

Director of Public Health Annual Report 2016

**Doncaster Metropolitan
Borough Council**

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Foreword

Welcome to my second Annual Report as Director of Public Health for Doncaster Metropolitan Borough Council.

In 2015, I identified four challenges that needed to be addressed to sustain the progress that had been made in improving health and wellbeing locally. The challenges were

- Improving children's health and wellbeing
- Making the link between education, work and health
- Increasing healthy life expectancy and reducing preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

On the basis of these challenges I made a number of recommendations and progress is captured in section 1, but I have yet to see major impacts or changes in health outcomes.

This report then describes the health of Doncaster people using the Public Health England 2016 health profile, and I have made comparisons to the 2015 and 2011 profiles which are included as appendices to this report. I have then represented the work of the Robert Wood Johnson Foundation and the University of Wisconsin to illustrate the factors that contribute to good health, but also reminded readers that the factors that contribute to health accumulate over time and I introduce the concept of the life course. Sections 3, 4 and 5 describe the way in which the council's public health team is working with partners to adopt a life course approach and section 6 describes emerging approaches to social and environmental factors. Section 7 provides an update on health protection and health care public health. Sections 8 and 9 describe the emerging local approach to addressing health inequalities and how this has been translated into the Well Doncaster approach starting in Denaby.

Finally, I have only made one new recommendation this year as although there is action against all of last year's recommendations none of them can be considered complete.

The one new recommendation is for Team Doncaster to consider a 'Delicious Doncaster' approach to food and nutrition to run alongside the 'Get Doncaster Moving' approach for physical activity. A 'Delicious Doncaster' approach could reconnect people to the land and growing, supporting both economic development and gardening together with healthier. The approach could support schools, communities and urban farms as well as celebrating Doncaster's rich food heritage.

I have also decided to use videos based on info-graphics to share the content of this report. I hope you enjoy watching the videos.

In compiling this report I am grateful for the help of a number of colleagues. In particular I would like to thank Claire Hewitt, Carrie Wardle, Louise Robson, Helen Conroy, Clare Henry, Nick Germain, Victor Joseph, Susan Hampshaw and Dan Debenham.

If you have any questions or comments about any aspect of the report please send them to me at PublicHealthEnquiries@doncaster.gov.uk

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Director of Public Health

Doncaster Metropolitan Borough Council

Section 1: Progress on Recommendations from the 2015 Annual Report

In 2015 I identified four challenges that Team Doncaster would need to address to maintain progress on improving health and reducing health inequalities. The challenges were:

- Improving children’s health and wellbeing
- Making the link between education, work and health
- Increasing healthy life expectancy and reducing preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

In order to help Team Doncaster, I made a series of recommendations addressing overarching themes, children, young people and families, employment and health and the prevention of disability. I have asked the relevant leads for an update on progress and this is attached below recommendation by recommendation.

Overarching Recommendations

- Adopt a ‘Health in All Policies’ approach
- Make a strategic shift to prevention
- Empower people and communities to take control of their own health and if services are required involve people in co-designing the services
- Improve data capture, sharing and reporting so that services can become more seamless and based on insight to address inequalities in access and outcomes
- Carry out a local Health Needs Assessment for Black and Minority Ethnic (BME) Groups
- Move beyond integration to population health systems and budgets

<p>Adopt a ‘Health in All Policies’ approach</p>	<p>The Doncaster Local Plan will be the new planning strategy for the borough. It is the comprehensive statement of the borough's most important planning policies and will set out detailed development management policies to guide new development in the borough.</p> <p>Within the new Local Plan we have developed a Health and Wellbeing policy to ensure that future developments consider the impacts upon health and wellbeing.</p>
<p>Make a strategic shift to prevention</p>	<p>The Doncaster Place Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation plan both highlight the need for a strategic shift to prevention. More work is needed to clarify the</p>

	content of and funding for this work stream.
Empower people and communities to take control of their own health and if services are required involve people in co-designing the services	<p>Community Led Support models are being rolled out across Doncaster. Well North approach embedded in 'Well Denaby'.</p> <p>A booklet that aims to empower patients with chronic chest diseases to manage their conditions has been refreshed. The same approach will be developed for patients with other long term conditions.</p>
Improve data capture, sharing and reporting so that services can become more seamless and based on insight to address inequalities in access and outcomes	<p>The Business Intelligence Board has been established to develop analytic tools to improve insight into the experiences of Doncaster people.</p> <p>The board are concentrating on improving geographical analysis and the use of maps as a tool to improve insight into people's health and wellbeing experience. The board will also be seeking to develop a range of analytic tools to enable officers, elected members and the public describe the challenges the borough faces.</p>
Carry out a local Health Needs Assessment for Black and Minority Ethnic (BME) Groups	<p>During 2016, we have revisited the BME health needs across the borough and under the auspices of the Health and Well Being Board (HWBB) we have carried out a multi staged needs assessment which culminated in a HWBB evidence safari (see https://www.gov.uk/guidance/open-policy-making-toolkit/understanding-policy-problems-and-user-needs for more information on evidence safari).</p> <p>We looked at information about BME communities in Doncaster. We also looked at what published research said about what might work in addressing inequalities for BME communities and people. We spent time talking to people by collecting their experiences of using health and social care services across Doncaster using Doncaster Healthwatch's Feedback Centre as well as within GP practices, the council's One Stop Shop, the Women's Centre and Doncaster Conversation Club.</p> <p>The final report is due January 2017.</p>
Move beyond integration to population health systems and budgets	<p>The Doncaster Place Plan describes the first steps to address this. It describes a shared vision, the integration of planning (commissioning) and more seamless service provision.</p> <p>Consultation with the public and staff is planned for early 2017.</p>

Recommendations for Children, Young People and Families

- Implement and evaluate the Early Help strategy
- Focus on vulnerable mothers from pregnancy until the child is 2 ½ (the first 1000 days)
- Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children
- Support schools to develop a Curriculum for Life
- Support schools to increase physical activity in the curriculum

<p>Implement and evaluate the Early Help strategy</p>	<p>A successful multi-agency Early Help Improvement Task Group (EHITG) was established in January 2016 to drive the implementation of the Early Help strategy including:</p> <ul style="list-style-type: none"> • The appointment of eight Early Help coordinators to support multi-agency colleagues to implement the Early Help strategy and navigate the Early Help processes / understand the early help model in localities. • The roll out of an updated ‘practitioner friendly’ Early Help handbook and the training of staff and volunteers from a wide range of agencies to undertake the role of lead practitioner and use the Early Help module. <p>Early indicators of success: By August 2016, the Department of Education’s improvement partners reported: ‘Good progress has been made since the first review in May 2016. In terms of Ofsted judgements, early help services are now firmly in the ‘requires improvement’ category with a trajectory moving steadily towards good.’</p> <p>Children requiring early help are being identified at an earlier age. Over half of all enquires to the EHH are now for children under aged under nine years.</p> <p>The engagement of health partners increased significantly, with over 400 GP practice based staff undertaking early help training. Likewise, schools made 1,312 enquires of the early help hub between November 2015 and November 2016.</p> <p>As of October 2016 48% of open early help cases had been de-escalated and only 10% of cases had escalated to social care intervention.</p> <p>The proportion of children achieving a good level of development at the end of the Early Years Foundation Stage was the highest ever seen in the Summer of 2016, and just above national levels (this is a key success measure of the Early Help strategy).</p>
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Focus on vulnerable mothers from pregnancy until the child is 2 ½ (the first 1000 days)	DMBC and Doncaster Clinical Commissioning Group (CCG) are working together to form a joint 'Starting Well offer' that will see a coordinated approach to delivering services for pregnant women and families with a focus from conception to the second year of life (first 1001 days). The emphasis will be on prevention and early intervention with vulnerable women and families being offered targeted support before issues arise or worsen.
Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children	The Local Transformation Plan refresh has been completed and NHS England is fully confident in progress to date. The new elements of service are being implemented and metrics put in place to measure mental health.
Support schools to develop a Curriculum for Life	Doncaster Education Commission reported in October 2016. Further work on implementation to be agreed by Team Doncaster.
Support schools to increase physical activity in the curriculum	We have developed a Healthy Schools approach to encourage schools to provide a healthy setting for pupils. This includes best practice standards for physical activity, physical education and sport.

Recommendations for Employment and Health

- Use the Social Value Act to maximise equitable employment opportunities when commissioning
- Recommission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market find work
- Work to keep those with health issues in employment longer, improving health literacy and self management
- Continue to help residents keep their homes warm through collective switching schemes, improving energy efficiency of properties and ensure access to welfare advice
- Use community assets to join up health, social care, education, skills and employment around the family building on the Stronger Families and Well North approaches

Use the Social Value Act to maximise equitable employment opportunities when commissioning	One of the council's key performance indicators is the number of contracts which contain social value principles. The target for 16/17 is 72%. Indications are that we will meet this target by the end of the financial year. We have also developed and published on our intranet pages social value guidance for staff i.e. to promote inclusion of social value into our contracts and tender specifications.
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<p>Recommission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market find work</p>	<p>Commissioning of the 'Work and Health Programme' the successor to the Work Programme, is being led by Sheffield City Region (SCR) who, through devolution, have a co-commissioning and co-design role. This means future delivery is shaped together with SCR colleagues. Doncaster is represented on the working group that is supporting the co-design work. The new 'Programme' is expected to go live in Autumn 2017 but will be vastly reduced in terms of financial value when compared to the current Work Programme.</p>
<p>Work to keep those with health issues in employment longer, improving health literacy and self management</p>	<p>The Sheffield City Region (SCR) is currently developing a health led employment pilot, working with the Government's Work and Health Unit which will include a focus on those who are in work but at risk of becoming unemployed through ill health. The project will go live in summer 2017 and the public health team at Doncaster have been central to its development and implementation to date.</p> <p>To encourage self-management, the following have been completed:</p> <ul style="list-style-type: none"> - Updated Doncaster Chronic Obstructive Pulmonary disease (COPD) Booklet - Development and roll out of Making Every Contact Count e-Learning module
<p>Continue to help residents keep their homes warm through collective switching schemes, improving energy efficiency of properties and ensure access to welfare advice</p>	<p>Over 6,700 people have registered for Doncaster collective switching schemes. 24% of those have switched saving on average £250 each.</p> <p>The Energy Action for Health Scheme carried out 64 home advice visits for the period 1st April 2016 to 6th December 2016. Hot Spots Referrals have referred 21 people to DWP for benefit entitlement checks. 'Boilers on Prescription' have assisted 12 households so far for the 2016/17 period. We have 2 more currently being processed. The total spend to date is £35,035.26.</p> <p>Neighbourhood Energy Officers visit 20 homes per week and have now visited around 4000 homes to offer energy saving advice and support residents.</p> <p>DECC/Central Heating Fund. To date we have received 161 applications for this central heating scheme to replace expensive and install mains gas central heating into homes. We intend to complete our target of 172 properties by February 2017. The budget for this scheme is £ 675,000.</p> <p>St Leger Homes Doncaster (SLHD) Solar PV Scheme. In 2015/16 684 properties received solar panels estimating £175 savings. SLHD External Wall Insulation. In 2015/16 1144 properties received this measure, saving £300 on heating bills and in 2016/17 512 properties received this measure.</p> <p>Winter Warmth - 2017/17. 12 Road shows are planned to be delivered between Oct 2016 - Feb 2017 to areas identified by public health as being most likely to be at risk of fuel poverty and with highest excess</p>

	winter death rates. To date we have reached almost 100 residents offering advice and support in respect of keeping warm and well. Winter warmth packs have been distributed to the most vulnerable with the help of Well Being Officers/Stronger Communities Officers / Energy Team.
Use community assets to join up health, social care, education, skills and employment around the family building on the Stronger Families and Well North approaches	Well North has been operating in Denaby Main since August 2015. The programme has worked with community groups and statutory partners to engage with local people, with residents helping deliver the changes they want to see (creating a community library, a network of peer support, an allotment growing project, increased access to social prescribing, widened access to volunteer and work experience opportunities). A range of community-led events have celebrated arts, culture and heritage within the community. The project is working with local people, social enterprises and the Chamber of Commerce to create an enterprising culture in Denaby Main, with support from a micro-grant scheme. Building Better Opportunities, a programme with SYHA, will co-locate from Denaby Children Centre and offer intensive support to people with complex barriers to work.

Recommendations to Prevent Disability

- Include preventative approaches in all patient pathways and clinical services
- Launch 'Get Doncaster Moving' campaign to increase physical activity
- Continue to reduce the negative impact of takeaways and fast food on health and air pollution by considering health impacts in spatial planning decisions
- Develop local approaches with South Yorkshire Fire and Rescue to promote fire safety and address falls including enhanced home safety checks

Include preventative approaches in all patient pathways and clinical services	<p>The Doncaster Place Plan 2016-2021 has been produced and it has identified prevention and early help as a key approach. The Plan includes a Primary Care Strategic Model that aims to embed self-management as part of the keeping well pillar.</p> <p>An incentive scheme (CQUIN) for secondary care contract will come into force in 2017/18 and 2018/19 that will require patients admitted to hospital to be screened for smoking status, given brief advice, offered stop smoking medication and referred to specialist advisors. Similarly, the scheme will include alcohol screening, brief advice and referral.</p>
Launch 'Get Doncaster Moving' campaign to	The use of #getdoncastermoving was launched this year in conjunction with a stakeholder event on a whole systems review of

increase physical activity	physical activity and sport. This has included themed social media campaigns linking physical activity to air quality, active travel, green spaces, QR code trails and even the Guinness World Record! Since June 2016 we have tweeted a 107 times had 53,730 impressions and 1276 engagements.
Continue to reduce the negative impact of takeaways and fast food on health and air pollution by considering health in spatial planning approaches	<p>A Health Impact Assessment approach has been developed as part of the Health and Wellbeing policy for the new Local Plan.</p> <p>An evidence review of fast food takeaways has been completed and comments have been submitted on planning applications for fast food establishments.</p>
Develop local approaches with South Yorkshire Fire and Rescue to promote fire safety and address falls including enhanced home safety checks	Extended home safety checks, known as 'Safe and Well' checks have been rolled out from September 2016. These checks addressing crime prevention, falls and health promotion in addition to fire safety. The checks link into the local falls pathway and services. The evaluation of this approach is due in spring 2017.

Section 2: The Health of Doncaster People 2016

The Public Health England health profile for 2016 categorises health need in a number of ways. My assessment for Doncaster of the most recent release of data is the following:

Our Communities

- 23.5% of children live in low income families and this is increasing
- According to national data educational performance is not shifting, but local data from this year's GCSEs is encouraging and should be reflected in next year's national data
- Reports of violent crime are increasing but this may be related to changes in the way crime statistics are recorded. The numbers are not back to 2011 levels though.
- Long term unemployment is down
- Homelessness has not really changed, but the current measure of homelessness does not reflect the number of people living in temporary accommodation

Children's and young people's health

- 20.5% of mothers smoke during pregnancy and at delivery, but this number is reducing
- Rates of teenage pregnancy have fallen by almost a half over the last 5 years
- 63.2% of mothers start breastfeeding, but this number continues to fall
- 20% of children in year 6 are obese and although too high is not increasing

Adults' health and lifestyle

- Smoking prevalence has fallen from 26.3% of adults in 2011 to 19.6% in 2016
- Only 52.6% of adults take enough physical activity to help them keep healthy
- 74.8% of adults are overweight or obese, one of the highest in England

Disease and poor health

- Hospital stays for self harm fell in 2016 compared to 2015 but this is still higher than in 2011
- Hospital stays for alcohol related harm are falling
- 7.7% of adults have diabetes and this is increasing
- The rates of hip fractures in people aged over 65 is reducing but is still higher than in 2011

Life expectancy and causes of death

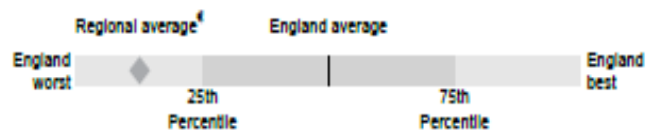
- Life Expectancy is flat, 77.5 years for men, 81.6 years for women
- Infant mortality is falling
- Suicide mortality is increasing
- Under 75 mortality from cardiovascular disease and cancer is falling but not as fast as regional and national levels

Doncaster Health Profile 2016

Health summary for Doncaster

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	29.1	21.8	42.0	○	5.0
	2 Children in low income families (under 16s)	2013	13,345	23.5	18.6	34.4	●	5.9
	3 Statutory homelessness†	2014/15	40	0.3	0.9	7.5	●	0.1
	4 GCSEs achieved†	2014/15	1,640	50.0	57.3	41.5	●	76.4
	5 Violent crime (violence offences)	2014/15	4,450	14.7	13.5	31.7	●	3.4
	6 Long term unemployment	2015	1,507	7.9	4.6	15.7	●	0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	691	20.5	11.4	27.2	●	2.1
	8 Breastfeeding initiation	2014/15	2,253	63.2	74.3	47.2	●	92.9
	9 Obese children (Year 6)	2014/15	608	20.0	19.1	27.8	●	9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	71	36.4	36.6	104.4	●	10.2
	11 Under 18 conceptions	2014	186	34.6	22.8	43.0	●	5.2
Adults' health and life style	12 Smoking prevalence in adults†	2015	n/a	19.6	16.9	32.3	●	7.5
	13 Percentage of physically active adults	2015	n/a	52.6	57.0	44.8	●	69.8
	14 Excess weight in adults	2012 - 14	n/a	74.8	64.6	74.8	●	46.0
Disease and poor health	15 Cancer diagnosed at early stage #	2014	x ¹	x ¹	50.7	36.3	●	67.2
	16 Hospital stays for self-harm	2014/15	582	192.8	191.4	629.9	●	58.9
	17 Hospital stays for alcohol-related harm	2014/15	2,116	714	641	1223	●	374
	18 Recorded diabetes	2014/15	19,342	7.7	6.4	9.2	●	3.3
	19 Incidence of TB	2012 - 14	70	7.7	13.5	100.0	●	0.0
	20 New sexually transmitted infections (STI)	2015	1,432	736	815	3263	●	191
	21 Hip fractures in people aged 65 and over	2014/15	360	640	571	745	●	361
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2012 - 14	n/a	77.5	79.5	74.7	●	83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	81.6	83.2	79.8	●	86.7
	24 Infant mortality†	2012 - 14	52	4.7	4.0	7.2	●	0.6
	25 Killed and seriously injured on roads	2012 - 14	343	37.7	39.3	119.4	●	9.9
	26 Suicide rate†	2012 - 14	83	10.3	10.0			
	27 Deaths from drug misuse #	2012 - 14	60	6.8	3.4			
	28 Smoking related deaths	2012 - 14	1,874	371.1	274.8	458.1	●	152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	691	89.4	75.7	135.0	●	39.3
	30 Under 75 mortality rate: cancer	2012 - 14	1,376	177.3	141.5	195.6	●	102.9
	31 Excess winter deaths	Aug 2011 - Jul 2014	549	19.4	15.6	31.0	●	2.3

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households
4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 6 Recorded violence against the person crimes, crude rate per 1,000 population
8 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery
8 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18
conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per
week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex
standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition),
directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new
diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000
population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1
year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
(aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised
rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths
minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

New indicator for Health Profiles 2016. x¹ Value not published for data quality reasons

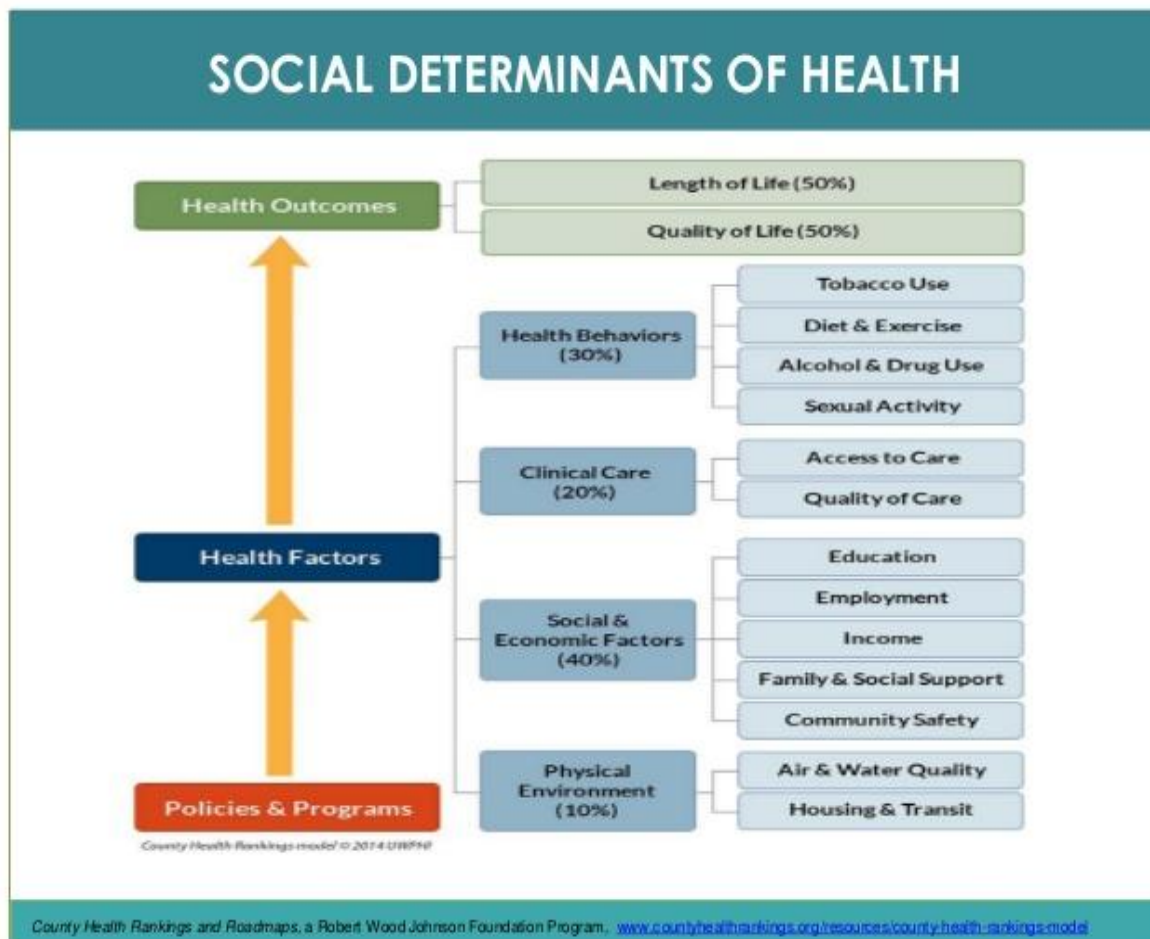
More information is available at www.healthprofiles.info and <http://www.nhs.uk/indicators/health-profiles>

Please send any enquiries to healthprofiles@nhs.uk

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What makes us healthy?

As I outlined in my report last year there are a number of factors that can contribute to our health. The Robert Wood Johnson Foundation and the University of Wisconsin have estimated the contribution of the most important factors to our health. They include clinical care, which is about 20%, whilst social and economic factors contribute 40%, supported by health behaviours 30% and physical and environmental factors 10%.



The factors that contribute to health also accumulate over time and demonstrate that we all have crucial periods in our lives where our health can be particularly influenced. This approach is known as the life course approach and examples of crucial periods of time include the first 1001 days of a child's life, going to nursery/school for the first time, leaving school, getting married or retiring.

Section 3: Children, Young People and Families

What we're trying to achieve and why?

1. Every child has the best start in life

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development - physical, mental and emotional – are set in place during pregnancy and in early childhood. During pregnancy and in the first 2 years, neural pathways in the baby's brain are being laid down for life with 80% of a baby's brain development taking place during this time. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status.

The Healthy Child Programme is a prevention and early intervention public health programme that lies at the heart of universal services for all children, young people and families. It aims to inform and support families, promote child development, and improve child health outcomes. The early year's element of the programme is primarily delivered by Health Visitors who have specialist training in promoting the health and wellbeing of children, young people and families.

The public health team and partners are running a variety of programmes and initiatives to not only empower and inform families but also to help establish positive relationships and connections. These include the distribution of free vitamins during pregnancy, information on how to stay healthy during pregnancy, UNICEF Baby Friendly initiative, healthy eating and oral health promotion initiatives.

Case Study: First Friends

First Friends is a community based, health led group which provides support, advice and information to new parents in the first (birth to moving around the floor) post natal period with a view to supporting positive attachment, recognition of early cues, encouragement of early interactions, identification of low mood and reduction of post natal depression through development of parental confidence.

Postnatal depression affects 10–15% of parents and can lead to cognitive and emotional impacts on the infant alongside health deficits for the mother (Patton et al 2015). Evidence shows that peer support and advice is an effective mechanism for building resilience and effective coping mechanisms in parents.

All lead health practitioners for First Friends are trained in the Brazleton Newborn Behavioural Assessment which is used in groups to encourage parental awareness of early developmental stages, responsiveness to cues and supports the building of a positive, reciprocal relationship. Containment provided in a regular setting allows parents to access reassurance, knowledge and increases parental confidence.



2. Children receive good information about how to keep themselves healthy and the environments they grow up in support and promote their health

A solid start ensures the foundations for a long, productive, and healthy life. As a child reaches school age, these foundations must be built upon and maintained to ensure they flourish, stay safe and achieve as they grow up. We know that a child's health is inextricably linked to their ability to do well at school and in turn increase their potential to be a productive member of society. As well as educating children and young people to make healthy choices and maintain their own health, the environments they grow up in must be conducive to promoting and supporting their health and wellbeing.

School nurses primarily deliver the Healthy Child Programme for school aged children. They are integral in supporting the school community to achieve and maintain good health through delivery of the programme. In addition, the public health team work with a number of partners working with children and young people to ensure services act as good health role models and that the environments children and young people grow up in promote and support healthy behaviours. Some of the projects currently underway include: Healthy Schools accreditation, Food and Drink guidelines for settings, and supervised tooth brushing sessions.



Case study: Supervised brushing pilot

Six private nurseries in the areas with the poorest dental health for 5 year olds across Doncaster have been taking part in a supervised tooth brushing pilot. The settings taking part were not only provided with staff training around how to carry out supervised tooth brushing and key oral health and nutrition messages but all the resources they needed to carry out supervised tooth brushing on a daily basis with their 2-5 year olds. Overall feedback was positive from parents, children and staff. Nearly all staff involved felt the children enjoyed the tooth brushing, 80% of parents said it was easier or sometimes easier to brush their child's teeth since being involved in the pilot and children enjoyed brushing their teeth with their friends and finding the toothbrushes on the racks.

“Children whose parents say they have trouble brushing their teeth at home have actively taken part in nursery” (staff)

“It's made her more aware of brushing her teeth, she reminds me now!” (parent)

3. Vulnerable families and children are identified early and supported appropriately

A small group of more vulnerable children and young people can often suffer much worse outcomes. This can be for a number of reasons associated with the effects of deprivation, poor attachment, parental substance misuse or mental ill health and being in the looked after system to name a few.

The establishment of the Early Help Hub in Doncaster has introduced a new way of working with families to prevent need arising by intervening early to tackle emerging problems. It challenges partners to sharpen their focus on early help, coordinate services better for families and ensures that the right level of service is provided at the right time to the right families. Services delivering the Healthy Child Programme are tailored to meet the needs of families and children who are identified as having additional needs by using a tiered approach to service delivery. Children and families will receive additional support where it is identified and can be escalated up or down depending on their needs.

Evidence about brain development highlights an important challenge for children and young people who, particularly during puberty, face the beginning of a rapid and dramatic re-organisation of the brain. These changes in social functioning coincide with a time when peer interaction is increasing and reliance on parents and family is decreasing. The combination of these changes can lead to greater risk-taking behaviours resulting in poorer health outcomes for these individuals. Risk taking or exploratory behaviours include the use of drugs and alcohol, unsafe sex and smoking. It is recognised that these types of behaviours are often linked and must be addressed together. Project 3 is an integrated health and wellbeing commissioned service for young people aged 18 years and under that addresses the inter-related nature of exploratory behaviours. The service offers advice information, help, support and intervention around: sexual health; stop smoking; drugs, alcohol, legal highs; young people affected by somebody else's drug or alcohol use.

4. Everyone achieves good sexual health

Good sexual health is important because it is an issue that can affect peoples' mental health, their physical well-being, and their relationships with others. The public health team are striving to achieve good sexual health for all, through the promotion of safer sexual behaviour and the provision of high quality sexual health services.

Effective Relationships and Sex Education (RSE) that is taught from a young age using a whole school approach, in collaboration with families, can prevent teenage pregnancies and equip young people with the knowledge to protect themselves against sexually transmitted infections including chlamydia and HIV . Young people who have honest and comprehensive RSE have sex later than their peers and are more likely to use contraception when they do start having sex. The team works with School Nurses, Big Talk Education, Doncaster Pride, primary, secondary and post-16 settings to try and improve the quality and consistency of RSE across the borough. In addition, Doncaster has just launched the Respect Yourself Doncaster website to break down the barriers to accessing sexual services and provide young people with a safe place to access honest and comprehensive information about relationships, bodies, and sex.

Provision of good quality, effective contraception methods is essential to prevent unwanted pregnancy and protect from sexually transmitted infections. Increasing access to contraception, including Long Acting Reversible Contraception (LARC), in young-person-friendly sexual health services (Project 3) and non-sexual health services (School Nursing, GP, community pharmacy) has been shown to be effective in reducing the number of teenage pregnancies.



Case study: Respect Yourself

The dual platform relationships and sex education website 'Respect Yourself Doncaster', aimed at young people age 13+, was launched in Sexual Health Week (12th-19th September 2016) to engage with young people around issues of relationships and sex and to increase access to sexual health services. Evidence shows that young people who receive honest and comprehensive information about relationships and sex generally have sex later than their peers and are more likely to use contraception when they do have sex. As well as providing a platform for delivering positive messages about healthy relationships and safer sexual behaviour, the resource also contains a behaviour change tool that is shown to overcome barriers to accessing sexual health services. The website is a partnership approach between DMBC, Warwickshire County Council, Diva Creative, University of Coventry, and Going Off the Rails. In the first four weeks there were over 4,000 hits to the website. Work continues to maintain this momentum and our next steps are to meet with PSHE leads in secondary schools to get the resource into their lessons. The website is available at www.respectyourself.info/doncaster

Who are we working with?

Prevention and early intervention is at the heart of the work the public health team and our partners carry out for children, young people and families. A universal offer from both the health visiting and the school nursing services ensures *all* families receive advice and information to ensure the best outcomes for their children. The universal offer also ensures families with vulnerabilities or 'at-risk' groups can be identified early and given specialist intervention.

Poor health disproportionately affects certain groups of children and young people and the team aims to support and protect the groups that have the worst health outcomes by ensuring that programmes are targeted appropriately and services are able to respond to the needs of children and families with emerging and/or on-going additional needs.

Key partners include Rotherham, Doncaster and South Humber NHS Foundation Trust (Health Visiting, Project 3, CSE team and School Nursing); Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Midwifery and Trihealth); Children's Centres (DMBC); Early Years settings; Doncaster CCG; Education (DMBC); Leger Therapy Services; British Pregnancy Advisory Service; Local Medical Committee and GPs; Local Pharmaceutical Committee and community pharmacists; Doncaster Children's Services Trust; NHS England; Public Health England PHE; University of Coventry; University of Sheffield; Primary & Secondary schools; post-16 education and training providers; Doncaster Pride; Big Talk Education; Going Off the Rails; Diva Creative; Changing Lives; HIV Well-Being team; SY Police; Doncaster Rape and Sexual Abuse Counselling Service (DRASACS)

How will we know if we're successful?

The Public Health Outcome Framework (PHOF) identifies the following outcomes as being indicative of the success of service provision across services for children, young people and families:

- Infant mortality
- Measles, mumps and rubella (MMR) vaccination for one dose (at 2 years)
- Diphtheria, tetanus, whooping cough (pertussis), polio and Hib disease (Haemophilus influenzae type b) vaccination (at 2 years)
- Children achieving a good level of development at the end of reception
- Low birth weight of 'full term' babies
- Obese children (4-5 years)
- Smoking status at time of delivery
- Breastfeeding initiation
- Breastfeeding prevalence at 6-8 weeks after birth
- A&E attendances (0-4 years)

- Hospital admissions caused by injuries in children (0-14 years)
- Chlamydia detection rate greater than 2,300 per 100,000 15-24 year old population
- Reduce the under 18 conception rate
- HIV late diagnosis rate less than 25% of all newly diagnosed adults

These indicators are useful on an overall population level and are indicative of how the overall 'system' is working. Public Health Outcomes Framework indicators should be monitored as high-level strategic informers. However, the time lag between data being collected and published and frequency of the published data can also be unhelpful in terms of establishing short term/real time impact for children and families. The nature of them being 'Doncaster wide' can also be unhelpful in looking to establish local need and priorities. A joint framework of outcomes measures should be established to measure programme impact based on existing tools in use (e.g. Ages and Stages Questionnaire (ASQ); Early Years Foundation Stages (EYFS); Outcomes star; Whooley/GAD-2).

Section 4: Working Age, Healthy Lives

The Working Age, Healthy Lives team aims to support Doncaster residents to have the best quality of life possible and to add years to life and reduce the health inequalities which are still prevalent across our communities. It also aims to reduce loneliness and social isolation through targeted approaches with our key partners and to ensure that local residents have the information they need to make informed choices and improve their life expectancy. The Health and Wellbeing Board in its 2016-21 strategy outlined a vision for the Borough which is:

“A strong local economy; progressive, healthy, safe and vibrant communities; all residents will be able to achieve their full potential in employment, education, care and life chances; all residents to be proud of Doncaster”

The Doncaster Health and Wellbeing Board identified 4 key themes: Health Inequalities, Wellbeing, Health and Social Care Transformation; 5 areas of focus: substance misuse (drugs and alcohol), obesity, families, mental health and dementia. The Working Age, Healthy lives team will aim to support all of these areas and in particular will focus on obesity, families, health inequalities, self-management, work place health and general wellbeing .

To achieve this, the team needs to promote a supportive environment which enhances wellbeing where prevention is the key. In order to do this the public health team needs all the partners on Board as prevention is everyone’s business. The **NHS Health checks** service and awareness campaigns provide information and advice at an early stage to provide the best chance for a good quality of life and prevent the onset of more serious long term conditions .The **workplace health programme** enables local employers to provide a supportive and health promoting environment for their workforce and to improve staff health and wellbeing and their wider families. The **Making Every Contact Counts (MECC)** principle will be rolled out across all key partners to ensure that every opportunity is made to raise awareness and to provide up to date information around key health issues. The **Healthy Doncaster Alliance** will provide a vehicle to understand and address our healthy weight issues in Doncaster and to provide a whole system approach to cultural change. For the ageing population we will continue to support the Dementia friendly communities programme and strive towards a **healthy ageing** town in Doncaster and to provide support around managing long term conditions, falls and wider health and social care issues. Through the South Yorkshire Fire and Rescue Service Safe and Well checks programme partners will be supported to deliver appropriate health messages and reach the most vulnerable people in our communities.

To measure success local data will be used to measure the baseline and collate evidence around the interventions and measure impact over a longer period. Good news stories and case stories will be collected which will promote positive news and demonstrate health improvement.

NHS Health checks

One of the key areas for prevention is detecting disease at an early stage when treatment is often more effective. One of the ways this is done for cardiovascular disease is through NHS Health Checks. The NHS Health Check service is designed to identify cardiovascular disease at an early stage in people aged 40 – 75 years. In 2015/16 nearly 7000 checks were completed in Doncaster and almost a third of the people checked were found to be at a high risk of having heart or other circulatory problems in the next 10 years. The majority of checks are completed in GP practices but one in five checks takes place in another community setting to try and give people the best opportunity of accessing the service. People who have had a health check say that they found out important things about their health in particular their blood cholesterol levels and their blood pressure and they have said that this has encouraged them to take control of their health and make lifestyle changes such as eating more healthily and exercising.

Early Diagnosis

This aims to increase the awareness of the early signs and symptoms of cancer and other long term health conditions and to demonstrate how lifestyle choices can affect a cancer diagnosis along with other long term conditions. Doncaster has a higher incidence of some cancers compared with the national average and other Local Authorities. The work with diverse communities, workplace settings, schools and Learning Disability Teams to encourage a change in behaviour in choosing a healthier lifestyle with a view to reducing long term illness and increasing survivorship will continue. The team will also work with the key partners to promote self-management and to increase awareness of the key signs and symptoms through a Making Every Contact Count approach and a prevention package which supports national and local communication and social media campaigns.

Work Place Health

Research shows that fair employment is not only good for our individual health and wellbeing but it also has economic benefits for our local economy. It is recognised that the workplace holds a captive audience in which we are able to promote public health messages not only to the staff but also through their social connections between their families, friends and local communities.



Doncaster's Workplace Wellbeing Programme aims to work with local businesses to support them to be a healthy employer and educate them of the benefits of workplace health.

The team is accredited to deliver Public Health England's Workplace Wellbeing Charter which is a national award demonstrating an organisations commitment to supporting their workforce.

The accreditation process contains a set of core standards, which includes leadership, absence management and mental health which businesses are able to benchmark themselves against.

The programme also provides free training, workshops and direct access to a range of services that employees can access to promote wellbeing, encourage behaviour change and promote self-management.

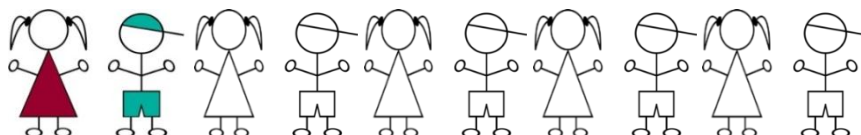
The workplace wellbeing offer suits both private and public sector organisations and can be tailored to suit small businesses.

The team worked closely with Doncaster Chamber of Commerce, Business Doncaster and the local business economy to launch the programme in 2016. Initial progress has included a first business event attended by 70 local business managers, awarding 2 local businesses workplace wellbeing accreditation, supporting 8 businesses to work through the self-assessment process, trained 35 Health Champions and coordinated several training workshops up-skilling managers around workplace issues such as disability in the workplace, reasonable adjustments, substance misuse and mental health.

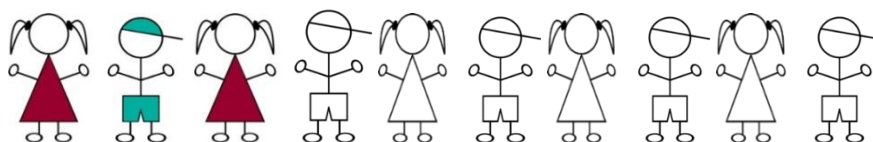
Obesity

Tackling obesity remains a priority for Doncaster Health and Wellbeing Board. Obesity can reduce life expectancy by up to 9 years and accounts for 9000 premature deaths per year; it also contributes to about 10% of all cancer deaths amongst non-smokers.¹ Obesity is a major public health problem due to its association with serious chronic diseases such as type 2 diabetes, hypertension and hyperlipidaemia.² In Doncaster:

More than 2 out of 10 children aged 4-5 are overweight or obese (22.2%)



More than 3 out of 10 children aged 10-11 are overweight or obese (34%)



More than 7 out of 10 adults are overweight or obese (74.8%)



The public health team commissions the Tier 3 adults weight management service to support people to lose weight and take greater control of their health. The formation of the Healthy Doncaster Alliance encourages a whole system approach involving both internal and external partners to tackle obesity. The Alliance has identified the following areas of focus to overcome obesity and help people and families make better and informed choices about their health and lifestyle:

- Physical Activity
- Food
- Environment and Planning
- Weight Management

¹ Department of Health (2011). Healthy lives, healthy people: a call to action on obesity in England. London: Department of Health

² Niblett, P (2016). Statistics on obesity, physical activity and diet. Health and Social Care Information Centre (HSCIC) <http://digital.nhs.uk/catalogue/PUB20562/obes-phys-acti-diet-eng-2016-rep.pdf> Last accessed on 17.08.2016

Healthy Ageing

People in the UK are living longer than ever before. If the right support, advice and information is not available, poor health can restrict older people's ability to continue living life to the full. It is important that opportunities for good health are optimised so that older people are able to live as independently as possible within their community and enjoy a high quality of life. Encouraging older people to make informed choices about a healthy lifestyle can make a big difference.

South Yorkshire Fire and Rescue have teamed up with Doncaster Council, Doncaster Clinical Commissioning Group and South Yorkshire Police to deliver healthy ageing advice alongside falls and crime prevention to people over the age of 65 as part of the Safe and Well programme. The 'Living Well for Longer; A Guide to a Healthier Later Life' resource developed by public health provides members of the public with information on how to live healthily, happily and independently for longer and where to get help and support.



Dementia is not a natural part of the ageing process

however the likelihood of developing dementia does rise with age and is a common concern for many people as they grow older. There are 850,000 people living with dementia in the UK today. It is estimated that just over 3,500 people are currently living with dementia in Doncaster with almost 2,700 on GP dementia registers.

The Getting There: Doncaster Dementia Strategy 2015-17 produced by the Doncaster Dementia Strategic Partnership (DDSP) sets out the future vision for Doncaster and outlines five areas of improvement in dementia care; pre diagnosis information and support, assessment and treatment, peri and post diagnostic care and support, care homes and end of life. The public health team is working alongside a number of partners to support the pre-diagnosis information and support strand of the strategy, to raise awareness of the condition and enable people to access the right advice and information and ensure they receive the support they require.

Doncaster is working towards becoming dementia friendly with 16,114 Dementia Friends across the borough. Our 142 Dementia Friend's Champions have delivered a total of 1000 information sessions

throughout Doncaster, helping to increase peoples understanding of dementia and change perceptions of the condition. 85 members have now signed up to Doncaster Dementia Action Alliance to support the delivery of the dementia friendly community work plan. Through the commissioning of DARTS' interactive performance, *Unlocking Dementia*, and organised campaigns such as Dementia Awareness Week we continue to raise awareness of the condition.

With prevention as an area of focus, a resource was developed highlighting important lifestyle factors which may contribute to the development of dementia including, eating well, maintaining a healthy weight, managing cholesterol and blood pressure, limiting alcohol intake, stopping smoking and keeping physically, mentally and socially active and the steps people can take to reduce the risk or delay the onset of dementia.

Case Study

George is 55 years old and has recently had an NHS Health Check in his workplace which identified he might be at risk of heart disease. The check found that George is overweight, has high blood pressure and high cholesterol.

Georges' workplace has recently been accredited with the Workplace Wellbeing Charter. His employers have transformed the staff canteen so that it is now much healthier. A lot of work has been done to reduce the salt and fat content of the dishes he usually eats there and he has also joined the lunchtime walking group that he saw advertised in the staff newsletter. He also has access to a local wellbeing service in his community which is helping him keep his health on track including advice on how to manage his weight, reduce his stress levels etc.

Sue is 76 and lives alone. Her children have recently noticed that Sue is becoming quite forgetful. After agreeing to a visit to see her GP, Sue's memory showed that she had been diagnosed with Alzheimer's. Sue and family were referred to the Admiral Service for further support.

Sue became withdrawn after her diagnosis worrying this would mean she would no longer be able to live in her house.

One of the Admiral Nurses met with Sue and her daughter and offered some much needed emotional support along with the information they required to help Sue live independently at home for as long as possible.

Details of the Memory Café and the Singing for the Brain that is based in Sue's local community Centre were passed onto her. After feeling apprehensive at the first thought of going along, Sue has discovered her love for singing and met a lot of new friends which she meets each week for a coffee and catch up.

Section 5: Vulnerable People and Improving Lives

This public health work theme aims to address many unjust health differences (known as health inequalities) between people, which arise due to complex social-economic factors.

The portfolio covers substance misuse, smoking/tobacco control, public mental health and suicide prevention, domestic violence, physical disabilities and learning disabilities.

The public health team is responsible for directly commissioning some of these treatment and care services and for co-ordinating approaches to prevention and promoting health and well-being. The approach recognises that all individuals are unique and that often people's needs are multiple and complex.

Substance misuse

The Doncaster public health team commissions an adult substance misuse service incorporating a whole system integrated drug and alcohol treatment and recovery ethos. The service meets the constantly changing needs of the population of Doncaster whilst ensuring we have an upstream approach to prevention and awareness raising.

The team aims to ensure the commissioned treatment services are run in a person centred and recovery focused environment. This includes ensuring services that address all aspects of an adult's life, including substance misuse, housing, work, education, training, healthcare, offending, spirituality, family life, relationships, community participation and support networks.

These services are delivered from 'recovery hubs' in Thorne, Bentley and Mexborough with Doncaster town centre maintaining a single point of access function.

Smoking cessation and tobacco control

The public health team commissions specialist and GP services to help people to quit smoking. The team leads, supports and participates in the local Tobacco Alliance, a partnership approach, which aims to achieve smoke free environments and tackle illicit/counterfeit tobacco.

Public mental health & suicide prevention

The public health team works towards improving the health of the population through preventing disease, prolonging life and promoting health. This includes targeting the determinants of health and well-being rather than the illness itself. Good mental health provides the bedrock for good physical health and for a range of other important life skills, capacities and capabilities.

Suicide prevention has been identified as a priority for Doncaster. A multi-agency strategic suicide prevention group has been established to lead on the prevention agenda.

Domestic Violence

The public health team supports the delivery of victim and perpetrator services, and participates in a co-ordinated response to domestic abuse in conjunction with other partners. Families have a wide range of needs and may be experiencing a number of issues which contribute to or initiate domestic abuse. The response therefore needs to be tailored to the needs of individual families and may involve a range of professionals from both statutory and voluntary organisations working together.

Learning Disability and Physical Disability

The approach to disability recognises that disability is viewed as something which is imposed on people, by a society which creates barriers to equality. The team works with service users and professional groups to improve access to services and change attitudes that regard disabled people as inferior, helpless, weak or vulnerable. This includes work to address the environmental, institutional and attitudinal barriers.

What are we trying to achieve?

To prevent ill health across the whole population, and in targeted groups, and reduce premature mortality

To reduce health inequalities between individuals and communities

To improve access to, and experience of services for service users

Who are we working with?

The team works with all statutory and voluntary organisations and service user organisation to address current and potential public health harms. These harms could include the whole of the adult population of Doncaster who are, or may be, affected directly or indirectly by substance misuse, domestic violence, physical disabilities, learning disabilities, mental health or smoking

How will we know if we are successful?

Through a regular process of needs assessment the team monitors change in patterns of smoking substance misuse, mental health, physical and learning disabilities, and domestic violence in local communities.

Success would mean reducing prevalence of substance misuse, smoking and domestic violence, and improved health and social outcomes for people with illness, disability or impairment.



Case Study Andrea Days (names have been changed for the protection of client's identity)

I first met Jane over two years ago, she had moved area's to try and make a new start after being well known as the local drug dealer, she had her windows put through by locals and had a terrible reputation for dealing a bad batch of drugs. Her decision to move was to change her life for good. She came into service and completed a detox which was her first stepping stone; she had been drug free for about 3 month's at the time when she requested support from the "Moving on" project, she was a little withdrawn at our first meeting but as time went on her confidence improved massively.

I had some promotional leaflets to hand out in the area that Jane lived in so as a way to get to know her better and to also give her a feeling that she was helping me I asked her to show me all the local health centres, Sure Starts, Doctors, Libraries etc. and together we gave out our marketing material then afterwards we had a chat about what she wanted to do, she expressed an interest in support work, she thought that the work the "Moving on" team do is amazing and would love to start some form of training to better her chances for the future of support working. I had a chat with her about a Counselling course that I was involved in, I explained that it was a course that involves learning the skills of listening and relationship building in a practical way. It seeks to enable students to become more empathic to the needs of other people by developing increased self-awareness. She could then consider level two if she thought the first course was beneficial, she thought this sounded great and was just what she wanted.

Jane embraced the course although at times she admitted she struggled with her own issues from time to time throughout the course, the fact that this course is designed to reflect upon students own issues as well as others does on occasion brings out students emotions and potentially can cause a certain amount of upset. As the course progressed so did Jane, her confidence grew and upon completion of the course she was eager to continue to up skill her training, she continued her training by enrolling on the level two counselling course which encouraged her to then train and become a learning mentor, once qualified in this field she began volunteering as a support worker for learners of my Job club/ IT course, my learners and I benefited from Jane's help, this gave me more time to give one to one support knowing that other learners got help at the same time.

After about 9 months of volunteering Jane asked if I would help her fill in an application form for a job as support worker in her own village and could she give my details as a reference, I was more than happy to do this.

Within a fortnight I received an application for a reference followed shortly after by a phone, thanking me for the reference.

Jane rang me to let me know she had been offered the position on a permanent basis and was over joyed

I regularly contact her to see how she doing, she is still enjoying the job she said "thank you for all you support, I couldn't have done this without you, this is my dream job"

What fantastic progress Jane has made throughout her journey with the help and support of the Moving on team.

Section 6: Wider Determinants of Health

In 1865 Doncaster appointed its first medical officer for health for the Borough following promptings from the Board of Poor Law Guardians. At the time his main priorities were focused on combatting the spread of disease such as cholera whilst recognising that things such as improved housing and sanitation were crucial in reducing disease thus improving the health of the population.

Today however, there is a different story. Many of the public health challenges faced in Doncaster in the 21st century continue to be influenced by where people live, learn, work and play. These wider factors are interconnected with other factors, described as ‘the causes of the causes’ and can be outside of our control: such as gender or genetic make-up or are factors that can be improved upon with support from organisations such as the Government, Local Authorities and the NHS. These factors concern the environment, the economy, society and health as a whole (see diagram).³

Socioeconomic Status: The link between socioeconomic status and an individual’s health is a clear one – lower social position and associated socio-economic deprivation results in poor health.

Education: The availability of high quality education is key in enabling our residents to maximise opportunities. Educational attainment can determine future employment and income as well as lowering the risk of alcohol and drug misuse and teenage pregnancy.

Physical Environment: Environmental themes can play a significant role in affecting our quality of life and health. Those living in areas with safe water supplies, clean air, a healthy working environment and comfortable housing are more likely to be in good health than those lacking such conditions.



³ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253

Social Environment: Having support from family, friends and the local community is important for preventing isolation and loneliness, contributing to good mental wellbeing and therefore improving overall health.

Wider Determinants Team

The wider determinants team aims to ensure that the health impacts of these determinants are explicitly considered when making decisions and therefore work with a range of partners and organisations to help make Doncaster a place where healthy choices are an easy choice. Three examples of the areas that we have addressed in 2015/16 include spatial planning, physical activity and fuel poverty. In 2015/16 the team has :

- Embedded health into the planning process for Doncaster
- Began a 'Whole Systems Review' for physical activity & sport including interviewing 20 strategic leaders and having 50 attendees at our stakeholder event.
- Established Doncaster Active Travel Alliance to increase cycling and walking
- Led interventions on 'Keeping People Warm in Winter' including delivering 'spotting the signs of living in cold houses and homes' winter warmth training to 88 frontline staff and volunteers, supporting hospital discharge with telecare, winter warmth packs and ambient temperature monitors, over 263 home visits and distributing over 700 winter warmth resources including blankets, socks and hats.
- Produced a Hot Food Outlet Policy as part of an approach to address the access to healthier food.
- Continued to commission a service that provides health promotion advice and guidance for BME women in Doncaster as well as the opportunity to access ESOL training and qualifications. During 2015/16 Changing Lives engaged with 529 BME women from over 40 different ethnicities. 21 women successfully completed an ESOL qualification, 4 community champions were developed and 10 moved on into Education, Training or Employment and 29 health related sessions were delivered.
- Supported the Council's response and preparedness to emergencies and incidents ensuring that the public health elements of plans are up to date including the development of two new multi-agency outbreak and mass treatment plans.
- Launched the newly designed Move More Doncaster physical activity service for residents aged over 50 years.
- Installed the Discover Lakeside QR code trail.

Spatial Planning

How we plan and design our towns and villages can help to address some of the modern day challenges. The way roads and paths are laid out can make it easier for people to walk or cycle. Green spaces can be designed into developments so that people can access and utilise them safely, high streets and shopping areas can be planned to make sure they include a variety of shops and services and workplaces can include facilities such as secure cycle parking and changing rooms to encourage people to travel more actively.



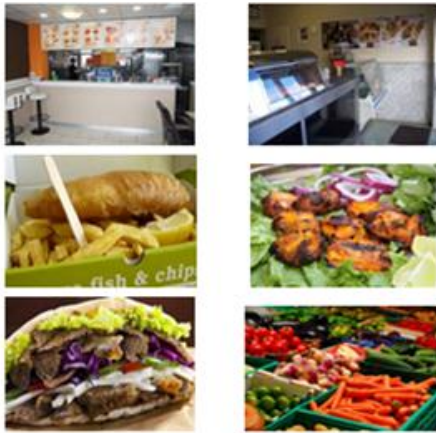
What have we done so far?

In 2016 public health staff started working closely with planning and development colleagues. Together steps are being taken to ensure that as Doncaster develops and grows the environment, where people live and work is shaped to support healthier lifestyles and provides opportunities to make healthy behaviour part of everyday life. This year has focussed on building strong foundations. So far the team has:

- Developed a health chapter for inclusion in the Doncaster Local Plan and provided public health input into policies as they are being refreshed. This is an important step forward as without having the right plans and policies in place the planning team and Planning Committee are unable to challenge applications or to impose conditions. An example of this is the inclusion of a Hot Food Takeaway policy which aims to reduce access to secondary school children at lunchtimes and also give some control to the number of takeaways in any given area.

Hot food takeaways.

An evidence base review for Doncaster



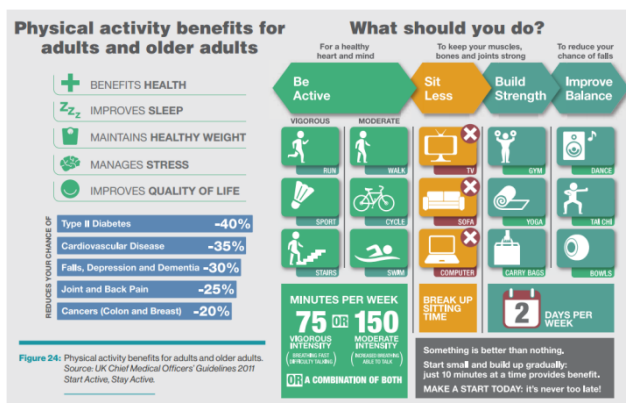
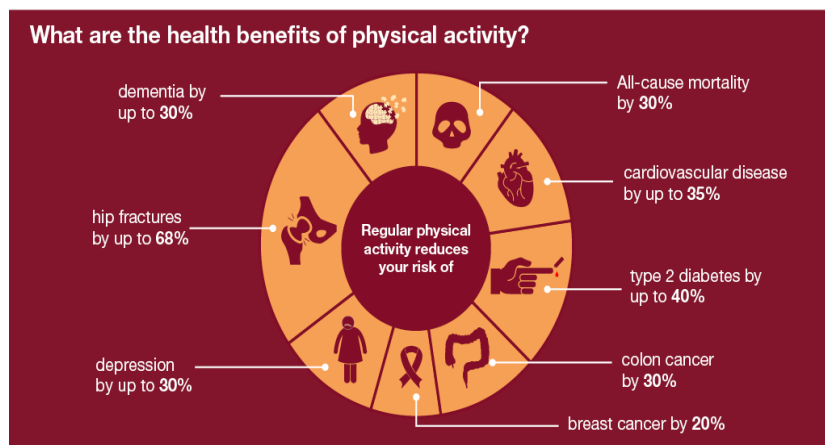
- Delivered information sessions to planning colleagues and Planning Committee members reaffirming the links between public health and planning. The sessions look at all the different influences on health, such as those mentioned in the introduction, and why it is important to improve the health and well-being of Doncaster residents.
- Facilitated Health Impact Assessment (HIA) training to staff in public health and planning. HIAs are a way to highlight where a development impacts positively and negatively on a person's health. For instance, a positive impact might be the creation of better quality housing or jobs but a negative impact might be the noise and dust that is created during the construction period. Because the process opens up an opportunity for dialogue between the developers and the community, people are able to share their viewpoint and look for acceptable solutions.

Physical Activity - #Get Doncaster Moving

There is vast substantial evidence on what the health benefits are to being physically active. However in Doncaster just over half of adults in Doncaster (52.6%) meet the Chief Medical Officer's guideline of 150 minutes of physical activity per week, and one third of adults in Doncaster (29.6%) fail to achieve even 30 minutes of physical activity over the course of a week, which makes them 'physically inactive'. This equates to 70,000 of our residents are inactive (Active People Survey, 2015).

Public Health England

Healthmatters Getting every adult active every day



Rapid changes to our social and work environments encourage sedentary behaviour, and for many, reduce opportunities to build activity into our daily routines. More than 40% of women and 35% of men now spend more than six hours a day sitting or being desk-bound. We know that this harms the health of even those who exercise on a regular basis. At

the same time, rates of walking are falling and almost two-thirds of all journeys are made by car.

In Doncaster, the burden of inactivity can be estimated at 24,000 additional GP visits by inactive residents and an estimated cost of £5million in direct health costs (Sport England 2009/10).

Changing social trends are also affecting how our children play at school and in their spare time. The Doncaster Children and Young People Survey 2015 identified that only 8% of primary school pupils and 8 of secondary school pupils actually met government guidelines (60 minutes every day) of physical activity for children.

Case Study: Discover Lakeside

The public health and regeneration and environment teams worked with partners to identify methods of encouraging use the green space at Lakeside. Design-method mentorship has been provided by the User-centred Healthcare Design team at Sheffield Hallam University to work with various partners within Doncaster to look at solutions that were innovative and pragmatic.

This collaborative and unique way of working was identified in the Local Government Association (LGA) peer based challenge review of the Public Health & the Health and Wellbeing Board in local authorities and was presented at the national Public Health England conference and as part of a design for health symposium at the Royal College Nursing research conference.



The ideas from the work with Sheffield Hallam University were to deliver a series of trails around Lakeside using mobile device QR codes and embedded posts encouraging visitors to exercise, learn, relax and enjoy the space. Residents with a smartphone like an iPhone, Android or Blackberry could scan the QR codes on the posts around Lakeside to upload free data such as heritage information and facts on the surrounding natural environment.

In July 2016 we launched the 'Discover Lakeside' project. This saw 15 QR codes introduced to Doncaster's Lakeside providing options of trails for the public to enjoy as they walk around the lake. Flat and accessible, Doncaster's Lakeside is a prime location for physical activity. In the first 9 weeks that the project was live, QR codes were scanned a total of 353 times and there were 81 downloads of resources from our main webpage. Work is on-going to bring new trails to the project to appeal to a wider audience. www.doncaster.gov.uk/discoverlakeside

Affordable Warmth- Keeping warm and well during the winter months

During the winter months cold weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. The lack of “Affordable Warmth” is known as “Fuel Poverty”. A household is in fuel poverty if they cannot keep warm and healthy in their own home at a price they can afford. Fuel poverty has been identified as a key priority for Doncaster, one which partners can have a significant impact on by working more effectively together i.e. reducing the number of our vulnerable residents whose lives are negatively impacted by fuel poverty. Statistics suggest there are an estimated 14, 835 households in fuel poverty in Doncaster .

In 2015-16 the public health team have been working in partnership with the public and voluntary sector, to provide additional support for residents during the winter months, helping to reduce levels of illness and deaths attributable to the cold weather. Through a variety of interventions the winter warmth program has benefited the most vulnerable residents living in cold homes, including children, the elderly and those with long-term health conditions.

Targeted activity to improve energy efficiency and affordable warmth amongst vulnerable groups including: delivering a health promotion campaign around how to keep warm and well during the winter; delivering training sessions to frontline staff on how to spot the signs of living in a cold, damp home; promoting “The Big Power Switch” joining local residents together to increase their buying power and negotiate a better deal on their energy.

In the cold winter period of 2015-16, 32 residents at risk of ill health received free boiler and heating repairs, with some receiving replacement heating systems where repairs were not possible. Increasing their health and wellbeing significantly and saving an energy cost on average of £731.22 per household over the winter period.



Case Study

Local resident in Mexborough aged 58 with major health Conditions and recovering from a brain haemorrhage in Oct 2015

Who had no central heating, just 3 room heaters which did not keep whole house warm enough. Unable to fund cost of central heating, especially now receiving only sick pay and wife given job up to be her husband's carer.

This couple received a Worcester Greenstar combination boiler, 6 radiators with thermostatic radiator valves

"The new system is brilliant and such a good idea". It is so easy to use and lovely to wake up in the morning to a warm home". "We never knew how much having central heating would mean to us and we can't imagine not having it now"

The key areas of work for 2016/17 are:

- Drive a systematic approach to embedding physical activity and sport strategically to help partner organisations address their key priorities.
- To continue to promote the benefits of physical activity and develop good quality opportunities for residents to lead active lives with 250 people aged over 50yrs accessing our Move More Doncaster service.
- Utilise Health Impact Assessments to ensure that health and wellbeing is considered in future planning applications in Doncaster.
- Include public health participation in pre- application discussions. One way to influence developments is to work with developers at the pre-application stage.
- Contribute to the neighbourhood planning process by providing information to support the process, encouraging residents to think about some of the health challenges for the area and how locally well thought out planning and design can contribute to improving the environment for them.
- To design and deliver a Healthy Homes/Healthy people programme for Doncaster.
- Support the Sheffield City Region work and health programme to design a system that supports those residents that are furthest from the job market.

Section 7: Health Protection and Health Care Public Health

This section reports on activities in Doncaster related to health protection and health care public health (using public health skills to supporting effective commissioning of quality health service by NHS commissioners).

What are we trying to achieve?

The goal of public health is to help the people of Doncaster to live longer, healthier and enjoy full quality of life. We are also trying to reduce the variation in health outcomes experienced by our communities in Doncaster, as well as narrow the gap between Doncaster and England.

Health Protection

Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impacts from environmental hazards such as chemicals and radiation. The scope of health protection is wide and ranges from infection prevention and control to vaccination and screening programmes.

Under the Health and Social Care Act 2012, the Director of Public Health (DPH) has the duty to protect the health of the population and to provide leadership on health protection within the local authority. Locally this is discharged through a local health protection committee and by ensuring that there are multi-agency agreements in place for responding to health protection challenges.

The following are some of the key activities related to health protection in Doncaster:

- Doncaster Health Protection Assurance Group (HPAG) was established in 2013. It meets quarterly to provide assurance on the delivery of a range of health protection functions. In 2016 the HPAG incorporated the functions District Infection Prevention and Control Committee, which was separately chaired by Doncaster Clinical Commissioning Group (CCG).
- A multi-disciplinary and multi-agency TB steering group is in place that reports to the HPAG to provide assurance of effective delivery of TB services in order to control TB in Doncaster. The TB steering group also meets quarterly.
- The public health team in the Council has commissioned a community infection prevention and control service and this is provided by Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH). The service aims to prevent and control community infections e.g. Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile.

Healthcare Public Health

The public health team in the local authority is also expected to provide specialist public health advice to Doncaster CCG (the local NHS Commissioner) in order to ensure that effective, safe and high quality healthcare is commissioned and delivered for the people of Doncaster. Locally, the public health advice is underpinned by a memorandum of understanding (MOU) between local authority public health in Doncaster Council and Doncaster CCG. Over the past year, some of the major pieces of work undertaken together with Doncaster CCG with input from public health included the following:

- Intermediate care review (needs assessment)
- Out-of-hour GP service (now co-located with A&E at Doncaster Royal Infirmary)
- Sustainability and Transformation plan (STP): part of Five Year Forward View challenge of transforming the NHS in the next five years ending 2020/21.
- Doncaster Place Plan 2016-2021: The plan embraces prevention and early help as part of delivery of health and social care services in Doncaster. The plan also includes intermediate health and social care.
- A joint health inequality action plan between Doncaster Council and Doncaster CCG.

Why this is important?

There are at least three reasons health protection and healthcare public health are important. These include:

The legal basis: This is outlined in the Health and Social Care Act 2012. The Act enshrined the duty of the council and Director of Public Health in protecting the health of the local population and providing specialist public health advice to the NHS.

Population health outcome case: The fact that health outcomes in Doncaster are generally worse than the national average but also show variation across Doncaster should be a call for action. Specific methodologies including health equity audits can be used to ensure resources are targeted at the areas of greatest need.

Local versus global health dimension: Doncaster Sheffield Airport is opening travel routes across the globe and this brings both economic benefits but also increases the risk of importing infectious diseases. Health protection policies and procedures need to be up to date to minimise this risk.

Who are we working with?

The task of protecting and improving the health of the people of Doncaster rests with every one of us, as individuals, community groups, charities, businesses, government organisations, etc. For health protection, the public health team in the local authority works closely with colleagues from across the council such as environmental health. The team also works with local partner agencies, including Public Health England, NHS England, Doncaster CCG, Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBHFT), RDaSH, and local general practices. There are good networks with the neighbouring public health teams in South Yorkshire and across Yorkshire and the Humber.

In relation to healthcare public health, the team works closely with Doncaster CCG and a range of providers in shaping effectiveness of local health and social care services in Doncaster.

How will we know if we are successful?

A range of health indicators exists as part of Public Health Outcome Framework (PHOF) that details progress made over time for each local authority area. The relevant indicators are those related to health protection, and healthcare and premature mortality. These indicators are updated and/or supplemented by other reports such as those on immunisation and screening, infectious diseases reports, and notifications reports. Details of these reports and indicators are available separately. The Health and Adult Social Care Overview and Scrutiny panel reviews health protection on an annual basis.

Section 8: Health Inequalities in Doncaster: using evidence to make the invisible visible.

The public health team at Doncaster Council is at the centre of local work to understand and address health inequalities. By health inequality we mean 'systemic differences in the health of people occupying unequal positions in society' (Graham, 2009, p.3 cited in Smith et al, 2016).⁴ This way of looking at inequality means that differences in health experience and outcomes are socially produced, avoidable, unfair and unjust. There is also a social gradient in health outcomes put simply 'health gets worse at every step down the social level' (Wilkinson and Pickett, 2009).⁵ From research we know that health inequalities impact on everyone and that it is in all our interests to address these issues. We also know that some people face a double or triple whammy in terms of health inequality because of some characteristic such as gender, disability or ethnicity. As a result, some people in our communities are living lives that are more short-lived, more miserable and more painful because of these structural embedded health inequalities. Importantly, health inequality also represents lost opportunities for individuals, communities and economies.

This may seem a gloomy and intractable problem but in the UK we lead the world in our approach to tackling health inequality (Smith et al 2016). In Doncaster, we believe that the key to unlocking the lost potential can be summed up in three phases:

- 1) It is essential **to describe** inequalities found locally so that we raise awareness and **change the conversation** so that people, policy makers and practitioners recognise that poor outcomes are not predicated on individual behaviour but are products of systemic inequalities.
- 2) Secondly, we need **to explain** these inequalities and this again helps change the conversation and helps support a case for change.
- 3) Thirdly, we need **to collectively prescribe** a course for action.

One of the ways we are putting these ideas into practice is by undertaking specific pieces of work all designed to help us describe and understand health inequalities.⁶ To guide the work we are undertaking to tackle inequalities in Doncaster we have established a Health Inequalities Group

⁴ Smith K.E, Hill S and Bambra, C. (2016) Health Inequalities: critical perspectives Oxford University Press

⁵ Wilkinson K and Pickett S (2009) The Spirit Level. Why More Equal Societies Almost Always Do Better Penguin Books

⁶ Cooke, J, Langley, J, Wolstenholme, D and Hampshaw, S (2016). 'Seeing' the Difference: The Importance of Visibility and Action as a Mark of 'Authenticity' in Co-production. International Journal of Health Policy Management, 5. (In Press) (available from <http://shura.shu.ac.uk/13810/1/'Seeing%20the%20Difference'%20-%20visibility%20in%20co-production.pdf> accessed November 2016)

which reports to the Health and Well Being Board. We are ambitious in our aims to change the story of Inequalities across Doncaster and to work with local partners and people to make this happen.

Case Study: Networking and Researching

One thing that can help us both describe and explain is knowledge bringing together what we know and extending this knowledge by carrying out investigations or studies. Doncaster council are members of the CLAHRC YH (see <http://clahrc-yh.nihr.ac.uk/>) a partnership between the NHS, universities and local government intended to support both knowledge production and sharing. The essence of this work is that areas to be investigated are identified and agreed by both those that will use the knowledge and those who help create it. This is known as co-production and the idea is that knowledge produced by this process is more likely to get into practice and policy. Members of the public health team are working on these ideas (see Cooke et al, 2016)

In terms of describing and explaining inequalities this means that research about inequalities that takes into account the views about what is important and how the world works from the point of view of policy makers and citizens is likely to be better more useful and actionable research. The public health in Doncaster are part of the public health and Inequalities Theme within the CLAHRC and also part of the LARK network contributing to both suggesting areas of work and undertaking research relevant to understanding health inequalities. In addition, we are also active in a number of research networks such as the Yorkshire and Humber offender health and evidence and ethnicity communities of practice.

One recent example is our work on fuel poverty and families. See <http://bmjopen.bmj.com/content/6/1/e009636.full> for more information.

Case study: The BME Health Needs Assessment (HNA)

The 2015 DPH Annual Report identified inequity of health outcome between Doncaster communities and recommended we undertake a BME HNA. During 2016, we have revisited BME health needs across the borough and under the auspices of the Health and Wellbeing Board (HWB) we have carried out a multi staged needs assessment which culminated in a HWBB evidence safari (see <https://www.gov.uk/guidance/open-policy-making-toolkit/understanding-policy-problems-and-user-needs> for more information on evidence safari). See #HWBBevidencesafari storify for details of the event itself.

We have looked at information about BME communities in Doncaster. We also looked at what published research said about what might work in addressing inequalities for BME communities and people. We spent time talking to people by collecting their experiences of using health and social care services across Doncaster using Doncaster Healthwatch's Feedback Centre as well as within a GP practice, the council's One Stop Shop, the Women's Centre and Doncaster Conversation Club.

At the evidence safari we identified a number of actions. We would like to run the evidence safari as series of community events to test and improve the actions that have been identified so far.

The final report will be available in January 2017.

Section 9: Well Doncaster



“Well North is creating a movement to unleash healthy communities across the North of England. Starting in nine places, we are inspiring change by backing real people and local ideas”

Lord Andrew Mawson, Executive Chairman

Introduction

Well North is a collaboration between local areas, Public Health England and The University of Manchester. Doncaster is currently one of nine Pathfinders alongside Sefton, Oldham, Halton, Skelmesdale, Bradford, Newcastle, Cumbria and Sheffield.

Everyone wants a comfortable home, a good job and a healthy life to enjoy with family and friends. But life isn't always equal or fair and people who get a raw deal often lose health, happiness and hope. But people and places can change for the better and local people are the solution.

Creating better health and wellbeing is about being part of a vibrant and connected community and living in a pleasant environment, as well as whether we smoke, exercise or eat healthily. Health means tackling debt, a lack of jobs, missed education opportunities, poor housing and loneliness.

Well North follows an asset-based approach to develop communities along these lines, building on the positives in life that create wellbeing and protect health. Denaby Main, in the West of Doncaster, is the initial area of focus.

The Principles of Well Doncaster

The Well North Pathfinders follow a set of guiding principles to;

- Ensure services focus on purpose over process and managing value over cost
- Make the invisible visible by making sure people are known to the services they need.
- Promote relentless kindness to build self-esteem and positive behaviours
- Empower people to own their health and wellbeing, de-medicalising problems and de-professionalising solutions and ensuring issues are solved not managed
- Improve the integration and sequence of support to tackle the root cause of poor health
- Improve the health and wellbeing of everyone

- Back real people's dreams and ideas
- Work alongside people and trusting them to shape their own futures
- Bring energy and creativity to kick start change
- Tap into existing assets, resources, talents and skills
- Build new connections and relationships
- Work with social entrepreneurs and businesses to create new enterprises and jobs
- Spark community-centred investment and regeneration
- Work with communities to shape more effective health, care and welfare services
- Create a culture which, wherever possible, says 'yes' rather than 'no'
- Use language which is positive, concise and cuts the jargon
- Boost confidence through creative and inspiring activities involving everyone
- Create culture change, enterprise and inspiration that lasts long after we've gone
- Establish robust evaluation to test the potential to grow and replicate the approach

Our Objectives and Outcomes

The objectives of Well Doncaster are to;

- Address inequalities, improving the health of the poorest, fastest
- Increase resilience at individual, household and community levels
- Reduce worklessness, a cause and consequence of poor health
- Evaluate, replicate and scale-up Well North in other suitable areas

By sticking to the principles and by focusing on the determinants of health and wellbeing, Well Doncaster can impact on the complex outcomes relevant to many people and services;

- Reducing demand on unplanned healthcare (reducing the number of A&E attendances and emergency admissions)
- Reduced demand on social care (reducing the number of long term residential placements and increasing the number of people with direct payments)
- Reducing the number of people receiving out of work benefits (reducing the number of people claiming JSA, ESA and IB).

The story so far

Well North is developing a way of working that can be repeated across Doncaster, the other Pathfinders and the North of England.

The project is focused rather than working across the whole Borough, so the first step found a fair way to decide where to start. The Doncaster Data Observatory devised a **Hotspot Analysis** between April and August 2015, combining health and socio-economic data at a small scale to suggest possible areas. By looking at crime, out of work benefits and unplanned healthcare, the Well Doncaster Steering Group chose Denaby Main.

Having chosen Denaby Main, the next step began a conversation with the community and engaged local residents and staff. The Four D model of **Appreciative Inquiry** (AI) was used to understand positives in the area or identify things that could improve Denaby in the future;

- Discovery; gaining a positive insight, highlighting strengths and successes
- Dream; builds on the Discover stage to imagine 'what might be'
- Design; narrows the Dream stage to describe 'what should be'
- Deliver; sets out specific action plans to turn design into reality

Since August 2015, community explorers have had over 400 conversations with local people - on the streets, on door steps, at the market and at community events. These conversations defined the plans for 'Phase 1' between September 2015 and May 2016. These included opening a community library, creating a network of peer support, brokering volunteer and work experience opportunities, accessing employment support, addressing housing issues, making environmental improvements, maximising social prescribing and fostering events to reduce social isolation.

A review of Well North introduced a **Two-day Workshop** for each Pathfinder area; an opportunity for local people and advisors from the wider programme to come together and raise the vision and ambition. The Doncaster workshop took place in May 2016 and built on the work to date. The workshop involved local residents, a Ward Councillor and key people from St Leger Homes, NHS Doncaster CCG, DMBC Learning & Opportunities, DMBC Communities and DMBC Public Health, as well as advisors from the Bromley-by-Bow Health Partnership, the University of Manchester, Public Health England and the Marmot Review Team.

Where are we now?

The Phase 2 plans have been drawn up by the people who live and work in Denaby. These have been grouped into seven themes;

Theme	Detail
The Craggs	The Craggs is a limestone outcrop and countryside space that connects Denaby Main and Conisbrough. The vision is to work with partners to make the area cleaner and safe so that more local people and visitors use the area for recreation, relaxation and physical activity.
Denabloom	Compared to many urban areas, Denaby Main has lots of green space and trees. The vision is to maximise these areas and make sure they are well maintained, alongside wider work such as improvements to the precinct on Grays Court and a growing project using the allotment space.
Denergy	It is important to have fun and celebrate success, a calendar will set out celebratory events which are spaced throughout the year. Both small and large events will showcase the Denaby spirit and make links between community groups, faith groups, schools and businesses. External funding will be sought for a community-wider arts project.
Denaby assets	Lots of things are already happening in Denaby Main and these resources will operate as an active network. Community groups will operate together in a nurturing environment with more mentoring and less duplication, meaning local people can access a wider range of opportunities.
Denaby dosh	Denaby will create an enterprising culture that supports people to pursue their passions and ideas; peer to peer support, positive role models, links with schools and a hub for young enterprise that support young people to

	start their own business.
Community leadership	Creating the conditions where local people step forward as leaders; understanding how to develop, support and back local people to do more.
Individual support	People are identified at an early stage of difficulty or ill-health and connected to the services they need, including support for self-management and links to wider services such as Social Prescribing, DMBC Wellbeing, NHS Health Checks, SYFS Safe & Well Checks and developments through Community Led Support,

Who are we working with?

Over the last year Well Doncaster has worked with a huge range of groups and organisations across the third sector, with social enterprises, statutory partners and increasingly with local businesses.

Community, voluntary sector and social enterprise partners; Craganour TARA, Doncaster West Development Trust, Conisbrough Forward, Edlington Community Organisation, Aspiring 2, Reread, Refurnish, Doncaster CVS, All Saints Church, St Albans Church, Citizens Advice, People Focused Group, Flower Park Care Home, Darling Buds of Denaby.

Statutory partners; St Leger Homes, Church View Surgery, Denaby Children Centre, Tom Hill Youth Centre, RDaSH Adult Mental Health Services, NHS Doncaster CCG, Stronger Families, Street Scene, South Yorkshire Housing Association, Ward Members, Schools and Colleges, Doncaster Chamber of Commerce, Doncaster & Bassetlaw Hospitals, DMBC Skills & Enterprise, Healthwatch,

Wider programme partners; Bromley-by-Bow, Public Health England, The Marmot Review Team, The University of Manchester, Pathfinder Areas

How will we know if Well Doncaster is successful?

Evaluation is critical to Well Doncaster, to judge if the work is effective and to decide whether the approach can be applied successfully in other areas. The project is using Outcome Based Accountability to track progress and maintain a focus on the things that matter, and Realist evaluation to get a true understanding what is driving the changes that we see.

- Outcome Based Accountability provides a template to help plan and focus on outcomes. The approach is based on working backwards from the ends we want to achieve – the conditions of well-being we are trying to impact – and then taking a step by step approach to understanding how we want those conditions to look and feel different; how to measure if that is happening and why; who needs to be involved in making the changes and what practical steps are going to be taken to actually achieve that change. This is often called ‘turning the curve’.

- But people may not act in a predictable way and communities can be very complex. A Realist evaluation recognises this and begins to account for wider influences. It is not enough to simply ask 'does it work?' but rather 'what works, for whom, in what respects, to what extent, in what contexts and how?' This means developing a theory about how something works and then testing it through interviews, observations and other data. In Well Doncaster we have used Realism to evaluate an early initiative (the Bumping Space) and this learning will then be used to apply Realism to other parts of the project.

Section 10: Conclusions and Recommendations 2016

The four challenges identified in 2015 remain and they are still

- Improving children's health and wellbeing
- Making the link between education, work and health
- Increasing healthy life expectancy and reducing preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

The data in the 2016 Public Health England health profile supports these challenges. However, across all four challenges there have been areas of success and areas where more needs to be done.

In our communities, long term unemployment is down but the percentage of children living in low income families is increasing and is now 23.5%, the indicators show violent crime is increasing and homelessness and educational attainment are static, but the indicators themselves aren't sophisticated enough to pick up real changes e.g. people living in temporary accommodation.

For our children and young people smoking by mothers during pregnancy through to the time of delivery has fallen to 20.5%, but still too high, leading to reduced infant mortality. Breastfeeding rates continue to fall, childhood obesity is static but teenage pregnancy has fallen by almost half in the last 5 years.

For adults smoking prevalence has fallen by 1% a year since 2011, but overweight and obesity and lack of physical activity will be offsetting the health improvement from not smoking. This is reflected by increasing numbers of people with diabetes and a slower fall in cardiovascular disease mortality than seen regionally or nationally and increased suicide mortality which disproportionately impacts young people. Overall this results in no change in life expectancy. It is not all about mortality though. Falls and hip fractures are still too high, there are increased hospital stays for self harm but alcohol related admissions are falling.

The changes in the data also demonstrate the predictable health and wellbeing impacts of a recession, austerity and reduced public spending. Despite local economic growth in Doncaster we need to ensure that this is good growth that everyone can benefit from and that in-work poverty is addressed.

I have only made one new recommendations this year as although there is action against all of last year's recommendations none of them can be considered complete.

The one new recommendation is for Team Doncaster to consider a 'Delicious Doncaster' approach to food and nutrition to run alongside the 'Get Doncaster Moving' approach for physical activity.

Overarching Recommendations

- Continue to adopt a 'Health in All Policies' approach
- Make a strategic shift to prevention through the Doncaster Place Plan
- Empower people and communities to take control of their own health and if services are required involve people in co-designing the services
- Improve data capture, sharing and reporting so that services can become more seamless and based on insight to address inequalities in access and outcomes
- Report back on the local Health Needs Assessment for Black and Minority Ethnic (BME) Groups
- Continue to move beyond integration to population health systems and budgets

Recommendations for Children, Young People and Families

- Continue to monitor the effectiveness of the Early Help strategy
- Focus on vulnerable mothers from pregnancy until the child is 2 ½ (the first 1000 days)
- Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children
- Support schools to develop a Curriculum for Life
- Support schools to increase physical activity

Recommendations for Employment and Health

- Use the Social Value Act to maximise equitable employment opportunities when commissioning to secure social, environmental as well as economic benefits
- Recommission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market find work and deliver the Work and Health Unit trial
- Work to keep those with health issues in employment longer, improving health literacy and self management
- Continue to help residents keep their homes warm through collective switching schemes, improving energy efficiency of properties and ensure access to welfare advice
- Use community assets to join up health, social care, education, skills and employment around the family. Extend both the Stronger Families and Well North approaches to other groups and geographical areas in the Borough.

Recommendations to Prevent Disability

- Include preventative approaches in all patient pathways and clinical services
- Focus on 'Get Doncaster Moving' campaign to increase physical activity
- Develop a 'Delicious Doncaster' approach to food and nutrition
- Continue to reduce the negative impact of takeaways and fast food on health and air pollution by considering health in spatial planning and licensing approaches
- Evaluate local approaches with South Yorkshire Fire and Rescue to promote fire safety and address falls including enhanced home safety checks

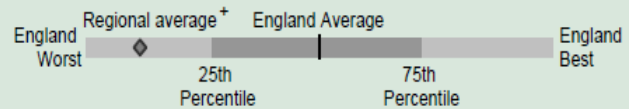
Appendix 1. Doncaster Health Profile 2011

Health summary for Doncaster

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The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



* In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	107858	37.3	19.9	89.2	[Red circle]	0.0
	2 Proportion of children in poverty	14825	22.7	20.9	57.0	[Red circle]	5.7
	3 Statutory homelessness	77	0.63	1.86	8.28	[Green circle]	0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1843	51.4	55.3	38.0	[Red circle]	78.6
	5 Violent crime	4918	17.0	15.8	35.9	[Red circle]	4.6
	6 Long term unemployment	2073	11.2	6.2	19.6	[Red circle]	1.0
Children's and young people's health	7 Smoking in pregnancy			14.0	31.4	[Red circle]	4.5
	8 Breast feeding initiation	2398	68.1	73.6	39.9	[Red circle]	95.2
	9 Physically active children	23080	57.1	55.1	26.7	[Green circle]	80.3
	10 Obese children (Year 6)	629	20.0	18.7	28.6	[Yellow circle]	10.7
	11 Children's tooth decay (at age 12)	n/a	1.2	0.7	1.6	[Red circle]	0.2
	12 Teenage pregnancy (under 18)	338	60.3	40.2	69.4	[Red circle]	14.6
Adults' health and lifestyle	13 Adults smoking	n/a	26.3	21.2	34.7	[Red circle]	11.1
	14 Increasing and higher risk drinking	n/a	28.9	23.6	39.4	[Yellow circle]	11.5
	15 Healthy eating adults	n/a	21.4	28.7	19.3	[Red circle]	47.8
	16 Physically active adults	n/a	13.2	11.5	5.8	[Yellow circle]	19.5
	17 Obese adults	n/a	29.0	24.2	30.7	[Red circle]	13.9
Disease and poor health	18 Incidence of malignant melanoma	36	12.2	13.1	27.2	[Yellow circle]	3.1
	19 Hospital stays for self-harm	342	124.5	198.3	497.5	[Green circle]	48.0
	20 Hospital stays for alcohol related harm	6833	1948	1743	3114	[Red circle]	849
	21 Drug misuse	3079	16.3	9.4	23.8	[Red circle]	1.8
	22 People diagnosed with diabetes	15745	6.46	5.40	7.87	[Red circle]	3.28
	23 New cases of tuberculosis	13	5	15	120	[Green circle]	0
	24 Hip fracture in 65s and over	317	465.2	457.6	631.3	[Yellow circle]	310.9
Life expectancy and causes of death	25 Excess winter deaths	215	23.3	18.1	32.1	[Red circle]	5.4
	26 Life expectancy - male	n/a	76.4	78.3	73.7	[Red circle]	84.4
	27 Life expectancy - female	n/a	81.2	82.3	79.1	[Red circle]	89.0
	28 Infant deaths	21	5.48	4.71	10.83	[Red circle]	0.88
	29 Smoking related deaths	611	273.9	216.0	361.5	[Red circle]	131.9
	30 Early deaths: heart disease & stroke	268	79.5	70.5	122.1	[Red circle]	37.9
	31 Early deaths: cancer	412	123.9	112.1	159.1	[Red circle]	78.1
	32 Road injuries and deaths	146	50.4	48.1	155.2	[Yellow circle]	13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged 16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

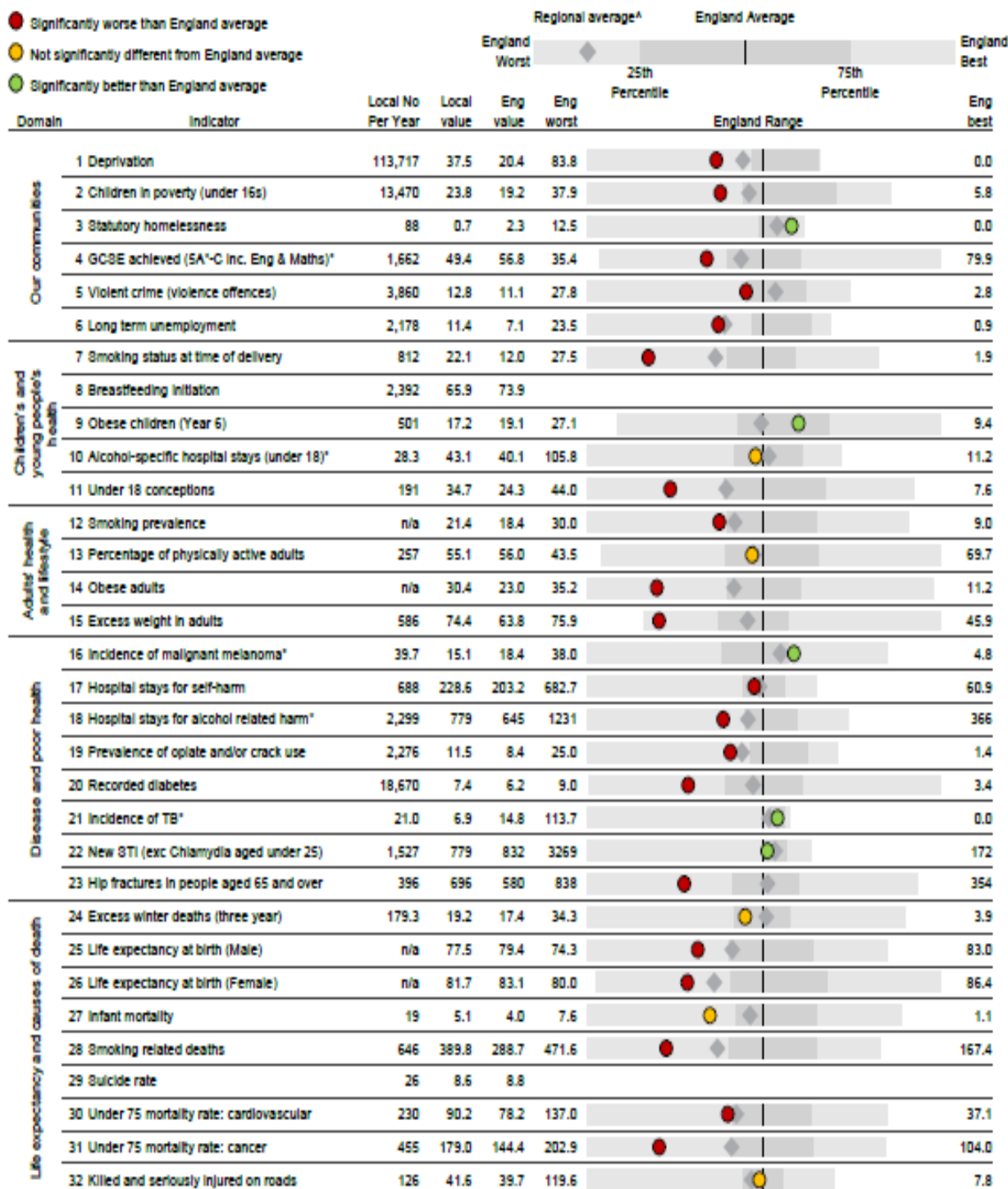
For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

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Appendix 2. Doncaster Health Profile 2015

Health Summary for Doncaster

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012
3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14
6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013
13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13, aged 65+ 25, 26, 28 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

* - indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

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