



Agenda

To all Members of the

HEALTH AND WELLBEING BOARD

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

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

Date: Thursday, 7th March, 2024

Time: 9.00 a.m.

BROADCASTING NOTICE

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Items for consideration	Time/ Lead
1. Welcome, introductions and apologies for absence.	2 mins (Chair)
2. Chair's Announcements.	5 mins (Chair)
3. To consider the extent, if any, to which the public and press are to be excluded from the meeting.	1 min (Chair)

Damian Allen
Chief Executive

Issued on: Wednesday 28th February 2024

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

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| 4. | Public questions.

(A period not exceeding 15 minutes for questions from members of the public. PLEASE NOTE: Questions/Statements should relate specifically to an item of business on the agenda.) | 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 11th January 2024.
<i>(Attached – pages 1 – 10)</i> | 2 mins
(Chair) |
| 7. | Local Area SEND Strategy- Verbal Update.
<i>(Verbal Update/Cover Sheet attached – pages 11 – 12)</i> | 20 mins
(Martyn Owen) |
| 8. | Dental Update.
<i>(Presentation/Papers attached – pages 13 – 24)</i> | 40 mins
(Debbie Stovin) |
| 9. | Doncaster Health and Care Planning.
<i>(Presentation/Papers attached – pages 25 – 34)</i> | 30 mins
(Ailsa Leighton/
Ruth Bruce) |
| 10. | Health and Wellbeing Board Strategy.
<i>(Presentation/Cover Sheet attached – pages 35 – 36)</i> | 20 mins
(Clare Henry) |

For Information Only:-

- | | | |
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| 11. | Minutes of Health Protection Assurance Group Meeting held on 17th January 2024.
<i>(Attached – pages 37 – 46)</i> | |
| 12. | Director of Public Health Annual Report 2023.
<i>(Attached – pages 47 – 88)</i> | |

Date/time of next meeting: Thursday, 6 June 2024 9.00 am Council Chamber, Civic Office, Waterdale, Doncaster DN1 3BU

Members of the Health and Wellbeing Board

Name	Job Title
Cllr Rachael Blake (Chair)	Portfolio Holder for Children's Social Care and Equalities
Anthony Fitzgerald (V-Chair)	Executive Place Director (Doncaster), NHS South Yorkshire ICB
Cllr Nigel Ball	Portfolio Holder for Public Health, Communities, Leisure and Culture
Cllr Sarah Smith	Portfolio Holder for Adult Social Care
Cllr Cynthia Ransome	Conservative Group Representative
Dr Rupert Suckling	Director of Public Health and Prevention, City of Doncaster Council
Toby Lewis	Chief Executive RDaSH
Fran Joel	Chief Operating Officer, Healthwatch Doncaster
Richard Parker	Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Phil Holmes	Director of Adults, Wellbeing and Culture, City of Doncaster Council
Riana Nelson	Director of Children, Young People & Families, City of Doncaster Council
Chief Superintendent Ian Proffitt	District Commander for Doncaster, South Yorkshire Police
Ellie Gillatt	Group Manager, South Yorkshire Fire and Rescue
Dan Swaine	Director of Place, City of Doncaster Council
Dave Richmond	Chief Executive, St Leger Homes
Laura Sherburn	Chief Executive, Primary Care Doncaster
Lucy Robertshaw	Director (Arts & Health), Darts (Health and Social Care Forum Representative)
Dr Nabeel Alsindi	GP and Place Medical Director, NHS South Yorkshire ICB

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Agenda Item 6

CITY OF DONCASTER COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 11TH JANUARY, 2024

A MEETING of the HEALTH AND WELLBEING BOARD was held in the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER on THURSDAY, 11TH JANUARY, 2024, at 9.00 a.m.

PRESENT:

Chair - Councillor Rachael Blake, Cabinet Member for Children's Social Care and Equalities

Vice-Chair - Anthony Fitzgerald, Executive Place Director, NHS South Yorkshire ICB

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

Councillor Sarah Smith, Cabinet Member for Adult Social Care

Councillor Cynthia Ransome

Fran Joel, Chief Operating Officer, Healthwatch Doncaster

Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals (DBTH)

Phil Holmes, Director of Adults, Wellbeing and Culture, City of Doncaster Council

Dr Nabeel Alsindi, GP and Place Medical Director, NHS South Yorkshire ICB

Lee Golze, Assistant Director Partnerships & Operations, City of Doncaster Council (substitute for Riana Nelson)

Rachael Leslie, Acting Director of Public Health, City of Doncaster Council (substitute for Dr Rupert Suckling)

Lucy Robertshaw, Health and Social Care Forum

Also in Attendance:

Councillor Glynis Smith

Councillor Leanne Hempshall

James Woods, CEO of Citizens Advice Doncaster

Clare Henry, Public Health Principal, City of Doncaster Council

Dr Susan Hampshaw, HDRC Doncaster Director, Public Health, City of Doncaster Council

Carys Williams, HDRC Doncaster Coordinator, Public Health, City of Doncaster Council

Marie Rogerson, Public Health Registrar, City of Doncaster Council

Natasha Mercier, HDRC Doncaster Public Involvement and Community Engagement (PICE) Lead

Louise Robson, Public Health Lead, City of Doncaster Council

Ruth Bruce, Doncaster Place Partnership

99 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and invited all attendees to make introductions.

Apologies for the meeting were received from Dr Rupert Suckling, Riana Nelson, Dave Richmond, Ellie Gillatt and Toby Lewis.

The Chair welcomed James Woods, CEO of Citizens Advice Doncaster, to the meeting as an observer. She explained that James was not yet a formal member of the Board but would be joining in June, in recognition of the huge contribution that Citizens Advice made as an organisation to the Health and Wellbeing agenda.

100 CHAIR'S ANNOUNCEMENTS

The Chair, Cllr Rachael Blake, made the following announcement:

“As we go into 2024, I am very aware of the pressures that all organisations are facing but I am really hoping that all organisations will continue with the excellent partnership working that we have. When looking at the budgets that we have, it is always so easy to think about things such as prevention, supporting carers and the voluntary and community sector as something we don't always prioritise, but I would encourage everyone to carry on the excellent work we have done to date. Thank you also for your contributions to the Fairness and Wellbeing Commission. We now have a huge opportunity and responsibility this year to ensure that we start to take note of the Commission's recommendations and really see a step change in health and wellbeing and how people in Doncaster are supported to live the lives that they want to.”

101 PUBLIC QUESTIONS

While there were no questions from members of the public, the Chair asked whether any elected Members in attendance had any questions/statements.

Councillor Leanne Hempshall made a statement concerning the healthcare received by her Mother prior to her death on this date 7 years ago. This had involved her being admitted into Doncaster Royal Infirmary 3 times during a 7-week period for treatment to lower her calcium levels, caused by her having a benign tumour on her parathyroid gland. Councillor Hempshall explained that the surgery that her Mum had so badly needed was considered 'elective surgery' and she had been told she had to wait for the head and neck surgeon to return from his 4 weeks' leave, and it had not been possible to obtain the surgery at any alternative locations. Councillor Hempshall stated that at the subsequent Inquest into her Mother's death, it had been concluded that the cause of death was a pulmonary embolism due to hyperparathyroidism, in simple terms, a blood clot caused from being inactive due to being bedridden for several weeks waiting for an elective surgery. In light of the above, Councillor Hempshall put the following 3 questions to Richard Parker:

1. “Do we still only have 1 head and neck surgeon covering Doncaster and Bassetlaw and if they went on leave, would it be covered?”
2. How many staff vacancies do we currently have at Doncaster Royal Infirmary and has this figure improved over the last 7 years?
3. Does Richard Parker agree with me when I say people have died due to austerity in Doncaster?”

In responding to the points raised by Councillor Hempshall, Richard Parker began by explaining that staffing levels varied across the different medical specialties in acute hospitals, and in order to manage workloads, the various levels of surgery were prioritised. Where there were issues in terms of capacity, the normal practice would be to see if other NHS partners could carry out the surgery elsewhere for a particular patient.

With regard to austerity, it was recognised that a wide range of challenging factors, both locally and nationally, had impacted negatively on the provision of services and on the general health of those living citizens living in deprived communities, but Richard stressed that the biggest impact had come from the Covid-19 pandemic in relation to its impact on NHS waiting times for patients.

Richard concluded by stating that he would be happy to look in more detail at aspects of the case described by Cllr Hempshall and provide a full response if Cllr Hempshall provided him with further details.

102 DECLARATIONS OF INTEREST, IF ANY

There were no declarations of interest made at the meeting.

103 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9TH NOVEMBER 2023

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9th November 2023, be approved as a correct record and signed by the Chair.

104 HEALTH AND WELLBEING STRATEGY - VERBAL UPDATE

The Board received a verbal update and presentation by Clare Henry on the development of a revised Health and Wellbeing Strategy. It was reported that Doncaster's Health and Wellbeing Strategy was overdue and required an update to reflect the significant events and changes that had taken place since its completion in 2016.

CDC & Doncaster ICB were collaborating on a comprehensive and integrated approach to addressing the health and wellbeing challenges in Doncaster. This would include the co-production of:

- a 5-year plan for Health and Care across Doncaster
- a new Health and Wellbeing Strategy

The presentation covered a range of points, including the background and journey so far in developing the strategy, the headlines and potential challenges in relation to findings from the data and the JSNA, resident voice (a summary of who had been consulted and engaged with, the methods of engagement and main findings), emerging themes, the six priority areas identified, potential report structure and next steps.

The Board noted the following timeline for developing the Strategy:

- 11th January update to HWBB on progress to date

- 15th January – Place Priority Session - CEOs
- 18th January – LGA – what can they offer, what do we want to achieve
- January - Gather “story behind the data” from colleagues
- 3rd & 24th Jan, 5th & 6th Feb - Resident writing panel
- 9th February Development Session to:-
 - Agree priorities, identify areas of focus or specific action
 - Start conversation about role of HWBB and potential for LGA support
- Plan socialisation of strategy
- Finalise report, design and approval process

With regard to the Board’s development session on 9th February, it was noted that the LGA would be approached to determine if they could provide some support to assist the Board in reviewing its role and how this might be developed in the future.

The officers then answered a wide range of questions on the presentation and the Board discussed various issues raised, including the following points:-

- In response to a question from Councillor Sarah Smith on the data behind the numbers of children killed or seriously injured on the roads, as highlighted in the presentation, Clare Henry explained that further information as to the details behind these statistics was needed, so they were intending to carry out a ‘deep dive’ of this issue. However, she confirmed that early indications were showing that the number of children being injured on roads in Doncaster was higher than the England average and those of CIPFA neighbour authorities. Councillor Smith pointed out that the ICP Strategy was also looking at the issue of young people injured on roads and she stressed the importance of ensuring that this strategic focus translated into tangible benefits and investment to help alleviate the situation in Doncaster. In response, Clare Henry stated that she was liaising with ICP colleagues to strengthen links and ensure that this work was joined up. In addition, the public health team worked closely with the Council’s road safety team in this area of work. Lee Golze stated that his team would pursue this issue from an education and schools perspective, including looking at the locations of school crossing patrols, to see if any improvements could be made.
- Rachael Leslie outlined the work being carried out by partners at a South Yorkshire level, including the Health Equity Advisory Panel, of which the 4 South Yorkshire Directors of Public Health were members, and she gave an assurance that steps were being taken to ensure that Doncaster was represented and focussed on, where required, in any joint working.
- Councillor Glynis Smith asked a question in relation to engagement with residents and whether those individuals living in the most deprived areas of the City had been consulted, given the wide disparities in life

expectancy figures across Doncaster. She also asked if figures for the resident engagement could be provided. In response, Clare Henry confirmed that engagement had been carried out by a wide range of partners across different communities and a wide range of residents, so it was difficult to provide precise information, but she stressed that every effort had been made to engage with residents from all backgrounds, including those living in the most deprived communities. Fran Joel stated that Heathwatch Doncaster had ensured that engagement carried out with residents was meaningful in terms of obtaining useful and deep information and speaking to the people whose voices needed to be heard. She added that details of numbers of people who had been engaged with could be provided to Councillor Smith.

- In looking ahead to the Board's development session in February, Board Members agreed that it would be a useful opportunity to revisit this Board's relationship with the Integrated Care Partnership and to consider the statutory role of the Board. It was also noted that the content of the Health and Wellbeing Strategy would be considered at that session, along with methods of delivering the Strategy outcomes.
- During discussion on the need to ensure linkages between the different strands of work being undertaken, and the various Boards in operation, the Chair highlighted the importance of Board members having those conversations within their various Boards and at the ICP meetings to ensure that this work was joined up, both at Place level and on a wider South Yorkshire level.
- In referring to some of the data highlighted in the presentation with regard to road safety (including children killed or seriously injured on roads) and safety in the home and in communities, the Chair stated that she wished to ensure that the Police and the Council's Director of Place were in attendance at the development session in February, to enable a meaningful discussion to be held. She also hoped to engage with the South Yorkshire Mayoral Combined Authority to enable a discussion regarding scope for improving the provision of public transport in Doncaster.

After the Chair had expressed the hope that the issue of the healthy life expectancy of women in Doncaster continued to be given priority going forward, and had also asked that the resident writing panel working on the Health and Wellbeing Strategy be encouraged to produce an easy-to-read and measurable document, it was

RESOLVED:

1. To note the update and the content of the presentation;
2. To endorse the proposals for the additional Board development session to be held on Friday 9th February 2024; and
3. That Board Members commit to attending the event on 9th February to ensure the session is useful in its purpose.

The Board received a presentation by Susan Hampshaw and Carys Williams on the Health Determinants Research Collaboration (HDRC), which provided a summary of the work done to date, the principles and approaches being taken and an overview of next steps.

It was noted that Doncaster's bid for funding towards the HDRC had been successful, with just over £5m having been received from the National Institute for Health and Care Research (NIHR). The NIHR funding represented significant investment to enable Councils to become more research active and embed a culture of evidence-based decision making. Hosted by City of Doncaster Council and in collaboration with our partners at the University of Sheffield and Sheffield Hallam University, the aim was to reduce health inequalities and address the wider determinants of health through our work and approaches.

The overall vision was to focus on growing capacity to develop and use knowledge within our decision-making processes to lead to better outcomes for the local population.

In welcoming the aims of this initiative, Councillor Sarah Smith stated that she was a huge advocate for embedding more research into local government, as although research work was being undertaken by officers, it often lacked the support structure to enable this work to progress to the next level. She also felt that the HDRC would have a positive impact in terms of fostering a culture of upskilling staff in research, which in turn could help to attract and retain staff and boost morale and ultimately benefit the Council as a whole and its residents. Councillor Smith also emphasised the importance of encouraging co-production with service users and residents in research projects, and also using fun methods of delivery, citing as an example breakfast learning research sessions which were an effective means of encouraging collaboration, connecting people, and of celebrating the work being undertaken by staff.

Phil Holmes felt that there was more that could be done by leaders to encourage their staff to take up the research opportunities that were being presented by the HDRC in order to ensure that the full benefits and potential of this initiative were obtained. He felt that this needed to be treated as a priority by leaders rather than taking a passive approach by simply encouraging and supporting those staff who showed an interest. In response, Susan Hampshaw explained that a staff survey had been conducted to identify where any training needs were in this sphere of work and confirmed that senior leadership could assist by actively championing research with staff via the Personal Development Review process. She added that it was also intended to carry out a research priority exercise through this Board and across the wider Council.

Dr Nabeel Alsindi queried whether the HDRC could be used as a resource to carry out some work around differential investment with a health inequalities lense, as this was an area of work that had not been fully pursued by the NHS. In reply, Susan Hampshaw stated that she would be happy to discuss this in more detail with Dr Alsindi outside the meeting with a view to identifying how the HDRC might be able to assist.

In summarising the potential benefits of the HDRC and resulting research work, Rachael Leslie highlighted that projects such as this often acted as a magnet in attracting additional funding and resource opportunities.

The Chair stated that she hoped that this research work would link into the priority areas that the Board and partners wanted to focus on, such as looking at life expectancy data, together with the outcomes identified by the Fairness and Wellbeing Commission. She felt that the HDRC was a great opportunity and that it therefore should be celebrated and utilised as much as possible by everyone. To this end, the Chair offered to write out to all partners encouraging them to take up this opportunity presented by the HDRC and to consider how research could assist their respective organisations. It was also suggested that Board members could give further consideration to the research opportunities at the Board's development session on 9 February.

RESOLVED that the Board agree to:-

- 1) Champion evidence informed and evidence supported decision making;
- 2) Ensure that the Health and Wellbeing Strategy for Doncaster is evidence informed;
- 3) Provide suggestions for opportunities to update members and other forums on the work of the HDRC and the support we can offer; and
- 4) Support a research priority exercise through the Board.

106 HEALTH NEEDS ASSESSMENT: PEOPLE FROM AN ETHNIC MINORITY BACKGROUND

The Board received a presentation by Marie Rogerson and Natasha Mercier which gave an overview of the findings of the latest Health Needs Assessment for People from an Ethnic Minority Background and summarised the recommendations and next steps.

It was reported that the Minority Partnership Board was developing a new action plan. A stakeholder workshop was to be held in a few weeks (date to be confirmed) to develop the plan. In the meantime, Board members were asked to let Marie, Natasha or Jonathan Goodrum know the names of the leads from their respective organisations who would be attending this event. It was also proposed that oversight of the action plan would rest with the Health and Wellbeing Board, with regular updates being brought to the Board's meetings going forward.

During discussion, Dr Nabeel Alsindi queried whether there was scope for carrying out a more detailed breakdown and analysis of this data, if not done already, in order to look at the statistics according to age and gender of individuals to help identify any particular trends in areas such as healthy life expectancy and flu vaccination uptakes across specific genders, age groups or communities. In response, Marie explained that it was possible to break down the data relating to genders through the census data, however, officers did not have access to the other health service data and this was an area she hoped could be improved upon in conjunction with partners to enable this data to be analysed. Regarding flu vaccinations, it was acknowledged that there was less uptake amongst certain ethnic minority communities and work was ongoing

with those communities to offer assurances to help increase participation in the vaccination programme.

Phil Holmes stated that this was a very timely discussion in light of the Team Doncaster session held yesterday on anti-racist practice. He explained that partners at that session had committed to a 10 point plan to address promotion of anti-racist practice across their respective organisations and it was intended to reconvene on 20 March to report back on progress. He felt that the question now was how to connect these two areas of work together so that they reinforced each other. In reply, Natasha Mercier stated that she had also attended the Team Doncaster event and agreed that there were linkages. She advised that together with her colleague Arshad Khaliq, she would be able to look at both these pieces of work in order to strengthen the connections and ensure that they complemented each other.

Councillor Sarah Smith also spoke of the importance of ensuring that all the relevant strands of work were connected. She felt that much of this work was very data-based and therefore felt that it was also important to have a humanities, qualitative understanding of the issues and she suggested that this Board could play a role in overseeing the various pieces of work and ensuring that everything was joined together. In reply, Rachael Leslie explained that Dr Victor Joseph, who was unable to attend today's meeting, would be able to assist in ensuring that these areas of work were joined up.

The Chair stressed the importance of using the information from this report to understand where the gaps were in data and in service provision, such as access to translation services. She referred to recommendation 2 (see below) and emphasised that it was important that partners were honest about where data was still needed. She also highlighted the need for partners to ensure that the right people were engaged in this process, to enable the necessary system change and deliver on the actions identified. She felt that targets needed to be smarter and that assertive rather than passive recommendations were needed. She also expressed the view that a bold approach was needed in terms of partners having open and honest discussions in the future to ensure that success was measured effectively and that any shortfalls in meeting targets were addressed.

Subject to the above comments/actions, the Board noted the findings and

RESOLVED to endorse the following recommendations:

- 1) Develop a refreshed ethnic minorities action plan that addresses the key themes arising from this HNA, with clear owners, timescales and indicators for each action;
- 2) Continue to improve the collection, quality, reporting, sharing and linkage of ethnicity data relating to health and wellbeing, building on the learning and good practice developed during the COVID-19 pandemic;
- 3) Embed regular communication and engagement with local ethnic minority communities to ensure services are accessible, needs can be identified on an ongoing basis, and solutions can be co-produced;

- 4) Ensure the needs of ethnic minority communities are taken into account when developing the new Health and Wellbeing Strategy and Doncaster 5 Year Plan.

It was noted that next steps would be to discuss this further at the Board's development session in February, prior to receiving a further report at this Board's meeting on 7 March 2024.

CHAIR: _____

DATE: _____

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Subject: Local Area SEND Strategy- Verbal Update

Presented by: Martyn Owen

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

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		Yes
Finance		
Legal		
Equalities		
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
I will update on progress made by the Local Area SEND Strategy. This will include how children and young people have their needs identified and met within schools and changes to the way that agencies and schools will support them in the future.

Recommendations
The Board is asked to acknowledge the update.

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Subject: Dental Update

Presented by: Debbie Stovin, Dental Programme Lead, South Yorkshire ICB

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

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	Yes
	Mental Health	No
	Dementia	No
	Obesity	No
	Children and Families	Yes
Joint Strategic Needs Assessment		Yes
Finance		No
Legal		No
Equalities		Yes
Other Implications (please list) Tackling oral health inequalities and access to dental services are of significant concern for the people we serve and have a significant impact on health and wellbeing.		

How will this contribute to improving health and wellbeing in Doncaster?
The purpose is to provide an overview of the governments Dental Recovery Plan https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry , and an update on the ongoing work across South Yorkshire in dentistry outlining the current position, challenges and the developments that have been underway through system working.

Recommendations

The Board is asked to:-

- Note the content of the presentation and confirm it is assured on the steps being taken to improve access to dental services.



Doncaster Health & Wellbeing Board

7th March 2024

DENTAL UPDATE





The Dental Recovery Plan

'Faster, simpler and fairer: our plan to recover and reform NHS Dentistry' was published by the Government and NHS England. This plan commits up to £200m of non-recurrent funding in 2024/25 to support access to NHS dentistry and improve preventative care.

The Plan has three broad elements:-

- **Prevent poor oral health** by promoting better oral health in Family Hubs and settings that provide Start for Life services
- Address an urgent need to **boost access and activity** with an immediate impact
- Support and develop the whole dental workforce and **build capacity for the long term** which includes more dental therapists, hygienists, dental nurses and dentists able to treat more patients



1. Preventing Poor Oral Health (Public Health & Local Authority led initiatives)

Smile for Life: a new prevention programme for oral health focused on younger children

- Interventions include:
 - promoting prevention initiatives in Family Hubs to improve the oral health of pregnant mums, and guidance for parents on children's oral health
 - support for early years settings to incorporate oral hygiene routines
 - mobile dental teams being deployed into schools in under-served areas to provide advice and deliver fluoride varnish

The Government plan to take forward consultation on expanding a water fluoridation programme:

- Reduce the number of tooth extractions due to decay in most deprived areas of the country
 - a consultation on expanding water fluoridation in the North-East



2. Addressing an urgent need to boost access and activity

Interventions include:

- An increase to the minimum Unit of Dental Activity (UDA) value to £28 from 1st April 2024
 - Y&H tariff £34.31.
 - 7 SY practices are on less than £28 per UDA – all will be uplifted from 1st April 2024, retaining current levels of contracted activity resulting in uplift of the TCV.
- A new patient premium paid to practices for appointments with **new** NHS patients (1/3/24 - 31/3/25)
 - Band 1 = £15 per patient
 - Band 2 and 3 = £50 per patient
 - ultimately enables practices to achieve contract target sooner, potential risk on contractors who are achieving their contracts that access may be reduced for the regular patients who attend
 - Practices can 'Opt in' or 'Opt out'
- A dental van service – SYICB are not *identified for this initiative*
- 'Golden Hello' payments to attract dentists to areas of need - £20k over 3 years. *Locations not yet decided. Awaiting further guidance.*



3. Supporting and developing the whole dental workforce, and building capacity for the long term

- **Encouraging better ways of working & skill mix:**
- The plan commits to workforce growth and development in line with the Long-Term Workforce Plan:
 - Supporting and developing the whole dental workforce using the skills across the entire dental clinical team - **In SY flexible commissioning arrangements enable practices to make better use of the skill mix, plans in place to expand this way of commissioning**
 - Bringing forward legislation to enable dental care professionals to work to their full scope of practice – awaiting legislation change
- **Delivering the NHS Long Term Workforce Plan:**
 - Expansion of dental undergraduates training places by 40%
 - Consult on 'tie-ins' to NHS for dentist graduates
 - Expand dental therapy and dental hygiene undergraduate training places by 28%
 - Encourage more dental nurses and technicians into programmes
 - Making it easier to recruit more overseas dentists – **in SY there are plans in development to do this.**
 - **ICB developing SY workforce plan.**



Dental Funding

Existing dental funding

SY dental budget in 2023/24 is £112.7m per year. SY agreed non-recurrent spending of **£4.3m in 2023/24** to fund urgent access sessions in primary care and estimated **£12.2m non recurrent in 2024/25** (subject to change) as the year end position is confirmed.

Ring fence of NHS Dental budget for 2024/25

Impact of recovery plan

We don't yet know how much of the plan will be centrally funded and how much may need to come from existing ICB allocations.

The publicised funding for the national plan is £200m in 2024/25

More detail is to follow from the NHSE team.

Dental Services Board Paper – 6th March 2024

Purpose:-

- Update on ongoing work (challenges, current position, developments)
- To seek support on 3 key principles:-
 1. Commitment to utilise the ring-fenced funding for dental services (as per National commitment) including non-recurrent monies (commonly known as clawback), with a proportion on a two-year basis.
 2. Commitment to take a level of risk on more innovative ways for commissioning of services, building on existing flexible commissioning approaches.
 3. Support for the priorities identified from the dental budget and outline of the principles of the investment plan for 2024/25.



Developments:

- Flexible Commissioning – *population evidence-based prevention*
 - *Review by ICBs to be more ambitious underway*
- Urgent Access Sessions for patients experiencing poorest oral health
- Improving access for those experiencing homelessness
 - *started Nov'23 in Doncaster from The Flying Scotsman*
- SYB Acute Federation Paediatric Innovator Programme (Dental)
- 2 Week Wait electronic referrals – *launch in 2024/25 Q1*
- Dental practice service reviews – *securing NHS dentistry, improving patient access e.g. NHS111 appt slots, extended hours*



Commissioning Intentions 2024/2025

Key principles:-

- Current non-re-current programmes extension up to a further 12 months
 - Flexible Commissioning
 - Urgent Access Sessions
 - Homeless pilots
- Utilising evidence from the Oral Health Needs Assessment/locality profiles
- SY Dental Stakeholder Event feedback on priorities
- Consultation with Local Dental Committees and Local Dental Network



Key Priorities

- Improving access for patients
- Workforce Initiatives
- Children and Young People
- Orthodontics
- Domiciliary / Housebound
- Digital *(longer term/recurrent commitment required)*
- Community Dental Service *(longer term/recurrent commitment may be required)*



Subject: Doncaster Health and Care Planning

Presented by: Ailsa Leighton and Ruth Bruce

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

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

How will this contribute to improving health and wellbeing in Doncaster?
The presentation shares an update on the NHS planning approach and the process being undertaken for 2024/25. It also includes progress of the '1 Doncaster Plan' for Health and Care for 2024-29.

Recommendations
The Board is asked to:- Note the updates and endorse continuation of the approach presented.

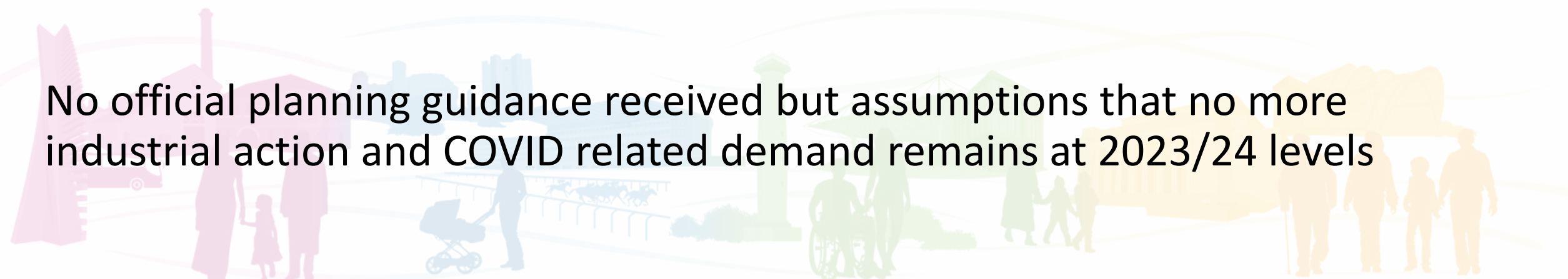
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OPERATIONAL PLANNING 2024/25

3 planning submissions:

- 27th February – flash report (see next slide)
- 21st March – full submission
- 2nd May – final submission

No official planning guidance received but assumptions that no more industrial action and COVID related demand remains at 2023/24 levels





Activity / Performance Related Requirement – All ICB Level

Requirement	Aspiration	Current Position*	SY Plan (Feb Submission) Doncaster	Comments
A&E 4 hour performance	76% March 24 and 77% by March 25	<i>Dec-23:</i> 65.7%	March 24 – 77.2% March 25 – 78.1%	Compliant with national aspirations
Number of RTT 65+ week waits	0 by September 24 at the latest	<i>Nov-23:</i> 1143	0 by September 24 (0 by July 24)	Compliant with national aspirations
Value weighted activity (as a % of 19/20)	103%	<i>Apr-Sep 23:</i> 102.3%	103% (103.7% Bassetlaw included)	Compliant with national aspirations
Cancer 62 day performance	70% by March 25	<i>Nov-23:</i> 61.9%	March 24 – 62.3% (70.2%) March 25 – 74.3% (75.2% local stretch)	Mar-25 compliant with national aspirations, Mar-24 aspiration not clearly stated was indicated as 70% when cancer targets were changed in Oct 23 but 24/25 interim guidance indicates this is now 70% by Mar-25
G&A available beds annual mean	Maintain peak increase in capacity	<i>Jan-24:</i> 3336	3249 (700)	May need further discussion as Plan is below Jan-24 position but plan is annual mean and guidance does not contain bed number aspirations only a reference to maintaining peak increase.

*Taken from template



KEY PLANNING ASSUMPTIONS

NB bold already reported in Feb flash report. Draft assumptions only at this stage

- Continue to improve access to primary care and improve waiting times for community services
- Recover dental activity
- **Improve A&E performance a minimum of 77% of patients to be seen within 4 hours**
- Category 2 ambulance response times no more than 30 minutes
- Maintain peak increase in capacity – beds, virtual ward, intermediate care and ambulance capacity
- **No waits for planned care over 65 weeks by September 2024**
- **Improve cancer performance against the 62 day standard to 70% by March 2025**
- Improve performance against 28 day faster diagnosis standard to 77% by March 2025
- Increase % of patients receiving diagnostic test within 6 weeks compared to 23/24
- Continue with 3 year delivery plan for maternity and neonatal services



KEY PLANNING ASSUMPTIONS

- Mental health – increase delivery of full annual physical health checks, expand access to talking therapies, and individual placement support services
- Mental health – improve patient flow to reduce pressure in crisis and acute care; meet mental health investment standard
- Ensure 75% of people aged 14+ on a GP learning disability register receive an annual health check and health action plan
- Reduce the number of autistic people in a mental health inpatient setting compared to 2023/24 and the number of inpatients with a learning disability
- Continue to address health inequalities and deliver on Core20plus5 approach including increasing % of high risk patients with hypertension on lipid lowering therapies
- Enablers – improve retention and staff attendance, implement long term workforce plan and reduce temporary staff use; build digital maturity with a focus on upgrading electronic patient record systems, NHS app as digital front door; financial balance and improved productivity/efficiency



What is emerging?

Access and Equity

Primary Care

Location of services – embedded in communities

Transport, costs, distance to travel

Translation and language

Openness, relationships and trust

Understand and navigate - what is available

Digital Inclusion

Personalised services, individual

Education and support to access

Mental Health and wellbeing

Community safety and environment

Barriers to employment (language)

Proactive with prevention not reactive

Young people's voice

Women's help

Joint Strategic Needs Assessment (JSNA)

Life expectancy and healthy life expectancy

(Women's Health)

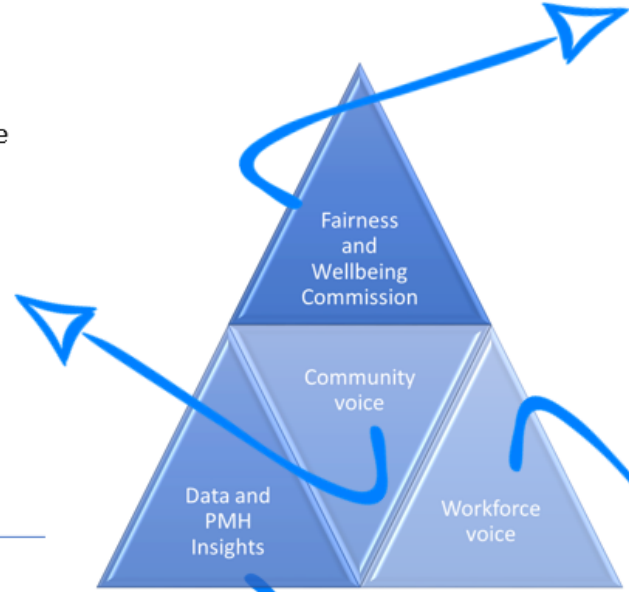
Deprivation

Preventable disease

Overweight and obese children, inactivity, diet and nutrition, Alcohol,

Smoking

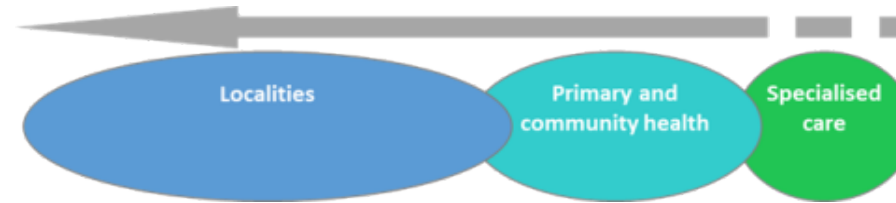
Mental Health and Wellbeing



1. Create a fair and empowering future for Doncaster's **Young People**
2. Early help for life's tipping points in Doncaster
 - Early community approach
 - Trusted support in communities
3. Tackling In-Work Poverty to Improve the Lives of Doncaster Residents
 - Everyone in Doncaster has a fair chance to **succeed and develop in employment**
4. **Equity in access**
 - Develop locally based **trusted** accessible support for residents
 - Promote **Kindness and Compassion**
 - Help Doncaster residents adapt and use modern **technology**
 - **Transform Doncaster's Public Transport**
5. Enablers for change
 - Understanding Intersectionality of Inequality
 - Building **Trust** and Community Participation

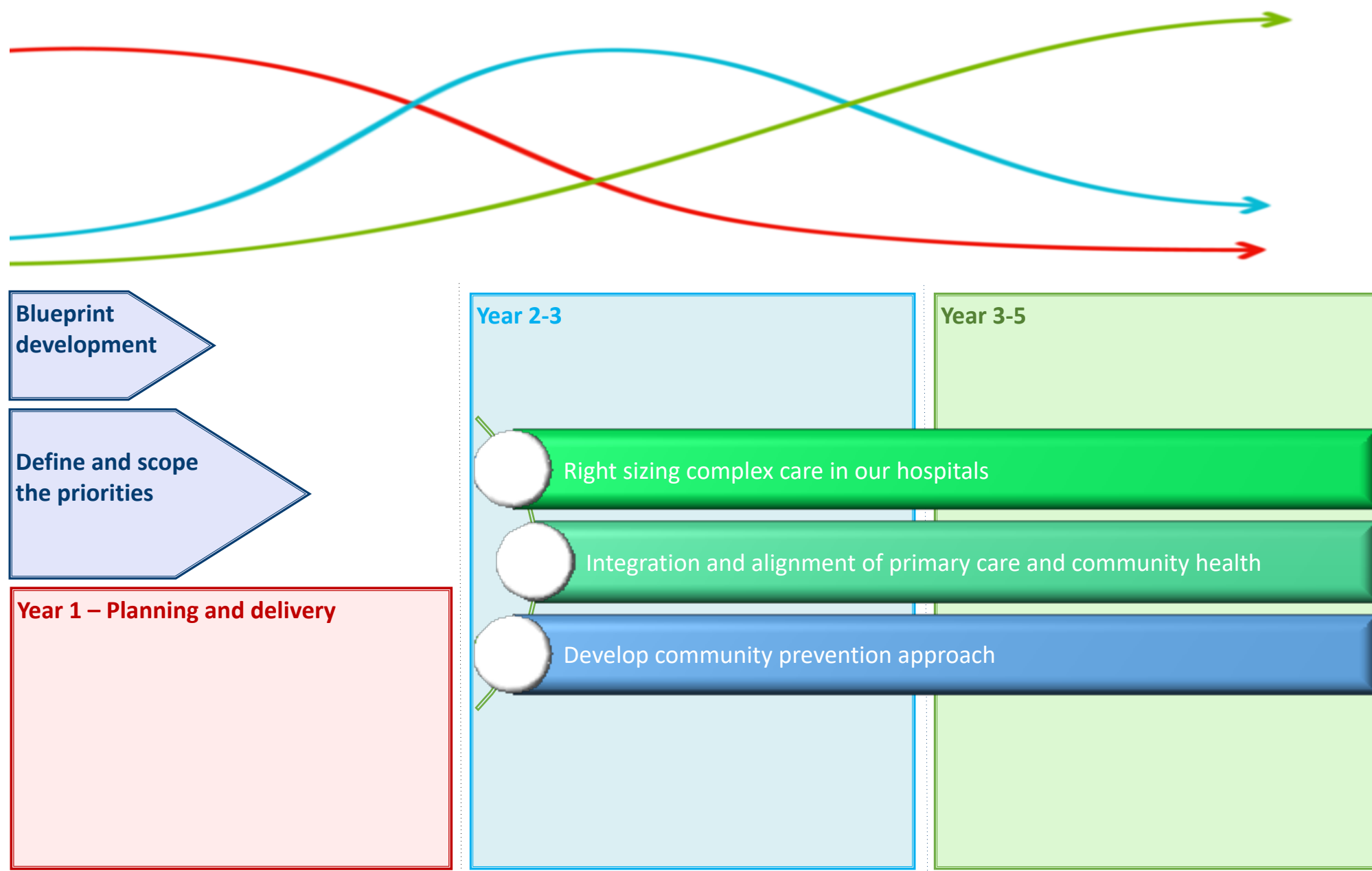
“Co-located working within our communities would enable conversations on a daily basis”
 “Be open about our challenges – money and workforce”
 “Use **kinder language**”
 “Understand the common purpose”
 “Align with 3rd sector as partners”
 “Maximise cross partnership expertise”
 “Work upstream with **trusted** partners”

Doncaster Place – Emerging Priorities



Working as partners– 'do it once, do it together'





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Subject: Health and Wellbeing Board Strategy

Presented by: Clare Henry

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

Implications	Applicable Yes/No															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">DHWB Strategy Areas of Focus</td> <td style="padding: 5px;">Substance Misuse (Drugs and Alcohol)</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td style="padding: 5px;">Mental Health</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Dementia</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Obesity</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Children and Families</td> <td></td> </tr> </table>	DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)			Mental Health			Dementia			Obesity			Children and Families		
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)															
	Mental Health															
	Dementia															
	Obesity															
	Children and Families															
Joint Strategic Needs Assessment	Yes															
Finance																
Legal																
Equalities	Yes															
Other Implications (please list)																

How will this contribute to improving health and wellbeing in Doncaster?
<p>The development of a new Health and Wellbeing Strategy will collate and analyse relevant data, insight, and evidence to inform the development of a set of priorities for the board. These priorities will aim to address some of the key health and wellbeing challenges for Doncaster residents.</p>

Recommendations
<p>The Board is asked to:- Provide feedback on the revised priorities that were developed in the workshop held on the 9th February. Consider and discuss the next steps outlined for the board to develop how to implement the new strategy.</p>

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Subject: Health Protection Update for Meeting held on 17th January 2024.

Presented by: Dr Victor Joseph, Consultant in Public Health, and Chair of Doncaster Health Protection Assurance Group

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

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

How will this contribute to improving health and wellbeing in Doncaster?
<p>This Health Protection update report covers the quarter up to 17 January 2024.</p> <p>Doncaster Council assumed the statutory responsibility for health protection when Public Health transferred from the NHS to Local authority in April 2013. Since then, there has been in place Health Protection Assurance Group to provide assurance on health protection in the borough, bringing together the relevant partners.</p> <p>This Health Protection update provides Doncaster Health and Wellbeing Board with assurance that the duties of protecting the health of the people of Doncaster are effectively being undertaken. The update covers the following:</p> <ul style="list-style-type: none"> • COVID-19;

- Measures to prevent and control infections in hospitals (DBTH and RDASH) and the wider community including care homes;
- Infectious disease surveillance report;
- Surveillance Report
- Screening programmes
- Vaccination programmes
- Tuberculosis

Recommendations

The Board is asked to:-

- Note the update on health protection measures being taken to protect the health the people of City of Doncaster Council.



City of Doncaster Council

Meeting Minutes

Meeting: Health Protection Assurance Group
Date/Time: Wednesday 17th January 2024
Venue: Microsoft Teams Virtual Meeting
Attendees: Dr Victor Joseph, City of Doncaster Council, Public Health (Chair)
 Mim Boyak, DBTH
 Dr Ken Agwuh, DBTH
 Scott Forbes, City of Doncaster Council, Air Quality
 Mathew Julien, City of Doncaster Council, Air Quality
 Kathy Wakefield, NHS England North East and Yorkshire
 Dr. Omotewa Kuforiji, NHS England North East and Yorkshire
 Emma Gordon, City of Doncaster Council, Environmental Health
 Alison Swift, RDaSH
 Sally Gardiner (SG), City of Doncaster Council (Note Taker)

Items for Discussion		Lead
1	Welcome and Apologies Apologies were received from Helen Conroy, Sarah Atkinson, Adam Fretwell and Sally Spridgeon-Davison. The group members were welcomed and introductions took place. Welcomed both Kathy and Omotewa replacing Sara Gill and Matthew supporting Scott.	
	Declaration of Interest None were declared.	
3	COVID Incident Rates and Log Keep on the agenda but no national reporting updates available now. Aware of covid in care homes and wider public. Noted the process of covid reporting no longer happens. Mim noted cases of watch and wait in care homes; main issues have been Diarrhoea and Vomiting (D&V). Just a couple of care homes are in outbreak currently.	
	Minutes of Last Meeting and Matters Arising Gap analysis: Document was resent. Measles uptake: Victor advised action was completed by Carrie/Sarah. Ethnicity data screening: Kathy advised ethnicity data is not included in the data they collect; vaccinations use in 'ImmForm' by programme and age not demographic or ethnicity; she said it may be available through the MMR. Victor advised the work is being done with the traveller/gypsy network group looking into how we can get this information. Kathy advised it's just not collected and would be an additional ask for primary care to do and not straightforward as not recorded for everyone only started a couple of years ago. Not a robust data collection. She mentioned that child health may hold that information. Victor said he was under the impression it was collected. Action: Kathy will ask Daniel Miller (NE PH Analyst) the question if for MMR not any other childhood programmes or other programmes.	KW

	<p>Syphilis cases increasing: Noted increase in cases since autumn; there have been 2 outbreak control meetings. Number of cases did increase from July to present day. After the last quarter there were 16 cases linked to commercial sex workers. 30 cases in total in Doncaster, which included those not linked to sex workers. Actions are in place to manage this through the outbreak control meetings and management actions have been agreed.</p> <p>Suicide Prevention Report: Helen has updated report links. (post meeting note)</p>	
5	<p>Health Protection Assurance and Monitoring Reports</p> <p>Infection, Prevention and Control</p> <p>DBTH Care Homes Mim talked through the report, noted:- Achievements were:- 1 respiratory outbreak in care homes between October and December 2023, receiving a visit within 48hrs of notification. In addition to respiratory outbreaks, we have managed 3 D and V outbreaks this quarter. This includes daily contact with the home to offer support and update on cases. All 3 had a visit within 24hrs of notification. We supported and visited on numerous occasions, a scabies outbreak within the community. IPC attended meetings to support/advise the ICB with regards to dispensing of medication etc and to monitor the outbreak. Supported Asylum Seekers in relation to ongoing Scabies Outbreaks. Continued visibility of the IPC team, we have completed 190 care homes visits between October and December 2023, 153 of these undertaken by an IPC nurse specialist or practitioner and 37 of these completed by an IPC healthcare assistant. Continued to support 3 older people's homes more frequently than 4-6 weekly, following concerns. All older persons homes have received a 4 – 6 weekly visit, all LD homes have received a quarterly visit and 64 out of 105, 60%, of supported living homes have received their second Bi-yearly visit. Environmental auditing for 2023/24 continues for older persons and learning disability homes, 10 older persons and 9 learning disability homes have had their audits completed in this quarter. An additional 6 supported living homes have had an environment audit completed. Left to do is 8 older persons, 6 LD homes and 1 SL and on track to do these. Education through monthly Question and Answer sessions provided to managers and link nurses of all care homes. Prompts and reminders sent to homes who have had limited attendance to the Q&A sessions. Social media is being used two to three times weekly to promote good practice, guidance updates, hydration project etc. Follow up of any Clostridium Difficile Infection (CDI) patients from symptoms and treatment perspective who are discharged into the care homes from DBTH. Additional hydration (drinking enough water) project work, encouraging hydration champions, getting staff to recognise the importance of hydration and being proactive. Audit on antibiotics, asking information from care homes. Was a sample sent before they started on antibiotics and able to intercept where noticed resistance. So good piece of work and will continue with. Have got 2 nurses on the prescribing course and looking to roll this out over next few years to get more through the prescribing course. Challenges were:- Two new IPC specialist nurses appointed within the team, they're doing really well so not really a challenge. Changing guidance for isolation, mask wearing, testing etc. Managing a scabies outbreak – within a community setting which have been discussed before.</p>	

<p>Kathy asked if the screening/immunisation team can be linked in when there is a flu outbreak in a care home so that the flu vaccination uptake can be looked at particularly in terms of herd immunity. Mim asked who should be notified. Action: DBTH to email the team duty desk `england.sybsit@nhs.net`.</p> <p>Victor asked about level of attendance for education groups. Mim confirmed its very good attendance but not sure of numbers exactly.</p> <p>DBTH Mim talked through the report, noted:-</p> <p>Challenges: To have no further MRSA Bacteraemia cases. Noted had 2 cases. To minimise cases of CDI. To keep within trajectory of 42 cases. Noted not being met, now on 49 this is a real challenge having had 14 cases reported in this quarter. We are learning from post-infection reviews (PIRs), around prescribing issues, there were 4 cases where we think we could have done better and have fed back through governance processes. We have better attendance at microbacterial meetings. We are looking at job descriptions to get a specific antimicrobial nurse for the team. Want to Increase CPE (Carbapenemase-producing Enterobacterales) screening which did in last quarter got up to 800, it's down to 500 this quarter but guidance has changed, we were doing 3 screens now do 1 as required so this accounts for some reduction.</p> <p>Achievements: Deep cleaning – Schedule and Standard Operating Procedure (SOP) now in place and deep clean in progress. Surgical site infection (SSI) surveillance is ongoing within Orthopaedics. Breast surgical site surveillance is ongoing. Improving patient information. MEOC is in the process of being registered with SSIS service. To include Vascular surveillance from January. We have reported 14 <i>E. coli</i> bloodstream infections between October and December 2023. This time last year we reported 15. Doing hydration work, traffic lights system launching on 29.01.24 There has been 3 MRSA Colonisations - Fit testing demand will continue to be high within context of measles and any emerging respiratory pathogen. The IPC team are not able to meet the demand. Fit testing resilience principles are mandatory and are part of the emergency preparedness resilience and response (EPRR) core standards. This means that it is mandatory that all staff are fit tested on at least two masks and that they are fit tested every two years. A business case is on hold. Need more resource. Flu outbreak Rehab 1 in December. Blood culture contamination rates 6.1% in October, 5.2% in November and 5.0% in December. Noted issue in Emergency Department and working with education to retrain staff. Rate was down to about 2.5% but jumped up again so reviewing data again. Renal Hep B Incident – noted machine wasn't isolated and exposed other patients but on track now with staff processes. Two recent incidences of open TB presenting at Trust Emergency Department (ED). Noted patient was in ED for 12hrs and work flagged with patients put in contact</p> <p>National Cleanliness Standards not yet in place.</p> <p>IPC Audit schedule continued ICCM continues to monitor performance indicators including water testing and deep cleaning schedules (on risk register). Victor noted action on following up renal Hepatitis B cases regarding vaccination for renal patients on dialysis against Hepatitis Be as to the latest commissioning arrangements. Action: Kathy said will look into this and update accordingly as to the lead commissioner.</p> <p>Victor asked what is the definition of blood contamination and how do we compare with other areas on blood contamination? Ken confirmed national average is 3%. Ken</p>	<p>MB</p> <p>KW</p>
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clarified the definition of blood contamination as any blood culture that is taken which doesn't correlate with an infection and likely to be a contamination.

RDaSH

Alison talked through the Q2 report, noted the most key points:-

Reporting process is being reviewed so can report to this group in a timelier manner and report on a more up to date report going forward.

The IPC team are increasing their visibility across the Trust and have successfully shadowed colleagues in Community Nursing during this reporting period. It has provided a focus on IPC within the community and has built supportive relationships with frontline services.

Audit programme almost complete.

Action plans in progress and being reviewed at clinical visits.

Community Sharps Audits -Recurring themes have been identified as being addressed in the sharps awareness training and colleagues are reminded and encouraged to attend the training.

Training Compliance - Level 1 eLearning is for non-clinical staff to complete on a 3 yearly cycle and Level 2 is annually for clinical staff. Compliance is monitored and shared monthly at Care Group Level. Trust wide compliance for Level 1 consistently achieving over 95% compliance. Level 2 has achieved above 90% compliance. This demonstrates that year to date compliance remains consistently high across the Trust.

Sharps Awareness Training – completed training sessions for now; from end of January this will be picked up by the Health and Safety teams.

Quarter 2 Healthcare Associated Infection Risk Assessments – good compliance at 92.02%

Outbreaks of infections - noted summer outcomes with 5 covid outbreaks, seeing covid in outpatient settings over recent months but no surprise.

Infection Prevention and Control Manual

The IPC team are in the process of reviewing and cross referencing the Trust's IPC Manual and procedures against the recently published National Infection Prevention and Control Manual (NIPCM) and associated A-Z of pathogens which is due to be implemented by the end of March 2024. All Trust procedures which are due to be reviewed between now and the implementation date of the NIPCM have been extended and approved by CPRAG.

Bare Below the Elbows Campaign – continuing with campaign launched at IPC conference in September, some gaps identifying but an ongoing issue/challenge within any trust. Going generally well

Water Safety Group – meet quarterly and no concerns to note and same for Ventilation Group.

Victor said very comprehensive report; noticed audit done – can you explain the % IPC does this comply with the guidance? Alison confirmed it did.

Surveillance Report

Victor advised that June Chambers has now retired; he had acknowledged and thanked her for all the good work that she'd done.

Emma Gordon said everything seems to be a bit topsy turvy – eg Campylobacter is much more than expected more than summer levels. There are no major incidences or concerns.

Victor advised Measles and Mumps figures were only suspected not confirmed cases, no confirmed cases have been noted. Scarlet fever remains a problem.

Kathy said regards to any vaccine programmes we do monitor based on these reports and link with health protection team confirming any ages and follow up vaccine procedures.

Victor said part of the challenge is how we can link up things.
The group noted the report.

Screening and immunisation

Dr. Omotewa Kuforiji and Kathy talked through their areas in the report, noted:-

Abdominal Aortic Aneurysm (AAA) Screening Programme – uptake was 72.2% (as of Oct 2023); there are no concerns regarding access to the programme; 2 people waiting on surgery currently; working with community groups and GP surgeries, bus work in communities to increase awareness to address inequalities. DBTH was successful at procurement and remains the provider of AAA service in SYB. No areas of concern to report.

Ante-natal and Newborn – noted Avoidable Repeats (ARR NB2) was breaching the threshold of 2% but was not peculiar to Doncaster. This has significantly improved in Q1 and Q2, and this is forecasted to be sustained in the coming quarters. However, there has been a rise in the recruitment of newly qualified midwives, which may trigger a slight breach, but actions are being put in place by ANNB Screening Co-ordinator in Doncaster to mitigate this. The ANNB Screening Co-ordinator is providing training to all new and existing midwives on all ANNB screening. There is ongoing work in Doncaster on the Health Equity Audit into reasoning behind DNAs for antenatal screening. Due to short staffing, this remains in progress. No issues to report at present.

Diabetic Eye Screening

No real concerns with delivery, some workforce issues but managing them. The programme, in line with national policy successfully implemented extended screening intervals in October 2023 for patients with no detectable /referrable disease in their last two screens, extended intervals will continue to be rolled out through to October 2024. 22/23 uptake is excellent; main issue is SLB examinations and working with the provider to bring back into the diabetic eye screening arena, they've secured capital funding for a SLD camera and working with them around workforce training. Through the Health Equity Audit the DESP programme identified the need to offer some Saturday clinics to improve uptake in the working age population. With additional non recurrent funding from NHSE 2 'super Saturday' clinics were held, inviting 300 patients per clinic. The NHE PH team will continue to work with the programme to evaluate this and consider how to take this forward.

No concerns or issues to highlight within DESP, however HES capacity continues to impact on consultation times. The programme continues to work with the Ophthalmology lead regarding this.

Cervical screening

There are three main components of the cervical programme, these include cervical screening activity in primary care, Gateshead cervical screening laboratory and Doncaster and Bassetlaw Colposcopy activity. Cervical screening is a priority. Doncaster Trust continues to offer a cervical screening clinic for staff to attend.

91.2% in Q1 receive their results within 14 days

Service is performing fairly well - 25-49 Years uptake is 70.1%; 50-64 Years uptake is 74.6%

91.2% in Q1 receive their results within 14 days

Funding has been provided for a pilot project offering cervical screening to individuals who may not routinely attend due to culture/ethnicity/fear/lack of understanding, commenced October 2023 and is ongoing.
No issues to raise currently

Bowel cancer screening

The Age Extension is a phased approach over a four-year period reducing the age of bowel cancer screening to 50-year-olds. The first phase, 56-year cohort, commenced successfully on the 4th of January 2022 and phase 2, for the 58-year-old cohort has now commenced on the 2nd of January 2023, phase 3 for 54 year old cohort commenced on the 2nd January 2024.

For South Yorkshire and Bassetlaw as a whole and for the Doncaster population, invitations are within the 6-week standard of sending out invites. Exceeded target of 60% achieving 68.3% in 22/23

There are no current areas of concern within the programme.

Breast screening service

Across SY this is an area of concern due to covid impact. The uptake in 22/23 was 62.6%; and in 23/24 Q2 was 57.5% against a target of 'Acceptable >70% Achievable > 80 %'.

After review the fixed appointment model moved back to.

There is ongoing work to improve uptake such as liaising with the council on wider initiatives such as supermarket stands, delivering sessions to GP practices, developing promotional videos, use of behavioural science text messages to reduce DNAs.

Discussions continue between with the Public Health Programmes Team, Primary Care and DBTH to increase uptake in the learning disabilities cohort using a similar approach to bowel screening.

Noted uptake for breast screening is still low but improving and this is not peculiar to Doncaster, however ongoing support to improve uptake will be beneficial to the programme and population.

Seasonal flu

Programme has not been without challenges as per usual and was extended to Year 11 children this year. Timeframes for the majority of patients to be vaccinated were end of November for adults (pregnant women to continue throughout) and 15th December for school aged children but due to late confirmation some school aged catch-up sessions were planned for early January.

This year had additional Priority groups all 2 and 3 year olds and pregnant women as uptake previously was low for these groups.

The adult programme was due to start in October but was brought forward to September due to new covid strain concerns circulating.

Noted uptake was down across all cohorts. Not unique to Doncaster reflected nationally. Noted comparison based on covid years so want to look back at 18/19 data pre-covid for better comparison.

SY introduced an initiative supported by Child Health Information Services to send text messages out at the beginning of September to parents/carers of 2 and 3 year olds highlighting eligibility for flu vaccine. Unfortunately Doncaster CHIS were unable to implement this due to lack of IT system capability, which may have contributed to the slightly lower uptake in Doncaster for this cohort.

Reasonable uptake across all schools was noted.

The NHSE PH team have again identified through PharmOutcomes (the secure data platforms utilised for vaccine data collection) incidents where the incorrect vaccine has been recorded as being administered to patients over 65 years. Community Pharmacies identified are notified to the SY ICB Primary Care Team for follow up to ensure these individuals are notified and offered revaccination with the correct vaccine and route

causes and lessons learned are identified. In the majority of cases, this has been confirmed as recording errors as opposed to actual administration errors.

Adult Immunisations

Shingles

Made a good recovery; for Q1 2023/24 uptake is approximately 2% higher than the same period 2019/20. Data collection for the new cohort/programme (consisting of two doses) has not yet been published which started in September.

Maternity:

Prenatal pertussis vaccine – significant concerns; 10% drop
Doncaster Maternity Unit have now implemented the offer/delivery of Pertussis vaccine to all women during their antenatal appointment across both DRI and Bassetlaw Hospital sites, data to demonstrate any impact is not currently available. This has proved extremely popular and has also had an impact on the increase in the flu vaccine uptake as women accepting of both vaccines. As this is not a call/recall programme in primary care, work will need to continue to ensure a robust offer from both GP and Maternity Service.

Adolescent immunisations:

Slow but steady recovery after covid, but low compared to pre-pandemic.
Confusion with parents/children around to change to e-consent so work to improve that process is needed.

Childhood Immunisations:

Stable, not where want to be but steady.
Looking at waiting lists and data looking at mapping with practices with high waiting lists.

National vaccination strategy was published last month and we are looking at how we implement that, there is a lot of work to do from that.

Victor said a very comprehensive report. He has noted areas of concern and improvement and will use this to inform the annual HPA report.

Kathy mentioned the Doncaster Migrants Health Group and also that the Y&H workshop was being held today and the need to make sure that we're linked in with that group on the immunisation agenda.

Air Quality

Scott introduced his colleague Mat and outlined the work he's done previously.

Noted:-

Now formed the Air Quality Action Plan Steering Group, which has been outstanding and was previously chaired by Rupert involving all teams across the organisation.

Outreach work being done with all the travellers, health bus onto the sites. Reaching out to the community, getting male population coming now regard to mental health issues. He can update Victor on this if wanted although he is working with Natasha Mercier in Public Health on these issues.

Mathew updated, noted:-

Annual Status Report (ASR) showed majority increasing readings due to lack of covid restrictions then but comparing raw data this year it's looking like that most of the tubes have improved.

2 out of the 8 (Hickleton and Balby Rd) have had more specific measures put in place; the draft action plan has been submitted to DEFRA and has now been approved.

Extension to July so can allow consultation.

	<p>An air quality modelling exercise for Hickleton has been completed and indicates that between 4 and 5 properties are currently affected by high concentrations of NO2. Measures such as the introduction of a Clean Air Zone and 20mph speed limit in Hickleton have been modelled to show neither measure will significantly bring forward compliance with the Air Quality Standards.</p> <p>The Pollution Section is committed to continuing to undertake air monitoring, as evidenced by the active refurbishment /modernisation programme for the existing units. The programme is on schedule for completion by Spring 2024. This programme has suffered delays due to difficulties with the installation of electrical supplies. As previously reported, this will mean that at 6 sites the monitoring of PM2.5 will be added to the suite of determinants.</p> <p>Not received any specific complaints so not expanded monitoring.</p> <p>Victor invited Mathew/Scott to attend the Scrutiny meetings, next is in March.</p>	
6	Standing Agenda Items	
	No update.	
	Key Updates from Meetings	
7	TB Steering Group	
	Nothing further to add to what Mim had updated.	
	Any Other Business	
8	<p>HPA Annual Report. Victor remaindered group he will need updates. Action: Victor to send an email request and collate responses for the report.</p> <p>ICB costs for Outbreaks is with DBTH for sign off.</p> <p>Ken – who takes over from June now? Victor advised that Dr Nachi from UKHSA will cover until they've appointed to her post.</p>	VJ
10	Dates and Times of Next Meeting	
	Wednesday 17 th April 2024 @ 2:00-3:30pm	



Subject: Director of Public Health Annual Report 2023

Presented by: Rachael Leslie

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

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	X
	Mental Health	X
	Dementia	
	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 2023 report focusses on Doncaster’s children, young people and families. The Covid-19 pandemic disproportionately impacted the health and wellbeing of children and young people. School closures and limited opportunities to socialise and build relationships outside the home affected the mental health and development of young people. At the start of 2023, Doncaster established a Fairness and Wellbeing Commission with the aim of making an independent, strategic assessment of the nature, extent, and causes of inequalities in Doncaster. For children and young people, commission members observed persistent and elevated rates of children living in poverty and the impact this has on all elements of their lives and futures.</p> <p>This year’s report provides a high-level assessment of the overall health status for all Doncaster residents. Using national child and maternal health indicators, an overview of how healthy children and young people are in Doncaster is presented and local data and experiences shared by families</p>

and people who work with children describes how some children can experience health inequalities and role of 'the other 80%' - the social factors and physical environments - have in addressing this inequality.

The report also shares a series of examples of how we collect and use insight and the voice and input of local children and young people – through the school health profiles, an annual pupil lifestyle survey, the development of compassionate approaches and active young apprentices to focus efforts and resources and shape services. The report also describes how Public Health teams have worked with partners around the national allocation of additional fixed term funding for substance misuse and family hubs, using intelligence and insight to address local challenges.

The annual summary of how the public health grant is allocated is again provided, along with some 2023 highlights from the Public Health team including the achievements from Doncaster's Health Determinants Research Collaboration (HDRC) first year.

In the context of emerging recommendations from the Fairness and Wellbeing Commission and the upcoming launch of a refreshed Joint Health and Wellbeing Strategy for Doncaster, the report shares some final thoughts:

1. **The importance of voice and experiences of children and young people** in the shaping of policy and in service design and delivery
2. **Taking compassionate, prevention focussed approaches** that address the wider determinants of health, including mental health, to build the social conditions for better health, choosing kindness to reduce health stigma
3. **Equalities and inclusion health focus**, to close the inequalities gap for children and young people who face additional barriers and challenges to health and opportunity, we must use community based approaches to involve and hear from children and families who are most affected, and to influence and sustain improvement we must work alongside our communities.

Recommendations

The Board is asked to:-

NOTE the report and consider how the recommendations can inform future strategy and delivery plans.

Public Health Annual Report

2023



City of
Doncaster
Council

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Councillor Nigel Ball

Cabinet Member for Public Health, Leisure and Culture

I am pleased that this year's Director of Public Health Annual reports focusses on children, young people and their families.

We need to use this report to reflect on how we develop services for children and young people and how we rise to the challenge of creating and ensuring compassionate communities and supportive environments for them to thrive, live their best lives and achieve their aspirations as the future parents, workers and leaders of this City and Borough.

The data in this report shows how families have been impacted by the cost of living crisis and how this affects children's wellbeing, health and life opportunities. Young people have told us about the things they need to achieve their full potential and how their learning and relationships have been affected by the covid pandemic. Young people in Doncaster have created their own plan – the Children and Young People's Plan – to actively address their own priorities and we must continue to support them through including their voices and experiences and sustaining and scaling the things that make a positive difference in their lives.

We must continue to work with school leaders and the voluntary, community and faith sector, using creative approaches and trusted relationships to help us target vital support in effective ways for children and families that may be facing additional challenges in their lives.

I want to thank the Public Health team for their dedication and commitment over the last year – the first year since the start of the pandemic where the team has been able to maintain focus on their core priorities. Particular thanks to Dr Rupert Suckling MBE, who has embedded the core values in the public health team – to learn by doing, to show relentless kindness and to make the invisible, visible.

Directors of Public Health in England have a statutory duty to produce an independent annual report of the health of their local community.

THANK YOU to: City of Doncaster Council Public Health team, including Carrie Wardle, Saima Nasir, Sarah Atkinson, Holly Campbell, Agatha Agema, Laura Booth, Clare Henry, Grace Bennett, Lucy Louise Garnham, Susan Hampshaw, Katie Marvin-Dowle and Claire Hewitt. Dr Katie Shearn from Sheffield Hallam University and the young people involved in the capabilities report research. Doncaster's Fairness and Wellbeing Commission Secretariat and Commission members. City of Doncaster Children, Young People and Families team, including Andy Hood and Alison Tomes. Doncaster's Youth Advisory Board. Health Visiting and Zone 5-19 Services from Rotherham, Doncaster and South Humberside NHS Trust and Doncaster's Family Hubs. Amber Rhodes and Duncan Rynehart for communication, presentation and design.

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

This year's annual report is presented by Rachael Leslie who has been in the Acting Director of Public Health role for part of 2023.

Children and young people make up 23% of Doncaster's citizens¹ and this year's annual report focusses on them, their families and their communities.

Nationally and locally, numerous health, wellbeing and other outcomes for children and young people are monitored and measured, from birth weight to exam results and behind each indicator is a story of equity and the influences of the places that children live, grow, learn and play.

Locally, we use conversations and surveys to hear from children and young people about what is important to them, their aspirations and their views. Doncaster also has an active group of Young Advisors who have developed a Children and Young People's Plan based on their own priorities.

The Covid-19 pandemic disproportionately impacted the health and wellbeing of children and young people. School closures and limited opportunities to socialise and build relationships outside the home and 'bubbles' impacted on the mental health and development of young people. Nationally, there were increases in safeguarding concerns for vulnerable children during periods of lockdown and demand for Child and Adolescent Mental Health Services (CAMHS) grew with an 81% increase in referrals between 2019 and 2021.

The long-term impact of Covid-19 on children's health will not be fully understood for some time, however, schools, families and children themselves have described the immediate and shorter-term impacts on health and wellbeing, friendships and family relationships, learning and development.

At the start of 2023, Doncaster established a Fairness and Wellbeing Commission with the aim of making an independent strategic assessment of the nature, extent, and causes of inequalities in Doncaster based on an examination of evidence and insight into experiences of people who live in Doncaster. Commission members saw children describe their aspirations and heard, through the Youth Council, about the varying experiences of being part of a school community. For children and young people, commission members observed persistent and elevated rates of children living in poverty and the impact this has on all elements of their lives and futures.

Children with bold aspirations do not always have the opportunities to realise them – from findings of the Fairness and Wellbeing Commission

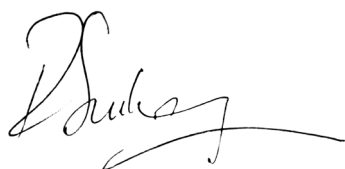
In the Spring and Summer of 2019, City of Doncaster Council worked on a participatory action research project with a group of young people from Doncaster to understand capabilities. Post-Covid and in anticipation of the Fairness and Wellbeing commission recommendations, this report has been revisited.

A summary of the capabilities report and a framework for incorporating protective factors for children and young people's good health and wellbeing in services is presented alongside examples of how we enhance understanding of school age children in Doncaster through School Health Profiles and an annual pupil lifestyle survey.

1. 2021 Census.

This year's report also provides a high-level assessment of how the overall health status is changing for all Doncaster residents and an overview of how healthy children and young people are in Doncaster using national child and maternal health indicators.

It has been a busy year for the commissioning of prescribed (mandated) services. The annual summary of how the public health grant is allocated is again presented, along with a summary of how additional national allocations for substance misuse and treatment and family hubs has been used for better outcomes for children and young people.



Dr Rupert Suckling MBE
@rupertsuckling

Director of Public Health
City of Doncaster Council



Rachael Leslie

Acting Director of Public Health
City of Doncaster Council





The state of health in Doncaster



Last year's DPH annual report outlined the anticipated long-term health and wellbeing impact of the Covid-19 pandemic and the cost-of-living crisis.

This year a Fairness and Wellbeing commission was established with commissioners examining data, stories and experiences of Doncaster people.

The impact of poverty on all aspects of daily lives is clear to see in the data trends and voices shared. Pressures on the local health and care system continue to affect access to services and the experiences that Doncaster people share with us, tell us that some people face even greater challenges.

The data packs used by the Fairness and Wellbeing Commission and summaries of each of the commission sessions are available online:

www.teamdoncaster.org.uk/doncaster-fairness-well-being-commission

As described in previous reports, everyone knows when they feel healthy, and we use a range of population outcome measures to assess overall health status. The three headline measures used to describe overall population health, Life Expectancy, Healthy Life Expectancy and Health Inequalities have again been updated in the Joint Strategic Needs Assessment (JSNA) by Team Doncaster and this report provides additional focus on health inequalities for children and young people.

The JSNA groups data into 3 life stages: Starting Well, Living Well and Ageing Well and updated demographic data from the 2021 census has meant that we are able to have a more up to date understanding of the demographics of Doncaster people.

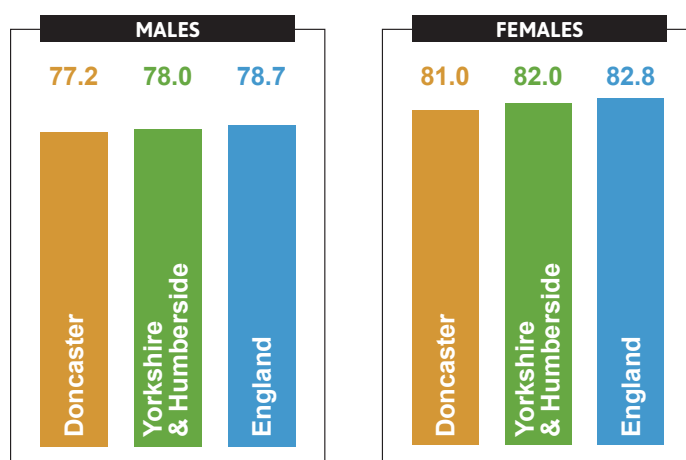
The JSNA is available at:

www.teamdoncaster.org.uk/jsna

Life Expectancy

The most up to date data for life expectancy at birth is for 2021. Single year data for 2021 is based on the latest 2021 Census based midyear population estimates and is used to view the current picture of life expectancy. Three year data is usually used, however this is based on the older 2011 Census based midyear population estimates, and cannot be usefully compared with 2021 data.

Life expectancy at birth (2021)



Life expectancy and healthy life expectancy is affected by many factors, including specific characteristics including sex, disability and social exclusion access to and use of health care, behavioural risks such as smoking and wider determinants such as education, income and housing. Life expectancy is closely related to overall level of deprivation in an area.

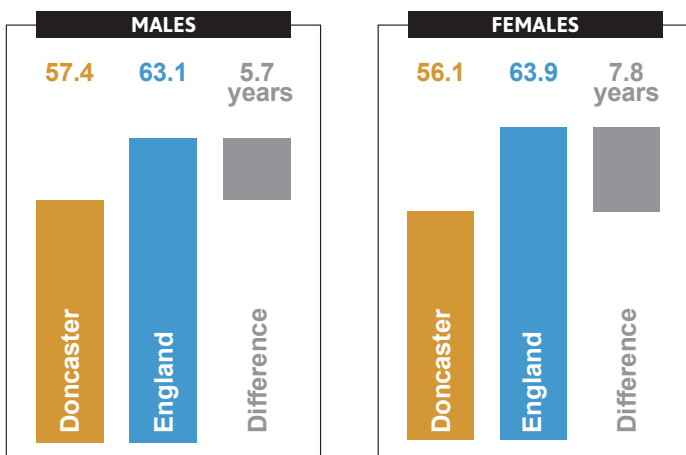
Tobacco is the risk factor making the largest contribution to years of life lost for both males and females

Healthy Life Expectancy

Years of good or great health are also an important measure alongside length of life. Healthy life expectancy (HLE) is a measure of the average number of years a person would expect to live in good health based on mortality rates and the proportion of people, who, when surveyed self-report 'good' or 'very good' health, rather than 'fair', 'poor' or 'very poor' health.

In England, Healthy Life Expectancy has been steady over a number of years, however for both males and females in Doncaster, rates have been falling since 2015-17 and Doncaster now reports some of the worst Healthy Life expectancy data in the country. The most up to date data available is for 2018-20. The impact of covid and the rising cost of living is likely to reduce the number of people self-reporting 'good' or 'very good' health

Healthy life expectancy at birth (2018-20)



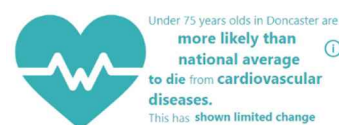
Long term health conditions and multimorbidity – the presence of two or more long term conditions are the clearest drivers of self-reported poor health. Long term conditions are physical and mental health conditions of long duration and include chronic musculoskeletal conditions, diabetes and mood disorders.

Low levels of physical activity, smoking status and household income are also associated with self-reported poor health and will have important and complex interaction with physical health status.

Increased physical activity significantly reduces the odds of self-reporting poor health. In many studies, this association persists after controlling for multiple potential confounders.

Preventing the onset of preventable long term conditions and supporting people with long term conditions to improve their health, is key to improving population level self-reported health and healthy life expectancy. Prevention services and approaches are important in reducing the risk of preventable conditions, which are around 50% higher in Doncaster than in the rest of England. For people with one or more long term health condition, clinical condition management, alongside support, including peer support to manage the affects and impacts of health conditions is key.

The wider determinants of health, including low income, poor housing, educational attainment and lack of or low quality employment are all associated with self-reported poor health.



How Healthy are Children and Young People in Doncaster?

To prepare for recommissioning of Health Visiting services in 2023, and to support the development of Family Hubs, a health needs assessment (HNA) was completed and published in July 2023. A HNA for school aged children (age 5-19) was completed in 2021. The HNAs use child and maternal health intelligence reports from The Office for Health and Improvement and Disparities (OHID) and insight collected through in person consultation and local surveys to understand health and wellbeing priorities.

Smoking Status at Time of Delivery:

In 2022/23, 356 (12%) of Doncaster mothers were smokers at the time of their babies birth, smoking during pregnancy causes premature births, miscarriage and perinatal deaths. It also increases the risk of stillbirth, complications in pregnancy and low birthweight. [Bespoke support](#)² is available to provide support to quit and promote smoke-free homes.

Under 18s Conception Rate:

Around 35 babies were born to teenage mothers aged 17 and under in 21/22, there has been a steady reduction in teenage pregnancies nationally and locally over the last 10 years. Like all parents, teenage mothers and young fathers want to do the best for their children and some do very well, but for many their health, education and economic outcomes remain disproportionately poor which affects the life chances for them and the next generation of children.

Breastfeeding:

Responsive feeding has benefits for mother and baby, including emotional attachment. Babies who are breast fed have lower levels of gastro-intestinal and respiratory infections.

- 62% of babies born in Doncaster have breast milk for their first feed (England 71%)
- 35% of infants are partially or totally breastfed at age 6-8 weeks (England 49%)

Health Visiting and peer support are key to [providing support](#)³ in the early stages of a breastfeeding journey. As part of the Family Hubs programme, a new breastfeeding support worker role lined to family hubs was created in 2023.

School Readiness:

Being 'ready to learn' at age 5 is strongly linked with future educational attainment and life chances. To be school ready, a safe and nurturing environment is needed to promote health, independence, emotional security and practical and social skills.

Health visitors promote 15 hours funded childcare for 2-year-olds for families who are on a low income or receive certain benefits.

2. <https://healthvisitors.rdash.nhs.uk/pregnancy/pregnancy-and-beyond-stop-smoking-team>
3. <https://doncaster.mumbler.co.uk/breastfeeding-support-in-doncaster-useful-information>

Indicator	Period	Doncaster			Region		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Transition to parenthood and the early weeks									
Under 18s conception rate / 1,000	2021	—	113	22.0	17.1	13.1	31.5		2.7
Smoking status at time of delivery New data	2022/23	↓	356	12.0%	11.6%	8.8%	19.4%		3.4%
Smoking in early pregnancy	2018/19	—	-	-	-	-	-		-
Obesity in early pregnancy	2018/19	—	-	-	-	-	-		-
Low birth weight of term babies	2021	→	82	2.9%	3.0%	2.8%	5.0%		1.5%
Infant mortality rate	2019 - 21	—	53	5.3	4.4	3.9	7.5		1.2
Breastfeeding									
Breastfeeding prevalence at 6-8 weeks after birth - current method New data	2022/23	↑	1,178	35.2%	*	49.2%*	-	Insufficient number of values for a spine chart	
Healthy weight									
Reception prevalence of overweight (including obesity) (4-5 yrs) New data	2022/23	→	840	25.1%	22.5%	21.3%	29.6%		1%
Managing minor illnesses and reducing accidents									
A&E attendances (0 to 4 years)	2021/22	—	12,960	766.4	727.6	762.8	2,080.6		387.2
Emergency admissions (0 to 4 years)	2021/22	—	1,645	97.3	170.3	161.5	328.3		63.0
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)	2021/22	—	155	91.7	108.8	103.6	204.5		42.0
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	—	-	32.7%	27.0%	23.7%	46.0%		9.7%
Health, wellbeing and development									
Population vaccination coverage: MMR for two doses (5 years old) New data	2022/23	→	3,190	84.2%	87.1%	84.5%	56.3%		94.4%
<div style="display: flex; justify-content: space-between; font-size: small;"> <90% 90% to 95% ≥95% </div>									
Child development: percentage of children achieving a good level of development at 2 to 2 and a half years New data ⚠	2022/23	→	1,946	80.9%	84.6%*	79.3%*	4.1%		94.4%
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years New data ⚠	2022/23	↓	2,034	84.5%	89.0%*	85.3%*	12.0%		96.0%
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years New data ⚠	2022/23	→	2,280	94.7%	94.8%*	92.8%*	13.3%		98.8%
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years New data ⚠	2022/23	→	2,297	95.4%	96.0%*	92.6%*	13.8%		99.1%
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years New data ⚠	2022/23	↓	2,245	93.3%	93.7%*	91.8%*	11.3%		98.3%
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years New data ⚠	2022/23	↓	2,215	92.0%	93.3%*	90.3%*	13.7%		97.2%
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	—	2,295	65.0%	64.4%	65.2%	53.1%		4%
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	2021/22	—	2,833	80.3%	79.5%	79.5%	68.0%		6%

Early Years High Impact areas (Doncaster Child and Maternal Health, 21/22 and 22/23)

*Note that data with an exclamation point within a triangle indicates data quality concerns.

The state of health in Doncaster 2023

Indicator	Period	Doncaster			Region		England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best		
Children in absolute low income families (under 16s)	2021/22	–	10,578	18.5%	17.7%	15.3%	35.3%		4.2%		
Children in relative low income families (under 16s)	2021/22	–	13,796	24.1%	22.7%	19.9%	41.7%		5.4%		
Free school meals: % eligible New data	2022/23	↑	13,475	28.0%	26.0%	23.8%	43.0%		1.5%		
Reception prevalence of obesity (including severe obesity) (4-5 yrs) New data	2022/23	→	375	11.2%	9.9%	9.2%	14.1%		1.9%		
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) New data	2022/23	↑	1,010	27.7%	24.1%	22.7%	31.7%				
Percentage of physically active children and young people	2021/22	–	-	44.2%	45.7%	47.2%	-	Insufficient number of values for a spine chart			
Under 18s conception rate / 1,000	2021	–	113	22.0	17.1	13.1	31.5		2.7		
Under 16s conception rate / 1,000	2021	–	21	3.9	3.2	2.1	7.0		0.6		
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	–	-	32.7%	27.0%	23.7%	46.0%		9.7%		
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2021/22	↓	1,484	81.5%	74.5%	69.6%	34.3%		93.2%		
Children killed and seriously injured (KSI) on England's roads	2018 - 20	–	85	47.1	24.9	15.9	55.0		2.6		
Children aged 6-10 killed or seriously injured in road traffic accidents	2018 - 20	–	23	38.8	19.3	12.2	55.9		0.0		
Admissions for asthma (0 to 9 years)	2021/22	–	85	242.9	172.9	172.7	637.9		45.3		
Admissions for diabetes (0 to 9 years)	2021/22	–	20	57.1	39.4	37.0	121.3		12.7		
Admissions for epilepsy (0 to 9 years)	2021/22	–	10	28.6	95.7	89.7	230.7		28.6		
Persistent absentees - Primary school	2021/22	–	4,864	21.1%	18.8%	17.7%	22.9%				
Persistent absentees - Secondary school	2021/22	–	5,681	32.3%	29.7%	27.7%	40.9%				

School Aged Children Indicators (Doncaster Child and Maternal Health, 2021/22 and 2022/23)

Being Physically Active:

Children and Young People aged 5-18 should aim for 60mins of physical activity per day, spread across the week. In the most recent pupil lifestyle survey, 44% of secondary school pupils said they walked to school and a third travel by car. 79% of primary school aged pupils have a positive attitude towards physical activity.

Parental Wellbeing and Mental Health:

Health visitors and Family Hubs provide support for [good wellbeing](#)⁴ for new parents. The Health Visiting service uses mandated visits to check on child development and the wellbeing of parents.

Around 1 in 5 women will experience a diagnosable mental health issue before, during and after pregnancy. Perinatal [mental health](#)⁵ services offer confidential, non-judgmental care to mums who have more complex mental health needs.

4. <https://www.doncaster.gov.uk/services/schools/mental-wellbeing-for-new-parents>

5. <https://dmbcwebstolive01.blob.core.windows.net/media/Default/ChildrenYoungPeopleFamilies/Sheffield Rotherham and Doncaster PNMH Booklet.pdf>

Healthy Homes:

Poor housing, housing instability, homelessness and fuel poverty impact on many areas of a child's life and future prospects. In the current cost of living crisis, some families might struggle with the cost to keep their homes warm.

Poor housing costs the NHS around £2.5 billion each year, with illnesses directly linked to living in cold, damp homes or homes with hazards. Treating children and young people injured by accidents in the home costs A&E departments across the United Kingdom around £146 million each year.

In Doncaster, every family receives a free thermometer from their midwife to help families check the temperature of their home or babies' room. Further information on the support available for Doncaster families is available through the Your Life Doncaster webpage, including energy bills support and Healthy Start information.

Healthy Weight:

The national child measurement programme in 22/23 found that for children in Doncaster:

- 25.1% of Reception age children are overweight or obese (England average 21.3%)
- 40.7% of Year 6 children are overweight or obese (England average 23.4%)

Children who are overweight or obese have a higher risk of some conditions including type 2 diabetes. They are also more likely to have exacerbations of conditions such as asthma.

Vaccination:

Vaccinations remains one of the most effective public health tools we have in our line of defence against a range of serious infectious diseases. As we emerge from COVID-19 pandemic, there has been a re-emergence of some vaccine preventable diseases. Cases of measles infections have been reported in some parts of England.

High coverage of measles, mumps and Rubella (MMR) vaccination among our children provides wider protection across communities. GPs in Doncaster have been working to improve missed childhood vaccinations and there has been an increase in uptake of MMR vaccination. More work is needed to build on this achievement and increase the uptake of MMR vaccination (2 doses for all 5-year-olds) from 84.7% to the national target of 95% or more. A schedule of childhood vaccinations is available online at:

www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them

Oral Health:

Tooth decay and gum disease causes pain and can lead to difficulties with eating, sleep, speech and confidence. In 2022, a third of 5 year olds in Doncaster had tooth decay in 2022. Doncaster has some of the highest numbers of child tooth extraction clinics in the country. Rates of tooth decay are higher in more deprived communities and for children from non-white ethnic groups.

Health Visiting services provide toothbrush packs and advice to families around the time when babies have their first teeth. There is also a programme of supervised tooth brushing in some schools and early years settings.

Health Inequalities

People's life chances differ greatly depending on the level of deprivation of the area in which they live, their level of education, income, ethnicity, level of disability. The result is inequalities in health. Sir Michael Marmot (2010)

Last years report stated that, over the last decade, Doncaster has not closed the life expectancy and healthy life expectancy gap with the rest of England, and described that gaps are getting wider.

“Despite the best of efforts of local people and services, given the challenge of recovering from the pandemic and now the cost of living crisis these impacts are going to grow”

This year, a wide range of national and local data was collated and updated for the Fairness and Wellbeing Commission with an aim of looking closer at the many determinants, aspects and experiences of Doncaster peoples lives. The ‘data walks’ used by the Fairness and Wellbeing Commission are [available to view online](#)⁶.

Young carers, children in care, ethnic minority young people, LGBTQ+ young people, disabled children and young people, people with mental health conditions, and young people living in the criminal justice system are more likely to experience health inequalities.

Ethnic diversity in Doncaster has increased, the 2021 Census shows that the Doncaster population was 86.6% White British compared with 96.5% in 2001. This brings a richness of culture, but people from black and minority ethnic groups can experience poorer outcomes in their health. Around 7500 households in Doncaster have no members that speak English, and this can affect how services and support is accessed.

Healthwatch England has published [new findings](#)⁷ on the challenges facing ethnic minority groups in accessing healthcare. It describes that people who don't speak English often get poor support for communication, people are less likely to receive quick or correct referrals if they are not white British, and examples of discriminatory treatment by health services were shared by people from ethnic minority groups.

Poverty, employment and income has a strong association with health and wellbeing. Considering the links between deprivation and the social determinants of health, children and young people living in poverty are at greater risk of experiencing poorer health outcomes. In 2021/22, there were 4.2 million children living in poverty in the UK with 35.2% - almost 21,000 children in Doncaster -living in poverty. Almost half of them (10,192) living in working households. 11,715 (12.5%) of households in Doncaster are lone parent households and children in lone parent families, in larger families and children from minority ethnic families are more likely to live in poverty. Children living in a family where someone is disabled have a poverty rate of 36% after housing costs, compared with 25% for children living in families where no-one is disabled.

- 129,000 Doncaster residents live in the 20% most deprived areas of England (IMD 1 and 2).
- 29,000 Doncaster Residents aged 16+ have never worked or are long term unemployed.

For people who work, median income is £25,356, a growth of only 1.9% on the previous year and 27,000 Doncaster residents earned less than the Real Living Wage in 2021

Children are eligible for free school meals when their household income is less than £7,400 per year, 13,828 of Doncaster pupils are eligible for free school meals

6. <https://view.officeapps.live.com/op/view.aspx?src=https://dmbcwebstolive01.blob.core.windows.net/media/Tenant2/Documents/Fairness%20and%20Well-being%20Commission%2520-%2520%2520Data%2520Walk%2520>
7. <https://www.healthwatch.co.uk/blog/2023-10-24/challenges-ethnic-minority-groups-face-and-changes-we-must-see>

Inequalities Faced by Children and Young People

What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status Sir Michael Marmot (2010)

‘Fair Society, Healthy Lives’, was published in 2010, and concluded that reducing health inequalities would require action on six policy objectives, including two with a particular focus on children and young people:

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention.

The roots of health inequalities can be set before birth and will sometimes be passed through generations. Women living in more deprived areas are more likely to smoke during pregnancy and as a result more likely to have a baby with a low birth weight and a higher risk of developing asthma in later life. A five-year-old from a low income household is twice as likely to be obese than a child from the most affluent neighbourhoods, this becomes three times more likely at age 11 years. Inequalities that start in early years can persist and impact across the life course. The Born and Bred in Doncaster (BaBi-D) cohort study began recruiting

in 2022 and, over decades, will provide insight into the various factors that influence health and opportunities for Doncaster born babies.

Long-term conditions can develop in childhood. As part of Doncaster’s 2022 Pupil Lifestyle Survey, 13% of Secondary pupils and 12% Primary pupils reported that they live with a long term illness or medical condition and 6% of secondary pupils and 7% of Primary pupils said they have a disability. This impacts many parts of their life - while 5% of secondary pupils say they are unable to get a restful night’s sleep, 19% of pupils with disabilities or long-standing illnesses say the same.

Mental health conditions can also develop in childhood and early adulthood with 75% of mental health problems becoming established before the age of 24. Responding to Doncaster’s 2022 Pupil Lifestyle, 71% of pupils say they have felt lonely at least sometimes in the previous year. 59% of Secondary School pupils are ‘happy’ or ‘very happy’ with their life. 29% of young carers and 31% of LGBTQ+ pupils say they are ‘not happy’ or ‘not at all happy’, higher than other groups.

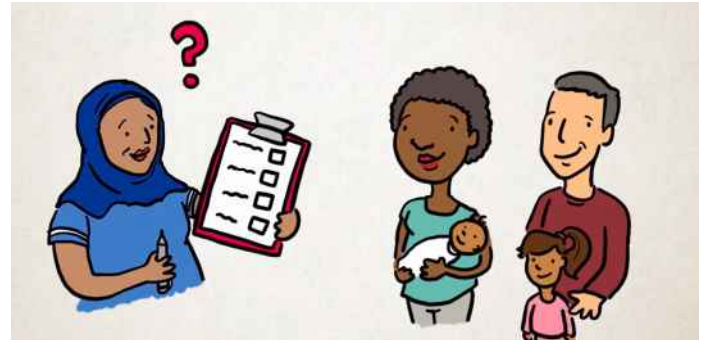
Childhood and adolescence are periods of development and change, where families, schools, health services and other communities can help children and young people to adopt and learn behaviours and form trusted relationships that can improve their health outcomes. This includes attachment and resilience and preferences and habits around food choices, oral health, sleep patterns and the opportunity for and enjoyment of physical activity. A focus on prevention and early action and support in childhood can prevent ill health in later life. Economically, interventions to improve health outcomes for children are particularly effective and cost effective as they can influence health status across the life course.

Born and Bred in Doncaster (BaBi-D)

Understanding exactly how and why some children in Doncaster are healthier than others is key to starting to level the playing field and helping all children to enjoy good health and wellbeing. Doncaster is therefore proud to be among one of the first areas to host a Born and Bred in cohort study in collaboration with partners from the long established Born in Bradford family of research studies. The study is managed collaboratively by Doncaster and Bassetlaw NHS Teaching Hospitals and City of Doncaster Council, with representatives from other key stakeholders across the city represented on our steering committee.

Born and Bred in Doncaster asks women during pregnancy for their consent to collect routine data relating to themselves and their child. This includes medical records as well as other sources of data that are routinely collected by organisations such as health visiting, social services and education. As the cohort grows this will enable researchers based within City of Doncaster Council and elsewhere to examine links between early life circumstances and health and wellbeing in later life and pave the way for more effective and earlier intervention to improve the life chances of all our residents.

Born and Bred in Doncaster began recruitment in July 2022, meaning that it is still early days for a study of this size. That said, over 1,000 women have agreed to take part in the study and agreements are now in place to allow for data to be shared between Doncaster and Bassetlaw NHS Teaching Hospitals Trust and City of Doncaster Council in a way which protects the security of the data and therefore the privacy of our participants.



Similar cohorts are also being set up in other areas around the country. Following Bradford, Doncaster was one of the first three sites to set up alongside Leeds and Wakefield. Further sites are also now established in Nottingham and East London with further areas in discussions with the coordinating centre in Bradford. The ambition of the network is that local sites will contribute anonymised data to a meta-cohort hosted in Bradford, providing the opportunity for researchers to look at larger dataset to answer questions with national importance. Doncaster's early involvement in the project therefore puts the needs of our residents central within this wider program of work.

For [more information](https://www.dbth.nhs.uk/research-and-development/babi-d/) about Born and Bred⁸ in Doncaster and the wider network of BaBi studies please visit Doncaster and Bassetlaw Teaching Hospitals: [dbth.nhs.uk](https://www.dbth.nhs.uk)



8. <https://www.dbth.nhs.uk/research-and-development/babi-d/>

The other 80%

At times of crisis, it can be easy to focus on the immediate issues and the demands in acute care. The challenge is to not only focus on the immediate but also to focus on the important and the other 80% of factors that contribute to health and wellbeing. Dr Rupert Suckling

Last years annual report described **the Crises of 2022 - COVID-19, Climate, Conflict, Cost of Living**. Each of these crises prevail into 2023 and beyond and continue to draw attention to, and exacerbate structural inequalities.

Although the health, wellbeing and attainment experiences and outcomes of children and young people must be considered and addressed in the context of recent events. Children and young people themselves can affect the world around them, using their enthusiasm, growing their skills and being active in their school and home communities.

To enable this, the underlying and intersected catalysts of inequality – physical home and learning environments and social factors – require focus to create nurturing and protective environments and consequent good health and wellbeing for children and young people and resilience and equal and greater opportunity for their later life.

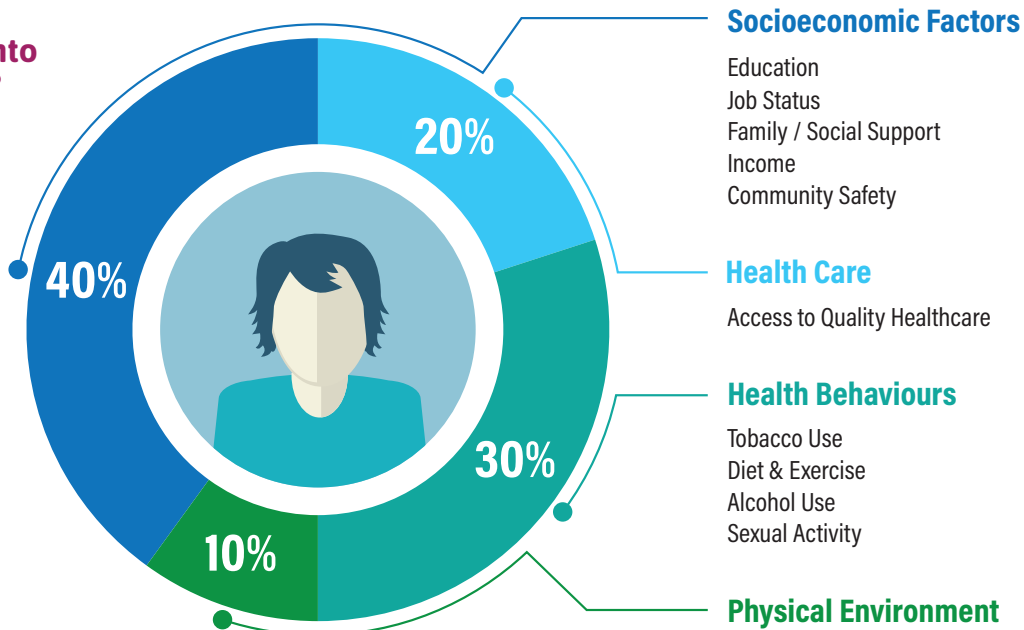
“Our approaches see every child given the opportunity to increase their knowledge, develop independence and skills, making memories as individuals and as part of their own community.

We recognise that not all children have the same experiences, backgrounds and home lives as each other and sometimes they can need a little more specialist support.

Every child is given the opportunity to grow in confidence and thrive, the impact... they help each other and want everyone to do well.”

Headteacher - Doncaster Primary School responding to the Fairness and Wellbeing Commission Call for Evidence

What goes into your health?



Doncaster's Fairness and Wellbeing Commission

“By taking a step back and taking a deeper and long-term view, commission members have been working together to develop recommendations that will make our society fairer and just for everyone”

Doncaster's Fairness and Wellbeing Commission

The Fairness and Wellbeing Commission was established in January 2023 and came together over 8 sessions to examine data, testimonies and evidence to develop policies that will make our society fairer for everyone in Doncaster.

Recommendations for creating a fairer Doncaster will address structural and wider determinants of health and wellbeing at the heart of long standing challenges. The final report will be published in 2024.

27
hours of sessions

576
survey responses

20+
formal progress presentations

19
experts presenting

3
“What Works” evidence packs produced

600+
post its recorded

14
formal evidence submissions

4
data walks

15
personas developed



2023 Highlights and Progress



This year, Local Authority public health teams have returned to ‘business as usual’ public health priorities, following a period of operational, local pandemic response.

Health protection assurance and local support to the UK Health Security Agency (UKHSA) continues as a function. Our Public Health team have been working with Team Doncaster partners and residents to ensure that Public Health services and opportunities for good health are available for all.

- By 31st March 2024, the Public Health team will have commissioned and recommissioned Public Health services to the value of £17 million.
- We have worked with partners to support the development of family hubs as part of the [Start 4 Life Programme](#)⁹ to join up and enhance services and support for families with children in their early years, including the critical ‘first 1001 days’.
- [Well Doncaster](#)¹⁰ use community based approaches to reduce health and wealth inequalities, working with communities to involve, strengthen, sustain and scale through bold leadership and collective bravery. Young Apprentices working with the Shaping Stainforth project have been inspiring and encouraging other young people to engage in opportunities to make changes in their own community.
- The Wider Determinants Team received funding to trial Active Travel Social Prescribing. The service - Walks and Wheels – has launched in Balby and provides bespoke support for people with long term conditions and/or disabilities to gain confidence in walking or cycling.
- [Get Doncaster Moving](#)¹¹ - our partnership approach to increasing levels of physical activity -was commended by the Sports Minister who chose to launch the National Sport and Physical Activity Strategy in Doncaster in recognition of our innovation.
- On 1st October, The Healthy Lives team launched an age friendly movement to make Doncaster an age friendly city. We have heard from over 1000 people about how they would like to experience an age friendly Doncaster.
- The newly formed Combatting Drugs Partnership developed a Drug and Alcohol delivery plan for Doncaster, in line with local insight and the National Drug Strategy ‘From Harm to Hope’. The partnership has directed additional investment from the Supplemental Substance Misuse Treatment and Recovery Grant to local partner organisations engaged in improving capacity and quality of drug and alcohol treatment in Doncaster.
- A Real Time Surveillance system has been established to record and learn from suspected suicides, and drug and alcohol related deaths, in order to work to further prevent future deaths.

9. <https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

10. <https://welldoncaster.uk>

11. <https://getdoncastermoving.org/gdm-strategy>

Research is key to discovering how we can improve community health and reduce health inequality.

In 2022/23 the National Institute of Health and Care Research (NIHR) funded HDRCs to ensure there is local public health research capacity to look into wider health determinants of health so that decision makers have the research evidence they need.

More information about HDRCS can be found at: www.nihr.ac.uk/news/nihr-invests-a-further-55m-to-tackle-health-inequalities-through-local-government-research/34972

HDRC Doncaster is a collaboration between City of Doncaster Council, the University of Sheffield and Sheffield Hallam University and represents significant investment to grow our capacity to do and use research. The HDRC team includes several embedded researchers with complementary experience, knowledge and expertise.



Image credit: @Nat_Beebe

NIHR | Health Determinants
Research Collaboration
Doncaster

Dr Susan Hampshaw, Chief Investigator for Doncaster's HDRC, outlines some of this year's achievements:

"We know that the Covid-19 pandemic disproportionately impacted the health and wellbeing of children and young people. For this reason, one of our priority areas for research activity is children and young people. It is early days for the HDRC, but we are working on several children and young people projects: Born and Bred in Doncaster (BaBi D), Vaping and Young People, Early Years Evaluation, Remake Learning Festival Evaluation, LGBTQ+ Health Needs Assessment, and Contraceptive Aspirations. HDRC staff are assigned to each of these studies working alongside local government officers and other stakeholders to deliver the projects.

As a HDRC, we have also been able to contribute to Doncaster's Fairness and Wellbeing Commission as two HDRC embedded researcher professors (in evidence synthesis and public health) have worked to support the evidence needs of the commission. They have attended all meetings, responded to themes generated by the Commission, and coordinated data from research/practice initiatives with local context working with local government officers.

In September 2023, we held our inaugural HDRC Doncaster Research Festival with a range of speaker and skills sessions. We had the opportunity to showcase BaBi D illustrating the collaboration, data linkage, alongside our activities to involve local people in determining research priorities. We are looking forward to our next year and being able to report the outcomes of this work."

To find out more about our work, email: HDRCDoncaster@doncaster.gov.uk

A photograph showing two individuals, a woman and a man, sitting at a desk and looking at documents. The woman is on the left, wearing a light-colored striped shirt, and the man is on the right, wearing a blue shirt. They appear to be in a professional setting, possibly a meeting or a review session. The text 'Use of the public health grant' is overlaid on the left side of the image in a large, white, sans-serif font.

Use of the public health grant

In June this year, national guidance¹² on the role of the Director of Public Health was updated, although overall, the core objectives remain the same as when they were initially published in 2020.

Directors of Public Health are tasked with leading the local Public Health function and have a duty to take steps to improve the health of people living in the area. Working with Team Doncaster partners and communities themselves, public health teams are well placed to take action to address the wider determinants of health and narrow health inequalities.

To achieve these goals, Public Health teams work in systems and across boundaries both within and between partner organisations. However, City of Doncaster Council's Public Health function receives a ring-fenced public health grant to support activity.

The Public Health ring fenced grant¹³ is allocated through the Council's budget setting process and can be directed to both mandated 'prescribed' and non-mandated 'non-prescribed' services and functions. Priorities are guided by the Public Health Outcomes Framework¹⁴ (PHOF), the local Joint Strategic Needs Assessment (JSNA) and the local Health and Wellbeing Strategy.

The table shows how the Public Health grant was used in 22/23 and the budget allocation for 23/24. Investment in mandated services (indicated by *) has been maintained or increased where additional national funding has been made available (e.g. supplemental substance misuse grant). Public Health advice costs have increased as staff have returned from covid response roles.

The wider determinants fund of £5.5 million has been maintained at a similar proportion of grant spend.

	2022/23 Actual	2023/24 Budget
	(£000s)	(£000s)
Public Health - Grant	25,300	26,126
Public Health - Other income	7,932	7,932
Total Public Health Income	33,232	34,058
Spend: Commissioned Services		
Health Visiting (Children 0-5 public health) *	6,458	6,546
School Nursing (Children 5-19 public health)	1,964	1,977
National Child Measurement Programme *	68	68
Substance Misuse *	7,691	7,829
Sexual Health *	2,370	2,350
NHS Health Checks *	-	200
Obesity	236	-
Physical Activity	112	185
Smoking and Tobacco	522	740
Health Protection: Infection Prevention & Control	123	272
Mental Health - Suicide Prevention	126	24
Other public health services and activity	5,385	4,730
Sub-total: Commissioned Services	25,055	24,921
Spend: Public Health Team		
Public Health advice (including Salary costs)	1,487	2,726
Support Services	1,130	1,194
Sub-total: Public Health Team	2,617	3,919
Spend: Wider Determinants		
Realignment	5,235	5,330
Growth	263	263
Sub-total: Wider Determinants	5,498	5,593
Total Spend	33,170	34,434

12. <https://www.gov.uk/government/publications/role-of-the-director-of-public-health-in-local-authorities/directors-of-public-health-in-local-government-roles-responsibilities-and-context>

13. <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2023-to-2024/public-health-ring-fenced-grant-2023-to-2024-local-authority-circular>

14. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000049/pat/6/ati/501/are/E08000017/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Children and Young People Living their Best Possible Lives



City of Doncaster Council want to provide support for young people that promotes health and wellbeing.

The Capabilities Approach (CA) (Biggeri, Libanora, Mariani & Menchini (2006), Dominguez-Serrano, del Moral Espin & Galvez Munoz, 2019) has been described as a progressive approach to supporting the wellbeing of young people.

Capabilities Approach:

The opportunities of a person to pursue lives they have reason to value - to live their best possible lives. Equitable and sustainable support should be provided to help all young people grow to be capable and responsible, and have opportunities to thrive.

In 2019, City of Doncaster Council and a research team from Sheffield Hallam University worked with 17 young people to find out what would help them to 'live their best lives'. The young people designed and undertook research and contributed to the analysis of the results. They talked to a further 30 friends and classmates about their ideas. They also took part in a workshop with people who work in services, to plan together what support the council, and wider community, should give young people and how this support should be provided.

The primary aim of the study was to ensure that services for children and young people were designed to best support young people to have the freedom and capability to live lives they have reason to value. Research questions for the study were:

- To understand what young people in Doncaster have reason to value
- To explore what and who young people in Doncaster feel supports them to become capable, responsible and provide them with opportunities
- To investigate what assets can be built upon and what further role public services can play in their development

Through the programme of research, the young people came up with their own framework for support which would help them to 'live their best lives'. This framework included 5 themes:

PEOPLE AND RELATIONSHIPS:

- ✓ Develop trusted adult to young relationships.
- ✓ Develop peer relationships.
- ✓ Have someone listening, somewhere.

PLACES, SPACES AND TIME FOR ME:

- ✓ Have our own private space for 'me time'.
- ✓ Be fit and physically active.
- ✓ Visit places that are fun inspire us.
- ✓ Be able to pursue hobbies
- ✓ Help others through volunteering opportunities
- ✓ Get around easily and cheaply

LEARNING AND SKILLS:

- ✓ Develop social skills to negotiate with people, online and in person
- ✓ Develop life skills (time management, confidence, access to advice and direction)
- ✓ Overcome challenges
- ✓ Have access to content to help understand our experiences (content availability and means to access via technology)

FREEDOM AND RIGHTS:

- ✓ Speak up and be listened to
- ✓ Have our views taken seriously and treated in confidence
- ✓ Be accepted and loved for you are.
- ✓ Be 'authentically yourself'
- ✓ Be safe from harms (people, safe spaces)

HEALTH AND WELLBEING:

- ✓ Be physically and mentally well
- ✓ Have access to information about how to stay well and where to get support.

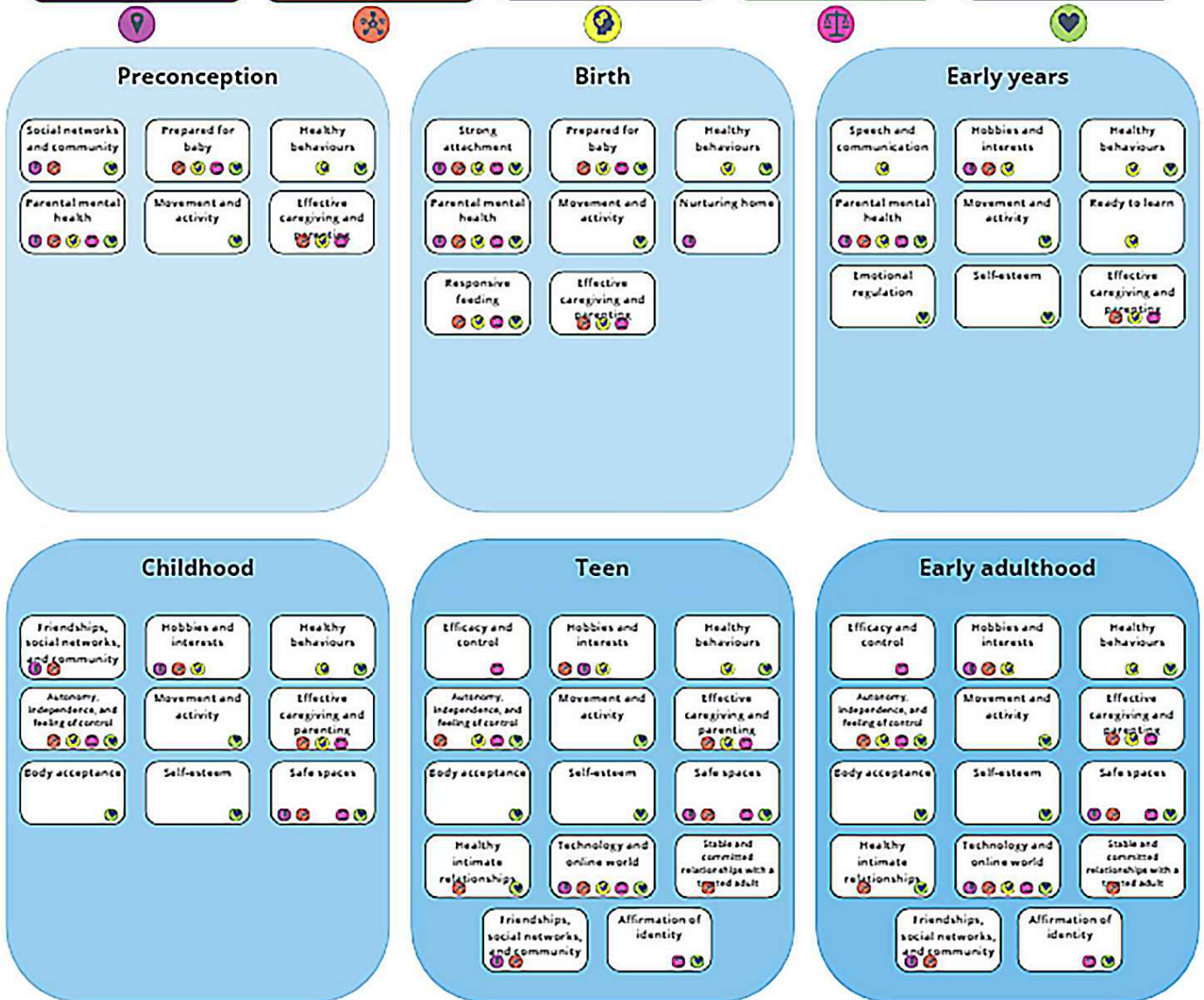


In each of these themes, the young people were able to agree what helped them to grow well, what stopped them from flourishing and what people could do to support them.

They focussed on the need for trusted relationships with adults, their own space and access to valued activities. They wanted education to be broad – building knowledge about academic subjects but also social and life skills. The young people stressed the need for support for their mental health and to be able to influence decisions that affect them. The project successfully showed that young people were able to make relevant suggestions for the ways in which the community and services might support them to thrive. The Council are committed to building young people's ideas into the support they offer and continuing to give young people decision making power in areas that affect them.

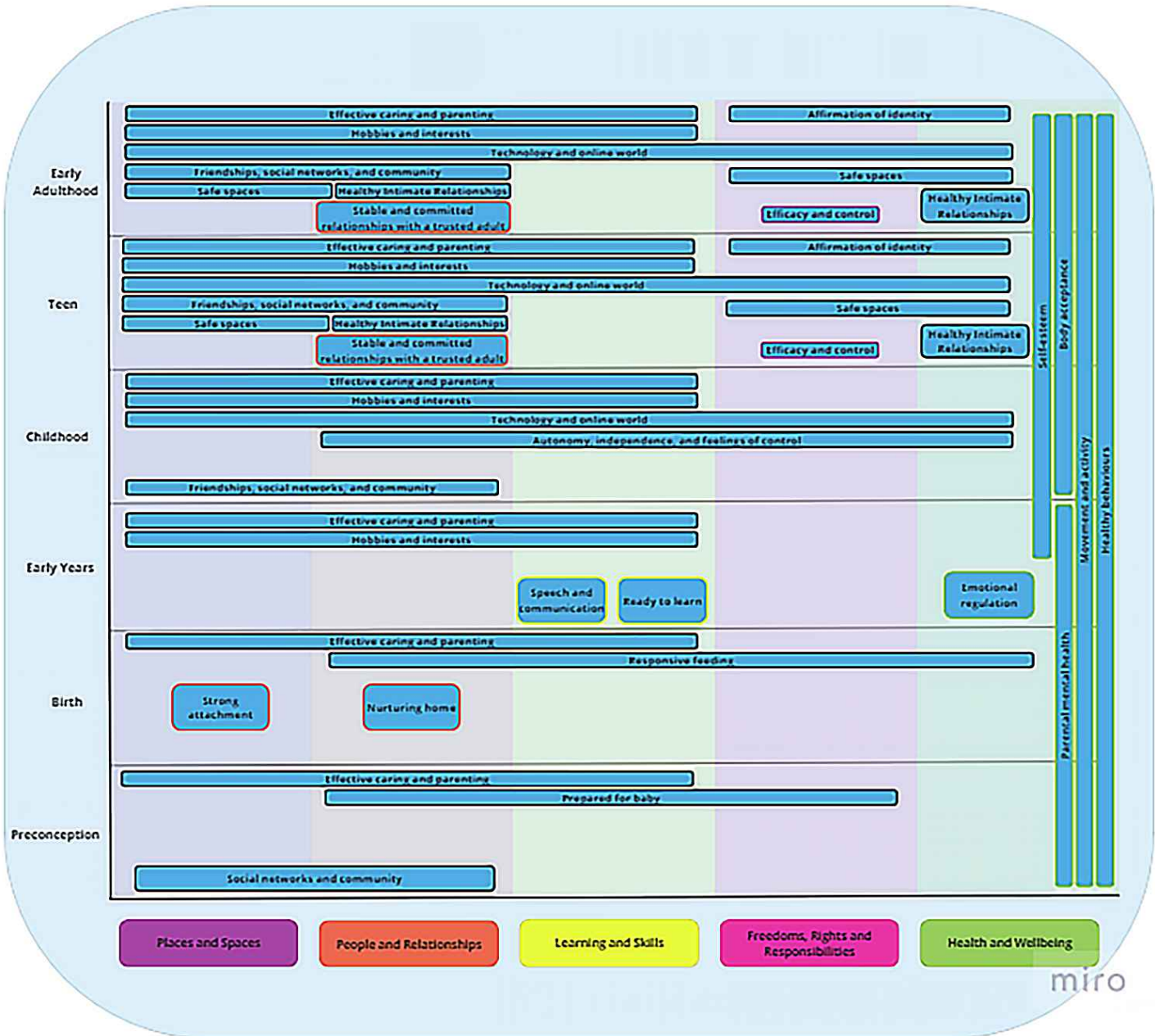
The ideas generated from the programme have been used to review the questions and responses received through the Pupil Lifestyle Survey, embedded in the development of the service model and delivery Zone 5-19 and have been included in the development of the Compassionate Approach to Health and Wellbeing which is now adopted by Public Health.

The Public Health team have also looked at the themes the young people generated, to consider the types of protective factors and support that could be offered to strengthen these – the tables on the following page bring these together to support service planning locally.





PUBLIC HEALTH
CHILDREN, THEIR PEOPLE AND FAMILIES



miro

Using Local Intelligence and Insight

To supplement nationally collated data and indicators and performance reports from commissioned services, school health profiles and an annual pupil lifestyle survey provide additional, hyper local insight into health and wellbeing of children and young people of school age.

School Health Profiles:
Facilitated conversations between schools and school nursing to plan services to improve health, wellbeing and attainment.

The Health & Social Care Act (2012) sets out a local authority's statutory responsibility for public health services for children and young people aged 5-19 years. Universal public health services for children and young people are an essential component of promoting, supporting and protecting their health and wellbeing.

In 2021, Doncaster Public Health commissioned a new service model for the provision of 5-19 public health services. The new service model brings together the School Nursing and the Integrated Young Person's Services into one delivery model, now known as 'Zone 5-19'. The service provides support for children, young people and families through interventions in school, the community, and a town centre clinic as well by phone, social media, e-clinic app and a website.



The service is tasked with completing a School Health Profile with each Primary and Secondary school in Doncaster, incorporating the local Healthy Schools Award – Healthy Learning, Healthy Lives and the Pupil Lifestyle Survey. Through this process, the service can better understand the level and focus of support each school needs from the School Nursing teams of the Zone 5-19 service.

School Nursing services support children and young people across a range of domains; Resilience and emotional wellbeing; Improving lifestyles; Maximising learning and achievement; Supporting additional and complex health and wellbeing needs; Seamless transition and preparation for adulthood.

School Health Profiles were first carried out in the 2022/23 Academic year, and profiles are in place for 97% of Doncaster schools. The issues most often identified for age-appropriate support from the service were:

- Oral and dental health
- Healthy friendships and relationships
- Managing worries and feelings
- Sleep
- Puberty

The School Health Profiles demonstrate the role of strong partnership working, recognising and utilising links – between Public Health, commissioned services, education settings and wider agencies offering support to schools. The service will be conducting School Health Profiles for the 2023/24 academic year and will be taking into account the learning and feedback from the first year.

Doncaster's Pupil Lifestyle Survey

Since 2015, we have conducted the Pupil Lifestyle Survey (PLS), an anonymous school-based questionnaire, providing valuable data on children and young people's health related behaviour for primary and secondary aged children. All mainstream primary and secondary schools across Doncaster are invited to take part for free. Since the 2018/19 academic year the survey has been completed annually.

The PLS is designed for young people of primary and secondary school age within Key Stages 2, 3 and 4 (specifically year group 4, 6, 8 and 10). In recent years, schools have included additional year groups in order to gain insight into health and wellbeing behaviours of a broader range of their pupils.

The PLS takes the form of an online questionnaire and asks a range of questions covering key themes which include:

- nutrition and oral health
- physical activity
- keeping safe
- emotional health and wellbeing
- risk taking behaviours



Every participating school receives personalised data and can find out how attitudes to key themes are changing. The feedback from schools demonstrates the value of the PLS for our education settings in Doncaster.

“Positives – our students seem far better informed of the resources and advice available around sexual health – even taking in to account Y10s who have had less Life Skills than Y8 have. Smoking was a real concern (very significant difference) compared to other schools in Doncaster in the last survey and I know we adjusted Life Skills and our whole school sanctions to reflect this.”

Secondary School

An overall report is produced for all pupils taking part. The results from the survey are used in the Doncaster Children and Young People's Plan and other strategic plans including the Mental Health Strategy and the Get Doncaster Moving Strategy. Findings are also used in setting the RSHE curriculum. The previous data from the survey has provided a set of Doncaster-wide figures at key points in children and young people's development.

The survey gives a broad overview of a range of health and wellbeing issues affecting children in Doncaster and is a key source of child voice in the borough. The results have enabled more effective targetting of support for children and young people, by using the geographical reports by ward or locality and the characteristics reports to understand specifics for children who are entitled to free school meals, young carers and children with Special Educational Needs.

Compassionate Communications

We know that body image is an issue for young people. This year, the NSPCC reported that their Childline service gave over 4,000 counselling sessions on the topic of body image and disordered eating. Our own Pupil Lifestyle Survey has reported that Doncaster children worry about the way they look. Amongst secondary school children in particular, perceptions of the way they look is the thing they most worry about (36%). This number is 20% for primary school children but rises to 27% amongst primary girls.

In primary schools, physical attributes are most often the target of bullying, with 29% of pupils saying they were bullied because of the way they looked and a further 25% because of their size or weight. In secondary schools, these numbers rise, with 51% of all pupils who say they have been picked on or bullied say it was because of the way they look and a further 36% say it was because of their size or weight.

A person's body image is affected by a wider variety of factors, and there are certain times of the year where a person's body image is more likely to be affected. Around New Year, there can be a lot of pressure to set unrealistic goals for the year ahead, and often these can revolve around changing the way you look.

We want to continue to encourage health-promoting behaviours, such as increasing physical activity levels and eating a varied diet, without focusing on body image and weight. The ineffectiveness of dieting and traditional weight-loss programmes can contribute to weight stigma, feelings of shame, poor mental and physical health outcomes, as well as negatively impacting a person's relationship with food and exercise.

We ran a successful communications campaign with the purpose of providing alternative support and inspiration for new year's resolutions, and to address and rebalance the popular messaging around new year that promotes diet culture and harmful ideas about weight and health.

ALTERNATIVE NEW YEAR'S RESOLUTIONS

New Year can feel like you need to change overnight– but we know it's not that easy!

Try out some 'Alternative Resolutions' this year that center **your own** health and wellbeing journey.

Why not try a sport you used to love or check out Get Doncaster Moving?

- ~~1. Lose weight~~ Get back into swimming (I used to love it!)
- ~~2. Detox~~ Check out Get Doncaster Moving!
3. Start that new club
4. Treat myself with kindness! ❤️

Your Life Doncaster **choose KINDNESS**

Find out more: yourlifedoncaster.co.uk/wellbeing

ALTERNATIVE NEW YEAR'S RESOLUTIONS

'Habit Stacking' is a way to build your health and wellbeing goals in a way that centres you.

Why not start with a walk with friends and see where that takes you!

New habit
5 Minutes of mindfulness

Existing habit
Morning Cup of Tea

New habit
5 minutes of stretching

Existing habit
Brush my teeth

Your Life Doncaster **choose KINDNESS**

Find out more: yourlifedoncaster.co.uk/wellbeing

Shaping Stainforth Young Apprentices

Shaping Stainforth (SS) is a three-year funded approach with The Health Foundation. Focusing in one community in the East of Doncaster, Stainforth, the approach aims to lay the foundations for long-term change that will lead to a community that has the conditions that are conducive to good mental health.

Core to this is creating local opportunities for local young people, an approach that has been shaped by two young apprentices employed as part of the programme.

The young apprentices work with other children and young people who live in Stainforth to bring their ideas for their communities to life.

In their time working with the team, they have grown the young peoples steering group, worked with the local voluntary, community and faith sector and worked with local schools to develop a Stainforth youth action plan.

The apprenticeship roles provide local young people with skills that they use to enrich the places and opportunities for other young people. They provide a method for involving and including the voice and experience of other young people into decision making. They also set an example to other local young people to set their own aspirations for their future, linking these hopes and dreams with real local opportunities.



Utilising additional Investment

Nationally, there has been additional fixed term investment in substance misuse and family hubs. Public Health teams have been able to work with partners to allocate and use this additional funding to address local challenges.

Supplemental Substance Misuse Treatment and Recovery Grant

While the majority of children and young people do not use drugs, and most of those who do are not dependent, drug and alcohol misuse can have a major impact on children and young people's health, their education, their families and their long-term chances in life.

In Doncaster, as has been the trend nationally, there has been a decline in people accessing substance misuse treatment services. There are a number of contributors which have potentially influenced this downward trajectory, however, the recent decreases in numbers in treatment are not necessarily reflective of the actual need.

In 2021, the Government published 'From Harm to Hope':¹⁵ A 10-year drugs plan to cut crime and save lives'. With this strategy, the Government also announced three years of additional funds through the Supplemental Substance Misuse Treatment and Recovery Grant. The drug strategy includes objectives specific to young people, including a pillar of action to achieve a generational shift in the demand for drugs.



In Doncaster, a Children, Young People and Families subgroup developed a workplan of actions including:

- Boosting existing local services, including the Zone 5-19 Service through allocating additional funds to increase the capacity of substance misuse workers
- Strengthening partnerships to improve referral pathways through better understanding of local assets, like trusted relationships, and needs of young people
- A training and skills audit for both the specialist and wider children and young people workforce and development of training and development programme

Additional funding has been invested in the Families Moving On Together Programme¹⁶ (FMOT) to support attendance at the programme. FMOT is a whole family program designed to help parents, carers and children talk more openly about the effects of parents or carers drug and alcohol misuse in a safe space and make small changes to improve their family life.

FMOT is a free service for families where one or both parents or carers have experienced or are still experiencing difficulties with their drug and, or alcohol use and where there are children in the family aged between 8 years and 18 years.

Additional funding has been used to recruit a Youth Support Worker into the EPIC team¹⁷ to focus on substance misuse. EPIC delivers a range of programmes for young people, working in the community with young people through a range of positive activities. An EPIC Hub provides a pop-up youth zone in the Frenchgate Shopping Centre where EPIC youth workers are on hand to offer

15. <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

16. <https://zone5-19.rdash.nhs.uk/parents-and-carers/family-moving-on-together/>

17. <https://www.doncaster.gov.uk/services/schools/encouraging-potential-and-inspiring-change-supporting-young-people>

Baby Friendly Initiative – Antenatal Support in Family Hubs and Early Days workers

Pregnancy and the early postpartum period are transformative moments in the lives of individuals and families.

The foundations of a healthy and productive life are laid in this period. However, some new parents can experience poorer physical or mental health. In Doncaster, the Starting Well strategy sets out a number of actions to support families through their pregnancy and in the first years of the child's life. Much of this co-ordinated support is provided through Doncaster's Family Hubs.

The Family Hub ante-natal offer is provided in partnership with Midwifery Services with every Family Hub hosting a midwife clinic in the community. As part of the Family Hub ante-natal offer, baby friendly initiative bags are given to all families in the later stages of pregnancy by Early Days workers. The bags contain information to help families prepare for their new baby. Breastfeeding information and support from the We Support Our Mums scheme is shared, and Early Days workers are able to answer any questions. Timetables for the family hub are also shared.

The Early Days Worker role was introduced as part of the Start 4 Life project using the additional fixed term national funding for the crucial early years. Following the birth of a new baby, the Early Days Worker will contact the family within the first 2 days to provide extra practical support, in addition to midwife visits, giving families additional support before the first visit from the Health Visitor. Support focusses on feeding of the baby and parents can also be supported with their wellbeing.

Early findings demonstrate that mothers value support around breastfeeding, which helps them to breastfeed for as long as they choose. Teams have also strengthened the partnership working with and between Health Visiting and Midwifery services.



Including the profile of our Early Days Workers in the baby friendly initiative bags provides an opportunity to introduce them to families at an early stage, building a good foundation for the post birth contacts.

Summary and Final Thoughts

There are opportunities to improve health, wellbeing and life chances at all stages of childhood – from preconception to adolescence and young adulthood. The moral and economic case is clear...

Doncaster children have bold ambitions and should be supported through their trusted networks and places and by responsive, tailored services.



The emerging findings of the Fairness and Wellbeing commission set an ambitious, but deserved vision – a desired future state - for children and young people:

Doncaster is a place where children and young people are supported to be kind, healthy, happy, safe and active members of their community guided by three fundamental principles:

1. RESPECT AND VALUE CHILDREN AND YOUNG PEOPLE:

Recognising their inherent value and potential, fostering a culture of respect and appreciation with opportunities that match their high aspirations.

2. EQUITABLE TREATMENT:

The city promotes equity in its treatment of children and young people; it ensures that all individuals, regardless of their age, background, or circumstances, are treated fairly.

3. EMPOWERMENT AND OWNERSHIP OF THE FUTURE:

Doncaster empowers its children and young people to voice their opinions, shaping their lives and the community they live in.



The framework and themes generated by the young people involved in the Capabilities project in 2019 match well with the emerging findings from the Fairness and Wellbeing Commission and can be used to provide a unifying, strategic focus to underpin all children and family focussed developments and activities across the borough.

The framework and themes highlight the importance of children and young people having safe and inspiring places to grow and learn and opportunity to practice and improve core life skills. The importance of supportive, responsive relationships in developing resilience is a feature throughout childhood and adolescence.

Working across the four Doncaster Localities, with Team Doncaster partners and working with communities themselves to enable and enhance assets will further drive a bespoke and responsive way of working as we move into the future.

Some final thoughts as we move into 2024...



Summary and Final Thoughts

The importance of voice and experiences of children and young people

This report has highlighted the importance of ensuring that the voice and experiences of children and young people is used in shaping policy and service design and delivery. The pupil lifestyle survey, and insight gathered from research approaches including BaBi D provide a local picture to supplement data produced nationally.

Voices and experiences of young advisors, young apprentices and young commissioners working on behalf of communities of children and young people in Doncaster ensures that young people are able to take a hands-on leadership role in shaping their priorities.

Doncaster's Children and Young People's Plan 2022-2025¹⁸, developed by the Youth Advisory Board sets the priorities against the ambition for Doncaster to be the most Child Friendly Borough in the Country - a safe, happy, healthy, connected and inclusive place for all children and young people.



18. <https://dmbcwebstolive01.blob.core.windows.net/media/Default/ChildrenYoungPeopleFamilies/Documents/CYPP-2022-LR2.pdf>

Taking a compassionate, prevention-focussed approach

The economic argument for early intervention is compelling and illustrated by the Heckman Curve¹⁹. For children and young people this means working with families as early as preconception. Understanding and addressing the wider determinants – the causes of the causes of ill health – includes taking a compassionate approach²⁰.

Good health and wellbeing is not just the result of the decisions we make. It is greatly affected by the social environment we live in – which can be improved if we have the shared ambition to do so. We need to move away from blaming individuals for their poor health and instead build the social conditions for better health through choosing kindness, this means reducing health stigma, practicing ‘no judgement’ and investing in prevention.

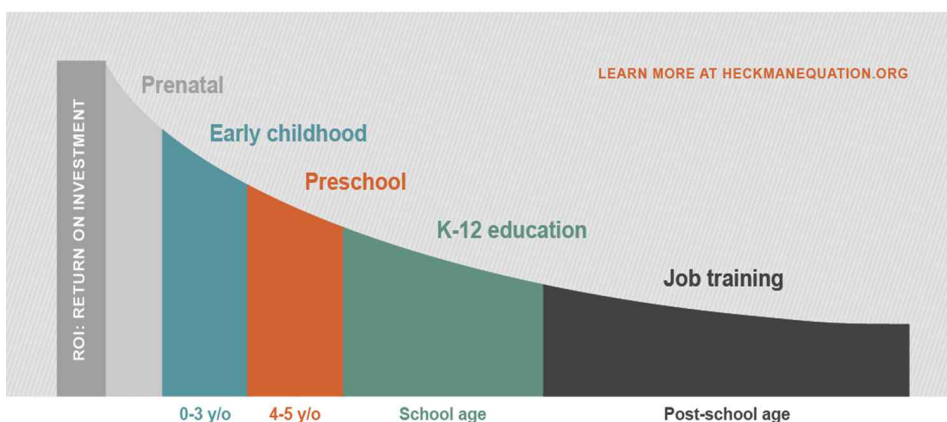
Communities, places and services for children, young people and families can support in building the social conditions for better health through compassionate approaches.

Schools and early years settings can have an impact far beyond the provision of education and can extend to be a source of supportive social connections, inspiring relationships and a place for children and young people to feel safe and develop core life skills. This enrichment can have a long-standing impact on improving outcomes and supporting aspirations of children.

Sustaining good mental health for parents and children is key. Parents who have good mental health often feel able to better support their children’s needs and development and poor mental health for children can impact their physical wellbeing, educational attainment and their relationships.

The relationship between poverty and mental health is well evidenced and the solutions for sustaining mental health across society includes tackling the structural and root causes. The Great 8 Priorities²¹ include actions to nurture a child and family friendly borough, including approaches to tackle child poverty and ensure families have all the wellbeing essentials.

Return on Investment
Economic impact of investing in early childhood learning.



19. <https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy>
 (Heckman, J.J. (2006) Skill formation and the economics of investing in disadvantaged children. Science 312(5782): 1900–1902)
 20. <https://www.doncaster.gov.uk/services/health-wellbeing/doncaster-s-compassionate-approach>
 21. <https://www.teamdoncaster.org.uk/the-great-8>

Summary and Final Thoughts

Equalities and inclusion health focus

Some children will face additional barriers and challenges to health and opportunity and will be more likely to experience poor health outcomes and more negative experiences when trying to access and use services. Children in 'inclusion health' groups can include young carers, children in care and children with a disability or special educational need. Children from ethnic minority communities or who are LGBTQ may also need support or services more tailored to individual need.

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at system level. The approach defines a target population cohort – people living in the 20% most deprived communities - and people in the 'plus' inclusion health groups. The approach also identifies five focus clinical areas for improvement, for children this is asthma, diabetes, epilepsy, oral health and mental health.

For Doncaster, around 40% of people live in the 20% most deprived neighbourhoods as categorised nationally by the index of multiple deprivation. Local NHS services can narrow inequalities in health service provision by considering youth friendly standards and the tailored support that some young people may need to achieve equitable access, excellent experience and optimal outcomes.

More widely, places and services that support children, young people and families should prioritise identifying and supporting young people who are more vulnerable earlier. Actions that reduce potential harm and stress, and increase capabilities and skills and opportunities to build trusted relationships should be targeted and weighted to children and families who will benefit most.

To close the health inequalities and opportunities gap we must use community based approaches to involve and hear from children and families who are most affected. To influence and sustain change and improvements and affect the wider determinants of health, we must work alongside our communities.

