



# Doncaster Council

## Agenda

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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** Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU

**Date:** Thursday, 10th March, 2022

**Time:** 9.00 a.m.

### **PLEASE NOTE VENUE FOR THIS MEETING**

**Please Note:** For those who are attending the meeting, face coverings are to be worn (unless medically exempt) when moving around the Civic Office, but can be removed once seated.

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**Damian Allen  
Chief Executive**

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Issued on: Wednesday, 2<sup>nd</sup> March 2022

Governance Services Officer for this Meeting: Jonathan Goodrum  
Jonathan.goodrum@doncaster.gov.uk

**Doncaster Metropolitan Borough Council  
www.doncaster.gov.uk**

Items for consideration	Time/Lead
1. Welcome, introductions and apologies for absence	1 min (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.  <b>(A period not exceeding 15 minutes for questions from members of the public.)</b>	15 mins (Chair)
5. Declarations of Interest, if any.	1 min (Chair)
6. Minutes of the Meeting of the Health and Wellbeing Board held on 13th January 2022. <i>(Attached – pages 1 – 6)</i>	2 mins (Chair)
7. Covid-19 Pandemic Update. <i>(Verbal Update/Cover Sheet attached – pages 7 – 8)</i>	10 mins (Dr Rupert Suckling)
8. Director of Public Health Annual Report 2021. <i>(Papers attached – pages 9 – 50)</i>	15 mins (Dr Rupert Suckling)
9. Doncaster Children and Young People's Mental Health and Wellbeing Strategy. <i>(Presentation/Cover Sheet attached – pages 51 – 52)</i> <b>Note: Strategy document is to follow.</b>	30 mins (Lee Golze/ Emma Price/ Martyn Owen)
10. Project 6 - Developing Community Solutions to Substance Use. <i>(Presentation/Cover Sheet attached – pages 53 – 56)</i>	20 mins (Vicki Beere)
11. Local Solutions for People and Places: Next Steps in Improving Health and Wellbeing Together <i>(Presentation/Cover Sheet attached – pages 57 – 58)</i>	30 mins (Phil Holmes)
12. Pathways to research excellence: developing a Health Determinants Research Collaboration (HDRC) for sustainable and applied research in Doncaster <i>(Presentation/Cover Sheet attached – pages 59 – 60)</i>	20 mins (Susan Hampshaw)

**FOR INFORMATION ONLY:-**

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|---|--|
| 13. Doncaster Safeguarding Children Partnership Annual Report 2020-21.<br><i>(Papers attached – pages 61 – 102)</i> |  |
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14. Doncaster Safeguarding Adults Board Annual Report 2020-21  
(Papers attached – pages 103 – 136)

**Date/time of next meeting: Thursday, 9 June 2022 at 9.00 a.m.**

**Members of the Health and Wellbeing Board**

<b>Name</b>	<b>Job Title</b>
Cllr Rachael Blake (Chair)	Portfolio Holder for Children’s Social Care, Communities and Equalities
Dr David Crichton (Vice-Chair)	Chair of Doncaster Clinical Commissioning Group
Cllr Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture and Planning
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 Andrea Robinson	Portfolio Holder for Adult Social Care
Cllr Cynthia Ransome	Conservative Group Representative
Chief Superintendent Ian Proffitt	District Commander for Doncaster, South Yorkshire Police
Ellie Hunneyball	Group Manager, South Yorkshire Fire and Rescue
Rebecca Wilshere	Deputy 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, 13TH JANUARY, 2022

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER DN1 3BU on THURSDAY, 13TH JANUARY, 2022, at 9.00 a.m.

#### PRESENT:

Chair – Dr David Crichton (Vice-Chair in the Chair)

Councillor Nigel Ball	Portfolio Holder for Public Health, Leisure, Culture & Planning
Councillor Andrea Robinson	Portfolio Holder for Adult Social Care
Councillor Cynthia Ransome	DMBC Conservative Representative
Phil Holmes	Director of Adults, Health and Wellbeing, Doncaster Council
Dr Rupert Suckling	Director of Public Health, Doncaster Council
Lee Golze	Assistant Director of Partnerships, Early Interventions and Localities, Doncaster Council (substitute for Riana Nelson)
Cath Witherington	Chief Executive, Voluntary Action Doncaster
Chief Inspector Joe Hunt	South Yorkshire Police (substitute for Chief Superintendent Ian Proffitt)

#### Also in Attendance:

Councillor Sarah Smith	
Andy Maddox	Get Doncaster Moving Strategic Lead

#### 35 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for the meeting were received from the Chair, Councillor Rachael Blake (Dr David Crichton in the Chair), Richard Parker, Lucy Robertshaw, Kathryn Singh, Chief Superintendent Ian Proffitt (Chief Inspector Joe Hunt deputised), Jackie Pederson, Riana Nelson (Lee Golze deputised), and Dave Richmond.

#### 36 CHAIR'S ANNOUNCEMENTS

The Chair, Dr David Crichton, informed the Board that there had been a delay to the Health and Care Bill's progress through Parliament which had led to a revised timeframe with an extension for current NHS statutory bodies from 1 April to 1 July, 2022. The CCG's attendance at Health and Wellbeing Board meetings would continue during that time.

#### 37 PUBLIC QUESTIONS

There were no questions received from the public.

38 DECLARATIONS OF INTEREST, IF ANY

There were no declarations made at the meeting.

39 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 11TH NOVEMBER 2021

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11<sup>th</sup> November 2021, be approved as a correct record and signed by the Chair.

In response to a question from Councillor Nigel Ball in relation to minute no. 29 (Improving Access for Patients and Supporting General Practice), Dr David Crichton gave an update to the Board on the latest position as regards patient access to Primary Care services in the Borough. He explained that health services remained under huge pressure as a result of the additional challenges and demands brought by the Covid-19 pandemic. On 13<sup>th</sup> December, a national letter had called for prioritisation to be given to the vaccination programme and, as a result of this, Primary Care had been asked to free up services other than delivering urgent and emergency care, critical services and maintaining services for those people with cancer. That focus meant that some routine care such as blood tests and medication reviews had been stepped down. It was noted that there was no end date for this prioritisation, so it was expected that for the foreseeable future, access to routine care services would continue to be affected. In the meantime, Dr Crichton stated that people were asked to consider all possible avenues for accessing care, including local pharmacies, the NHS 111 service and online services.

40 COVID-19 PANDEMIC UPDATE

Dr Rupert Suckling gave an update to the Health and Well Being Board with regard to the present situation in the Borough regarding Covid-19 and its impact on the borough, health provisions and the local communities and what was being done moving forward.

Dr Suckling explained that since the Board's last meeting in November 2021, the latest wave of the virus had arrived in the form of the Omicron variant. Plan B measures had also been introduced, including guidance to work from home where possible, the mandatory wearing of face coverings in enclosed public spaces and an emphasis on the importance of people getting their 3<sup>rd</sup> booster dose of the vaccine.

On New Year's Eve, in response to seeing an increase in sickness absences across the emergency services, the Local Resilience Forum had declared a business continuity major incident, which was subsequently ratified by the Doncaster Tactical Co-ordination Group on 5 January. This enabled partner organisations to share intelligence and staff and to pool resources to help alleviate the situation.

Dr Suckling reported that while there were currently the highest rates of Covid-19 seen since the start of the whole pandemic, this had not translated into the high levels of hospital admissions seen in previous waves, with less than 5 people currently in ITU. However, it was noted that the biggest impact was now in relation to significant levels of sickness amongst NHS staff and this was having a serious impact on the ability to maintain staffing rotas and routine care for people. Dr Suckling explained that it was difficult to predict what would happen with Covid-19 rates over the coming weeks, but

he stressed that as a result of recent changes to testing, he expected to see significant under-reporting occurring.

In terms of next steps, Dr Suckling stated that there were plans to move from mass vaccination to a more targeted programme involving pop-up vaccination clinics for example in areas of low take-up. There would be an emphasis on keeping schools open as far as possible, together with continued reinforcing of the existing measures such as social distancing, hand washing and wearing face coverings in confined public spaces. Dr Crichton then updated the Board on the latest figures for the take-up of the vaccines amongst the various age cohorts of residents in the Borough.

After Drs Suckling and Crichton had answered questions on the targeted vaccination approach and on current levels of hospital bed occupancies, it was

RESOLVED that the update be noted.

#### 41 GET DONCASTER MOVING UPDATE

The Board received a detailed presentation by Andy Maddox, Get Doncaster Moving Strategic Lead (DMBC) which outlined in detail the progress of the Get Doncaster Moving (GDM) Strategy following a recent review. It was noted that GDM was a 10 year strategy to increase levels of physical activity through sport across the Borough and was aimed at achieving the vision of 'healthy and vibrant communities through physical activity and sport'.

In particular, the presentation covered the following key points:-

- The key findings of the GDM Strategy Review were summarised;
- The existing strategic framework was explained, together with the evidence from the existing Strategy for the Early Years (0-5 years), Children & Young People (5 – 18 years), Adults and Families, Older Adults and All Ages cohorts;
- The successes and challenges experienced in relation to stakeholder engagement;
- Evidence of what works, together with proposed actions in the shorter and longer terms (identified using system mapping);
- Key Performance Indicators were summarised, comparing the baseline 2015 figures with the ambition targets that it was hoped would be achieved by 2027;
- The key learning points and observations from the Strategy review were summarised, together with next steps.

During subsequent discussion, Board members asked questions and made comments on a range of issues highlighted by the presentation, including:-

- Phil Holmes stressed the importance of this work which he felt was not only central to health and wellbeing, but also to the Borough's economic and environmental ambitions and he gave an offer of support to help with amplifying the work being undertaken.
- In response to a question as to how the GDM work linked with the localities model, Andy Maddox explained that the Well Doncaster team acted as the advocates on the ground, listening to and working with the

local communities and bringing intelligence and knowledge back. He cited as an example the work carried out with Bentley Rugby Club, bidding for money to build a community resource which had resulted in the club facilities now being utilised as a wider community asset.

- Dr Rupert Suckling commented on the importance of taking a broad approach in order that the sports and physical activity initiatives driven by the Strategy could be embedded in all the domains of locality working. He added that this approach could also be applied to other strategic areas, such as Arts, Culture and Heritage.
- Councillor Cynthia Ransome suggested that making activities fun and diversifying away from the traditional sports/exercise activities might motivate and encourage the less active people to participate in certain activities, such as helping on community allotments and litter picking. In response, Andy Maddox explained that understanding what motivated people was the key to success and he confirmed that initiatives involving allotments and walking/litter picking groups were being undertaken in parts of the Borough.
- Speaking from a health service perspective, Dr David Crichton explained that it was recognised that 'exercise on prescription' could play an important part in encouraging people to take up physical activities to help maintain and improve their general health and wellbeing. He added that it was also important that all partner organisations represented on the Board led by example in terms of encouraging and supporting their staff and the wider populace to be more active in various ways.

RESOLVED to:

- 1) Note the findings of the GDM Strategy Review;
- 2) Support the Strategy refresh process and request that the Strategy be brought back to a future meeting of this Board following the refresh exercise; and
- 3) Consider how the partner organisations on the Board can champion GDM as a means of improving the health and wellbeing of the Borough's communities and residents.

42 SOUTH YORKSHIRE CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2020-21

The Board received the South Yorkshire Child Death Overview Panel Annual Report for 2020-21. In outlining the background to the Annual Report, Dr Rupert Suckling explained that under the Children's Act 2004, certain partners including Health, the Police and the Council were required to have arrangements in place for reviewing child deaths. He explained that following a review of these requirements, it had been recognised that very few child deaths were due to safeguarding issues and were mostly related to medical conditions. This being the case, the national leadership for the Child Death Overview Panels had been moved from the Department of Education to the Department of Health. This had led to local arrangements being reviewed and as a result, it had been decided to switch responsibility for this function from the Safeguarding Board to the Health and Wellbeing Board, with this Board's Terms of Reference being amended accordingly.



Dr Suckling explained that it had been agreed across South Yorkshire to combine resources and to pool the information gathered into one South Yorkshire Report. This regional approach enabled partners to gain a greater understanding of what was happening across areas and provided more opportunities to intervene, where required. It also mirrored the current arrangements with health partners operating on a South Yorkshire basis, especially around maternity services.

Dr Suckling then summarised the salient points in the Annual Report in relation to the Doncaster cases and how these broke down according to the different age groups and primary category of death. He concluded by stating that there would be more in-depth reports in the future and that the intention was to align this Report with the Adults and Children's Safeguarding Boards' Annual Reports so that this Board received all 3 reports at the same time going forward.

During subsequent discussion, Dr Suckling answered questions and Board members made a number of observations on the following issues:-

- Dr Suckling confirmed that he Chaired the Child Death Overview Panel in Doncaster and that the Panel comprised representatives from Children's Services, the Police and from Doncaster and Bassetlaw Hospitals;
- With regard to any urgent priorities currently needing attention, Dr Suckling explained that 2 issues frequently came up in case reviews. The first related to support to families after a child's death, such as access to bereavement services. While there had been improvements in this area, the effectiveness of these measures had not been fully assessed yet. The second issue concerned the physical estates in acute hospitals and A&E departments, as there were issues around the availability of suitable facilities and rooms to talk to parents in A&E departments on occasions when a child had died.
- Lee Golze highlighted that there had been challenges in Doncaster around the provision of bereavement and counselling support for peers and school staff. He explained that while extra resources had been commissioned in this area in the past year, he stressed that this was only on the basis of short term funding.
- Cath Witherington informed the Board that Voluntary Action Doncaster had just started facilitating a network of counselling therapists in Doncaster and that she would feed back the points raised at this meeting to that Group.
- The Chair confirmed that lessons learned from individual child death cases were always picked up and embedded in the commissioning cycle and health services to ensure that improvements were made where these were identified.
- Councillor Andrea Robinson noted that the Doncaster report made reference to the operational demands of Covid having significantly reduced the frequency of CDOP meetings and she commented on the lack of detail compared to the reports from the neighbouring South Yorkshire areas and hoped that the next report for Doncaster would match the others in terms of detail.

It was then

RESOLVED to note the Annual Report.

CHAIR: \_\_\_\_\_

DATE: \_\_\_\_\_

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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 10<sup>th</sup> March 2022

**Subject:** COVID-19 pandemic update

**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		x
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
The purpose of this verbal update is to provide members with an update of the state of the COVID-19 pandemic in Doncaster and the steps taken to address them.

Recommendations
The Board is asked to:-  NOTE the verbal update.

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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 10<sup>th</sup> March 2022

**Subject:** Director of Public Health Annual Report 2021

**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) &amp; (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 2021 Doncaster Director of Public Health Annual Report is the seventh authored by Dr Rupert Suckling. The report is available on line at <a href="https://bit.ly/phreport-2021">https://bit.ly/phreport-2021</a></p> <p>This report describes the course of the global COVID-19 pandemic in Doncaster in 2021 and includes a rapid assessment of the state of health in Doncaster in 2021. The report also demonstrates how the public health grant is used locally. Finally the report points to the need to implement the new borough strategy Doncaster Delivering Together.</p>

There are a number of lessons that continue to be learnt from the COVID -19 pandemic including

- Doncaster people, families, communities, businesses, groups and institutions have all still pulled together really well. In the second year of the pandemic, the numbers of people able to volunteer has reduced as people return to work, although many have found ways of continuing.
  
- The importance of 'Key workers' was reinforced during the first national lockdown, but abuse and aggression to key workers has increased as the pandemic as continued.
  
- Not everyone was impacted equally or is still being impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
  - o Impacts directly from COVID-19
  - o Long term physical and mental health impacts of COVID-19 infection (long COVID)
  - o Impacts of overwhelmed health services and delays to treatment
  - o Impacts of changes to health services
  - o Impacts of lockdown and other measures
  - o Impacts on particular communities and groups including women, people from ethnic minorities and carers
  - o Ongoing impacts on accessing health and care services due to the initial disruption and now increased demand on health and care services (especially people with diabetes, or suffering with poor mental health, self-harm or depression).
  
- Many of the working practices that the health and care system developed at the start of the pandemic have continued, but workforce shortages and staff 'burnout' are bigger challenges for the system now than money.
  
- National decision makers are still too remote and lack the local knowledge needed for many decisions including the implementation and relaxation of lockdowns, supporting local schools and the return of elite sporting events.
  
- Pandemic preparation should still 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. Local surveillance, responding to new threats (or variants), communication that avoids polarisation and politicisation, and planning on how to support people through 'infodemics' of overwhelming amounts of information all need review. This could involve health and media literacy, fact checking websites, critically looking at media sources and reviewing the role of the curriculum.
  
- Health and the economy are still intrinsically linked and the best way to address the pandemic is good for both health and the economy.

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

- Continue to recognise, celebrate and support the roles of 'Key workers', local people, groups, institutions, businesses and communities in the way Doncaster works
  
- Maintain sufficient local capacity and capability to respond to and learn from the continued

## COVID-19 pandemic

- Implement Doncaster Delivering Together, including updating and publishing a set of Impact Assessments to continue to guide and shape local recovery and renewal
- Secure long term locality working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations
- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing and establish a Fairness & Wellbeing Commission
- Develop new relationships with the Office of Health Improvement and the UK Health Security Agency, the successor bodies to Public Health England and establish a new method for assurance of local public health services

## **Recommendations**

The Board is asked to:-

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

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# Public Health Annual Report

2021



Doncaster  
Council

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

Cabinet Member for Public  
Health, Leisure and Culture

2021 has continued to be a challenging year for all of us in Doncaster, Britain and indeed worldwide.

**As with 2020, COVID-19 and our response to it has remained a constant struggle and has continued to test our resilience and perseverance among the work we do as a council, but also the people of Doncaster and our communities.**

Coronavirus and our response continues to be the main focus of our Public Health activity and this includes the ongoing work our Public Health Team have undergone working with staff, citizens and communities in Doncaster to try and keep them mindful and safe over the last 12 months. Our workers, officers and teams are still at the forefront of the pandemic response in Doncaster and I want to take this opportunity to again thank them all for their incredible service, hard work and resilience over the last 12 months.

At this time this annual report is published during perhaps the most testing time of the pandemic with Omicron cases rising rapidly I would like to pay tribute to our Public Health team led by Dr Rupert Suckling for their tireless work and guidance in troubling times. As last year it is these people who have remained steadfast, resilient and held the line on hand to offer support at the most difficult of times.

I also would like to thank the continued 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 continued to show the strongest elements of resilience, determination hardship and who have done their bit in following the advice we all have had to follow.

Whilst we accept that the Coronavirus response has been at the forefront of our work here in Doncaster we must also recognise that a good deal of work has taken place to identify and concentrate on our great areas of need and indeed how we recognise that 'back to normality' will not be enough to make lasting social change in these areas or localities. By addressing poverty, inequality and lack of opportunity in these places we understand that real community action needs to take place and the key to this will be in the empowerment, enabling of the people and the communities in which they live. This will drive positive lives and indeed provide the impetus for hope, happiness, and ownership and in turn improve health inequalities.

This annual report again, 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 continues to take place and I am proud to see that happening.

Again on a personal note we all face challenges in our day to day lives and it's been again a very rough year for all of us. We all need to be mindful of this in our day to day interactions with people. So please be good to each other, take care of yourselves, your families and communities.



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

2021 has continued where 2020 left off with all of us living with, through and under the COVID-19 pandemic. At start of 2021 the country went into a national lockdown in response to the Alpha variant of COVID-19. A Delta variant followed in the summer and as we prepare to go into 2022 the Omicron variant is here.

The direct impacts of COVID are still felt, as people are still catching COVID-19 and despite a successful vaccine programme there are still too many avoidable infections, hospitalisations and deaths. My thoughts are with all those who lost loved ones or have been impacted by the pandemic in other ways. The disruption to people's lives, livelihoods, the services and institutions we rely on has been profound. The pandemic has unearthed and exacerbated long standing inequalities experienced by older residents, those in key worker roles, those in poverty and those from ethnic minorities. Women have borne the brunt of the pandemic as formal caring, informal caring, childcare and home schooling roles all needed to be fulfilled, at the same time as working shifts or working remotely.

This report continues the story of the COVID-19 pandemic in Doncaster. 2021 felt different to 2020, the vaccination programme was a cause for hope, some people felt the benefits from hybrid working but the 'claps for carers' had disappeared, for many life was increasingly lonely and many Doncaster people didn't have the resources or choices to 'make the best' of it.

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. This year I've been unable to show the performance of locally commissioned public health services as the national report that I have previously used is no longer produced.

Finally I've commented on the need to implement the new Borough strategy. It is fantastic that Team Doncaster partners have been able to develop the plan over the last year, but delivery is going to be a real test as this new wave of the pandemic looks set to cause disruption for the early part of 2022. And yet, there is still the need to move quickly to adapt to and address climate change and biodiversity loss, whilst at the same time reducing health inequalities.

A handwritten signature in black ink, appearing to read 'Rupert Suckling', with a long, sweeping underline.

**Dr Rupert Suckling**  
@rupertsuckling

Director of Public Health  
Doncaster Council

# Coronavirus (COVID-19) 2021



Last year's annual report described the start of the COVID-19 pandemic, how pandemics are characterised by a number of peaks or waves and how the COVID-19 pandemic would be no different.

Last year's annual report was written as the impact of the third wave was being seen and was quickly followed by another national lockdown in January 2021. The positive news, at the time was that the COVID-19 vaccination programme had started, with the first COVID vaccine given in Doncaster on the 15th December 2020.

This year's annual report picks up the story of the pandemic and describes the third wave, the subsequent fourth wave and finally describes the start of a fifth wave of COVID-19 caused by the Omicron variant.



## 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% 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 with continued symptoms 12 weeks on from the initial diagnosis, some people may continue to experience severe on going health issues.

All viruses, including SARS-CoV-2, the virus that causes COVID-19, change over time. Most changes have little to no impact on the virus' properties. However, some changes may affect the virus's properties, such as how easily it spreads, the associated disease severity, or the performance of vaccines, therapeutic medicines, diagnostic tools, or other public health and social measures. During late 2020, the emergence of variants that posed an increased risk to global public health prompted the characterisation of specific Variants of Interest (VOIs) and Variants of Concern (VOCs). It was these VOCs that set the tone for 2021.

## January 2021 – May 2021 The third wave and the roadmap

January 2021 began with the UK seeing rising case rates, increasing hospitalisations and deaths from COVID-19. At the start of January there had been 15,355 confirmed COVID cases in Doncaster and at the time the case rate was 314/100,000 (359/100,000 in people aged 0-59 and 241.6/100,000 in those aged 60 or over). There had been 2,348 COVID related admissions to Doncaster and Bassetlaw Teaching Hospitals (DBTH) and there had been 666 deaths attributed to COVID-19.

The UK alert level was increased from level 4 to level 5 and the country went into a third national lockdown from the 6th January 2021 in response to the an increase in hospitalisations of 30% in one week across the country. Non-essential retail, hospitality and personal care services closed and schools moved to deliver remote learning apart from for children of key workers. Where possible people worked from home but there was a recognition that people could leave home to shop for basic necessities and to care for someone in their support bubble.

The national COVID vaccination programme picked up pace, with two additional vaccines (AstraZeneca and Moderna) joining Pfizer on the UK approved list. The priority groups for vaccination were issued starting with residents in a care homes for older adults and their carers.



It became clear in January that one of the contributing factors to the increase in cases seen across the UK was the emergence of a new variant, initially called 'Kent' or B1.1.7 and finally classified as the alpha variant. This variant was more transmissible than the original 'wild-type' COVID-19 virus.

At the same time as the national lockdown Ros Jones, the Mayor of Doncaster announced a Response Plan, including

- Support to the NHS mass vaccination programme and to scale up targeted testing
- Enhancing the national £500 Test, Trace and Isolate support grant with an additional local discretionary £250
- Supporting people made most vulnerable by the pandemic in our communities
- Supporting businesses to survive and thrive and
- Helping residents get back to work

Team Doncaster, the Borough's strategic partnership, implemented all the government measures, established the ways to support businesses with grants and to administer the Test, Trace and Isolate support grant. The capacity for testing was increased with additional PCR testing for people with symptoms in Thorne and next to Doncaster College. Community testing sites for people without symptoms using Lateral Flow Devices (LFDs) were established in Conisbrough, Hexthorpe and Stainforth. Many businesses established their own LFD testing sites too.

Over the next 6 weeks Doncaster saw almost another 5,500 confirmed cases, almost 700 hospital admissions and 145 deaths from COVID.

Confirmed cases in Doncaster had increased to 20,824, with 3,044 admissions to DBTH and 811 deaths. But the national lockdown was working as the numbers of cases, hospitalisations and deaths started to fall. In Doncaster by mid-February, the case rate had fallen to 186.9/100,000 (195.4/100,000 in 0-59 year-olds and 125.2 in people aged over 60).

This meant that by the 22nd February the Government was able to publish the COVID-19 Response- Spring 2021 (Roadmap). This Roadmap set out a number of tests and steps to exiting the 'lockdown'. The tests included:

- The vaccine deployment programme continues successfully
- Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- The assessment of the risks is not fundamentally changed by new Variants of Concern



## COVID-19 ROADMAP 2021

### The roadmap set out a number of steps

- **STEP 1A** not before 8th March included the return of face-to-face education for everyone and the ability for people to meet with one person outside their bubble and this included 1 visitor for care home residents.
- **STEP 1B** not before 29th March included the rule of 6 or 2 households to meet outdoors, outdoor sports could reopen and the end of the 'stay at home rule' for workers.
- **STEP 2** not before 12th April included the opening of non-essential retail, personal care and public buildings. Hospitality could serve people outside and the numbers of people who could attend weddings increased to 15.
- **STEP 3** not before 17th May included allowing social gatherings outdoors of up to 30 people, indoor hospitality could reopen (serving a substantial meal with alcoholic drinks), indoor entertainment venues could reopen alongside hotels, hostels and B&Bs. Events such as weddings could accommodate up to 30 people.
- **STEP 4** not before 21st June included the removal of all legal limits on social contact and the reopening of all remaining businesses including nightclubs.



Over the next 4 months with the addition of asymptomatic testing, the focus shifted from the overall cases rates to the case rates in the over 60s, and the impact of the pandemic on hospitalisations and deaths. Increased focus was placed on increasing vaccine uptake through the five Primary Care Network sites in the Borough.

As the number of cases of COVID-19 fell a very local approach was adopted to reduce the impact of COVID-19 on local people and local communities. This was an intelligence-led, multi-agency, coordinated approach using existing staff and teams and working with and alongside local community groups and organisations. It included

- Stronger prevention including increasing vaccination uptake
- Spotting COVID-19 early through testing
- Stopping COVID-19 through local contact tracing working alongside NHS Test and Trace
- Supporting people who need to self isolate as a result of COVID-19, or those who were Clinically Extremely Vulnerable
- Embedding safe practices, hands, face, space, ventilate as part of 'Let's Do it For Doncaster'
- Ensuring COVID-19 secure premises

In April 2021 the national shielding programme was paused as cases and impacts were reducing as the uptake of the COVID-19 vaccine programme increased. In May, COVID-19 secure, national and local elections were held, fewer restrictions on people visiting 'in' and 'out' of care homes were brought in and face to face learning returned for all university students.

By the end of May 2021, in those next 15 weeks, Doncaster saw almost an additional 3,400 confirmed cases, another 247 admissions to hospital and 33 deaths. These were staggering reductions, with almost half the number of new cases, a third the number of hospitalisations and a fifth the number of deaths in those 15 weeks from mid-February to the end of May as there had been in the first 6 weeks of the year. The Doncaster rates for new confirmed cases was 21.5/100,000 (24.9/100,000 in 0-59s and 5/100,000 in over 60s), total confirmed cases stood at 24,208, 3,291 admissions to DBTH and 844 deaths attributed to COVID-19.

This improvement and progress along the roadmap meant focus was turning to recovery. Concerns were high about the long term consequences of COVID-19 on people's health, the culmination of restrictions and disruptions on people's health and especially the impact on emotional health and wellbeing and especially the impact on children and young people.



# Coronavirus (COVID-19)

## June – August 2021 The fourth wave begins

**Despite this optimism for recovery, the beginning of June 2021 was marked by the arrival of a new COVID-19 variant - delta.**

This led to a delay to step 4 of the roadmap of 4 weeks. By the end of June 2021 case rates in Doncaster had started to rise again, in fact sevenfold to 143.3/100,000 (317.3/100,000 in under 60s and 40.1/100,000 in over 60s), yet this led to only 19 additional admissions to DBTH and 1 additional death. It looked like the vaccine programme was breaking the link between infections, hospitalisations and deaths.

However, it wasn't only COVID-19 that was creating pressure on the health and care system. As people started to mix socially again there were more respiratory infections, which had not been seen during the lockdown. The NHS also saw the impact of the lockdown through the growing backlog in people needing and waiting for routine and elective care.

Step 4 of the roadmap was paused to allow the ramping up of the COVID-19 vaccination programme. By 17th June, 80% of UK adults had first dose, and by the 24th June 60% of UK adults had their second doses. This was followed up with a commitment to give all adults aged over 50 their second vaccine dose by 19th July. The success of the vaccination programme came at the same time as a switch from community based asymptomatic testing with to self testing at home. The three local community based asymptomatic testing changed to assisted testing sites, to help people learn how to do a LFD and then closed.

Step 4 of the 'Spring roadmap' happened on the 19th July 2021. This included asking people who had been 'shielding' to follow the same guidance as the rest of the population. For many, this was welcome news but for some this marked the start of a very unsettling time as they could no longer rely on working from home or priority home shopping to reduce their risk of coming into contact with people possibly infectious with COVID-19.

In August, the Government published an updated COVID-19 contain framework, giving guidance to local authorities about the steps they should take to continue to manage COVID-19. This was followed by guidance on the 16th August changing the self-isolation guidance for close contacts working in health and care, so that they no longer needed to self isolate if they were a contact of a case if they had a negative PCR test. The summer also saw all 16-17 year-olds become eligible for the COVID-19 vaccine. Widespread travel restrictions 'the traffic-light system' were implemented, so many people decided to holiday at home in the UK. The warmer weather, people meeting up outdoors, the school holidays and high vaccination rates gave the appearance that the UK was coping with this wave of the epidemic.



Nationally an Events Research Programme began to assess how best to reopen events including nightclubs, festivals and sporting events. Whilst these events were 'successful' there had been a spike in cases at the end of June related to social gatherings at the European Football championships held in the UK. This showed that the delta variant was still both very transmissible and infectious. This gave a sense of what was to come as children prepared to return to school in September.

At the end of August the government's COVID-19 response: summer 2021 was published including:

- Reinforce the country's vaccine wall of defence through booster jabs and driving take up
- Enable the public to make informed decisions through guidance, rather than laws
- Retain proportionate test, trace and isolate plans in line with international comparators
- Manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK
- Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19

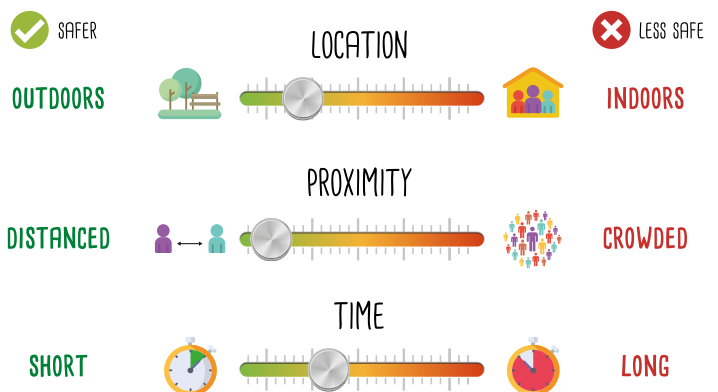
In the three months of June, July and August 2021 Doncaster saw just under another 15,000 confirmed cases, 372 hospital admissions and 26 deaths. So by the end of August in Doncaster there had been over 39,000 confirmed cases with the case rate climbing to 413.7/100,000 (468.9/100,000 in those under 60 and 249.1 /100,000 in those over 60) 3,663 admission to DBTH and 870 deaths attributed to COVID-19.

Things are open again  
and it's **great!**

but **please...**



**Avoid situations where the total risk is high.**



## September 2021 – December 2021

### The fourth wave continues and the fifth wave starts

**At the start of September the health and care system was still busy. Although many people had a summer holiday, the health and care system had been operating as if it was winter with high levels of demand on A&E, large numbers of people needing admission with respiratory problems – not all of it COVID-19 and people requiring domiciliary and residential care.**

Fortunately, although the rates of COVID-19 infections were high, the vaccine programme continued to break the link between infection rates, hospitalisations and deaths.

This was a period of learning to live with COVID-19, this wasn't the same as pretending COVID-19 didn't exist as COVID-19 was still circulating and basic public health measures such as hands, face, space and ventilation all reduced the risk of catching COVID-19. There was a sense that COVID-19 was gradually becoming a disease of the unvaccinated, those unable to work from home and those with severe underlying health conditions.

Schools became the focus of attention and activity. Secondary schools were instructed to organise COVID-19 testing for all pupils as part of the return to school. Schools were also asked to accommodate the extension of the COVID-19 vaccine programme to all 12-15 year-olds, when that was announced on the 13th September. Finally schools were contending with ensuring their buildings had sufficient ventilation, although no additional national capital was forthcoming. As the term went on rates of new cases of COVID-19 in primary school, secondary school pupils, teachers and other staff reached some of the highest levels seen in whole pandemic. This led to local advice to reinstate face coverings after the half term holiday.

In keeping with the latest roadmap, at the end of September the national furlough scheme and the £20 universal credit top up finished. It is still too early to tell what the impacts of those schemes and the timing of their termination are. The loss of the universal credit top up in a period where the cost of living is increasing due to a rise in global energy prices and inflation is especially concerning.

On the 9th November the Government published the next iteration of the contain framework the COVID -19 Response: Autumn and Winter Plan 2021. This restated the government's approach

- Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics
- Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate
- Supporting the NHS and social care: managing pressures and recovering services
- Advising people on how to protect themselves and others: clear guidance and communications
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border

Within the plan was a description of Plan B (controlling the transmission of the virus while seeking to minimise economic and social impacts), if the NHS came under unsustainable pressures. Possible actions included:

- Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously
- Introducing mandatory vaccine-only COVID-status certification in certain settings
- Legally mandating face coverings in certain settings

Over the autumn, the number of countries on the travel 'red' list gradually reduced and then by November no countries were on the red list. However, a range of COVID-19 testing was still required for travellers before and after travel. At the start of November the 'shielding' programme was finally concluded.

By November 2021 it was clear that England was 'opening up' with fewer restrictions than other parts of the UK or the world. Whilst high vaccine uptake was clearly the cornerstone of the national approach, the approach also relied on the health and care system being able to absorb increasing demand including from people with COVID-19 infections. This was in stark contrast to the rest of Europe where national restrictions and lockdowns were being brought back in the Netherlands, Austria and Germany in response to their own delta wave.

Through September, October and November 2021, Doncaster saw slightly more confirmed cases than the previous 3 months with just under another 17,000 new confirmed cases, but almost double the hospital admissions at 584, and triple the number of deaths with 76 deaths. So by the 25th November in Doncaster there had been over 55,952 confirmed cases with the case rate climbing to 551.4 /100,000 (419.5/100,000 in those under 60 and 152.7/100,000 in those over 60) 4,247 admission to DBTH and 946 deaths.

However on the 26th November the WHO announced that there was a new global VOC – omicron. As with all new VOCs there is considerable uncertainty to begin with about transmissibility, severity of disease and the potential to escape current vaccines. Scientists were particularly concerned about the number of mutations on the area of the virus that the current vaccines target so immediate actions were taken, not just in the UK but globally. These measures included reinstating the travel Red list, travel bans and managed quarantine hotels for those returning from abroad.

Self isolation and PCR tests on day 2 for all new entrants (followed by quickly by adding pre-departure testing), mandatory face coverings in retail and public transport and a further scaling up of the vaccine programme so that boosters would be offered to all adults by the end of January 2022.

On December the 8th in response to increasing concern about the Omicron variant, the national alert level was raised back to 4 and Plan B was implemented. Advice from the UK Health Security Agency suggested that Omicron was doubling every 2-3 days and there was evidence that two doses of a COVID-19 were insufficient to give sufficient protection. On the 10th December face coverings became mandatory in most indoor public places, at large venues and events and on public transport and from the 13th December working from home if possible was reinstated. The NHS COVID pass became mandatory from the 15th December and on that day all countries were removed from the travel red list and changes were made to visiting care homes. All contacts of COVID-19 cases if double vaccinated were encouraged to take daily lateral flow tests in place of self isolation. The government also announced a major vaccine drive to bring forward the offer of COVID-19 boosters to all adults by the end of December 2021.

As Christmas 2021 drew near, it was clear that there was a high likelihood of a large wave of the new omicron variant affecting Doncaster. Although the delta wave of COVID -19 was being brought under control by the week of the 13th December there were already 10 confirmed and another 112 possible omicron cases in the Borough. Vaccine centres increased their opening hours and throughput, thanks to support from redeployed staff, local volunteers and the military. However, the health and care system were preparing for a large surge in demand, potentially the largest seen in the entire pandemic.

All data is available at <https://coronavirus.data>

## Ongoing Issues

As I mentioned last year there are still to be global, national and local reviews as to how the pandemic was managed, but there are still a number of immediate lessons. In year two these include:

- Doncaster people, families, communities, businesses, groups and institutions have all still pulled together really well. In the second year of the pandemic, the numbers of people able to volunteer has reduced as people return to work, although many have found ways of continuing.
- The importance of 'Key workers' was reinforced during the first national lockdown, but abuse and aggression to key workers has increased as the pandemic as continued.
- Not everyone was impacted equally or is still being impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
  - Impacts directly from COVID-19
  - Long term physical and mental health impacts of COVID-19 infection (long COVID)
  - Impacts of overwhelmed health services and delays to treatment
  - Impacts of changes to health services
  - Impacts of lockdown and other measures
  - Impacts on particular communities and groups including women, people from ethnic minorities and carers
  - Ongoing impacts on accessing health and care services due to the initial disruption and now increased demand on health and care services (especially people with diabetes, or suffering with poor mental health, self-harm or depression).
- Many of the working practices that the health and care system developed at the start of the pandemic have continued, but workforce shortages and staff 'burnout' are bigger challenges for the system now than money.
- National decision makers are still too remote and lack the local knowledge needed for many decisions including the implementation and relaxation of lockdowns, supporting local schools and the return of elite sporting events.
- Pandemic preparation should still 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. Local surveillance, responding to new threats (or variants), communication that avoids polarisation and politicisation, and planning on how to support people through 'infodemics' of overwhelming amounts of information all need review. This could involve health and media literacy, fact checking websites, critically looking at media sources and reviewing the role of the curriculum.
- Health and the economy are still intrinsically linked and the best way to address the pandemic is good for both health and the economy.

# The state of health in Doncaster



# The state of health in Doncaster 2021

**It is difficult to understand the true state of health in Doncaster in 2021. As the previous section describes the pandemic has still been the biggest health challenge faced in the Borough in 2021.**

But focusing solely on the pandemic misses the fact that there are still a number of other health and wellbeing issues that affect the overall state of health in Doncaster. Some of the annual data that is routinely used to assess the state of health still precedes the pandemic and will only be updated in the years to come. Local data may still not reflect the true picture of health but may give a better indication on the health of local people and the pressures on the local health and care system.

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.

This year, Team Doncaster has updated the Joint Strategic Needs Assessment (JSNA). As well as the three headline measures, an assessment of the changes to the size and makeup of the population, we have grouped data in terms of 3 key life stages; starting well, living well and ageing well. The JSNA is available at <https://www.teamdoncaster.org.uk/jsna>.

Health needs are also changing and as well as Life Expectancy, there is increased concern about maternal and infant mortality, mental health, oral health, multi-morbidity the impact on carers and how the inequalities across these areas often coalesce in the same people. Future JSNAs should consider this in more detail.

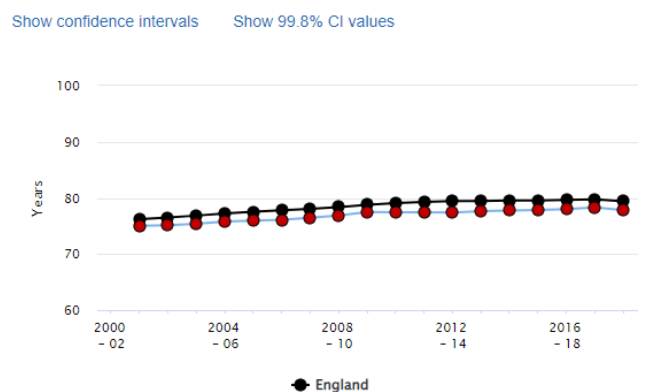
## Life Expectancy

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. In the last year the impact of the pandemic has reduced Life Expectancy by 0.5 years in men and 0.7 years in women. It remains to be seen if this is a temporary situation or the indication of future challenges.

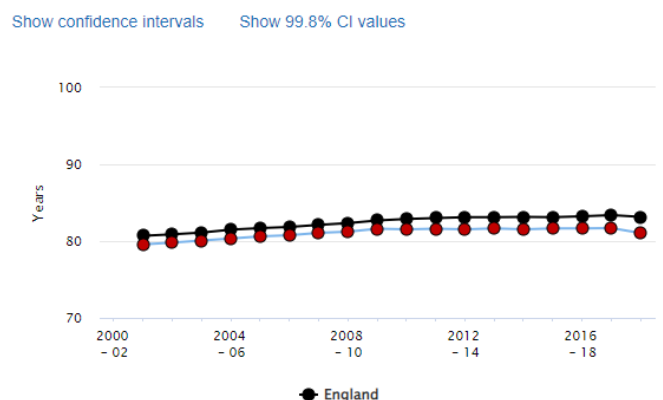
For 2018-2020 Life Expectancy at birth in men is 77.8 years in Doncaster compared to 78.4 years for men in Yorkshire and the Humber and 79.4 years for men in England. Life Expectancy at birth for women for 2018-2020 was 81.0 years in Doncaster compared to 82.3 years in Yorkshire and the Humber and 83.1 years in the England.

The contributors that make the biggest impact on Life Expectancy in Doncaster are deaths from COVID-19, deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer.

### Life expectancy at birth (Male) New data



### Life expectancy at birth (Female) New data



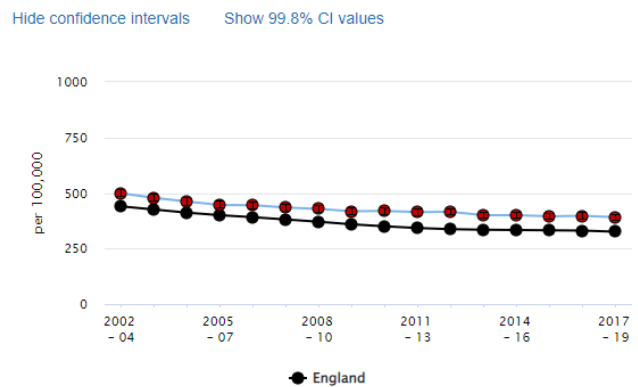


## Healthy Life Expectancy

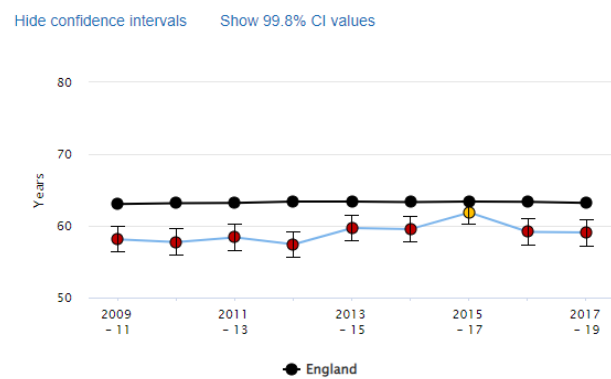
As well as assessing length of life, quality of life is important and this is measured by assessing Healthy Life Expectancy. This is the length of time people live in a self-assessed state of good or very good health. Although in 2019 the Public Health Outcomes Framework showed that, for the first time 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 2017-19 Healthy Life Expectancy for men is 59.1 years compared to the England rate of 63.2 years, a difference of 4.1 years. The latest data shows a Health Life Expectancy for women of 57.5 years compared to the England rate of 63.5 years a difference between Doncaster women and England of 6 years. Although this is self-reported data, these differences are worthy of further investigation especially in terms of obvious inequalities.



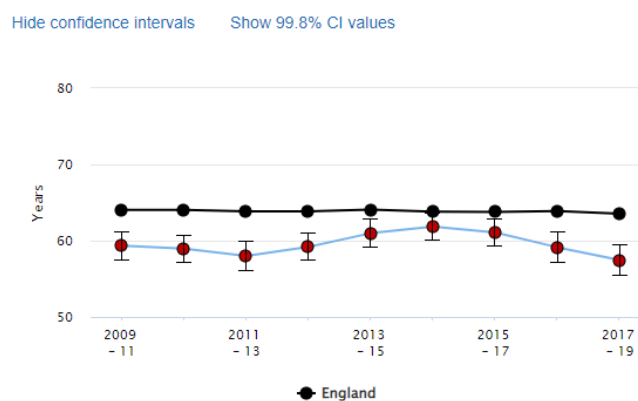
### Under 75 mortality rate from all causes



### A01a - Healthy life expectancy at birth (Male)



### A01a - Healthy life expectancy at birth (Female)



## Health Inequalities

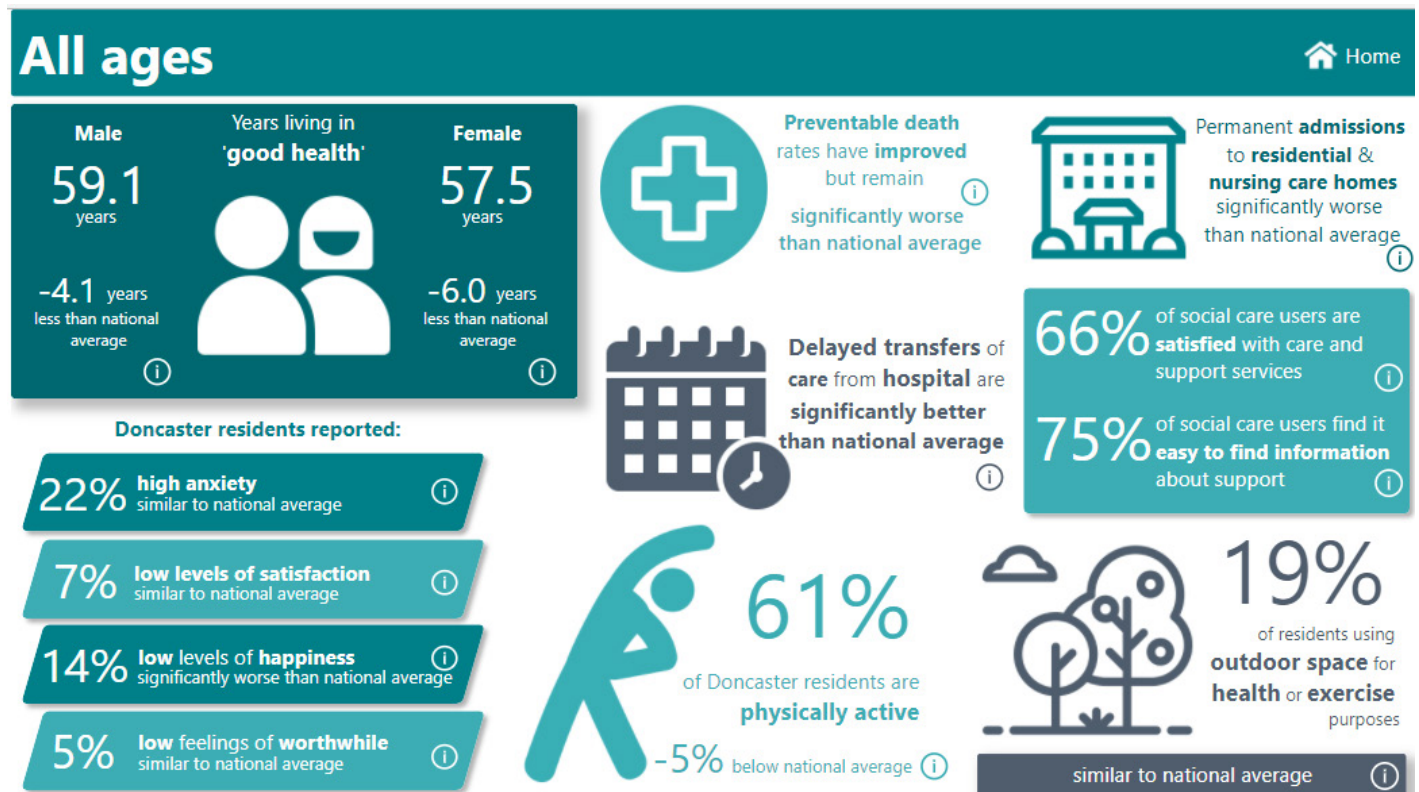
Whether it is life expectancy or healthy life expectancy, over the last 10 years Doncaster has not closed the gap with the rest of England. It is time to reassess whether there is more that can be done or new approaches employed to bridge this gap. In fact the gaps are getting wider.

# The state of health in Doncaster 2021

## All Ages

As well as the data on Healthy Life Expectancy and the large difference between Doncaster and national averages the All Age section of the JSNA comments on preventable death rates, levels of wellbeing, physical activity, use of outdoor space for exercise as well as data on discharges from hospital and admissions to residential and

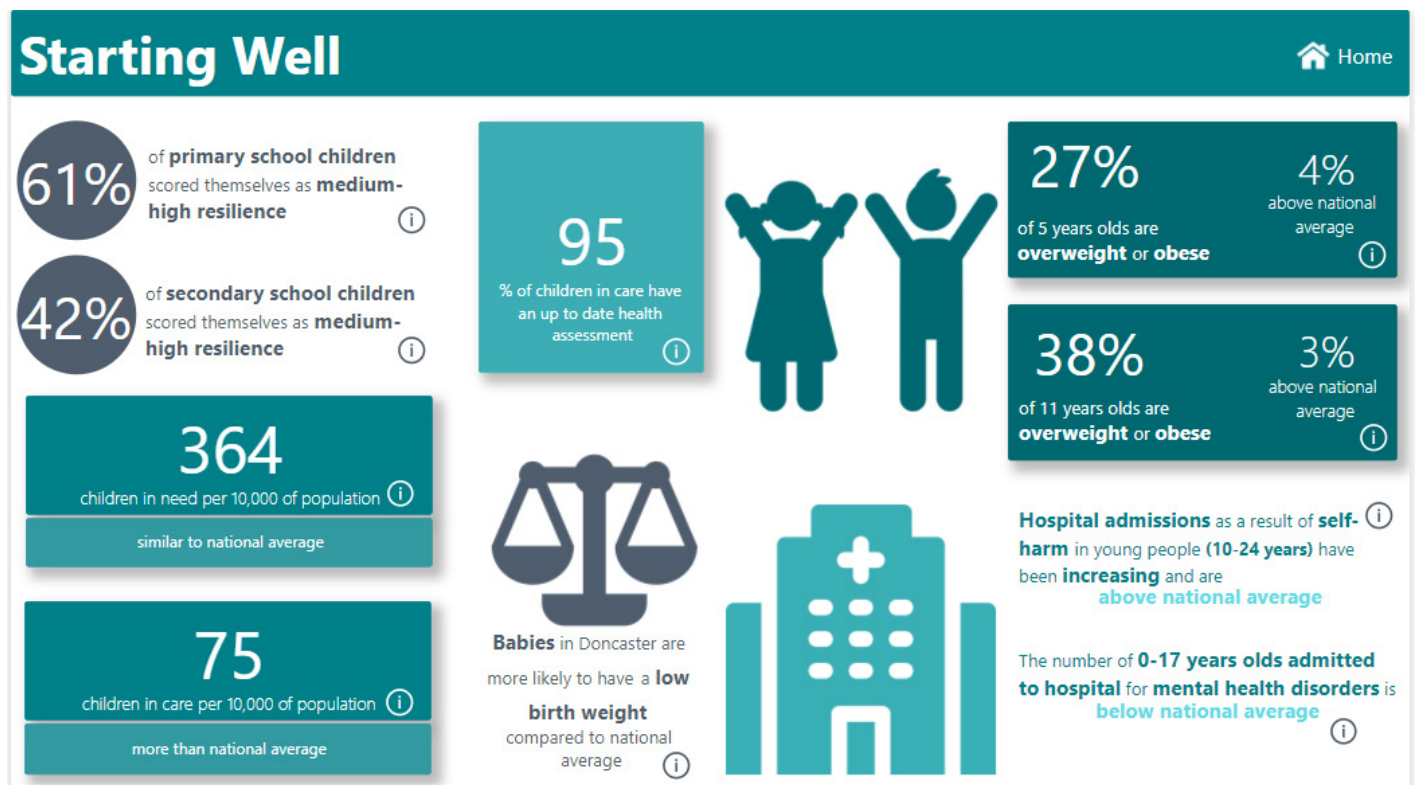
nursing care. Preventable mortality is falling but not quickly enough to close the gap with national data. Doncaster people show low levels of self-reported satisfaction compared to other areas and levels of physical activity are still lower than other areas.



## Starting well

For children and young people resilience in both primary and secondary school age children is falling, and this corresponds with an increase in hospital admissions for self harm, although it's reassuring to see the numbers of children admitted for mental health disorders is below the national average. The numbers of Children in Care

and Children in Need are falling and are similar to the national average. 95% of those children in care have an up-to-date health assessment. However Doncaster babies are more likely to be born at a low birth weight and there are high levels of childhood obesity.

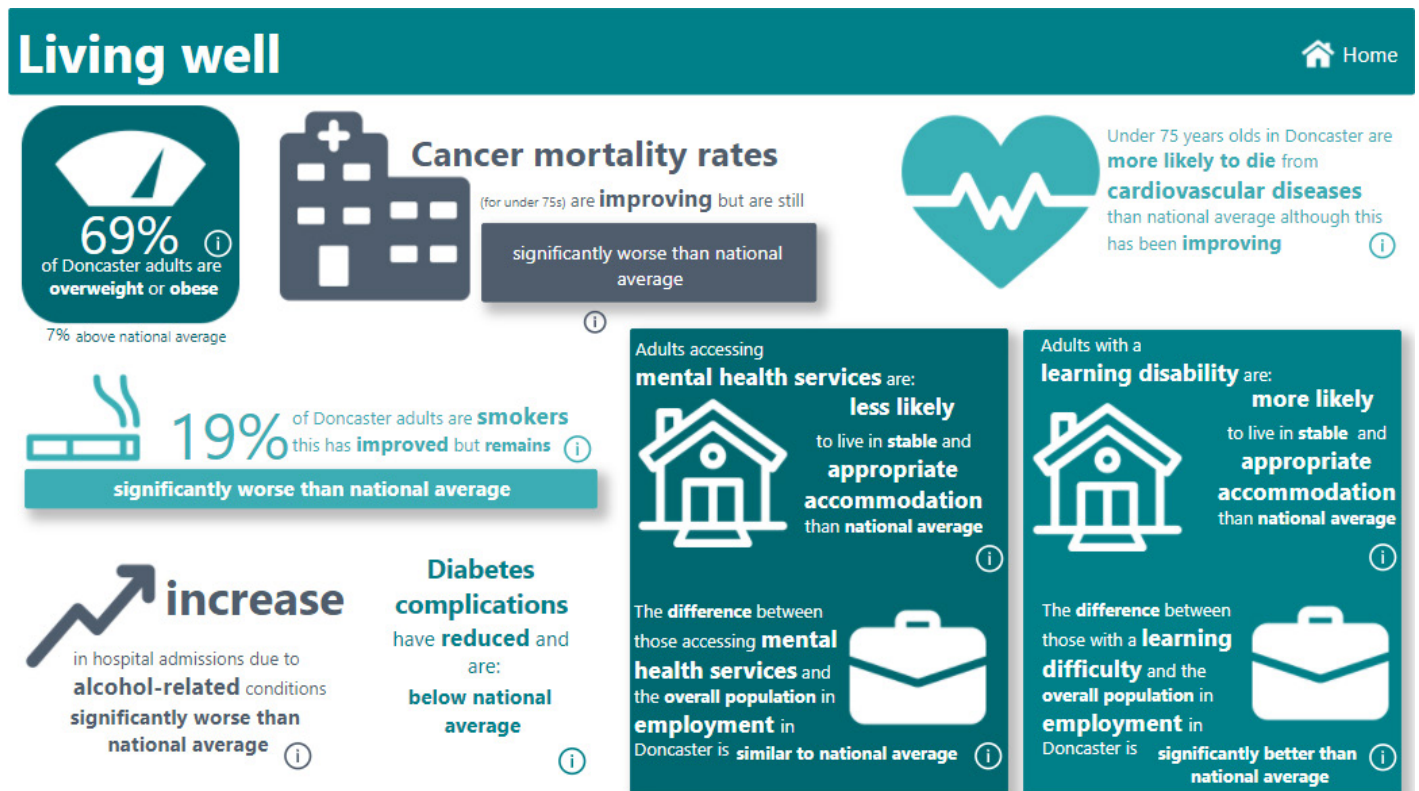


# The state of health in Doncaster 2021

## Living Well

Deaths from cancer and cardiovascular disease are falling but are still significantly worse than the national average. A number of key risk factors including smoking, alcohol and obesity are still significantly higher than the national average. Housing particularly for people who use mental health services is less likely to be stable although

housing for people with a learning disability is more stable than the national average as is the employment rate in Doncaster for people with a learning difficulty. The impact of any increase in the cost of living may be felt by this group including the impact on housing and homelessness.



## Ageing Well

For older adults in Doncaster whilst the numbers of people with dementia are similar to the national average, more people are at risk of falling, request social care support and fewer people are able to remain at home 91 days

after discharge from hospital than other areas. Supporting people to stay active and connected in their communities could make a big difference to these outcomes.

### Ageing well

[Home](#)



15,390

requests for support for Adult Social Care in 2020 above national average



Permanent admissions to residential & nursing care homes are



significantly worse than national average

Over 65s in Doncaster are:

more likely to have falls that result in emergency hospital admission than national average



26%

of Doncaster residents die in their own home



similar to national average



38%

of adult social care users have as much **social contact** as they would like



72%

of over 65s have had their **flu vaccination** below the national goal of 75%



**Dementia** rates in Doncaster are:

similar to national average



# The state of health in Doncaster 2021

## Longer Term impacts from the COVID-19 pandemic

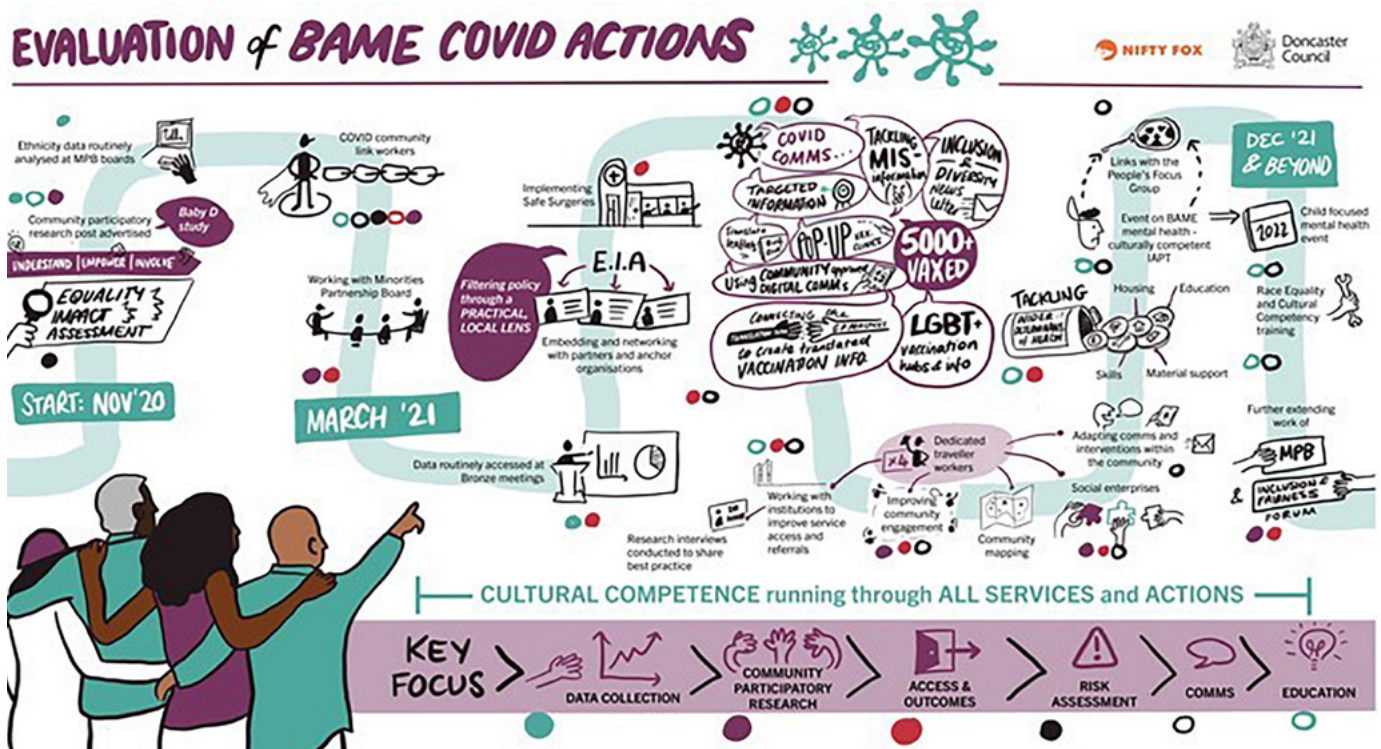
As the pandemic has shown, not everyone has been impacted the same and there is a risk that as well as the spread of the pandemic being along fault lines in wealth, health and social protection, there are concerns that COVID-19 could become a disease of the unvaccinated, the poor, those with chronic health conditions and those unable to access health services. A purely biomedical approach based on vaccination alone may be insufficient to help us recover. No pandemic is just a health emergency and there are a wide range of societal impacts.

As a result of this hunger, food insecurity, economic meltdown, climate related disasters and globally large scale involuntary migrations are all more likely. The economic impacts of the exit from the European Union, the move to more online retail, permanent changes to shopping patterns and the use of town centres and communities, homeworking, hybrid working will continue. The importance of being digitally connected will not go away either.

The pandemic has not created new inequalities, but has uncovered existing inequalities and exacerbated them. The impact on existing inequalities between people from different ethnic groups is particularly stark. A range of actions were undertaken in Doncaster to address these inequalities.

### The British Academy (Shaping the Covid Decade) describes 9 significant areas of long-term societal impact of COVID -19

1. The importance of local communities
2. Low and unstable levels of trust
3. Widening geographic inequalities
4. Exacerbated structural inequalities
5. Worsened health outcomes and growing health inequalities
6. Greater awareness of the importance of mental health
7. Pressure on revenue streams across the economy
8. Rising unemployment and changing labour markets
9. Renewed awareness of education and skills



## Spotlight on Primary Care engagement with the Gypsy Roma and Traveller community in Doncaster

Throughout the COVID-19 pandemic it's clear that some groups of people have experienced worse health outcomes than others. Often this is not a new finding but the impact of longstanding structural inequalities. Access to health services is one of the most common barriers. The Gypsy, Roma and Traveller community face many barriers when accessing primary health care services. These are clearly articulated in the recent 'Locked Out' report:

<https://tinyurl.com/244yujkp>

The Askern Medical Practice in Doncaster has taken steps to address this reducing its Did Not Attend rate for this group from 60% to almost zero. Prof Kumar is the lead GP and whilst passion to address these issues is important it needs to be balanced with some hard edges including fostering a strong anti-racist environment, including a zero-tolerance policy to any anti traveller racism and attitudes that would prevent them engaging with your service. Training is essential to make front line staff aware of the issues that the particular community face when trying to access services.

Prof Kumar said 'There are a number of relatively simple things that can be done at a practice level to make them 'Gypsy, Roma and Traveller friendly', for example having a named member of staff who acts as 'Practice Champion' is a way of bridging the gap and facilitating an environment of engagement. Being explicit that you are a Gypsy Roma and Traveller friendly practice by stating this on posters in the waiting areas. Ensuring you allocate sufficient time for appointments as scheduling a double appointment for new patients is a way of gaining people's trust and giving them time to properly open up. Making allowances for other barriers that this group may face, for example assisting with completing forms for those with low levels of literacy.

Allowing sign up to be conducted within the practice and ensure those patients without a fixed address are able to register by either using the surgery's address or the address shown on a UK driving licence.'

He continued 'There must be a willingness for healthcare staff to be innovative and adopt new approaches'. 'Many travellers have a driving licence. They may not have an address but a British driving licence shows they do have an address somewhere and that is good enough for me'.

Prof Kumar strongly believes that it is important to be proactive in order to engage and understand the community to build their trust. There are a number of ways to achieve this including interacting with the community in settings in which they feel comfortable, such as churches or community venues. Encourage engagement by visiting traveller sites and getting to know people. This may be particularly useful for new doctors as it is a way of establishing trust. Supporting members of the community to act as liaison workers to encourage engagement. Religious and community leaders can be beneficial in promoting health checks and routine screening such as cervical smears.

'We got in touch with the Pastor at the Pentecostal church and asked him to talk in his ceremony to encourage women to come in for a cervical smear'

Finally, it is important to be inclusive and ensure the GRT community have a voice in health care decision making by encouraging representation on the Patient Participation Group (PPG). Organisations such as the Traveller Movement (<https://travellermovement.org.uk>) provide a wealth of information and resources on which to draw.

## Longer Term impacts from the COVID-19 pandemic

Although COVID-19 is a significant reason for the reductions in Life Expectancy and Healthy Life Expectancy, there is a worrying sign that deaths from other conditions are above the levels usually seen. This excess mortality and impact on other health outcomes will put many of the NHS long term plan targets at risk. The numbers of cancers diagnosed early is falling from 44% to 41%, deaths from alcohol are up 18% in 2020, mental health presentations are increasing, there's the highest cardiovascular disease mortality in a decade, and fewer GP

appointments to look after people with multiple long term conditions. The next pandemic is already developing as the impacts of the lockdowns and restrictions are leading to high levels of physical deconditioning and mental health. Health and Care Systems will need to be able to think through and agree approaches to become more resilient. The emerging Integrated Care System, place based partnership and locality working model will need to take this on board.

**Fig. 1: Determinants of health systems resilience framework.**

From: [Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries](#)



<sup>1</sup> <https://www.nature.com/articles/s41591-021-01381-y>



## Recovery and Renewal

If 2021 has taught us anything it is that recovery and renewal will not be linear. The COVID-19 pandemic has reminded us that inequalities are still present nationally and locally. There are other societal challenges that will affect the shape of recovery and renewal including climate change and locally the continued recovery from the 2019 floods. The pandemic has also raised the issue of our own emotions. All of us have experienced a range of emotional responses at different points in the journey through the pandemic, different triggers will have triggered different emotions in different people. As we move forward we will need to be aware of our emotions and try to avoid the extremes of triumphalism and resignation.

To that extent recovery and renewal needs to be thought of community by community, linking into the density of social networks and social capital with a focus on health in all policies. Spatial planning including 20 minute neighbourhoods, access to parks and green spaces, access to health hubs and the public sector and replacing no longer needed commercial real estate with healthy housing could all be important. A particular focus on children will be crucial alongside investing in social infrastructure as much as physical infrastructure.

Early on in the COVID-19 pandemic a range of impact assessments were undertaken covering a range of issues.

Team Doncaster established a Renewal Board to focus on five key areas.

1. Economic recovery
2. Housing delivery
3. Environment and the path to net zero
4. Addressing poverty
5. Locality operating model development

Team Doncaster should ensure that the progress on these 5 areas is communicated widely. The ongoing renewal with people, of place and of process needs to be informed by updated impact assessments so that there can be transparency in any engagement, assessment, alignment of planning that leads to acceleration and accountability for the actions being taken.

It's clear that human health is connected to environment, economic as well as social health and wellbeing. These broader socio-economic factors, the physical environment, health behaviours as well as health and care services all contribute to improving health. Together these factors all contribute to how local people respond to both short term and chronic stress. Perhaps it is time for the economy to be 'nested' within social and environmental hopes and planning as opposed to the economy driving social and environment outcomes.

The World Health Organisation's new health promotion charter the Geneva Charter for Well-being has five key areas for action

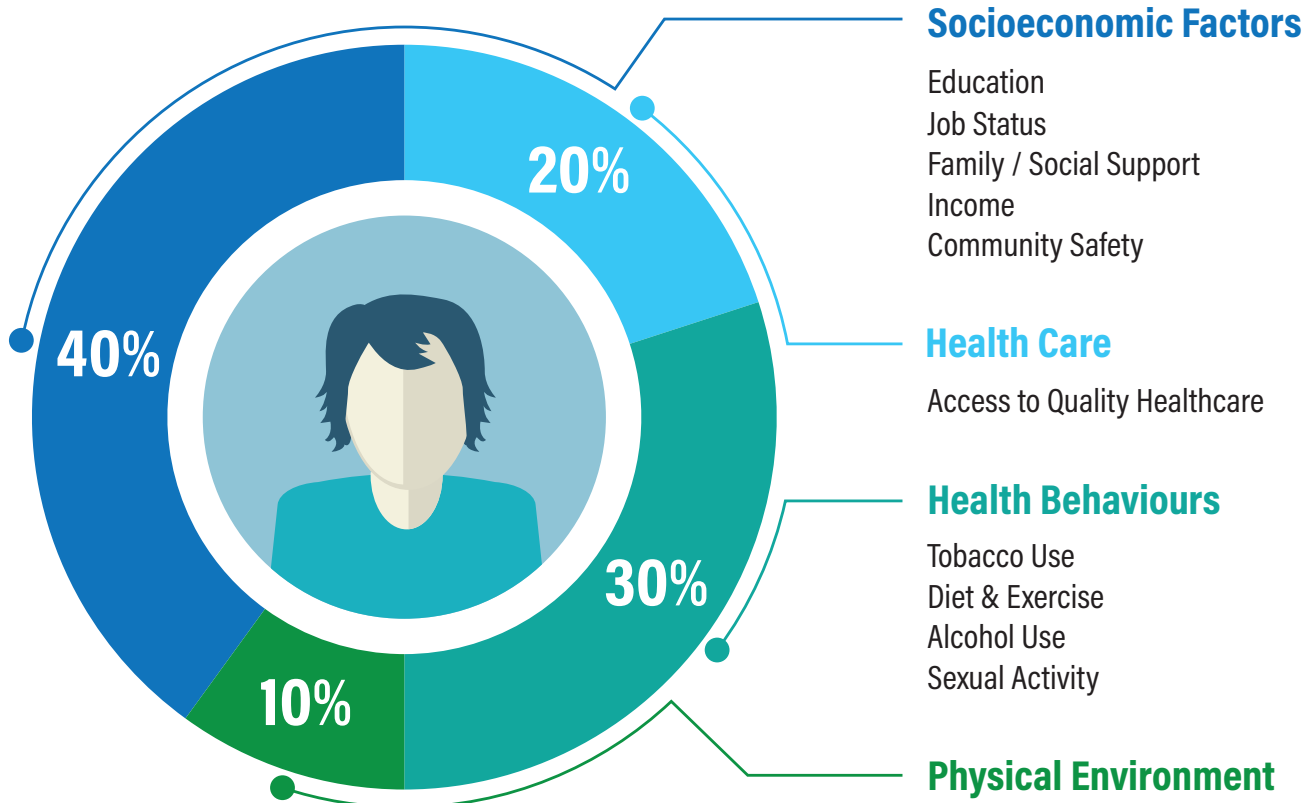
- Design an equitable economy that serves human development within planetary boundaries
- Create public policy for the common good
- Achieve universal health coverage
- Address the digital transformation to counteract harm and disempowerment and to strengthen the benefits
- Value and preserve the planet

<sup>2</sup> <https://www.alliancembs.manchester.ac.uk/media/ambs/content-assets/documents/news/the-manchester-briefing-on-covid-19-b42-wb-17th-september-2021.pdf>

# The state of health in Doncaster 2021

Communities	Economic	Infrastructure
<ul style="list-style-type: none"> <li>Vulnerable people</li> <li>Volunteers</li> <li>Community participation</li> <li>Public protection</li> <li>Emergency housing (incl homelessness)</li> <li>Welfare (incl social care)</li> <li>Education and skills</li> <li>Cultural</li> </ul>	<ul style="list-style-type: none"> <li>Economic strategy (national &amp; local)</li> <li>Business regeneration/ rejuvenation</li> <li>Public sector support mechanisms</li> <li>Voluntary, community and social enterprise sector</li> <li>Personal finance</li> <li>Innovation</li> <li>Labour and workforce</li> </ul>	<ul style="list-style-type: none"> <li>Infrastructure providers</li> <li>Infrastructure customers</li> <li>Energy (utilities)</li> <li>Telecommunications (incl digital)</li> <li>Urban &amp; rural infrastructure</li> <li>Transport</li> <li>Waste management</li> <li>Supply chain &amp; logistics</li> </ul>
Environment	Health	Governance
<ul style="list-style-type: none"> <li>Spatial planning (incl public spaces)</li> <li>Environmental health</li> <li>Living sustainably</li> <li>Resilience to climate change</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare</li> <li>Public health and wellbeing (incl psycho-social supports)</li> <li>Excess death management</li> <li>Connectivity between health and the wider system</li> </ul>	<ul style="list-style-type: none"> <li>Legislation, policy, guidance</li> <li>Information &amp; data</li> <li>Resourcing &amp; financial frameworks</li> <li>Partnerships &amp; coordination (national, subnational, local)</li> <li>Strategic communications</li> <li>Governance of delivering Recovery and Renewal</li> </ul>

## What goes into your health



The Public Health Dashboard from Public Health England compared the performance of local services to similar or national benchmarks.

In previous years I have reported on the performance of Public Health commissioned services through the Public Health England produced public health dashboard.

<https://bit.ly/dn-phealth-stats>

However, this national dashboard is no longer being updated. This will need to be addressed in next year's report as understanding how services benchmark is important to provide assurance as well as guiding service improvement activity and any future commissioning decisions.

The majority of public health commissioned services including health visiting, school nursing, sexual health and substance misuse use services have modified their delivery methods during the pandemic and have been able to maintain their performance. The only exception to this is the NHS Health Check service, where NHS England requested this service was stood down to release capacity in primary care and this service is still not yet back operating.

Public Health teams have provided leadership, support and manpower to the Team Doncaster COVID-19 response including local testing and contact tracing.



# 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

# Use of the public health grant

In 2021 the Public Health Grant was allocated as set out below. This includes bringing £2,903,640 in additional income into Doncaster from other external funding sources including research grants. Over £1.6 m in non-recurrent funding was secured from Public Health England for substance misuse, weight management and to improve public mental health, unfortunately this is only for the year 21/22.

	2020/21	2020/21
	(£000s)	(£000s)
Public Health - Grant	-24,412	-24,609
Public Health - Other income	-716	-2,904
Public Health - Corporate recharges	-720	-735
<b>Total Public Health Income</b>	<b>-25,848</b>	<b>-28,248</b>
<b>Expenditure: Commissioned Services</b>		
Sexual health	2,397	2,397
NHS Health Check programme	375	375
Health protection	82	82
National Child Measurement programme	68	68
Obesity	180	180
Physical activity	169	169
Substance misuse	5,399	5,399
Smoking and tobacco	694	694
Children 5-19 public health programmes	1,845	1,845
Children 0-5 health visiting	6,381	6,381
Mental Health	139	139
Other public health services misc H&WB	303	303
Income - Expenditure (base budget)	167	167
<b>Sub-total Commissioned Services</b>	<b>18,199</b>	<b>18,199</b>
Public Health advice (including Salary costs)	1,694	1,694
Support services	735	735
<b>Sub-total Central and Support Services</b>	<b>2,429</b>	<b>2,429</b>
<b>Expenditure (wider determinants)</b>		
Realignment	4,957	5,046
Growth	263	263
<b>Sub-total wider determinants</b>	<b>5,220</b>	<b>5,309</b>
shortfall i.e. income against expenditure	0	0
<b>Total Expenditure (commissioned + central &amp; support +wider determinants)</b>	<b>25,848</b>	<b>28,248</b>



# Call to action: Doncaster Delivering Together



The next decade present massive opportunities and challenges not only for Doncaster, its people, places and businesses but for the whole planet.

Team Doncaster's ability to respond to challenges such as how we build back fairer and better from COVID-19 and how we tackle climate change will be key for the 2020s. Doncaster Delivering Together is that plan and sets out what the partnership wants to achieve in the longer term up to 2030.

Team Doncaster has set out a central mission of 'Thriving People, Places and Planet' with six well-being goals setting out a future vision and the key indicators for the Borough to be achieved by 2030. The 'Fair and Inclusive' and 'Greener Cleaner' goals are cross cutting and impact everything.

Team Doncaster needs to set out what will be done to achieve these long term visions. Many of the things that need to be delivered can address a number of the well-being goals. For example tackling climate change will impact on both the Greener and Cleaner Goal but also on Health and Compassionate for example. For this reason eight cross cutting priorities have been set out to act as the guiding lights to deliver the well-being goals. These Great 8 priorities are:

- Tackling climate change
- Developing the skills to thrive in life & work
- Making Doncaster the best place to do business & create good jobs
- Building opportunities for healthier, happier & longer lives for all
- Creating safer, stronger, greener & cleaner communities where everyone belongs
- Nurturing a child & family-friendly borough
- Building transport & digital connections fit for the future
- Promoting the borough & its cultural, sporting & heritage opportunities



## Doncaster Delivering Together

A Doncaster partnership  
plan for Thriving People,  
Places & Planet

Prospectus 2020-30

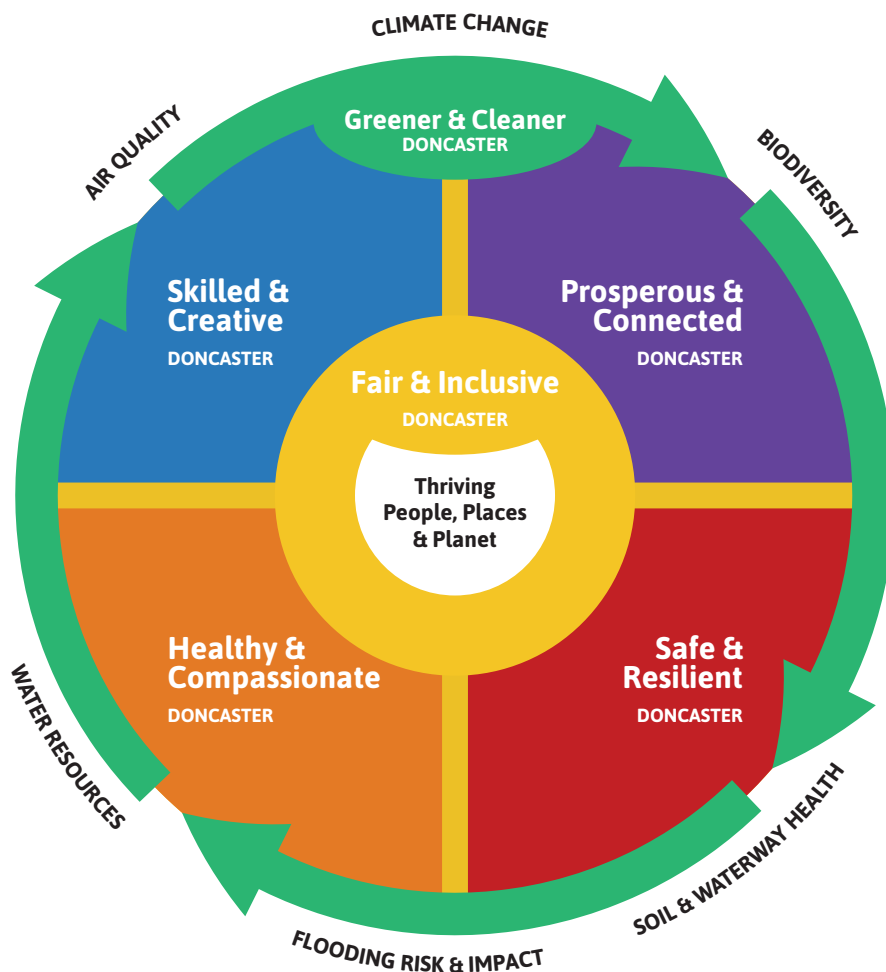


## Implementing Doncaster Delivering Together

Each of these priorities will need a high level action plan, drawing upon existing agreed strategies, setting out key important deliverables and targets. They will also set out how residents and employers can contribute to achieving these priorities as these priorities will need the collective efforts of everyone.

Team Doncaster will need to refresh the Performance Management Framework and Governance model to support the delivery of these priorities. This could include:

- Refreshing Team Doncaster Operating Model to ensure a focus on delivery
- Aligning key action plans and projects with the Great 8 priorities
- Setting out a spatial map of investment and initiatives linked to the Great 8 Priorities
- Setting out Locality plans aligned to the Borough Strategy and locally important priorities
- Developing an interactive dashboard on the key indicators that will be accessible to all
- Exploring how decisions are made and explicitly linked to the well-being goals



<sup>3</sup> <https://www.teamdoncaster.org.uk/doncaster-delivering-together>

## Doncaster Delivering Together Priority 4: Building opportunities for healthier, happier and longer lives for all

**Doncaster Delivering Together sets out the long term direction for the Borough but also gives some clear actions for partners.**

One of the Great 8 priorities is Priority 4 'Building opportunities for healthier, happier and longer lives for all'.

A number of actions are outlined but one in particular is worthy of note, the development of a 'Wellbeing and Fairness Commission'.

The proposed commission would be an independent body tasked by the Doncaster Health and Wellbeing Board. It will work to produce a report with some clear areas of focus that will help to improve wellbeing for residents and ensure no one is left behind.

Using Doncaster Delivering Together as a framework the commission will;

- Examine existing data, best practice, engage with subject matter experts and the lived experiences of people across the borough
- Make an assessment as to the current situation of each of the wellbeing essentials, including identifying any changes required.
- Make suggestions on areas of focus based in the form of a public 'Commission Report'. This will inform a new Health and Wellbeing Strategy.
- Produce ways of checking and measuring the impact to address poverty and inequality including a headline 2030 target and a suggested review period.

### **ACTIONS:**

- Catch up on the services impacted by COVID.
- Explore undertaking a Wellbeing Commission.
- Progress a fully integrated health and care system, which includes the third sector.
- Embed 'Health in all Policies' and prevention to close health gaps through everything we do.
- Develop an even more compassionate approach to health and care and improve the social conditions for better health.
- Improve all-age mental health support, including support & prevention for a zero-suicide borough.
- Support residents to live independent and rewarding lives in the place they call home.
- Develop our Social Care Futures approach to work with residents on the support they need.
- Push for a new hospital and develop Doncaster as a Health Research and Innovation Centre.
- Support rewarding careers in health and care.
- Promote and invest in accessible, good quality physical activity and leisure opportunities.
- Implement our Ageing Well Delivery Plan to become an even more Age-Friendly borough.
- Work towards becoming an even more Disability-Friendly borough.

## Challenges to delivering Doncaster Delivering Together

**Delivering the Doncaster Delivering Together Strategy will require innovation, new perspectives and new ways of working. There are six key approaches that must guide how the strategy is implemented.**

Many of these approaches are already in use and the requirement now is to embed and mainstream them. Their relative importance will vary depending on the particular actions, projects or programmes being developed; but they should all be considered. The six approaches to delivery are explained in more detail below and there will be a strong focus on managing the delivery of Doncaster Delivering Together, with a programme management approach linked to resource and budgetary cycles.

### 1. New ways of doing things - to improve wellbeing:

- Supporting innovation and behaviour change - to move from 'business as usual' to new approaches to improving wellbeing
- Using the 'Three Horizons' model to develop a vision and consider the innovation required to achieve it

### 2. Regenerative development:

- Pushing beyond recovery and renewal through sustainability (i.e. 'doing no harm') to regenerative development that renews and improves, including our biodiversity and waterways. Also moving from a linear 'take-make-dispose' economic system to a circular one that keeps finite resources in a loop of use and reuse
- 'One catchment' joint working across boundaries, e.g. to consider whole river systems and flood risks

### 3. Working closer with communities:

- Local Solutions for People, Places and Planet ("thinking local / acting personal" to help Doncaster people, Doncaster places and our planet"
- Place-based collaboration to improve wellbeing and greater residents' participation in decision-making
- Asset-based community development as part of localities working, building on distinctive local strengths and opportunities

### 4. Shared responsibilities - locally and regionally:

- Residents, businesses and organisations all contributing to improvements in wellbeing
- A leading role for Team Doncaster's anchor institutions
- Working with regional partners, including those in the Mayoral Combined Authority, to deliver shared priorities.

### 5. Intelligence led interventions:

- Using data to understand the factors driving relatively poor outcomes for different population groups and communities
- Combining different local data and insights to target services and interventions
- Using data to measure the impact of interventions on the wellbeing goals
- Broadening access to information, knowledge and emerging technologies

### 6. Whole life, whole system integration:

- Considering all life stages and the transitions between them - starting well, living well and ageing well
- Integrating whole systems and considering the relationships and trade-offs between different actions.
- Early intervention and prevention - identifying and addressing concerns, risks and opportunities early
- In everything we do, we need to seek other benefits too

# Conclusion

The COVID-19 pandemic is still not over and 40% of people think it will last into 2023

However, the vaccination and booster programme should be a cause for hope especially if it can be rolled out globally. 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. 2022 will be another year where we continue to learn to live with COVID-19.

In addition to the continued 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. Some of these needs will be the result of the national lockdowns or restrictions especially. Many people will show signs of trauma or have other emotional or mental health needs. These health impacts will also be clustered in some groups more than other and these inequalities need to be addressed and if possible prevented. Community centred approaches are becoming even more important and they should be secured for the long term and not just for the pandemic. Poverty, long term inequalities and a lack of resilience not just in Doncaster but in the UK more generally must be addressed.

2022 will need a recovery that doesn't only renew but regenerates Doncaster with investment in social as well as economic infrastructure, 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.

A recovery that not only addresses the COVID-19 pandemic but also tackles the long standing challenges we had before the pandemic including homelessness, poverty, climate change, racism or inequality, now that's a recovery worth being part of.

## Future recommendations

Team Doncaster and partners should:

- Continue to recognise, celebrate and support the roles of 'Key workers', local people, groups, institutions, businesses and communities in the way Doncaster works
- Maintain sufficient local capacity and capability to respond to and learn from the continued COVID-19 pandemic
- Implement Doncaster Delivering Together, including updating and publishing a set of Impact Assessments to continue to guide and shape local recovery and renewal
- Secure long term locality working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations
- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing and establish a Fairness & Wellbeing Commission
- Develop new relationships with the Office of Health Improvement and the UK Health Security Agency, the successor bodies to Public Health England and establish a new method for assurance of local public health services





## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 10/03/2022

**Subject:** Doncaster Children and Young People's Mental Health and Wellbeing Strategy

**Presented by:** Martyn Owen and Emma Price

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

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

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

The strategy will set out how the Team Doncaster Partnership intends to work together to address the demands placed on mental health services over the past two years and implement new strategies to improve children and young people's mental health and wellbeing across Doncaster. This will make a significant contribution to improving health and wellbeing through improved access to services, improved quality of services and in the long-term access to high-quality universal public health measures designed to improve the lives of children and young people across Doncaster.

The strategy document itself will be finalised by the end of the week (04/03/2022) and circulated to the Board prior to the meeting.

### **Recommendations**

The Board is asked to:

- Agree to the strategic priorities set out within the strategy.
- Sign-off the overall strategy.





## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 10<sup>th</sup> March 2022

**Subject:** Community Solutions to Substance Use

**Presented by:** Vicki Beere

Purpose of bringing this report to the Board	
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	
	Obesity	
	Children and Families	
Joint Strategic Needs Assessment		
Finance		
Legal		
Equalities		
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
<p><b>For Information: Back ground to Project 6 <a href="http://www.project6.org.uk">www.project6.org.uk</a></b></p> <p>Project 6 Doncaster (previously Doncaster Alcohol Services) has supported people for 38 years and is well embedded in the local communities across the borough, having been founded by local people in response to alcohol problems and their impact on the local area. Over the years the needs have changed, and we have been flexible and innovative in adapting to meet those needs, often in partnership with local organisations and stakeholders, always in partnership with the people who use our services and our community. We recognise the people who walk through our door as important assets for us and for Doncaster, with incredible potential, and we seek to co-design and co-produce</p>

ways of keeping people safe and healthy, and of building communities. The solutions to the challenges that people face in Doncaster around harmful alcohol use are to be found in those individuals and communities themselves. Our role is to unlock them, through building trusted relationships and creating safe spaces, where people can learn tools and techniques and be inspired/supported by peers and others in recovery. Often people who have struggled with alcohol use need support within a safe community as a first step, somewhere like Project 6, so they can then go on to engage and flourish within the wider community.

Project 6 is a values-led organisation, working with individuals and families with drug and alcohol issues and /or multiple and complex disadvantages. Our core purpose is to provide opportunities and choices for individuals, families and communities to create meaningful and sustainable changes in their wellbeing. We give people and communities the tools and support to make these changes themselves, while we walk alongside them. This is how we support people to self-help, to build resilience and self-reliance.

Our vibrant Sober Social service is located in Doncaster town centre and delivers a menu of therapeutic groups and peer-led health and wellbeing activities, aimed at enabling individuals to sustain recovery from alcohol misuse. Over the last 12 months we have supported over 8,000 individuals across the organisation, 223 of them in Doncaster, to make and sustain positive changes to their health. Our timetable includes staff, peer & volunteer-led activities such as evidence-based relapse prevention, both 1-1 and groups, Mind Matters courses, self-care tool box sessions and SMART Recovery sessions, plus plenty of outdoor health activities such as a walking group and park meet ups. These sessions are critical in creating a visible recovery community in Doncaster, which shows that recovery is possible and challenges stereotypes and stigma.

More recently, as the impact of the pandemic has led to increased local need, we saw a 200% increase in telephone calls to our Doncaster service. We have developed our Pathways services in partnership with Primary Care, with a focus on crisis, alcohol related issues and diverting people into community provision, where they can access the support they need to make changes. We have identified a particular need through our work with the Alcohol Alliance around older people's alcohol use.

Our 2020 Satisfaction Survey of people using our services demonstrated:

- 85% of individuals reported improvements in mental health and wellbeing
- 78% reported improved physical health
- 73% reported improved relationships with families and friends
- 76% felt accepted as part of the community and able to give back to their community
- 84% felt optimistic about their ability to have a positive future.

Project 6 has a long history of successful development and delivery of both grant-funded and contracted services. We seek to bring added value and visibility into the community through fundraising activities, community events such as theatre, music events, art displays and sponsored walks or swims.

Examples of the social value we bring include:

- Engagement with the local community where possible, in shared fundraising events and through our Active Citizens scheme

- Bringing people together across other VCS organisations through joint activities such as the recent virtual recovery games and arts projects
- Our recovery services provide progression pathways, which include peer support and volunteer placements, skills training and support into employment
- We have over 80 trained volunteers with lived experience in the organisation; 10 of these Doncaster residents.

### **The Third Place proposal: a new way of supporting Street Drinkers**

The number of people experiencing multiple and complex disadvantages is increasing nationally and Doncaster is no exception. These are people who cannot navigate our current health and social care system due to their chaotic lifestyles, structural and societal barriers and whose health inequalities and life expectancy are being severely impacted. As a consequence of this they are using what health and social care services they can erratically, inappropriately and sometimes not at all until it is too late. The average life expectancy of a street homeless individual is between 43 – 47 <https://simononthestreets.co.uk/news/the-average-life-span-of-the-homeless-why-the-risk-is-high> according to Simon on the Streets . They are not able to access our current health and social care system therefore this is a proposal to address that issue and create a supported entrance into our current system. We believe this proposal will allow us to reduce health inequalities, save lives and give people the opportunities of choice and positive change to their wellbeing.

The "first place" for most people is the home and those that one lives with. The "second place" is the workplace — where people may actually spend a considerable amount of their time. Third places, then, are "anchors" of community life and facilitate and foster broader, more creative interaction. In other words, your third place is where you relax in public, where you encounter familiar faces and make new acquaintances.” Ray Oldenberg; The Great Good Place, 1999.

The Third Place will provide those opportunities to tackle the cycle of multiple and complex needs by providing a safe environment for street drinkers and others affected by homelessness, rootlessness and destitution who often have no access to their own first or second space. The aim of the third space is to offer opportunities and choices for individuals to create meaningful and sustainable change in their wellbeing through reducing harm and improving health outcomes. It will provide, appropriately and safely managed space for interventions for individuals affected by multiple complex needs including;

- Street Drinkers
- People who are homeless or on the edge of homelessness
- Those who do not ordinarily engage with statutory services

Aspire and Project 6 propose to work in partnership to develop a fully costed Third Place proposal in Doncaster in order to address the needs of the population, improve community safety and create opportunities for people to make and sustain positive change to their wellbeing and health using a whole system approach.

### **Recommendations**

The Board is asked to: consider and support the proposal.

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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 10<sup>th</sup> March 2022

**Subject:** Local Solutions for People and Places: Next Steps in Improving Health and Wellbeing Together

**Presented by:** Phil Holmes

<b>Purpose of bringing this report to the Board</b>	
<b>Endorsement</b>	Yes

<b>Implications</b>		<b>Applicable Yes/No</b>
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		Yes
Legal		No
Equalities		Yes
Other Implications (please list)		

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
Team Doncaster is committed to supporting people, families and communities with local solutions that address their needs and build on their strengths in the place where they live. Working in a way that is responsive to local issues and assets, and investing funding alongside local communities (rather than “doing to” them) will increase local health and wellbeing by giving people more control over their lives and stronger connections with others.

<b>Recommendations</b>
The Board is asked to:- <ul style="list-style-type: none"> <li>- Note the key Health and Wellbeing messages that have arisen from discussion with local people in the development of Locality Plans</li> <li>- Note the update on usage of of non-recurrent Better Care Fund monies to invest in preventative working in each of Doncaster’s localities / neighbourhoods</li> </ul>

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## Doncaster Council

**Doncaster Health and Wellbeing Board**

**Date: 10 March 2022**

**Subject:** Pathways to research excellence: developing a Health Determinants Research Collaboration (HDRC) for sustainable and applied research in Doncaster

**Presented by:** Susan Hampshaw

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

Implications		Applicable Yes/No
DHWB 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 Health and Well-Being Board sponsors research across Doncaster. Doncaster Council submitted an Expression of Interest to the National Institute for Health Research Public Health Research Programme to host a HDRC. We have now been invited alongside several other places to submit a Stage 2 application. This presentation will describe our proposed collaboration, as it stands, and in particular focus on how becoming a more research active place will accelerate our progress to improve health and well-being and tackle inequalities.</p>

<b>Recommendations</b>
The Board is asked to:-Take note of this presentation and endorse the outlined approach.





## Doncaster Council

**Doncaster  
Health and Wellbeing Board**

**Date: 10<sup>th</sup> March 2022**

**Subject:** Doncaster Safeguarding Children Partnership Annual Report 2020-21

**Presented by:** FOR INFORMATION ONLY

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

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

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
<p>Doncaster Safeguarding Children Partnership's aim is to safeguard children in Doncaster from abuse and/or neglect, intervening early to prevent abuse and/or neglect where possible. It is made up of the Safeguarding Partners (Doncaster Council (DMBC), Doncaster Clinical Commissioning Group (CCG), South Yorkshire Police (SYP) and additionally the Doncaster Children's Services Trust (DCST)) as well as relevant agencies as outlined in Working Together to Safeguard Children 2018. This includes health provider services, schools, early years settings, social care, children's homes, and voluntary, community and faith organisations.</p>

The three 'safeguarding partners' are required to agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including serious child safeguarding incidents. To do this, they need to work in partnership with all relevant agencies in Doncaster as the Doncaster Safeguarding Children Partnership.

In addition to publishing its safeguarding arrangements, the safeguarding partners are also required to publish an annual report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

### **Recommendations**

The Board is asked to:-

Note the partnerships response during 2020-21 by the Doncaster Safeguarding Children's Partnership to safeguard children and young people from abuse and neglect across Doncaster.



**DONCASTER  
SAFEGUARDING  
CHILDREN  
PARTNERSHIP**

# **Doncaster Safeguarding Children Partnership Annual Report 2020-2021**



## Foreword

The Doncaster Safeguarding Children Partnership would like to acknowledge the contribution of the Cabinet Member for Children, Young People and Schools, Nuala Fennelly who sadly passed away earlier this year. Nuala was a true advocate and champion for children across Doncaster, always passionate about giving our local young people a voice.

This annual report covers the period 1<sup>st</sup> April 2020 – 30<sup>th</sup> September 2021. This period has been like no other with the demands posed by the pandemic. Doncaster like many other areas has seen an increase in domestic abuse, neglect referrals and an increased number of children presenting with significant mental health problems. The pandemic has had the greatest impact on those living in households where there is already a vulnerability. We know that there are pressures and demands on services across the partnership including the 'Front Door', Child Protection and Children in Care services. The November floods, followed by the COVID 19 crises created additional needs in the communities we serve, and complex partnership challenges have been exacerbated as a consequence. The partnership responded well to the challenges that were posed. The main aim for all of us was to keep children safe and in education.

The partnership experienced a decline in safeguarding performance. This meant that the 'line of sight' to the quality and effectiveness of the safeguarding system was not as robust as the partnership would have liked. A voluntary Children's Partnership Improvement Board was established in November 2020 to both respond to the demand and address a consequent decline in performance. A plan was devised, focussing on five key priorities: the Front Door (including Multi-agency Safeguarding Hub), Early Help, Multi-agency Frontline Practice, Performance and Quality Assurance, and Governance and Leadership. This provided an opportunity to focus on 'getting the basics right' and to carefully review and consider a governance arrangement that is fit for purpose post pandemic. We are expecting the outcomes from the work of the Improvement Board, including revised governance arrangements to transition to the Doncaster Safeguarding Children Partnership by the end of 2021-2022.

Despite the challenges posed by the pandemic, work has continued across the partnership to protect children, young people and their families. The partnership has remained committed to ensuring services continued for those most in need and support reached those who were vulnerable.

We are pleased to report that children, young people and families were provided with a range of approaches to participate in services and to express their views. Excellent work was undertaken by our Young Advisors to help reduce isolation that some young people experienced during the pandemic.

Multi-agency case review and learning activity continued with five Rapid Reviews undertaken and the commencement of two Child Safeguarding Practice Reviews as a result. Learning from reviews was shared across the partnership to support improvement in safeguarding practice.

Finally, in March 2020 the Doncaster Safeguarding Partners acted swiftly in the initiation of a Complex Abuse Investigation into two independently run specialist residential homes in the borough that accommodates children and young people nationally. Areas for local improvement has already commenced and national learning is being disseminated. An independent review of the Doncaster Joint Children and Adults Partnership Arrangements was commissioned to evaluate how well we are working together to safeguard children and young people in Doncaster. The review should support us to see how we can further strengthen our approach. The outcome of the review will be presented to the partnership and detailed in the 2021-2022 annual report.

Doncaster Safeguarding Partners remain committed to keeping our children and young people safe and will continue to listen to the voices of our children. We would like to thank everyone involved in working with us to safeguard children and promote their welfare in Doncaster during these challenging times.

### ***Doncaster Safeguarding Partners***



Doncaster  
Council

Damian Allen, Chief Executive  
Doncaster Council



Doncaster  
Children's  
Services Trust

Rebecca Wilshire, Deputy Chief Executive  
Doncaster Children's Services Trust



South Yorkshire  
**POLICE**

Ian Proffitt, Chief Superintendent  
South Yorkshire Police



**Doncaster**  
Clinical Commissioning Group

Jackie Pederson,  
Chief Officer, Doncaster Clinical Commissioning Group

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## Introduction

The Doncaster Safeguarding Children Partnership's vision is that:

***“We work together to help Doncaster children and young people to be safe!”***

Doncaster Safeguarding Children Partnership is made up of the Safeguarding Partners (Doncaster Council (DMBC), Doncaster Clinical Commissioning Group (CCG), South Yorkshire Police (SYP) and additionally the Doncaster Children's Services Trust (DCST)) as well as relevant agencies as outlined in Working Together to Safeguard Children 2018. This includes health provider services, schools, early years settings, social care, children's homes, and voluntary, community and faith organisations. Further information is available on the Doncaster Safeguarding Children Partnership's [website](#).

Independent advice and scrutiny of the safeguarding arrangements is provided by John Goldup, the Independent Chair of the Doncaster Safeguarding Children Partnership, who took over in December 2020. John is furthermore the chair of the Safeguarding Adult Board and the combined joint safeguarding meeting.

There has not been enough time prior to the floods in 2019 followed by the pandemic to truly embed the arrangements that were set out as part of the Multi-agency Safeguarding Arrangements published in June 2019 by the Doncaster Safeguarding Children Partnership. However, Safeguarding Partners have commissioned, through the independent scrutineer, a review of Doncaster Joint Children and Adults Partnership Arrangements which resulted in recommendations that will inform changes going forwards.

This report of the Safeguarding Partners covers the period from 1st April 2020 - 30 September 2021 (18 months), and is published as required by Working Together 2018:

*“...the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice”.*

The information in this report has been informed by reports to the Doncaster Safeguarding Children Partnership, Doncaster Partnership Self Evaluation 2021 and Doncaster Council and Doncaster Children's Services Trust Self Evaluation 2021.

# Local Context

Doncaster is the largest Metropolitan Borough in England at approximately **568** square kilometres

Doncaster's Population total is **308,940** (predicted to increase by 3.7% by 2030)



**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.

**91%** of Doncaster residents self-identify as white British

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

**12.0%** in primary schools (national average 21.3%)

**8.9%** in secondary schools (national average 17.1%)



**40** out of our **194** LSOA's (21%) have children living in an income deprived family



Life expectancy is 10.9 years lower for men and 8.2 years lower for women in the most deprived areas of Doncaster compared to the least deprived areas.



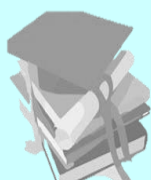
**22%**



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

Poverty levels vary significantly across the borough with some lower super output areas (LSOA) having over 50% of children in poverty compared to other areas only having 5%

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



**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.**

Team Doncaster amid the pandemic continue to be committed and work collaboratively with partner agencies to tackle the complex causes and effects of poverty

The % of workless households in Doncaster is much higher than the regional and national average

**Doncaster = 17.8%, Yorkshire & Humber = 15%, Great Britain = 13.9%**

(around three quarter of these households having dependent children)



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%)





# Doncaster Safeguarding Children Partnership Priorities

The following agreed priorities are set out in the Joint Doncaster Safeguarding Children Partnership and Safeguarding Adults Board 2019-2021 Safeguarding Strategic Plan:



These priorities were delivered through partnership working and a range of subgroups and task and finish groups against the Delivery Plan (see Appendix 1). The work of the partnership is outlined further in this report in the sections covering assurance, review and training.

During the pandemic, the partnership felt that a more agile response was required in order to respond to emerging issues at pace. Hence, a temporary partnership oversight group, chaired by the Director of Children Services, was set up and met on a bi-weekly basis. A Children and Families Cell provided the operational response and both these groups formed part of the emergency response structures. Meetings of the Safeguarding Children Partnership took place less frequently and some of the sub-groups were paused. This meant that the 'line of sight' to the quality and effectiveness of the safeguarding system was not as robust as the partnership would have liked. When this became evident, a decision was taken to establish the voluntary Partnership Improvement Board. The appointment of an interim chair and scrutineer (John Goldup) afforded the partnership to bring about improvement to the safeguarding arrangements at pace and to review current safeguarding partnership arrangements to ensure it is fit for purpose. Recommendations regarding the Multi-agency Safeguarding Arrangements are being implemented which include a revised sub-structure of the Doncaster Safeguarding Children Partnership.

The Chief Officers Safeguarding Overview Group is where Chief Officers come together for oversight of the Multi-agency Safeguarding Arrangements. This has continued to meet on a quarterly basis. The Independent Chair presents scrutiny reports to this group which highlights key issues, risks and how the partnership could address these, which has re-focused attention to the safeguarding arrangements.

## Response to the Pandemic

Doncaster experienced the November 2019 floods, and this was subsequently followed by the COVID 19 pandemic, creating further needs in communities, increased demand and complex partnership challenges, impeding partnership working at all levels. The pandemic impacted on both service capacity and the way in which services are organised and can be delivered. Health services were re-diverted, schools remained open for only the most vulnerable and early help services needed to find new ways of engaging with children and families away from face-to-face contacts in Family Hubs.

Safeguarding Partners remained focused on two overarching priorities during the height of the pandemic: Keeping children safe and in education. New interim arrangements were set up to support this, for example a partnership wide welfare call system was stood up where ALL vulnerable children from across health, education and early help were collated into one list and a team were set up to make contact with these families on a regular basis. The list included families where parents were identified as extremely vulnerable and therefore isolated.

The Family Hubs set up a virtual Family Hub to run interactive groups, read stories via Facebook etc. This has proven to be extremely popular and will continue post pandemic.

However, our safeguarding services experienced significant pressures, compounded by the limiting factors around home visiting etc. This has led to a decline in practice and performance. A key strength of the Children's Partnership is the early recognition of this decline and the swift action taken to address it.

The partnership was able to respond quickly to its workforce recruitment challenges, the environmental, social and economic challenges relating to the floods and the pandemic through a coordinated partnership approach. This was supported by strong political leadership, demonstrated by additional financial investment to respond to increased demands, which delivered:

- An immediate increase through additional agency worker capacity and more recently an increase in the number of social work posts in the Doncaster Children's Services Trust.
- Changes to social work pay allowing Doncaster to compete with neighbouring authorities in recruiting and retaining the best social workers.
- A further £1m investment in the improvement programme established in November 2020 and chaired independently.
- Funded additional capacity at the front door
- Doncaster Council funded meals during school holidays for families impacted by poverty.
- Hampers for those children who were living in households that were shielding in the initial lockdown in March 2020.
- Doncaster Council and School's Forum invested in the commitment to deliver holiday activities during the summer to help to bridge the gap during the summer holidays, encouraging increased attendance from September.

- Doncaster Council worked with an IT provider to make sure that all families who need it have access to remote learning.
- Additional Early Help and Education Welfare posts, to help pupils over the next 12 months.
- Investment in counselling services, to support children and young people, as part of a wider strategic plan around mental health.
- Additional funding to support children and young people, living in households where there is domestic violence, in particular around trauma informed support.
- 'Social and Emotional Mental Health' group. A national first, the group of multi-agency key influencers and decision makers meet every week to ensure children and young people receive the most appropriate and timely support.

A Safeguarding Partnership and Oversight Meeting was set up, bringing together senior staff from all local agencies, including statutory partners. This allowed for quick decisions to prioritise the things that made the most difference, and to swiftly respond when things changed as well as looking at how to support communities to recover.

The Children and Families Cell was set up to focus on support for children and families, which adopted a flexible approach to respond quickly and proactively to changing demands and emerging concerns, whilst maintaining oversight of the agreed multi-agency children service arrangements. It identified the biggest risks and, most importantly, agreed how to respond to these. The priority themes include:

- Increased risk to children in households at risk of domestic abuse, mental health and substance misuse
- Potential poor emotional wellbeing and mental health for children and families.
- Impact of increased poverty on children and families.
- Children that may go missing

The partnership recognised that it needed to think differently in terms of how the most vulnerable children and young people were identified and responded to. This resulted in working closely with schools and setting regular meetings with school leaders, this allowed:

- Working to ensure vulnerable children and families were supported during holidays or when schools are closed.
- Set up virtual meetings to replace face-to-face discussion.
- Welfare calls to vulnerable families, sharing information across agencies to make sure a coordinated offer of support was in place.
- Working together to promote school attendance of vulnerable children. Weekly attendance increased and updates were shared across the partnership.
- Support for schools to develop a recovery and wellbeing curriculum to respond to the impact of COVID on children's education.

In addition, the partnership recognised the need to think differently about staff support and so it:

- Continued to meet regularly with staff, even when this had to be done differently.

- Ensured practitioners had the opportunity to engage in fora to speak up and speak out. The partnership has remained committed to hear their voices and act on their concerns.
- Worked with Public Health to ensure that frontline staff were a priority in the COVID 19 vaccination programme.
- Supported staff to ensure that their practice had the right impact.
- Worked with partners on the Children's Cell to coordinate a dashboard for emergency planning that holds shared data and intelligence across the partnerships to make the response to flooding more efficient.

## Assurance

Doncaster Council and Doncaster Children's Services Trust commissioned the Partnership Improvement Board, which is independently chaired, to reset the partnership approach to improvement, holding each other to account, with the goal of getting the basics right, and allowing for the Doncaster Safeguarding Children Partnership to re-focus within a post COVID 19 climate. The Improvement Partnership Board priorities are:

1. Front door including multi-agency access point
2. Early Help
3. Multi-agency Frontline practice
4. Intelligence led performance and quality framework
5. Governance and Leadership

The Doncaster Safeguarding Children Partners are represented on this group, including the Chair of the Doncaster Safeguarding Children Partnership and as such is part of shaping the development for transition of the responsibilities from the Partnership Improvement Board to the Doncaster Safeguarding Children Partnership. Key achievements to date include the development of a Multi-Agency Safeguarding Hub; the agreement of an extended early help offer, fit for the current pressures on partners, and looking forward to an even earlier offer within localities; the agreement of a leadership charter and staff engagement framework; Partnership agreement on future governance arrangements to service the wider ambitions and priorities of the Children and Families partnership, including Doncaster Safeguarding Children Partnership.

## Ofsted Inspection

An OFSTED focused visit on 23rd and 24<sup>th</sup> of February 2021, found that despite the challenges of the pandemic, Doncaster Council and Doncaster Children's Services Trust responded swiftly to emerging issues and worked well together to provide coordinated support to young people and their families throughout the pandemic. This included working with schools to understand issues to provide a targeted response to support children with their school attendance. The creativity of staff to continue working and providing support to children and young people they work with during the pandemic was recognised. However, the following areas in social work practice were identified as requiring improvement to improve services:

- The focus on the quality and impact of intervention in case-file audits.
- The analysis of risk of children experiencing long-term neglect.
- The consistency of recording to provide evidence of multi-agency reviews of plans and progress.
- Visits to care leavers and management’s oversight of the support provided to them.

A plan to address these areas is underway. This aligns with the Partnership Improvement Board plan and links into the work of the Doncaster Safeguarding Children Partnership through its delivery plan.

## Performance - Quality and Impact

One of the key roles of the Doncaster Safeguarding Children Partnership is to evaluate the effectiveness of what is done by the partners both, individually and collectively, to safeguard and promote the welfare of children and to advise them on ways to improve.

Whilst there was a wealth of information available to the partnership, it was recognised that there was need to establish a robust quality and assurance framework that provides data and analysis (rather than description) to assess the effectiveness of services and identify priorities for change, including where services need commissioning, de-commissioning and improving. Work is underway to develop a partnership quality assurance and improvement framework led by the Partnership Improvement Board, which includes the Doncaster Safeguarding Children Partnership, to arrive at a unified partnership assurance framework.

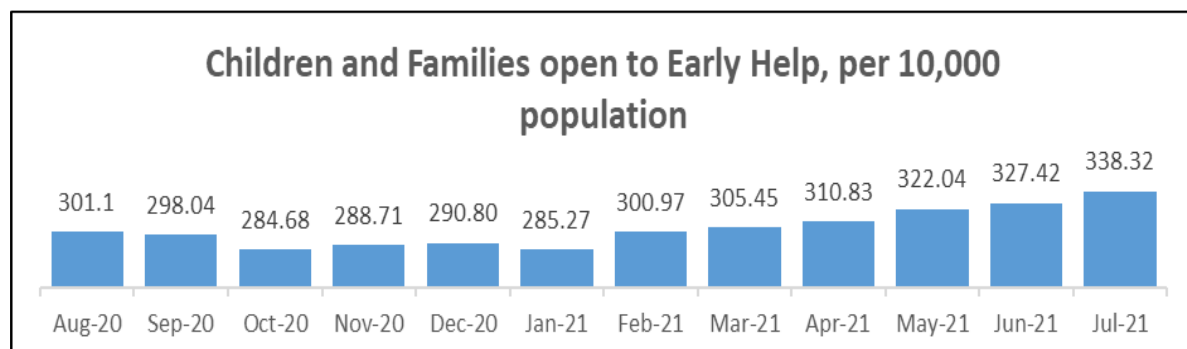
The information available demonstrates that there was an increased demand for support, putting significant pressure on the child protection services, as well as agency and partnership response to address this as detailed below.

### Early Help

#### ***What does the information tell us?***

In relation to early help intervention, the partnership continued to work across Doncaster to identify need early, however the data below, shows that following a previous decrease, from February 2021 (at 300.97) there has been a continuous upward trend, with 338.82 per 10,000 population at July 2021 receiving early help intervention.

**Graph1: Number of Children and Families open to Early Help per 10,000 population**



The lead practitioner role is undertaken by a range of organisations in Doncaster, however Q3 2020-2021 data below shows that Education led on the greatest number of cases at both level two and three, followed by the Doncaster Children Services Trust and then Doncaster Council, Health and the Voluntary Sector. This data refers to cases held on the Early Help case management system and does not take into account agencies that do not use this system but may have taken on lead practitioner role. This is being explored further to see how cases that are not recorded on the system are captured. Work is also on-going to support and challenge the partnership to increase the number of children and young people open on the early help pathway and to take on the lead practitioner role.

**Graph 2: Lead practitioner role by organisation**



**What has been done?**

- Investment for additional capacity (13 practitioners and 2 managers), to support more children and young people to step down from statutory services into early help and to take on the lead professional role and support partners to take on this role.
- Review of the Multi-agency Safeguarding Hub (MASH) arrangements led by the Council and overseen by the Partnership Improvement Board.
- The 1001 Day Offer pilot (running until March 2022) which brought together practitioners from key agencies into an integrated team to deliver a single offer of support from conception to the second birthday of children. Upon evaluation of its efficacy, it intended to embed any learning into the current offer and the revised Early Help Strategy.
- A well-developed Family Hub offer that provides in-reach walk-in support and outreach support in communities that is cited as best practice nationally.
- A Local Solutions Operating Model brings together staff from across the partnership, in communities, and empowers them to work together on issues relating to children, young people, families and their communities with a clear

focus on early intervention and prevention. There are early signs of families receiving support sooner and within their communities, with families getting earlier intervention support within three days, rather than waiting for an early help assessment to conclude.

**What next?**

There is need for assurance on how this improvement is sustained going forwards as the funding for capacity for additional practitioners was time limited.

**Impact:** The above led to improvements in the step-down arrangements within the Multi-agency Safeguarding Hub and the Early Help Hub thus ensuring more cases are making their way to Early Help, and those that do, then go onto an early help pathway, for example the conversion of early help enquiries onto the Early Help Pathway increased, from 36% in December 2019 to 53% in June 2021.

**Multi-agency Safeguarding Hub**

**What does the information tell us?**

Doncaster experienced a high level of demand on social care services for children and young people during this last year. Contact within Multi-agency Safeguarding Hub continued to increase from the previous year. In April 2020, there were 1706 contacts in comparison to 2292 at April 2021, increasing to 2335 at July 2021. Work is continuing to assure the partnership that the ‘thresholds are being applied correctly.

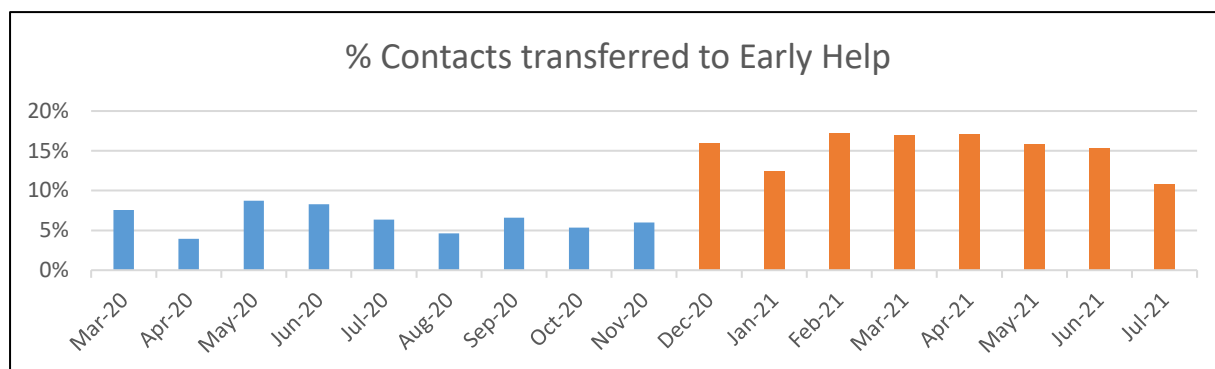
Following a review of the threshold document during this period, the Independent Chair of the Doncaster Safeguarding Children Partnership raised a concern ‘that the revised threshold and levels of needs descriptors set the bar for considering social work assessment and intervention too high, appearing to restrict access to children’s social care to situations. Therefore, it is being reviewed further and it is anticipated that the updated document will be signed off by the Partnership

**Table 1: Multi-agency Safeguarding Hub contacts 2020/2021**

2020 / 2021	April	May	June	July
2020	1706	1678	1970	1909
2021	2292	2543	2533	2335

There has been a marked increase in the number of contacts being transferred to Early Help services. However, it seems that the majority of contacts were going to the Council’s Starting Well Service and not necessarily being spread across the partnership.

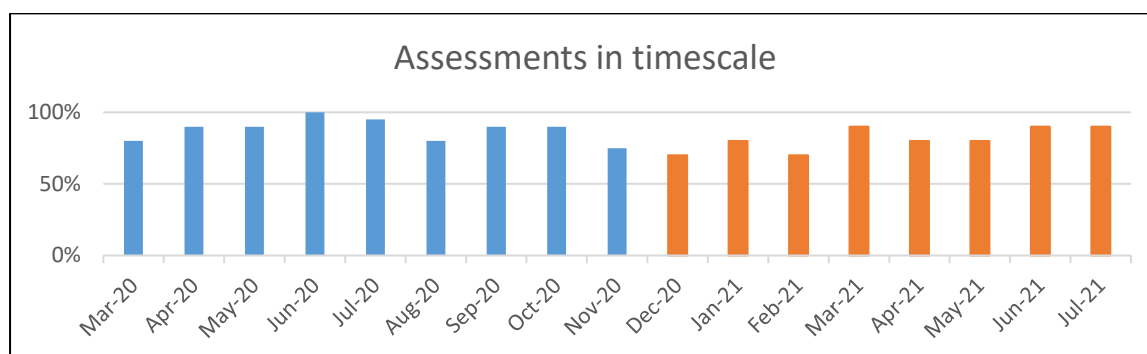
**Graph 3: Percentage of Contacts transferred to Early Help**



There was reduction from the previous year in referral timeliness (for a decision within a day). This was due to changes made to the process where all contacts were RAG rated and overseen by a manager and urgent (red) contacts were addressed. The early stages of the switch to MOSIAC, a new case recording and management system, within Children’s Social Care and Early Help that was implemented in August 2021, posed challenges to performance and data management. This is being addressed and performance is anticipated to recover.

Assessment Timeliness was high, and following a slight dip around December 2020 and February 2021, performance recovered. This means that children received a timely assessment.

**Graph 4: Assessments in timescale**



Re-referrals, over the last four years were higher in Doncaster than regional and statistical neighbours, as shown in the table below. In Doncaster, this was linked to withdrawal of consent by families and also to domestic abuse referrals. For some cases, consent was an issue, leading to premature closure of the case where there has been no presence for meeting the criteria for the Threshold, to escalate these cases. Early help support would have been helpful for these cases had consent been given. It is envisaged that the introduction of Family First Meetings will help families to understand more about early help support and the need to consent for support.



**Table 2 Percentage of Re-referrals into Children’s Social Care within previous 12 months<sup>1</sup>**

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Doncaster	25.5	27.0	27.6	25.4
Yorkshire and the Humber	22.9	24.6	23.8	22.6
Statistical Neighbours	20.5	19.4	20.9	21.8
England	21.9	22.6	22.6	22.7

### ***What has been done?***

Work was undertaken to review and develop the Multi-agency Safeguarding Hub overseen by the Partnership Improvement Board in managing the demand through increasing referrals into the Early Intervention Service and managing the referral routes via one front door more effectively.

The Multi-agency Safeguarding Hub (a team of co-located multi-agency safeguarding partners) was developed by the Doncaster Children’s Services Trust, Doncaster Council, South Yorkshire Police, the Doncaster Clinical Commissioning Group and Rotherham, Doncaster and South Humber NHS Trust and Probation (CRC and NPS), to improve multi-agency information sharing to help safeguard children.

**Impact:** This has led to the reduction in the rate of referrals into Statutory (Level 4) Services, whilst increasing referrals into Early Help Intervention Services. This has resulted in less children requiring statutory assessment from the Assessment Service.

## **Child Protection**

### ***What does the information tell us?***

In 2020-2021, the number of Initial Child Protection Conferences and number of children subject to Child Protection Plans increased significantly. The total number of Initial Child Protection Conference held was 315, (an increase from 229 the previous year), and involved 594 children (an increase from 381 children the previous year). The total number of children subject to child protection planning after Initial Child Protection Conference through the year was 531 children, (an increase from 381 the previous year). The number of Review Child Protection Conference held were 481 in 2020-2021 compared to 402 in 2019-2020.

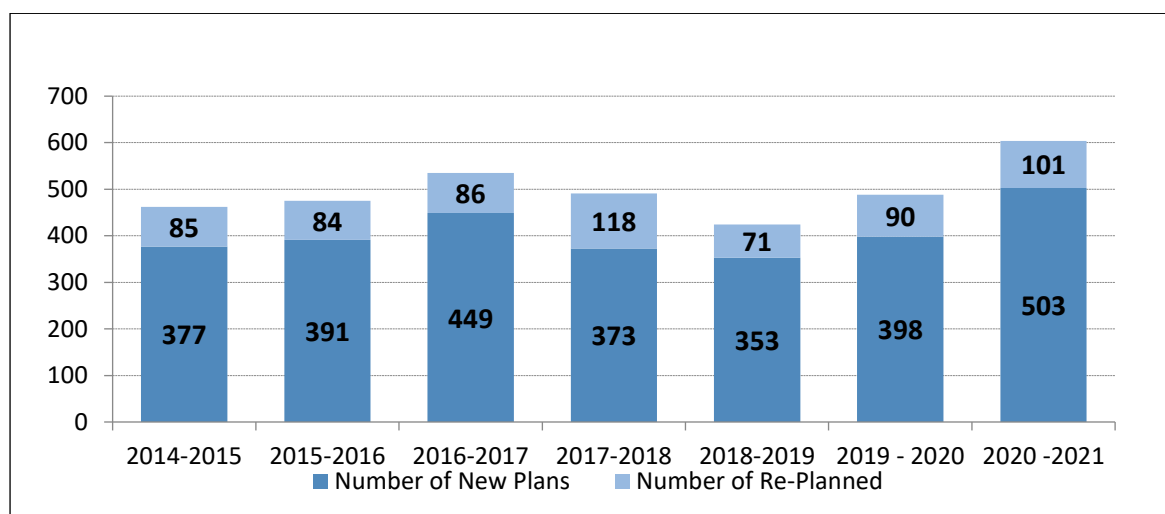
On a positive note, Initial Child Protection Conferences and Review Child Protection Conferences were consistently held with the statutory timeframe. Attendance by partner agencies at Initial Child Protection Conferences was strong despite a significant number of conferences being held. This demonstrated strong partnership commitment to working together to keep children safe. However, the need to improve on obtaining partner agency information and contributions was identified.

<sup>1</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/interactive/local-authority-interactive-tool-lait)

The rate of children becoming subject to a Child Protection Plan for a second time provides a proxy indicator for the sustainability of interventions offered through the child protection process. For children and families this means that the support offered helps reduce risk and the positive impact of this work is sustained.

In 2020-2021 there were 101 repeat plans started in the year, compared to 90 the previous year. Whilst there was a slight increase in repeat plans, in comparison to the high level of children subject to new Child Protection Plans, the figures in the graph below shows that few of these are children have previously been engaged in the child protection system.

**Graph 5: Number of repeat Child Protection Plans**



### ***What has been done?***

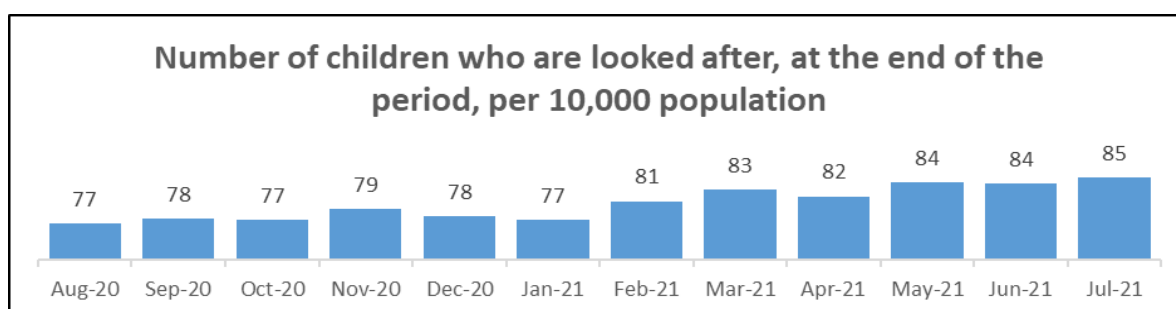
The increase in the number of Child Protection Conferences and children subject to Children Protection Plans was recognised as areas that required further exploration and consideration by the partnership. Significant work has been undertaken to understand thresholds across Doncaster. Workshops were held with a range of staff including Conference chairs and social workers to support the work to develop the updated threshold document. The outcome of this work will be shared in 2021-2022 annual report.

## **Children in Care**

### ***What does the information tell us?***

There was an increase in the number of children in care. At 31<sup>st</sup> March 2021, there were 547 children in the care of Doncaster Children's Services, at a rate of 81.7 per 10,000 children. This was an increase of 25 children and young people compared to the end of the previous year, where the rate was 78.01 per 10,000 children. The current rate of children in care is higher than the national rate of 67 per 10,000, but lower than our Statistical Neighbour rate of 101, based on 2019-2020 out turns. Increases in children in care continued to be reported across the country and region, with statistical neighbours increasing from 95.1 in 2018-2019 to 101 in 2019-2020. (Figures for 2020-2021 will not be available until later in 2021).

**Graph 6: Number of children who looked after, at the end of the period, per 10,000 population**



The increase in the number of children in care was as a result of both admission rates increasing and discharge rates decreasing. At the end of July 2021, the number of children leaving care has been lower than the number entering for six of the previous seven months. Identifying suitable placements for children was particularly challenging as a consequence of both the impact of the pandemic on children's residential care sector and the wider availability of suitable placements. Intelligence at both a regional and national level indicated that this was a wider challenge. Sourcing a placement for the most vulnerable children became increasingly difficult and in some cases, placements were not available at the point they were needed. This results in placement delay and places incredible pressure on services to find suitable placements, in particular for those children who require specialist placements. This will be a focus in the Future Placement Strategy,

### ***What has been done?***

In relation to Children in Care reviews, all initial reviews were held within the statutory timescales. Reviews continued to be held as a series of meetings where required to ensure appropriate attendance by significant individuals. A training package was completed with plans to deliver from May 2021.

Since the lockdown the Virtual School, local schools and Social Care teams have worked closely together to ensure that all children in care have access to appropriate technology to support their education. Support was maintained throughout the different phases of the pandemic, with approaches being adapted to the circumstances at the time. This was supported by positive working between the Doncaster Children's Services Trust, Doncaster Council, Department for Education and local partners.

### ***What next?***

- On-going work to improve the timeliness of Initial Health Assessment with health colleagues;
- Work to deliver Personal Education Plan training to Social Workers
- Implementation of the NSPCC Reunification Framework to further strengthen this area and ensure reunification remains a priority when safe to do so.
- Alignment of preventative services such as Edge of Care and Family Group Conferencing to further focus on renunciation and prevention.
- Reconfiguring the fostering and connected person's team, this will include joint visits with the allocated social worker when undertaking viability assessments, so we consider SGOs at the start for children.

- Writing/Refreshing Sufficiency Strategy to ensure clear focus on sufficiency, for more provision for children
- Delivering the Future Placement Strategy - have more in house provision and delivering the Keys to you Future programme.
- Review of the current structure around Fostering, Connected and Placement to ensure the process is robust and serving children looked after.

## Care leavers

### ***What does the information tell us?***

There were 194 care leavers open to Doncaster Children's Services Trust, during the periods between 2019-2020 and 2020-2021.

Prior to the national lockdown issues in Doncaster for care leavers, continued to be around accommodation, education and social isolation. Although, during lockdown many care leavers were able to remain in their properties, the lack of opportunities for education were reduced, and social isolation increased.

### ***What has been done?***

Doncaster Children's Services Trust reached out to young people in care and care leavers in a different way. Sessions on budgeting skills, completing housing applications, universal credit issues and cooking were made available via Microsoft Teams. In order ensure access to these sessions care leavers were provided with electronic devices such as laptops and tablets and where necessary Internet access. The sessions were provided to support care leavers, with any money issues, local job opportunities, and address social isolation.

### ***What next?***

- Further additions to the leaving care team such as, an Advanced Practitioner, a Social Worker and an Independent Reviewing Officer (IRO). This will provide much needed support to the Personal Advisers with quality of pathway planning and case recording. The Independent Reviewing Officer role will provide additional monitoring and scrutiny, giving the team with a better grip on the quality of the service provided to care leavers.
- Provide support to care leavers regarding emotional health and wellbeing and focused work on the projection of children leaving care.

**Impact:** A significant increase in children returning home under 'Placement with Parents' regulations and these are tracked to consider revoking orders when stability is gained. However, it is important to ensure that these places are assessed.

The implementation of a second Education Personal Advisor improved the overall Education, Employment and Training (EET) rate to 56.31%, from 52.88% at the beginning of this financial year; however, this remains low overall compared to wider Education, Employment and Training figures.

## Section 11 Self-assessment

### **What does the information tell us?**

During 2020, the joint process for the Section 11 self-assessment and the safeguarding self-assessment was completed by partners of the Doncaster Children Partnership and Doncaster Safeguarding Adults Board. The learning points, stated below, were taken forward through individual agency's action plans and sub-groups, including the Workforce Development Group as relevant. This provided a further opportunity for joint working and strengthening links across children and adult partnerships.

The self-assessment identified that proactive measures were taken by partners to engage with children and people using services to inform service development. The self-assessment reinforced the message that *“safeguarding is everyone’s responsibility”*, and it was recommended that in the future the self-assessment continue to be completed by both adult and children services.

**Table 3: Outcome of S11 self-assessment responses received by agencies**

Positives	
<ul style="list-style-type: none"> <li>Accountability regarding safeguarding within agencies with links to the partnership</li> </ul>	<ul style="list-style-type: none"> <li>Reported widespread use of the Signs of Safety principles and Making Safeguarding Personal</li> </ul>
<ul style="list-style-type: none"> <li>Safeguarding procedures and training in place across the partnership</li> </ul>	<ul style="list-style-type: none"> <li>Quality assurance and audit activity</li> </ul>
<ul style="list-style-type: none"> <li>Good representation and engagement with Doncaster Safeguarding Children Partnership and Doncaster Safeguarding Adult Board</li> </ul>	<ul style="list-style-type: none"> <li>Strong culture, systems and processes in place for sharing information</li> </ul>
<ul style="list-style-type: none"> <li>Proactive measures taken by partners to engage with service users and children to inform service development</li> <li>A clear focus on child neglect and domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>Good level of safeguarding self-awareness across the partnership and identification of areas for development</li> </ul>
Development Themes	
<ul style="list-style-type: none"> <li>Evidencing the impact of safeguarding activity on outcomes for children and adults</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of impact of training regarding the Mental Capacity Act 2005</li> </ul>
<ul style="list-style-type: none"> <li>Provision of training for staff in relation to allegations against people working with adults and children</li> </ul>	<ul style="list-style-type: none"> <li>Using local information on diversity to plan and implement services</li> </ul>
<ul style="list-style-type: none"> <li>Delay in provision of training generally in relation to the adaptation to delivering virtual training as a result of the pandemic</li> </ul>	

## Audits

Assurance in the form of performance information is supported by the exploration of the quality of practice obtained from multi-agency audits and other audit activity including those conducted by partner agencies. From April 2020-March 2021, due to the pandemic and Safeguarding Business Unit re-structure, multi-agency audits were paused, but resumed in July 2021.

The partnership agreed a multi-agency audit programme for 2021-2022 commencing with a neglect audit in July 2021. Six cases were audited through a multi-agency group, key findings of the audit are that:

- It was not evident in the case files that the views of the children or their lived experience were adequately captured.
- There was no consistent evidence of the Neglect Toolkit being used to support children and families to identify and respond to neglect.
- There needs to be consideration and development of how the quality and the care for children and families is tailored to meet their individual needs. This means allowing practitioners to do things differently, including stepping out of given/expected timeframes if required. As well as using a healthy challenge to ensure that the right service/care is provided to children and families.
- The current system is not set up nationally for services to deliver an individual approach to families and there is a local gap regarding exit strategies in the community.

As part of the audit process, it was identified that South Yorkshire Police have invested significant resource into understanding and acting on their powers where neglect is identified.

The findings of the audit have informed a multi-agency plan of action to drive continuous improvement and an effective response to neglect in Doncaster. Neglect is a priority for the Doncaster Safeguarding Partnership Board for 2021-2022.

Moving forwards the audit programme, will include deep-dive audit activity and focus on domestic abuse and the remaining priorities of the partnership such as child exploitation, and emotional health and wellbeing. However, there is a need for the development of a robust audit process, which enables both multi-agency audits and partner agency audit findings to be presented and discussed in a multi-agency partnership forum.

## Practitioners Forum

### ***What does the information tell us?***

During 2020-2021, the forum provided a platform for senior managers and practitioners across the children and adult's partnership to share information and issues to help adapt to changing demand and drive-up standards. The forum, focused on the impact of the pandemic on front line staff and how services responded under lockdown. The forum identified that organisations adapted to using virtual technology

such as Microsoft Teams, which was a huge learning curve in a short timeframe, especially within Early Help, despite this staff reported that it had been positive engaging with families differently. There was increased attendance from agencies such Health, South Yorkshire Police, Education, Local Authority and Third Sector organisations. Practitioners found it useful to share issues they had faced recently, for example around increases in referrals or access to support by some communities due to either language barriers or families not having access to digital technology.

The forum highlighted that due to recent circumstances, it is now more important than ever for everyone to be more diligent and raise awareness that “*Safeguarding is everyone’s responsibility*”.

Moving forwards, the forum will continue to be a key vehicle for continuing dialogue that brings together senior managers and a wide range of children and adult’s practitioners and reflects Doncaster’s strong commitment to a whole family approach.

**Impact:** The engagement with families differently, has been positively received particularly within Early Help. The Forum offered peer support for practitioners from a range agencies to share issues and be supported during challenging times.

## Children’s Participation and Engagement

### Children’s participation/voice in Child Protection Conference

#### ***What does the information tell us?***

Overall, there was good participation of children and young people in Child Protection Conferences (Initial and Review), although there was a decrease from the previous year. A total of 110 children and young people were invited, 53 attended in 2020-2021, compared to 241 invited, and 158 attended in 2019-2020.

In 2020/21, there were 225 referrals to the Doncaster Children’s Services Trust advocacy service for children subject to Child Protection Plans, to support and encourage participation in the Conference process and meeting. Advocates provided support using a variety of methods and direct work tools enabling children to share their wishes and feelings and views to the Conference.

There was an increase in the attendance of mothers at 267 and fathers at 154 in 2020-2021, compared to 185 for mothers and 107 for fathers’ attendance to Initial Child Protection Conferences. However, there was decrease in attendance of the mothers at 181 and fathers at 56 in 2020-2021 compared to 286 for mothers and 147 for fathers’ attendance to Review Child Protection Conferences.

#### ***What has been done?***

Virtual meetings were taking place and also consideration was given of any additional risks involved when the child is at home with the parents. Prior to the pandemic and virtual meetings, different methods were used for children and young people to attend including schools providing transportation.

The attendance and contribution of children at Conference remains a key priority, and is achieved through range of approaches to communicate with children and young people and offer opportunities to provide their feedback. This includes the 'Speak out Loud' participation group for children subject to Child Protection Planning, which provides an opportunity for them to share their views

### Children's feedback on their advocate:

*"My Advocate was very helpful. She listened a lot, to what I said and helped me word what I was trying to explain to the conference. She helped make sure that my voice was heard".*

*"We felt happy because you listened to us."*

*"I would recommend advocacy to other children for their conference. I felt listened to. I would like her to come again for my next conference."*

### Young person's feedback on the question - *Has the Child Protection Plan been useful for you?*

*"Yes having every professionals and being able to talk to professionals and ask for help as without this god knows where I would be now".*

*"I am grateful for the cp plan, the support people have given me".*

*"No one would know anything about me before social services became involved nobody would listen to me. Professionals have helped me to manage what was happening with my mum".*

**Impact:** Children and young people's attendance and contribution to Conference provides a shared understanding of their lived experience. This leads to smarter planning that better reflects the needs and experience of the child. There is also a greater likelihood of contribution and engagement from all those involved in the plan to achieve its aims and the safety and wellbeing for the child and young

Child Protection Conference Chairs received eight compliments (and no complaints) during 2020/2021, which include a young person thanking the Chair for listening to them and two parents, one thanking the Chair for being non-judgemental and the other thanking the Chair for treating them with respect and making them feel comfortable. Other compliments acknowledged how the Chair had handled conferences in relation to ensuring the voice of the child and family was heard and keeping the meeting focused on the child which resulted in positive outcomes.



## Young Advisors

### ***What does the information tell us?***

Doncaster Council's Local Office of the Children's Commissioner recently employed 10 young advisors to consult with other children and young people, particularly those considered 'harder to reach', on service and practice developments. Doncaster Children's Services Trust has also employed Young Advisors for a number of years. The work of the Young Advisors has continued during the pandemic, and they helped improve service delivery by undertaking research through outreach work to find out what our children and young people would like to see in their communities, sitting on interview panels alongside professionals and working in collaboration with Youth Council members to co-produce the Doncaster Offer and a Transition video.

Throughout the pandemic, Young Advisors shared videos, including via twitter and notes describing the experiences of young people in lockdown. The most recent coincided with Children's Mental Health Week 2021.

- <https://www.scie.org.uk/care-providers/coronavirus-COVID-19/blogs/doncaster-lockdown>
- <https://coproductionweek2017.blogspot.com/2020/07/co-production-in-changing-world.html>

The Young Advisors were shortlisted for three categories in the Young Advisor Network Awards November 2020: Best New Team, Best Team and Best Project with Lasting Impact. They won the Best New Team Award. They were also finalists for the Municipal Journal AWARDS 2021: Innovation in Children's Services.

## Emerging Issues

### Neglect

### ***What does the information tell us?***

In Doncaster, the number of cases open to Early Help where neglect is a feature by vulnerability, has risen over the past 12 months from 187 (June 2020) to 243 at June 2021. This is a 29.9% increase as illustrated in the table below.

**Table 4: Early Help Open Cases where Neglect is a feature by Vulnerability**

Month	Jun 2020	Sept 2020	Dec 2020	Mar 2021	Jun 2021
Total Early Help Open Cases where Neglect is a feature	187	201	215	236	243

From June 2020, there has been increase of contacts in relation to neglect peaking at March 2021 at 54.3%, as shown in the table below.

**Table 5: Social Care Contacts in relation to Neglect**

Month	Jun 2020	Sept 2020	Dec 2020	Mar 2021	June 2021
Total Contacts	1994	1998	4474	5738	6260
Rate of Contacts with Neglect	20.5	31.5	41.5	54.3	28.4

The number of contacts in relation to neglect, as well as the recognition that practice across the partnership in using the Neglect toolkit was inconsistent is of concern and led the partnership to focus on neglect.

In relation to Child Protection Plans, there is a significant gap between the categories of emotional abuse at 62% (representing mostly domestic abuse cases) and of neglect at 30.1% (statistical neighbor 49%, national 50% 2019/20 data).

### ***What has been done?***

Neglect has been identified by the partnership as a strategic priority and work is taking place to revise the Neglect Strategy for Doncaster. In addition, the partnership have committed to replacing the Neglect Toolkit with the NSPCC Graded Care Profile (GCP2) Toolkit, this will include a comprehensive training plan for implementation across the multi-agency partnership to ensure a borough-wide response to Neglect.

The multi-agency audit has taken place (as mentioned previously) and findings are being used to inform improvement in practice across the partnership.

### ***What next?***

The revised neglect strategy will be rolled out across the partnership. As part of this the NSPCC Graded Care Profile (GCP2) Toolkit, will be implemented. This will support work to increase practitioner understanding and response to neglect and using a common approach to risk analysis. There will be a need for endorsement and monitoring of the use of the NSPCC Graded Care Profile (GCP2) Toolkit across the partnership.

## **Domestic abuse**

### ***What does the information tell us?***

As a result of COVID 19 and the subsequent lockdowns there has been an increase in domestic abuse cases both locally and nationally. The Home Office reported that in September 2020 within the UK there was a rise of 49% in the number of calls to domestic abuse services.

The Office of National Statistics identified that a Crime Survey for England and Wales in 2020 estimated 5.5% of adults experienced domestic abuse in the preceding year, which equates to approximately 11,164 potential victims in Doncaster.

There was a significant increase in domestic abuse referrals across the partnership in Doncaster as shown in table below. The majority of the information received in relation to domestic abuse is from the police. All police call outs in relation domestic abuse

incident, where children are known to be living with the adults, are shared with the Doncaster Children’s Services Trust. For those children attending a school, which has signed up to Operation Encompass, a notification is sent to the school identifying that there has been a domestic abuse incident so that the child can be supported.

**Table 6: Domestic Abuse referrals**

Year	Hub		IDVA		DCST		Police 2019 and 2020	
	Referrals	% change	Referrals	% change	Referrals	% change	Incidents	% change
2019/20	1567	+18.57%	904	+55.53%	1145	+47.34%	DA Crime 5347 DA Non Crime 3114	DA Crime +14%  DA Non Crime
2020/21	1858		1406		1687		DA Crime 6096 DA Non Crime 3735	+19.9%

The Office of National Statistics survey reported nationally in 2020 an increase of 9% of Domestic Abuse crime whilst Doncaster was 5% higher with a 14% increase. The survey found that the contacts were not necessarily new victims, but ones known to services. In relation to Doncaster, during 2020-2021, Independent Domestic Violence Advisers (IDVA) recorded 587 victims, 179 (41.82%) of which were repeat victims whilst the Domestic Abuse Hub recorded 921 victims, of which 180 (19.54%) were repeat victims.

The Office of National Statistics report found that there was generally an increase in demand for domestic abuse victim support services, including a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline between April and June 2020.

Domestic Abuse was also a dominant theme in one of the Child Safeguarding Learning Reviews. Much of the strategic activity emerged from the learning of this review.

### ***What has been done?***

Domestic abuse as a concerning emerging issue was recognised by the partnership and work to address this included:

- Re-modelling of the ‘front door’ services, including the development of a Multi-agency Safeguarding Hub to share information between co-located partners and help improve responses to children and their families (as mentioned previously).
- The review of thresholds included review of the descriptors, which should allow for practitioners to identify and respond appropriately to domestic abuse.
- The Doncaster Children’s Services Trust developed a practitioner toolkit to support a more thorough assessment and response to children who are living

with or experiencing domestic abuse, this includes work with perpetrators as well as the victims (adult or children).

- Social workers now attend a Multi-agency Risk Assessment Conference where they are working with a family who is being discussed. This ensures a fuller sharing of information and a focus on the child.
- The re-investment in the Domestic Abuse Navigators Service which uses the whole family approach. A success for the service is in relation to repeat referrals. Whilst in the Independent Domestic Violence Advisor and the Domestic Abuse Hub repeat referrals are significantly high, the repeat referral rate for families working with Domestic Abuse Navigators are between 0% and 1%. Even when Children's Social Care are working with the families the repeat referral rate falls between 9% and 26% for the same period. This also correlates with reducing the number of children who have to be moved from the parental home because of Domestic Violence and Abuse and therefore provides a significant benefit. The Domestic Abuse Navigator service continue to offer specialist advice, support and training to professionals around the impact of domestic abuse on children and young people and stalking and harassment and also training to foster carers.
- Creation of dedicated domestic abuse police investigation teams.
- A refreshed domestic abuse strategy developed by the Safer Doncaster Partnership.

### ***What next?***

Moving forwards, across the partnership there is a need to improve the early intervention response to domestic abuse. Community outreach is being extended through the deployment of a Domestic Abuse Community Navigator.

***Impact:*** There is extensive work taking place in Doncaster to tackle domestic abuse, an issue that affects every community at all levels.

COVID 19 has had a significant impact on domestic abuse. Nationally there is increased demand on domestic abuse services. However, in Doncaster demand on services continues to be higher than the national average.

The Doncaster Partnership Self Evaluation 2021, recognised the work being undertaken by all agencies for a more localised, evidenced based and 'whole family approach' to ensure the needs and risks of adults and children are properly considered within all approaches and practice across the partnership.

Cross partnership working through the Strategic Board has shown the importance of linkages between the Partnership Domestic Abuse Services, South Yorkshire Police, the Children's Front Door, Safeguarding Teams, St Leger Homes, Probation, Early Help, Probation and Stronger Families initiatives.

This means that families experiencing domestic abuse are being identified sooner across the partnership, enabling a whole family response.

## Mental Health and Wellbeing

### ***What does the information tell us?***

The impact of the pandemic and subsequent lockdowns on the mental health and wellbeing of children and young people, due to social isolation and lack of direct access to support and services has been a concern locally and nationally.

In Doncaster, there was a strong partnership response to supporting children and young people's mental health and wellbeing. This was supported by Doncaster being the second largest trailblazer in the country to pilot a new NHS CAMHS service 'With Me in Mind' as part of "The Green Paper" setting out plans to transform children and young people's mental health. Doncaster was also successful in gaining further wave 8 funding. This means the offer can be expanded to more schools with more mental health support teams and provide more support.

### ***What has been done?***

- To respond to an increase in self-harm and / or suicide intentions at the Accident and Emergency department, the Doncaster partnership quickly set up and established the 'Social and Emotional Mental Health' group. A national first, the group of multi-agency key influencers and decision makers meet every week to ensure children and young people receive the most appropriate and timely support.
- The police form part of this team. As a result, they are more sighted on local children at risk, who may have become more vulnerable during the pandemic. The Police also support parents and carers who may be at risk of domestic violence.
- Deep dives were conducted to ascertain and share information with schools so that appropriate support could be provided to children and young people
- The Doncaster Clinical Commissioning Group and Doncaster Council have set up and chair a mental health strategy group to lead on the local strategic response to mental health over next five years. This group jointly fund and commission services to provide support to communities and address the social determinants of mental health rather than just the symptoms.
- In the last year, all children and young people deemed to be an emergency were seen within 2 hours, those urgent within 24 hours and those non-urgent within 4 weeks, which means Doncaster has some of the quickest access times in the country.
- For those children with higher levels of need, including episodic periods of crisis, there is an effective multi-agency group that meets on a weekly basis to manage risk and seek solutions. This has helped to reduce the number of children and young people who need an acute service and has been cited as best practice by NHS England.

In the last year, four young people were admitted to an acute in-patient bed with a mental health crisis. Although current data is not available, Doncaster has consistently seen fewer admissions than both regional and national comparators in recent years.

**Table 7: Inpatient Admission rate for Mental Health disorders per 100,000 population aged 0-17**

	2018	2019	2020
<b>Doncaster</b>	41.00	60.20	59.80
<b>Yorkshire &amp; Humber</b>	58.90	69.90	73.50
<b>Statistical Neighbours</b>	85.22	78.44	70.01
<b>England</b>	84.70	88.30	89.50

### ***What next?***

Moving forwards a new wellbeing curriculum has been developed with schools alongside a comprehensive training package. Sixty-six schools have so far have undertaken the training, and virtually all schools now have a named mental health and wellbeing lead and our ambition to be a trauma informed Borough continues, with 600 professionals trained.

Doncaster remains committed to implementing the complete mental health and eating disorder pathways. As a health, education and social care system, they acknowledge early help and prevention is instrumental to enable positive mental health and wellbeing for children and young people

Mental health is a priority for the Doncaster Safeguarding Children Partnership for 2021-2022.

**Impact:** Mental Health Services in Doncaster are reviewed regularly through the Doncaster Clinical Commissioning Group’s Clinical Quality Review Group to assess both performance and quality. An external Clinical Triangulation Audit conducted in October 2020 reviewed a sample of sixty patient records to consider whether best practice could be demonstrated in the quality of care records, risk assessments and multi-agency working.

The audit concluded that the service consistently achieves good results in a number of key areas including care planning, multi-agency meetings, risk management and patient/carer voice. Accurate recording of information was identified as an area for

## **Exploitation**

### ***What does the information tell us?***

There is a robust multi-agency response to children at risk of exploitation. At 28/09/2021 there were 23 children tracked at the Multi-agency Child Exploitation (MACE) Panel, which meets on a weekly basis. The majority of children were classified as medium risk, which is a consistent picture across the past 12 months. Cases classified as low risk are reviewed at a minimum of every 12 weeks, every 8 weeks for medium risk and every 4 weeks for high risk. Where there are particularly significant concerns children are reviewed more frequently, sometimes weekly.

### ***What has been done?***

Doncaster has an established Child Exploitation Team based in the Children's Trust. Key partners including South Yorkshire Police, Children's Social Care, National Probation Service, Doncaster Council Localities Teams, Specialist intervention providers as required (for example forensic psychology), Health and Education are represented at the MACE panel. The panel utilises the Vulnerable Adolescent Tracker (VAT) created by the National Crime Agency and Bedford University. Children are RAG rated based upon several set risk indicators, which provides an overall score indicating the level of vulnerability, either low, medium or high. This can be overridden by professional decision making where significant concerns exist in one or more domains.

In addition to the MACE, the Youth Offending Service (YOS) oversees the mapping of children, by ward, this includes children who are not yet in the criminal justice system or actively being exploited. However, their known associations mean they may be at risk and the Doncaster Children's Services Trust and its partners are committed to identifying and reducing the likelihood of exploitation in the future.

Community based interventions are utilised via the Encouraging Potential Inspiring Change (EPIC) team. EPIC work with young people in communities to reduce the risk of offending and exploitation through engagement in street based, sporting and positive activities. EPIC also delivers directly into schools in terms of a preventive education offer and where required provides direct, 1-2-1 support to young people as determined by MACE.

### ***What next?***

An Adolescent Strategy is in development. The aim is to focus and bring services together to enable this cohort of vulnerable young people to access the right support at the right time to meet their needs and reduce risks posed to them. This is an area for further development.

The plan is to bring this together more with Edge of Care Services, Family Group Conferences, MST and Lifelong links to enable families but specifically Vulnerable Adolescents to have a robust intervention and support within one service area.

The Child Exploitation Strategy is being refreshed. The work and intelligence from this group feeds directly into the Doncaster Safeguarding Children Partnership Board's Child Exploitation sub-group to provide assurance that robust processes are in place to manage and respond to Child Exploitation.

Child Exploitation is a priority of the Doncaster Safeguarding Children Partnership for 2021-2022.

***Impact:*** Doncaster's MACE population has reduced significantly in the past 12 months, which is directly attributable to the successful imposition of gang injunctions orders. These orders have restricted the movement and activity of one particular organised crime group, known to target young people.

The South Yorkshire MACE model, which is consistent across all four authorities, has been recognised as a good practice model by National Police College.

## Complex Abuse Investigation

There is a complex abuse investigation underway that focusses on a large provider of residential care. This provider works across the Country and provides services for both adults and children. The focus of the Complex Abuse Investigation is on children's homes that are based in Doncaster. This was initiated in February 2021 and the police and partner investigation will be ongoing for at least 2 years. The findings of this review may not be published for some time however learning relevant to the Local Authority Designated Officer role will be incorporated into service development activity as this is identified rather than waiting for the conclusion of the review.

During the course of the investigation issues were identified with regard to the Local Authority Designated Officer response during 2019-2020 and an independent review of the function was undertaken. Although this review was conducted during 2021-2022 the focus on activity in the year covered by this annual report means that it would not be sensible to exclude the findings.

The external review of the Local Authority Designated Officer function identified issues with regard to the quality of recording and management oversight. There were also issues identified in relation to the understanding of the Local Authority Designated Officer role in Children's Social Care and across the wider partnership. These issues are being addressed through an action plan. Training for the social work workforce started immediately (5<sup>th</sup> October 2021) and will be rolled out across the partnership through the Doncaster Safeguarding Children Partnership and will include the escalation process as required.

Critically the review identified that Local Authority Designated Officer practice has since improved and was positive about the current team. Despite this, we recognise that there is still considerable work to be done to address all areas identified by the review.

## Child Safeguarding Practice Reviews

The Case Review sub-group continued to coordinate the work around case reviews on behalf of the Safeguarding Partners in accordance with Working Together 2018.

During 1st April 2020-31st March 2021, five Rapid Reviews were conducted, resulting in two Child Safeguarding Practice Reviews (CSPR) and three local learning reviews taking place. Local learning reviews also took place on a further three cases that were referred to the Case Review sub-group.

The cases varied in complexity and featured babies to teenagers, and therefore the learning identified was diverse and include the following issues:

- **Families that do not or will not engage** – identified as a repeating issue in previous and new cases  
*Outcome:* A new Managing Engagement training package has been developed and was launched in January 2021. The course content included practice skills and improving confidence around being persistent and to keep trying; tools of



reflection were included and links with actions to consider around disguised compliance.

- **Self-harming and suicidal behaviours of an inpatient** - identified in relation to one case  
*Outcome:* Discussions were held with the NHS England regional lead with the responsibility for Tier 4 beds, and assurance provided that the hospital was subject to a review following the reported incidents and documentation would be sent. It was acknowledged that NHS England are managing this accordingly as they have oversight of the hospital.
- **Information sharing** – identified as repeating issue in previous and new cases  
*Outcome:* A Multi-agency Safeguarding Hub has been developed to promote information sharing. This included key partners and National Probation Service. The revised Threshold guidance document is expected to be published early in 2022.
- **Care records management system** - Risk to Children (RTC) and Hazard markers  
*Outcome:* Clear practice guidance has been issued in relation to the use of “Risk to Children” markers not “Hazard” markers, in relation to known violent offenders.
- **Communication** - Written communication when communicating with families where English is not the first language as it a potential barrier to care  
*Outcome:* Assurance around agencies communication including written communication to families where English is not first language to be included in the future Section 11 self-assessments.
- **Domestic Abuse** - Social Work representation required at MARAC meetings.  
*Outcome:* From October 2020, a Child Protection Chair attends MARAC. Where there is one the allocated case social worker also attends to provide all relevant information and take responsibility for actions and provide updates.
- **Partner agencies response to perpetrators of domestic abuse –** management of work with perpetrators (prolific); professional curiosity in relation to perpetrators, children’s paternity (identifying and involving fathers) and understanding who else is in the family home.  
*Outcome:* agencies are providing training/awareness raising around the need for staff to be curious when working with children and families, to include who is or has been in the household, including curiosity in relation to perpetrators. Policy, procedures, guidance and practice has also been reviewed and developed where required.
- **Neglect** - Consideration of risk in context of previous concerns  
*Outcome:* The Neglect Strategic Sub-Group is leading on the revision of the Neglect strategy and the implementation of training in relation the NSPCC Graded Care Profile (GCP2) Toolkit for neglect across the partnership.

**Impact:** The Case Review Group has led on multi-agency work to deliver on Chapter 4, of Working Together 2018, to safe children. As a consequence of work of the group, improvements have been made to local multi-agency safeguarding practice as set out above.

## Multi-agency Safeguarding Training

At the beginning of the pandemic multi-agency ‘face to face’ safeguarding training courses, were initially postponed, until online systems could be set up. A suite of online training was developed across children’s (via [Buy Doncaster](#)) and adults (via [Learning Pool](#)) and the following courses were delivered from autumn 2020:

Early Help Supervision	Introduction to Early Help, Thresholds and Guidance	Outcomes, Plans and Closures
Signs of Safety	Role Of Lead Practitioner	Managing Engagement
	Child Exploitation	
Early Help for Experienced Practitioners	Outcome Star	Coercive and Controlling Behaviour
	Domestic Abuse	
Honour Based Violence, Forced Marriage and FGM	Self Neglect	Reducing Parental Conflict/ Relationship Matters

During 2020-2021, 391 people attended virtual training on a range of safeguarding topics from across the multi-agency partnership. Of these 55 people provided feedback.

The feedback was positive with 51 out of 55 stating that they either agreed or strongly agreed that the training was a good use of their time and that it would have a positive impact on their safeguarding practice.

*“The ability to join an experienced group was helpful in challenging my practise and making me think beyond the usual introduction. Thank you*”

*“It was good to consolidate my understanding and knowledge and have time to reflect on practice”*

*“As a new member of staff and no previous experience of Early Help, the course was very informative and interactive and has provided me with confidence in my role”*

*“Good for the role of lead practitioner but not very useful for safeguarding practice particularly if you are DSL and not a lead practitioner”*

Completion of a monitoring/evaluation form for multi-agency safeguarding training is not currently mandatory and moving forwards the partnership will explore how this can be implemented.

The impact of delivering courses online was regularly reviewed. It was found that the majority of attendees prefer the flexibility of on-line training as it reduces traveling time and there are fewer restrictions on delegate numbers. Moving forwards the proposal is to offer a blended approach to the delivery of courses.

The group developed a Joint Workforce Strategy, outlining how the workforce in Doncaster meet the required competencies to safeguard children and adults. This will be supported through the relevant training courses and the implementation of the Core Principles for Working with Children and Adults in Need of Care and Support.

In relation to single agency training, the Section 11 self-assessment identified that many agencies deliver training for example the mandatory safeguarding training to all new staff, including volunteers on induction with robust processes for refresher training. GPs received safeguarding training biannually delivered through their Target sessions and South Yorkshire Fire and Rescue have developed a pocket guide, which is provided at training on induction.

**Impact:** Staff understanding their safeguarding duties and increasing confidence around safeguarding in their role.

## Multi-agency Safeguarding Procedures

The Doncaster Safeguarding Children Partnership's multi-agency safeguarding online procedures are maintained by Tri.x and are available on the Partnership's [website](#). The procedures, updated for August 2021, include - Child Conference Plans; Children and Families Moving Across Boundaries or Abroad; Victims of Modern Slavery, Trafficking and Exploitation; Domestic Abuse; Fabricated or Induced Illness/Perplexing Presentations; Parents with Learning Disabilities; Safeguarding Unborn Babies and Guidance for Safe Recruitment, Selection and Retention for Staff and Volunteers.

## Independent Chair's Scrutiny Report

The Children and Social Work Act 2017 requires that the multi-agency safeguarding arrangements published by the statutory safeguarding partners (the local authority, the police, and the Clinical Commissioning Group) "must include arrangements for scrutiny by an independent person of the effectiveness of the arrangements." It also requires that arrangements are in place for independent scrutiny of the partners' Annual Report. I have acted as independent chair of the Doncaster Safeguarding Children Partnership (DSCP) and independent scrutineer of the effectiveness of the multi-agency safeguarding arrangements since January 2021. In that role, I offer this commentary on this Annual Report.

The period under review was of course dominated by the impact of the Covid19 pandemic. The emergency response of the Doncaster partnership was rapid and impressive, and is well described in this report. The arrangements put in place, through the Safeguarding Partnership and Oversight Group and the Children and Families Cell, enabled real time identification of the most vulnerable children and young people and co-ordinated and rapid responses. Working Together 2018 requires independent scrutiny to consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership. The multi-agency Social and Emotional Mental Health Group, meeting weekly to review the needs of young people who had presented at A&E with mental health problems and to ensure a co-ordinated response to those needs, is a particularly impressive example of the strength of the operational partnership response, and the leadership of that response, to a wholly unprecedented set of challenges. The Council made very significant additional investments during this period, both to increase capacity in a social care system under great pressure and to support the expansion and strengthening of early help services.

It is clear, however, that for much of the period under review, and in the context of these pressures, the broader multi-agency arrangements published in 2019 to meet the requirements of the 2017 legislation did not operate effectively. They failed to identify in a timely way the deterioration in practice which led to the establishment of the Improvement Board in November 2020. The arrangements depend essentially on the effective functioning of a Chief Officers' Safeguarding Oversight Group (COSOG) and a broader Safeguarding Children's Partnership Board. COSOG brings together the Council Chief Executive, the Accountable Officer of the CCG, and the responsible Chief Superintendent in South Yorkshire Police with senior leaders of NHS provider agencies and the Doncaster Children's Services Trust (DCST). It was intended to provide strategic leadership and direction, and to be the site of the ultimate accountability of the statutory safeguarding partners. The DSCP Board was intended to operate as the 'engine room' of the partnership, holding partner agencies to account and driving action to improve outcomes for children, young people and families.

I completed a review of the arrangements, commissioned by the safeguarding partners, in June 2021. I found little evidence of COSOG taking an effective strategic role, and it was unclear how it exercised its accountability, given that it received no systematic information about the performance of the multi-agency system. The DSCP Board had drifted, had not established any clear priorities nor a plan to deliver them, and had far too little time allocated for its meetings to allow it to achieve anything of substance. Crucially, at neither level in the structure was there the clear line of sight

into the quality of frontline practice that is essential both to the assurance and to the improvement of multi-agency work to safeguard children. I acknowledged, of course, in coming to these conclusions, that I was presenting the review at the end of an eighteen-month period in which circumstances had given the arrangements no chance of embedding themselves fully, with the devastating floods in November 2019 followed so rapidly by the Covid19 pandemic. All the recommendations which I made in my review were accepted without reservation by the safeguarding partners. This reflected a really positive openness to independent scrutiny and challenge, which I think creates a very strong foundation for change and improvement. Much work has been undertaken since June 2021 to implement these recommendations, and much has been achieved. Both COSOG and the DSCP Board are more effective, although there is still much to be done. Partner engagement and leadership is strong, although I am concerned that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, providing acute and emergency health care to Doncaster's children, has not been represented at the DSCP Board since May 2020. I think that acute hospitals are critical partners in safeguarding, and I urge the Trust to play their full part in future in multi-agency safeguarding arrangements. The clear line of sight into practice is not yet firmly established. This turns on two issues in particular. Neither the DSCP, nor by exception COSOG, are yet receiving the systematic multi-agency performance information which would enable both assurance and accountability. Completing the work currently in hand to remedy this is a priority for completion in the next period. The other priority which I would identify is the need to embed a more robust approach to the audit of multi-agency practice. A programme of multi-agency audit has been re-established; but the first such audit presented to the DSCP, while containing some valuable findings on both good practice and areas for improvement, was clearly overoptimistic in some of the conclusions it drew from the cases audited.

Some of the work overseen by the time-limited Partnership Improvement Board has made significant and encouraging progress. The Multi-Agency Safeguarding Hub (MASH) is firmly established, and there is a detailed MASH Continued Development Plan in place, which will ensure that improvement against a number of outstanding performance issues can be robustly monitored. The Annual Report details an ongoing upward trend in the number of children and families engaged with early help services, and a reduction in the number of new referrals drawing children and families into involvement with children's social care. The Doncaster partnership has made a strong commitment to early intervention and working with the whole family to prevent problems and difficulties escalating to a point where statutory intervention is required. It is developing a very innovative Locality Solutions model, geared to resolving issues in a community context at an even earlier stage. There is a powerful drive to ensure that children and their families get the right service, at the right time. This is an approach I strongly endorse. Some caution is, however, necessary. This Report highlights that the re-referral rate – cases referred back to social care within 12 months of being closed – is higher in Doncaster than it is nationally, regionally, and in statistical neighbour authorities; and has been so consistently for at least the last four years. An increase in the number of children and families routed into early help, while reducing the pressure on children's social care, is only positive if the "right" families are diverted in that way, and if decisions about the right response are based on a clear evaluation of need and risk. A similar caution applies to the increase in 'step downs' and the increased number of children on care orders placed at home, referred to in the report. I am mindful that Ofsted commented, following their focused visit in February 2020,

that they had identified some children being stepped down from a child protection plan based on insufficient evidence of sustainable change or reduced risk.

Despite the work undertaken by the Improvement Board, concerns remain about some aspects of practice, in particular the response to neglect, and the pace of improvement. Child Safeguarding Practice Reviews are taking too long to complete. I am particularly concerned about the accuracy of the profile contained in this Annual Report of children and young people at risk of exploitation. The estimated reduction in the number of young people at risk of criminal exploitation, described as directly attributable to the successful imposition of gang injunctions orders restricting the movement and activity of one particular organised crime group, known to target young people, is very welcome. However, the most recent information presented to the DSCP Board states that that currently (December 2021) only 16 young people in Doncaster are identified as at risk of sexual exploitation. All Board partners agreed that this is likely to be a significant underestimate. It is imperative that the safeguarding partners satisfy themselves that all agencies maintain a relentless focus on ensuring that potential victims of child sexual exploitation are identified, listened to and supported, and their abusers pursued, prosecuted and brought to justice wherever possible.

In the year I have worked with the Doncaster partnership, I have found some ambiguity in the relationship between the Council and the Doncaster Children's Services Trust in terms of where responsibility and accountability sits: for example, until recently it has not been clear where the decision to notify the national Child Safeguarding Practice Review Panel of a "serious incident" rests. The Trust has not always been responsive to challenge: for example, it was clear to me from first reading that the Thresholds and Levels of Need document agreed at the beginning of 2021 was dangerously restrictive and probably not legally compliant in its assertion that referrals should only be made to children's social care if a child was at risk of immediate harm. It took many months for these concerns to be heard and responded to, and I am pleased to confirm that a revised document has now been agreed and is being disseminated throughout the partnership. The appointment in May 2021 of a new Director of Social Care within the Trust, and the close involvement of the Director of Children's Services in the Council, appears to me to have led in the second half of the year to a more transparent and constructively challenging relationship, and if this is maintained I think it bodes very well for the future.

All three statutory safeguarding partners clearly recognise their shared and equal responsibility for the effectiveness of multi-agency safeguarding arrangements, and this is demonstrated by the seniority of those who represent them at the Chief Officers' Group. It seems to me, though, that there is scope for more active sharing of the responsibility for driving work forward in between COSOG meetings, which does appear to rely heavily on the Council's Director of Children's Services and other local authority staff. This may be partly because there is greater stability in the local authority. There have been recent changes at both Chief Superintendent and the relevant Superintendent level in South Yorkshire Police; and the Clinical Commissioning Group is about to dissolve into the new South Yorkshire Integrated Care Board. It is essential that, in spite of ongoing change, the senior leaders of the safeguarding partners consciously and actively model their commitment to shared and equal responsibility and accountability. There is a great deal of innovation apparent within the Doncaster partnership, a strong commitment to locality-based early intervention, and an impressive and active commitment to engaging with and listening

to children and young people. The formal governance arrangements did not function well during much of the period covered by this report, though I would emphasise again that the operational leadership of the pandemic response appears to have been exceptionally strong. There has been a substantial reset and strengthening of the safeguarding governance arrangements in the more recent past, and I very much hope that going forward this will be sustained and consolidated.

## Priorities for 2021-2022

Looking forward, the Doncaster Safeguarding Children's Partnership will continue to progress the Joint Safeguarding Children and Adult Strategic Plan 2019–2021 and will also focus on the following priorities for 2021-2022:

1. To work with the Partnership Improvement Board to ensure alignment of the work and priorities, and to prepare for the transition of the Improvement Board's work into the "business as usual" of the Doncaster Safeguarding Children Partnership by the end of 2021-2022
2. To support and challenge work to deliver a more effective multi-agency response to child exploitation in Doncaster
3. To support and challenge work to deliver a more effective multi-agency response to child neglect across the partnership
4. To support and challenge the multi-agency response to mental ill health among children and young people
5. To ensure that schools and other education providers are at the centre of the safeguarding partnership
6. To ensure the embedding, dissemination, and evaluation of learning from the full range of quality assurance activity
7. To ensure effective multi-agency safeguarding response in the recovery phase of COVID 19 pandemic
8. To ensure that multi-agency policies and procedures are kept under review, commissioning any work required as a consequence, and effectively scrutinising proposed new multi-agency policies and procedures.

## Appendix 1: Doncaster Safeguarding Children Partnership Delivery Plan 2021-2022

Strategic Priority	To deliver this priority, we will:	What will success look like
<p>1. To work with the Partnership Improvement Board to ensure alignment of work and priorities, and to prepare for the transition of the Improvement Board's work into the "business as usual" of the DSCP by the end of 2021/2022</p>	<p>a) Actively participate in the work of the Partnership Improvement Board, ensuring effective two-way communication between the IB and the DSCP</p> <p>b) Schedule regular meetings between the PIB and DSCP Chairs to ensure ongoing alignment</p> <p>c) Keep the DSCP structure and functioning under review to ensure that it is in a position to take forward the priority improvement work undertaken by the PIB in its 2022/23 Delivery Plan.</p>	<p>DSCP and Safeguarding Partners will be assured that arrangements are in place to ensure that the improvement work undertaken by the PIB will be consolidated and taken forward in strengthened partnership arrangements in the priority areas agreed by the PIB:</p> <ul style="list-style-type: none"> <li>• The multi-agency front door</li> <li>• Early help</li> <li>• Multi agency front line practice</li> <li>• An intelligence-led performance and quality assurance framework</li> <li>• Leadership and governance</li> </ul>
<p>2. To support and challenge work to deliver a more effective multi-agency response to child exploitation in Doncaster</p>	<p>a) Agree a revised multi-agency strategic response to exploitation, with a strong focus on community engagement and early intervention and an action plan to deliver it</p> <p>b) Monitor the delivery of the Exploitation and Missing Action Plan agreed within DCST</p> <p>c) Establish a task and finish group to review the delivery of the South Yorkshire Police Missing from Home and Care Protocol 2020 in Doncaster, its impact and any action needed to improve its effectiveness.</p>	<p>There is evidence of strong community engagement in the production and implementation of the strategy.</p> <p>Fewer young people become involved in exploitation.</p> <p>The DSCP and Safeguarding Partners are assured that there is an effective response to young people who go missing and are at risk of exploitation.</p> <p>The DSCP and Safeguarding Partners are assured that the multi-agency response to young people who go missing is having a positive impact, and that action needed to improve the effectiveness of that response are clearly identified and actioned.</p>
<p>3. To support and challenge work to deliver a more effective multi-agency response to child neglect across the partnership</p>	<p>a) Implement the NSPCC Graded Care Profile across the partnership.</p> <p>b) Improve the analysis of risk in cases of long-term neglect</p> <p>c) Ensure full multi-agency participation in the SYP programme to improve the response to neglect</p> <p>d) Identify and act on learning from the SYP analysis of historic child neglect cases</p>	<p>100% compliance with use of Graded Care Profile when neglect identified</p> <p>Audit and Ofsted inspection confirms improvement in the analysis of risk and the response to neglect</p> <p>Reduction in referrals involving child neglect to children's social care</p> <p>Multi-agency engagement in training offer</p>



4. To support and challenge the multi-agency response to mental ill health among children and young people	Work with the Mental Health Strategy Group to strengthen multi-agency practice in responding effectively to mental ill health among children and young people	The partnership has a clear and evidence-based understanding of the scale and impact of mental health issues affecting children and young people in Doncaster, the multi-agency response, and areas for improvement.  A local transformation plan for child and adolescent mental health is in place, with clear milestones and measurable outcomes.
5. To ensure that schools and other education providers are at the centre of the safeguarding partnership	<ul style="list-style-type: none"> <li>a) Expand DSCP membership by recruiting members from infant, primary, secondary and post-16 educational sectors.</li> <li>b) Establish termly reporting to DSCP of key safeguarding issues and challenges identified by education providers</li> <li>c) Review outcomes of S157 / S175 audits and support action to address areas for improvement</li> </ul>	Schools and other education providers are confident that their key frontline role in safeguarding is understood and supported by the wider partnership.  The DSCP can evidence effective responses to issues and challenges raised by partners in the education sector
6. To ensure the embedding, dissemination, and evaluation of learning from the full range of quality assurance activity	<ul style="list-style-type: none"> <li>a) Streamline the reporting of multi-agency performance data to DSCP, ensuring areas for improvement clearly identified</li> <li>b) Establish programme of quarterly multi-agency audits of the effectiveness of multi-agency frontline practice</li> <li>c) Receive annual reports from statutory partners in health and social care on single-agency audit activity undertaken, outcomes, and action taken.</li> <li>d) Develop a plan for ensuring that the DSCP hears, listens to, and acts on the voice of children and young people</li> <li>e) Engage with and learn from frontline practitioners in order to disseminate and embed learning from audit, case review, and inspection activity.</li> </ul>	The DSCP can evidence that it has a clear line of sight into frontline practice  There is evidence of continuing improvement as an outcome of performance monitoring, audit, and engagement activity.  Both practitioners and young people confirm that they feel their voice is consistently heard, listened to, and acted on by the DSCP
7. To ensure effective multi-agency safeguarding response in the recovery phase of COVID 19 pandemic	Identify the ongoing risks and challenges from the impact of the pandemic, and monitor and support multi-agency planning to address them	The DSCP and Safeguarding Partners are assured that effective plans for the recovery phase are in place and effectively delivered
8. To ensure that multi-agency policies and procedures are kept under review, commissioning work required as a consequence, and effectively scrutinising proposed new multi-agency policies and procedures.	<ul style="list-style-type: none"> <li>a) Agree a revised Multi-Agency Threshold Document, and review impact by the end of 2021/22</li> <li>b) Review all existing DSCP policies and procedures, and agree schedule for any necessary revision</li> </ul>	Safeguarding Partners are assured that multi-agency safeguarding policies and procedures are comprehensive, up to date, and regularly reviewed

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## Doncaster Council

Doncaster  
Health and Wellbeing Board

Date: 10<sup>TH</sup> March 2022

**Subject:** Doncaster Safeguarding Adults Board Annual Report 2020-21

**Presented by:** FOR INFORMATION ONLY

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	N
	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>Doncaster Safeguarding Adults Board (DSAB) governed by an Independent Chair and aims to safeguard adults with care and support needs in Doncaster from abuse and/or neglect and ensure they are involved and asked what they want to see happen with any safeguarding intervention. The DSAB is made up of the Safeguarding Partners (Doncaster Council (DMBC), Doncaster Clinical Commissioning Group (CCG), South Yorkshire Police (SYP) as well as relevant agencies. This includes health provider services, care homes, the fire service and voluntary, community and faith organisations.</p> <p>The DSAB are required to agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and</p>

national learning including Safeguarding Adult Reviews. To do this, they need to work in partnership with all relevant agencies in Doncaster as the Doncaster Safeguarding Adults Board.

The DSAB are also required to publish an annual report at least once in every 12-month period. The report must set out what they have done as a result of its responsibilities, including safeguarding adult reviews.

### **Recommendations**

The Board is asked to:-

Note the contents of the report in line with its statutory duty under the Care Act 2014 to provide adequate services to safeguard adults with care and support needs.

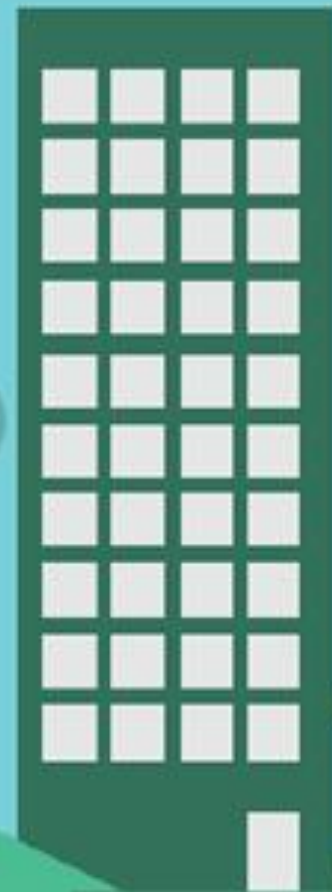
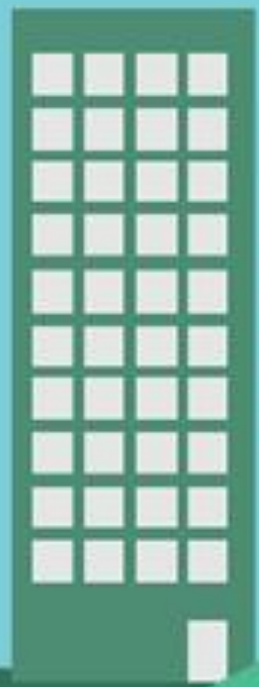
SAFEGUARDING  
**Adults**



# Doncaster Safeguarding Adults Annual Report

2020-21

Accountability  
Protection  
Empowerment  
Proportionality  
Partnership  
Prevention



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# Independent Chair's

## Foreword

I am pleased to introduce the Annual Report of the Doncaster Safeguarding Adults Board for 2020/21. I took on the role of chairing the Board in January 2021.

The period covered by this report was of course dominated by the devastating impact of the Covid-19 pandemic on communities, on vulnerable people, and on staff and services across all agencies faced with the challenge of responding to a completely unprecedented set of demands in a completely unprecedented set of circumstances. It is interesting that one outcome of the pandemic in Doncaster was a significant fall in the number of concerns raised during the year about the safeguarding of vulnerable adults. The number of concerns raised dropped by 23%, and the number of safeguarding enquiries initiated under Section 42 of the Care Act 2014 fell by 29%. This contrasts with both national and regional experience. In England as a whole, the number of concerns raised about abuse went up by 5% during this pandemic year, and while the number of safeguarding enquiries in response to those concerns went down, it fell by only 6%. In the Yorkshire and the Humber Region the number of concerns raised was almost the same as the year before, and the number of enquiries fell by 9%.

There is no obvious explanation why Doncaster should appear such an outlier in safeguarding adults activity. The risks to vulnerable adults created or exacerbated by the pandemic – risks arising from isolation and forced proximity to other family members when people were unable to leave their homes, the increase in domestic violence and in mental health difficulties, the huge stress on carers, financial hardship and insecurity – were at least present in Doncaster as anywhere else. There is a real contrast between levels of adult safeguarding activity in Doncaster during 2020/21 and a very different picture in children's safeguarding. Children's services in Doncaster are an outlier in exactly the opposite direction. Referrals to children's social care in Doncaster went up in 2020/21 by 16%. Nationally, they fell by 7%, and regionally by 12%.

Does this indicate that while awareness of child protection issues is very high in the Doncaster community, the awareness of the vulnerability of adults to abuse and neglect, including self-neglect, and a willingness to report it, is very much lower? And if so, what are the implications for publicity, campaigning, awareness raising, and the prevention of abuse? Many Safeguarding Adults Reviews – and this is certainly true of elements of the reviews that were in progress in Doncaster at the end of this reporting period, but which will be published during 2021/22 – tell the stories of people who were ostracised, harassed, or simply invisible in their community. They are, however, people who the state has a statutory responsibility to seek to protect. This apparent mismatch, between levels of concern for children at risk and levels of concern for vulnerable adults, is something that the Board should explore further.

The number of applications made under the Deprivation of Liberty Standards (DoLS) to Doncaster MBC fell by just under 5% in 2020/21, compared to a fall of 3% nationally. The statutory timescale within which standard (non-urgent) applications should be dealt with is 21



days. According to data published by NHS Digital, only 4% of standard applications in Doncaster were completed within that timescale, compared to 24% nationally and 21% regionally. However, the mean duration (time taken to complete an application) in Doncaster for all applications, at 144 days, was very similar to both national and regional performance. The inability of the DoLS system to meet statutory requirements, following the massive extension of their scope by a Supreme Court judgement in 2014, is a national issue. This is being addressed through the replacement of the DoLS system by the Liberty Protection Safeguards, under the Mental Capacity (Amendment) Act 2019). This will relieve some of the pressure on local authorities, as under the Act hospital managers will be able to authorise applications. However, there have been very significant delays at central government level in the necessary preparations for the implementation of LPS, even before the pandemic, and there has recently been a further deferment of the revised target date of April 2022.

Another impact of the pandemic was a 78% drop in the number of people attending multi-agency safeguarding training, from 401 attendances in 2019/20 to 90 in 2021/21. It is notable, however, that even with the extreme and exceptional pressures on NHS staff throughout this period, RDaSH nevertheless managed to facilitate an increase in attendance, from 18 attendances in 2019/20 to 50 in 2020/21. While the reduction in the availability of training is completely understandable, given the enforced suspension for almost half of the year while online alternatives were developed, it is clearly important to ensure that the training offer is rebuilt as the current year progresses. A well-trained and confident workforce must surely be a critical element in driving and sustaining continued improvement in practice.

It is encouraging to read in the report that the self-assessment carried out in September 2020 identified many areas of strength. I would however caution against complacency. There are indications in the Safeguarding Adults Reviews that were in progress at the end of the reporting year that practice needs strengthening in several areas, particularly on the hugely challenging issue of self-neglect. There are examples of instances where partners did not bring safeguarding concerns to the attention of the local authority when they should have done, and instances where it is not clear whether sufficient information was gathered on concerns that were raised before the decision was made not to undertake a safeguarding enquiry. It is for this reason that the Board has identified as a priority for 2021/22 the embedding in practice of LGA / ADASS guidance on knowing when to raise a safeguarding concern, and on decision making on S42 safeguarding enquiries. It is of course the case that a Safeguarding Adults Review, almost by definition, will concern a case in which there may have been some deficits in practice, It has not yet been possible for the Board to assess whether the areas for improvement that have been identified are specific to the individual cases reviewed or more widespread. The Board did not receive any quality assurance audits in 2020/21 and is now working to re-establish the regular auditing of multiagency practice as one of its core priorities. Crucially, we have no data on what happened to the individuals in the 67% of cases where a concern was raised but in which a safeguarding enquiry was not initiated. This does not mean, of course, that no response was needed to safeguard and ensure the welfare of those individuals. The local authority should not simply 'walk away' once it has determined that the criteria for a safeguarding enquiry are not met. An assessment of need under the Care Act, the active linking of the individual in with other agencies rather than just 'making a referral', helping them to access community sources of support, the provision of advice and information and other forms of signposting





may be required. We do not know what happened for all those people whose circumstances and needs were not judged to require a safeguarding enquiry, or what the outcomes for those individuals were.

It became clear to me when I became Chair of the Doncaster Safeguarding Board in January 2021 that the Board needed both more time and more focus for its work. On at least one occasion in the previous year, just 40 minutes had been allocated for its quarterly meeting. The Board now meets for a minimum of two hours every three months, which is beginning to allow it to focus on driving forward its agreed priorities, set out in its 2021/22 Delivery Plan which is included in this report. I would like to pay tribute to Angelique Choppin, Shabnum Amin and their colleagues in the Safeguarding Business Unit who have tirelessly supported the work and development of the Board and its subgroups. I have been very encouraged by the positive and constructive way in which all partner agencies have responded to what has effectively been a challenge to work in a very different way. I would particularly like to express my appreciation to all those individuals from across the partnership who have made such an important contribution and commitment to the work of the Board subgroups, and in particular the Chairs – Ian Boldy and Andrew Russell from the CCG, Karen Milner from Doncaster Council, and until his recent departure Andrew Goodall from Healthwatch Doncaster. Both the sharing of chairing responsibilities between agencies and the wide membership of the groups themselves are clear evidence of the commitment to partnership working in the borough. This is a great base on which to develop further the work of the Safeguarding Adults Board and its mission to keep people safe in Doncaster.

**John Goldup, Independent Chair, Doncaster Safeguarding Adults Board**



# Membership of the board

**Doncaster Metropolitan Borough Council**



**Safer Stronger Doncaster Partnership**



**Doncaster Clinical Commissioning Group**



**South Yorkshire Community Rehabilitation Service**



**South Yorkshire Police**



**Care Quality Commission  
(attends Board on annual basis  
by invitation)**



**St Leger Homes of Doncaster**



**Healthwatch Doncaster**



**Rotherham Doncaster and South Humber  
NHS Foundation Trust**



**National Probation Service**



**Doncaster and Bassetlaw Teaching Hospitals NHS  
Foundation Trust**



**Yorkshire Ambulance Service  
represented by Doncaster Clinical  
Commissioning Group**



**South Yorkshire Fire and Rescue**



**Doncaster Keeping Safe Forum**



**Doncaster Safeguarding Children's Partnership**



**Department of Work & Pensions**



**Prison Services**



# Purpose of Safeguarding Adult Board

The Doncaster Safeguarding Adults Board (DSAB) is a statutory body established by the Care Act 2014. It is made up of senior leaders from organisations that have a role in preventing the neglect and abuse of adults. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing or at risk of abuse or neglect against which they are unable to protect themselves because of their care and support needs.

Doncaster Safeguarding Adults Board works to empower and protect vulnerable adults in Doncaster. Our Mission Statement is:

***“Keeping people safe in Doncaster”***

Our strategic priorities are:

1. To assure effectiveness and impact of safeguarding arrangements
2. To lead and shape safeguarding practice
3. To respond to current and emerging issues
4. To collaborate, trust and build partnerships



# Care Act 2014

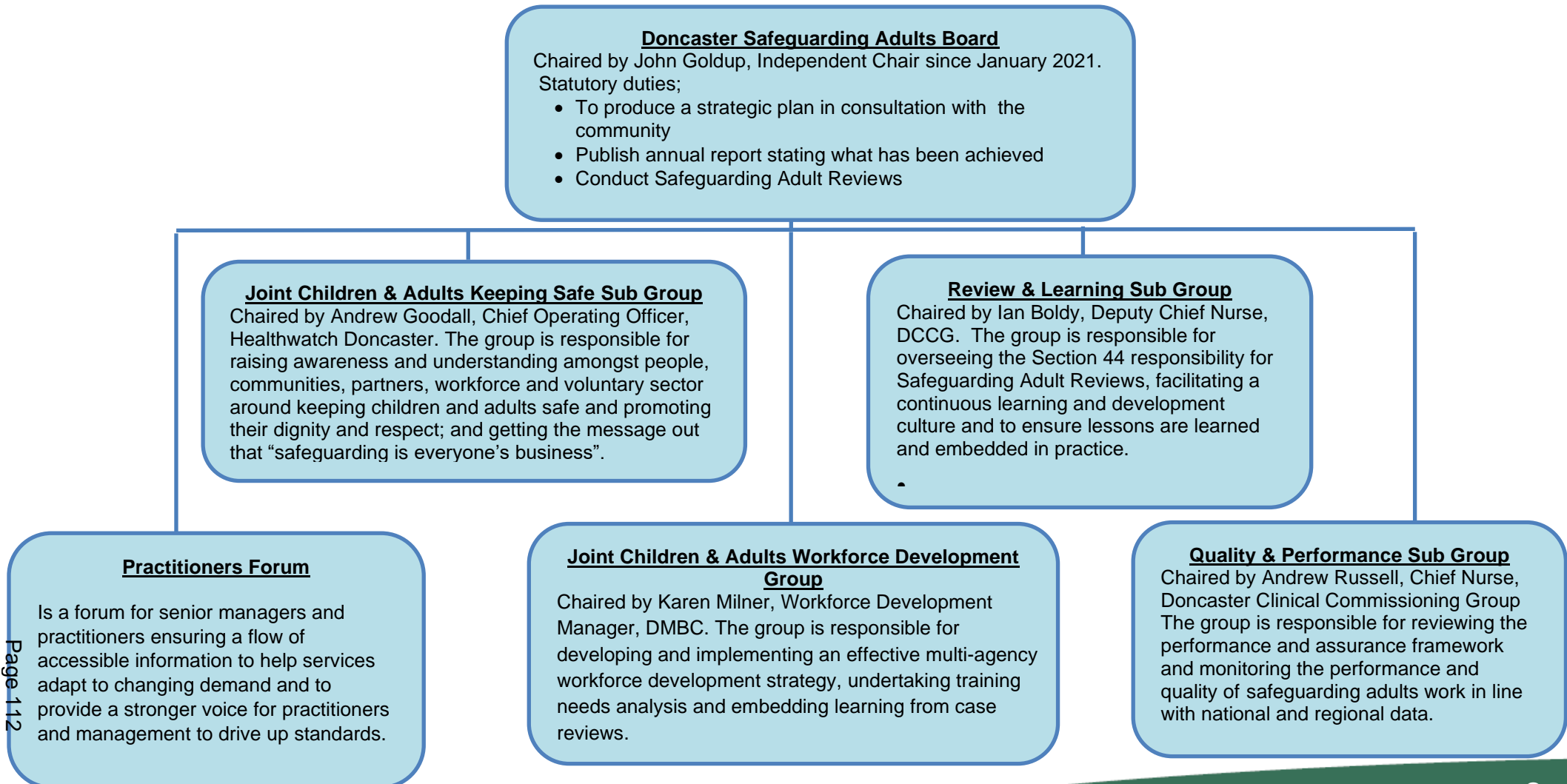


# Governance

2020/21

The Board has met on four occasions. Overall there has been excellent multi-agency attendance. The Board's annual reports and safeguarding adults reviews are publicly available and can be found at [www.doncaster.gov.uk/safeguardingadults](http://www.doncaster.gov.uk/safeguardingadults)

## Doncaster Safeguarding Adults Board Structure



# DSAB Key

## Sub Group achievements 2020/21

### Quality & Performance Sub Group

The Quality and Performance sub group have continued to meet on a quarterly basis to receive, analyse and discuss multi-agency safeguarding adults' performance information.

Quality assurance work during 2020 has focused on safeguarding practice and recording in line with safeguarding standards. Information and guidance have been developed for practitioners to ensure a standard approach to recording and to drive up standards within the safeguarding adult hub.

Ongoing presentations of the Safeguarding Adult Performance Framework have provoked debate at Board level which has led to positive challenge and focused deep dives to assure the Board. For example, the analysis indicated a low use of advocacy which resulted in the Safeguarding Adults Hub responding with a dedicated piece of work with the team to improve accessing advocacy support early on in the safeguarding process. Voiceability who are contracted in Doncaster for advocacy support are also now represented as members of the DSAB and Joint DSCAP.

### Review & Learning Sub Group

The sub group has continued to meet on a monthly basis to establish whether there are lessons to be learned to safeguard adults across Doncaster. It receives and considers Safeguarding Adult Review (SAR) requests under Section 44 of the Care Act 2014.

During 2020/21 one Lessons Learned Report was completed, and one SAR was completed. Lessons were shared across the partnership and continue to be embedded in practice and monitored by the sub group. Five SAR requests were received during 2020/21 with two new SARs being commissioned as a result.

The sub group received information regarding themes and trends relating to SAR activity and have identified a theme of Self Neglect and Hoarding. This information will be used to influence the strategic priorities of the Board for 2021/22.

### Joint Keeping Safe Sub Group

Throughout the Covid 19 pandemic the Joint Keeping Safe Subgroup continued to meet (every quarter) virtually but with a focus on support for the community. Due to using online platforms to hold meetings it has been well attended across the membership. The aim of the subgroup is to:

1. Ensure the voice of the Child / Adult informs all that we do - "Nothing about me without me".
2. Engage the Voluntary, Community and Faith sector ensuring that "Safeguarding is everyone's responsibility".

(Joint DSCB DSAB Safeguarding Strategic Plan 2019 – 2021)

Through the first lockdown the subgroup centred on how services were able to provide support, especially to those most vulnerable. The group has heard how agencies have been quick to adapt and ensure that they are able to provide a service. For example, DMBC and St Leger Homes contacted 12,000 people to offer support and Healthwatch Doncaster have held a 'Daily Dose' online session via Zoom for people to learn and share what help is available.

It has been re-assuring that all agencies have responded well in terms of working in partnership and providing the best service possible. There has been real positive learning in terms of community support and how services can come together and work in partnership better.

Moving forward the subgroup has highlighted the need to capture the voice of people using services through Service User Feedback and will develop a project plan focused on this.

It has also co-produced the Keeping Safe Leaflet with the Keeping Safe Forum and the Young People Voice group that has been adapted for both safeguarding adults and children and will be launched this year.



## Joint Workforce Development Group

The Joint Workforce group aims to assist partner agencies in considering what training is needed and evaluating the effectiveness of it and help promote multi-agency training and support staff to undertake safeguarding training. It will also take forward learning from Child Safeguarding Practice Reviews, Safeguarding Adult Reviews, Lessons Learnt Reviews and Domestic Homicide Reviews.

Initially face to face training courses were postponed until online systems could be set up. Over the past few months these have been developed and now offer a suite of training across adults (Learning Pool) and children's (Buy Doncaster). Courses for Adults have included:

- Undertaking S.42 Enquiries
- Self Neglect
- Domestic Abuse
- Coercive and Controlling Behaviour
- Honour Based Violence, Forced Marriage and FGM
- Safeguarding Adults Basic Awareness and Raising concerns

The Subgroup has regularly reviewed the impact on delivering courses online. It has found that the majority of attendees prefer the flexibility of on-line as this cuts traveling time and there are less restrictions on delegate numbers. Moving forward it has been suggested that a blended approach to delivery of courses should be offered.

The group has developed and sought approval of the Joint Workforce Strategy. The purpose of the workforce strategy outlines how the Board proposes to ensure that the workforce in Doncaster has the required competencies to safeguard adults and children. This will be through ensuring that the right training courses are available and the implementation of the Core Principles for Working with Children and Adults in Need of Care and Support.

## Practitioner Forum

*Listening to the voice of the practitioner*

Is a forum for senior managers and practitioners ensuring a flow of accessible information to help services adapt to changing demand and to provide a stronger voice for practitioners and management to drive up standards.

For 2020/21 the forum focused on the impact of Covid-19 on front line staff and how services have responded under lockdown.

Organisations have adapted to using virtual technology such as Microsoft Teams, which has been a huge learning curve in a relatively short time. Especially within Early Help, it has been positive engaging with families differently.

We have seen an increase in attendance from across agencies such as Health, SY Police, Education, Local Authority and Third Sector organisations. Practitioners have found it useful to share some of the issues they have faced recently: for example, the increase in referrals or the difficulties that certain groups of people in our communities have experienced in accessing support due to either language barriers or families not having access to digital technology.

The forum has highlighted that under recent circumstances, it is now more important than ever and for all to be more diligent and raise awareness that "Safeguarding is everyone's business".

The wide range of practitioners in attendance reflects a strong partnership in Doncaster and the Practitioner Forum will continue to be a key vehicle for continuing dialogue, that brings both adults and children's practitioners together and is reflective of how Doncaster has made a strong commitment to both children's and adult services.



# Working Together to Safeguard Adults and Children

The Board have continued to work in partnership with Doncaster Safeguarding Children's Partnership to promote a whole family approach to safeguarding across children and adult services.

## **Response to Covid Pandemic**

The Independent Chair of the Board convened an extraordinary joint meeting at the beginning of May 2020 requesting all agencies across children's and adult services to assure the Board of their contingency plans in response to the Covid 19 pandemic. This extraordinary meeting confirmed that agencies had contingency plans and that these were being implemented and their impact was being effective. Agencies assured the Board that they were adapting to the situation through virtual platforms and technology which was supporting continuity of services wherever possible.

In addition, the Board focused on the emerging issues and what was being effectively done to mitigate risk. Issues such as an increased demand for domestic abuse services and mental health services were identified as areas of risk for the partnership. In response the Board received assurance that agencies were working together to address pressures on the system and areas of concern.

The multi-agency partnership has continued to work throughout 2020-21 finding alternative ways to meet, discuss and respond to emerging issues identified due to the impact of Covid 19 on the community of Doncaster with a focus on protecting children, young people, and adults at risk during these challenging times.

## **Joint Workforce strategy**

In November 2020 the Joint Workforce Strategy was approved by DSAB. The 3-year strategy is a partnership strategy between DSAB, DSCP and Stronger Communities. It reflects the appropriate national legislation and local policy and procedures in relation to joint safeguarding.

The aim is to create an ethos that values working collaboratively with others, respects diversity, promotes equality and encourages the participation of individuals, families and unpaid carers in safeguarding processes. It should reflect the needs of individuals taking account of the Equality strands or any other marginalised groups in our local community.

This strategy proposes the introduction and implementation of Core Principles of Working with Children and Adults in Need of Care and Support. The principles are aimed across the workforce who work with vulnerable children and adults and provide guidance on required competencies.



Doncaster Safeguarding Adults Board (DSAB), Doncaster Safeguarding Children's Partnership (DSCP) and the Safer Stronger Doncaster Partnership (SSDP), have agreed the joint workforce strategy and will work towards jointly commissioned training that meets the required standards.

It is the responsibility of Managers/Senior Leaders to identify the training needs of staff and ensure that they can access the required courses to meet the Core Principles.

### **Training Provision**

The DSCP and DSAB support the development of a positive learning environment through effective multi-agency safeguarding training provision.

The Joint Safeguarding Workforce Development sub group has responsibility for overseeing the implementation of the core principles and that adequate training is provided.

The sub group will oversee the development and delivery of a full programme of multi-agency safeguarding training, available for the workforce in Doncaster.

### **South Yorkshire Safeguarding Adults Working Together Programme**

DSAB is also a partner in the Working Together Programme that delivers regional training and conferences across South Yorkshire. Other partners in the programme are Sheffield Safeguarding Adults Board, Barnsley Safeguarding Adults Board and South Yorkshire Police.

The aim of the programme is for agencies across the region to work together in safeguarding adults and address common issues. The programme delivers a 2-day training course and a conference rotationally within each area. The programme will also jointly commission specific training against requirements identified.





### **Joint Self-assessment of Safeguarding Arrangements**

The Doncaster Safeguarding Adults Board (DSAB) completed a joint safeguarding self-assessment and Section 11 process with the Doncaster Safeguarding Children's Partnership in September 2020. It was agreed to replicate the previous self-assessment used in 2017 to provide assurance to the Boards around areas of crossover in safeguarding practices, increase efficiency and reduce duplication. However, it was agreed that individual agency challenge meetings would not be arranged at this time due to the Covid 19 pandemic. This self-assessment process was completed, and the following key themes were identified.

#### **Areas of Strength**

1. Clear accountability regarding safeguarding within agencies with links to the partnership
2. Clear safeguarding procedures and training in place across the partnership
3. Good representation and engagement with DSAB and DSCP
4. Proactive measures taken by partners to engage with service users and children to inform service development.
5. A clear focus on child neglect and domestic abuse
6. Reported widespread use of the Signs of Safety principles and Making Safeguarding Personal
7. Quality assurance and audit activity
8. Strong culture, systems and processes in place for sharing information
9. Good level of safeguarding self-awareness across the partnership and identification of areas for development

#### **Development Themes**

1. Evidencing the impact of safeguarding activity on outcomes for adults and children
2. Provision of training for staff in relation to allegations against people working with adults and children
3. Delay in provision of training generally in relation to the adaptation to delivering virtual training as a result of the Covid 19 pandemic.
4. Evidence of impact of training regarding the Mental Capacity Act 2005
5. Using local information on diversity to plan and implement services

Moving forwards, action plans submitted by agencies in relation to their self-assessments will be monitored and challenged by the DSAB. In addition, these themes will be used to review the self-assessment and Section 11 process.



# Self-Neglect and Hoarding

## Policy in Doncaster

Self-neglect and / or hoarding is a worrying issue for all concerned. It can prove challenging to address as it is often combined with a lack of engagement and motivation from the individual which can increase risk to themselves and others. Causes are often grounded in, and influenced by, personal, social and cultural values. The individuals concerned have often been subjected to previous abuse and trauma, often have deep rooted mental health troubles, fragile self-esteem and self-worth combined with a distrust of services.

Doncaster Safeguarding Adults and Children's Boards, alongside Safer Stronger Doncaster Partnership, have worked in partnership to develop a policy and procedure to respond to cases of self-neglect and hoarding. The policy can be accessed via the Safeguarding Adults webpage: <http://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-policy-and-procedures>

In order to support staff who may come across vulnerable adults who are self-neglecting, the DSAB have developed training courses to increase skills and knowledge. These courses can be accessed using the following link: <https://doncaster.learningpool.com/login/index.php>

Moving forwards the Board will be reviewing its policy for self-neglect and/or hoarding through support and challenge to deliver a more effective response.



## Front Door

### Safeguarding Adults Hub

The Safeguarding Adults Hub was created in April 2016 and brings together a range of agencies such as Social Workers, NHS Nursing Staff and trained Community Care Officers that are fully trained and competent in assessing and responding to safeguarding concerns. In addition, the Police are co-located within the same building providing a multi-agency safeguarding function.

The Safeguarding Adults Hub aims to embed the principles of Making Safeguarding Personal focusing on what the person wants from the beginning of the process and empowering adults at risk to achieve their outcomes.

During 2020/21 the Safeguarding Adults Hub received 1719 Safeguarding Concerns and 33% progressed to a section 42 enquiry. In 2019/20 36% of concerns progressed to a Section 42.

#### **Adult H – Financial Abuse**

Adult H, known to learning disability services, was befriended by Adult D (also known to have learning disabilities) with whom he started a relationship. D asked for H to take contracts out on a mobile phone, a watch, and a tablet, which D signed for stating that she was a carer for H to purchase the items. H also told his support worker at the Centre that D has access to his bank card and that he has given consent for her to use it. Various agencies were aware of the victim's vulnerability as H was exposed to financial exploitation previously.

The support worker at the Centre told D that she was contacting the police regarding the dispute and D then said that she would accuse H of rape. A safeguarding adults concern was raised in relation to financial abuse.

The Safeguarding Adults Hub contacted the support worker to gain her view of any concerns she may have before speaking to H. The Support Worker confirmed that H follows a pattern of giving his bank details to his girlfriends. She confirmed that she has managed to support him to have the phone contracts stopped. The Safeguarding Adults Hub arranged to meet with H at the centre to chat about his finances. The Support Worker believed this was a good idea as his mum died last year and she helped H look after his finances.

H admits that due to his learning difficulty he is unable to 'read what people are really like'. H confirmed that he would in the future speak to someone he trusts such as his brother, the Support Worker, the Community Care Officer from the Hub, or someone from the centre. The support worker confirmed that H tends to give his bank card to new girlfriends, according to the Support Worker 'he follows a pattern'. The Support Worker is happy to 'vet' and advise H if he should meet another girlfriend. H has since parted from D and the police enquiries continue.

Through the conversation with the Community Care Officer, H now understands the dangers of giving his bank card to other people and understands that if he is unsure how to make an online transaction, he should ask for help from someone he trusts as named above. H understands the dangers of giving out the PIN of his bank cards to other people, and that he should seek advice from someone he trusts if he is worried. The Support Worker has supported H with making phone calls and cancelling contracts with phone providers. They have managed to gain some of the monies back from the providers.



Proportionality is key when responding to safeguarding situations. The Hub identifies the most appropriate and proportionate response alongside the adult at risk or their representative often signposting to other services or processes where the adult's desired outcomes will be better dealt with. The Hub empowers adults at risk to improve their lives as it puts service users and their families in the driving seat of the process and enables people to address concerns with the support of statutory services. It is a haven where people can access non-judgemental advice and support from professionals during some of the worst times of their lives, but in a proportionate way, at the service user's pace.

Throughout 2020/21 the Safeguarding Adults Hub asked **482** adults at risk what they wanted at the end of the safeguarding enquiry and in **424** of these cases the adult's outcomes were either fully or partially achieved.

**482 Adults** were asked what they wanted



**424 Outcomes** fully or partially met



### **Making Safeguarding Personal in Doncaster**

The Board continues to seek assurance that practice in Doncaster is in line with Making Safeguarding Personal and is outcome focused. The Board has continued to seek assurance through the DSAB Performance framework.

#### **Moving forwards we will**

- Ensure that LGA / ADASS guidance for referrers on identifying safeguarding concerns, and the framework for decision making on S42 enquiries, are fully embedded in multi-agency safeguarding practice
- Review practice ensuring that Making Safeguarding Personal is embedded in all agencies, and that the voice of the service user is heard, listened to and acted upon in all of the Board's work and all adult safeguarding adult activity
- Continue to review and develop processes and practice to ensure that all safeguarding referrals receive a timely, proportionate, and appropriate response.

**Refer to back page for details of how to report a safeguarding adults concern**



# Raising Awareness

## **Safeguarding Awareness Week held 16<sup>th</sup> to 20<sup>th</sup> November 2020**

The Safeguarding Awareness Week is an opportunity for services to showcase how services safeguard people. For this year a number of virtual events took place over the week. We saw an increase in involvement from agencies with over 40 organisations taking part. The start of the week began with the Celebrating Safeguarding Awards for those individuals, groups and organisations that have supported people locally. The pandemic has shown community resilience and the importance of working in partnership. This was reflected in the awards received, from voluntary groups that have delivered food parcels to the most vulnerable to young volunteers who have raised awareness of safeguarding. Nationally we have seen an increase in domestic abuse cases. South Yorkshire Police wanted to recognise the hard work of the Domestic Abuse Hub for responding to an increase in demand and very complex cases.

Throughout the week sessions were held on online grooming, domestic abuse, child exploitation and transitions, mental health and wellbeing.

There was greater emphasis on social media, with a campaign running throughout the week. Agencies reported an increase in access to their social media platforms.

# Keeping Safe

## **Community Event 2021**

Held over 4 days from 15<sup>th</sup> to 18<sup>th</sup> February 2021, this followed a particular theme and used online platforms to deliver sessions. These included Mental Health Through the Ages, Staying Safe Online, Abuse and Covid, and Safeguarding is Everyone's Business.

Partner organisations held drop in sessions, creative writing workshops, wellbeing sessions and information videos throughout the week.

As the event was delivered differently to the traditional large event held at Keepmoat Stadium in Doncaster it proved successful by providing different platforms for people to access. Partners also worked well together to ensure that messages were delivered via social media with a good response from people taking part, in particular the Young People's Voice group who delivered a virtual training course on Safeguarding.



# Keeping Your Community Safe

**EMPOWERMENT**  
Standing up to make a change

**PREVENTION**  
Take Action before harm happens

**PROPORTIONALITY**  
Decide what the appropriate precautions are to take

**PROTECTION**  
Keep yourself and others safe



**PARTNERSHIP**  
Working together

**ACCOUNTABILITY**  
See something, say something

**Who?**  
Anyone can be abused. Adults and children.

**Where?**  
Abuse can happen anywhere, anytime.

**What?**  
There are different types of abuse.



## Abuse can be:

**Domestic Abuse**  
When you are hurt, bullied or frightened by a family member or someone you are in a relationship with.

**Financial and Material Abuse**  
When someone takes your money or things when you don't want them to. This could be at home, at work or in the street.

**Discriminatory Abuse**  
When you are treated less fairly by someone because you are different to them.

**Physical Abuse**  
When someone hurts your body.

**Hate Crime**  
When someone targets you because they think you are different.

**Psychological and Emotional Abuse**  
When someone upsets or scares you.

**Self Neglect**  
When you don't look after yourself such as not keeping clean or not eating properly.

**Neglect**  
When your emotional needs are not met or someone could not provide for their emotional needs.

**Exploitation**  
Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person.  
**Child Criminal Exploitation** - is child abuse where children and young people are manipulated and coerced into committing crimes.  
**Child Sexual Exploitation** - when a child or young person is exploited they're given gifts, drugs, money and affection in exchange for performing sexual activities - often tricked into believing that they are in a relationship, this is called grooming. They are not in a relationship, it is abuse.

**Sexual Abuse**  
Sexual abuse is not always about touch. To be asked to do something of a sexual nature that make you feel uncomfortable.

**See Something : Say Something**  
Report:  
Adults: 01302 737391  
Children: 01302 737777  
Out of hours: 01302 796000

These are just some of the safeguarding examples you may come across in your community.

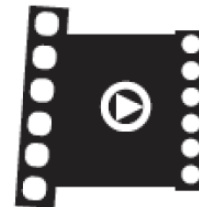


Adult referral



Child referral

<https://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-contents-ga2c>



**Keeping Safe: How to help adults at risk of abuse**

If you see something, say something

Don't be afraid to SPEAK out

Everybody deserves safety

SAFEGUARDING Adults

**Keeping Safe: How to help adults at risk of abuse**

**Who?**  
An adult at risk is someone who may be in need of help because of disability, age, or illness, and is unable to take care of themselves or stop someone else from harming or exploiting them.

**Where?**  
It can happen anywhere:  
• Your home  
• Carer's home  
• Day centre  
• Care/nursing home  
• Hospital  
• At work  
• In the community

If you see something, say something

Don't be afraid to SPEAK out

Everybody deserves safety

SAFEGUARDING Adults



## Safeguarding Adult Reviews

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange for a review of any case in which an adult with care and support needs has experienced serious abuse or neglect, and there is 'reasonable cause for concern' about how agencies worked together to safeguard the adult. The Board may also arrange a review of any other case involving an adult with care and support needs, in which the statutory criteria which require a Safeguarding Adults Review are not met. Traditionally in Doncaster these 'discretionary' reviews have been described as Lessons Learned Reviews rather than Safeguarding Adults Reviews. In future, however, any case review commissioned by the Safeguarding Adults Board will be recognised as a Safeguarding Adults Review.

The Board completed one Lessons Learned Review in 2020/21 – the case of Adult D. The Board decided not to publish the report, in order to protect his and his family's identity. Adult D has extremely complex needs, with diagnosed elements of autism, personality disorder, and hypomania. He has a history of physical and sexual assaults and voyeurism. Between 2008 and 2019 he experienced eight different residential placements, all of which were ended as a result of his aggressiveness and sexualised behaviour towards women. The review highlighted the enormous difficulties the health and social care system faced in seeking to meet such complex needs, exacerbated by issues such as the lack of appropriate specialist services and pathways, on occasion poor discharge planning and information sharing, the lack of a single agency having oversight of Adult D's care and support needs, high thresholds for accessing mental health services, and difficulties in such a volatile and constantly changing situation of establishing and maintaining consistent consultant level oversight of his mental health and medication needs. However the review also identified positive steps that had been taken as a result of the learning generated: for example, the appointment of an Autism Nurse specialist within community health services to work on complex autistic spectrum disorder cases, and the creation of a Forensic Outreach Liaison team working both with people leaving secure settings and stepping down to community placements, and with people already in the community to prevent their relapse to hospital. A substantial amount of staff briefing and training has also taken place across agencies to disseminate the arising from this review.



Three Safeguarding Adults Reviews were ongoing at the end of the year, and will be completed in 2021/22.

*Adult F* After not being seen for several days, Adult F was found deceased in the bungalow in which he lived in December 2019. He was 51 years old. He had sustained injuries consistent with an assault and four males were later charged with his murder. Three of these males were later convicted of his murder or manslaughter. Some of these males were also involved in a previously reported Hate Crime during which Adult F, who was gay, received abuse relating to his sexual orientation. During the months prior to his death, Adult F was in contact with a range of agencies as concerns escalated about his physical and mental health. Adult F was a heavy drinker with mobility problems arising from earlier strokes who had sustained serious injuries after repeatedly falling in the street.

*Adult P* was a 67 year old man who died in January 2019. The cause of death was pneumonia and ischaemic heart disease. A number of agencies had increasing contact with Adult P in the last few months before his death. Concerns had been raised about his poor nutrition and personal presentation both in public places and at his home when answering his door. His living conditions were also unhygienic, posed heightened fire risk, and were generally deteriorating. The review will consider lessons to be learned from the case to improve the multi-agency response to the immensely challenging issue of self-neglect.

*Adult V* was a 22 year old woman, who had been in care until her eighteenth birthday. She had a one year old child who was subject to a supervision order to the local authority. She died in April 2020 in circumstances indicating chronic difficulties in self-care potentially amounting to self-neglect.





# Our Priorities for 2021/22

## Moving forwards

The Board held its annual away day in September 2021 to reflect and refresh its focus on a long-term direction for the Board in line with the requirements of the Care Act 2014. The findings from Safeguarding Adult Reviews and safeguarding adults' performance data were considered and used to influence the strategic priorities. This work has culminated into a DSAB Business Plan 2021/22 as detailed below.

Strategic Priority	To deliver this priority, we will:	Lead Person	Milestones	What will success look like
<p>1. Ensure that LGA / ADASS guidance is fully embedded in multi-agency safeguarding practice:</p> <ul style="list-style-type: none"> <li>Understanding what constitutes a Safeguarding Concern (2020)  <a href="https://www.local.gov.uk/publications/understanding-what-constitutes-safeguarding-concern-and-how-support-effective-outcomes">https://www.local.gov.uk/publications/understanding-what-constitutes-safeguarding-concern-and-how-support-effective-outcomes</a></li> <li>Making decisions on the duty to carry out Safeguarding Adult enquiries (2019)  <a href="https://www.local.gov.uk/making-decisions-duty-carry-out-safeguarding-adults-enquiries">https://www.local.gov.uk/making-decisions-duty-carry-out-safeguarding-adults-enquiries</a></li> </ul>	<p>a) Engage with practitioners and referrers to ensure a full understanding of the frameworks</p> <p>b) Audit application of the S42 decision making framework in adult social care</p> <p>c) Review policies, procedures and guidance as required</p> <p>d) Commission and roll out training to support the priority as required</p>	<p>a) Angela Waite</p> <p>b) Ashton Wynter</p> <p>c) Safeguarding Business Unit</p> <p>d) Safeguarding Business Unit</p>	<p>a) Report to DSAB October 2021</p> <p>b) Report to Quality Subgroup Nov. 2021</p> <p>c) Revisions identified and completed by December 2021</p> <p>d) Initial training programme completed by 31.3.22</p>	<p>All partners fully understand when a safeguarding concern should be raised, and have disseminated that understanding throughout their agency</p> <p>The Board is assured that decision making on the duty to carry out a safeguarding adults enquiry is fully consistent with the ADASS framework</p> <p>If the S42 duty is not met, there are effective arrangements in place to ensure an appropriate alternative response</p>

<p>2. To support and challenge work to deliver a more effective response to self-neglect</p>	<ul style="list-style-type: none"> <li>a) Review learning from local and national Safeguarding Adult Reviews</li> <li>b) Engage with practitioners across partner agencies, and with community and user groups, to identify key practice issues</li> <li>c) Review the Self Neglect and Hoarding Policy and Procedure in light of this learning and engagement</li> <li>d) Commission and roll out training to support the priority as required</li> </ul>	<p>Luke Shepherd</p> <p>Safeguarding Business Unit</p>	<ul style="list-style-type: none"> <li>a) Report to</li> <li>b) DSAB on learning and practice issues identified September 2021</li> <li>c) Revised policy and procedure to Board October 2021</li> <li>d) Initial training programme completed by 31.3.22</li> </ul>	<p>Practice is effective in striking an appropriate balance between the duty to safeguard individuals who are unable to protect themselves from self-neglect as a result of their care and support needs, and respect for adults' right to make their own decisions about how they live.</p> <p>Practitioners feel supported in their practice with this very challenging issue.</p> <p>The community has confidence in the response of the adult safeguarding system to self-neglect</p>
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<p>3. To fully embed Making Safeguarding Personal by ensuring that the voice of the service user is heard, listened to and acted upon in all of the Board's work and all adult safeguarding adult activity</p>	<p>a) Develop and pilot a service user engagement project, co-produced with practitioners, users and community groups</p> <p>b) All agencies to review safeguarding adults' procedure and practice to ensure that Making Safeguarding Personal is at the centre of all activity</p>	<p>a) Andrew Goodall</p> <p>b) Louise Bertman</p>	<p>a) Proposals to Board October 2021 Pilot completed and reported to Board by 31.3.22</p> <p>b) Ongoing</p>	<p>The Board will be able to evidence in its Annual Report 2021/22 the impact of the service user's voice</p> <p>Performance on recording and achieving service users' desired outcomes exceeds national and regional benchmarks</p>
<p>4. To ensure the embedding, dissemination, and evaluation of learning from the full range of quality assurance activity</p>	<p>a) Streamline the reporting of performance data to DSAB, ensuring areas for improvement clearly identified</p> <p>b) Establish programme of quarterly multi-agency audits of the effectiveness of multi-agency frontline practice</p>	<p>Policy, Insight and Change Team</p> <p>Ashton Wynter</p>	<p>a) Revised reporting in place from October 2021</p> <p>b) Audit programme in place from Quarter 2 2021/22</p>	<p>The DSAB can evidence that it has a clear line of sight into frontline practice</p> <p>There is evidence of continuing improvement as an outcome of performance monitoring, audit, and engagement activity.</p> <p>Practitioners confirm that they feel their voice is consistently heard,</p>

	<p>c) Receive annual reports from all safeguarding partners on single-agency audit activity undertaken, outcomes, and action taken.</p> <p>d) Engage with and learn from frontline practitioners in order to disseminate and embed learning from audit and case review activity.</p>	<p>Safeguarding Business Unit</p> <p>Safeguarding Business Unit</p>	<p>c) Reporting cycle established from October 2021 onwards</p> <p>d) First Practitioner Conference held October 2021</p>	<p>listened to, and acted on by the DSAB</p>
<p>5. To ensure that adults with care and support needs who experience domestic abuse, and who are unable to protect themselves against abuse due to their care and support needs, are effectively supported and safeguarded.</p>	<p>Work with Safer Stronger Doncaster Partnership to ensure that the strategy and service development has clear focus on the adult safeguarding dimension of domestic abuse.</p>	<p>Safeguarding Business Unit</p>	<p>Ongoing</p>	<p>The Board is assured adults with safeguarding needs are effectively supported and protected</p>
<p>6. To ensure that multi-agency policies and procedures are kept under review, commissioning any work required as a consequence, and effectively scrutinising proposed new multi-agency policies and procedures.</p>	<p>Review all existing DSCP policies and procedures, and agree schedule for any necessary revision</p>	<p>Safeguarding Business Unit</p>	<p>Ongoing and completed by 31.3.22</p>	<p>The Board is assured that multi-agency safeguarding policies and procedures are comprehensive, up to date, and regularly reviewed</p>



## Mental Capacity Act

### Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards are applied if a person who lacks the mental capacity to consent or otherwise to the arrangements is deprived of their liberty in a hospital or care home (i.e. they are subject to continuous control and supervision, and are not free to leave) other than under the Mental Health Act. The Deprivation of Liberty Safeguards require that this must be authorised by the local authority. In some circumstances the safeguards can also apply to care provided in a person's own home, or in a supported living situation. For these cases the final authority rests with the Court of Protection.

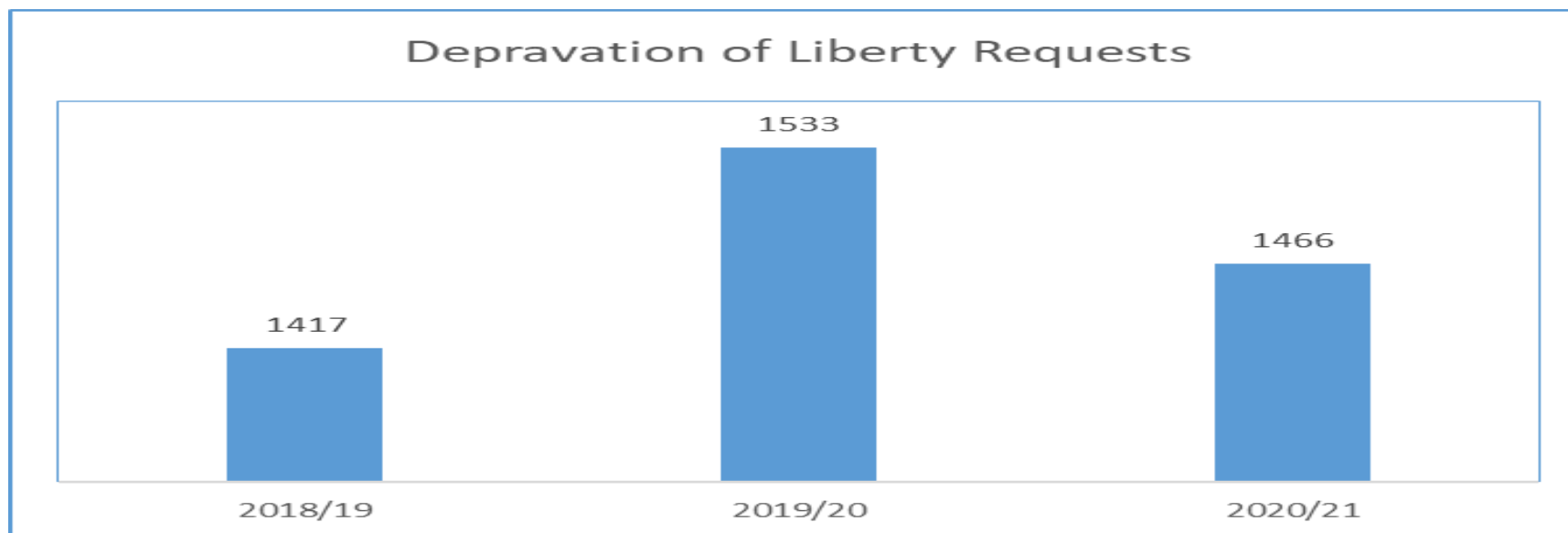
The Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007 came into force from April 2009. On 19<sup>th</sup> March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic impact on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand.

The safeguards are there to ensure:

- A deprivation of liberty is a last resort
- Their care and treatment is in their best interest and least restrictive
- They have someone appointed to represent them
- The person is given the right of appeal
- The arrangements are reviewed and not continued for longer than necessary

Over the period of April 2020 to end of March 2021 there were 1466 authorisations requested to deprive individuals of their liberty.





In response DMBC have continued to target resources to deal with the significant number of DoLS requests. The Doncaster MCA / DoLS Team provides a single point of contact for organisations, professionals and the public in relation to Deprivation of Liberty issues. For further information visit <http://www.doncaster.gov.uk/services/adult-social-care/raising-concerns> or email [dols@doncaster.gov.uk](mailto:dols@doncaster.gov.uk)

## Liberty Protection Safeguards

Under the Mental Capacity (Amendment) Act 2019, the Deprivation of Liberty Safeguards will be replaced by the Liberty Protection Safeguards. This will relieve some of the pressure on local authorities, as under the LPS hospital managers will be able to authorise applications. However, there have been very significant delays at central government level in the necessary preparations for the implementation of LPS, even before the pandemic, and there has recently been a further deferment of the revised target date of April 2022. However regional planning meetings have recommenced (with CCG, DBTH, RDASH, DCST), with a focus on plans internally within adult social care.

The LGA and ADASS have presented the following Regional Implementation Support Programme:

- Part 1: Development of materials for Best Interest Assessor (BIA) to Approved Mental Capacity Professional (AMCP) conversion training



- Part 2: Regional support for Adult Services to implement the Liberty Protection Safeguards from 2022/3
- Part 3: Regional support for Children's Services to implement the Liberty Protection Safeguards from 2022/3
- Part 4: Cross-Sectoral co-ordination for the place-based implementation of Liberty Protection Safeguards from 2022/3

Separate regional arrangements are being developed for the NHS.

## Monitoring Themes and Trends

### Safeguarding Adults Activity 2020/21

There has been a 23% decrease in referrals for this reporting year mainly due to the impact of Covid-19. Face to face contact was restricted during the first few months of the pandemic from some agencies. With the increase in coronavirus cases many Care Home Providers were overwhelmed with the impact on residents and staff and this resulted in capacity and resource issues. The following tables give a representation of the gender, age, types of abuse and ethnicity of enquiries received.

Measure	2019-20	2020-21
Safeguarding Concerns	2225	1719
Section 42 Safeguarding Enquiries	795	561
Other Enquiries	230	156



<b>Counts of Individuals by Gender</b>	<b>Male</b>	<b>Female</b>	<b>Not Known</b>	<b>Total</b>
Individuals Involved In Section 42 Safeguarding Enquiries	211	281	24	<b>516</b>

<b>Counts of Individuals by Age Band</b>	<b>18-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95+</b>	<b>Not Known</b>	<b>Total</b>
Individuals Involved In Section 42 Safeguarding Enquiries	196	65	105	134	16	0	<b>516</b>

<b>Counts of Enquiries by Type of Risk</b>	
	<b>Total Section 42</b>
Physical Abuse	<b>135</b>
Sexual Abuse	<b>25</b>
Psychological Abuse	<b>129</b>
Financial or Material Abuse	<b>158</b>
Discriminatory Abuse	<b>0</b>
Organisational Abuse	<b>24</b>
Neglect and Acts of Omission	<b>281</b>
Domestic Abuse	<b>25</b>
Sexual Exploitation	<b>4</b>
Modern Slavery	<b>0</b>





Self-Neglect	51
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Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Individuals Involved In Safeguarding Concerns	1154	1	9	7	0	0	203	1374

Counts of Enquiries by Location and Source of Risk	
Own Home	278
In the community (excluding community services)	10
In a community service	11
Care Home - Nursing	37
Care Home - Residential	123
Hospital - Acute	4
Hospital - Mental Health	37
Hospital - Community	1
Other	72



# Multi-agency Safeguarding Adults Learning and Development

Multi-Agency training was disrupted at the beginning of the year as a consequence of the Covid 19 pandemic resulting in many courses cancelled. However, courses were reviewed and adapted to be delivered via a virtual platform which commenced in September 2020 offering a suite of training across adult services.

Below are attendance figures for 2020/21 for all Safeguarding Adults, MCA and DOLS courses.

Safeguarding Adults Courses Overall attendance	DMBC	Independent/Voluntary	NHS/RDaSH	SYP & Fire Service
Undertaking S.42 Enquiries VIRTUAL TRAINING	7	0	20	3
Safeguarding Adults – Basic Awareness and Reporting a Concern - VIRTUAL TRAINING	11	6	17	1
Self-Neglect and Hoarding – VIRTUAL TRAINING	12	0	13	0
<b>Total 2020/21</b>	<b>30</b>	<b>6</b>	<b>50</b>	<b>4</b>
<b>Total 2019/20</b>	<b>212</b>	<b>159</b>	<b>18</b>	<b>12</b>

MCA/DOLS Courses Overall attendance	DMBC	Independent/Voluntary	NHS/RDaSH	CCG
Assessing Capacity and Best Interest Decision Making (includes complex decision making) – VIRTUAL TRAINING	3	7	3	0
Introduction to DOLS – VIRTUAL TRAINING	6	4	1	0
Mental Capacity Act – Basic Awareness VIRTUAL TRAINING	15	3	1	0
Mental Capacity and Covid-19 – Principles Practice and Practical Approaches VIRTUAL TRAINING	55	0	0	0
<b>Total 2020/21</b>	<b>79</b>	<b>14</b>	<b>5</b>	<b>0</b>
<b>Total 2019/20</b>	<b>125</b>	<b>96</b>	<b>2</b>	<b>0</b>

In addition to the above training, partners also deliver single agency training on Safeguarding Adults.



## Funding

<b>Partner Agency Contributions for 2020/21</b>	
DMBC – (Adult Social Care)	£124,250
CCG (including funding of Independent Chair)	£107,667
SY Police Crime Commissioner (Shared across children and adults)	£30,959
Total income	£262,876
Total Spend	£177,116
Total underspend	£85,760



## **To report a safeguarding adult concern**

**Adult Services Social Care** - If you have any concerns about the welfare or safety of an adult you can report it online here:

<https://www.doncaster.gov.uk/doitonline/reporting-a-safeguarding-concern>

For general information, advice and guidance about safeguarding adults call the Safeguarding Adults Hub on 01302 737063

Emergency out of hours: 01302 796000

SMS/Text Number (for people from the deaf community): 0797 903 1116

Police: Non emergency 101 | Emergency 999

Police non-emergency SMS 07786 220022

Care Quality Commission (CQC): 03000 616161