



Doncaster Council

Date: 23rd August 2022

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

REPORT TITLE: Public Health Investment Fund

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball	All	Yes

EXECUTIVE SUMMARY

1. Over the last 2 years the delivery of some key public health programmes has been constrained while public health staff work on the pandemic.
2. The five key areas are a healthy and sustainable food city, the family food programme, the evaluation of the impact of our active travel schemes and health impact assessments, the continuation of the Community Wealth builder and support to deliver the leisure capital programme.
3. The first four areas met the criteria for the South Yorkshire Mayoral Combined Authority Project Feasibility Fund but that fund was oversubscribed.
4. In order to progress these five areas it is proposed that a Public Health Investment Fund is created from the public health grant reserve. The fund totals £1.31m and runs from 2022/3 to 2024/25.

EXEMPT REPORT

5. No.

RECOMMENDATIONS

6. That Councillor Nigel Ball approves the establishment of a Public Health Investment Fund for 3 years, from the public health grant reserve to catalyse activity and ensure delivery on the five key public health programmes.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. The Public Health Investment Fund catalyses action on key issues for Doncaster people. Food, active travel and access to leisure facilities are all issues that Doncaster people tell the council about. Food and food policy is a developing area yet there is no joined up policy response. The Health and Wellbeing Board has supported a move to a 'compassionate approach to weight' addressing food stigma and the Family Food Programme will address this. The community wealth builder helps people turn their passions into paid work and is essential with the cost of living crisis. Delivering the improved leisure facilities on time is also a key issue for local people.

BACKGROUND

8. In July 2022 Cabinet approved the submission of the Doncaster Delivering Together Investment Plan to the South Yorkshire Mayoral Combined Authority (SYMCA). Alongside this annual plan outlining the key investment priorities to help deliver the borough strategy was a proposal to approve the allocation of £3.54m of SYMCA Project Feasibility Funding (PFF).
9. The Public Health function submitted several proposals for the PFF and although they met the criteria of improving the delivery of existing activity or provided additional capacity to shape future priorities the PFF was oversubscribed.
10. Over the course of the COVID pandemic, public health staff have been seconded to new and different roles. At times this has led to challenges in the delivery of existing activity and has frustrated plans to test new ways of working and develop new public health programmes. However, the secondment of staff did result in an increase to the public reserve linked to the public health grant, as staff salaries were paid for by other grants.
11. A Public Health Investment Fund is to be created from the public health grant reserve for 2022/23 to 2024/25 to progress work on the following areas:
12. Healthy and Sustainable Food City - £232k
13. The methods used to produce, process, distribute, prepare, consume, enjoy, advertise, and dispose of food all have the potential to maximise health, environmental and economic gain at a local level. Doncaster as a place and city could create a healthy, sustainable, and fair food system and a thriving local food economy where food choices are affordable and nutritious.
14. This proposal is for dedicated resource to link with and learn from food system projects across the UK and internationally. This resource is needed to take forward the 'Fix our Food' conversation that with the University of York. A small team will provide the resource, knowledge and expertise to work across Team Doncaster to develop a food system strategy and collaborative action plans for the next 10 years with actions owned across people and organisations. Areas of focus may include:
 - Food Sourcing - increase sourcing of environmentally sustainable, ethical and nutritious foods across the local food system and enhance the local economy.

- Food Production – create opportunities for residents and settings (e.g. care homes, schools and community groups) to grow, produce and preserve their own food, and enable food grown locally to connect into the local food system.
 - Food Economy and Employment – enhance a thriving local food economy with stable, attractive jobs and apprenticeships in food production, preparation and serving.
 - Food Knowledge and Skills - build the knowledge and skills of citizens, settings and businesses around food sourcing and safe and nutritious food preparation.
 - Food Behaviour Change – delivery of the Family Food Programme (submitted as a separate PFF proposal) and wider compassionate approaches to healthy weight.
 - Food Celebrations and Culture – celebrate the important part food has to play in celebrations and culture, promoting bringing communities together through food sharing and food skills sharing.
 - Food Waste and Recycling - maximise the repurposing of food, including re-distribution of food surplus to minimise food waste and reduce unsustainable packaging
15. A 'Green Project' food focussed agenda has been explored previously, using models and toolkits, however, lack of dedicated capacity resource and competing priorities has restricted progress. There is appetite to progress this important agenda for Doncaster with dedicated resource allocated and staff capacity working across directorates and with the wider system to re-scope Doncaster as a green and sustainable food city in the current context and begin to deliver the key priorities, embedding this focus in existing and developing services, functions and initiatives.
 16. 2x FTE Grade 9 PH Improvement Coordinator – approx. 20 months
 17. 1 x Apprentice in relevant discipline (e.g. L6 Public Health Practitioner/ economic development/ sustainability) – 2 years
 18. Non-pay budget – delivery of workshops, resources (e.g. for schools/ communities and settings), academic supervision and knowledge exchange activities.
 19. Family Food Programme - £478k
 20. Obesity is a particularly complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.

21. It is well evidenced that obesity disproportionately affects disadvantaged communities and is strongly associated with inequality and yet most interventions focus on individual responsibility to change behaviour without addressing underlying determinants that impact on health, wellbeing, and people's ability to take care of themselves.
22. We have not seen the impact we might have hoped for with our current approach to preventing and reversing the trend of overweight and obesity in children. The latest National Child Measurement Programme (NCMP) data highlights that approximately 1 in 4 Reception Year children in Doncaster has excess weight, increasing to 1 in 3 by the time of leaving primary school. There is inequality in relation to excess weight in primary school children in Doncaster with those in schools in the most deprived areas carrying the greatest burden.
23. Given what we know about the effects of disadvantage and inequality, and knowing that the interventions we currently have in place are not sufficient on their own to have any meaningful impact, we want to explore how we can adjust our approach to incorporate more supportive measures that help families navigate the unfair environments they live in. We want to explore how we might think differently about obesity and how we can better support families to improve health and wellbeing in a way that is meaningful to them.
24. The school nursing service make sure parents/carers know that they are available for support and advice for every child, regardless of their current weight status. Parents/carers are able to contact the service for support if required. For children who are identified as being overweight or very overweight, their parents/carers are contacted direct and offered support. This support has normally consisted of a short telephone conversation, introducing the service to the family, and giving the family the opportunity to discuss any area of concern they may have for their child. Signposting to the Change 4 Life website normally forms part of the brief intervention.
25. Doncaster Family Food programme would see an offer in addition to the existing school nursing offer. The programme would be available for the child/siblings referred plus the main care givers who look after the identified child/children. To offer a whole family intervention, the programme can also be extended to any other siblings belonging to the family unit or other significant adults. Family food programme would work with families on a more intensive, longer-term basis.
26. The service offer will include 1:1 or group support for eligible families delivered by professionals trained in behaviour change techniques. The offer will be underpinned by a holistic approach to health and wellbeing, recognising the wider determinants of health that influence obesity. The programme will aim to provide IAG and build confidence within the family to make healthy lifestyle changes that they have control over and have a desire to change. An exploration of family life and circumstances will be key to the holistic nature of the offer with factors such as family make-up and child care arrangements; income and time resources; and other external stressors that could impact on a family's ability to make sustainable changes taken into account.
27. The focus of the programme is to be on making small, sustainable behavioural changes. These goals will not be limited to traditional targets of

weight management and will consider broader outcomes such as, but not limited to, family harmony, self-esteem, physical activity, and food behaviours. Evidence suggests this approach may lead to weight stabilisation or weight loss over time.

28. Service likely to be procured and consist of
29. 2 x Band 7 (AfC*) posts - Paediatric dietitian/nutritionist and CBT CYP/Behaviour change specialist/ Family Therapist) - Responsible for Family food programme staff, programme content, clinical supervision.
30. 2x Band 4 (AfC) post – Health Promotion Practitioners - focus on behaviour change, support changes to knowledge and habits, can offer ongoing support to children and families.
31. All posts will be required for the duration of the programme

Programme Evaluation

32. Evaluation of Active Travel Alliance and Health Impact Assessments -116k
33. Public Health and the Transportation Team co-chair the Doncaster Active Travel Alliance (DATA). DATA is a partnership alliance within the GDM Network, who work collaboratively to deliver the Get Doncaster Moving vision, aims and objectives. DATA is the lead group for a number of priority actions within the draft GDM Strategy, the Walking and Cycling Strategies as well as cross-cutting actions that contribute to the 8 DDT (Doncaster Delivering Together) outcomes.
34. Since its inception in 2016 the Active Travel agenda has significantly broadened its remit from looking at ways to enable people to build physical activity into everyday lives to the emerging climate emergency and need to cut carbon emissions.
35. Alongside the evolving focus there has been an increase in funding available e.g., from the Department for Transport and DEFRA. This funding covers a variety of projects from capital investment to improve cycle and walkways as well as deliver behaviour change interventions such as Learn to Ride, Cycle repair and loan schemes and School Streets projects.
36. In order to progress, DATA needs a deeper understanding of the system and the parts in play, where synergies need strengthening, the impact of the current investment and what we can learn from other areas (UK and beyond).
37. The end product will be a comprehensive report of findings with recommendations for the short, medium, and long-term locally. It will also be shared with the Active Travel Programme Board and more broadly across our Active Travel networks.
38. Public Health work with Planning Officers to provide comments on planning applications from a health perspective. As part of the extensive work undertaken in collaboration with planning to create a strategic health policy in the local plan, developments over a certain threshold are required to complete a Health Impact Assessment (HIA).

39. Completing a HIA on development proposals enables the developer to demonstrate their assessment of the health and wellbeing implications. It should not only identify potential harms such as poor air quality and noise pollution but also highlight and maximise any positive health benefits it brings to an area for example: good quality housing, social cohesion, and access to public services.
40. Public Health's aim is to ensure that HIAs (Health Impact Assessments) are fit for purpose and meet the needs of developers, Planning Officers, and Health Professionals alike. The Wider Determinants Team are currently working with Planning Officers to review the current HIA process and documentation, with the aim of increasing their utility and effectiveness to maximise the positive benefits and successfully mitigate against the negative impacts of a development.
41. Currently we are unable to evaluate an important stage of this process due to restrictions in capacity. This crucial stage would be to evaluate the long-term impacts of a HIA on a development to understand the changes and recommendations that have been taken on board following the completion of a HIA and the approval of the planning application. We are therefore looking for extra resource to be able to evaluate the effectiveness of HIAs post approval.
42. As part of this work, we are also looking for research, fact finding and analysis to be undertaken to understand what the best stage in the planning application process is for Public Health to comment and/or request a HIA, to have the biggest influence on a development. Also, we are looking to further our understanding around which type of intervention (HIA or general Public Health comments) results in better outcomes in terms of improved health and wellbeing on a development.
43. The outcome of the HIA strand, will be the creation of an Evaluation Framework, to enable the team to evaluate the long-term impacts of HIAs post application approval. The framework will allow us to influence future developments, to ensure they maximise the positive impacts that support health and wellbeing. In doing this the Evaluation Framework will contribute towards our strategic aim of reducing the health inequalities gap.
44. 1 x Grade 9 PH Improvement Coordinator for 2 years
45. Non pay budget

Well Doncaster Wealth Inequalities Programme – £278k

46. Over the last two and a half years Well Doncaster has delivered a European Regional Development Funded project – Community Wealth Builder. The programme has delivered intensive business support to VCFS organisations across Doncaster. The ERDF Fund comes to an end in June 2022. Well Doncaster would like to continue delivering the Wealth Inequality support that has proven so valuable having supported over 300 new and existing community organisations.
47. We would like to develop the wealth support package to give more of a holistic approach to wealth inequalities. Our vision is to create a community-led programme which benefits local communities, creates employment,

increases local skills, supports a real living wage, addresses environmental impact and creates better wellbeing.

48. The funding supports additional capacity to respond to the cost of living crisis and as a bridge to the Shared Prosperity Fund
49. 1 x grade 9, 1 x grade 8, 1 x grade 7 and training and development
50. Physical Activity and Leisure Services Delivery - £210k
51. The delivery of both Get Doncaster Moving and the leisure capital programme falls to a small team working in partnership with DCLT and a range of internal and external partners.
52. The programme has grown from one site Askern, to now running a programme of delivery across Throne, Rossington, annual maintenance of Dearne Valley, Adwick and Dome as well as a potential new Edlington build through the Levelling Up Fund application and future scoping of the Dome works. Additional capacity is required, and it is proposed that this sits with DCLT.
53. Project management support by suitably qualified construction specialist such as QA. This would provide capacity as well as expedite the decision making and challenge to contractors. Resource would be shared between DCLT and GDM
54. Finance support DCLT to bolster the small DCLT finance team. This post would also work alongside our internal teams.
55. Community Engagement /Communications to be as proactive as possible with our communication and community engagement. Resource for either a part-time post or ring-fenced budget to allow call of communications contractor to support this work.

OPTIONS CONSIDERED

56. a) Do nothing. Progress on a number of key areas food policy, reducing weight stigma, active travel, community wealth building and leisure facilities developments would stall.

b) Create a Public Health Investment Fund from the public health reserve to progress these five areas.

REASONS FOR RECOMMENDED OPTION

57. Public health activity has been constrained by the pandemic and additional investment in these areas of activity can catalyse action that contributes to the delivery of the Borough Strategy.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

58.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Active travel schemes and health Impact Assessments can contribute to this outcome if done effectively.</p> <p>The Community wealth builder approach is an effective way to support people into work and increase local enterprise</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Additional capacity for GDM and leisure will support timely delivery of this programme.</p> <p>A healthy and sustainable food city supports this goal.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>The Family Food Programme should reduce weight stigma and support some of our most marginalised children to learn.</p>

	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	None directly
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	All areas support this new way of working.

RISKS AND ASSUMPTIONS

59. The main risk is attracting staff with the right skills within the available budget.

LEGAL IMPLICATIONS [Name SRF Date 11.08.22]

60. Section 12 of the Health and Social Care Act 2012 places a duty on the Council to improve the public health of the people who within its area

61. The Council may use its power under Section 1 of the Localism Act 2011, which provides the Council with the general power of competence, allowing them to do anything, which a person, may generally do.

62. S111 Local Government Act 1972 states that a local authority shall have power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.

63. S112 of the Local Government Act 1972 allows a local authority to appoint such officers as are necessary for the proper discharge of its functions, on such reasonable terms and conditions as it thinks fit. Salary grade should be determined by job evaluation. It is important that sight is not lost of the

Council's recruitment, retention, and vacancy management policies, which should be followed.

64. The report author should ensure that the use of these monies is in compliance with Contract Procedure Rules and Financial Procedure Rules.

FINANCIAL IMPLICATIONS HR 05/08/22

65. The Council receives an annual ring fenced Public Health Grant of circa £25.3m which must be used on public health functions. The conditions of the grant allow in year underspends to be held in a Public Health reserve which must be used in line with the conditions of the grant. Over the last two years the Public Health Earmarked Reserve (EMR) has increase significantly and now has a balance of £4.467m. This increase was predominately due to the COVID-19 pandemic whereby additional government funding was used to cover existing staff directed to dealing with the pandemic as well as enforced restrictions on activity. On approval of this decision the EMR balance will be £3.15m
66. As per Financial Procedure Rule B.13 & B13.4 this decision is required for approval to utilise £1.314m from the Public Health Earmarked Reserve for the following projects over a period of two years:

Healthy and Sustainable Food City	£232k
Family Food Programme	£478k
Evaluation of Active Travel Alliance and Health Impact Assessments	£116k
Well Doncaster Wealth Inequalities Programme	£278k
Physical Activity and Leisure Services Delivery	£210k
Total	£1.314m

67. On approval of this decision confirmation will be sought on the budget profile over the two year period which will inform how much per financial year will be drawn down from the earmarked reserve to cover the costs of the individual projects.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 11/08/2022]

68. This report refers to the Public Health Investment Fund and a number of posts to be recruited to by Doncaster Council as follows:

Healthy and Sustainable Food City

2 x Grade 9 Public Health Improvement Co-ordinator – 20 months - an established post JEID 6883.

1 Apprentice (Level 6)*

Food Family Programme

1 Grade 9 PH Improvement Co-ordinator – 2 year post – an established post JEID 6883.

Wealthy Doncaster Wealth Inequalities Programme

1 x Grade 9*

1 x Grade 8*

1 x Grade 7*

69. *This report does not reference what these roles are however once funding has been established new and additional posts created as part of the funding will require a separate ODR and internal processes followed.
70. Any posts which are established posts and have been through the Council's GLPC Job Evaluation system do not need re-evaluating. Any new posts being created that have not been through the system will need Job Role Summaries producing and will need evaluating prior to the Grade being confirmed and any recruitment taking place
71. The new post should be recruited to in line with DMBC's Safer Recruitment policy, initially open to Redeployees before being advertised to the wider public and then created on the HR portal.
72. Employees who were employed before 6 April 2012 and have 1 year's continuous service, or after 6 April 2012 and have at least two years continuous service, accrue employment rights. Employees who complete 2 years continuous service accrue rights to a redundancy payment.
73. Fixed-term employees have the right not to be treated less favourably than comparable permanent employees because they are on a fixed-term contract. This means you must treat fixed-term employees the same as comparable permanent employees unless there are 'objectively justifiable' circumstances for not doing so (i.e. there is a genuine, necessary and appropriate business reason). This means the same or equivalent (pro-rata) pay and conditions, benefits, pension rights and opportunity to apply for permanent positions within the business.
74. Under the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002, employees who have been on a fixed-term contract for four years or longer will usually be legally classed as permanent if their contract is renewed or if they are re-engaged on a new fixed-term contract.
75. The only exemptions are when employment on a further fixed-term contract is objectively justified to achieve a legitimate business aim or when the period of four years has been lengthened under a collective or workplace agreement.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...08/08/22]

76. Other than the standard processes for new starters, there are no anticipated technology implications associated with this report. However, where there are any requirements for new, enhanced or replacement technology to support the delivery of the five key public health programmes, these would need to be considered and prioritised by the Technology Governance Board (TGB).

HEALTH IMPLICATIONS [Officer Initials.....RS.....Date 04/08/2022.....]

77. The Public Health Investment Fund is directed at upstream prevention activity and will contribute to improved health and wellbeing in the medium term.

EQUALITY IMPLICATIONS [Officer Initials...RS..... Date 04/08/2022.....]

78. The Public Health Investment Fund will be used to employ staff from a range of backgrounds in line with the council's recruitment policy. Where services are commissioned, they will need to reduce barriers to engagement and data will be collected that allows comparison of access and outcomes by different groups.

CONSULTATION

79. Establishing this fund does not require public consultation, but is in keeping with the Borough Strategy, which was coproduced with the public and partners.

BACKGROUND PAPERS

80. None.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

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