



Doncaster Council

Agenda

To all Members of the

HEALTH AND WELLBEING BOARD

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

Venue Microsoft Teams - Virtual Meeting

Date: Thursday, 11th March, 2021

Time: 9.00 a.m.

The meeting will be held remotely via Microsoft Teams. Members and Officers will be advised on the process to follow to attend the Health and Wellbeing Board meeting. Any members of the public or Press wishing to attend the meeting by teleconference should contact Governance Services on 01302 736716/737462/736712/736723 for further details.

BROADCASTING NOTICE

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**Damian Allen
Chief Executive**

Issued on: Wednesday 3rd March 2021

Governance Services Officer for this Meeting Jonathan Goodrum, Senior
Governance Officer
jonathan.goodrum@doncaster.gov.uk

Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

Items	Time/ Lead
1. Welcome, introductions and apologies for absence.	2 mins (Chair)
2. Chair's Announcements.	5 mins (Chair)
3. To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)
4. Public questions.	15 mins (Chair)
(A period not exceeding 15 minutes for questions from members of the public.)	
5. Declarations of Interest, if any.	1 min (Chair)
6. Minutes of the Meeting of the Health and Wellbeing Board held on 14th January 2021. <i>(Attached – pages 1 – 6)</i>	3 mins (Chair)
7. Direct Impacts of COVID-19. <i>(Verbal Update/Cover Sheet attached – pages 7 – 8)</i>	15 mins (Dr Rupert Suckling)
8. Carers Update. <i>(Presentation/Cover Sheet attached – pages 9 – 18)</i>	45 mins (Angela Waite/ Geoffrey Johnson/ Kay Kirk)
9. Doncaster Safeguarding Adults Board Annual Report 2019/20. <i>(Video Presentation/Papers attached – pages 19 – 22)</i>	30 mins (Angelique Choppin/ Shabnum Amin)
10. Doncaster Safeguarding Children Partnership Annual Report 2019/20. <i>(Papers attached – pages 23 – 38)</i>	30 mins (Ben Brown)
11. Director of Public Health Annual Report 2020. <i>(Papers attached – pages 39 – 62)</i>	20 mins (Dr Rupert Suckling)

Date/time of next meeting: Thursday, 10 June 2021 at 9.00 a.m.

Health and Wellbeing Board Membership

Name	Job Title
Cllr Rachael Blake (Chair)	Portfolio Holder for Adult Social Care
Dr David Crichton (Vice-Chair)	Chair of Doncaster Clinical Commissioning Group
Cllr Nigel Ball	Portfolio Holder for Public Health, Leisure & Culture
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Kathryn Singh	Chief Executive RDaSH
Steve Shore	Chair of Healthwatch Doncaster
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Jackie Pederson	Chief Officer DCCG
Phil Holmes	Director of Adults, Health & Wellbeing, Doncaster Council
Riana Nelson	Director of Learning, Opportunities & Skills, Doncaster Council
Cllr Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Cllr Cynthia Ransome	Conservative Group Representative
Chief Superintendent Melanie Palin	District Commander for Doncaster, South Yorkshire Police
Shayne Tottie	District Manager, South Yorkshire Fire and Rescue
James Thomas	Chief Executive of Doncaster Children's Services Trust
Dan Swaine	Director of Economy & Environment, Doncaster Council
Dave Richmond	Chief Executive, St Leger Homes
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Health and Social Care Forum Representative
Cath Witherington	Chief Executive, Voluntary Action Doncaster

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Agenda Item 6

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 14TH JANUARY, 2021

A MEETING of the HEALTH AND WELLBEING BOARD was held by MICROSOFT TEAMS - VIRTUAL MEETING on THURSDAY, 14TH JANUARY, 2021, at 9.00 am.

PRESENT:

Chair - Councillor Rachael Blake

Vice-Chair - Dr David Crichton

Councillor Cynthia Ransome
Dr Rupert Suckling
Phil Holmes
Dan Swaine
Riana Nelson
James Thomas

Richard Parker

Lucy Robertshaw
Cath Witherington
Louise Robson
Joanne McDonough

DMBC Elected Member
Director of Public Health
Director of Adults, Health and Wellbeing
Director of Economy and Environment
Director of Learning, Opportunities & Skills,
Chief Executive, Doncaster Children's
Services Trust
Chief Executive of Doncaster and Bassetlaw
Teaching Hospitals NHS Foundation Trust
Assistant Director, Darts
Chief Executive Voluntary Action Doncaster
Public Health Specialist, Doncaster Council
Interim Director for Strategy (RDaSH)

Also In Attendance:

Councillor Phil Cole
Bill Hotchkiss
Andy Maddox
Jodie Bridger

Safer, Stronger, Communities
Business Development Officer
LDP Programme Manager

22 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and reported that apologies had been received from Councillors Nigel Ball and Nuala Fennelly, and Jackie Pedersen, Mel Palin and Shayne Tottie.

23 CHAIR'S ANNOUNCEMENTS

The Chair paid tribute to all the work being done in the borough by all partnership teams. The pressure on the NHS Staff and those working in care homes was immense and it was important to recognise the pressure they were under and ensure that adequate support was given.

24 PUBLIC QUESTIONS

Councillor Phil Cole was in attendance at the meeting, and asked a question regarding the vaccination programme in Doncaster and how it was being rolled out. There were a number of issues he wished to have answered in regard to this, but as this was all to be covered under the next agenda item, Councillor Cole was happy for his queries to be covered at this

point in the agenda, where he would be given the opportunity to ask any further questions if he desired.

25 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

26 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 12TH NOVEMBER 2020

RESOLVED that the minutes of the Health and Well Being Board held on 12th November, 2020, be approved as a correct record.

27 DIRECT IMPACTS OF COVID-19

Dr Rupert Suckling provided an update to the Board with regard to how Doncaster was currently faring in the face of Covid-19, and the direct impacts it was having on the Borough.

It was reported that currently in Doncaster, whilst they had risen to around 350 per 100,000 since the Christmas period when at that time, figures had hovered around the 200 mark, they were still positive when looked at comparatively with the rest of the country. They were much lower than in many areas and were currently considerably lower than in October and November when Doncaster's levels reached their peak. However, despite this, the numbers were still higher now than in the first peak in Spring 2020.

The pandemic was continuing to have a massive effect on the Borough, its residents and those working to assist the issues it presented.

The third national lockdown was considerably stricter than the one experienced in November, as this time around, Schools had closed to all children again for the second time aside from the children of critical workers or those who were vulnerable. The majority of people where possible were continuing to work from home, and all non-essential retail, leisure and social businesses had closed again aside from click and collect, and a range of grants and support were granted to those in need.

In terms of the health care system, symptomatic testing was now much more readily available with additional testing sites established. Additionally, asymptomatic testing was being carried out in the workplace for those working in the NHS, Police, School staff and certain areas of Local Government and other areas of the public sector.

Dr Suckling reported that it was expected that rates across the country and also across the Borough would start to stabilise over the next couple of weeks, but despite the steadying numbers there would still be a great amount of pressure on the NHS for a number of weeks as the effects started to show.

Richard Parker, agreed with the information provided by Rupert Suckling and reported that there had been high pressure placed on the hospitals in October and November, with many more acute beds taken with Covid patients than in the first wave, and whilst rates stabilised and discharges were now improving, these were considerably slower than in April. It was hoped that the national measures currently in place would work well to reduce numbers and there was optimism that Communities would again pull together to get past this time, but it was crucial that people adhered to the restrictions or other added pressure would be placed on the hospitals. There had been an increased demand for oxygen, which was proving challenging as well as the pressure on staffing levels with rising sickness.

It was reported that there was an enhanced infection control scheme in hospital in order to prevent unnecessary transmissions. This had resulted in a loss of beds across the hospital,

which also had a knock on effect on the non-Covid activity undertaken. Focus was still being placed on Priority 1 and Priority 2 patients to ensure that those needing urgent care were receiving it. This did however mean that many people waiting for planned, non-urgent procedures were now waiting much longer.

The Vaccination programme was now well underway in Doncaster and all the partnership bodies were working well alongside each other to roll them out to the people in the top groups identified by the Government. It was a challenging programme, and they were currently in as good a position as could be hoped for with between 500 and 600 people a day being vaccinated. The Board were assured that no vaccines were wasted and in the event that people were unable to make their appointments, there was a list of NHS staff who could be contacted at short notice to attend.

Dr David Crichton added to the updates provided by Dr Suckling and Richard Parker and the information given with regard to the roll out of vaccines across Doncaster. Members noted that the main issue that would be faced locally was the availability of vaccines as there was a finite supply. The Primary Care Network (PCN) was in charge of the vaccination programme and they were managing it centrally, not from the GP Surgeries, with a number of hubs set up across the borough. In Phase 1 of the programme, the Pfizer Vaccine was initially the only vaccine available and had been administered from one of the main hubs at Rutland House, where it could be stored at the correct temperatures, but this brought added pressure in that it also had to be used within 3 days. However in relation to the concerns raised by Councillor Cole, assurance was again given that no vaccines were wasted and every single drop was used up. However, due to the storage requirements of the Pfizer Vaccine, this would not be moved into the wider community and be administered in Chemists or similar. However, now the 'Oxford' Vaccine was being rolled out, this would be a positive move and would help with the programme.

It was reported that many volunteers had come forward to assist with the drive, and Dr Crichton paid tribute to all of those involved, including the provision of venues, people to marshal and many other volunteers assisting with various processes, and those helping the elderly and vulnerable to access the services. It was a huge effort with thanks extended to everyone and it was hoped that by the 22nd January 2021, all of the over 80s who could make it to a vaccination hub would have received the first dose of the vaccination.

Overall, it was accepted that the programme was doing well, and Doncaster was on course to ensure all its vulnerable residents, which was approximately half the population of the Borough would be vaccinated by the middle of February 2021.

The updates given by Dr Suckling, Richard Parker and Dr Crichton covered the questions raised by Councillor Cole at the earlier point on the agenda, and he thanked Officers for their time. He was pleased to see things were progressing well and commented that the issue of availability and supply appeared to be the biggest issue faced, which hopefully would be overcome in the coming weeks.

The Board was updated on a number of other issues relating to the wider impact as a result of Covid-19, which included the following points:-

- The mental health of many individuals was becoming more of a problem as a result of ongoing restrictions which was putting pressure on mental health services;
- Added pressure on community nursing services with more patients requiring support in the community
- Demand for support from drug and alcohol services was rising which was a knock on effect of mental health problems;
- Schools were open to those requiring support, with careful management of numbers to ensure that transmission was managed as much as possible;
- Home visits for families and children in need of support were continuing and support to communities was ongoing.

The Chair thanked everyone for their input into the update and the wealth of information provided. It was an extremely difficult period for everyone across the borough regardless of their situations, and the Board paid tribute to the hard work, resilience and strength of everyone.

RESOLVED that the Board noted the update given in relation to the Direct Impacts of Covid-19.

28 GET DONCASTER MOVING UPDATE

Andy Maddox, Business Development Officer, and Jodie Bridger, LDP Programme Manager for the Get Doncaster Moving Programme provided a presentation to the Board.

The Strategy had first been introduced in 2016, with emphasis placed on developing a healthier population, and the intention was to seek support from the Health and Well Being Board moving forward in an endeavour to move this further forward, and create a culture change to encourage a healthy way of living for all and improve the health and well-being of the population.

It was reported that the impact of the Covid-19 Pandemic had been detrimental to the levels of physical activity taken as a whole, with 7% less movement carried out overall. This was massive, as inactivity could lead to an increase in health and mobility problems and was at a huge cost to the economy, with more stress placed on health services as a result.

The main principle that the Get Moving Strategy aimed to communicate, was the health benefits it would give to people in all areas of society, of any age, any background. Sport of any description brought huge benefits to a person's life, and to their well-being.

Focus needed to be placed on targeting communities and those individuals most in need of support, and the strategy was looking at families with young children, people living in the most deprived areas, and people facing mobility issues. Many things made people inactive and it was a challenge to promote change and encourage new ways of living.

However, it was acknowledged that whilst the ideas were in place, without the systems to support the strategy, no change would take place. The aim of the strategy, officers informed the Board was now to work with the Health and Well Being Board to unlock behaviours and influence those to bring about change.

Members discussed the ideas presented to them and it was acknowledged that it was important that all partners across Team Doncaster worked together to unlock behaviours and influence discussions.

Members welcomed the update from Officers, and all members of the Board were in agreement with regard to the benefits of sport and activity and a number of ideas were put forward in terms of how the Board could support this moving forward:-

- Support for Community Groups to enable them to operate in church or community halls providing dance or exercise;
- Make use of any funding streams to support such groups as detailed above;
- Talk to the Parish Councils and local communities to see what facilities they wanted or felt would be useful;
- Help local sports clubs and groups ensure their facilities were covered secure to enable them to operate successfully when restrictions were lifted;
- All areas needed to work together in order that everyone was reading from the same page, and it was proposed that the strategy was taken to Directors for their consideration;

Members thanks officers for their presentation, and a lot of useful information had been provided which enabled a strong foundation on which they could build. The Chair thanked Officers for their time, and requested that a further update be provided in six months' time to see what progress had been made and what more could be done.

RESOLVED that the update be noted.

29 DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20

This item was withdrawn from the Agenda, and would be brought for consideration at the next meeting of the Health and Well Being Board following final approval.

30 DONCASTER SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2019/20

This item was withdrawn from the Agenda, and would be brought for consideration at the next meeting of the Health and Well Being Board following final approval.

CHAIR: _____

DATE: _____

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 11 March 2021

Subject: Direct Impacts of COVID-19

Presented by: Dr Rupert Suckling

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

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

How will this contribute to improving health and wellbeing in Doncaster?
The purpose of this presentation is to provide an update of the direct health impacts of COVID-19 in Doncaster and the steps taken to address them.

Recommendations
The Board is asked to:- NOTE the presentation.

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 11th March 2021

Subject: Carers Update

Presented by: Geoffrey Johnson and Kay Kirk

Purpose of bringing this report to the Board – To strengthen our system wide support for family carers through partnership	
Decision	
Recommendation to Full Council	
Endorsement	Yes
Information	Yes

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>By improving the reach to family carers in Doncaster whose health is seriously impacted as a result of caring for one or more family members, brought yet further into focus as a result of Covid. Informing carers about specific services or information on offer to them through the members respective areas can ensure carers are linked into vital support, which can significantly improve carer's health and wellbeing, reducing health inequalities across the borough. Family carer's are vital to the people they care for but also vital to demand management within our health and social care system.</p>

Recommendations

The Board is asked to give consideration to the following:-

- To consider and discuss what could be done through each of the members respective areas to provide good information for family carers (e.g. update websites with the suite of carer information)
- What could the members do to identify and ensure carers are supported well in their respective areas? (What are you mandated to do that needs improvement?)
- What actions can members commit to during the meeting to support the above?
- Could all members show their commitment to the Doncaster Carers Charter- by completing a virtual sign up to it, and promoting the fact in member's respective areas?

WHY IS CARER INFORMATION AND SUPPORT SO IMPORTANT

All Age Carer Approach

Geoffrey Johnson – Co-chair of Carers Strategic Oversight Group

Kay Kirk – Chair of Carers Action Group



SUMMARY

- What could be done to provide good information for carers
- Identify and support carers in your areas
- Engage with Carers
- NHS England's Commitment to Carers
- Commitment to the Doncaster Carers Charter

WHO IS A CARER

A person who provides unpaid help to someone due to frailty, physical or mental illness, substance use or disability

- Did you know there are at least 33,000 Carers of all ages in Doncaster
- Nationally, carers provide £132 billion of health and social care support, close to the annual NHS budget
- Working Carers 1 in 5 in the NHS – 1 in 7 general workforce
- Three in five people will care for someone at some point in their lives
- The number of carers in the UK is set to grow from 6 to 9 million in the next 30 years

SURVEY MONKEY – LOCAL PRIMARY CARE PRACTICES

DO YOU NEED HELP WITH THIS?	Yes	No
Does your practice record details of patients who are Young Carers (Under 18)	65%	35%
Does your local practice have a dedicated Carers Co-Ordinator	26%	74%
Are you aware of the GP Carer Quality Standards	90%	10%
Would you like to arrange a discussion about how these Standards can be implemented to support Carers in your practice	61%	39%
1 in 5 NHS Staff are working carers. Knowing this can aid staff retention and reduce recruitment costs. Employers for Carers (EfC's) scheme (Carers UK) is FREE to your practice now. Do you need help to register.	13%	87%
Health Checks for Carers, is this something you could promote in your practice	87%	13%

[Nigel's surgery 44: Caring for carers | Care Quality Commission](#)
cqc.org.uk

EXAMPLES OF BEST PRACTICE

- [East and North Hertfordshire NHS Trust \(CTRL+Click\)](#)
- [NHS England » Supporting our working carers](#)
- [Doncaster Carers Charter](#)

East and North Hertfordshire NHS Trust

This is the process

Identification

- Carer is identified at the earliest possible stage and their details recorded on the patient's medical record.

Welcome

- Carer is welcomed. The carer is given the name of a member of staff who they can speak to when needed.

Assessment & Support

- Range of support available in the hospital and community is discussed and offered to the carer, including referral to local carer organisations.

Involvement

- Advise about the partnership approach to the delivery of care where patients, carers and health professionals are all seen as equal partners.

Transition

- Carers have a seamless experience moving between hospital and community services.

[Carer Handbook.pdf](http://enherts-tr.nhs.uk)
(enherts-tr.nhs.uk)

**Do you help look after someone or
give them support?**

If so, you may be a carer



Information to help carers, family and friends

Kays Story

- My experience as a carer
- What would have helped
- Looking to the future



Valuing our health and care
needs via a carers pathway

Discussion time and any questions

Thank you for your time and listening





Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 11 March 2021

Subject: Doncaster Safeguarding Adults Board Annual Report 2019-20

Presented by: Angelique Choppin, Safeguarding Adult Board Manager and Shabnum Amin ,
Safeguarding Adult Learning and Development Manager

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

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>The Doncaster Safeguarding Adults Board (DSAB) is established in line with duties set out in the Care Act 2014 as the mechanism for agreeing how Partner Agencies within Doncaster collaborate to protect adults at risk, prevent neglect and abuse and promote the wellbeing of adults in its area.</p> <p>Doncaster Safeguarding Adults Board publishes an annual report detailing what it has done during the year to achieve its strategic objectives and how its partners safeguard adults at risk. The annual report will also set out the findings of any Safeguarding Adults Reviews completed during the year and the subsequent learning arising from the reviews.</p>

Recommendations
<p>The Board is asked to:-</p> <p>Note the multi-agency activity undertaken during 2019-20 by the Doncaster Safeguarding Adults Board to safeguard adults at risk and prevent abuse from occurring wherever possible.</p>

Summary from Dr John Woodhouse (independent Chair)

One of the great benefits of been asked to convene the Doncaster Safeguarding Children Partnership and the Safeguarding Adult's Board, is that we have been able to combine the strengths of both Boards. One of these strengths from the children's safeguarding partnership is to extend the Practitioner Forum to include front line staff from both children and adult safeguarding. This means that I and senior officers from the partnerships have had the opportunity to hear about how safeguarding is working at an operational level. This experience is always humbling and very helpful as we hear about the actual issues faced by practitioners. This has led to better communications, the greater integration of all age safeguarding and an understanding that we must work closely with services such as domestic abuse intervention services. The greatest lesson for me remains my realisation that effective safeguarding interventions cannot always undo the psychological trauma suffered by vulnerable people (adults and children) who have been neglected or abused. This is enormously significant because such trauma can negatively impact on a person for the rest of their lives sometimes leading to recurrent abuse. A recent development discussed with, and supported by, the practitioner forum is the introduction of 'contextual safeguarding' (such as how contexts relate to each other and inform people's behaviours). This is a different way of ensuring that vulnerable people are safe, and focuses on wider interventions that prevent people suffering significant harm. I owe my continued thanks to the practitioners who attend and contribute.

One of the most important functions of the Safeguarding Board is to ensure that services continue to learn. Both on a day to day basis but also from things that go wrong and real learning often comes from a terrible incident. One such case resulted from the death of a young man in institutional care in Doncaster. A careful review demonstrated that all parties involved were doing their best for vulnerable people including the person that died. However there were weaknesses in the system that many people could see but could not find a way of resolving. The learning, which used a 'Just Culture' approach led to significant changes. These were driven by service commissioners and regulators with the full support of the institution using a peer support model, not a 'blame and shame' process. I believe that this led to sustainable changes in the way the institution ensures that people are safe. But it also led to changes in the way that the commissioners of services think about their responsibilities and how they can contribute to safety.

How have we performed:

2393 referrals received in 19/20 **44%** of concerns raised from within a persons own home

59% felt safer after safeguarding intervention

1128 Section 42 Enquiries undertaken

36% of concerns raised from nursing and residential homes

Safeguarding is everyone's business

In order to protect vulnerable people from harm and abuse all organisations and communities need to work together. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action.

The Boards continues to embed Making Safeguarding Personal and seek assurance that practice is outcome focused. It commissioned Sheffield Hallam University to undertake a 'Temperature Check' across agencies to identify how far MSP is implemented in practice. The report was helpful to review how well organisations have implemented MSP and the 6 principles into practice since the Care Act 2014. A working group of statutory and non-statutory is in place to take forward the recommendation from the report.

6 Principles of Safeguarding Adults



The Keeping Safe Forum's main purpose is to help keep people in Doncaster keep engaged and informed so that they can stay safe and well.

This year our Forum has grown with membership extended to people and professionals who have an active interest in safeguarding children, because we felt there was a crossover of relevant issues and a need for greater awareness. Naturally, this influenced the variety of guest speakers who attended the Forum. We received information from South Yorkshire Fire and Rescue, Voiceability, Victim Support and Doncaster Culture and Leisure Trust, to name a few. Special thanks goes to Ian Walker – Gamblers Anonymous who shared his personal journey about struggling with a gambling addiction. He also shared how gambling can affect anyone at any age from school children to older people.

This year the Forum has identified a representative to attend the local Keeping Safe sub-group of Joint Safeguarding Boards to share insight and ideas on local campaigns and development of greater partnership working between organisations who work with adults and children.

Quality and Performance– the subgroup continues to focus on quarterly Performance Summary. The Dashboard has been in place over a year and has allowed the subgroup to have a wider view of multi-agency performance. The subgroup will use this data for further analysis and a 'deeper dive' to focus on particular areas such as advocacy referrals, feeling safer after safeguarding intervention.

Review and Learning – there has been a significant increase in the number of Safeguarding Adults Reviews requests received. During this year 11 requests were received out of which 4 have been approved. Those that do not meet the criteria usually form part of internal reviews such as Serious Incidents Reports. The Board has also published 2 completed reports with one Review undertaken jointly with adults and children.

Keeping Safe Subgroup – the joint subgroup has wide participation across statutory adults, children and voluntary sector services. The focus this year has been to development engagements for both safeguarding adults and children. Services share innovative and creative ways they raise awareness of safeguarding with community groups. The Chair has worked with members to open the group to members of the public so that they can hear and contribute directly.

Joint Safeguarding Workforce Development – a newly formed subgroup that will develop a multi-agency joint workforce development strategy. It will facilitate regular training needs analysis for multi-agency safeguarding practice, support in delivering a multi-agency safeguarding training programme, and promote common single agency safeguarding training standards and approaches.

Safeguarding Week 8th – 12th July 2019

The Awards ceremony at the beginning of Safeguarding Week has become well known and a great celebration of the work children, adults and services are doing to safeguard others and their communities. This year we heard Jody Keegans story of how she and her children survived domestic abuse. It highlighted the need for all services to work to protect families from abuse. Throughout the week services provided presentations, training and delivered leaflets to residents.

Keeping Safe Event 2019

The annual Keeping Safe event was a festive feast. Guest Speaker, Dr Alan Billings, South Yorkshire Police Commissioner, shared details of the newly established South Yorkshire Violence Reduction Unit.

The theme of the Keeping Safe event was Voices and Stories and highlights included Jodie Keegans' Survivors Story about domestic violence, poems by JB Barrington and a showcase of how local groups are helping to contribute to a safer Doncaster.

There were fantastic discussions with members of the local communities about what information should be included in an update of the Keeping Safe leaflets – their views and voices will be used to influence the development of new Keeping Safe campaign materials.

A local Primary School choir, who joined us midway through the event, sang modern Christmas songs which added a special sparkle and festive feel to an informative and enjoyable day.



Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 11 March 2021

Subject: Doncaster Safeguarding Children Partnership (DSCP) Annual Report 2019-20

Presented by: Ben Brown, DSCP Development Manager

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

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

How will this contribute to improving health and wellbeing in Doncaster?
There are significant crossovers between Safeguarding and Public Health particularly around substance misuse, parental mental health and sudden unexplained death in infancy.

Recommendations
<p>The Board is asked to:-</p> <p>Consider the report and offer any recommendations in terms of improving the strategic links between the Health and Well Being Board and the Doncaster Safeguarding Children Partnership. Feedback regarding this is welcome.</p>

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**DONCASTER
SAFEGUARDING
CHILDREN
PARTNERSHIP**

ANNUAL REPORT

2019-2020



Doncaster Safeguarding Children Partnership Annual Report 2019/2020

Chair's Foreword

I am pleased to have the opportunity to introduce the DSCP Annual Report for 2019/20.

I took up the role of Independent Chair of the Joint Adults and Children Safeguarding Board in December 2020. I had no involvement with safeguarding in Doncaster in the twelve months covered by this report, and of course am not in a position to comment in any detail on the work undertaken, the achievements, and the areas for improvement identified in that period. However, one key role of an independent chair is to challenge and scrutinise performance and reporting. Statutory guidance requires this annual report to be subject to independent scrutiny. I hope therefore that there may be some advantage in the opportunity for a newcomer to cast an independent eye over and comment on this first annual report published under the revised multi-agency safeguarding arrangements introduced by the Children and Social Work Act 2017.

As that newcomer I ought to give a brief summary of my background. I have spent my career in social work practice, teaching and management across both adults and children's services. I was Director of Adult Services in the London Borough of Tower Hamlets for nine years, and then Director of Social Care and Deputy Chief inspector in Ofsted from 2009 to 2013. Since then I have undertaken improvement work in a number of local authorities, and currently chair the Safeguarding Children Partnership and the Safeguarding Adult Board in the London Borough of Redbridge.

This report covers the twelve months to March 2020. The floods of November 2019 made huge demands on all public services, challenging them to find new ways of responding to crisis; and since then, of course, the world has been turned upside down by the terrible impact of the Covid-19 pandemic. All services and agencies have had to respond at pace to the unprecedented circumstances of this pandemic with even greater flexibility, capacity to innovate, and readiness to adapt. Services have faced huge challenges, but at the same time the crises have opened up opportunities for new ways of working and strengthened partnerships. It is already clear to me from my brief engagement with Doncaster that partner agencies, and above all individual practitioners and managers, have risen to this challenge, going the extra mile and beyond, and demonstrating an outstanding example of public service values and commitment at their best.

This report does not cover the period since March 2020 which has been dominated by the demands of the pandemic response. An analysis of those demands, the risks that have emerged to children and young people during the pandemic, and the way in which the partnership has worked to manage and mitigate those risks, will undoubtedly be a major theme of the report for 2020/21. Inevitably, the pressures on all agencies have delayed the production of the report, and it is now almost a year since the period covered by the report ended.

There is much that is positive in the report. The evidence on the impact of the Early Help Strategy on outcomes for families in the year in question is particularly encouraging. I know that partners in Doncaster are very clear that effective engagement with families at an early stage can be crucial both in securing better outcomes and experiences for children and families, preventing a need for more intensive and potentially invasive interventions at a later stage, and in managing demand for more intensive services. There is some recent evidence that the early help pathway needs some reviewing and strengthening, to make sure that more families get the right help at the right time, and I am aware that much work is currently being undertaken on this.

The report reflects on the first year's experience of the arrangements that have been put in place in Doncaster to achieve a more integrated approach to safeguarding across both adults' and children's services. There is a Joint Adults and Children Safeguarding Board, with a linked Safeguarding Adults Board and Safeguarding Children's Partnership, supported by a Joint Business Unit. It is encouraging to learn from the report that:

Feedback from the reconfigured Boards has been positive. Members consider the revised joint format to be more effective in facilitating a joint approach to shared issues across Children and Adult Services.

The report highlights some creative initiatives that have come out of cross-fertilisation between what were previously two entirely separate Boards. The community-focused Keeping Safe Forum was originally developed by the Safeguarding Adults Board and the Practitioners Forum by the Safeguarding Children Partnership. Both now operate across both sectors, and I look forward to engaging with them in the coming months.

Partners have agreed that two years on from the implementation of these new arrangements it would be timely to review them. I have been asked to carry out that review. It will be important to ensure that the benefits of integration are maximised, focusing on genuinely shared issues with a real impact on outcomes for vulnerable adults, children, young people and families, while at the same time making sure that focus is not lost on those challenges and issues that are specific to the adult safeguarding or children's safeguarding agendas.

The annual report is required, under the 2017 Act, to evaluate the effectiveness of the multi-agency safeguarding arrangements in practice. It ought to answer the question: how well are children and young people in Doncaster safeguarded? What are the key strengths, and what needs to be better? I hope that next year's report will be able to answer those questions more robustly than it has been possible to do in this first report produced under the new arrangements. There is clearly much good practice in Doncaster, commended most recently by Ofsted in reporting on their "focused visit" in December 2018. The annual report refers to a series of multi-agency audits that were undertaken in 2019/20. Having read those audits, I can confirm that they were thorough and rigorous, and they did indeed identify much good practice. They did also, however, identify some very significant areas for improvement: inconsistencies in some basic practice (in the

quality of assessment, for example), inconsistencies in reflecting and reflecting on the lived experience of some of the children concerned, and a need for the much better “join up” between different services that the joint safeguarding arrangements in Doncaster ought to be exceptionally well placed to promote – between children’s social care and adult mental health services, for example. I am aware that partners in Doncaster have identified the need for practice and service improvement in a range of areas and have established a Partnership Improvement Board charged with delivering the necessary improvements at pace.

Children’s services in Doncaster were found by Ofsted to be failing in 2015, and in only two years had improved to ‘good’ – perhaps the fastest trajectory of improvement in the country. A year later, services were judged to be still focusing “highly effectively” on continuing improvement. I have been very impressed by the strong commitment of all partners to refocus on that improvement, and I look forward to working with them on the next stage of what overall has been a very impressive improvement journey.

John Goldup, Independent Chair of Doncaster Safeguarding Children Partnership

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Principles, Priorities and Values

The DSCP and DSAB have a joint strategic “plan on a page”. The guiding **principles** of this are:

- Always put the wellbeing of the child, young person or adult first;
- Ensure services address the impact of adverse childhood experiences across the life stages;
- Promote a culture of creativity and curiosity;
- Promote whole family working.

There are four strategic priorities:

- To assure effectiveness and impact of safeguarding arrangements;
- To lead and shape safeguarding practice;
- To be able to respond to current and emerging issues;
- To collaborate, trust and build partnerships.

A core **value** is that we ensure the voice of the Child / Adult informs all that we do *“Nothing about me without me”*.

Legislative changes (2017 Children Act) mean local safeguarding children arrangements are now the responsibility of the three statutory ‘**safeguarding partners**’ –Doncaster Council, the Clinical Commissioning Group, and South Yorkshire Police along with Doncaster Children Services Trust (DCST). The new arrangements require the statutory partners to put in place local arrangements including how they will work with relevant agencies (agencies who the safeguarding partners identify as having a key role in safeguarding children). The partners have previously agreed to form a joint Board with the DSAB as well as having a partnership board specifically for children. The Board commissions an Independent Scrutineer who has no connection with any of the local agencies. The implementation of the strategic plan is delegated to a range of sub groups some of which are run jointly with the adult board.

The structure provides oversight so that all agencies in Doncaster are clear about their responsibilities and that they work together to co-ordinate all their safeguarding activities. The Partnership is supported by a joint Adult and Children Business Support Unit. It works closely with a number of other multi-agency strategic partnerships including the: Health and Wellbeing Board; Safer Stronger Doncaster; Children & Young People’s Partnership and Early Help Strategy Group. There are clearly overlapping areas of concern across these areas. To address this Doncaster has put in place a Chief Officers Safeguarding Overview Partnership (COSOP) in order to ensure that there is co-ordination and linkages with other partnerships and plans such as Doncaster Growing Together, and the plan for Team Doncaster. The DSCP Board meets quarterly: a children’s partnership meeting, an adult board meeting and a joint meeting all take place on the same day.

CONTEXT

66,918 children and young people under the age of 18 years live in Doncaster, this is **21%** of the total population in the area.



Doncaster (based on ONS Mid-Year Estimates)



22%

Approximately
of the local authority's
children aged under 16
years are living in
low-income
families.

Children and young people from minority ethnic groups account for **11%** of all children living in the area, compared with **27%** in the country as a whole.

The proportion of children entitled to free school meals:

20.5% in primary schools
(the national average is 17.7%)

19.5% in secondary schools
(the national average is 15.9%)



The largest minority ethnic groups of children and young people in the area are White Eastern European, including Gypsy/Roma Communities



Doncaster is

41

in the ranking
for deprivation



The total number of open Children In Need Cases as at 30th September


2,580	- including care leaver's
2,284	- Excluding Care Leavers

2.8% of our pupils had an EHCP compared with 3.3% nationally, and 12.3% had SEN Support compared with 12.1% nationally
(As at January 2020)



Doncaster has:

- 383** children with a Child Protection Plan
- 519** children are in care
- 296** care leavers.



5.8% of our young people are 'Not in Education, Employment or Training', compared with **10.4%** nationally (As at August 2020)



The proportion of children and young people with English as an additional language:

12.0% in primary schools
(the national average is 21.3%)

8.9% in secondary schools
(the national average is 17.1%)



Local Context

Doncaster is currently ranked 41st most deprived out of 326 local authorities according to the Indices of Multiple Deprivation (2019) suggesting that a significant proportion of families in Doncaster will face challenges in caring for and raising their children. There are approximately 65,000 children and young people under 18 in Doncaster. Demand for children's services in Doncaster is higher than the national average: referral rates to children's social care are higher. This has been the case for a number of years and is likely to reflect the impact of historical serious case reviews alongside other demographic factors.

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

A report **By us, for us: A youth-led commission on child poverty in Doncaster**, commissioned by the Children and Families Executive Board (September 2018) concluded the following: *in Doncaster almost 1 child in 3 lives in poverty – that's over 20,000 children. Poverty affects children's lives in lots of different ways: people can lose their homes, or become victims of crime if their area is unsafe. Poverty affects how well children do in school, how healthy they are and how they behave. It also affects their future – what kind of jobs they can get and whether they end up being poor as adults.*

Partnership Achievements

One of the most successful aspects of the multi-agency learning centred on the audits that were undertaken around exploitation; mental health; sexual abuse and domestic abuse. The learning from these led to improvements in procedures and practice briefings being produced to cascade the learning across the workforce. The DSCP has a statutory duty to undertake Section 11 audits on a bi-annual basis. No Section 11 audits were undertaken during the time period covered by the report. These occur bi-annually and these are underway at the time of writing.

Overall progress has been made in implementing the new arrangements. Feedback from the reconfigured Boards has been positive. Members consider the revised joint format to be more effective in facilitating a joint approach to share issues across Children and Adult Services.

The Early Help Strategy for Children, Young People and their Families 2017 – 20 provides prevention and earlier intervention when a need is identified or as soon as a problem emerges, at any point in a child's life. During 2019 –2020 there were 7063 referrals made for Early Help support; slightly up from the previous year of 6181 referrals. The focus on practice development improved outcomes for families, evidenced in the overall closure outcome, most notably 'plans completed' rose from 29.2% in 2018-19 to 43.9% in 2019-

20; 'family disengagement' decreased from 26.6% to 20.2%; and 'step up' to social care fell from 26.6% to 23.5%.

The Year 2019/20 began with 314 children subject to Child Protection Plans, and closed with a decrease to 300. The trend is a steady decline over recent years, and there are no Child Protection Plans that have been in place for two years or longer. This suggests that effective early intervention is preventing problems from escalating to a point where child protection procedures are required. When child protection plans are required the gradual reduction in duration of these plans suggests that effective and timely planning and support for children and families is being provided. This is generally desirable as child protection procedures can feel intrusive and threatening for families, hence it is preferable to be able to engage families voluntarily at an earlier stage. There has been an increase in children and young people's attendance at conferences and at core groups, with more meaningful contributions and greater engagement with the plan. There is a shift in culture leading to other professionals habitually seeking the views of young people and championing their involvement and contributions. Overall, this represents a very successful area of practice and helps towards meeting the statutory requirement to ascertain the voice of young people.

Local Solution Groups were piloted to inform the transition into the locality-working model and were key in managing demand caused by the November 2019 floods and Covid response from March 2020 onwards.

The DSCP has continued to develop the Neglect Strategy aiming to ensure the early recognition of neglect and improved responses to it by all agencies, so that life changes of children are promptly improved and the risk of harm is reduced. This is led by a Neglect Strategic Group, which is part of the Team Doncaster Children and Young People's Partnership.

DSCP Sub Groups

The Sub Groups are the "engine room" of the Partnership and have delegated responsibility for implementation of the strategic plan. It delegates its functions to a number of sub groups via the strategic plan and each group has an individual action plan.

Case Review Group: The CRG fulfils the statutory requirements outlined in Working Together 2018 relating to "child protection and safeguarding practice". Learning Lessons Reviews promote the participation of frontline practitioners and provide a detailed insight into issues and experiences in safeguarding casework. A key impact of the group is that Practice Briefings are produced to disseminate the learning to the wider workforce. In response to two Lessons Learned Reviews a detailed suicide contagion protocol has been developed in conjunction with Public Health. During Q4 the first Rapid Review was completed leading to a Local Child Practice Safeguarding Review being commissioned. Publication is delayed pending the conclusion of the criminal process.

Workforce Development: The Partnership has a strong commitment to multi-agency training and continues to work with our established multi-agency training pool to offer a training programme covering a wide range of safeguarding issues based on a training

needs analysis. Places are provided at no charge funded by annual partner contributions. During the year 1365 multi-agency professionals attended a total of 412 hours of training covering a diverse range of subjects. This contributes to a well-trained and highly skilled workforce. In February the Partnership hosted its first joint conference with the DSAB. This followed on from the nine previous conferences and was equally well received by the 180 delegates present. It was described variously as inspiring, informative, excellent and powerful.

Child Death Overview Panel: CDOP reviews all child deaths that occur in Doncaster in accordance with the statutory responsibilities outlined in Working Together 2018. Modifiable factors arising from reviewed cases included: Smoking by either parent during mother's pregnancy; Body Mass Index of mother; Co-sleeping and parental compliance advice; Internet safety and online information regarding self-harm; Low birth weight of baby; Delay in seeking medical attention by parents. This has led to recommendations for the following actions: Health staff training regarding safe sleeping and alcohol use, and smoking in pregnancy; Young people's safe user use of the internet.

Significant progress has been made in meeting the requirements of Working Together 2018. The four South Yorkshire areas have collaborated to strengthen the existing shared learning forum which takes place quarterly.

Quality and Performance The group has explored the use of data and intelligence to inform the effectiveness of safeguarding arrangements, in response to Working Together 2018. A revised data set and reporting process has been implemented during 2019 - 20. The group has commissioned four highly successful multi agency audits using the JTAI framework. These have led to action plans to improve practice. The impact of the group is that the Partnership is better able to understand and analyse the functioning of the whole system and implement actions to resolve any issues.

Child Exploitation: A Child Sexual Exploitation Strategy 2017-19 and Action Plan is overseen by the Group, chaired by a senior Police Officer who is a member of the Partnership Board. The multi-agency team is co-located with specialist police officer colleagues and Missing Persons Investigators. This means that information can be shared in a timely way and responding to concerns can be undertaken quickly. The Industry Sector Group has worked hard to train taxi drivers, private landlords and hoteliers, to raise awareness of the signs and indicators of exploitation.

Practitioner Forum: This is chaired by the DSCP Independent Convenor and has representation from multi-agency practitioners across adults and children's services in Doncaster. The Forum has met on 5 occasions within the period of 2019/20. Each forum has led to sharing of valuable information on practice issues. These help inform the Board of those priorities to take forward. The Forum has always been well attended and seen an increase in engagement. It is a platform for practitioners to directly inform senior leaders in the DSCP of practice related issues.

Keeping Safe Sub Group and Forum The sub group and Forum are run jointly between adults and children. Engagement with the voluntary and faith and culture sectors is being

further developed into the Keeping Safe Forum, to ensure that the sector is well represented serving as a voice and influence sub-group for both the Adult and Children's Boards. Community, faith and cultural groups and sports clubs are also invited to DSCP training events and conferences. Both safeguarding partnerships have also worked together on an annual safeguarding fortnight, with activities and communications to raise awareness about safeguarding and protection issues with the general public and professionals.

Areas of development and future challenges

A significant amount of time was invested in developing the new DSCP website. It is envisaged that this will promote a universal training calendar detailing all children and adults training courses linked to Safeguarding.

There is a need to more systematically capture the voice of the child. While a number of agencies have been very successful in doing to this to the extent where young advisors are commissioned to inform individual governance boards there is a need to develop this on a multi- agency basis.

The DSCP has been fortunate in that since the advent of Working Together 2018 up until April 2020 there has only been one serious incident that met the criteria for Rapid Review. This occurred in January '20 so the Local Child Safeguarding Practice Review was only at the stage of being commissioned by the end of March'20. The most significant learning arose from Lessons Learned Reviews following two young people taking their own lives. A suicide contagion protocol has been developed as a consequence of this and has proven to be effective.

Key priorities for 2020-21 will include:

- The multi-agency response to the ongoing Covid pandemic.
- Improved integration with the Safer Stronger Doncaster Partnership at both a strategic and operational level to address issues arising from domestic abuse.
- Seeking assurance from the Health and Wellbeing Board in respect of the impact of mental health issues on young people's well-being.

References

DSCP Website: <https://dscp.org.uk/>

New Local Arrangements can be found at <https://dscp.org.uk/sites/default/files/2019-09/DSCP%20New%20local%20arrangements%20to%20safeguard%20children%2006.2019.pdf>

DSCP- DSAB Strategic Plan 2019-2021: <https://dscp.org.uk/sites/default/files/2019-10/DSCP%20DSAB%20Safeguarding%20Strategic%20Plan%202019-2021.pdf>

DSCP Policy and Procedures: <https://dscp.org.uk/professionals/policies-and-procedures>

Early Help Strategy: <https://dscp.org.uk/sites/default/files/2020-09/Early%20Help%20Strategy%20Revised%202017%20to%202020%20Final.pdf>

DSCP Training Calendar : <https://buy.doncaster.gov.uk/training>

“Keeping Children and Adults Safe in Doncaster”

Principles:

- Always put the wellbeing of the child, young person or adult first
- Ensure services address the impact of adverse childhood experiences across the life stages
- Promote a culture of creativity and curiosity
- Promote whole family working

Strategic Priority 1

ASSURE EFFECTIVENESS AND IMPACT OF SAFEGUARDING ARRANGEMENTS

Strategic Priority 2

LEAD AND SHAPE SAFEGUARDING PRACTICE

Strategic Priority 3

ABILITY TO RESPOND TO CURRENT AND EMERGING ISSUES

Strategic Priority 4

COLLABORATE, TRUST AND BUILD PARTNERSHIPS

DSCB DSAB Safeguarding Strategic Plan 2019-21

We will seek to;

- | | | | |
|---|---|--|---|
| 1. Ensure the voice of the Child / Adult informs all that we do
<i>“Nothing about me without me”</i> | 5. Ensure that everyone working with Children and Adults is adequately trained and competent in safeguarding. | 9. Promote and be assured of whole family approaches to; <ul style="list-style-type: none">• Prevention and early intervention• Exploitation• Mental Health and wellbeing• Domestic Abuse• Neglect / Self-neglect• Contextual / Organisational issues | 12. Engage the Voluntary, Community and Faith sector ensuring that <i>“Safeguarding is everyone’s responsibility”</i> . |
| 2. Listen to the voice of the front line practitioner | 6. Ensure there is an effective multi-agency assurance process in place | 10. Explore the benefits of an all-age Multi-agency Safeguarding Hub | 13. Ensure safeguarding is core to all strategic and partnership work in Doncaster. |
| 3. Ensure learning from critical incidents and serious cases is embedded in practice | 7. Have Performance Frameworks that enable the Adults Board and Children’s Partnership to see what is happening | 11. Develop a clear escalation process for resolving professional differences across the partnership | 14. Work across Children and Adult partnerships identifying further opportunities to work more closely together |
| 4. Receive assurance through multi-agency practice audits across the partnership | 8. Promote the use of person centred models based on asset / strengths based practice. | | 15. Have an effective Communication and Engagement Strategy in place |

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Doncaster Council

**Doncaster
Health and Wellbeing Board**

Date: 11 March 2021

Subject: Director of Public Health Annual Report 2020

Presented by: Dr Rupert Suckling

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

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>The Director of Public Health (DPH) has a statutory duty to write a report on the health of the local population and the authority has a duty to publish it (section 73B (5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.</p> <p>The 2020 Doncaster Director of Public Health Annual Report is the sixth authored by Dr Rupert Suckling. The report will be available on line at http://bit.ly/phreport-2020</p> <p>This report describes the course of the global COVID-19 pandemic in Doncaster, includes a rapid assessment of whether health is improving locally. The report also demonstrates how the public health grant is used locally and how those commissioned services perform. Finally the report points to the role and content of a new borough strategy to support the recovery and renewal of Doncaster over the next decade.</p>

The immediate lessons learnt from the COVID -19 pandemic include

- Doncaster people, families, communities, businesses, groups and institutions have all pulled together responding to need quickly and effectively.
- The importance of 'Key workers' was reinforced during the first national lockdown.
- Not everyone was impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
 - o Impacts directly from COVID
 - o Impacts of overwhelmed health services
 - o Impacts of changes to health services
 - o Impacts of lockdown and other measures
 - o Impacts on particular communities and groups
- National decision makers are too remote and lack the local knowledge needed for many decisions including the relaxing of the first national lockdown, the re-opening of schools and return of elite sporting events
- Pandemic preparation should not be neglected. This includes better understanding of how local people live their lives, investment in health protection, establishing clear, agile, system leadership and supporting data to manage flow not just activity and increase transparency.
- Health and the economy are intrinsically linked and the best way to address the pandemic is the good for both health and the economy.

The report concludes with five recommendations for Team Doncaster and partners:

- Recognise and celebrate the role of 'Key workers' in the way Doncaster operates
- Develop and adopt a new Borough strategy to spearhead recovery and renewal
- Continue to develop asset based, community centred approaches to health and wellbeing working with and for communities
- Revitalise approaches to health inequalities, poverty and social exclusion
- Learn the lessons from the COVID-19 pandemic and continue to prepare for future public health emergencies in light of the creation of the National Institute for Health Protection (NIHP) following the review of Public Health England

Recommendations

The Board is asked to:-

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

Director of Public Health Annual Report 2020

Foreword from Cllr Nigel Ball, Cabinet Member for Public Health, Leisure and Culture

Introduction

Coronavirus (COVID-19) 2020

The State of Health in Doncaster 2020

Use of the Public Health Grant

COVID Related Monies

The Performance of Public Health Commissioned Services

Call to action – the Future a new Borough Strategy

Conclusion

Recommendations

Foreword from Cllr Nigel Ball, Cabinet Member for Public Health, Leisure and Culture

2020 has been an awful year and none of us have been untouched by the effect of Covid 19 across all aspects of our lives. This last year has thrown so many challenges our way as a borough which has tested our communities and our citizens resilience and perseverance but has also highlighted some amazing examples of big-hearted individuals and groups who have helped so many people in Doncaster and gone above and beyond in many peoples time of need.

Coronavirus has not unsurprisingly been the main focus of our Public Health activity, support and communications and continues to be at the forefront of our work. Our workers, officers and teams have been at the forefront of the pandemic response in Doncaster and I want to take this opportunity to thank them all for their unceasing service, hard work and resilience throughout this year and indeed beyond. As this annual report is published still during the testing times of a pandemic, I would like to pay tribute to our Public Health team led by Dr Rupert Suckling for their tireless work and guidance in difficult times. For being their late at night and early in the morning at the end of a phone or a computer and at our darkest, worrying times for always being there indeed 7 days a week.

I also would like to acknowledge the significant role of our key workers and the NHS in Doncaster who have continued to do their best to support our most vulnerable people and offer vital services and support - thank you. I would also like to thank our communities and the people within them who have shown the strongest elements of resilience, determination hardship who have done their bit in following the advice we all have had to follow.

Our health as a borough is changing and we have yet to see the full impact of this pandemic on our wellbeing and mental health. The pandemic does impact different people in different ways. How we feel, how our health is improving or not are closely linked to how our borough prospers. Being fit and well both mentally and physically helps to boost our sense of wellbeing and confidence and indeed our ability to help Doncaster to thrive. Quite simply, our health affects our quality of life and the way in which we enjoy and live it. It also impacts on others around us and our relationships whether at work, home or leisure.

This annual report highlights that despite the enormous energy and activity that has and is still being devoted to battling Coronavirus, so much other important work on a range of health issues has taken place and I am proud to see that happening. There is of course more to be done but recognition should be given to everyone who helps our health and wellbeing and indeed to those individuals who make changes in their life and lifestyle, in however a small way, to take stock and improve their health and wellbeing. The pandemic has, in some ways, enabled us to become more aware of our areas, our nature and provided us with the opportunity, albeit forced, to take stock and indeed recognise our environment and some of the positives of our locality in and around Doncaster.

I hope you find this report useful and informative in relation to how Doncaster has attempted to meet the challenge of the pandemic, but also as a starting point in terms of how we as a borough begin the long fightback as we move into 2021 and recovery. I have no doubt and the report clearly indicates that there is still much work to do but we move forward on a firm footing with strategies and initiatives already in place to tackle health inequality.

It's been a very rough year for all of us and we all need to be mindful of this in our day to day interactions with people. None of us has been exempt from the worry and stress of the last 12 months so on a personal note be good to each other, take care of yourselves, your families and communities.

Regards,

Cllr Nigel Ball

Introduction

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

2020 has been the year of COVID-19. At the turn of the year, a previously unknown SARS-CoV-2 virus emerged and over the next few weeks spread right around the globe. Within months the tell-tale symptoms of COVID-19 (new continuous cough, a high temperature and loss of or change to smell or taste) became common knowledge and the impacts of the virus were felt in homes, families, communities, schools, businesses, care settings and hospitals. For many the infection caused a short respiratory illness but for others the infection proved fatal. This was especially the case in older residents, those in key worker roles and those from ethnic minorities. My thoughts are with all those who lost loved ones or have been impacted by the pandemic in other ways.

Throughout 2020 new ways of preventing the spread of COVID-19 arose including handwashing, adopting the 2m physical distance and wearing face coverings. New medical practice also arose to treat people with COVID-19 and at the time of writing three vaccines for COVID-19 have been approved here in the UK. However, these new practices proved insufficient on their own and a national lockdown in the spring together with national restrictions in the autumn were needed in addition to a range of 'tiers'. Whilst the lockdown and national restrictions stemmed the infection the impact of the lockdown especially on children, families, businesses and communities was severe. No more so than in the case of lonely and isolated or the hospitality sector. In response to the pandemic we saw communities come together to support each other and who can forget the Thursday evening clapping for health and care workers.

This report provides an initial story of the COVID-19 pandemic in Doncaster, albeit from a particular perspective and I want to hear other people's COVID reality and their stories. This report also includes a high level assessment of how the overall health status is changing in Doncaster. This needs to be heavily caveated as the data available to us does not yet fully reflect the short term impacts of COVID-19, or in fact the long term impacts of COVID -19 that could be with us for the next decade.

As last year, I have provided a breakdown on how the public health grant is allocated and the performance of locally commissioned public health services.

The pandemic has shown that although we may have been 'in it together' we have not been impacted equally. The starting points for many people, families and communities were different and their ability to cope set by long standing inequalities and the recent 2019 flooding.

Coronavirus (COVID-19) 2020

It may seem premature to consider the impacts of COVID-19 but the sooner the impacts are assessed and the lessons are learnt the sooner and more effectively Doncaster people, families, communities, businesses, schools and institutions can plan for a more prosperous future. There will be government reports and inquiries in due course but this report starts to provide a Doncaster perspective on the pandemic. There are other perspectives and they too need to be heard.

What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in 2019 in Wuhan in the Hubei province of China. It spread around the world causing a pandemic typified by fever, cough and loss of or change to smell or taste. The virus is spread during close contact and via respiratory droplets and aerosols.

People are most contagious when they have symptoms but spread is possible before symptoms appear. The time between exposure to the virus and developing symptoms is between two to fourteen days. The majority of cases result in mild symptoms but some progress to pneumonia and multi-organ failure. In March 2020 the overall case fatality was 4.5% ranging from 0.2 percent in the young and healthy to over 10% in the elderly and infirm. Cases are diagnosed by clinical symptoms and a PCR (polymerase chain reaction) test from a nasal/throat swab. One in twenty people who have had COVID develop the Long-COVID syndrome, which can include severe on going health issues.

On the 31st December 2019 the first cases of pneumonia of unknown origins were identified in Wuhan. It took until the 12th January 2020 to isolate the new virus and by the end of January the first cases of COVID-19 were imported into the UK and identified in York and Brighton. The World Health Organisation (WHO) declared the 2019-20 coronavirus outbreak a Public Health Emergency of International Concern (PHEIC) on 30th January 2020. By the middle of February there were cases across the UK and by the end of February evidence of person to person transmission had been confirmed resulting in the WHO declaring it a pandemic on 11th March 2020. COVID-19 has been present in the UK ever since.

How did this impact Doncaster

Pandemics are characterised by a number of peaks or waves and COVID-19 is no different. At the time of writing we have passed two waves of COVID-19 and are approaching a third wave. The first two waves resulted in national action, in March 2020 there was a national lockdown and in November 2020 a set of national restrictions were introduced. The third wave has resulted in a third national lockdown in January 2021.

January 2020 – May 2020 -The first wave begins

The initial stages of the global pandemic saw spread of COVID-19 from China through air travel to a number of European countries. Individual cases started to be seen in the UK from the end of January 2020.

In Doncaster, the local pandemic plan was reviewed and the first pandemic planning meeting was held in early February. This soon escalated into a South Yorkshire pandemic response coordinated through the Local Resilience Forum. Initial preparations included advice to the public, to staff and to

the local Chinese community on how best to prevent the infection through containment, hand hygiene and cleaning as well as raising awareness of the three core symptoms.

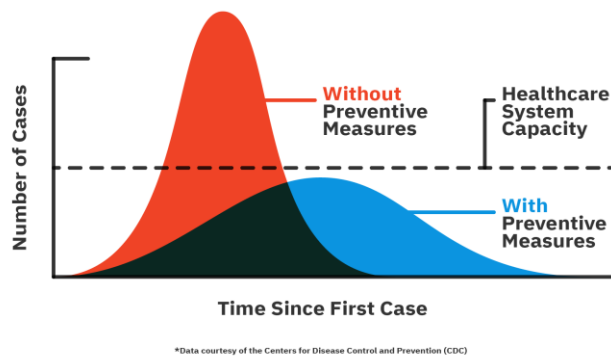
At the end of February local school ski trips returning from Northern Italy began contacting the Council for advice as they had been in areas where COVID-19 had been reported. Doncaster declared 2nd March as week 0 of the pandemic even though no cases had been seen locally.

The government announced 'Delay' on the 12th March stopping all mass gatherings including sporting events and asking people to work from home. On the 19th March the first COVID-19 cases in Doncaster were confirmed, although subsequently the date of confirmation was backdated to the 10th March and later that month there was unfortunately the first death. Despite adding social distancing to the national public health advice, schools were asked to shut on the 20th March, with hospitality businesses asked to shut on the 21st but by 23rd March a national lockdown had come into force in order to prevent the NHS becoming overwhelmed by the number of patients needing care. NHS services scaled back all routine and elective activity, moving whatever they could on-line. The hospitals increased critical care capacity to look after people with COVID-19 and nationally Nightingale hospitals were established. Health and care providers struggled to find enough suitable Personal Protective Equipment (PPE). National contact tracing stopped at the same time as the demand exceeded capacity.

Doncaster people and organisations followed the emerging restrictions, secured additional PPE and the hospital increased critical care capacity. Although tests for COVID-19 had been developed they were limited for use in those people with severe enough symptoms to require hospital admission, so the council set up a self-assessment form on its website so people could self identify if they had symptoms to enable the spread of the virus to be tracked. At the same time as the national 'stay at home guidance' the 9,700 most vulnerable Doncaster residents were asked to start 'shielding' for 12 weeks. A community hub was established to work with existing and new community, voluntary, faith and mutual aid groups to help ensure those who were 'shielding' were still able to access food and medical supplies.

The overall approach in this first wave was to 'flatten the curve' to reduce and spread out the number of cases of COVID-19 so that health services would not be overwhelmed. In this first wave Doncaster followed about 2 weeks behind the national picture. Even so by the end of May there had been 1,592 confirmed cases in Doncaster and 176 deaths. Many of these deaths were in the elderly, those with existing health conditions but also in care homes and key workers including health and care workers. It was also established nationally that other groups were at higher risk of mortality from COVID-19 those in key worker occupations and people from ethnic minorities. On the 30th April local public sector organisations introduced risk assessments for staff from ethnic minorities.

The 'lockdown', including the closure of schools for all but key worker children and vulnerable children together with large sectors of the economy certainly 'flattened' the curve. However, there were intentional and unintentional impacts of these approaches including huge impacts on family and community life, delays to treatment for people with other health conditions, mental health impacts of 'lockdown' and wide ranging economic implications. The young and those already in poverty were most badly impacted. Ahead of this the Mayor launched a 'Fight Back Fund' in March to support local people and this was followed by national support including the 'furlough' scheme, a temporary increase to universal credit payments and the 'everybody in' approach to support the homeless.



June 2020 – August 2020 - The first wave declines

The national lockdown lasted from 23rd March until 28th May when the government deemed the UK had met its 5 tests. These tests included

- The NHS has sufficient capacity to provide critical care and specialist treatment right across the UK
- Sustained and consistent fall in daily deaths from coronavirus
- Reliable data to show that the rate of infection is decreasing to manageable levels across the board
- Operational challenges including testing and PPPE are in hand with supply able to meet future demand
- Confident that any adjustment to the current measures will not risk a second peak in infections that overwhelm the NHS

In May the government had published the Contain Framework and as well as establishing NHS Test, Track and Trace it placed a requirement on local government to establish a member led engagement board and a COVID control Board to develop a COVID control strategy. Essential businesses continued to operate with more stringent rules of PPE, people continued to 'shield' and in fact another 6,000 residents were added to the shielding list in early May and further 2,000 in late May. Early June saw the Council and partners, through the Team Doncaster partnership, begin to plan for recovery as a way of addressing humanitarian, economic and environmental impacts of lockdown. This coincided with the socially distanced and peaceful Black Lives Matter protest in Doncaster on 7th June responding to the death of the African-American man George Floyd while in police custody.

As the lockdown was eased there was a gradual reopening of the economy up until mid-August with the local Authority heavily involved in helping manage the public realm. Areas across Doncaster saw new road layouts and signage to reduce the risk of transmission of what is still a highly infectious disease. Environmental health teams supported food business to reopen in different ways and schools continued to support vulnerable children and the children of essential workers. Doncaster schools reopened two weeks later than nationally as the Director of Public Health deemed there were still too many local cases. Non-essential shops reopened, with hospitality following in early July and hairdressers and other 'close contact' services in the middle of July. National schemes such as 'Eat Out, to Help Out' and other business supports were also rolled out. Council services that had been suspended during the 'lockdown' also gradually stood back up. However these were not normal times for many people, the impacts on the young and the poorest were particularly noticeable and the council and partners worked to try and address 'holiday hunger'.

By the end of August there had been a further 489 confirmed cases in Doncaster and 46 deaths related to COVID-19.

September 2020 – November 2020 – the start of the second wave

September began with a number of significant changes. NHS Test, Track and Trace had become NHS Test and Trace with increases in testing capacity and a change in testing regime so that anyone with symptoms could request a test. Elite sporting events were being tested for their feasibility to restart including the St Leger. Schools were also preparing to reopen for all children and face coverings and other compliance measures were still compulsory in shops.

However despite this apparent return to near normality there were signs of a second wave. There was a spike in new cases that meant the 10 tests that the DPH had set for the St Leger festival to go ahead with limited crowds were no longer met, resulting in racing having to move to behind closed doors from day 2 onwards. On the 14th September the 'rule of 6' was introduced as the doubling time for new infections reached every 7 to 8 days. Local COVID marshals and welfare calls started to support local people and businesses and by the end of September this was supported by the NHS App. Communications and marketing approaches were reviewed and revitalised focussing on 'hands, face, space' and a daily incident management team began meeting to ensure all new cases, clusters and outbreaks in high risk settings were identified and effectively managed. Yet, despite this the number of cases continued to increase. A national tier system was introduced and Doncaster went into tier 2 on the 14th October, tier 3 on the 24th October and then followed the rest of the county into national restrictions on 5th November and this included the reintroduction of 'shielding' albeit for a more tightly defined group of people – the Clinically Extremely Vulnerable. Additional support for business through a further set of business support grants was implemented too.

This second wave was different from the first, because of the new testing strategy the number of confirmed cases was much higher than the first wave where the testing was limited to those people needing hospitalisation. Difficulties in accessing tests at the end of September may have underestimated the number of true cases and it's likely that only a quarter of people with COVID-19 actually came forward for testing. There are a number of other possible reasons for low testing take up and they are likely to include the fact that for some people this is a mild illness or even without symptoms, transport to a test site may be difficult or the implications of self isolation (e.g. if people are on zero hours contracts) may make self-isolation unaffordable. Throughout this wave schools and businesses remained open and health and care services also continued to operate both 'business as usual' services alongside 'COVID response'. The rate of new cases rose to 580/100,000 people, hospitals saw the number of admissions for people with COVID increase and surpass the first wave, fortunately new treatment pathways including early oxygen therapy and dexamethasone meant fewer people needed invasive mechanical ventilation. Yet the number of deaths from COVID-19 rose again. There were serious outbreaks in care homes as well as outbreaks in schools and workplaces. As well as new cases and deaths even young people developed a range of post-COVID syndromes collectively known as long COVID.

The reintroduction of restrictions in September although important to control the spread of the virus also brought back the unintended consequences of lockdown including impacts on mental health and those suffering from loneliness or domestic violence. This time instead of a community hub support to local people was coordinated through close working with community groups and new locality working arrangements.

By the end of November there had been a further 9,959 confirmed cases in Doncaster and 291 deaths related to COVID-19 from the end of August.

December 2020 onwards - Easing the November national restrictions and the third wave

In December Doncaster was back in new 'tier 3' restrictions. Although the number of new cases had fallen from November they had flattened and had struggled to fall below 200/100,000 cases. In December there was some evidence of a further small increase in cases. Health and care services were still seeing significant numbers of people with COVID-19. The hospitals were still looking after more people with COVID-19 than during the first wave. Local contact tracing had started and additional testing facilities and approaches were under consideration. Yet across the country the number of new cases were rising much faster, a new variant had been identified with higher transmissibility and hospitals in the South were under increasing pressure. A national review of tiers took place on 30th December and the UK went into a third national lockdown on 6th January 2021.

Yet there is light at the end of the tunnel. A number of new vaccines are under development and the first one was administered in Doncaster on 15th December 2020 with NHS partners leading the roll out. The challenge now is to continue to interrupt the chains of transmission of the virus and avoid as many subsequent peaks as possible as the vaccine is rolled out. Now is not the time to be complacent. All data is available at

<https://coronavirus.data.gov.uk/details/cases?areaType=Itla&areaName=Doncaster>

Immediate lessons learnt

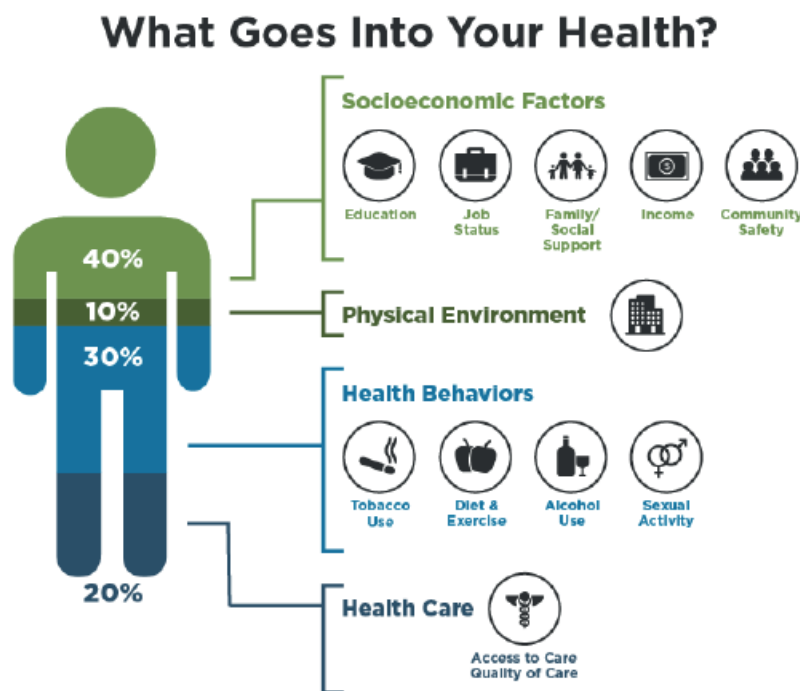
There will be national and local reviews of the pandemic but immediate lessons learnt include:

- Doncaster people, families, communities, businesses, groups and institutions have all pulled together amazingly, responding to need quickly and effectively.
- The importance of 'Key workers' was reinforced during the first national lockdown.
- Not everyone was impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
 - Impacts directly from COVID
 - Impacts of overwhelmed health services
 - Impacts of changes to health services
 - Impacts of lockdown and other measures
 - Impacts on particular communities and groups
- National decision makers are too remote and lack the local knowledge needed for many decisions including the relaxing of the first national lockdown, the re-opening of schools and return of elite sporting events.
- Pandemic preparation should not be neglected. This includes better understanding of how local people live their lives, investment in health protection, establishing clear, agile, system leadership and supporting better data to aid management as well as increasing transparency.
- Health and the economy are intrinsically linked and the best way to address the pandemic is good for both health and the economy.

The State of Health in Doncaster 2020

2020 has shown once again the value people put on health. Yet a narrow definition of health, one that doesn't include friends, families, freedoms and futures is uninspiring.

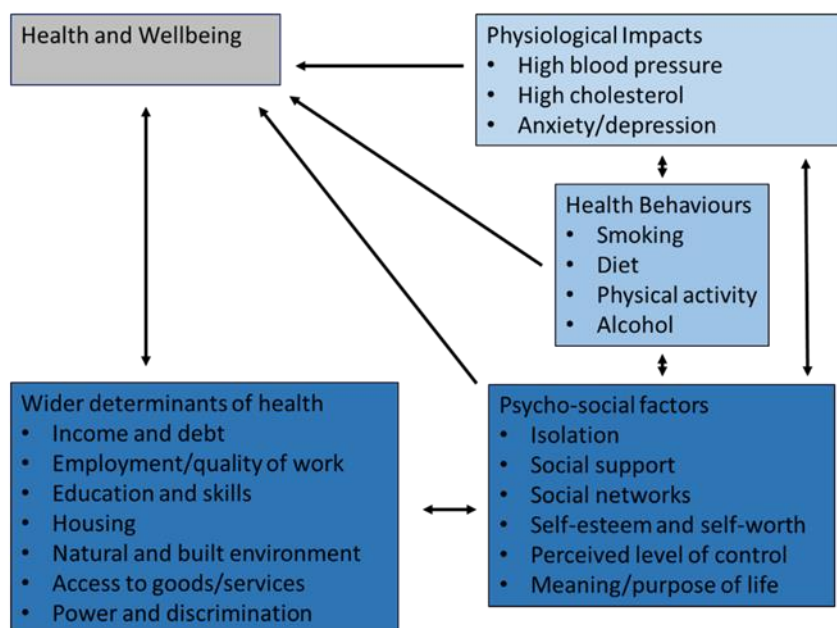
In previous reports I have described how good health is not only valuable in its own right but also contributes to thriving and vibrant economies and places. I have also described how staying healthy depends on much more than health care, important though that is in a crisis. Health is both created and maintained in the places we are born, live, work and socialise. A series of broader socio-economic factors, the physical environment, health behaviours as well as health care all contribute to health.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

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

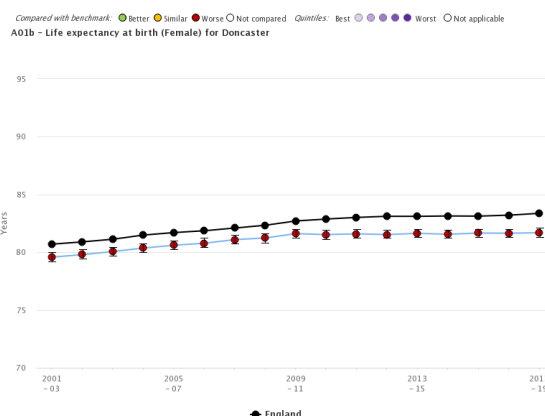
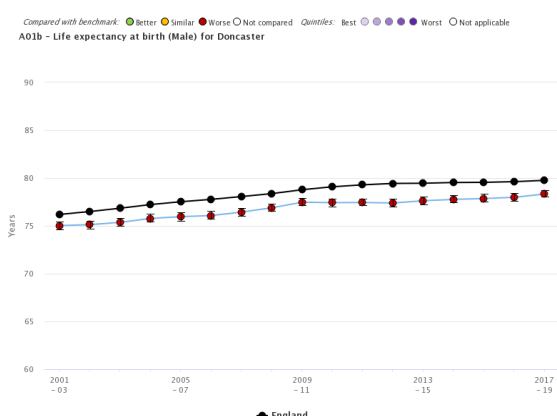


I have also previously described how everyone knows when they feel healthy and how Directors of Public Health use a range of population outcomes to assess overall health status. In particular, there are three headline measures that are used to describe overall population health, life expectancy, healthy life expectancy and health inequalities.

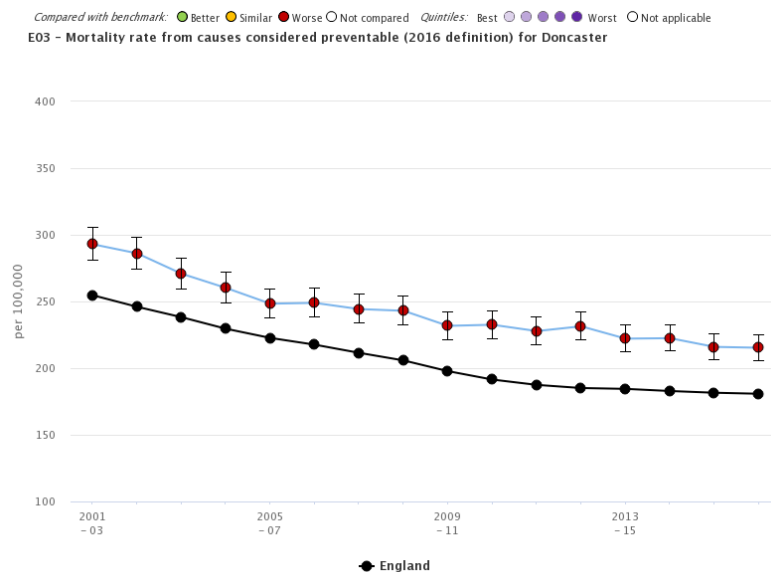
Life Expectancy

Life expectancy across England over the last 10 years has been flat. In Doncaster Life Expectancy continues to mirror the national picture albeit at a lower level.

For 2017-2019 life expectancy at birth in men is 78.3 years in Doncaster compared to 78.8 years for men in Yorkshire and the Humber and 79.9 years for men in England. Life expectancy at birth for women for 2017-2019 was 81.7 years in Doncaster compared to 82.5 years in Yorkshire and the Humber and 83.4 years in the England.

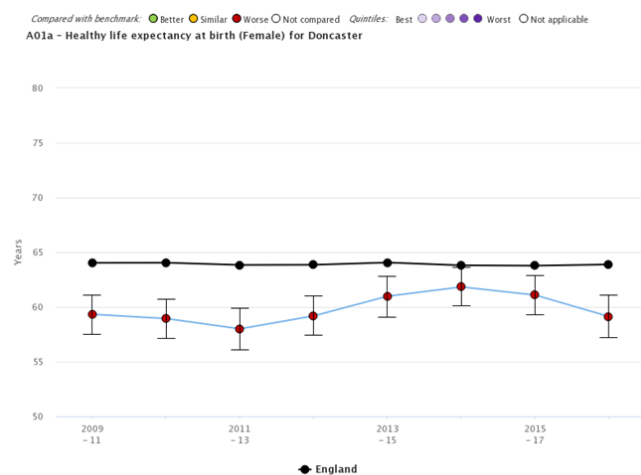
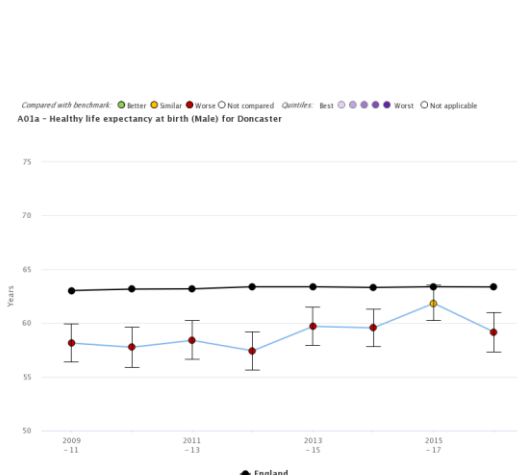


The contributors that make the biggest impact on life expectancy in Doncaster are deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer. Many of these conditions are preventable and although reducing are not reducing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



Healthy Life Expectancy

As well as assessing length of life, quality of life is important and this is measured by assessing Healthy Life Expectancy. This is the length of time people live in a self-assessed state of good or very good health. Although last year the Public Health Outcomes Framework showed that, for the first time since 2009, healthy life expectancy at birth for men in Doncaster was no longer significantly worse than the national rate, this trend has not continued. For 2016-18 healthy life expectancy for men is 59.2 years compared to the England rate of 63.4 years, a difference of 4.2 years. The latest data shows a health life expectancy for women of 59.1 years a difference between Doncaster women and England of 4.8 years. Although this is self-reported data, a fall of 2 years for both men and women is worthy of further investigation especially in terms of obvious inequalities.



Health Inequalities

Whether it is life expectancy or healthy life expectancy, over the last 10 years Doncaster has not closed the gap with the rest of England. Whether it is life expectancy or healthy life expectancy there has been little overall change and it's time to reassess whether there is more that can be done or new approaches employed to bridge this gap.

Indicator	Group	Measure	Baseline Period	Baseline Value	Reporting Period	Reporting Value	Absolute change	Trend
Life expectancy at birth-Male		Value	2011 - 13	77.4	2016 - 18	78.0	0.6	↑
	LSOA deprivation deciles	Slope index of inequality	2011 - 13	9.6	2016 - 18	10.9	1.3	↑
Life expectancy at birth-Female		Value	2011 - 13	81.6	2016 - 18	81.6	0.0	→
	LSOA deprivation deciles	Slope index of inequality	2011 - 13	7.4	2016 - 18	8.2	0.8	↑
Healthy life expectancy at birth-Male		Value	2011 - 13	58.4	2016 - 18	59.2	0.8	↑
Healthy life expectancy at birth-Female		Value	2011 - 13	58.0	2016 - 18	59.1	1.1	↑

Use of the Public Health Grant

The Council's Director of Public Health is tasked with leading the local public health function with the overall intention of improving health and improving the health of those with the worst health fastest. To achieve these goals often involves multi-sector and multi-party activity working across boundaries both between and within organisations. However, the council's public health function does receive a ring-fenced public health grant to support activity.

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

Prescribed functions (mandated services):

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

Non-prescribed functions (non-mandated services):

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

In 2020 the Public Health Grant was allocated as set out below. This includes bringing additional £716,000 in income into Doncaster from research grants and other external funding sources. The increase in the size of the grant was used to pay for national NHS pay awards and these are reflected in increased expenditure on NHS commissioned services including sexual health services and children's services.

	2019/20 Budget	2020/21 Budget
	£000's	£000's
Public Health Grant	-23,180	-24,412
Public Health Other income	-330	-716
Public health Corporate recharges	-505	-720
Total PH income	-24,015	-25,848
Expenditure: Commissioned Services		
Sexual Health	2,242	2,397
NHS Health Check programme	375	375
Health protection	76	82
National Child Measurement Programme	68	68
Obesity	0	180
Physical Activity	71	169
Substance Misuse	5,805	5,399
Smoking and Tobacco	659	694
Children 5-19 public health programmes	1,827	1,845
Children 0-5 Health visiting	6,109	6,381
Mental Health	0	139
Other public health services misc H&WB	86	303
Income - expenditure (base budget) nb this contributes to the overall AH&WB budget position	173	167
Sub-total Commissioned Services	17,491	18,199
Public Health Advice (including Salary costs)	1,245	1,694
Support services	505	735
Sub-total Central and Support Services	1,750	2,429
Expenditure (wider determinants)		
Realignment	4,907	4,957
Growth	263	263
Sub-total wider determinants	5,170	5,220
shortfall i.e. income against expenditure	-396	0
Total Expenditure (commissioned + central & support + Wider determinants)	24,015	25,848

COVID related monies

Throughout the pandemic the council has received additional monies from central government to address specific aspects of the pandemic. A summary of the main funds that have been used to control the spread of the virus and support vulnerable people is provided below:

Funding	Allocation (£000's)	Deployment
Contain Outbreak Management Fund	7,927	To fund activities to reduce the spread of COVID-19. This includes mass testing, targeted testing and interventions for vulnerable groups, enhanced contract tracing, compliance and community support.
Infection Control Fund	6,000	For residential care providers and domiciliary care providers.
Test, Track and Trace	2,230	To develop and roll out a Test, Track and Trace programme.
Winter Grant	1,204	To provide direct assistance to vulnerable households and families with children particularly affected by the pandemic. This will includes providing support with food, energy and water bills.
Emergency Assistance Grant for Food and Essential Supplies	446	To help local authorities to continue to support those struggling to afford food and other essentials.
Self-Isolation Payment Scheme	304	For those with a Track & Trace number and on an in-work benefit or suffering financial hardship.
Rough sleepers / Next Steps	297	To help move rough sleepers into accommodation and provide further support.
Clinically Extremely Vulnerable individuals (CEV)	228	To set up and manage a local system for contacting CEV individuals, assessing their food and basic support needs and where required delivering that support.

The Government has also provided £28.7m of unringfenced emergency funding in 2020/21, some of which will may also be used for public health interventions

Performance of Public Health Commissioned Services

Public Health England produce a public health dashboard that compares the performance of local services to similar or national benchmarks. <https://healthierlives.phe.org.uk/topic/public-health-dashboard/area-details#are/E08000017/par/cat-113-2/sim/cat-113-2>

Local Authorities that are closest to Doncaster in terms of the structure of population size, population density, employment, housing including council tax are:

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

The following charts show how Doncaster performance ranks when compared to these comparator authorities.

Similar local authorities

Similar view: Doncaster's rank within its CIPFA nearest neighbours (most similar local authorities)

Key for summary rank indicators

Group	Definition	Label
1st quartile	Lowest 25% of LAs (low rank is good)	Best
2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
4th quartile	Highest 25% of LAs	Worst



Alcohol treatment and drug treatment summary performance has fallen from last years report. This is due to the large number of dependent drinkers not in treatment and the low numbers of people succesfully completing drug treatment. Over the last year the council has created an Alcohol Alliance, and worked with ASPIRE the current treamtent provider to both increase capacity for people seeking treamtent for alcohol and restruuctre the delivery of substance misuse services whilst at the same time reducing the finanical investment in the services to balance the budget.

NHS health check performance has remaind good although the service is currently suspended due to the COVID-19 pandemic. Sexual health and reproductive health performance has also remained good.

Child obesity performance is static as are the proportion of people living within an Air Quality Management Area.

There have been small improvements in the Best Start in Life and Tobacco Control indicators but smoking rates are still too high.

Call to Action - The Future – A New Borough Strategy

A new **Doncaster Borough Strategy** will be launched in 2021 and given the recent experience with COVID-19 and the longstanding inequalities the pandemic exposed this is not before time. The strategy will build upon the successes of the Doncaster Growing Together Plan (DGT) to drive a **transformation in the wellbeing** of Doncaster people and places over the next 10 years. The **four year DGT Plan** was launched in September 2017 as the collective commitment of Team Doncaster to create a thriving place to live, learn, care and work.

‘Doncaster Caring’ is one of the four priority themes of DGT with the goal of supporting residents to live safe, healthy, active and independent lives. However, the other three themes (‘Living’, ‘Learning’ and ‘Working’) have supported a **whole-system approach** to tackling complex health and well-being issues across the life course.

A range of public health approaches have contributed to the approach:

- The prominence of the **Get Doncaster Moving** priority within DGT’s ‘Living’ theme has elevated the importance of supporting more people to be physically active not only through organised sport but by making healthy choices in everyday activities such as active travel.
- The award winning **Complex Lives** programme takes a holistic joined up approach to tackling homelessness and the factors influencing it.
- From a Doncaster Learning perspective the **Healthy Learning, Healthy Lives** programme is supporting Doncaster children and young people to learn in an environment that supports their health.
- The **Be Well @ Work** programme is supporting local businesses to build good internal health practices and the ‘Doncaster Working’ theme’s priority of developing more inclusive, productive economy.

The annual **‘State of the Borough’** assessment supports a more intelligence-led, self-aware approach to developing and delivering DGT priorities.

Over the past two years a number of **profound and pressing challenges** have come into stark relief.

In September 2019 Ros Jones, the Mayor of Doncaster declared a **Climate Change and Biodiversity crisis** and instigated a Commission to consider what action needed to be taken. A couple of months later Doncaster experienced severe, widespread **flooding** affecting hundreds of homes and businesses. This was followed by the **Covid-19 pandemic** which has dominated 2020 and created both a health and economic crisis. It has highlighted health inequalities, particularly the vulnerability of people with underlying health conditions and risk factors and also the uneven impact of job losses and business closures on people, places and sectors.

Amidst the unprecedented turmoil and distress, the **underlying capabilities of people, places and businesses** have come to the fore, which have the potential to be enhanced and connected, including:

- Compassion, community spirit, creativity, innovation, resilience and resourcefulness.

The response of the new Borough Strategy will be **drive a step-change** in Team Doncaster’s collective, whole-system approach to improving wellbeing - crucially guided by the need to:

- **Balance the wellbeing of people and the planet**

This requires seeing Doncaster as **place of places in an interconnected world**, with common challenges and opportunities. The climate and biodiversity crisis, pandemics, new technologies, inequalities and ageing populations all demand new approaches to delivering economic growth and improving well-being.

Recognising, for example that as natural habitat and biodiversity losses increase globally, the novel coronavirus outbreak may be **just the beginning of mass pandemics**.

Whilst at the same time responding to the distinctive needs, aspirations and character of our local communities, as reflecting in the **‘Doncaster Talks’** feedback.

The **Doncaster Wellbeing Wheel** opposite shows the **six emerging well-being goals** in the new Borough Strategy. It marks a turning point in how Team Doncaster approaches life now and for future generations.

The Goals take the DGT themes, but then **sharpen the focus on the well-being imperatives** including:

- Improving skills and supporting creativity
- Improving the safety and resilience of people and business to challenges like pandemics
- Developing a more compassionate approach to improving health and well-being
- Developing an economy that provides good, well paid jobs and connecting the Borough, including via public transport and active travel.

The **‘Greener & Cleaner’** outer circle prioritises:

- The need to consider the impact on the local and global environment in all we do.

The **‘Fair & Inclusive’** inner circle provides a focus on:

- Tackling inequalities and improving access to social and economic opportunities.

This well-being framework has the **policy breadth** to improve Team Doncaster’s approach to promoting and integrating the wider determinants of health, for example relating to education, safety, employment, housing and air quality. The further development of the goals and the supporting strategies (e.g. the Environment Strategy) will support decision-makers to identify **trade-offs and synergies** across different policy areas

Doncaster has a number of **strategic opportunities** to achieve significant and lasting improvements in well-being, including to:

- Re-evaluate what constitutes economic success and consider how to transition to a **well-being economy** – which balances human and planetary health and is long-term, resilient, inclusive, distributive and regenerative.
- Develop a **regenerative borough** that renews and improves its assets, strengths and capabilities. This includes developing a **circular economy** that keeps finite resources in a loop of use and reuse using renewable energy sources, enhances our natural environment and designs out waste from production.



- Work **across local and regional boundaries** on shared priorities with a ‘**one catchment**’ perspective, for example to improve biodiversity, reduce the risk of flooding and the borough’s overall resilience.
- Create a significant number of **new green jobs and businesses**, working with the grain of Doncaster’s economic assets, industry strengths and developing new UK and global supply chain opportunities. Also crucially, using a ‘just green revolution’ to **address ‘wicked problems’** particularly health inequalities.
- Develop the **Foundational Economy** – which support the majority of Doncaster jobs and produces the essential goods and services that cannot be shut down (e.g. health, social care and food production) as the Covid-19 pandemic has demonstrated. As part of this, develop good **health as the new wealth** – which is valuable in its own right and also contributes to thriving and vibrant economies and places.

Delivering the Borough Strategy will require **closer working with communities, shared responsibilities** and a mission-orientated approach to **innovation** that is targeted at challenges like improving vocational skills.

The Council’s new **Corporate Plan**, to be agreed in March 2021 will provide a more developed summary of Doncaster’s approach to well-being ahead of the agreement of the new Borough Strategy by September 2021.

Conclusion

The COVID-19 pandemic is not over yet, although the arrival of effective vaccinations are a cause for hope. There is still much to be done to prevent as many new cases of COVID-19 as possible, to identify new cases of COVID-19, respond promptly to those cases and reduce the impact of any new cases on individuals and the wider population. As well as these direct impacts on health of COVID-19 the health and care system must continue to adapt and offer care for those with other non-COVID-19 needs and at the same time prepare to support those whose health was impacted by the national lockdown or restrictions especially those suffering from mental health impacts. Community centred approaches have come to the fore and they should be developed further. At the same time education, work and the wider economy need to be stimulated as we move into recovery and renewal.

2020 and COVID-19 in particular has shone a light on poverty, long term inequalities and a lack of resilience not just in Doncaster but in the UK more generally. As 2021 begins, with a new relationship with the European Union, we should take this opportunity to rebalance our approaches to health, wealth and the economy. Health and the economy are intrinsically linked and the best way to address the pandemic is the good for both health and the economy. Any recovery needs to have a productive, low carbon economy at its heart, with a job's led recovery leading to low unemployment, wages that keep pace with the cost of living and a reduction in child poverty. Connecting people to place grounds health and the economy.

Recommendations

Team Doncaster and partners should:

- Recognise, celebrate and support the role of 'Key workers' in the way Doncaster operates
- Develop and adopt a new Borough strategy to spearhead recovery and renewal
- Continue to develop asset based, community centred approaches to health and wellbeing working with and for communities
- Revitalise approaches to health inequalities, poverty and social exclusion
- Learn the lessons from the COVID-19 pandemic and continue to prepare for future public health emergencies in light of the creation of the National Institute for Health Protection (NIHP) following the review of Public Health England