responsible

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
Aug		Thursday 8th August 2019 1.30pm (CR) (joint CYP)	Thurs 8th August 2019, 4pm (CM)		Monday 19th August 2019 10.30am (CR)
		<ul style="list-style-type: none"> Autism & Learning Disability Strategy evidence gathering 	<ul style="list-style-type: none"> Consultation of the Education & Skills Strategy 2030 Send and Inclusion Strategy/Attendance Strategy Elective Home Education – Overview and Scoping Scrutiny Workplan 		<ul style="list-style-type: none"> South Yorkshire Fire and Rescue Service – Integrated Risk Management Plan
		Thursday 29th August 2019 3.30pm (joint CYP)			
		<ul style="list-style-type: none"> Autism & Learning Disability Strategy evidence gathering 			
Sept	Fri, 6th Sept 2019, 11am	Thurs 26th Sept 2019, 1pm (CM)	Thurs 5th Sept 2019, 4:30pm (CR)		
	<ul style="list-style-type: none"> Empowered, Engaged Communities, With Devolved Locality Budgets (1) - Overview 	<u>Starting Well Theme (invite to CYP O&S)</u> <ul style="list-style-type: none"> Hidden Harm Childhood Obesity/Tooth Decay 	<ul style="list-style-type: none"> Early Help Demand Management Educational Attainment/Schools Performance Tables 		
	Thurs, 12th Sept 2019, 10am (AS)				
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 1 <ul style="list-style-type: none"> DMBC SLHD DCST 				

FP – Forward Plan Decision
CR, CM or AS – Officer Responsible

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	<ul style="list-style-type: none"> Annual Complaints Report 				
	Mon 16th Sept 2019 (AS)				
	<ul style="list-style-type: none"> Empowered, Engaged Communities, with Devolved Locality Budgets (2) Site Visit 				
Oct	Thurs, 3rd Oct 2019, 10am (CM)			Wed, 16th Oct 2019, 10am (CR)	
	<ul style="list-style-type: none"> State of Borough Assessment Medium-term Financial Strategy (MTFS) for 2020/21 to 2022/23. Work Plan 			<ul style="list-style-type: none"> Delivery of the Management of Doncaster Markets Work Plan 	
				<p>Wed, 16th Oct 2019, to follow above meeting (CR)</p> <ul style="list-style-type: none"> Housing Needs Study – Panel Briefing meeting 	
Nov	Thurs, 7th Nov 2019, 10am (CR)	Thurs, 28th Nov 2019, 10am (CM)		Fri 1st November 2019 10am	Mon 18th Nov 2019 10am
		<p><u>Living Well Theme</u></p> <p>DRI</p> <ul style="list-style-type: none"> Strategic issues and Challenges Cancer Care waiting times; and Maternity Care – HSR <p>Other areas TBC</p> <ul style="list-style-type: none"> Suicide Prevention 		<ul style="list-style-type: none"> Homelessness and Rough Sleeping Strategy (SLHD) to include Complex Lives – (joint area with C&E O&S) Work Plan 	<ul style="list-style-type: none"> IMDB – update following 2018/19 Flood Review Social Isolation Alliance Update on Work of Climate Change Local Commission and Development of the Environment Strategy Street Scene Rapid Improvement Programme

FP – Forward Plan Decision
 CR, CM or AS – Officer Responsible

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
		<ul style="list-style-type: none"> Update Dental 			
Dec	<p>Thurs, 12th Dec 2019, 10 am (AS)</p> <ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 <ul style="list-style-type: none"> DMBC SLHD DCST Final report Empowered, Engaged Communities, with Devolved Locality Budgets 		<p>Thurs 5th Dec 2019, 4:30pm (CM)</p> <ul style="list-style-type: none"> Children & Young People Plan Placement Strategy Universal Credit – impact on children Youth Services Doncaster Children's Safeguarding Board Annual Report Child Poverty 		
	<p>Wed 22nd Jan 2020, 10am (CR)</p> <ul style="list-style-type: none"> Universal Credit Update 	<p>Thurs, 30th Jan 2020, 1pm (CM)</p> <p><u>Living Well Theme</u></p> <ul style="list-style-type: none"> Adult Safeguarding Annual Report Primary Care Networks (NHS CCG) Integrated Area Based Working (invite to C&E O&S) The Care Quality Commission (CQC) Inspection and Regulation of Adult Social Care. 	<p>Possible Extraordinary meeting TBC</p> <ul style="list-style-type: none"> TBC Extraordinary Meeting 	<p>Date TBC Panel Briefing Meeting</p> <ul style="list-style-type: none"> Urban Centre Master Plan and Major Projects Large centres located outside Doncaster - areas to be agreed for the Panel to consider 	
Feb	<p>Thurs, 6th Feb 2020, 10am (CR)</p>				<p>Wed, 12th Feb 2020, 10am (CM)</p>

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	<ul style="list-style-type: none"> Budget (TBC) 				Specific areas from the list below to be confirmed: <ul style="list-style-type: none"> Update on Safer Doncaster Partnership priorities and performance Knife Crime Long-term stabilisation of people with complex needs Crime in prisons Child criminal exploitation
	<p>Thurs, 27th Feb 2020, 10am (AS)</p>				
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 <ul style="list-style-type: none"> DMBC SLHD DCST 				
Mar	<p>Thurs, 26th March 2020, 10am (CM)</p>	<p>Wed, 19th March 2020, 1pm (CR)</p>	<p>Thurs 12th March 2020, 4:30pm (CM)</p>	<p>Wed 4th March 2020, 10am (CR)</p>	
		<p><u>Ageing Well Theme</u></p> <ul style="list-style-type: none"> Frailty – (NHS CCG) Other areas TBC <p><u>Other</u></p> <ul style="list-style-type: none"> Public Health Protection Smoke Free Doncaster Action Plan 	<ul style="list-style-type: none"> Youth Council – Feedback on key issues Early Help Demand Management 	<ul style="list-style-type: none"> Doncaster Inclusive Growth Strategy (with a focus on individuals faced with a number of barriers gaining employment) 	
Apr	<p>(Date to be confirmed)</p>				

FP – Forward Plan Decision
 CR, CM or AS – Officer Responsible

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
	<ul style="list-style-type: none"> DGT 				
May					
POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED					
	<ul style="list-style-type: none"> Consultation Strategy (Role of the Voluntary Sector) 	<ul style="list-style-type: none"> All Age Learning Disability and Autism Strategy – (DMBC/NHS CCG) – date to be confirmed 	<ul style="list-style-type: none"> Suicide Prevention – lessons learnt/support provided through Education/Schools (H&ASC O&S update to be provided in Nov 2019) 	<ul style="list-style-type: none"> Transport Infrastructure Strategy 	<p>Meeting to consider the following updates:</p> <ul style="list-style-type: none"> Waste; Tree Policy and 5G installation; Selective Licensing (possible invite to Edlington Community Groups)
	<ul style="list-style-type: none"> Overview on Impact of Universal Credit – potential for further work to be considered at Panel level e.g. impact on children attending at primary level 	<ul style="list-style-type: none"> Progress on new initiatives being undertaken to support people with gambling addiction and actions taken through Gambling and Financial Inclusion Group – briefing note. 	<ul style="list-style-type: none"> Briefing notes – DCST New governance arrangements 	<ul style="list-style-type: none"> SY Bus Review – Feedback on consultation (TBC) 	<p>Environment Strategy theme – to be prioritised</p> <ul style="list-style-type: none"> What does a Smart City look like; Fly tipping update following the action week; Rewilding – how do we use our green spaces; Sustainability; Climate change
	<ul style="list-style-type: none"> Overview and Scrutiny – review/sharing best practice 		<ul style="list-style-type: none"> Engagement with Children in Care e.g. possible Member visit – to also focus discussions throughout the year, for example when 		

** Please note dates of meetings/rooms/support may change

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
			addressing School Performance Tables/Attainment		
	<ul style="list-style-type: none"> 20mph zones date and Panel to be confirmed 		<ul style="list-style-type: none"> Gaps in housing for Children in Care between 17 and 18 (to be discussed when Regeneration and Housing address the Housing Needs Study) 		
			<ul style="list-style-type: none"> Education And Skills 2030 Framework For Consultation Update 		

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DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST OCTOBER, 2019 TO 31ST JANUARY, 2020

The Forward Plan sets out details of all Key Decisions expected to be taken during the next four months by either the Cabinet collectively, The Mayor, Deputy Mayor, Portfolio Holders or Officers and is updated and republished each month.

A Key Decision is an executive decision which is likely:-

- (a) to result in the Local Authority incurring expenditure which is, or the making of savings which are, significant having regard to the Local Authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Local Authority;
- (c) any decision related to the approval or variation of the Policy and budget Framework that is reserved to the Full Council.

The level of expenditure/savings which this Authority has adopted as being financially significant are (a) in the case of the revenue budget, gross full-year effect of £250,000 or more b) in the case of capital budget, £1,000,000 or more in respect of a single project or otherwise across one financial year.

Please note in addition to the documents identified in the plan, other documents relevant to a decision may be submitted to the Decision Maker. Details of any additional documents submitted can be obtained from the Contact Officer listed against each decision identified in this plan.

In respect of exempt items, if you would like to make written representations as to why a report should be considered in public, please send these to the contact officer responsible for that particular decision. Unless otherwise stated, representations should be made at least 14 days before the expected date of the decision.

KEY

Those items in **BOLD** are **NEW**

Those items in **ITALICS** have been **RESCHEDULED** following issue of the last plan

Prepared on: Monday, 2 September, 2019 and superseding all previous Forward Plans with effect from the period identified above.

Damian Allen
Chief Executive

MEMBERS OF THE CABINET

Cabinet Member For:

Mayor - Ros Jones
Deputy Mayor - Councillor Glyn Jones

Councillor Nigel Ball
Councillor Joe Blackham
Councillor Rachael Blake
Councillor Nuala Fennelly
Councillor Chris McGuinness
Councillor Bill Mordue
Councillor Jane Nightingale

- Housing and Equalities
- Public Health, Leisure and Culture
- Highways, Street Scene and Trading Services
- Adult Social Care
- Children, Young People and Schools
- Communities, Voluntary Sector and the Environment
- Business, Skills and Economic Development
- Customer and Corporate Resources.

Some Decisions listed in the Forward Plan are to be taken by Full Council

Members of the Full Council are:-

Councillors Nick Allen, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings, Bev Chapman, Phil Cole, John Cooke, Mick Cooper, Jane Cox, Steve Cox, Linda Curran, George Derx, Susan Durant, Nuala Fennelly, Neil Gethin, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, John Healy, Rachel Hodson, Charlie Hogarth, Mark Houlbrook, David Hughes, Eva Hughes, Glyn Jones, R. Allan Jones, Ros Jones, Ken Keegan, Majid Khan, Jane Kidd, Nikki McDonald, Tosh McDonald, Chris McGuinness, Sue McGuinness, Bill Mordue, John Mounsey, David Nevett, Jane Nightingale, Ian Pearson, Andy Pickering, Cynthia Ransome, Tina Reid, Andrea Robinson, Kevin Rodgers, Dave Shaw, Derek Smith, Frank Tyas, Austen White, Sue Wilkinson, Jonathan Wood, Paul Wray.

WHEN DECISION IS EXPECTED TO BE TAKEN	KEY DECISION TO BE TAKEN	RELEVANT CABINET MEMBER	DECISION TO BE TAKEN BY	CONTACT OFFICER(S)	DOCUMENTS TO BE CONSIDERED BY DECISION MAKER	REASON FOR EXEMPTION – LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
1 Oct 2019	To approve the Medium-term Financial Strategy (MTFS) for 2020/21 to 2022/23.	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
15 Oct 2019	Transforming Cities Phase 2: Approval to submit Sheffield City Region bid for transport interventions in Doncaster, to the Department for Transport.	Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Cabinet	Neil Firth, Head of Service Major Projects, Tel: 01302 735003, neil.firth@doncaster.gov.uk, Kerry Perruzza, Senior Transport Planner, Tel. 01302 735435, kerry.perruzza@doncaster.gov.uk		Open
15 Oct 2019	For the Council to make the transition from diesel fuel to electric powered vehicles (EVs), with an initial focus on the Council's pool car fleet & to apply a phased introduction through the purchase of EVs & associated battery charging infrastructure to supply key locations from which pool cars are collected & returned to.	Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Cabinet	Richard J Smith, Energy Infrastructure Manager richardjames.smith@doncaster.gov.uk		Open

15 Oct 2019	To review the Council Tax long-term empty homes premium	Mayor Ros Jones	Cabinet	Marian Bolton, Head of Revenues and Benefits marian.bolton@doncaster.gov.uk		Open
5 Nov 2019	General Fund Capital Receipts - Programme Update Report.	Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Cabinet	Dave Stimpson, Property Manager, Strategic Asset Management Tel: 01302 737363 david.stimpson@doncaster.gov.uk		Open
5 Nov 2019	To approve the Homelessness and Rough Sleeping Strategy	Portfolio Holder for Housing and Equalities	Cabinet	Allan Wiltshire, Head of Policy and Partnerships allan.wiltshire@doncaster.gov.uk , Mandy Preskey, Strategic and Performance Improvement Manager 01302 862054 mandy.preskey@doncaster.gov.uk		Open
19 Nov 2019	Finance and Performance Report and the 'Delivering for Doncaster' Booklet - Quarter 2 2019-20	Mayor Ros Jones	Cabinet	Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk , Faye Tyas, Chief Financial Officer and Assistant Director of Finance		Open

				faye.tyas@doncaster.gov.uk		
19 Nov 2019	DCST 2019-20 Quarter 2 Finance and Performance Report	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools	Cabinet	Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk , James Thomas, Director of Performance and Improvement, DCST, James.Thomas@dcstrust.co.uk		Open
19 Nov 2019	St Leger Homes Performance Report 2019/20 - Quarter 2 (Non-Key Decision)	Portfolio Holder for Housing and Equalities	Cabinet	Julie Crook Tel: 01302 862705		Open
17 Dec 2019	Adoption of the 'Get Doncaster Cycling' Strategy	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture, Councillor Joe Blackham, Portfolio Holder for Highways, Street Scene and Trading Services	Cabinet	Kerry Perruzza, Senior Transport Planner Kerry.Perruzza@doncaster.gov.uk	Get Doncaster Cycling	Open

17 Dec 2019	Leisure Facility Investment Options	Councillor Nigel Ball, Portfolio Holder for Public Health, Leisure and Culture	Cabinet	Andy Maddox, Business Development Manager andy.maddox@doncaster.gov.uk	Strategic Leisure Facility 'Accelerated Investment' Options Appraisal	Open
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Councillor Andrea Robinson
Edenthorpe and Kirk Sandall Ward

Date: 31st July 2019
Call: 01302 882625
Email: andrea.robinson@doncaster.gov.uk

Mayor Ros Jones
Doncaster Council
Civic Office
Waterdale
Doncaster
DN1 3BU

Dear Ros,

Health and Adult Social Care Scrutiny Panel 4th July, 2019

At the Health and Adult Social Care Scrutiny Panel meeting held on 4th July, Members made a number of recommendations relating to the issues set out below for your consideration.

I would like to highlight that Members wished to inform you that the Panel's discussion on all the areas addressed was meaningful and informative. The minutes, detailing full discussion will also be made available shortly.

Areas the Panel considered are:

1. 2019 Joint Strategic Needs Assessment – State of Health and 2019-20 JNSA Work Plan

RECOMMENDATIONS:

- a) That consideration be given to data being sought from the immediate areas around schools, relating to the physical environment, with a view to it being shared with partners and ultimately the Department of Health.

REASON:

This will draw attention to and aim to improve the environmental living areas for children and young people. Members highlighted child obesity, and whilst noting that the Doncaster position was not significantly different to the national picture it was an issue that Team Doncaster and the NHS were addressing to improve individuals health.

Part of the discussion addressed living in healthy environments, particularly the temptation of children who regularly use corner shops and takeaways when they were sited close to residential areas and schools. Concern was also expressed that children and young people were buying energy drinks and crisps for breakfast on the way to school. Members were therefore of the opinion that it was a contributing factor towards child obesity.

The Panel was aware of the work being undertaken by Team Doncaster but additional to this, suggested that there was an urgent need for schools to also address the living environment within their immediate vicinity.

Members also expressed the wish to learn if the levy on high sugar drinks had made an impact but recognised that it may be too early and that further data would be required before a report could be made.

- b) That the Executive investigate the possibilities of developing an Information Sharing Agreement similar to that established in other authorities within the region.

REASON:

Members raised the possible benefits of an Information Sharing Mechanism between Local Authorities and GP Practices that enables them to extract data from clinical systems, to assist with understanding health of the local population.

- c) That the Executive consider if the data and supporting information gathered through the JNSA be shared with schools, particularly in relation to LGBTQ bullying and childhood obesity.

REASON:

The Doncaster pupil Lifestyle Survey revealed that in Doncaster there were higher levels of bullying against the LGBTQ community and young people found it more difficult to find people they felt confident to talk to. Members stressed that this was disturbing and concerning, therefore sought assurances that this group was being supported and asked that data and supporting information, including any hotspots, be shared with schools. It was suggested that if not being undertaken, schools be requested to address the issues as part of the school learning opportunities or curriculum.

2. Care Quality Commission Inspection and Regulation of Adult Social Care

RECOMMENDATION:

The Executive be asked to investigate whether providers could promote health and social care careers with the opportunity to undertake voluntary

and paid sessional work through 6th Form education establishments and report back to a future meeting of the Panel.

REASON:

Members learnt that young people were showing initiative by volunteering in the care field, including 6th form students who were being encouraged to pursue care as a vocational career. It was recognised that there was a need to expose care work to younger people through schools as early as practicable.

3. Your Life Doncaster Transformation Programme – Panel update

RECOMMENDATION:

That the Executive be asked to investigate whether a more generic advertising culture across South Yorkshire could be undertaken ensuring every opportunity for collaboration with partners.

REASON:

During discussion it was noted that advertisements for the service were aimed only the Local Authority's region but Members wished if there was mileage in advertising across a wider field, reaching a broader audience, ensuring a more joined up voice and workforce.

I would be grateful if I could receive a response to the recommendations by Friday 30th August, 2019.

To conclude, I would like to take the opportunity to thank the officers copied into this letter for attending the Panel and for the passion they showed towards the work they undertake.

With kind regards,

Councillor Andrea Robinson
Chair of Health and Adult Social Care Overview and Scrutiny Panel

cc:

Phil Holmes Director Adult Health and Wellbeing
Dr. Victor Joseph, Consultant in Public Health
Karen Johnson, Assistant Director Adult Social Care and Safeguarding
Laurie Mott, Senior Strategy and Performance Manager
Jon Gleek, Head of Service Strategy and Performance

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Doncaster
Council

Councillor Andrea Robinson
Chair
Health and Adult Social Care
Overview & Scrutiny Panel

Contact: Mayor Ros Jones
Tel: 01302 862225
E-Mail: ros.jones@doncaster.gov.uk
Website: www.doncaster.gov.uk

Date: 5th September 2019

Dear Andrea

Health and Adult Social Care Scrutiny Panel 4th July, 2019

Thank you for your letter dated 31st July 2019, and for providing the Panel's recommendations following the meeting on 4th July 2019. My comments are as follows:

1. **In the response to Recommendation 1a:** *That consideration be given to data being sought from the immediate areas around schools, relating to the physical environment, with a view to it being shared with partners and ultimately the Department of Health.*

Physical environment around schools

The Public Health Team has worked with the Planning Team to develop a set of health policies as part of the Local Plan, and is working closely with planning colleagues to influence spatial planning.

Chapter 13 of the draft Local Plan is dedicated to Health, Wellbeing and our Communities. The introduction below sets out the important role good spatial planning has on health and wellbeing:

Introduction

13.1. Doncaster's Health and Wellbeing Strategy sets out priorities for improving health in Doncaster. It identifies that health and wellbeing is improving but not as fast as in the rest of the country. The Borough's most deprived wards have particular concentrations of poor general and mental health and lower life expectancy.

13.2. Improving our health and wellbeing requires more than improving access to medical treatment and services. A healthy community is a good place to grow up and old in; it should be one which supports healthy behaviours and supports reductions in health inequalities. By guiding the use of land, planning decisions influence the link between the physical and social environment and help create opportunities for improving both physical and mental health, in the ways we live, work and play.

13.3. This chapter contributes towards the promotion of improvements that can positively improve the health and wellbeing of the local community. Other policies guiding the quality and design of homes, buildings, public spaces, neighbourhoods and transport have a direct impact on factors, such as noise and air pollution, which can harm health.

The Public Health team has also worked closely to develop a policy in relation to Hot Food Takeaways Policy 25: Food and Drink Uses, which states:

“Subject to meeting the above criteria, hot-food-takeaways and fast food outlets which are located within 400 metres of a school, sixth form college, community centre or playground will not be supported unless the opening hours are restricted until after 1700 during weekdays and there are no over the counter sales before that time.”

The guidance in relation to the policy also states:

“Childhood obesity is a growing threat to children’s health, and Doncaster’s proportion of children identified at risk of obesity is a cause for concern. Planning permission will not be supported for A5 use in Wards where there is more than 10% of the year 6 pupils classified as obese. Unhealthy weight gradually increases throughout people’s lives, and almost three quarters (74.8%) of Doncaster’s adult population have an unhealthy weight, which is the second highest in England. This policy seeks to manage and control the provision of hot-food-takeaways and fast food outlets particularly within specific areas (i.e. within a 400 metre walking distance of a school, college or playground)”.

Unfortunately there is no mechanism available to restrict corner shops which are located near to schools or what they sell.

In terms of the area around schools where there are new developments, there are mechanisms in place to look at how that development will impact on the health and wellbeing of the population. This is by way of a Health Impact Assessment (HIA), which is a tool that can be used to estimate and assess the possible health and wellbeing implications, both intended and unintended, of development and planning proposals, and explore potential actions that could be taken to maximise positive, and minimise negative, impacts. A HIA helps to ensure that health and wellbeing is properly considered when preparing, evaluating and determining development proposals.

The Doncaster Active Travel Alliance works with colleagues from across the Council to assess how the transport network can be improved to encourage active travel. Examples of the work that has taken place is temporary road closures outside schools to restrict traffic, and adult and child cycle training to build skills and confidence. Through the Local Development Plan and Get Doncaster Moving we have also employed a dedicated Cycle and Walking Officer whose role it is to carry out community street audits and promote active travel in communities, that could be to school, work or local shopping.

Impact of levy on high sugar drinks

It is still too early to tell the impact of levy on high sugar drinks. The decline in childhood obesity rate remains a key indicator, and this will continue to be monitored. It is likely that a combination of many different interventions is required to address the problem of childhood obesity in the long-term. It will be difficult to attribute any changes wholly to intervention related to levy on high sugar drinks.

Inclusive growth

Doncaster's Inclusive Growth Strategy emphasises that a whole system integrated approach is required to improve quality of life (e.g. health outcomes). For example, one of the key issues affecting residents' ability to contribute and benefit from economic growth is their health. The health of a population is not just a product of a successful economy, but also one of the key determinants of inclusive economic development. In general, adults who can maintain good health are more productive, and provide positive role models for their children. Children with good health do better at school.

A key driver for inclusive growth is ensuring more Doncaster work is good work, for example, jobs that offer flexibility, equality, autonomy and access to in-work training. There is evidence to suggest that the ways that job roles are designed and factors in the workplace environment can have an impact on obesity (source: Institute for Employment Studies). Delivering inclusive growth strategy is therefore important for health/social outcomes as well as economic outcomes.

- 2. In the response to Recommendation 1b:** *That the Executive investigate the possibilities of developing an Information Sharing Agreement similar to that established in other authorities within the region.*

A new data sharing agreement between DMBC, RDASH and DBTH has just been signed which will enable data to be analysed to understand the flow of people between hospital services and care services. Due to new technology developments, the Council and its partners, for the first time, are now able to manage these data flows without a reliance on external third party tools. Once this work is complete, and the project becomes 'business as usual', this will be an ideal opportunity for organisations across the health and care partnership, including Primary Care, to consider what additional areas of focus they would like to develop data sharing arrangements for. Stakeholders understand the potential that additional data sharing agreements would bring to understanding needs of the Doncaster population and their experience of services.

- 3. In the response to Recommendation 1c:** *That the Executive consider if the data and supporting information gathered through the JNSA be shared with schools, particularly in relation to LGBTQ bullying and childhood obesity.*

Childhood obesity data and information

All schools receive a copy of the Pupil Lifestyle Survey Doncaster results, regardless of the participation in the survey. If a school has taken part in the survey, they will receive an individual report specific to their school. Primary schools will also receive individualised National Child Measurement programme (NCMP) data each year. Public Health have been working in conjunction with the Strategy and Performance Unit (SPU) to produce individual school profiles, which collates and summarises local health and wellbeing data for each school. The development of the school profiles are ongoing.

LGBT bullying

From September 2020, all primary schools in England will be required to teach Relationships Education, and all secondary schools in England will be required to teach Relationships and Sex Education (RSE). The guidance states that all primary schools should teach about different families, which can include LGBT parents. At secondary level, the guidance states that 'sexual orientation and gender identity should be explored at a timely point' and that 'there should be an equal opportunity to explore the features of stable and healthy same-sex relationships' which 'should be integrated appropriately into the RSE programme, rather than addressed separately or in only one lesson'. Teaching about LGBT people will help all pupils to grow up developing inclusive and respectful attitudes towards LGBT people, helping to proactively tackle the prejudice-based bullying that remains common in many of our schools. Public Health, in partnership with colleagues from Learning, Opportunities and Skills, are working to ensure Doncaster schools and educational settings are well prepared for the implementation of statutory relationship and sex education through a training offer, support with curriculum development, and guidance.

- 4 In the response to recommendation 2:** *The Executive be asked to investigate whether providers could promote health and social care careers with the opportunity to undertake voluntary and paid sessional work through 6th Form education establishments and report back to a future meeting of the Panel.*

In respect of External Provision

We have recently met with Doncaster College to establish where student placements for health and Social Care level 1-3 can be provided across Adults, Children and Young Peoples Services. Doncaster College is working with the Care Quality Commission (CQC) registered providers where student placements are offered external to the Council. Although this work is currently in its infancy, the intention is to offer support and begin to work with other sixth forms within schools as development progresses.

Work has been completed to establish career pathways across Social Care. This has also now been jointly commissioned with South Yorkshire Region Excellence Centre to look at career pathways across Health and Social Care across South Yorkshire.

The career pathways work is in the early stages of being developed further into a Prospectus for Health and Social Care, and being available through "Start Point", a platform to explore opportunities and jobs available in the sector.

The Council, Health, RDaSH and Colleges have established links with Hall Cross School, which is a health and social care academy. Recently a health and social care careers fair was run for year 8 students, prior to them choosing their GCSE subjects. Another Careers fair is currently being planned.

We are aware that the YMCA have a fast track to employment programme offer for young people aged 16-19 in Doncaster. The YMCA fast track offer comprises:-

- A government bursary
- Level 1 or Level 2 qualification
- Classroom based learning supported by work experience
- Support to achieving GCSE standard in maths and English
- Small group classroom environments
- Dedicated centres have IT zones

In respect of In-House Provision

In house provision SMILE (Supported Multi-ability Intergenerational Life Experiences) were keen to give students experience in a variety of settings in the community, with adults who have various disabilities and frailties, alongside activities with children aged 0 to 9 years, their parents/carers and teachers. Amersall Court and PSU are offering experience in residential and re-enablement settings.

SMILE contacted Doncaster College to offer placements and develop a student placement programme. The programme with Doncaster College students went live on 5th January 2019. In total, 26 students took part in the programme between January and July. The feedback from students, their educators, and people receiving services, was extremely positive, with students discussing their future career options, and some students staying on as volunteers during the summer holidays.

SMILE offers apprenticeships when vacancies arise. We are keen to grow volunteering in services.

SMILE services will continue the placement programme with Doncaster College. However, we do not have the staff capacity to offer support for the PSU unit or volunteer management. Attached is a document that explains the SMILE programme's aims and objectives. Monitoring documentation, including student, educators and service users feedback forms, are also available to share.

Starting Early

SMILE intergenerational work has been most successful with 8 and 9 year olds. We have witnessed real meaningful connections between older people and children. The development of empathy and shared learning between the ages has been aspirational. Embracing and embedding intergenerational activity earlier in life could support better opportunities for our youth.

SMILE working in partnership with Littlemoore and Hawthorne schools.

5. **In the response to recommendation 3:** *That the Executive be asked to investigate whether a more generic advertising culture across South Yorkshire could be undertaken ensuring every opportunity for collaboration with partners.*

The work involved in addressing this query has a number of different aspects.

The service in question was the Your Life Doncaster (YLD) website, which is designed to signpost people to information, advice and guidance about health and social care in Doncaster. There have been a number of communications campaigns to promote the website, and a further campaign is planned for Q3 of this year. Scrutiny recognised that these campaigns must be specifically targeted at the people of Doncaster because they are signposting people to a resource that is specific to Doncaster. However, the platform upon which the website is built is part of a regional collaborative piece of work, and we are working with colleagues across Yorkshire and the Humber to co-produce an upgrade to this platform. This may highlight opportunities to communicate on a regional level, and we are actively exploring this.

With regard to the Panel's request that we consider whether we could share resources regionally to communicate common key messages, (e.g. 'helping people stay in their own homes' or 'promoting health, wellbeing and independence'), we are also exploring a number of avenues to identify opportunities to do this. These include:

- Discussion with portfolio leader on 16th July, where Councillor Blake suggested that her network of Safeguarding Chairs might be able to identify opportunities and she will feed back on this;
- Meeting with DASS Phil Holmes, who will be discussing this at his regional Directors meetings to explore any opportunities and feedback;
- We have been ensuring that the YLD branding and key messages are being reinforced through our local promotion of national campaigns, including those for Armed Forces Week, Carers Week, Mental Health Awareness Week and Dementia Awareness Week; and
- Discussion with Director of Public Health, Rupert Suckling, where he encouraged us to further tie in with regional and national public health campaigns like those above.

I trust the above is helpful and thank you once again for providing me with the Panel's recommendations.

Yours sincerely



Ros Jones
Mayor of Doncaster