

Public Health Annual Report

2023



City of
Doncaster
Council

Contents

- 3 Foreword from Cllr Nigel Ball, Cabinet Member for Public Health, Leisure and Culture
- 4 Introduction
- 7 The State of Health in Doncaster in 2023
- 19 2023 Highlights and Progress
- 22 Use of the Public Health Grant
- 24 Children and Young People Living their Best Possible Lives
- 34 Summary and Final Thoughts



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 citizens 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 birthweight 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.

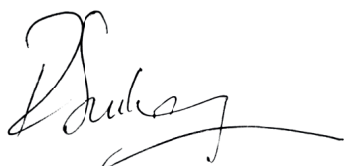
At the start of 2023, Doncaster established a Fairness and Wellbeing Commission with the aim of making an independent strategic assessment of the nature, extent, and causes of inequalities in Doncaster based on an examination of evidence and insight into experiences of people who live in Doncaster. Commission 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.

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
@rupertsuckling

Director of Public Health
City of Doncaster Council





The state of health in Doncaster



The state of health in Doncaster 2023

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.

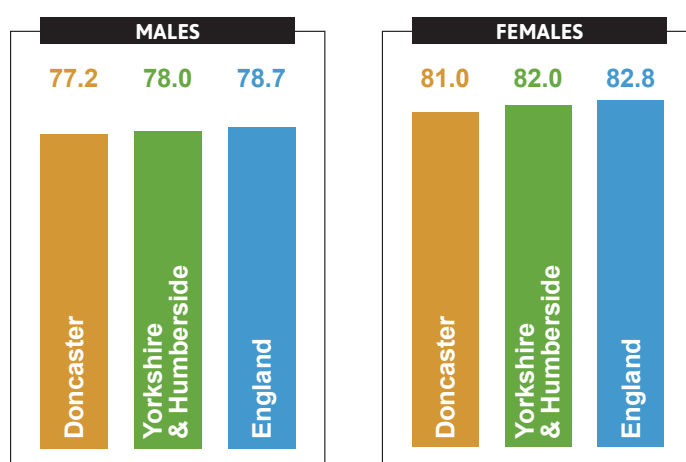
The JSNA groups data into 3 life stages: Starting Well, Living Well and Ageing Well and updated demographic data from the 2021 census has meant that we are able to have a more up to date understanding of the demographics of Doncaster people. The JSNA is available at:

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.

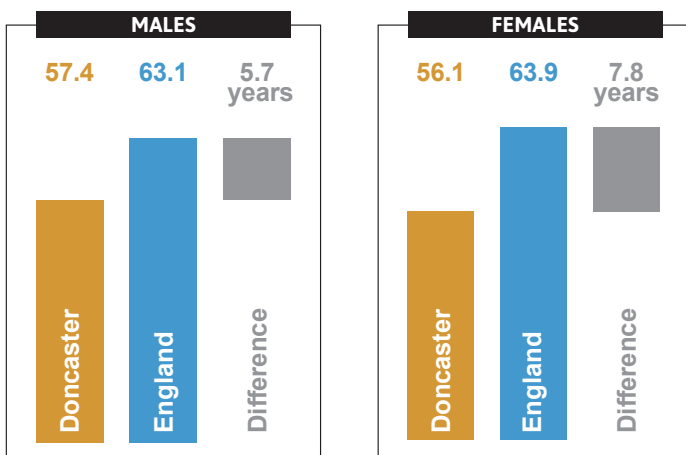
Tobacco is the risk factor making the largest contribution to years of life lost for both males and females

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)



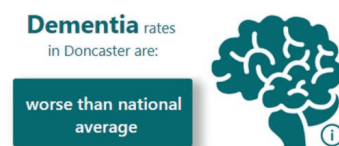
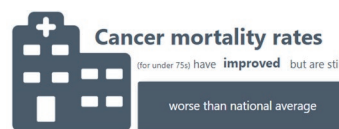
Long term health conditions and multimorbidity – the presence of two or more long term conditions are the clearest drivers of self-reported poor health. Long term conditions are physical and mental health conditions of long duration and include chronic musculoskeletal conditions, diabetes and mood disorders.

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 is available to provide support to quit and promote smokefree 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 breastmilk 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 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.

Indicator	Period	Doncaster			Region England		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; align-items: center; gap: 5px;"> <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%		15.5%		
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 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 services offer confidential, non-judgmental care to mums who have more complex mental health needs.

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 [here](#).

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 toothbrushing 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](#).

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 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

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.

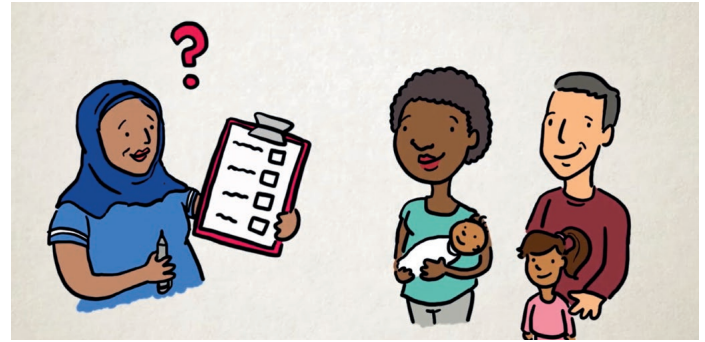
Childhood and adolescence are periods of development and change, where families, schools, health services and other communities can help children and young people to adopt and learn behaviours and form trusted relationships that can improve their health outcomes. This includes attachment and resilience 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 about Born and Bred in Doncaster and the wider network of BaBi studies please visit [Born and Bred In Doncaster \(BaBi-D\) - Doncaster and Bassetlaw Teaching Hospitals \(dbth.nhs.uk\)](https://www.bornandbredin.org.uk)



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 decribed **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.

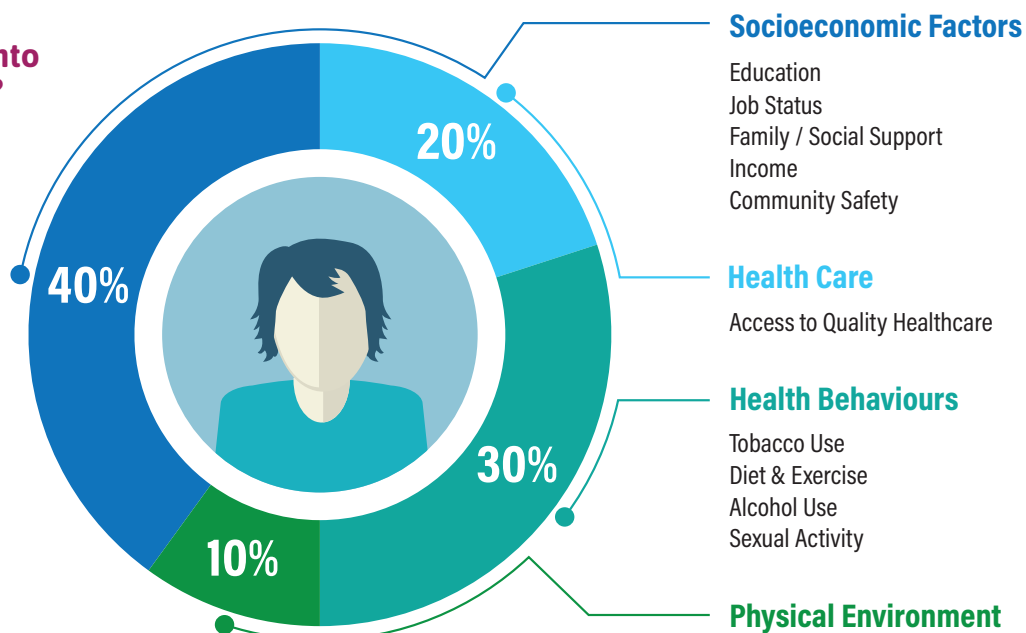
“Our approaches see every child given the opportunity to increase their knowledge, develop independence and skills, making memories as individuals and as part of their own community.

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”

Doncasters 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 to join up and enhance services and support for families with children in their early years, including the critical 'first 1001 days'.
- Well Doncaster 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 - 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.

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



Use of the public health grant

In June this year, national guidance 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 grant 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 Framework (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	2,350
School Nursing (Children 5-19 public health)	1,964	350
National Child Measurement Programme *	68	1,704
Substance Misuse *	7,691	68
Sexual Health *	2,370	233
NHS Health Checks *	-	80
Obesity	236	7,798
Physical Activity	112	731
Smoking and Tobacco	522	1,955
Health Protection: Infection Prevention & Control	123	6,186
Mental Health - Suicide Prevention	126	148
Other public health services and activity	5,385	7,372
Sub-total: Commissioned Services	25,055	20,065
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

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.

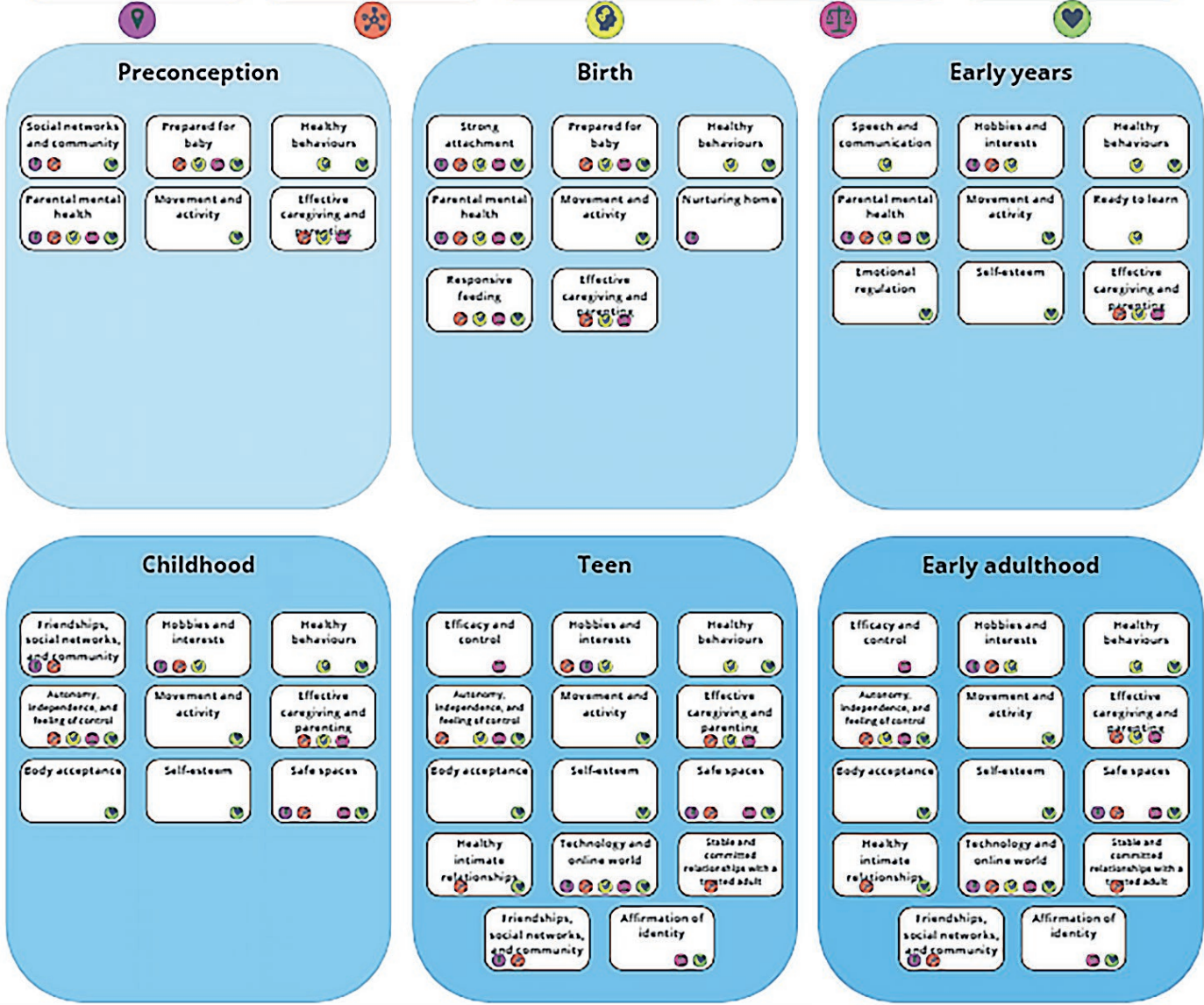


In each of these themes, the young people were able to agree what helped them to grow well, what stopped them from flourishing and what people could do to support them.

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.

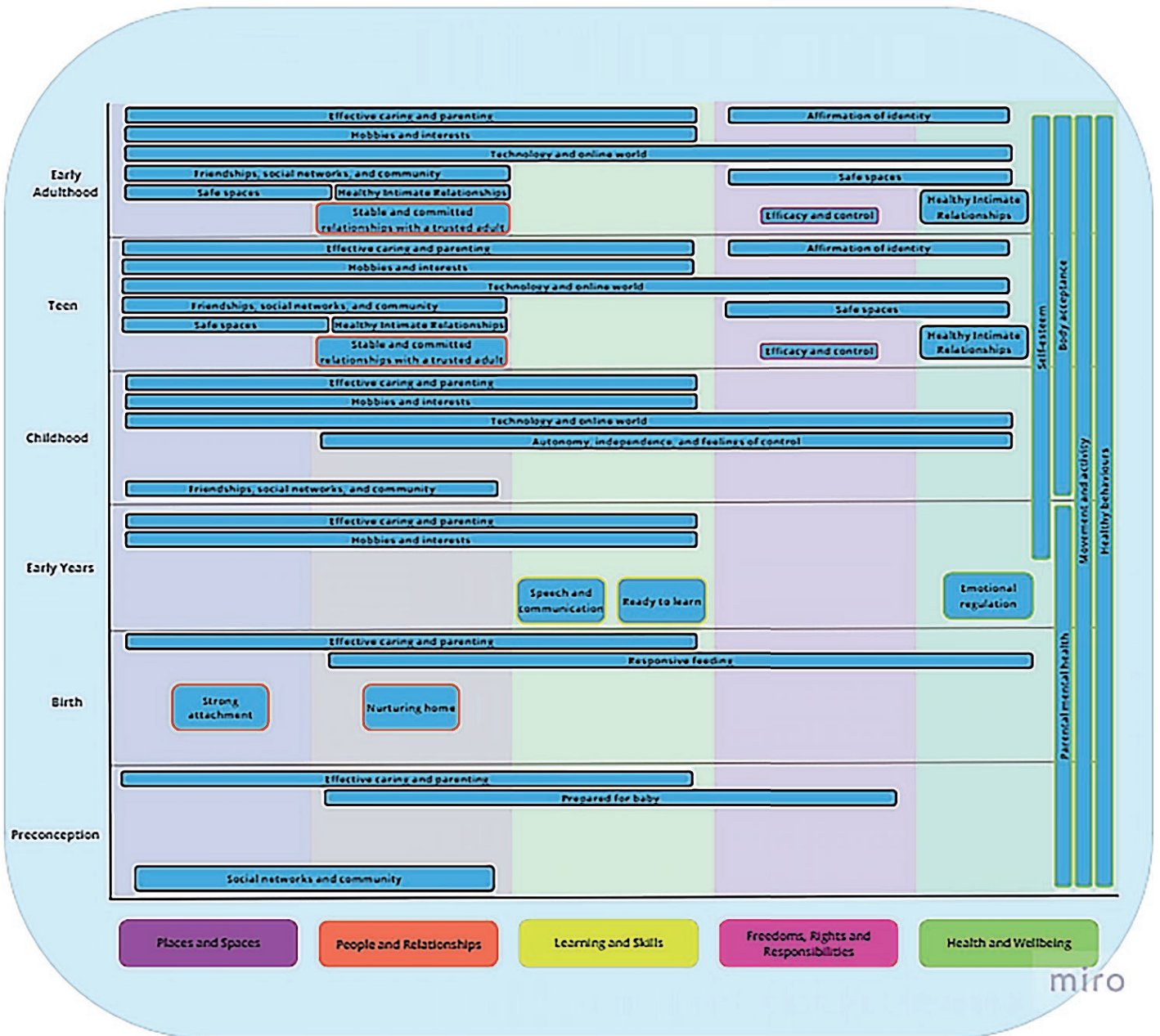
The ideas generated from the programme have been used to review the questions and responses received through the Pupil Lifestyle Survey, embedded in the development of the service model and delivery Zone 5-19 and have been included in the development of the Compassionate Approach to Health and Wellbeing 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, YOUNG 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: 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 Programme (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 EP ICteam 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

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 2022-2025, 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.



Taking a compassionate, prevention-focussed approach

The economic argument for early intervention is compelling and illustrated by the Heckman Curve. 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 approach.

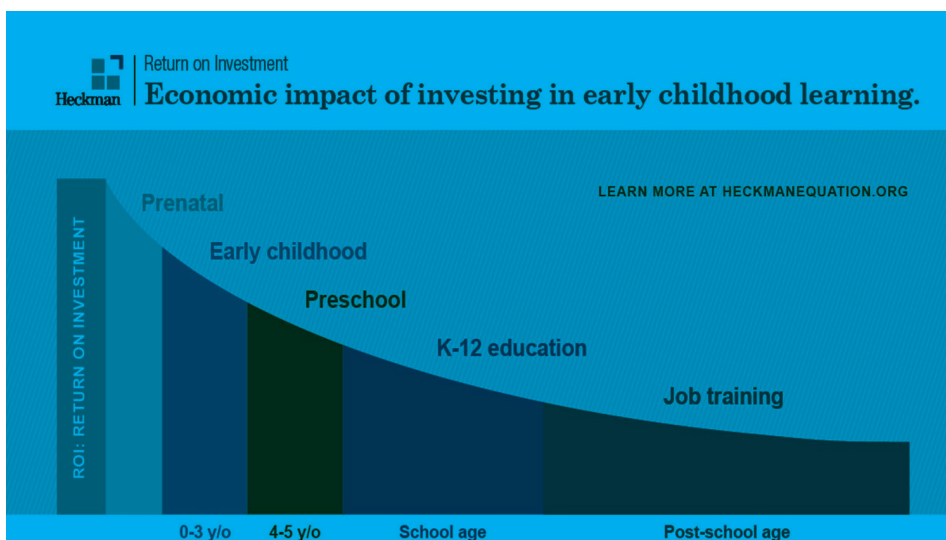
Good health and wellbeing is not just the result of the decisions we make. It is greatly affected by the social environment we live in – which can be improved if we have the shared ambition to do so. We need to move away from blaming individuals for their poor health and instead build the social conditions 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 Priorities include actions to nurture a child and family friendly borough, including approaches to tackle child poverty and ensure families have all the wellbeing essentials.



Heckman, J.J. (2006) Skill formation and the economics of investing in disadvantaged children. Science 312(5782): 1900-1902.

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.

