



Director of Public Health Annual Report

2014



Doncaster
Metropolitan Borough Council

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Forward



I am pleased to present my second Annual Report as Director of Public Health for Doncaster Metropolitan Borough Council. There is much to talk about and some major successes and improvements to celebrate, some of which I've included in this report.

In April 2013, the Health and Social Care Act led to the move of the specialist public health function from the NHS - where it had been since 1974 - to the Council. As you might imagine, it has been 12 months of significant change for the public health team and the Council. In November 2013 the Local Government Association conducted an independent Health and Wellbeing peer review in Doncaster and I'm pleased to report that they gave a very positive assessment about the transfer of the function and the impact of the team.

They said:

- The public health transition has gone well and the team have made a positive impact in a short period of time and are held in high regard within the Council and externally;
- Everyone should be congratulated for having enabled a seamless transition into the new environment without losing focus, momentum or capacity;
- The influence of the Director of Public Health and his team is demonstrable across most Council services;
- The Public Health Team brings with it a range of skills that could be used as a real asset to the Council particularly regarding health promotion, research and intelligence, and their experience in effective governance and risk management;
- The team have good networks outside the organisation including those with local partners across the health and wellbeing system, with academic institutions and Public Health England which can be used to develop innovative practice.

In last year's annual report, I outlined the Council's new public health leadership duties related to health improvement, healthcare public health and health protection. This report focuses on the opportunities and challenges posed by the new public health duties related to health improvement and what the council and partners are doing and might do to meet these effectively.

The report also:

- Describes progress against recommendations made in my last annual report
- Makes recommendations for decision makers locally which I hope will contribute to the improvement of health and wellbeing in Doncaster.

In compiling this report I am grateful for the help of a number of colleagues. In particular I would like to thank Claire Hewitt, Laurie Mott, Victor Joseph, Dr Rupert Suckling, Jacqui Wiltschinsky and Susan Hampshaw. All data presented in the report is courtesy of Doncaster Data Observatory. I am also indebted to all of the Public Health team and colleagues in Doncaster Council and partner organisations who have worked so hard in the past 12 months to promote the health and wellbeing of local people.

I hope you enjoy reading this report as well as finding it of interest and value. Please try and play your individual part in addressing the issues raised as well as trying to interest others in them.

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

Dr Tony Baxter
 Director of Public Health
 Doncaster Metropolitan Borough Council

Doncaster's Health Improvement Framework

Introduction

This Health Improvement Framework (HIF) sets out our aspiration for how we can create and sustain health and wellbeing across all our communities and at every stage of people's lives. It is a strategic framework for improving health in Doncaster and is an evidence based approach based on the Department of Health's White Paper 'Healthy Lives, Healthy People' which was underpinned by Professor Sir Michael Marmot's report 'Fair society, healthy lives'. The approach also builds on evidence reviews undertaken by Public Health England. The Framework takes account of the work that's been done to understand the underlying causes that shape people's health: the context and the circumstances of their lives such as jobs, schools, communities, where we live and the quality of our social and family lives.

It's an approach that recognises that many of the health problems we face, such as obesity or physical inactivity, are complex. They are not amenable to change through one single intervention. It will take different types of actions, across different sectors, to make a difference.

Finally, it's an approach that highlights the cumulative effects these problems can have throughout people's lives, and the importance of intervening early to stack the odds in favour of good health from the start. Improving health and wellbeing is a shared responsibility between all organisations and the people of Doncaster themselves. People need to take responsibility for their own health and wellbeing, whilst local organisations contribute by developing services and an environment which supports and enables them to do this.

In order to make significant improvements in health and wellbeing for Doncaster requires collective action over a sustained period of time from across the 'Team Doncaster' Partnership.

This framework will provide us with a common understanding of health improvement and an agreed vision and priority areas for partnership action to improve health outcomes.

Structure of the framework

The framework sets out the reasons why action at various stages of people's lives and in various settings is important, some key local facts, examples of evidence-based work and some case studies that are already underway in Doncaster. This list of examples is not exhaustive but will help to start the conversation about how we work together to continue to improve the health and wellbeing of local people.

Recommendations:

- That the Health and Wellbeing Board leads the conversation on this framework on behalf of Team Doncaster to co-ordinate action to improve the health of Doncaster people
- That partners in Doncaster work together to review and agree local action for health improvement
- That partners in Doncaster commit to a five year Health Improvement Framework.

Starting well: early years

Why is this important?

Starting well in life is vitally important for every child born today. The first three years of a child's life directly influences their health and wellbeing as a child, and later as an adult. What happens during early years impacts on their risks of long term ill health such as weight, substance misuse, risk of heart disease, and their mental health. The first few years of life are critical for readiness to learn, educational achievement and ultimately wealth and economic status, a strong predictor of future health and wellbeing.

Living in a healthy, caring family and community help most children achieve their potential. A nurturing environment builds a child's resilience and sets children up to succeed in all aspects of later life. Not all children have all these basic needs for good development met and there are differences in experience of good nurturing care and the right resources for growth. This means that a good universal child health system for every mother and child needs to also have additional more targeted support for children and families with greater need to achieve good outcomes for all children.

Our vision:

That every child reaches their full potential at age 5.

Key facts:

- 4.1% of full-term babies in Doncaster are of Low Birth Weight. The rate is significantly above England (2.8%) and increasing over time.
- Breastfeeding rates in Doncaster for both starting breast feeding and continuation at 6-8 weeks are both significantly lower than the national average. Initiation is 65.2% in Doncaster compared to 73.9% nationally and at breastfeeding at 6-8 weeks is 28.1% compared to 47.2%.
- The amount of mothers in Doncaster smoking at time of delivery is significantly higher than the national average, 22.5% compared to 12.7%.

Examples of what we and partners are doing in Doncaster

- Strengthening local leadership through the Young Doncaster Board and focus on early years as a strategic priority reflected in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- Working to improve outcomes for all children and reduce the gap in outcomes between disadvantaged children and their families by commissioning prevention and early intervention services. This includes production of key resources to support healthy pregnancies and babies in Doncaster: a low birth weight information fact-sheet; pre conception information for health professionals working with women of child bearing age; a 'Healthy Pregnancy, Healthy Babies' resource for pregnant women and their families; re-launching the Breast Feeding Welcome Scheme and the Breastfeeding Peer Support scheme; supporting production of an early help strategy; universal roll-out of the Healthy Start Vitamins.
- Commissioning action to reduce harmful parental behaviours including alcohol and substance misuse and smoking and ensure all services safeguard children's welfare to include: a revised smoking in pregnancy pathway & improved access to medication; MPACT (Moving Parents & Children Together) family programme for substance misuse.
- Promoting social and emotional wellbeing, physical activity, and healthy nutrition and reduce harm from unintentional injuries by targeting support for more disadvantaged families by: assisting Children Centres to meet Ofsted requirements for public health outcomes; producing supporting information and health promotion campaigns around 3 key priorities: nutrition and smoking (linked to low birth weight) and unintentional injuries; developing links with other agencies to increase awareness of Public Health priorities and support improvements; assessing needs of vulnerable and Looked After Children and carers for targeted and specialist public health programmes.

CASE STUDY: Universal Healthy Start Vitamins

In the Doncaster Healthy Pregnancy, Healthy Babies Strategy one of our 3 key areas for improvement identified was low birth weight. The main causes of low birth weight are restricted intra-uterine growth or premature birth. There are a number of reasons why babies fail to grow in utero or are born prematurely and one of the main preventable reasons is poor nutrition.

The national Healthy Start scheme allows parents and children who are eligible to have access to free vitamins and also fruit, vegetable and milk vouchers. In Doncaster, the scheme has been expanded to enable all pregnant women and those with babies up to one year of age to have access to free Healthy Start Vitamins. These vitamins are distributed to women through health visitors and midwives during routine appointments. This is funded by the Council, working in partnership with the Healthy Pregnancy, Healthy Babies operational group and runs alongside the current voucher scheme.

Initial uptake is positive with 131 women receiving the universal Healthy Start Vitamins in the first month and 253 in the second month. There has also been a positive impact on uptake of women who are eligible for the voucher scheme. The month prior to the universal rollout showed only 12 women receiving vitamins, whereas this increased to 21 for the next two months.

The launch of the scheme was promoted through a press release and publicity material distributed to key settings including Children's Centres, libraries, health clinics, GP surgeries and private childcare providers.



Developing well: children and young people

Why is this Important?

Seeking good health and wellbeing for school age children and young people in the transition to adult life can have a hugely positive impact on their future. Five of the ten most common risk factors in adult disease are formed during adolescence, including mental health problems and obesity.

This period of young people's lives marks significant and unique changes, they become more independent and widen their awareness of the world around them. As children progress through school, they gradually assert greater autonomy, with family and friends remaining essential sources of support and advice. In the modern world external pressures, such as the media, social networks, advertising, also exert influences, and not always positive ones.

Supporting children and young people at this stage therefore is important in the short term, as well as setting the stage for healthy, productive adults. Some children and young people have not had the good start in life that they needed and so may need additional services or more intensive or specialist support to enable them to reach their full potential ready for adulthood.

Our vision:

That every school age child and young person should be kept safe from harm, able to develop their potential and feel ready for adult life.

Key facts:

- Children in Doncaster have a similar rate of excess weight to the national average – 22.1% are overweight or obese in Reception Year (4-5 years), rising to 33.6% in Year 6 (10-11 years).
- In Doncaster, 63% of diagnoses in 2012 of acute sexually transmitted infections (STI) were in young people aged 15-24 years. Young people are also more likely to become reinfected with STIs.
- There is a strong correlation between alcohol, drugs and risky sexual behaviour. Nationally, evidence shows that in 16-24 year olds, one in seven has had unprotected sex after drinking alcohol; approximately 40% of 13-14 years olds were drunk or stoned when they first had sex; and that young people are more likely to regret sexual choices after using drugs or alcohol.

Examples of what we and partners are doing in Doncaster

- Developing a Young Person's Health and Wellbeing service in conjunction with stakeholders that addresses unsafe sexual behaviours, drug and alcohol misuse and smoking in one holistic service model. The service will deliver a programme of targeted education and training in order to reach vulnerable and disadvantaged young people.
- Commissioning the M-PACT (Moving Parents & Children Together) programme which will offer support to families affected by parental substance misuse.
- Building capacity in the wider children and young people's workforce to enable those who work with disadvantaged young people to deliver brief interventions, give information and signpost appropriately.
- Developing with children and young people a range of activities and facilities that can help them lead active lives, with a particular focus on young girls who tend to become more inactive as they go through secondary school.

CASE STUDY: Project 3 – Young Person’s Health and Wellbeing Service

Services for young people that address prevention, early intervention and treatment for alcohol, drugs, sexual health and smoking have traditionally been delivered by a number of services: Better Deal for alcohol and drugs; sexual health services by Contraception, Advice and Sexual Health team and genitourinary medicine; stop smoking services through adult stop smoking services and advice and early intervention through Jigsaw. These behaviours are often referred to as risk taking or more recently exploratory behaviours.

During adolescence it is normal to experience new social relationships and emotions and start to experiment with risk taking behaviours. During this transitional period, 14 to 17 years in particular, young people are vulnerable to adverse influences and peer pressure exerting a negative effect on choices that may continue into adulthood.

A number of key contributing factors to disease in adults, begin or become entrenched during adolescence: uptake of smoking, alcohol misuse, weight and reduced physical exercise and unsafe sexual behaviour. Additionally we know that 8 out of 10 lifetime users of cannabis begin during adolescence and 9 out of 10 smokers.

Addressing the harm caused by these exploratory or risk taking behaviours requires an integrated approach that addresses the underlying causes. Public Health is responding to this need by commissioning one service that focuses on provision to young people - primarily 13 to 18 years but also as wide as 8 to 25 years for early intervention and for vulnerable young adults.

Staff will be trained to support young people with multiple needs ensuring that the need for multiple consultations is reduced as far as possible. The new service will deliver evidence-based programmes and interventions for young people focussing on sexual health and substance misuse (drugs, alcohol and tobacco) at the following levels:

- General advice to young people and/or their parents/carers with concerns predominantly around substance misuse and sexual health
- Targeted early intervention and education programmes, for example hidden harm and programmes targeted at young people with identified risk factors
- Treatment programmes including contraception, treatment of sexually transmitted infections, treatment for substance misuse
- Interventions that support young people to avoid further risks for example supporting them to return to college or employment.

Living well: working age adults

Why is this important?

Living well in adult life is important not just to adults themselves, but to the children, young people and older people they support both financially and by caring for them. Working age adults support the welfare state and civic society through income generation and paying taxes and it is important that physical and mental health are protected and promoted with equal focus.

People continue to grow and develop from early adulthood where they start to live with financial independence through their first employment, into established adults forming families, long term relationships and making longer term life choices, and then into mature adulthood where attention starts to focus on planning for older age and a healthy retirement.

At every point in an adult’s life there is potential to improve health and wellbeing, prevent diseases such



as diabetes, musculoskeletal disease and cancer developing, as well as minimise the complications or progression of existing disease. However we know that often this group don't engage with services. To maximise opportunities for prevention there must be a focus on reducing risky behaviours, utilising opportunities like NHS Health Checks to access support and advice. Across the adult life course there are particular groups and communities who may have specific needs such as those from Black and Minority Ethnic communities.

Our vision:

Every adult should be able to achieve a state of health and wellbeing that supports their social and economic independence, and help them provide a safe and stable environment for those they support.

Key facts:

- Around 2,000 Doncaster people are diagnosed with cancer each year.
- If mortality from causes considered preventable equalled the national rate, Doncaster would see 85 fewer deaths each year.
- 74% of adults in Doncaster carry excess weight (overweight or obese). Doncaster has the 2nd highest rate in England.
- In 2012/13 GP's in Doncaster treated 17,865 patients for diabetes, 46,893 for hypertension, 8,005 patients for lung disease and 12,649 patients for heart disease.
- In 2013/14, over 6000 Doncaster people had an NHS Health Check.

Examples of what we and partners are doing in Doncaster

- Providing a number of behaviour change interventions in a range of settings, including workplaces, schools and community venues to ensure the environment we work in supports local people in making healthier choices.
- Running a programme of public health campaigns throughout the year including: World Cup alcohol awareness, Change 4 Life, Doncaster Cycling and Walking campaigns. We are also implementing national campaigns at a local level as identified through Be Clear on Cancer (BCC) and National Awareness and Early Diagnosis Initiatives (NAEDI).
- Carrying out training programmes to ensure staff working with local people are competent in delivering brief intervention support enabling simple and consistent lifestyle messages and referrals to appropriate support

services.

- Co-ordinating physical activity and sport across the borough through the Doncaster Active Partnership.
- Developing a local cancer survivorship programme.
- Promoting the NHS Health Check service.
- Ensuring that drug, alcohol, weight management, smoking cessation, sexual health services and mental wellbeing support and prevention interventions are accessible to those that need them most and are delivering effective and long term results.
- Putting prevention at the heart of our strategic approach to domestic abuse, working to change attitudes to domestic abuse and to reduce it in the future, at the same time focussing on the welfare of victims and their children.
- Support targeted programmes for specific higher risk groups, for example HIV and men who have sex with men, suicide prevention among middle aged men (35-44), violence against women and girls and people who have recently left prison.
- Coordinating suicide prevention across Doncaster via the Suicide Prevention Group.

Ageing well

Why is this important?

As our population ages it is vital that maintaining and improving physical, mental, social and economic wellbeing of older adults is a priority. Older people contribute substantially to society-about half of all carers in the UK are over 50 years old and older people are the mainstay of many voluntary organisations with over 40% of those aged 65-74 years volunteering.

Far too many older people are in ill health, living in poverty and are socially isolated. Among the poorest, few will pass the age of 57 years without a disability and only the richest 10% will reach the new retirement age of 68 years without a disability. This need not be the case. Disability and impairment are not inevitable, nor are they irreversibly linked to poor health and isolation.

There is much that can be done to maximise the potential of older adults and enable them to live as independently as possible in their own community and have happy and fulfilling lives. Interventions such as seasonal flu vaccination, falls prevention, tackling fuel poverty, community development projects to reduce social isolation and the opportunity of the NHS health check and health checks for carers all have the potential to support everyone to age well and die with dignity and respect.

Our vision:

That older adults should be a valued part of our society, able to live full and active lives for as long as possible and to be supported and cared for in the best possible way for them up to the end of their life.

Key facts:

- It is estimated the number of people aged 65 and over in Doncaster will increase from 53,000 (17% of the population) in 2012 to 61,200 (19%) in 2020. This rise is greater than that predicted at a national scale, meaning local services will face even greater demand from an ageing population.
- There are estimated to be nearly 3,900 people with dementia in Doncaster. As of August 2014 there are 2,117 people diagnosed with dementia in Doncaster. This gives a diagnostic rate of 54.6% and a diagnostic gap of 1,761 people. Doncaster has the 88th highest diagnosis rate out of 211 Clinical Commissioning Groups in England.
- In Doncaster, 7 out of 10 people aged over 55 are inactive (Active People Survey 2).
- The benefits of physical activity for older people are substantial especially in relation to maintaining independence and quality of life. Doncaster's 'Active in Later Life' project helps people return to an active lifestyle by running and supporting local activity groups for the over 50s. 13,448 people aged over 50 participated in an 'Active in Later Life' session in 2013-2014.



Examples of what we and partners are doing in Doncaster

- Working through the health and wellbeing board to deliver integrated commissioning and comprehensive approaches to falls prevention, reduction of loneliness, malnutrition and support for carers and individuals affected by dementia.
- Improving public and professional awareness and understanding of older people's mental health, particularly through the Dementia Friends initiative, in order to improve early diagnosis rates and uptake of dementia and other mental health services.
- Ensuring that people with dementia and their carer's are provided with information and support to live well with dementia when the condition begins to cause problems that are life-limiting.
- Working with partners to enhance whole system approaches to creating environments that promote and enable healthy choices for older people and reduce fuel poverty.
- Reducing excess seasonal mortality by implementing actions to promote the benefits of keeping warm in later life.
- Increasing the participation of older people in physical activity – research has shown a wide range of benefits for balance, wellbeing, mobility, cognition and bone fragility from evidence-based tailored exercise interventions

CASE STUDY: Dementia Friendly Care Environments Capital Bid Scheme

In July 2013, Doncaster secured funding of £1 million to create dementia-friendly care environments after being chosen to be part of a major Department of Health pilot scheme.

The joint bid by Doncaster Council, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust was one of the 116 projects nationally that shared the £500 million funding from the Department of Health.

The plans saw the development of an acute hospital ward at Doncaster Royal Infirmary specially designed with the needs of people with dementia in mind.

Communal areas in two supported 'extra care' housing schemes in Doncaster – Charles Court in Armthorpe and Rokeby Gardens in Kirk Sandall – redesigned to enable people with dementia to stay as independent as possible in a safe environment. New garden areas have been created at Windemere Lodge, St Catherine's site in Balby so that people with dementia can safely enjoy the mental and sensory stimulation of flowers, plants and fresh air, benefiting their health and wellbeing.

The £1 million funding for Doncaster was one of the largest grants awarded as part of the national scheme, which aimed to create dementia-friendly pilot sites that other areas can learn from. It builds on the innovative dementia work already being done in Doncaster.

CASE STUDY: Active in Later Life, Doncaster

In Doncaster, over seven in every ten people aged over 55yrs state that they have done no moderate intensity sport or physical activity in the previous 4 weeks (Active People Survey 2) and falls are the biggest cause of accidental death in older people.

The evidence is strong that physically active adults aged 65 years and over have higher levels of cardio-respiratory fitness and physical function, improved disease risk factor profiles and lower numbers of chronic conditions than those who are inactive.

The benefits of physical activity for older people are substantial especially in relation to maintaining independence and quality of life. It is estimated that in Doncaster a quarter of people aged 65-74 and nearly half of over 75yrs were unable to manage at least one self-care activity such as bathing, showering or dressing.

Active in Later Life aims to increase the physical activity levels of Doncaster's Older People (aged 50+yrs) and contribute to supporting people over 50yrs to maintain an active & healthy lifestyle; reducing number of falls in older people; combating loneliness/ encouraging social inclusion; maintaining good cognitive function in older people; people over the age of 50yrs enjoying prolonged independence.

Active in Later Life helps people return to an active lifestyle by running and supporting local activity groups for the over 50s. These groups range from Chair-Based Exercise and Falls Prevention classes to Circuit Training and Exercise to Music. They also provide training for volunteers to help to deliver sessions across the Doncaster area.

In 2013-2014 the project:

- recruited 7 new volunteers
- supported 913 physical activity sessions to be delivered across the borough
- encouraged 173 new participants to take part in sessions across Doncaster
- delivered 18 presentations to community groups in Doncaster
- supported the development and delivery of 5 new physical activity sessions.

Homes and housing

Why is this important?

An affordable, suitable, warm, safe and secure home is a fundamental building block of good health. Living in suitable housing promotes good health and wellbeing. It prevents many health problems including circulatory diseases, mental health problems, respiratory problems, particularly in children and accidents in the home. Many homes in England are not of a good enough standard to provide optimal health conditions. Homes need to be healthy, warm, and safe to prevent injury and disease, and be secure from intruders.

Poor housing increases risk of illness, demands on health services, ability to participate in education and work and increases inequalities in health. Housing needs to be suitable for type of need such as age or ability. Housing that offers security of tenure for the long term underpins long term health potential. There is more that can be done to improve health for the homeless, those living in temporary accommodation and those in substandard dwellings.

Our vision:

For people to live in safe warm and secure homes that meet their individual and family needs: - a home in which to 'start well, live well and age well'

Key facts:

- In Doncaster there are about 183 excess winter deaths each year. So on each day during the winter months, about two Doncaster people die of conditions made worse by cold (Winter Warmth England 2012).

Examples of what we and partners are doing in Doncaster

- Assessing and evaluating the impact of homes and homelessness on health and wellbeing as part of the Joint Strategic Needs Assessment establishing a homelessness partnership to address this issue for Doncaster. A draft homelessness strategy has been produced.
- Joint work with adult social care and the NHS to develop approaches with the housing sector to provide care closer to home and prevent hospital admissions and delayed discharges. In addition we are working with an academic partner to scope housing needs for an older population.
- 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; working with Energy Companies to deliver their government obligations to improve the energy efficiency levels of privately owned housing; delivering large scale thermal improvement programmes to make Council owned housing energy efficient; proactively targeting the most vulnerable communities to provide ‘one to one’ energy saving advice and grants assistance.
- Working to improve the quality and management of private rented housing and work in partnership with private landlords to make best use of the sector to meet local housing demand.

CASE STUDY: Well families research in the impact of children with Asthma living in cold, damp homes pen portrait

Cathy is 29, White British and lives with her husband and 2 year old daughter Jane in a small two bedroomed privately rented terraced house. Cathy and her husband are currently unemployed. Cathy has some GCSEs ‘from D downwards’ and an NVQ Level 2 in care. They have an income of £259 or less a week.

Jane is partially sighted and suffers from asthma. She uses both a brown and blue inhaler. Cathy told us that her brother, niece and nephew all suffer from asthma. Jane had been in hospital *‘three times this year and she’s had steroids and some other medications’*. Cathy thought the asthma came on particularly when Jane had colds *‘Actually it comes down every time, it sets her asthma off’*. She had been told to give her the inhaler when it starts and if it was no better in an hour then to take Jane to hospital.

Cathy thought having the heating on made the asthma worse as it dried the air *‘that’s all she does is cough in the night’*. *‘We can’t have radiators on too long because it makes her cough’*. The house was heated with gas central heating and both gas and electricity were provided by British Gas. They had switched supplier about 18 months previously to get a better deal. They currently had no insulation although loft insulation was due to be installed soon. The family had a gas fire which they never used. *‘It’s too expensive to run that. I think I put it on last winter while it was snowing and I only put it on for an hour each night, and my bill went up £150 that month’*.

The family paid their fuel bills by monthly direct debit and appreciated the regular payment all year. The payments had increased once to pay off arrears and the thought that this might occur again was a worry - *‘Yeah I’m dreading it now it’s the winter again, it might go up’*. Parents provided financial help when they were *‘skint’* as did a friend *‘when I’ve got the money, I’ll lend her it so then when I’m skint she can give it me back’*.

Cathy described her pattern of heating usage: *‘We have it on in a morning six while eight, so it’s nice and warm for when she gets up. Then I put it on for an hour in the afternoon, and then it will be on again about half past five until about half past nine at night. And then that’s usually it until in the morning’*

The heat was controlled by turning it on and off at the boiler, there was no thermostatic control and Cathy wasn’t sure what temperature was set. She thought the house was warm *‘it’s really nice and warm this house’*. TinyTag analysis shows the house was above the recommended 18 degrees centigrade 29.2% of the time within the two week study period and below 60% humidity for 3.6% of the time.



Healthy, sustainable resilient communities

Why is this important?

Our actions in the coming decade will shape the health and wellbeing of our children and many generations to come. The world we live in is changing rapidly. Environmental changes, notably climate change, affect our lives on an unprecedented scale, and social changes, such as changes in the economy, impact on every aspect of our health and wellbeing.

These impacts are not fairly distributed. The public health system plays a fundamental role in enabling our communities to become sustainable and resilient. Developing resilience enables people to cope with change which is inevitable or unexpected. Becoming sustainable means changing how we live so we don't further undermine our future.

We need to take action to reduce the scale and impact of both climate change and health inequalities together. While the NHS is providing free access for all, it also has the opportunity to provide more intensive support to more marginalised and excluded groups in our society to help improve their health chances.

Our vision:

Everyone to live in healthy, sustainable resilient communities.

Key facts:

- Doncaster's Multi-Agency Flood Plan identifies over 24,000 properties at risk of flooding.
- 10% of Doncaster population are classified as being in fuel poverty.

Examples of what we and partners are doing in Doncaster

- Increasing preparedness for extreme weather by working with local partners to implement the Heatwave and Cold weather plans and National Flood Emergency Framework by: reviewing annually the Extreme Weather contingency plans, including Cold weather and Heatwave. Engaging with local multi-agency flood forum and winter planning groups.
- Joint work with the Air Pollution Team to identify a shared approach to improving air quality its impact on health & wellbeing including establishment of a warning protocol for poor air quality episodes.
- Developing a cross departmental plan to address Fuel Poverty in Doncaster.
- Integrating the planning, transport, housing, environmental and health systems to address the social determinants of health by providing public health support and intelligence for policies, strategies and plans.
- Commissioning services and including in the specifications Climate Change as part of our requirement for providers to increase the social value of their organisation and those they subcontract.

Schools and colleges

Why is this important?

The experiences that children and young people have within the settings in which they learn, as well as their level of educational attainment, impacts on self-reported health and wellbeing and contributes to life expectancy and future health and wellbeing.

Promoting health and wellbeing within schools and colleges can improve educational attainment, and schools and colleges that deliver value added education are also likely to offer value added health and wellbeing. Not only do education settings provide key opportunities to influence knowledge, attitudes and behaviours of children and young people, but they also provide opportunities to influence staff, parent and carer health and wellbeing. There is strong evidence to support the efficacy of a whole-school approach in supporting improvements across a range of public health outcomes for children and young people.

Schools are also places where young people can access support and encouragement for skills development that can mitigate the impact of other social and economic disadvantages they may have experienced earlier in their lives, improving their life chances and outcomes.

Our vision:

Every school and college to be a healthy place to work and learn, and every learner is equipped with skills for life.

Key facts:

- Doncaster has a high rate of pupil absence – 5.8% of sessions are missed through authorised and unauthorised absence.
- Doncaster has a high rate of coverage for the HPV vaccine – almost 94% of girls aged 12-13 are protected.
- The majority of chlamydia cases in young people - over 2,500 cases are identified per 100,000 people aged 15-24.

Examples of what we and partners are doing in Doncaster

- Providing school/community health profiles to all schools to support their health action plans
- Supporting schools and colleges to implement whole systems approach to promoting holistic health and wellbeing needs and offer bespoke support on thematic priorities following NICE Guidance (for example spanning obesity, social and emotional health, sexual health, physical activity, healthy eating, alcohol and drugs, safety).
- Working in partnership with the provider of school nursing Rotherham Doncaster and South Humber NHS Trust to redesign the school nursing delivery model.
- Ensuring that targeted support for vulnerable and disadvantaged pupils/students is available in and out of learning settings, to minimise disruption to learning.
- Supporting a whole school/whole systems approach to promoting the health and wellbeing of all pupils/students that will support children and young people in developing healthy behaviours for example sexual health, healthy eating and positive personal relationships; help raise the achievement of children and young people; help to reduce health inequalities; help to promote social inclusion.
- Support Schools and Colleges to implement statutory Sex and Relationship Education guidance; Drug Education guidance and programme of study for Personal, Social, Health and Economic education.
- Ensure effective processes are in place for involving pupils and students in decisions concerning their health and wellbeing in order to improve local service provision.
- Developed targeted wellness services through a 'health carousel' approach towards clusters of children identified as being at high risk of multiple poor behaviours, rather than simply tackling single issues.
- Supporting provision for pupils with additional needs and to work with other services to ensure there are clear referral pathways to specialist services, for example in relation to weight management services, alcohol and drugs treatment services, sexual health services, mental health services.
- Ensure training is in place for teachers, school and college staff to recognise the early signs of anxiety, emotional distress and behavioural problems in children.

Workplaces

Why is this important?

Workplaces are a key setting for improving people's mental and physical health, as well as their overall wellbeing. However, just being in work is not enough. It is often the quality of work that matters. High quality workplaces are characterised as providing a source of purpose, friendship, routine and regular income.

Whilst being in work is generally protective of health and being unemployed is likely to have a negative impact on health and wellbeing, both unemployment and poor quality work must be addressed to have a significant impact on health and wellbeing and reduce inequalities in health outcomes. Enabling access to work for those who find it harder to gain good employment such as those from minority ethnic communities and those with mental health problems and disabilities has great benefits both for health and for the economy.

There is still much to be done to reduce unhealthy and dangerous workplaces and support inclusive and responsive workplaces that meet the needs of a diverse and ageing workforce and tackle the major causes of sickness absence that include stress and anxiety and lower back pain. Given the link with productivity and staff absence rates, supporting employees to improve their health and wellbeing also makes good business sense. Many organisations understand this, and protect and promote their staff's health and wellbeing. The challenge is to spread this good practice to all organisations across Doncaster – whatever their size and sector.

Our vision:

All employers to protect and promote the health and wellbeing of their staff, and for workplaces to become a key setting for promoting healthy lifestyles for those moving into and out of the workforce.

Key facts:

- In 2013 131 millions days were lost due to sickness nationally 31% of sick days lost in 2013 were due to musculoskeletal problems.
- In 2013 Doncaster had 12,800 residents out of work with a long term sick diagnosis.
- In 2013 Doncaster had 8,941 Job Seeker Allowance Claimants.
- Doncaster employs less people in the higher skilled roles than the regional or national average.
- In 2013 Doncaster had 14,100 unemployed people.
- Doncaster has a higher proportion of 'skilled traded occupations' than the Sheffield City Region and England.
- In 2011 the percentage of small and medium enterprise firms reporting skills gaps in Doncaster was 18%, compared to 22.3% in Sheffield and 12.6% in Barnsley.

Examples of what we and partners are doing in Doncaster

- Demonstrate commitment through becoming exemplars of best practice as local employers and requiring action on workplace health through their contracts with providers by: working across the Council towards achieving the National Workplace Wellbeing Charter; influencing employment opportunities by using the Social Value Act across our commissioning and contracting; developing a programme approach to promoting healthy lifestyles for Council employees, including extending the availability of seasonal flu vaccination programmes, cycle/walk boost schemes and cancer awareness initiatives.
- A Cancer Buddies scheme has been developed in the Council as a peer support mechanism for people affected by cancer (directly or indirectly) which provides a safe informal environment for individuals to share experiences and provide support for those individuals and their families on a personal cancer journey.
- Providing local leadership through the Health and Wellbeing Board and ensure that health and work is recognised as a key area for action and is reflected in the JSNA and Health and Wellbeing Strategy.
- Working with Business Doncaster and local Chamber of Commerce/Federation of Small Businesses to maximise the public health impact of their businesses and develop understanding and engagement around workplace health.
- Aim for the Council to become a local provider of the national workplace wellbeing charter, engaging and supporting local businesses to take part and undertaking assessments against the national standard.

CASE STUDY: Workplace Pedometer Challenge

In order to promote more physical activity in the workplace a two week pedometer challenge was launched across workplaces. Local Employers were contacted and the advantages of having a more physically active and healthy workforce were highlighted and promotional materials on the benefits of walking were distributed to employees.

Doncaster Culture and Leisure Trust supported the event by offering free 7 day gym passes to those signing up to the challenge and a month's free membership for the person who walked the most steps overall. Yorkshire Wildlife Park also donated a free family pass for the winner to enjoy.

Overall 764 people signed up to the challenge across 22 different workplaces. Feedback showed that staff

were enthusiastic about the challenge and it had raised awareness regarding how inactive many individuals were as well as the recommended '10,000 steps' per day. The majority of those taking part signed pledges to walk more.

Health and Care Settings

Why is this important?

There are millions of contacts every year within our health and care services both systematic for example, attending for immunisation, and ad-hoc - when a patient presents with symptoms. These settings provide opportunities for the early detection of many conditions, and equally importantly the provision of advice and support for individuals and families to help them in adopting healthy lifestyles and to lead healthy, long and productive lives.

In a similar way, many of those who could benefit from such support and help are also often routinely in contact with professionals within the social care and voluntary sectors. These contact opportunities start before birth, during maternal and early years care when the positive effects of good maternal health can have a real impact on the health of the child, and all through life. Each contact with health and care professionals presents a unique opportunity for raising awareness of healthy lifestyles and their positive impact on how long we live and our quality of life. In particular, the NHS is a universal service which is particularly effective in reaching to all groups of the population, for example when it delivers universal population health-care programmes. These provide a particularly good and non-stigmatising opportunity of reaching out to support and inform individuals to make healthy choices and to access best support such as smoking cessation.

Our vision:

Every child, their family and adults can achieve their optimal health and wellbeing by positive advice and support and services to achieve a healthy life as a result of contact through their life course with health and social care professionals and voluntary sector, irrespective of their circumstances.

Key facts:

- 93% of people in Doncaster live within 1 mile of a pharmacy
- In 2013/14, 24,723 people contacted the adult social care team for advice
- There were nearly 160,000 Accident and Emergency attendances at Doncaster and Bassetlaw Hospitals NHS Foundation Trust in 2012/13.

Examples of what we and partners are doing in Doncaster

- Provide leadership through the health and wellbeing board to ensure that evidence based prevention and health and wellbeing programmes are commissioned jointly which includes: leading on the statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Well-being strategy.
- Promoting integration and joined up commissioning across NHS, social care and public health – the Better Care Fund joint approach is a key way this is being implemented at a local level.
- Supporting joint commissioning and pooled budget arrangements.
- Commissioning public health programmes and interventions across a number of healthcare services including: NHS Health Checks, sexual health services; tobacco control services; substance misuse and alcohol services; weight management; pharmacy services; domestic abuse support services.
- Initiating local lifestyle behaviour approaches and campaigns around obesity (weight management), nutrition, alcohol, tobacco, sexual health, mental health and cancer awareness.
- Integrating lifestyle awareness and prevention through health checks and targeted work place initiatives including a work place charter and community interventions.
- Promoting smoke free initiatives across work place settings and within the local community.
- Targeted work around food in the community, cook and eat and alcohol initiatives.
- Developing a local Pharmaceutical Needs Assessment for Doncaster in partnership with NHS England Area team, Local Pharmacy Committee, Doncaster Clinical Commissioning Group and wider stakeholders - to be published by 1st April 2015 following a 60 day consultation period.



Built and natural environment

Why is this important?

The built and natural environments are major determinants of health. The impact on our health and wellbeing caused by buildings and access to clean air and green space has been recognised in a number of recent reports including the Marmot Review. While good housing is important to our health there are other elements of local places that impact on our opportunities to stay healthy. These include connectivity and transport to reach work, services and healthy foods. Access to green space and play facilities are important for mental health as well as physical activity. A high quality public realm needs to have good design that is visually attractive and promotes social support and community cohesion, while respecting biodiversity and sustainability requirement. Good places reduce inequalities in access that helps with reduction in inequalities in health.

The quality and design of homes, buildings, public spaces, neighbourhoods and transport has a direct impact on factors such as noise and air pollution which can both harm health. The built and natural environment can also help promote or hinder health factors such as physical activity, mental wellbeing, community safety and access to healthy food. Therefore the planning and design of our public spaces and built environment are of fundamental importance for the wider social environments that support or hinder good communities and the creation of healthy living spaces for people of all ages.

Our vision:

Everyone, wherever they live, should be able to live, work and play in a place that promotes health and wellbeing; sustains the development of supportive and active communities; and helps reduce health inequalities.

Key facts:

- Around 3,200 people in Doncaster (1.5% of the workforce) cycled to work in 2011.
- Cycling is the second most popular participation sport within the borough.
- Doncaster has 65 different woodlands which cover an area in excess of 521 hectares
- 60% of residents are satisfied with our parks and open space and the remainder feel the quality has to improve.

Examples of what we and partners are doing in Doncaster

- Recognising the importance of good local places for wellbeing and mental health, promotion of physical activity, enhancing community connectedness and helping with community safety. We are engaging with planning, housing and transport teams to provide public health support for policies, strategies and plans. This has included contributing to the Green Infrastructure Strategy, Cycling Strategy and Housing Strategy.
- Joint work with Natural Environment Team to map green infrastructure data with health data to provide evidence towards enhancing and protecting green space in future developments.
- Working with partners across Doncaster to develop a coordinated approach to active travel through the Cycling Strategy, Local Strategic Transport Fund and Get Doncaster Walking & Cycling programmes to encourage participation.

CASE STUDY: Get Doncaster Cycling Festival

2014 was the year of cycling in Britain and with the Tour de France coming to Yorkshire we wanted to ensure that in Doncaster we used this opportunity to raise the awareness of cycling and inspire the young and old to cycle. We want more people cycling in Doncaster so not only are they healthier but the environment is healthier with less congestion and pollution.

A collaboration between Doncaster Council, local businesses and Doncaster cycling clubs developed a 3 phased approach to how we were going to encourage the public to get out on their bikes and maximise the promotional opportunity the Tour de France provided. This included: a town centre race on 1st June 2014 to

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raise the profile of cycling and inspire the public; a Get Doncaster Cycling programme of rides aimed at those new to cycling, returning to cycling or wanting to do lower level rides; a promotional campaign of the local opportunities for cycling.

Headline Facts

The Town Centre Race

347 competitors

Over 4000 spectators

Value of volunteering over the 12 months was £27,600

Total twitter reach 2,010,267

Potential boost to the economy of Doncaster of £266,000.

Get Doncaster Cycling Programme

19 volunteers trained as cycle leaders

26 bike rides delivered by local clubs and volunteers.

363 people joining in the bike rides

5,000 leaflets produced and distributed

62 taking part in the Cusworth Hill Climb.

Future Plans

We will build on the fantastic success of this year and planning has already started for next year with the town centre race being held on the 31st May 2015, a full Sky Ride programme developed and plans to deliver another festival of rides.

This will continue to be underpinned by work with schools, workplaces, road safety and the transport network infrastructure. Doncaster has been successful in securing funding from the Local Strategic Transport Fund to deliver a range of programmes including the development of two cycle hubs, continuation of the Cycle Boost programme focussing on workplaces through to a Cycle for Health programme to support those least active residents to get on their bikes.

Social networks, social capital and community development

Why is this important?

Strong communities, families and social networks protect and promote health and wellbeing and help address inequalities. Communities where people from different backgrounds come together more frequently have shared interests, goals and values, and look after the vulnerable through for example volunteering, have less social isolation, less risky behaviours and are more engaged in shaping public services to meet their aspirations.

Communities with high trust, neighbourliness and a sense of belonging have lower crime. Children living and studying in communities with higher social capital have better self-esteem, emotional wellbeing and are more likely to stay in education.

Community development gives a voice to the most vulnerable in society. It addresses imbalances in power and brings about change based on social justice, equality and inclusion. It empowers communities to play a positive role in democracy, civil society and improve the quality of their own lives, their health and wellbeing and the communities of which they are a part.

Our vision:

Everybody to live within a supportive community environment that provides opportunities to develop their potential, contribute to the society, and participate in creating their own and their neighbours health and wellbeing.

Key fact:

- Doncaster's new library service model has over 600 volunteers.

Examples of what we and partners are doing in Doncaster

- Recognising that all the services from leisure and parks, libraries, arts, and refuse collection have the potential to increase local social connectedness through creating opportunities for people to interact.
- Supporting Doncaster Culture and Leisure Trust to increase the number of individuals who access and use the leisure facilities
- Piloting a Healthy Parks project working with local schools.
- Commissioning substance misuse treatment providers to engage clients into locally accessible mutual aid groups such as SMART recovery, Narcotics Anonymous and Alcoholics Anonymous meetings
- Supporting, promoting and encouraging Doncaster's Volunteer Walk Leader scheme through the Get Doncaster Walking campaign.
- Encouraging the development of volunteers.
- Developing a Street Play model to support residents and organisations to promote children to play safely on their own streets.
- Adopting an evidence based approach to community participation, development and empowerment, utilising a range of community engagement approaches that strengthen social networks and promote social justice by: Piloting an Assets Based Community Development Approach to support communities to improve their health and wellbeing; supporting a partnership Community Engagement Group; developing a consistent approach to community engagement for commissioned services.
- Commissioning Age UK and Changing Lives to provide services that aim to improve social connectedness and reduce social isolation of older people and Black and Ethnic Minority Women respectively



CASE STUDY: Street Play, Doncaster

Playing out on the street after school and at weekends was once an everyday occurrence for children. It was a way for them to make new friends and learn new games as well as getting to know their street and neighbourhood in a safe manner.

Today fewer children get this chance, with parents worrying about the dangers of letting their children play out on the street. As a result the street is sometimes no longer seen as an acceptable and safe space for children to play out and children have therefore lost the confidence and ability to use the street where they live for free, unstructured play.

There are numerous health and social benefits of children experiencing independent play regularly. These include increased physical activity, developing social and co-ordination skills as well as the development of community cohesion.

Street Play aims to give children the opportunity to play out safely on their streets and outside their homes. This involves free and unstructured play at organised times when the road is closed by a temporary road closure order obtained from the Local Authority.

Children are encouraged to bring their own toys to a Street Play session such as skipping ropes, bikes and scooters. One of the main aims is for residents and communities to eventually take over the planning and running of the Street Play sessions.

Public Health worked with Doncaster Council Private Sector Housing to pilot a Street Play session in a street in Bentley New Village as a tool to try and improve community spirit as well as offering children a safe environment to play in to help them become healthier and more active.

The session was evaluated using a range of different methods and was regarded by children, parents, residents and professionals as a huge success. The general feeling of the children and parents who attended the session was positive with parents and children asking for more sessions to take place. At the first session over 40 children attended, some with parents and even some teenagers attended to "see what was happening". These teenagers mentioned that they would like us to run something similar for them.

Three further supported sessions have taken place with over 80 children involved. A workshop was provided to members of DMBC staff around the Street Play concept and how to set up and deliver a Street Play session to encourage parents and communities to take on the role of organising and running street play sessions with the support of Public Health. We are currently working on a pack for parents to help them to arrange Street Play. A working group involving partners such as the neighbourhood team, highways and community safety has been set up to take this legacy forward.

Progress update: action on recommendations from last year's annual report

This section highlights progress made against recommendations made in my annual report in 2013

Recommendations	Progress since 2013
<p>Challenge: How can we ensure that Doncaster's Joint Health and Wellbeing Strategy has a positive impact on the health and wellbeing of local people?</p>	
<p>For partners on Doncaster's Health and Wellbeing Board to ensure that the plans arising from the areas of focus in the strategy improve health and wellbeing prospects for local people.</p>	<p>Five areas of focus were identified, alcohol, obesity, mental health and dementia, families and personal responsibility. Each area of focus has agreed a work plan and reports on progress at quarterly intervals on a set of agreed indicators.</p>
<p>Challenge: How can we ensure that the new public health system (Health and Social Care Act 2012) delivers value for money and effective programmes to improve and protect the health and wellbeing of local people?</p>	
<p>For the Council to ensure there are systems and processes in place to deliver against the Public Health agenda that includes statutory functions of the Director of Public Health (DPH) in accordance with the Scheme of Delegation.</p>	<p>A public health governance group has developed systems and processes to assure the council that effective arrangements to deliver the public health function have been established. An Internal Audit review of the arrangements stated that: "the developing governance arrangements in place appear to have been well thought out, covering all relevant aspects of governance, and have commenced with strong direction and enthusiasm, ensuring that there are firm foundations for robust governance arrangements within the Public Health Directorate.</p> <p>The current governance arrangements are comprehensive and at this point I have no areas that I would highlight as being neither absent from (these) arrangements nor where the existing/intended arrangements require strengthening."</p>
<p>For the DPH to monitor relevant public health activities as detailed in the Public Health Scheme of Delegation and report to the Council's performance challenge group quarterly and council Director's six monthly.</p>	<p>The Public Health Assurance Group provides assurance to the Mayor, the performance challenge group and council Directors.</p> <p>In addition, there is a quarterly assurance from the Health Protection Assurance Group regarding health protection matters to the Health and Wellbeing Board. An annual statement of health protection assurance is scrutinised by the Scrutiny Panel of the Council.</p>
<p>For Doncaster Data Observatory to ensure that a robust process to assess progress against the Public Health Outcomes Framework (PHOF) is established.</p>	<p>The Data Observatory has established a process to download current information with available benchmarks which enables us to assess progress against the PHOF.</p>
<p>For partners in Doncaster to continue work together on the 10 key public health challenges identified from the PHOF. These relate to:</p> <ul style="list-style-type: none"> Perinatal mortality Low birth weight births Breastfeeding prevalence Children in relative poverty Excess weight in children Residents killed or seriously injured on the roads Suicide Liver disease mortality Respiratory disease mortality Excess winter mortality 	<p>Work in all of these domains continues through programmes that are commissioned by partners in Doncaster and through subgroups which report to the Health and Wellbeing Board and Team Doncaster and its Theme Boards. The data is updated in Doncaster's Joint Strategic Needs Assessment.</p>





Challenge and recommendations 2014

Doncaster's Health Improvement Framework 2015-2020

Challenge:

That Doncaster should establish a framework which sets out our aspiration for how we can create and sustain health and wellbeing across all our communities and at every stage of people's lives.

Recommendations:

- That the Health and Wellbeing Board leads the conversation on this framework on behalf of Team Doncaster to co-ordinate action to improve the health of Doncaster people
- That partners in Doncaster work together to review and agree local action for health improvement
- That partners in Doncaster commit to a five year Health Improvement Framework.



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