



City of Doncaster Council

EXECUTIVE FUNCTIONS DECISION RECORD

The following decision was taken on Wednesday, 24th May, 2023 by Cabinet.

Date notified to all Members: Thursday, 25th May, 2023

End of the call-in period is 5.00 p.m. on **Tuesday, 6th June 2023**. This decision will not be implemented until after this date and time.

Present:

Vice-Chair - Councillor Glyn Jones (Deputy Mayor, Portfolio Holder for Housing and Business) – In the Chair

	Cabinet Member for:
Councillor Nigel Ball	Portfolio Holder for Public Health, Communities, Leisure and Culture
Councillor Joe Blackham	Portfolio Holder for Highways, Infrastructure and Enforcement
Councillor Phil Cole	Portfolio Holder for Finance, Traded Services and Planning
Councillor Mark Houlbrook	Portfolio Holder for Sustainability and Waste
Councillor Jane Nightingale	Portfolio Holder for Corporate Resources
Councillor Sarah Smith	Portfolio Holder for Adult Social Care

Apologies:-

Apologies were received from Mayor Ros Jones and Councillors Lani-Mae Ball and Rachael Blake.

PUBLIC MEETING – SCHEDULE OF DECISIONS

Public Questions and Statements

Questions had been received from Councillor Nick Allen and Ms Lizzie Harewood.

In the absence of Councillor Nick Allen, the Deputy Mayor, Councillor Glyn Jones read out Councillor Allen's question as follows:-

'The figures regarding childhood obesity are quite alarming. What can the City of Doncaster do to help reverse this trend so that we are no longer 'getting worse'. When will we see an improvement, which seems so vital for Doncaster's young people?'

The Deputy Mayor thanked Councillor Allen for his question and read out the following response. A copy of the response would be forwarded to Councillor Allen:-

'Childhood obesity, and obesity in general, is a complex public health issue across the country.

Although weight may seem mostly determined by choices that people make for themselves and their families, research demonstrates that our weight is significantly influenced by multiple genetic, social and environmental factors.

The numbers of children and adults who are overweight and obese have risen over recent generations. This has been in the context of significant change to modern life including transport methods, urban environments, sport, exercise and food production. The creation of environments that promote consumption and reduce opportunities to be physically active are considered to be the main driver of the rise in obesity. Because of this, education and information on healthy eating and physical activity will only go so far in supporting people to maintain a healthy weight.

A whole systems approach to tackling obesity is likely to be a more effective way to reduce overweight and obesity prevalence in the population. This approach is having a positive impact in the Netherlands where they have taken an integrated, cross-sector, and cross-departmental actions driven by policy and delivered through local authorities, schools, medical professions, planning bodies, sports organizations, communities themselves, charities, and a responsible business sector.

What is clear is that there is no single solution, programme or service that can make a meaningful impact on reducing obesity prevalence at population level. A coordinated response at both a national and local level is essential if we are to see meaningful change.

Locally, in Doncaster, we are taking a whole systems approach to tackle obesity. This includes programmes like 'Get Doncaster Moving' that provides opportunities to be active in parks, green spaces, alongside sports and leisure facilities across Doncaster. We have licensing guidance in place to prevent an oversupply of takeaways in communities, or near to schools.

When new developments are planned, we require developers to complete a health impact assessment and we work with them to maximise opportunities for physical activity, but all of our local initiatives and policies must fit within the national planning policy framework.

Health visitors and school nurses work with families and can provide advice and support around weaning and healthy eating. In communities, we have cook and eat sessions that provide families with skills and confidence to create nutritious meals.

We will continue to deliver and develop compassionate, support mechanisms to tackle obesity. An innovative family food programme is being developed this year, which will work with families to support children to grow up with positive relationships with food.'

Ms Harewood was not in attendance at the outset of the meeting. The Deputy Mayor, Councillor Glyn Jones read out Ms Harewood's question as follows:-

'Although breastfeeding rates have improved in Doncaster at 6-8 weeks, they remain below average, with 33.5% initiation compared to 47.6% nationally during the first few

months. In what ways is the delivery of the HCP in Doncaster developing the 'high impact area' of breastfeeding? Young families in Doncaster will want to see the council support them to make healthy and financially thrifty choices regarding infant feeding. Therefore, how will Doncaster ensure that it reaches the rest of England in terms of 6-8 week feeding?'

At this point of the meeting, Ms Harewood arrived.

The Deputy Mayor thanked Ms Harewood for her question and provided the following response:-

'Breastfeeding is a complex issue, with multiple factors influencing a family's choice to breastfeed and continue to be breastfeeding for as long as they wish.

Support for parents is vital to enable initiation and continuation of breastfeeding. This includes sensitive conversations during pregnancy, skilled help after birth and ongoing guidance and social support.

Midwifery services, family hubs and delivery of the healthy child programme through Doncaster's Health Visiting service supports breastfeeding in a number of ways. There are early conversations with families in the antenatal period with midwifery and health visiting services and there is provision of specialist support for mothers experiencing difficulties in breastfeeding.

UNICEF Baby Friendly standards have been implemented across maternity, health visiting, and Family Hubs and various support mechanisms are in place in Doncaster communities, this includes breastfeeding support groups, trained volunteer breastfeeding peer supporters and breast pump loan schemes.

We also need to create a welcoming public environment, so that women feel comfortable breastfeeding in public and in the workplace. Our Public Health team run the 'We Support Our Mums' breastfeeding welcome scheme and any business or public space can sign up to this. The scheme makes it easier for breastfeeding mums to recognise where they will be welcomed to breastfeed their babies whilst 'out and about' in Doncaster.

As is the case with obesity, a whole systems approach to breastfeeding is also vital to ensuring breastfeeding is protected and supported at both a national and local level.'

Ms Harewood asked the following supplementary question:-

'With regard to the breastfeeding Peer Support Group, in 2016 I did some training sponsored by the Council to become a breastfeeding peer supporter. I, along with a pool of volunteers, helped out by attending local breastfeeding groups, to aid improvements and rates in breastfeeding at 6-8 weeks. There does not seem to be the same number of breastfeeding peer support groups as there were when I was a new breastfeeding mum. I feel that it has had such an impact on me and I am concerned by the scarcity of these groups.'

The Deputy Director of Public Health provided the following response:-

'It is excellent to hear that you have trained up and provided that service. In the response provided, you will have heard that peer support and women feeling comfortable

breastfeeding in public is a really important element of sustaining breastfeeding, initiating breastfeeding and women feeling confident. We know that we have got a good network of peer supporters. We do have some overview of who is out there and what skills they have. We do, however, want a more accurate understanding. We are just about to recruit a breastfeeding support coordinator, who will work across various services that we have got, including health visiting services, and will be based out in the community, including in family hubs. Additional funds that the Council have received around the family hubs have enabled this. They can't do this alone, so they will need that army of breastfeeding support, co-ordinators, workers and that initiative and knowledge in local communities, in terms of where is good and how to bring women together, and help them feel confident, so they will be able to provide again that support system, supervision and oversight. We support our mums programme. There is an active page on Doncaster Mumbler, so we want them to be able to use that as well to coordinate ways of working. In terms of additional investment, we will be keen when they are in post to pick up some of those informal strings of where we might have those skills and capacity.'

The Deputy Mayor thanked Ms Harewood for her question and the Deputy Director of Public Health for her response.

The Deputy Mayor also added that although breastfeeding is a natural function, some people hold differing views, and he emphasised the need to overcome issues around breastfeeding.

Decision records from the meeting held on 26th April, 2023 (previously circulated), were noted.

DECISION 1

1. AGENDA ITEM NUMBER AND TITLE

6. Healthy Child Programme for 0-5 year olds and procurement of Health Visiting and Smoking in Pregnancy services.

2. DECISION TAKEN

Cabinet:-

- (1) agreed the delivery model for Healthy Child Programme (HCP) for children aged 0 to 5 years old via health visiting and smoking in pregnancy services;
- (2) agreed to the commencement of a tender process to find a suitable provider, or providers to deliver the Healthy Child Programme, including, smoking in pregnancy services, for children aged 0 to 5 years old in Doncaster; and
- (3) approved the delegation of the contract award to the Director of Public Health, after consultation with the Portfolio Holder for Public Health, Communities, Leisure and Culture and subject to compliance with the Council's Contract Procedure Rules.

3. REASON FOR DECISION

Councillor Nigel Ball, Cabinet Member for Public Health, Communities, Leisure and Culture, introduced a report, which sought approval of the delivery model for the Healthy Child Programme for children aged 0 to 5 year olds and procurement of health visiting and smoking in pregnancy services.

The Council has a statutory duty under the Health and Social Care Act 2012 to deliver and commission public health services for children aged 0 to 5 years. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP via 5 mandated universal checks and assessments.

The Healthy Child Programme is a universal prevention and early intervention public health programme that aims to support parents at this crucial stage of life, promote child development, improve child health outcomes, and ensure families in need of additional support are identified at the earliest opportunity.

For most families, their needs will be met by the 5 universal visits. However, the service model allows flexibility to respond to need beyond the universal offer. There are examples and case studies included in the report that demonstrate how health visiting services have worked with families who needed additional support.

The health visiting delivery model for Doncaster incorporates additional elements to support specific health and wellbeing needs of Doncaster children and families including:-

- The smoking in pregnancy service that offers women and their families support to stop smoking and maintain a smoke free home environment from conception up to the child's first birthday
- An enhanced pathway that provides additional intensive support to parents with vulnerabilities
- The distribution of oral health packs and advice to all families in the first year after the birth of their baby.
- The distribution of free Healthy Start pregnancy vitamins to all pregnant women in Doncaster

The contracts for health visiting and smoking in pregnancy services are currently provided by Rotherham, Doncaster and South Humber NHS Trust (RDaSH), which are due to expire on 31st March 2024.

Delegated authority was also sought for the Director of Public Health, in consultation with Cabinet Member for Public Health, Communities, Leisure and Culture to award the contract support to comply with Contract Procedure Rules.

The report seeks approval to commence a tender exercise to re-procure Doncaster Healthy Child Programme, including smoking and pregnancy services.

All indications are that both health visiting and smoking in pregnancy services operate effectively, given the current ask and resource available. This view is supported in consultation with stakeholders.

Although Doncaster is below the national average for some child health outcomes, recent data indicates improved outcomes in a number of areas, including smoking during pregnancy, breastfeeding at 6-8 weeks, and tooth decay in 5-year-olds.

The report outlined that universal child health services such as health visiting and the smoking in pregnancy service played a key role in reducing health inequalities. Under the current specification, the services performed well against their contractual performance indicators and compared well against most standardised indicators to other regional and national services. For this reason, it was recommended that no major changes were to be made to the current delivery model.

To conclude, Councillor Ball asked Cabinet to support the recommendations in the report to retender the Healthy Child Programme for 0-5 year olds, using the current service delivery model, with minor amendments to improve offer in areas identified through consultation.

4. ALTERNATIVES CONSIDERED AND REJECTED

Option 2 – To retender Healthy Child Programme for 0-5 year olds using an alternative delivery model.

Option 3 – Do nothing.

5. DECLARATIONS OF INTEREST AND DISPENSATIONS

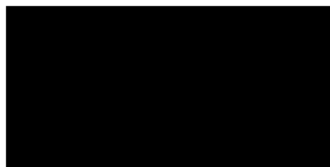
There were no declarations.

6. IF EXEMPT, REASON FOR EXEMPTION

Not Exempt.

7. DIRECTOR RESPONSIBLE FOR IMPLEMENTATION

Rachael Leslie, Deputy Director of Public Health.



Signed.....Chair/Decision Maker