



Public Health
Annual Report
2013



Doncaster
Metropolitan Borough Council

Foreword



As cabinet member for Public Health in the council and Chair of Doncaster's first Health and Wellbeing Board, I am delighted that key public health duties are back with local government and closer to the people and communities we serve. Public health is about improving health and reducing health inequalities and we can only achieve these aims by working together across Doncaster.

In his report Dr Tony Baxter, our Director of Public Health, has outlined some of the unprecedented changes that have taken place across the health and social care landscape in the last year and some of the important public health challenges faced by the people of Doncaster. Tony has also laid out clearly how he and his team are providing strong, specialist Public Health leadership, where working together has already made a difference and has set some recommendations for the next 12 months.

We all have a role in improving the health and wellbeing of our borough. As cabinet member and Chair of the Health and Wellbeing Board I am determined to play my part and look forward to working with you in the coming years.

Councillor Pat Knight

Cabinet Member and Chair of Doncaster's Health and Wellbeing Board





I am pleased to present my first 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.

The last year saw substantial changes in the architecture for planning and delivery of services to improve health and wellbeing in Doncaster and across the country. In April 2013, the local Public Health specialist function transferred from the NHS to the Council; a new national service – Public Health England – was established; Doncaster Primary Care Trust was abolished and replaced by NHS Doncaster Clinical Commissioning Group; the Health and Wellbeing Board was established by the Council; local and national Healthwatch organisations were formed; and NHS England was established operating nationally and in local offices in South Yorkshire.

Despite these major changes, all partners continued to work together to improve and protect the health and wellbeing of Doncaster people by ensuring that local services are effective and responsive to local needs within the resources available to us.

This report focuses on the opportunities and challenges posed by the new public health duties in local government and what the council and partners are doing to meet these effectively.

The report also

- ▶ Identifies the key public health challenges for Doncaster identified in the Public Health Outcomes Framework
- ▶ 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 within Doncaster Council. In particular I would like to thank Laurie Mott, Victor Joseph, Dr Rupert Suckling, Jacqui Wiltschinsky and Susan Hampshire. I am also indebted to all of the Public Health Directorate team and colleagues in Doncaster MBC, 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.

Dr Tony Baxter

Director of Public Health
Doncaster Metropolitan Borough Council



Healthy Lives, Healthy People – Public Health comes home to the Council

Introduction

The Public Health specialist function that was based in the NHS since 1974 returned to the Council in April 2013. This was a legal transfer of the function which is part of national reforms resulting from the 2012 Health and Social Care Act.

Organised approaches to improving and protecting public health have been around in the borough for almost 2000 years. The first system was established in Doncaster in AD 71 when Danum was founded by the Romans and Titus Flavius Sabinus Vespasianus was Emperor. The Romans understood that dirty water, sewage, garbage and bad smells made people unwell. Although they did not know why this happened, they addressed the issues they felt were linked to the causes of poor health and so built aqueducts, public baths and sewers and drained swamps which helped to keep their citizens, slaves and army healthy.

The modern public health era in Britain began when Queen Victoria was on the throne, prompted by a report about the 'sanitary condition of the labouring population' written by a reformer called Edwin Chadwick in 1842. The industrial revolution led to changes in agriculture and more people moving into towns without an adequate infrastructure to meet their needs. This led to poor housing, lack of fresh water, problems with sewage and rubbish removal. Cholera epidemics were common and there was high mortality in cities and towns. As a result, in 1848 the first Public Health Act was introduced establishing local health boards in councils led by medical officers for health. Doncaster's first local Board of Health met in the Mansion House in September 1851.

King George VI was monarch when the NHS was founded in 1948. At that time, there were three branches of the health service – hospitals, primary care and local authority health services (responsible for infectious diseases, environmental, preventive and community health services). Then in 1974 local authority health services and the medical officer for health function - now called Public Health - transferred to the NHS where the function remained until 2013.

As well as having a list of specific duties and responsibilities arising from the 2012 Health and Social Care Act, specialist public health moving back to local government provides a massive opportunity to combine forces to tackle together issues that are known to have a greater impact than the NHS on health and wellbeing. Factors like housing, education, employment and the environment we live in, fundamentally affect our chances of achieving good health and happiness.

So in the diamond jubilee year of Queen Elizabeth II, public health returned home to the local authority. This chapter explores the challenges and opportunities created by the move and the changes that took place as a result of the Health and Social Care Act.

A change in direction

Healthy Lives Healthy People, a strategy for public health in England (July 2011), set out the Government's vision for a new, integrated and professional public health system, designed to be more effective and to give clear accountability for the improvement and protection of the public's health. The new system gave new responsibilities and resources to local authorities, within a broad policy framework set by the Government, to improve the health and wellbeing of all citizens.



In December 2011, the Government published further details about the design of the new public health system, including the role and responsibilities of Local Authorities and guidance on implementation of the reforms. The Health and Social Care Act (2012) provided the statutory basis for local authorities to assume their new public health responsibilities. The public health functions transferred to the Council were described in Department of Health guidance and included:

- ▶ Tobacco control and smoking cessation services
- ▶ Alcohol and drug misuse services
- ▶ Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and in the longer term all public health services for children and young people
- ▶ The National Child Measurement Programme
- ▶ Interventions to tackle obesity such as community lifestyle and weight management services
- ▶ Locally-led nutrition initiatives
- ▶ Increasing levels of physical activity in the local population
- ▶ NHS Health Check assessments
- ▶ Public mental health services
- ▶ Dental public health services
- ▶ Accidental injury prevention
- ▶ Population level interventions to reduce and prevent

birth defects

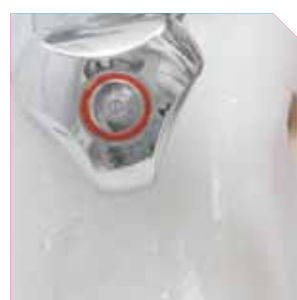
- ▶ Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- ▶ Local initiatives on workplace health
- ▶ Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- ▶ Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- ▶ Local initiatives to reduce excess deaths as a result of seasonal mortality
- ▶ The local authority role in dealing with health protection incidents, outbreaks and emergencies
- ▶ Public health aspects of promotion of community safety, violence prevention and response
- ▶ Public health aspects of local initiatives to tackle social exclusion
- ▶ Local initiatives that reduce public health impacts of environmental risks

Funds for public health have been ring-fenced and there are two overarching priorities in what we do:

- ▶ To increase healthy life expectancy
- ▶ To reduce differences in life expectancy and healthy life expectancy between communities

These will be measured by:

- ▶ Improving the wider determinants of health
- ▶ Health improvement
- ▶ Health protection
- ▶ Healthcare public health and preventing premature mortality



Delivering the new public health duties in Doncaster

Health Improvement

The Council will deliver its health improvement duties through a series of 'well programmes' which include work on what contributes to people's health or the wider determinants of health. The Well programmes – starting well, developing well, living well, working well and ageing well – were developed in response to Professor Sir Michael Marmot's 'Fair Society, Healthy Lives' report and the national Public Health strategy 'Healthy Lives, Healthy People'. The programmes adopt the life course framework for tackling the wider social determinants of health.

By looking at health over the course of someone's life in this way helps wider partnerships in Doncaster deliver appropriate interventions at the right time, for the greatest impact.

An example of this work is Doncaster's Warm Homes Healthy People Project.

Last winter Doncaster Council successfully bid for funding from the Department of Health to assist them with their objective of "supporting local authorities and their partners in reducing death and illness in England due to cold housing", this bid was coproduced with Doncaster Primary Care Trust and Age UK.

Doncaster Council has worked in partnership with Age UK Doncaster to deliver the Warm Homes, Healthy People Scheme.

A £37,000 Warm Homes grant from the Healthy People fund and a further £2,000 was contributed from public health funding from Doncaster Primary Care Trust. This funding enabled the Council and its partners to target and deliver much needed advice and home improvements to vulnerable households, co-ordinated by a project manager.

In the winter months, 10 more people die each week in Doncaster than during the warmer seasons. This startling fact demonstrates the importance of proactively helping those residents who are in most need - our residents who are aged 70 and over.

As a result of this partnership approach, 700 elderly households received advice and support between

January and March 2013 to keep their homes warmer and improve their health .

For further information about Doncaster's Health Improvement Plans contact jacqui.wiltschinsky@doncaster.gov.uk



Healthcare Public Health

The key local element of this mandatory duty is the establishment and delivery of a 'public health offer' of support to Doncaster NHS Clinical Commissioning Group. In Doncaster, this has been developed and delivered through an agreed Memorandum of Understanding (MOU) and Work Plan. The MOU was developed in line with national guidance and best practice from other areas.

This will mean that there is effective commissioning of healthcare for the people of Doncaster based on population health needs, public health input into service reviews, prioritisation of areas to invest limited healthcare resources, and support with evaluation of the services.

An example of this is the dementia health needs assessment.

The dementia health needs assessment was included in the Joint Strategic Needs Assessment 2013. The assessment showed that:

- ▶ There are an estimated 3,697 people with dementia in Doncaster, and only half on dementia registers with their GP practice. Each year, Doncaster records 1,353 new cases of dementia, and 500 deaths from dementia or senility (1 in 6 deaths). The highest prevalence of dementia in Doncaster is found in the following wards: Cantley, Town Moor, and Wheatley. While 30 per cent (1,104) of people with dementia live in the residential care, the majority (70 per cent or 2,593) live in the community.
- ▶ The average time from the person with dementia or carer noticing the symptoms, to discussing their concerns with friends and family, to finally contacting a healthcare professional is 2 years and 6 months. It then takes on average six months to reach a diagnosis through formal assessment. The diagnosis rates of dementia may improve by increasing knowledge of family members.

The needs assessment identified three themes as priority areas for commissioners and service providers. These are: (1) raising awareness and understanding of dementia; (2) early diagnosis and support; and (3) living well with dementia.

For further information about Doncaster's work with NHS Doncaster Clinical Commissioning Group contact rupert.suckling@doncaster.gov.uk

Health Protection

The Health and Social Care Act 2012 placed a duty on local authorities in England to protect the health of the local population. The Director of Public Health in each council is responsible for health protection, supported by the specialist public health workforce. The delivery of services that contribute to health protection is complex and the responsibility of many agencies. We have looked at how best to deliver this requirement.

These duties include public health aspects of emergency planning which are at the heart of the civil protection duty as part of the Civil Contingencies Act. Part 1 of the Act places a legal obligation upon emergency services (for example police, fire and ambulance services) and local authorities (defined as "Category 1 responders") to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies; warning and informing the public; and taking other action if emergencies happen.

Coupled with this the Council has a health protection assurance framework and structures (Doncaster Health Protection Assurance Group, Joint Health Emergency Planning Group and South Yorkshire Local Health Resilience Partnership). This ensures that the specific duties of health protection are effectively addressed.

An example of health protection work is the vaccination and immunisation programme.

Vaccination is an important public health intervention to protect the health of the population against a range of infectious diseases. One of these diseases is measles.

There has been a recent resurgence of the disease in England, with outbreaks reported in other parts of UK, such as in Wales. This was partly blamed on the reduction on uptake of vaccination of MMR, in the past few years. Despite outbreaks of measles elsewhere in the country, Doncaster has not reported any outbreak of measles. Thanks to the efforts of all those involved in the local vaccination and immunisation programmes in the NHS, we have maintained a high uptake rate of MMR vaccination at 94.8% (compared to 92.6% in England) at the end of June.

We are also encouraging more young people aged 10-16 who were not vaccinated or partially vaccinated to come forward and be vaccinated as part of a national campaign.

For further information about Doncaster's health protection plans contact victor.joseph@doncaster.gov.uk

Public Health Integrated Into Council Business


Now we are part of the council, Public Health has to ensure that what we do and the advice we give is embedded in the Council's work.

We have set up working agreements and have started work on a small number of high impact joint objectives, and opportunities for joint commissioning with other parts of the Council.

We will always ensure what we do adds value and we are keen to be as innovative as possible to maximise health and wellbeing improvements.

An example of this work is the agreement between the public health and regeneration and environment teams which has led to work on developing space at Lakeside.






THE CO-DESIGN OF AN INTERVENTION TO INCREASE PHYSICAL EXERCISE IN DONCASTER

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Introduction

Within Doncaster Metropolitan Borough Council the Public Health and Regeneration and Environment Directorates have been working with Doncaster Rovers FC to develop the asset of the Lakeside green space in Doncaster. This project aimed to harness this collaboration and use this outdoor, accessible and tranquil setting to encourage people to be more physically active and increase their sense of well-being.

In this project the Doncaster team, consisted of a physical activity public health specialist, research lead, project support officer and the assistant director of Public Health.

Design methods mentorship was provided by the User-centred Healthcare Design (UCHD) team, as part of the Better Services by Design project (www.bsd.org.uk). UCHD brings together multidisciplinary expertise from design and health. They are funded by the NHS National Institute for Health Research (NIHR) as part of the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for South Yorkshire (SY) to identify and develop health service design methods adapted to the needs of healthcare services.

Rationale

- 55% of Doncaster residents stated that they did no physical activity in the last four weeks (60% of females)
- Inactivity is estimated to cost Doncaster £5 million (conservative estimate)
- Doncaster has the lowest percentage (20.0%) of adults taking part in sport and active recreation in South Yorkshire.
- Obesity can reduce life expectancy by up to 9 years and account for 9000 premature deaths per year. Dealing with overweight, obesity and their health consequences is estimated to cost the NHS £15.4 billion per year by 2015.
- For Doncaster the estimated cost is £91.7 million, about one sixth of the total health budget and is expected to rise to £98.1 million by 2015. The cost to the wider economy is estimated to be about £16 million per year, which could potentially rise to £50 billion per year by 2050.

Methods


The project was underpinned by the principles of User-centred Healthcare design (www.uchd.org.uk) and guided by Double Diamond Design Process. This is a four phase process which consists of:

Discover: Open up and question what it is your improvement/innovation project should focus on, by collecting relevant information about the issue, service users, its touchpoints, stakeholders and the interaction and communication between all parts. The collated stories helped us to identify starting points for the new intervention.


Define: Represents the second quarter of the Double Diamond design process model. This stage should be understood as a filter where the review, selection and discarding of ideas takes place. This was where findings of the research from the Discover stage were analysed, examined, defined and refined as problems, and ideas for solutions are pitched and prototyped.


Develop: Represents the third quarter of the Double Diamond design process model. It marks a period of opening up again, of development, where design-led solutions are prototyped, developed, iterated and tested.

Deliver: Represents the fourth quarter of the Double Diamond design process model. At this stage the final concept will be tested, signed-off, produced and launched.



Develop





For further information about Doncaster Council's integrated public health plans contact tony.baxter@doncaster.gov.uk

Doncaster's Key Public Health Challenges

This section sets out the most important public health challenges for Doncaster identified by the Public Health Outcomes Framework. This framework forms part of the Government's reforms of the public health system in England and is reported in Doncaster's Joint Strategic Needs Assessment (JSNA). The JSNA is in the Doncaster Data Observatory Section of the Doncaster Together website, www.doncastertogether.org.uk.

The Public Health Outcomes Framework is one of a number of outcomes frameworks, which include ones for the NHS, adult social care, and at the time of writing, a proposed one for children and young people.

The framework has two overarching ambitions:
1) Increasing healthy life expectancy and reducing the differences in life expectancy and 2) healthy life expectancy between communities.

This is a complex and detailed piece of work (there are 66 further outcomes) which are divided into four main areas or domains.

Domain 1: Improving the wider determinants of health

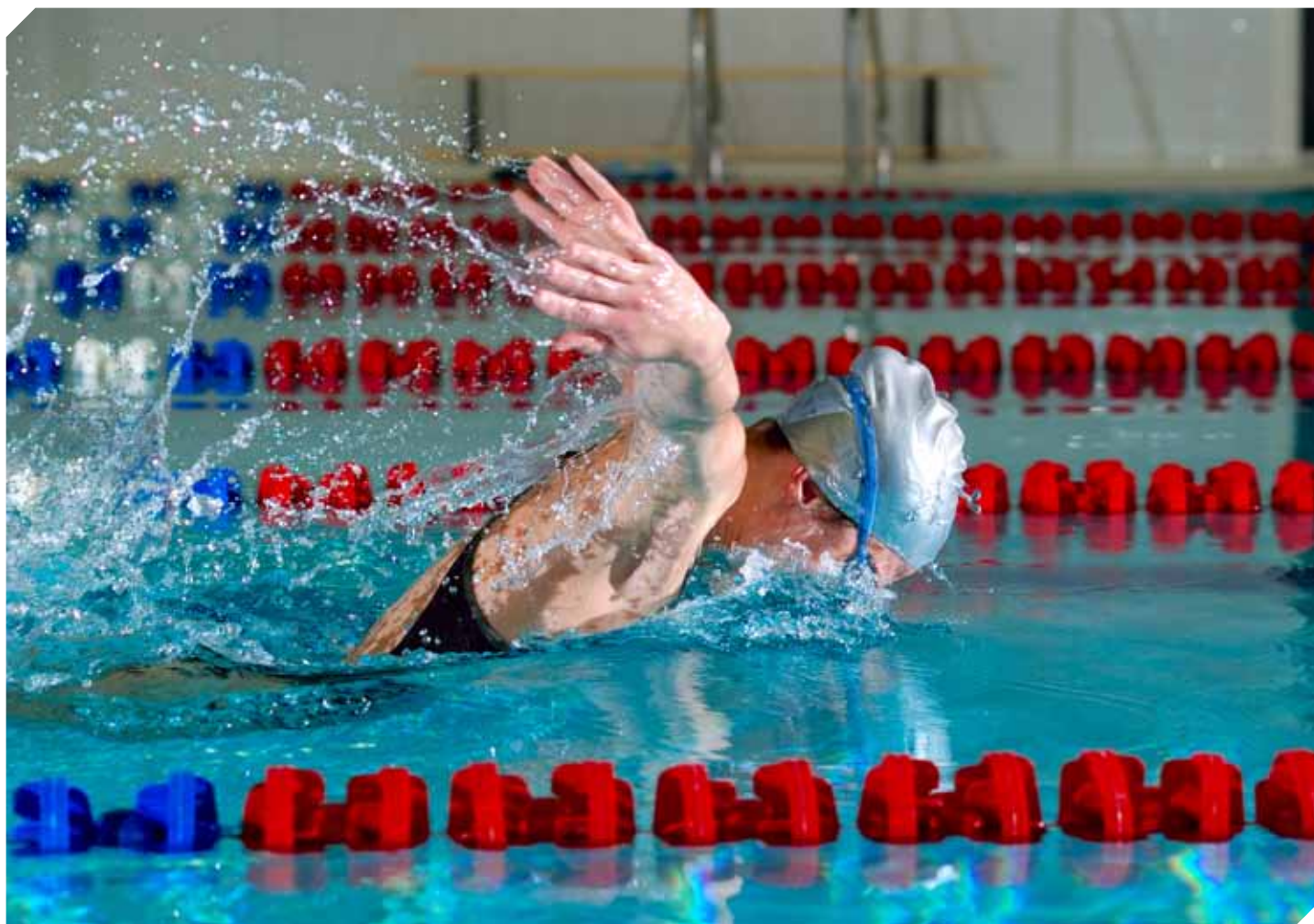
Domain 2: Health improvement

Domain 3: Health protection

Domain 4: Healthcare public health and preventing premature mortality

For each indicator in the framework, in Doncaster we have done a local assessment using four questions:

- ▶ How is Doncaster currently performing against the national average?
- ▶ Is Doncaster improving from past performance?
- ▶ Is Doncaster narrowing the gap with the national average?
- ▶ Are inequalities improving between communities in Doncaster?



How is Doncaster currently performing against the national average?

In a small number of domains in the outcomes framework, Doncaster is better than or no different from the national average. Most notably, more local women take up invitations for cancer screening, and fewer households are classified as homeless and in temporary accommodation than the rest of the country.

However, in Doncaster, people are generally less well-off than the rest of England. Wages are lower and more jobs are less skilled than in other parts of the country. These differences have an impact on the health of local people who generally do not have as good health as the national average.

Doncaster is in a group of similar local authorities called the 'manufacturing towns'. Death rates for men and women are similar to other manufacturing towns and are higher than the national average.

Too many local people still suffer from poor health with too many dying too young with illnesses that are preventable.

Is Doncaster improving from past performance?

There are some strong and significant improvements in aspects of health of local people compared to previous years: men and women are living longer than ever before; death rates from heart disease, strokes and most cancers are improving; the contribution of healthcare to reductions in death rates is improving: survival rates from cancers are improving; teenage pregnancy rates are reducing; and there are fewer hip fractures in people over 65.

There are a number of health issues in Doncaster where there is room for improvement, most notably: children living in relative poverty; children aged 4-5 who are measured as overweight or obese; hospital admissions related to alcohol; and deaths from liver disease.

Is Doncaster narrowing the gap with the national average?

There are a small number of aspects of health where there is improvement and the gap is narrowing between Doncaster and the national average.

These are: survival from lung cancer; teenage

pregnancies; hospital admissions for injury for the under 17s; and hip fractures in people over 65.

However, there are areas where the gap between Doncaster and the national average persists or is widening. This includes:

The number of women breastfeeding 6-8 weeks after birth; the number of low birth weight babies; perinatal mortality (a combination of stillbirths and infant deaths in the first week of life); excess weight in 4-5 year olds.

The number of people killed or seriously injured on the roads; deaths from liver disease; deaths from respiratory diseases; and deaths from suicide.

Are inequalities improving between communities in Doncaster?

There are a number of aspects of health where there is improvement and the gap is narrowing between communities in Doncaster.

These include: death rates from heart disease and stroke; death rates from colorectal cancer; and survival from breast cancer.

However, there are a number of indicators where the gap is widening between Doncaster's communities. These include: life expectancy for men and women; perinatal mortality; and excess winter deaths.



Doncaster's Key Public Health Challenges - Progress

This section highlights progress made against recommendations made in my annual report in 2012.

Recommendations	Progress since 2012
<p>Challenge: How can we ensure that the Joint Strategic Needs Assessment is used and further developed to contribute to positive health and wellbeing impacts for local people?</p>	
<p>For partners in Doncaster's Shadow Health and Wellbeing Board to use the JSNA to underpin decisions with robust intelligence</p>	<p>The Shadow Health and Wellbeing Board used the JSNA to help determine potential priorities for the Joint Health and Wellbeing Strategy. Following consultation, joint action was agreed on important public health issues: obesity, alcohol misuse, families, mental health and dementia.</p>
<p>For partners in Doncaster to use the JSNA to understand and respond better to the needs and views of local people</p>	<p>The JSNA has informed commissioning plans of public health and social care in the Council, Doncaster Clinical Commissioning Group and NHS England.</p>
<p>For Doncaster Data Observatory to further develop the JSNA to increase the profile of community voices</p>	<p>Needs assessments commissioned from Doncaster Data Observatory will incorporate the views of the community and service users</p>
<p>For partners in Doncaster to work together on the ten health domains highlighted in the JSNA chapter of this report to gain more in depth understanding and agree concerted action. These domains are:</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>* Note: There is a separate section in this table updating progress on these ten domains</p>
<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 in Doncaster's Shadow Health and Wellbeing Board to ensure that there is effective engagement with all stakeholders during the development of the strategy</p>	<ul style="list-style-type: none"> • In August 2012 the shadow Health and Wellbeing Board commissioned a 6 week public consultation across Doncaster. The draft strategy was disseminated to all key stakeholders, organisations, community and voluntary sector groups and the general public through a variety of channels including community venues, front line staff, local media, GP practices, local health and social care providers and members of the Board and the support group. • In addition to this a telephone research survey was commissioned involving a sample of 400 Doncaster residents asking them their views about health and wellbeing in Doncaster. • Finally a workshop with voluntary and community sector organisations was conducted facilitated by Doncaster CVS and DARTS. • The feedback from the consultation was very useful in determining the priorities that are important for Doncaster people. There were 94 written responses by email/hard copy and a comprehensive report on outcomes from the Community and Voluntary Sector (CVS) workshop and another report from the telephone research.

<p>For partners in Doncaster to commit to the strategy to guide development and delivery of services to improve health and wellbeing outcomes for local people</p>	<ul style="list-style-type: none"> • The Joint Health and Wellbeing Strategy was formally adopted by Doncaster's Health and Wellbeing Board at its first meeting in June 2013. • Doncaster Council adopted the strategy as a key policy framework at the Council meeting in July 2013.
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Health Domain highlighted in 2012 JSNA	Progress
Perinatal mortality and low birth weight births	<ul style="list-style-type: none"> • A multiagency strategy focusing on Healthy Pregnancies and Healthy Babies which will contribute to reductions in infant mortality and low birth weight agreed and prioritised implementation plan has been developed
Breastfeeding prevalence	<ul style="list-style-type: none"> • Breast feeding - commissioning is now led largely by Doncaster Clinical Commissioning Group & NHS England. Doncaster and Bassetlaw NHS Foundation Trust applying for Breast Feeding Initiative Stage 3 in December 2013, Rotherham Doncaster And South Humber NHS Foundation Trust in March 2014. Breast Feeding Welcome scheme in development.
Children in relative poverty	<ul style="list-style-type: none"> • Work on Doncaster's revised transformation plan for services for children and young people will incorporate next steps on this issue.
Excess weight in children	<ul style="list-style-type: none"> • Obesity is now one of the Health and Wellbeing Board priorities • Review underway of information and interventions focused on prevention of excess weight in children and families and will be translated into recommendations to inform future commissioning. For example - Social Return on Investment (SROI) project is underway to focus on outcomes of cooking skills training for families in early years settings. • Developing a coordinated approach to working with Early Years Settings, Schools and Colleges to ensure a healthy weight approach is fully adopted. • Review underway of training needs for staff working directly with children i.e. health visitors, day care staff and nurseries • Work on-going to strengthen partnerships and collaborative work to tackle the wider determinants which influences excess weight, including for example access to affordable healthier food, and green space and built environments that encourage physical activity. • Evaluation of family based weight management service: Recommendations translated into redesigned specification and services to be re-tendered to start April 2014: Focus on long term outcomes (12 week clubs with 9 month follow on- will be 6 month programmes incorporating group and 1:1 sessions with 6 month follow on); multi-disciplinary team with clinical leadership; maintain strong emphasis on family based approach. • We are using Public Health campaigns to lead the drive to tackle obesity at a local level through coordinated activities with partner agencies and providers. We recognize the contribution and the great opportunity change4life campaign provides to influence range of players such as schools and colleges. We therefore, intend to work closely with our providers and support the National change4life campaign (e.g. Back to School in Aug 13 and Foodsmart Jan 14) to promote key messages around obesity, nutrition and physical activity.

Residents killed or seriously injured on the roads	<ul style="list-style-type: none"> • We have mapped the current provision in Doncaster against the Recommendations from NICE Guidance (2010) 'Preventing unintentional injuries among under 15's. • Using data, school profiles/children centre profiles to support settings on targeted work on the unintentional injuries agenda. This data has been shared with school nurses on one of their training days and will be shared with the health visiting teams. • There is currently strong partnership working with South Yorkshire Road Safety Partnership group and the Local Authority road safety team.
Suicide	<ul style="list-style-type: none"> • A multi-agency Suicide Prevention Group has been established and is reviewing and refreshing the local suicide prevention strategy, and doing a gap analysis against the national strategy and from this developing a local action plan. • Continuing to operate a suicide notification system whereby information and data is collected from the Coroner's Office, analyzed and used to identify any locally emerging trends, clusters or patterns. Using this information to produce and disseminate an annual report to provide an insight into the local perspective of suicide deaths in Doncaster which informs coordination of activities aimed at reducing suicides. • Through the Mental Health Alliance providing a coordinated approach to improving the mental health of the Doncaster population as a whole.
Liver disease mortality	<ul style="list-style-type: none"> • Integrated treatment system - The implementation of a single point of access model for both drug and alcohol use (single or combined) will produce major improvements in access for clients by streamlining processes and making efficiencies in delivery. By having an integrated treatment system we have increased capacity for alcohol as those who used to treat just drug clients now also treat alcohol clients as well. • Alcohol community pathway - One of the main reasons Doncaster has a high rate of deaths from liver disease is due to individuals presenting too late for treatment. To combat this public health staff are working with general practitioners to help screen/identify and treat problematic drinkers. • Accident and emergency - An A&E referral and intelligence service will be implemented. The aim of this service is to act as an integral part of alcohol services in Doncaster by enhancing care pathways between A&E and hospital wards/departments and primary/secondary care, and to ensure that individuals identified as experiencing alcohol related issues receive appropriate care and treatment whilst in hospital and are referred to specialist adult and children/young people's services following discharge. The service will also gather local intelligence to aim prevention, reduce A&E admissions and increase awareness.

Respiratory disease mortality	<ul style="list-style-type: none"> • A health needs assessment is being undertaken in relation to children with lower tract respiratory disease. By conducting the health needs assessment we will be able to examine the issue in depth specific to the borough. • The recommendations that come out of the health needs assessment will be implemented by collaborative working with stakeholders. • A gap analysis will complement the health needs assessment which will enable us to identify gaps and services as well as local issues. To coincide with the work above, we will then benchmark Doncaster's disease rates against other areas which will enable us to identify specific issues to the borough and also learn from other areas
Excess winter mortality	<ul style="list-style-type: none"> • Coordinated long-term planning at local level between agencies to protect people and infrastructure from the effects of severe winter weather • Planning to prepare for pressures on the health and social care system such as pressure on staffing levels, high demand and disruption to services. • Communication plan is in place to support level 1 of the Cold Weather Plan addressing issues of fuel poverty and excess winter deaths using the Winter Warmth Toolkit. This is a set of resources providing consistent messages to public and service providers on how to keep warm and healthy in winter. • Hotspots partnership approach to addressing affordable warmth / energy efficiency, finance, safety and health. The project enables a customer facing officer to maximise a single point of contact with a householder, to deliver essential services that are of great benefit to all residents. • Hotspots Training for frontline staff on the effects of Fuel Poverty on people's health. • Warm Homes Healthy People Fund 2012-13 application - Doncaster Racing Ahead to Keep Warm – Provision of additional services for vulnerable older people eg handyman services; heating boiler servicing and setting of controls; emergency warmth packs and energy road shows • Warm Homes, Warm Families Research - working in partnership with Sheffield Hallam University and NHS Rotherham to deliver a research study to examine the experience, knowledge, beliefs and values of adults living in households with children with asthma and the effects of living in a cold home.



CHALLENGES AND RECOMMENDATIONS 2013

Making the most of new opportunities

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?

Recommendations:

- ▶ For partners in 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

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?

Recommendations:

- ▶ For the Council to ensure there are systems and processes in place to deliver the Public Health agenda that include statutory functions of the Director of Public Health (DPH) in accordance with the Scheme of Delegation
- ▶ 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.
- ▶ For Doncaster Data Observatory to ensure that a robust process to assess progress against the Public Health Outcomes Framework is established
- ▶ For the Council to ensure that the ring fenced Public Health grant is used in accordance with the conditions of the grant.
- ▶ For partners in Doncaster to continue work together on the 10 key public health challenges identified from the public health outcomes framework. These relate to:
 - ▶ 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





Infectious Diseases

Mental Health

Addiction

Obesity

Lifestyle

Stress

Dementia

Cancer

Sociology

Behaviour

Healthcare Risk

Family Ethics

Accidents

Reproduction

Cardiovascular Disease

Depression

Sanitation

Diabetes

Education

Vaccines

Obesity

Addiction

Mental Health

Development

Excercise

DATA

Politics

Smoking

Economic

Geography

Air Pollution

Quality

Sanitation

Diabetes

Education

Healthcare

Risk

Ethics

Accidents

Reproduction

Cardiovascular

Depression

Sanitation

Diabetes

Education