

# Doncaster 2017/18 Joint Strategic Needs Assessment

**The Health and Wellbeing Board Outcomes Framework Assessment**

## Introduction

The national guidance defines a Joint Strategic Needs Assessment (JSNA) in the following terms:

*“JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs, or the NHS. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities’ health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances there is no template or format that must be used and no mandatory data set to be included.”<sup>1</sup>*

In summary Doncaster’s JSNA should be fit for purpose needs to be 'fit for purpose' and meet the requirements of the Health and Wellbeing Board.

The 2018 JSNA has a different style from previous reports. A set of 'lines of inquiry' have been agreed. The following are some of the suite of JSNA related reports for this year:

- An assessment of the Health and wellbeing Outcomes Framework
- Development of an inequalities dashboard
- Undated geographically based profiles
- An analysis of healthy places
- An analysis of the changes in Life expectancy in Doncaster

This report is an assessment of the Health and social care outcomes framework. The framework was agreed by the Health and Wellbeing Board in 2017.

---

<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf)

## The Health and Wellbeing Board Outcome Framework

In 2017 the Board agreed a set of 16 outcomes. These are detailed below.

Table 1: The Doncaster health and wellbeing outcomes framework

	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
<b>Wellbeing</b>	Focus on improving quality of life and healthy life expectancy for all, focussing especially in the most deprived areas and living conditions (housing, air quality) in a person and family centred way	Children will have the best start in life, being healthy and resilient  Promote the mental wellbeing of children and families especially for older children and young adults.	Promote good economic growth, including living wage and sustainable and healthy employment	Support healthy aging across Doncaster, recognising that preventative approaches that reduce loneliness and social isolation or promote self-care and independence are important at every life stage
<b>Prevention</b>	Increase levels of physical activity especially in the most inactive as an effective preventative action at any age	Children and families will have access to the right services at the earliest opportunity.  Improve outcomes especially for early years and teenagers through healthy lifestyles and good educational experiences.	Take a whole system approach to reducing smoking, alcohol consumption and obesity as the key causes of preventable ill health and early death	Aim to prevent and delay the need for care whilst responding to the complexity of need that older people with long term conditions may have i.e. falls
<b>Care (Delivered by ACP)</b>	Continue to integrate and improve care systems, especially minimising the use of unplanned hospital care and delays in leaving hospital	Ensure acute care needs of children and young people especially injuries, asthma and self-harm are dealt with appropriately.	Improve the prevention, early detection and treatment of cancer (the major cause of early death) liver disease, diabetes and heart disease.  Give equal weight to mental wellbeing as a key determinant of physical health and independence	Ensure services and housing are suitable for the changing needs of the ageing population and those with special needs
<b>Support (Delivered by ACP)</b>	Understand the size and needs of our vulnerable and at risk groups especially carers	Support and safeguard the most vulnerable children, young people and families especially those most at risk.	Support those with serious mental health conditions and learning disabilities to play an active role in Doncaster	Improve the identification and support available to those with dementia and their carers.  Support people and their families to die well and in a place of their choosing

These agreed outcomes have a set of corresponding outcome indicators. These are in Table 2.

Table 2: Doncaster Health and Wellbeing outcomes indicators

	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
<b>Wellbeing</b>	<ul style="list-style-type: none"> <li>· Healthy Life Expectancy increases</li> <li>· People's quality of life is good</li> <li>· There are more homes built and fewer people are homeless or in unsuitable accommodation</li> </ul>	<ul style="list-style-type: none"> <li>· More children and young people are healthy, have a sense of wellbeing and are resilient</li> <li>· More children have the best start in life</li> </ul>	<ul style="list-style-type: none"> <li>· More people are in sustained work</li> </ul>	<ul style="list-style-type: none"> <li>· More people remain healthy and independent for longer with fewer people socially isolated</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>· More people will be physically active</li> <li>· Fewer people will die early from causes considered preventable</li> </ul>	<ul style="list-style-type: none"> <li>· More children and young people's development is underpinned through a healthy lifestyle</li> <li>· More children have access to the right services at the earliest opportunity</li> </ul>	<ul style="list-style-type: none"> <li>· More people make healthy lifestyle choices relating to: smoking, alcohol consumption, healthy weight, diabetes</li> </ul>	<ul style="list-style-type: none"> <li>· Fewer older people will have serious falls that require them to go to hospital</li> <li>· More people over 65 will access a flu vaccine</li> </ul>
<b>Care (Delivered by ACP)</b>	<ul style="list-style-type: none"> <li>· Fewer people require health and social care services and vulnerable people are safe</li> <li>· People are satisfied with their care</li> <li>· Fewer people are delayed from leaving hospital</li> </ul>	<ul style="list-style-type: none"> <li>· More children and young people are healthy, have a sense of wellbeing and are resilient</li> </ul>	<ul style="list-style-type: none"> <li>· Fewer people die from Cancer, liver disease, diabetes and heart disease.</li> </ul>	<ul style="list-style-type: none"> <li>· Fewer older people require health and social care services and vulnerable people are safe</li> </ul>
<b>Support (Delivered by ACP)</b>	<ul style="list-style-type: none"> <li>· Carers have as much social contact as they would like</li> <li>· Suitable Advice and Support is provided to Carers</li> <li>· Families who need support can access it</li> </ul>	<ul style="list-style-type: none"> <li>· No child suffers significant harm as a result of neglect</li> </ul>	<ul style="list-style-type: none"> <li>· People with Learning disabilities and people who access Mental health services live in stable accommodation</li> </ul>	<ul style="list-style-type: none"> <li>· More people are diagnosed with dementia</li> <li>· More people in end of life care are supported along with their families to die in a place of their choosing</li> </ul>

This report is an assessment of the Doncaster health and wellbeing outcomes framework. The hope is that the data supplied in this report can support the Board and its wider partner's identify areas of focus for the future. It is intended to support strategic prioritisation by the Board.

To support the prioritisation the framework each of the 16 domains was evaluated using currently available data. Each measure is related to the stated outcomes in the framework. Each indicator is evaluated in three ways:

- Current position – This uses the latest comparable data available to assess the Doncaster position against the rate for England as a whole.
- The 5 year Trend – This measures the change in the rate in Doncaster in the last 5 years and assess if the rate has been getting better or worse (or remaining unchanged).
- Closing the gap – This measures if the rate in Doncaster is getting better

compared to the national rate or if the gap is actually getting wider. The last 5 years are compared.

The 'performance' of each of the measures has been colour coded. The current position has been assessed using 95% confidence intervals. Red is significantly worse, green significantly better, amber means there is no statistically significant, and grey means a statistical comparison cannot be made.

In the case of the '5 year trend' and 'closing the gap', then red means the trend is 10% worse over the 5 years, green means 10% better and amber means no change. Grey indicates that a comparison cannot be made (for instance less than 5 years to compare).

## Framework summaries

The following tables provide a summary of the performance of all the indicators in relation to each outcome.

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	Healthy Life Expectancy increase	Healthy life expectancy at birth (Male)	Sig. worse	No difference	No change
		Healthy life expectancy at birth (Female)	Sig. worse	No difference	No change
	People's quality of life is good	2.23i - Self-reported wellbeing - people with a low satisfaction score	No difference	Improving	Narrowing
		2.23ii - Self-reported wellbeing - people with a low worthwhile score	No difference	Improving	Narrowing
		2.23iii - Self-reported wellbeing - people with a low happiness score	No difference	No difference	Narrowing
		2.23iv - Self-reported wellbeing - people with a high anxiety score	No difference	No difference	Narrowing
	There are more homes built and fewer people are homeless or in unsuitable accommodation	Net additions to Council Tax Holding Stock		Improving	
		Family homelessness	Sig. better	Getting worse	Narrowing

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	More children and young people are healthy, have a sense of wellbeing and are resilient	4.01 - Infant mortality	No difference	No difference	No change
		2.01 - Low birth weight of term babies	No difference	Improving	Narrowing
	More children have the best start in life	2.02i - Breastfeeding - breastfeeding initiation	No difference	No difference	No change
		Smoking status at time of delivery	Sig. worse	Getting worse	Widening
		Hospital admissions as a result of self-harm (10-14 yrs)	No difference	Getting worse	Widening
		Admission episodes for alcohol-specific conditions - Under 18s	No difference	Improving	No change
		Hospital admissions due to substance misuse (15-24 years)	Sig. worse	Getting worse	Widening
		1.04 - First time entrants to the youth justice system	Sig. worse	Improving	Widening

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	5 yr trend
Living well	More people are in sustained work	Unemployment	No difference	Improving	No change
		1.05 - 16-18 year olds not in education employment or training		Improving	No change
		1.09ii - Sickness absence - the percentage of working days lost due to sickness absence	No difference	Improving	No change
		% of economically inactive due to long-term sickness	No difference	Improving	No change

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	More people remain healthy and independent for longer with fewer people socially isolated	Permanent admissions to residential and nursing care homes per 100,000 aged 65+	Sig. worse	Improving	Narrowing
		2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)	Sig. worse	No difference	No change
		Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital		Improving	Narrowing
		1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	No difference	No difference	No change

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	More people will be physically active	Percentage of physically inactive adults	No difference		
		1.16 - Utilisation of outdoor space for exercise/health reasons	Sig. worse	Improving	Narrowing
	Fewer people will die early from causes considered preventable	4.03 - Mortality rate from causes considered preventable	Sig. worse	No difference	No change
		4.10 - Suicide rate (Persons)	No difference	No difference	No change
		4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	Sig. worse	Improving	No change
		4.05ii - Under 75 mortality rate from cancer considered preventable	Sig. worse	No difference	No change
		4.06ii - Under 75 mortality rate from liver disease considered preventable	No difference	No difference	No change
		4.07ii - Under 75 mortality rate from respiratory disease considered preventable	Sig. worse	No difference	Narrowing

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	More children and young people's development is underpinned through a healthy lifestyle	Reception: Prevalence of overweight (including obese)	No difference	No difference	Narrowing
		Year 6: Prevalence of overweight (including obese)	No difference	No difference	No change
		Children under 20 in poverty: % of all dependent children aged under 20	Sig. worse	Improving	No change
		Hospital admissions due to substance misuse (15-24 years)	Sig. worse	Getting worse	Widening
	More children have access to the right services at the earliest opportunity	3.02 - Chlamydia detection rate (15-24 year olds)	No difference	Improving	No change
		3.03x - Population vaccination coverage - MMR for two doses (5 years old)	Sig. worse	No difference	No change
		3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	Sig. worse	No difference	No change
		3.03xviii - Population vaccination coverage - Flu (2-4 years old)	Sig. worse		

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Living well	More people make healthy lifestyle choices relating to: smoking, alcohol consumption, healthy weight, diabetes	2.14 - Smoking Prevalence in adults - current smokers (APS)	Sig. worse	Improving	No change
		2.18 - Admission episodes for alcohol-related conditions - narrow definition	Sig. worse	Getting worse	No change
		2.12 - Percentage of adults classified as overweight or obese	Sig. worse		

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	Fewer older people will have serious falls that require them to go to hospital	2.24i - Emergency hospital admissions due to falls in people aged 65 and over	Sig. worse	No difference	No change
	More people over 65 will access a flu vaccine	3.03xiv - Population vaccination coverage - Flu (aged 65+)	Sig. worse	No difference	No change

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	Fewer people require health and social care services and vulnerable people are safe	Permanent admissions to residential and nursing care homes per 100,000 aged 18-64	Sig. worse	Improving	Narrowing
		Permanent admissions to residential and nursing care homes per 100,000 aged 65+		Improving	Narrowing
		2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Sig. worse	No difference	Widening
	People are satisfied with their care	3A: Overall satisfaction of people who use services with their care and support	No difference	No difference	No change
		3B: Overall satisfaction of carers with social services	Sig. better		
		4a.i Patient experience of GP services	Sig. worse	No difference	No change
	Fewer people are delayed from leaving hospital	2C(1): Delayed transfers of care from hospital, per 100,000	Sig. better	Getting worse	No change
		2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	No difference	Getting worse	Widening



Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	More children and young people are healthy, have a sense of wellbeing and are resilient	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	No difference	Improving	Narrowing
		Hospital admissions as a result of self-harm (10-24 years)	Sig. worse	Getting worse	Widening
		Emergency admissions 15-19	Sig. worse	Getting worse	No change
		A&E attendances (0-19 years)	Sig. better	Improving	Narrowing

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Living well	Fewer people die from Cancer, liver disease, diabetes and heart disease.	4.04i - Under 75 mortality rate from all cardiovascular diseases	Sig. worse	Improving	No change
		4.05i - Under 75 mortality rate from cancer	Sig. worse	No difference	No change
		4.06i - Under 75 mortality rate from liver disease	No difference	No difference	Narrowing
		4.07i - Under 75 mortality rate from respiratory disease	Sig. worse	No difference	No change

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	Fewer older people require health and social care services and vulnerable people are safe	Permanent admissions to residential and nursing care homes per 100,000 aged 65+		Improving	Narrowing
		2.24i - Emergency hospital admissions due to falls in people aged 65 and over	Sig. worse	No difference	No change
		4.15iv - Excess winter deaths index (3 years, age 85+)	No difference	No difference	Narrowing
		4.11 - Emergency readmissions within 30 days of discharge from hospital	Sig. worse	No difference	No change

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	Carers have as much social contact as they would like	1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	Sig. better		
	Suitable Advice and Support is provided to Carers	1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	No difference	No difference	No change
	Families who need support can access it	Proportion of people who use services who find it easy to find information about services	No difference	No difference	No change

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	No child suffers significant harm as a result of neglect	Hospital admissions as a result of self-harm (15-19 yrs)	No difference	Getting worse	No change
		Hospital admissions for mental health conditions	No difference	Getting worse	Narrowing
		Children in care	Sig. worse	No difference	No change
		1.04 - First time entrants to the youth justice system	Sig. worse	Improving	Widening

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Living well	People with Learning disabilities and people who access Mental health services live in stable accommodation	1.06i - Adults with a learning disability who live in stable and appropriate accommodation	Sig. better	Improving	No change
		1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Sig. better	No difference	No change

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	More people are diagnosed with dementia	Dementia: QOF prevalence (all ages)	No difference	Improving	No change
	More people in end of life care are supported along with their families to die in a place of their choosing	Death in usual place of residence (%), Persons, Aged 85 years and over.	Sig. worse	Improving	Narrowing
		Death in usual place of residence (%), Persons, Aged 75 - 84 years.	No difference	Improving	Narrowing
		Death in usual place of residence, Persons (%), Aged 65 - 74 years.	No difference	Improving	Narrowing

## All-ages - wellbeing

### Aim:

- Focus on improving quality of life and healthy life expectancy for all, focussing especially in the most deprived areas and living conditions (housing, air quality) in a person and family centred way

### Outcomes:

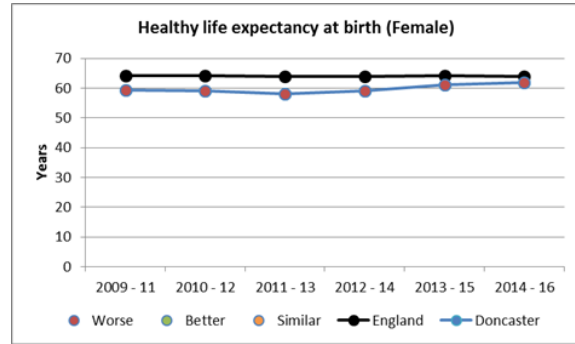
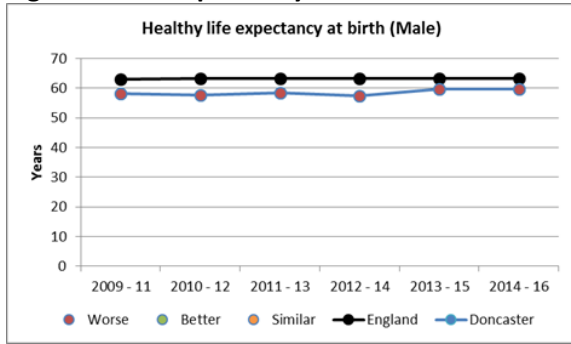
- Healthy Life Expectancy increases
- People's quality of life is good
- There are more homes built and fewer people are homeless or in unsuitable accommodation

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	Healthy Life Expectancy increase	Healthy life expectancy at birth (Male)	Sig. worse	No difference	No change
		Healthy life expectancy at birth (Female)	Sig. worse	No difference	No change
	People's quality of life is good	2.23i - Self-reported wellbeing - people with a low satisfaction score	No difference	Improving	Narrowing
		2.23ii - Self-reported wellbeing - people with a low worthwhile score	No difference	Improving	Narrowing
		2.23iii - Self-reported wellbeing - people with a low happiness score	No difference	No difference	Narrowing
		2.23iv - Self-reported wellbeing - people with a high anxiety score	No difference	No difference	Narrowing
	There are more homes built and fewer people are homeless or in unsuitable accommodation	Net additions to Council Tax Holding Stock		Improving	
		Family homelessness	Sig. better	Getting worse	Narrowing

Healthy male life expectancy in Doncaster is 59.6 years (2014-16). This is significantly lower than the national level, which is 63.3 years. Healthy life expectancy has been improving faster in Doncaster than nationally and the gap between the two has closed slightly. Among women in Doncaster health life expectancy is 61.9 (2014-16) years and the national level is 63.9 years. Healthy life expectancy is significantly lower in Doncaster.

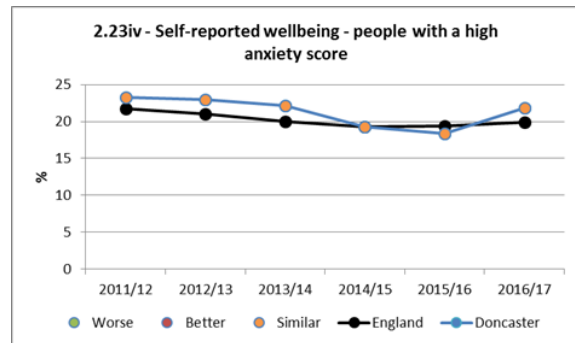
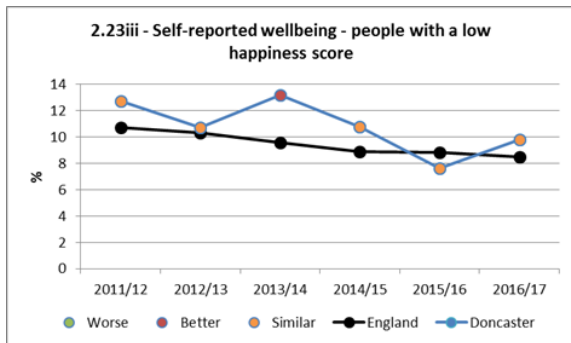
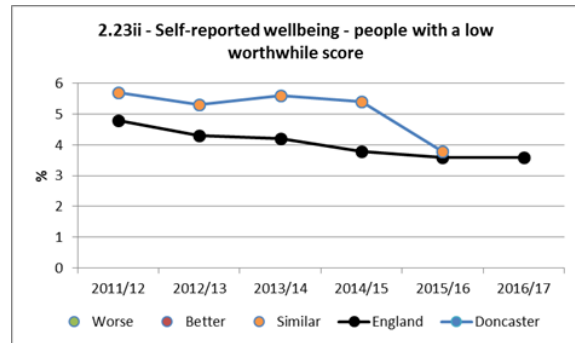
The housing stock in Doncaster is increasing and the numbers of families who are homeless is significantly lower than the national average.

**Figure 1: Life expectancy**



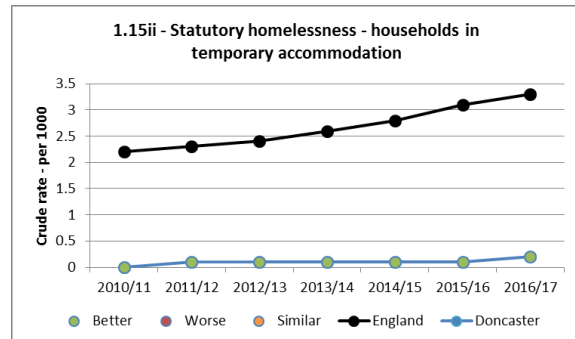
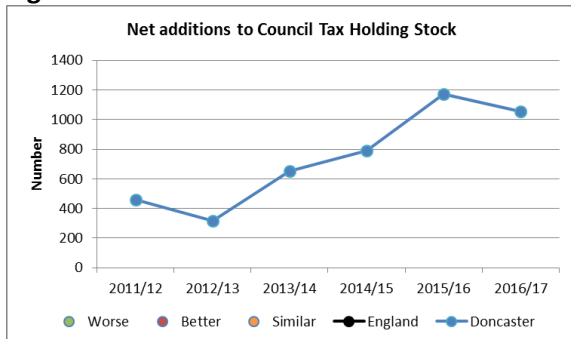
Source: PublicHealth Outcomes Framework

**Figure 2: Quality of Life**



Source: Office for National Statistics

**Figure 3: Homelessness**



Source: Doncaster Council, Public Health England, Public Health Outcomes Framework, Department for Communities and Local Government

## Wellbeing – starting well

### Aim

- Children will have the best start in life, being healthy and resilient
- Promote the mental wellbeing of children and families especially for older children and young adults.

### Outcomes

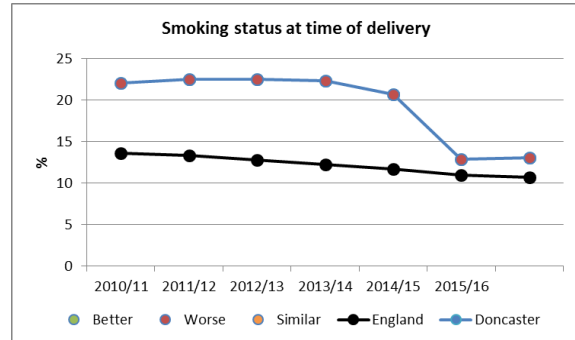
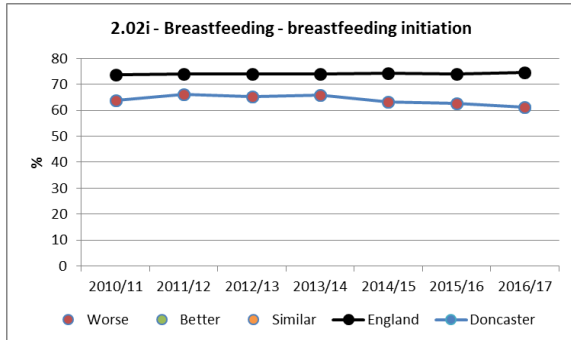
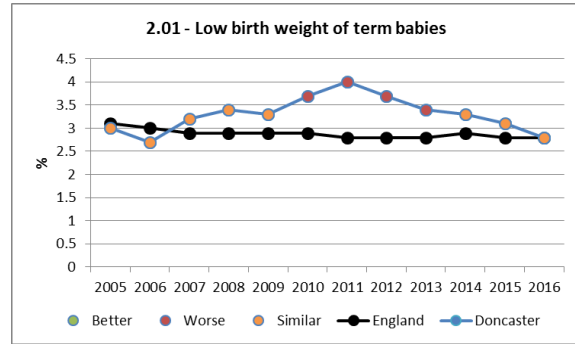
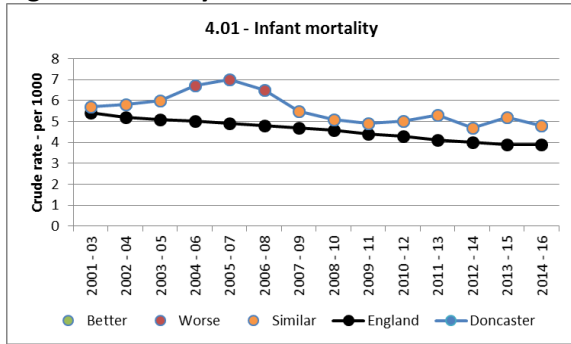
- More children and young people are healthy, have a sense of wellbeing and are resilient
- More children have the best start in life

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	More children and young people are healthy, have a sense of wellbeing and are resilient	4.01 - Infant mortality	No difference	No difference	No change
		2.01 - Low birth weight of term babies	No difference	Improving	Narrowing
	More children have the best start in life	2.02i - Breastfeeding - breastfeeding initiation	No difference	No difference	No change
		Smoking status at time of delivery	Sig. worse	Improving	Narrowing
	Hospital admissions as a result of self-harm (10-14 yrs)	No difference	Getting worse	Widening	
	Admission episodes for alcohol-specific conditions - Under 18s	No difference	Improving	No change	
	Hospital admissions due to substance misuse (15-24 years)	Sig. worse	Getting worse	Widening	
	1.04 - First time entrants to the youth justice system	Sig. worse	Improving	Widening	

The low birth weight rate in Doncaster has been falling year on year since 2011 from a 3.7% to 2.8% in 2016 (latest comparable data). The gap between Doncaster and the national rate has also narrowed significantly. In the case of mothers smoking at the time of their delivery the rate in Doncaster remains significantly worse but the gap with the national rate has closed considerably.

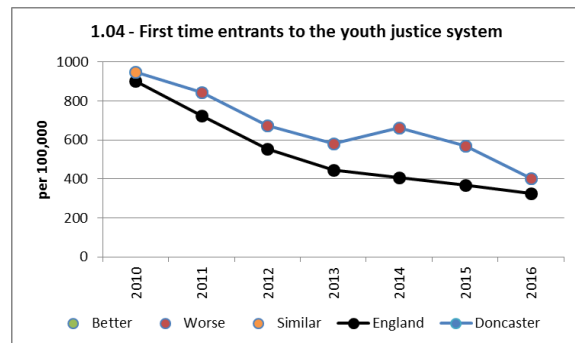
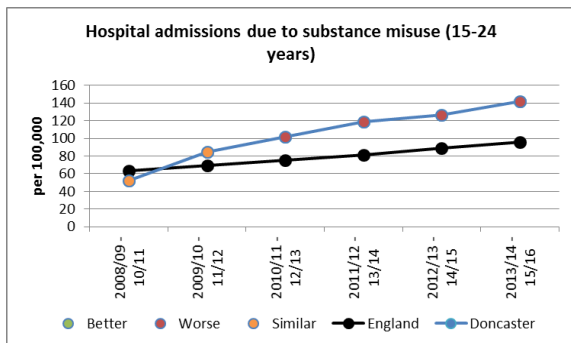
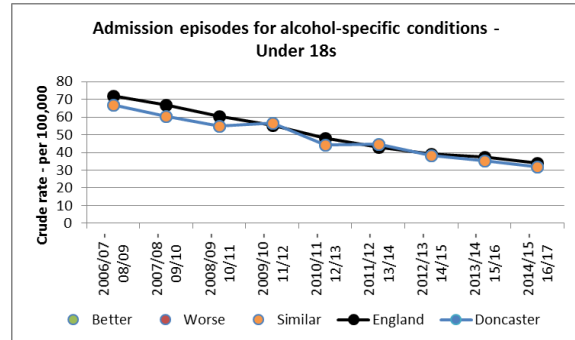
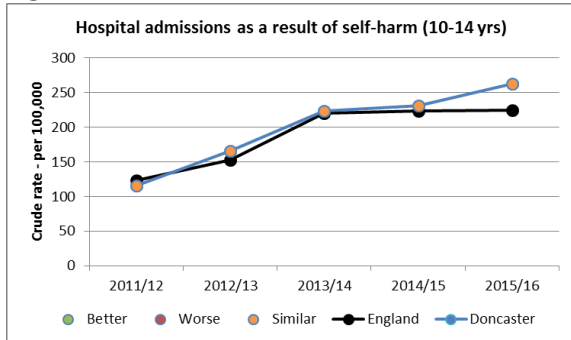
Admissions to hospital for self-harm amongst 10 to 14 year olds have been increasing in Doncaster. This is in line with changes in the national rate. However there is some evidence that that rate of increase in Doncaster may be greater than the national rate. Hospital admissions for substance misuse amongst young people aged 15-24 are also increasing in the borough and are now significantly higher than the national rate.

**Figure 4: Healthy start indicators**



Source: Public Health England

**Figure 5: Best start in life**



Source: Public Health England

## Wellbeing – living well

Aim:

- Promote good economic growth, including living wage and sustainable and healthy employment

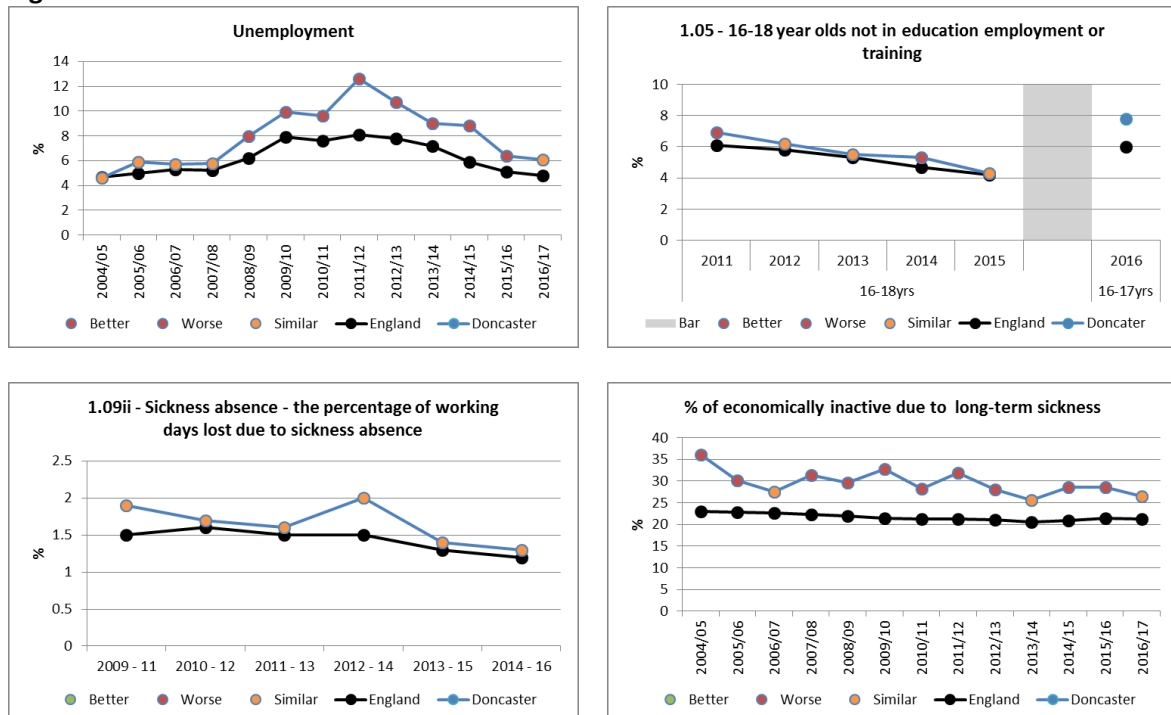
Outcomes:

- More people are in sustained work

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	5 yr trend
Living well	More people are in sustained work	Unemployment	No difference	Improving	No change
		1.05 - 16-18 year olds not in education employment or training		Improving	No change
		1.09ii - Sickness absence - the percentage of working days lost due to sickness absence	No difference	Improving	No change
		% of economically inactive due to long-term sickness	No difference	Improving	No change

The unemployment rate in Doncaster has fallen significantly in Doncaster and is now only a little higher than the national rate. The numbers of young people who are classified as 'not in education, employment or training' (NEET) is higher than the national average. The percentage of people who are economically inactive because of ill-health is greater in Doncaster than in the country as a whole. However the 2016/17 figure show that this difference is no longer statistically significant.

Figure 6: Economic indicators



Source: Public Health Outcomes Framework, Department for Education, NOMIS

## Wellbeing – ageing well

Aim:

- Support healthy aging across Doncaster, recognising that preventative approaches that reduce loneliness and social isolation or promote self-care and independence are important at every life stage

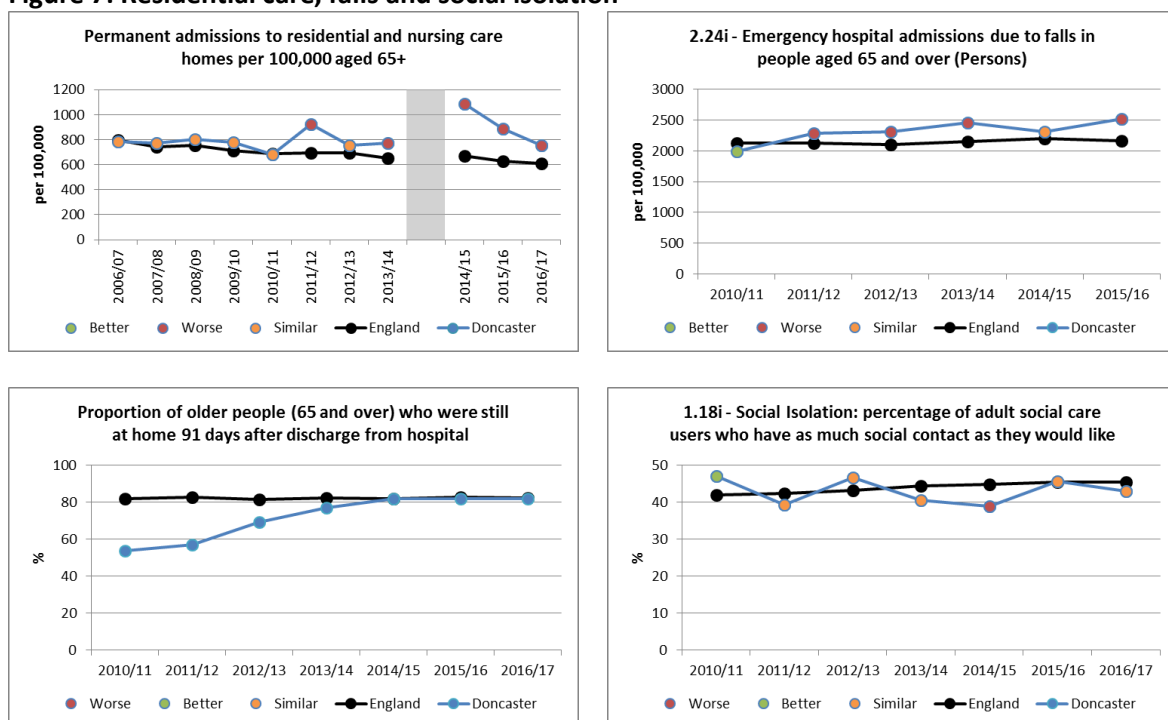
Outcomes:

- More people remain healthy and independent for longer with fewer people socially isolated

Wellbeing	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	More people remain healthy and independent for longer with fewer people socially isolated	Permanent admissions to residential and nursing care homes per 100,000 aged 65+	Sig. worse	Improving	Narrowing
		2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)	Sig. worse	No difference	No change
		Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital		Improving	Narrowing
		1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	No difference	No difference	No change

There are two indicators to note in relation to this outcome, the first is the rate of admissions to nursing homes remains significantly higher in Doncaster but the rate has been falling over the last 3 years, the second is that emergency hospital admissions due to falls amongst the 65+ population is significantly higher than the England rate.

Figure 7: Residential care, falls and social isolation



Source: Public Health Outcomes Framework, ASCOF, NHS Digital



## Prevention – All age

Aim:

- Increase levels of physical activity especially in the most inactive as an effective preventative action at any age

Outcomes:

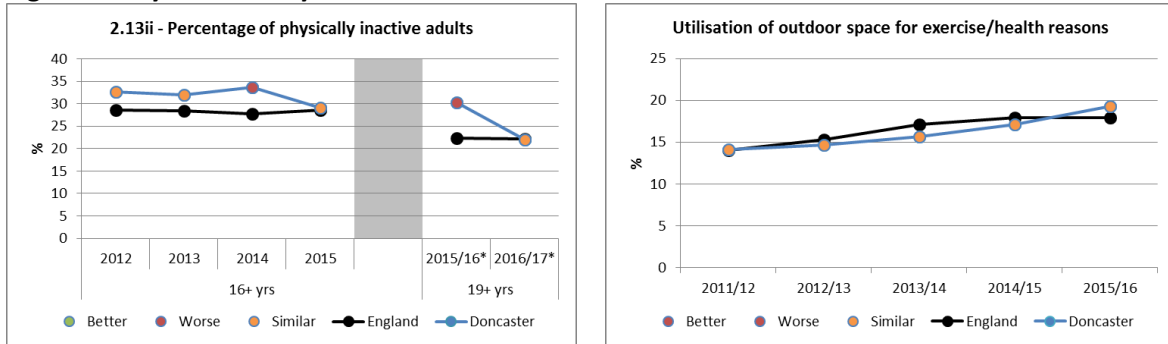
- More people will be physically active
- Fewer people will die early from causes considered preventable

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	More people will be physically active	Percentage of physically inactive adults	No difference		
		1.16 - Utilisation of outdoor space for exercise/health reasons	No difference	Improving	Narrowing
	Fewer people will die early from causes considered preventable	4.03 - Mortality rate from causes considered preventable	Sig. worse	No difference	No change
		4.10 - Suicide rate (Persons)	No difference	No difference	No change
		4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	Sig. worse	Improving	No change
		4.05ii - Under 75 mortality rate from cancer considered preventable	Sig. worse	No difference	No change
		4.06ii - Under 75 mortality rate from liver disease considered preventable	No difference	No difference	No change
		4.07ii - Under 75 mortality rate from respiratory disease considered preventable	Sig. worse	No difference	Narrowing

Mortality rates for preventable mortality have been improving over the last 15 years, however the rate of improvement is been much slower during the last 5 years.

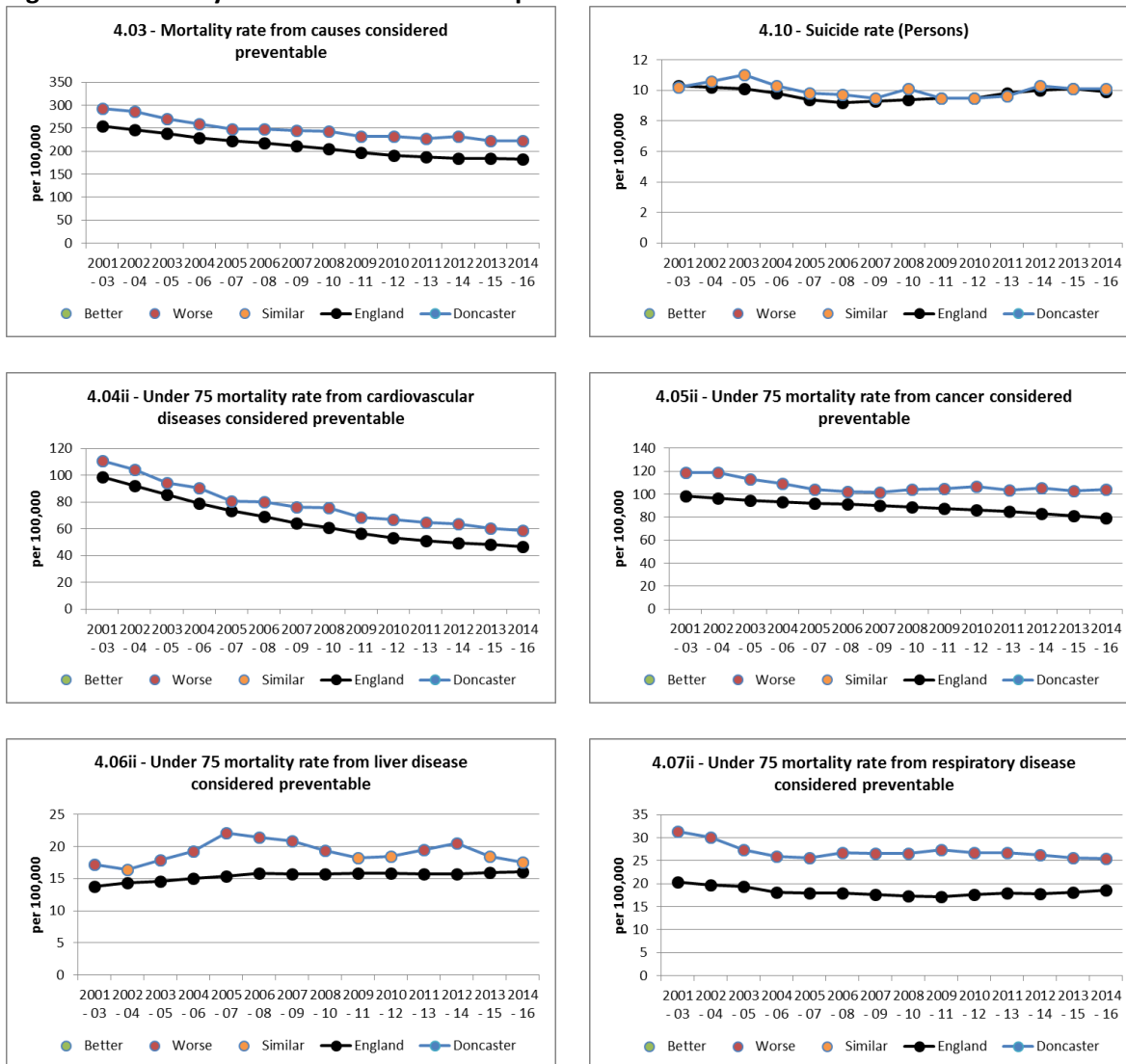
Preventable mortality rates for circulatory diseases, cancer and respiratory diseases all remain significantly higher than the national rate.

**Figure 8: Physical activity**



Source: Public Health England & Sport England, Natural England

**Figure 9: Mortality from causes considered preventable**



Source: Public Health Outcomes Framework

## Prevention – Starting Well

### Aim:

- Children and families will have access to the right services at the earliest opportunity.
- Improve outcomes especially for early years and teenagers through healthy lifestyles and good educational experiences.

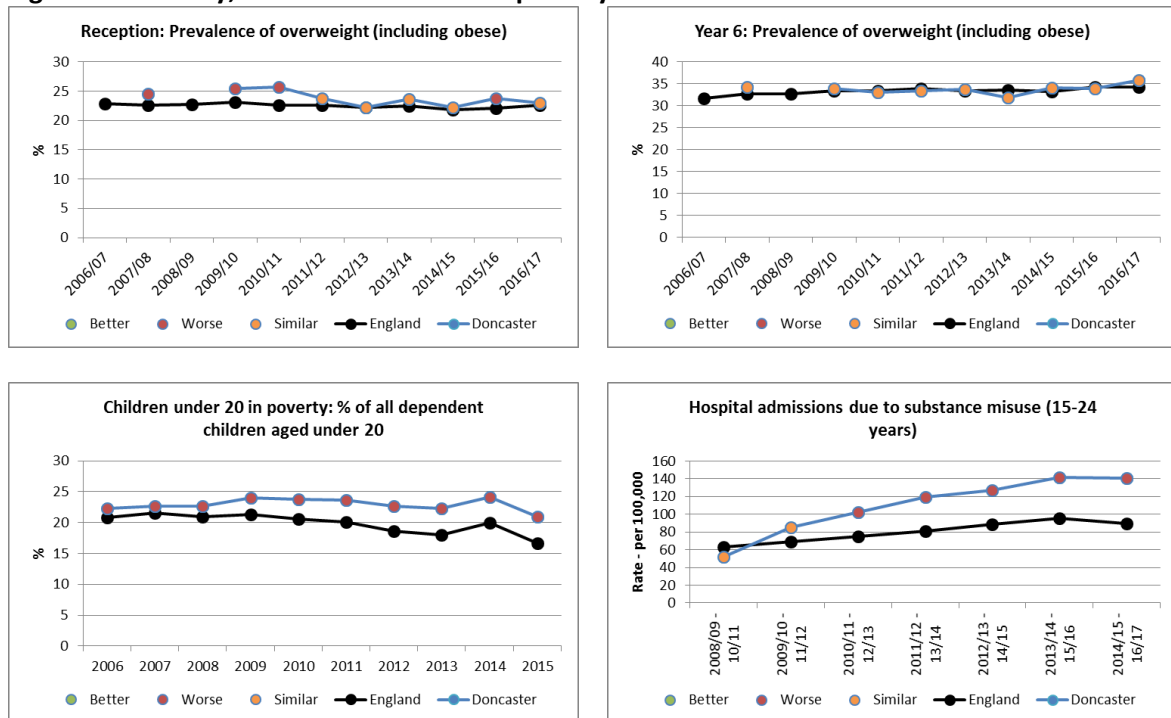
### Outcomes:

- More children and young people’s development is underpinned through a healthy lifestyle
- More children have access to the right services at the earliest opportunity

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	More children and young people’s development is underpinned through a healthy lifestyle	Reception: Prevalence of overweight (including obese)	No difference	No difference	Narrowing
		Year 6: Prevalence of overweight (including obese)	No difference	No difference	No change
		Children under 20 in poverty: % of all dependent children aged under 20	Sig. worse	Improving	No change
		Hospital admissions due to substance misuse (15-24 years)	Sig. worse	Getting worse	Widening
	More children have access to the right services at the earliest opportunity	3.02 - Chlamydia detection rate (15-24 year olds)	No difference	Improving	No change
		3.03x - Population vaccination coverage - MMR for two doses (5 years old)	Sig. worse	No difference	No change
		3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	Sig. worse	No difference	No change
		3.03xviii - Population vaccination coverage - Flu (2-4 years old)	Sig. worse		

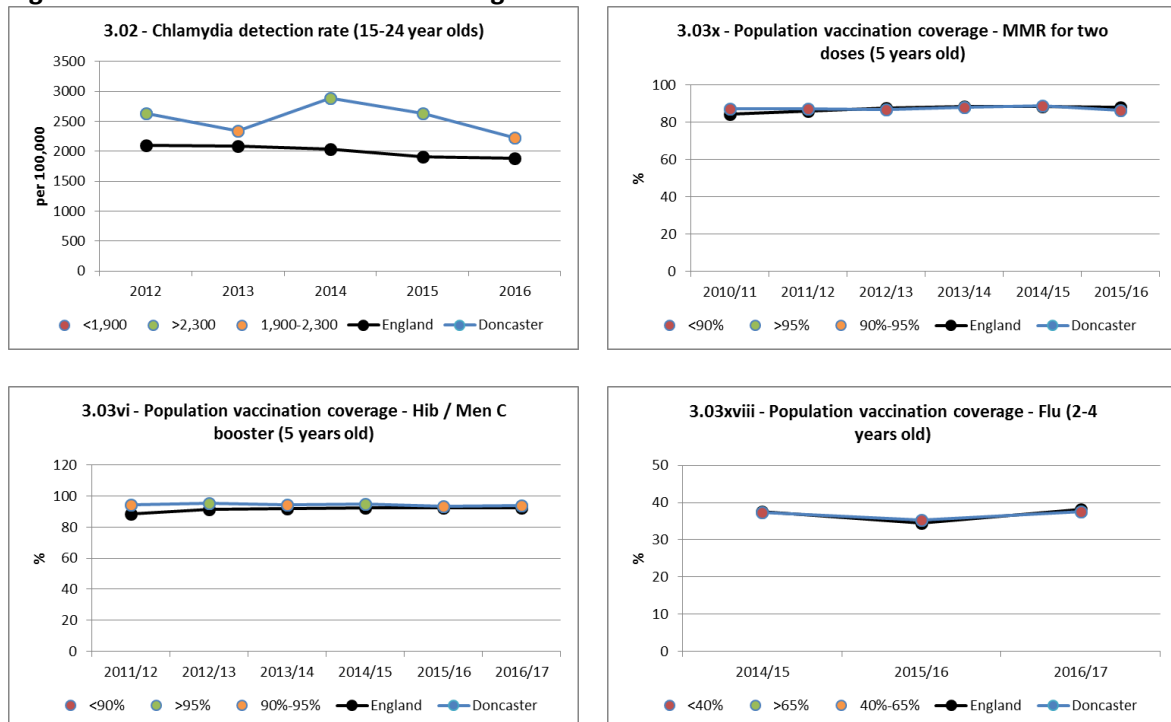
The rates of children living in poor households is significantly higher in Doncaster compared to England. The rates of substance misuse are rising in Doncaster, and much faster than the national rate. Vaccination rates of children for MMR, Hib/Men C and Flu are all lower than the nationally agreed targets.

**Figure 10: Obesity, substance misuse and poverty in children**



Source: National Child Measurement Programme, HM Revenue and Customs, Hospital Episodes Statistics

**Figure 11: Children's vaccination coverage**



Source: Public Health England, Public Health England (COVER)

## Prevention – Living well

Aim:

- Take a whole system approach to reducing smoking, alcohol consumption and obesity as the key causes of preventable ill health and early death

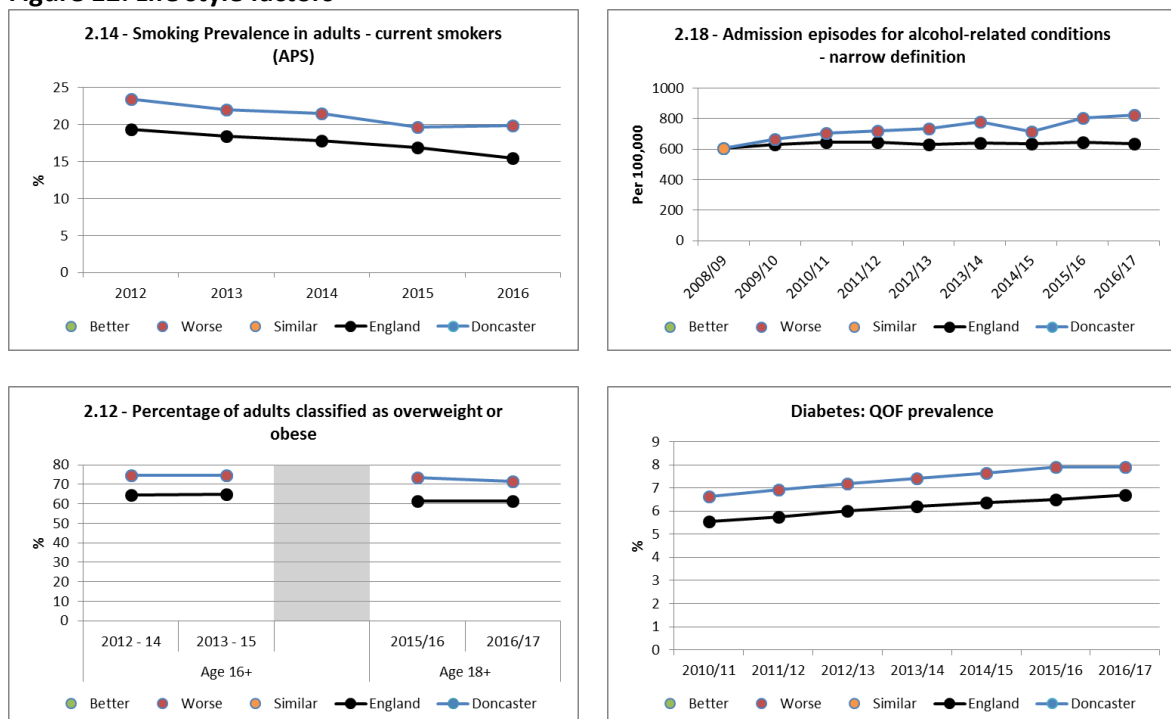
Outcomes:

- More people make healthy lifestyle choices relating to: smoking, alcohol consumption, healthy weight, diabetes

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Living well	More people make healthy lifestyle choices relating to: smoking, alcohol consumption, healthy weight, diabetes	2.14 - Smoking Prevalence in adults - current smokers (APS)	Sig. worse	Improving	No change
		2.18 - Admission episodes for alcohol-related conditions - narrow definition	Sig. worse	Getting worse	No change
		2.12 - Percentage of adults classified as overweight or obese	Sig. worse		

The 3 lifestyle indicators that relate to this outcome all show that Doncaster has significantly higher rates of smoking, obesity and admissions for alcohol related conditions. Admissions for alcohol have been increasing faster in Doncaster than England.

Figure 12: Life style factors



Source: Hospital Episode Statistics, Annual Population Survey, Public Health England (Active Lives Survey), NHS Digital

## Prevention – Ageing well

### Aim:

- Aim to prevent and delay the need for care whilst responding to the complexity of need that older people with long term conditions may have i.e. falls

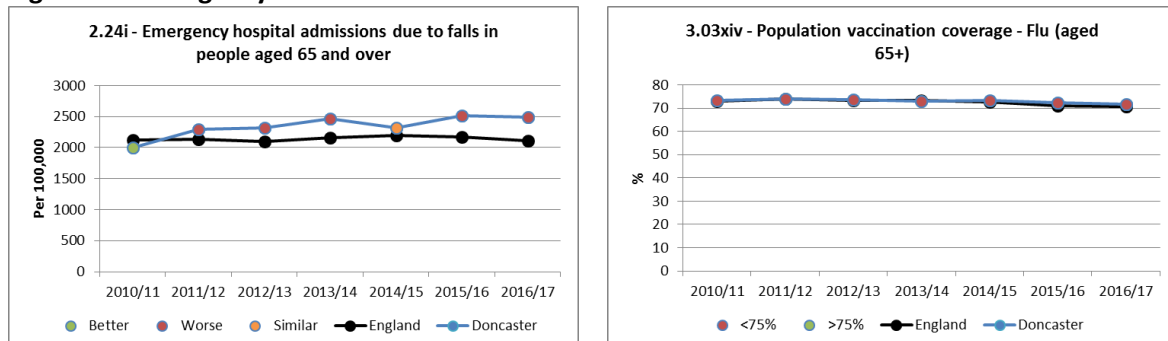
### Outcomes:

- Fewer older people will have serious falls that require them to go to hospital
- More people over 65 will access a flu vaccine

Prevention	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	Fewer older people will have serious falls that require them to go to hospital	2.24i - Emergency hospital admissions due to falls in people aged 65 and over	Sig. worse	No difference	No change
	More people over 65 will access a flu vaccine	3.03xiv - Population vaccination coverage - Flu (aged 65+)	Sig. worse	No difference	No change

Emergency admissions due to falls amongst people aged over 65 have risen over the last 7 years but the change in the last 5 years has not been significant, falls admissions are significantly higher than the national rate. Vaccination rates for people aged 65+ are in line with the national rate but remain significantly lower than the national target.

**Figure 13: Emergency admissions and Flu vaccinations**



Source: Hospital Episode Statistics, Public Health England (Vaccine update)

## Care – All ages

### Aim:

- Continue to integrate and improve care systems, especially minimising the use of unplanned hospital care and delays in leaving hospital

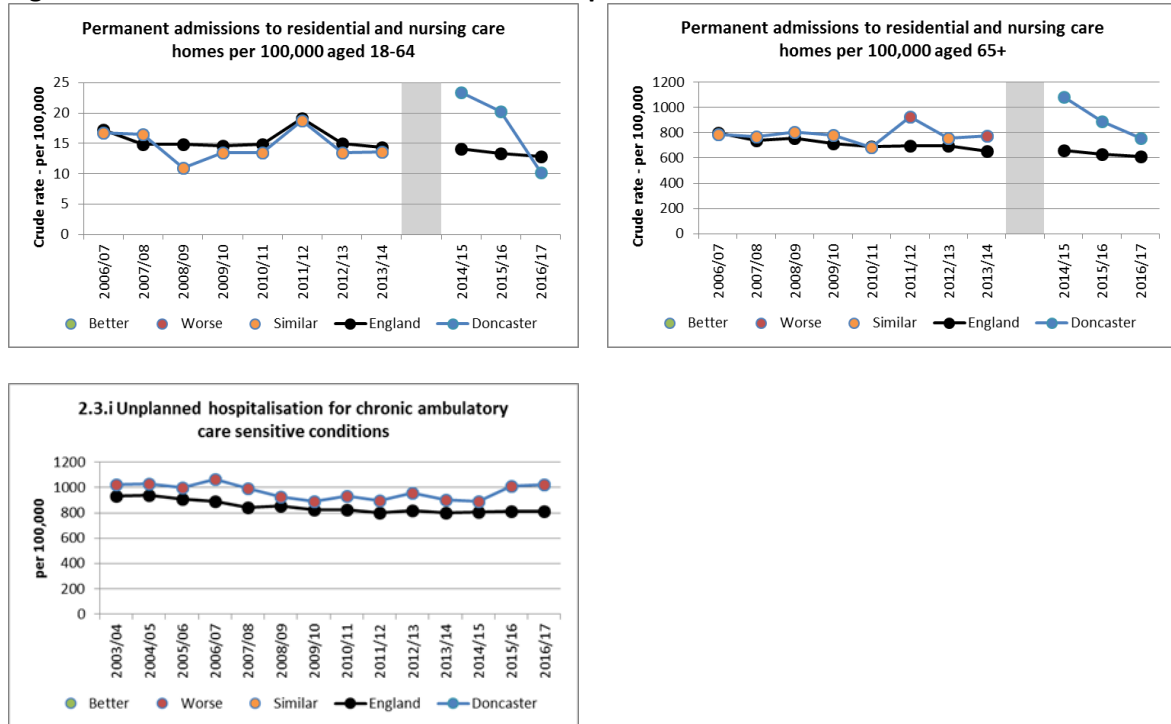
### Outcomes:

- Fewer people require health and social care services and vulnerable people are safe
- People are satisfied with their care
- Fewer people are delayed from leaving hospital

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	Fewer people require health and social care services and vulnerable people are safe	Permanent admissions to residential and nursing care homes per 100,000 aged 18-64		Improving	Narrowing
		Permanent admissions to residential and nursing care homes per 100,000 aged 65+		Improving	Narrowing
		2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Sig. worse	No difference	Widening
	People are satisfied with their care	3A: Overall satisfaction of people who use services with their care and support	No difference	No difference	No change
		3B: Overall satisfaction of carers with social services	Sig. better		
		4a.i Patient experience of GP services	Sig. worse	No difference	No change
	Fewer people are delayed from leaving hospital	2C(1): Delayed transfers of care from hospital, per 100,000	Sig. better	Getting worse	No change
		2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	No difference	Getting worse	Widening

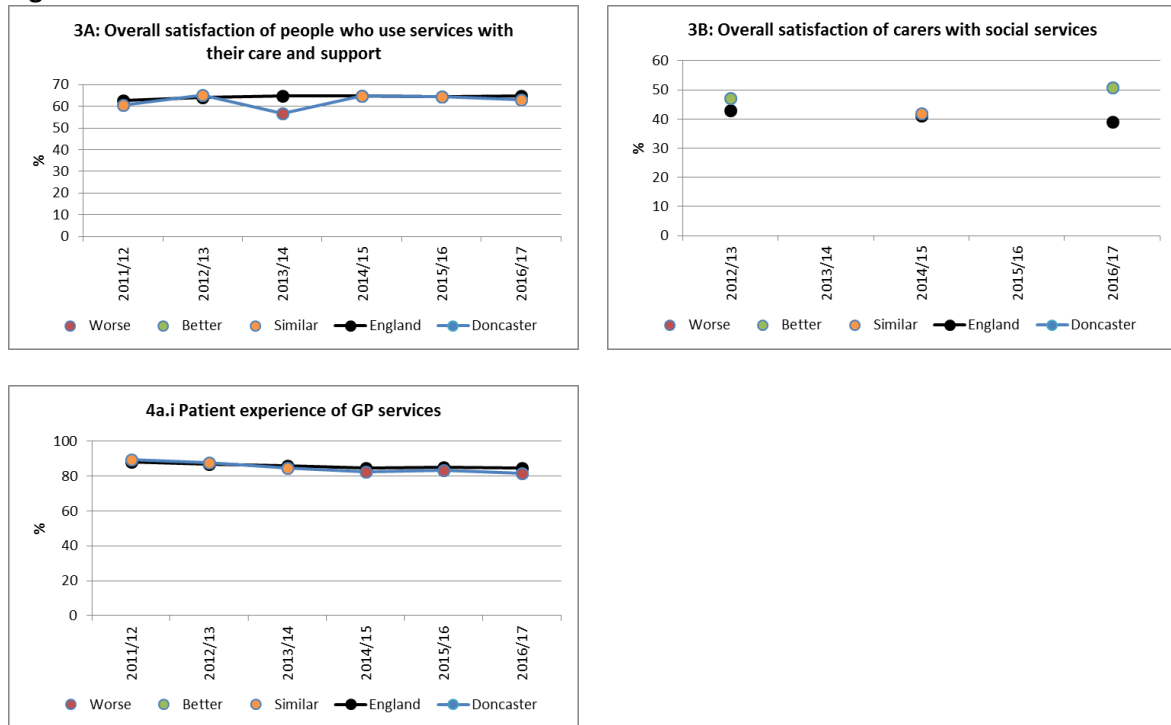
Unplanned admissions for ambulatory care sensitive conditions are higher in Doncaster and the gap is widening compared to the national rate. Delayed transfers of care from hospital rates are lower in Doncaster but the rate appears to be increasing faster than the national rate. Doncaster has significantly lower rates of satisfaction with GP services than the national rate.

**Figure 14: admissions to residential care and unplanned care**



Source: Adult Social Care Outcomes Framework, NHS Outcomes Framework, NHS Digital

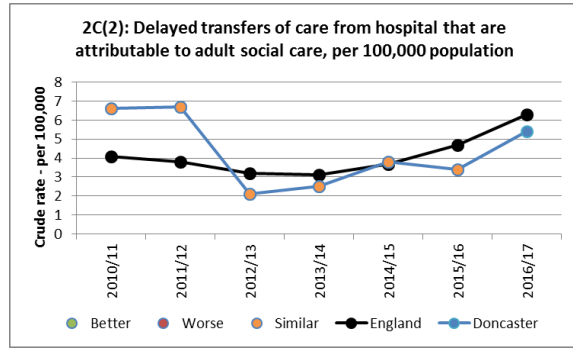
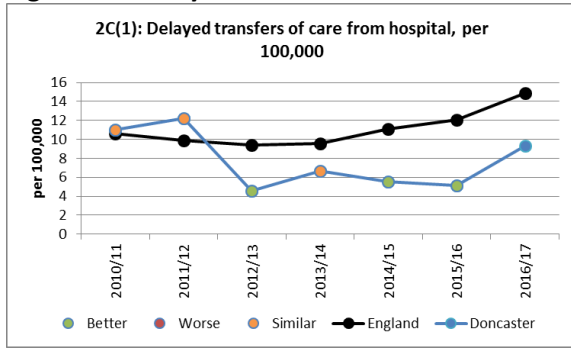
**Figure 15: Satisfaction with care**



Source: Adult Social Care Outcomes Framework, NHS Outcomes Framework, NHS Digital



**Figure 16: Delayed transfers of care**



Source: Adult Social Care Outcomes Framework

## Care – Starting Well

Aim:

- Ensure acute care needs of children and young people especially injuries, asthma and self-harm are dealt with appropriately.

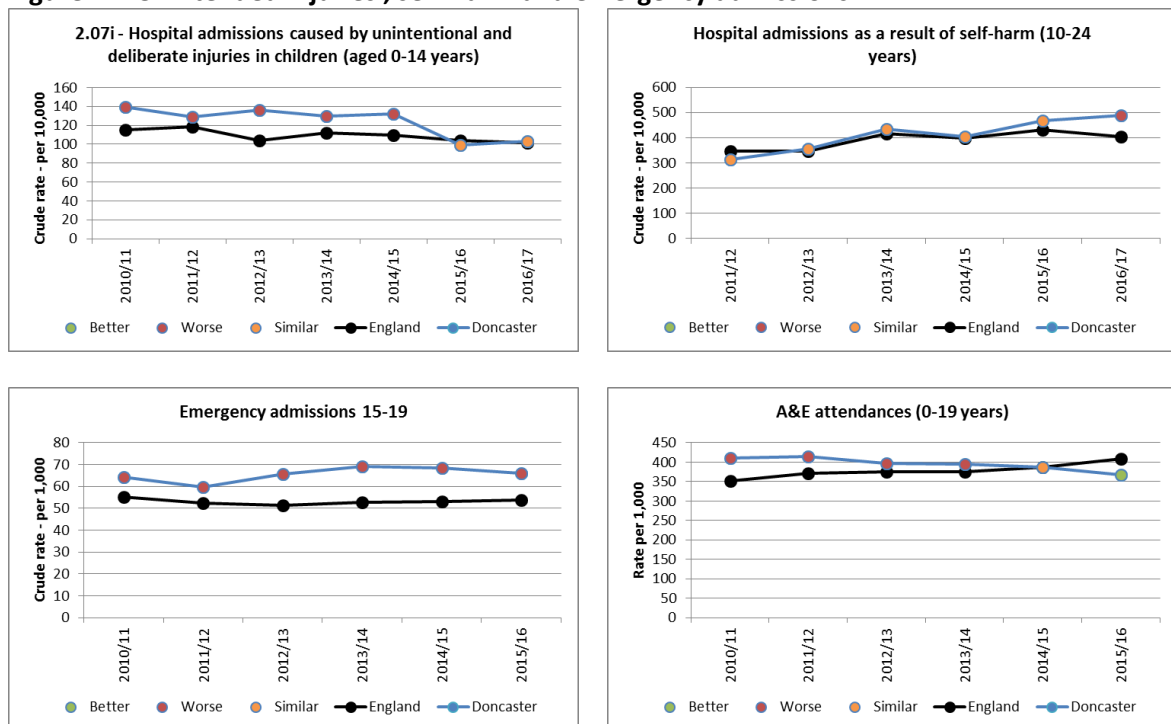
Outcomes:

- More children and young people are healthy, have a sense of wellbeing and are resilient

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	More children and young people are healthy, have a sense of wellbeing and are resilient	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	No difference	Improving	Narrowing
		Hospital admissions as a result of self-harm (10-24 years)	Sig. worse	Getting worse	Widening
		Emergency admissions 15-19	Sig. worse	Getting worse	No change
		A&E attendances (0-19 years)	Sig. better	Improving	Narrowing

Hospital admissions for self-harm in 10-24 year olds are increasing significantly faster than the national rate (which is also rising) and is now significantly higher than England. Emergency admissions for 15-19 year olds are also rising and are significantly higher than the national rate.

Figure 17: Unintended injuries , self-harm and emergency admissions



Source: Public Health Outcomes Framework, National Child and Maternal Health Intelligence Network, Hospital Episode Statistics

## Care – Living Well

Aim:

- Improve the prevention, early detection and treatment of cancer (the major cause of early death) liver disease, diabetes and heart disease.
- Give equal weight to mental wellbeing as a key determinant of physical health and independence

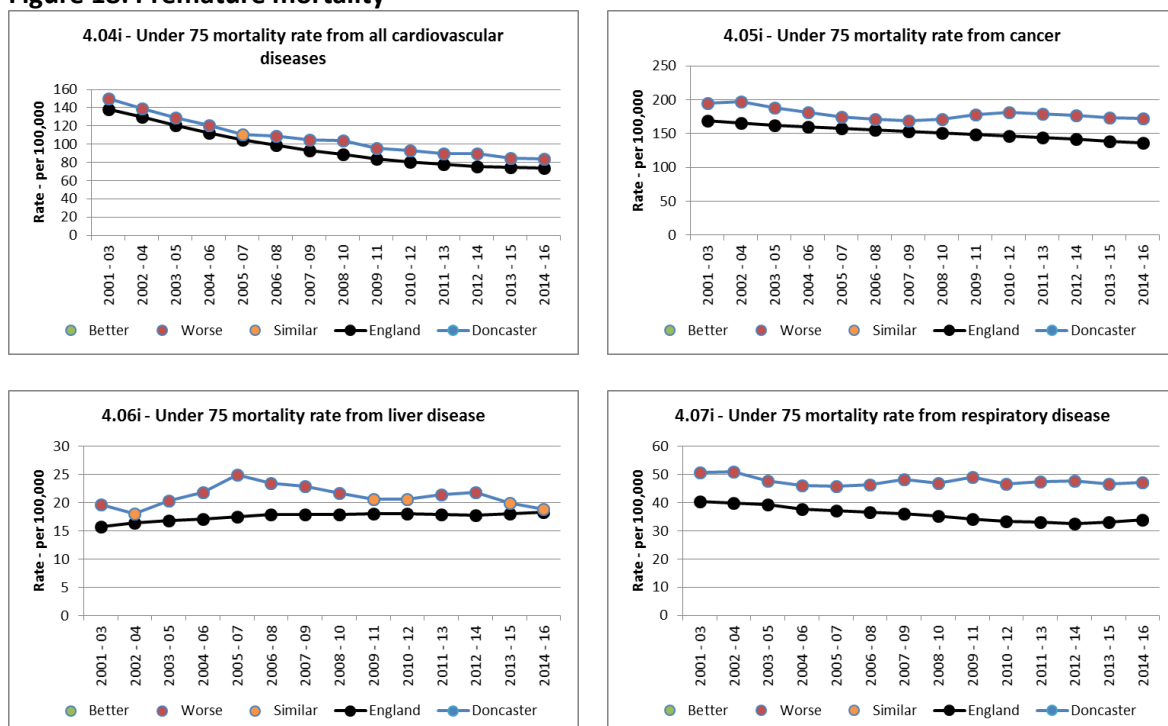
Outcomes:

- Fewer people die from Cancer, liver disease, diabetes and heart disease.

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Living well	Fewer people die from Cancer, liver disease, diabetes and heart disease.	4.04i - Under 75 mortality rate from all cardiovascular diseases	Sig. worse	Improving	No change
		4.05i - Under 75 mortality rate from cancer	Sig. worse	No difference	No change
		4.06i - Under 75 mortality rate from liver disease	No difference	No difference	Narrowing
		4.07i - Under 75 mortality rate from respiratory disease	Sig. worse	No difference	No change

Premature mortality rates for circulatory disease, cancer and respiratory disease are all significantly higher than the national rate. Rate for circulatory diseases have been falling, but for cancer, liver disease and respiratory disease these rate have not shown significant improvement over the last 5 years.

Figure 18: Premature mortality



Source: Public Health Outcomes Framework

## Care – Ageing Well

Aim:

- Ensure services and housing are suitable for the changing needs of the ageing population and those with special needs

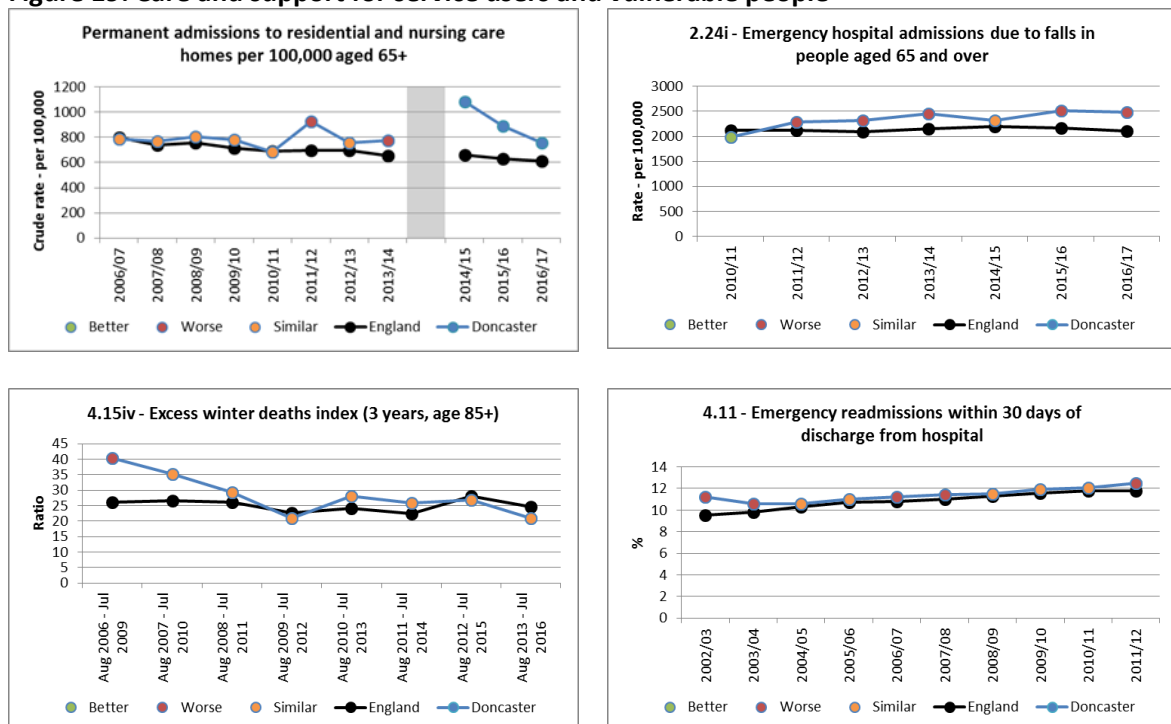
Outcomes:

- Fewer older people require health and social care services and vulnerable people are safe

Care	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	Fewer older people require health and social care services and vulnerable people are safe	Permanent admissions to residential and nursing care homes per 100,000 aged 65+		Improving	Narrowing
		2.24i - Emergency hospital admissions due to falls in people aged 65 and over	Sig. worse	No difference	No change
		4.15iv - Excess winter deaths index (3 years, age 85+)	No difference	No difference	Narrowing
		4.11 - Emergency readmissions within 30 days of discharge from hospital	Sig. worse	No difference	No change

Admissions for falls amongst people aged 65+ and emergency readmissions within 30 days of discharge are significantly higher than the national rate.

Figure 19: Care and support for service users and vulnerable people



Source: Adult Social Care Outcomes Framework, Public Health Outcomes Framework

## Support – All ages

Aim:

- Understand the size and needs of our vulnerable and at risk groups especially carers

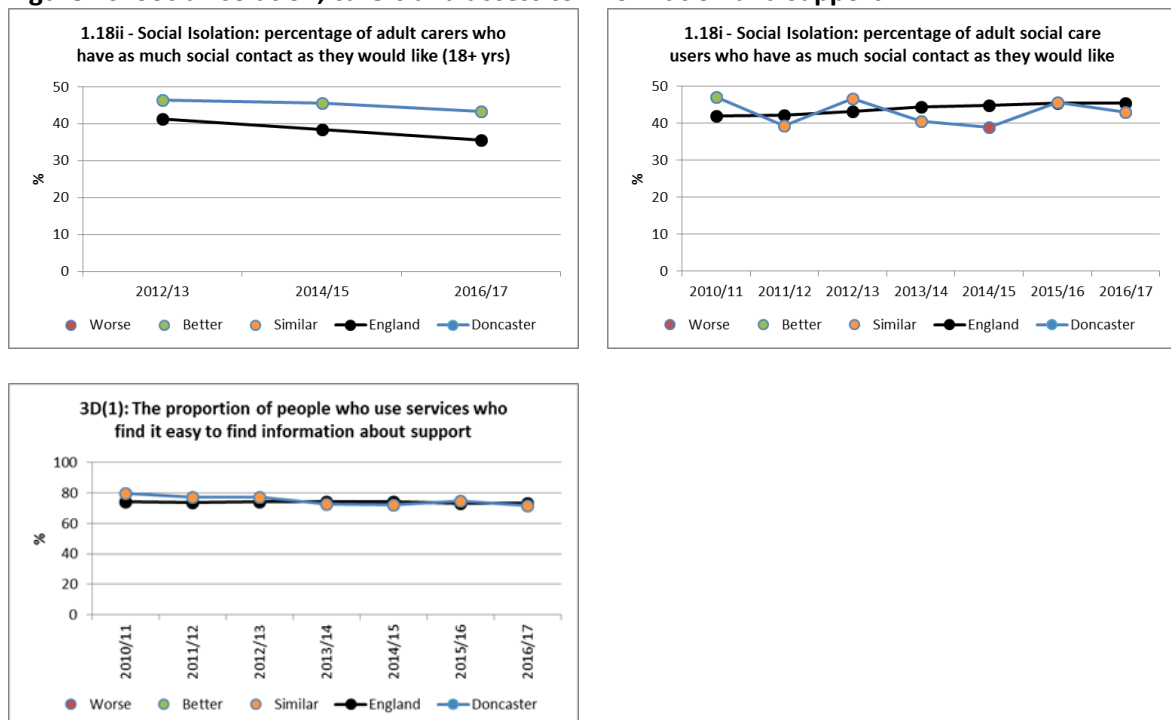
Outcomes:

- Carers have as much social contact as they would like
- Suitable Advice and Support is provided to Carers
- Families who need support can access it

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
All ages	Carers have as much social contact as they would like	1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	Sig. better		
	Suitable Advice and Support is provided to Carers	1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	No difference	No difference	No change
	Families who need support can access it	Proportion of people who use services who find it easy to find information about services	No difference	No difference	No change

None of the indicators in this set of metrics are red. However these measures are all based on surveys and in the future better indicators if the careers experience will need to be explored.

**Figure 20: Social isolation, carers and access to information and support**



Source: Adult Social Care Outcomes Framework

## Support – Starting Well

Aim:

- Support and safeguard the most vulnerable children, young people and families especially those most at risk.

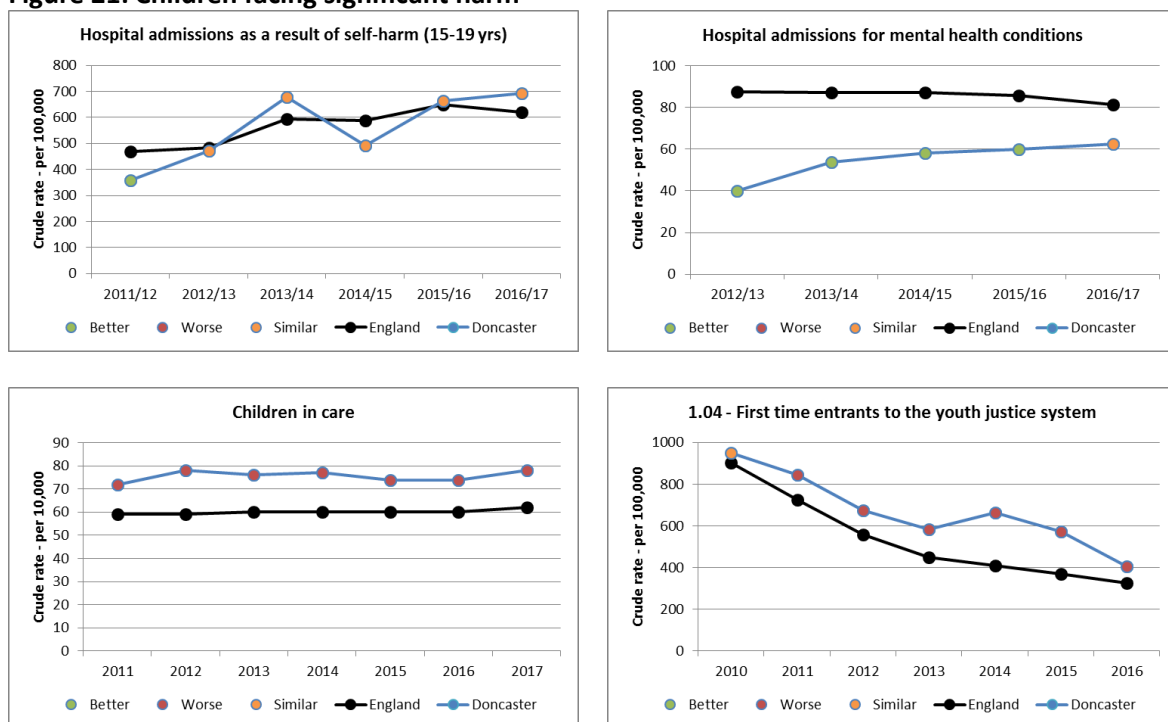
Outcomes:

- No child suffers significant harm as a result of neglect

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Starting well	No child suffers significant harm as a result of neglect	Hospital admissions as a result of self-harm (15-19 yrs)	No difference	Getting worse	No change
		Hospital admissions for mental health conditions	No difference	Getting worse	Narrowing
		Children in care	Sig. worse	No difference	No change
		1.04 - First time entrants to the youth justice system	Sig. worse	Improving	Widening

Hospital admissions for self-harm amongst 15-19 year olds are increasing as are admissions for mental health conditions. There are significantly more children in care in Doncaster compared to the national average. While first time entrants into the youth justice system have been falling in the borough they remain significantly higher than the national rate and the gap between Doncaster and England looks like it is widening.

Figure 21: Children facing significant harm



Source: National Child and Maternal Health Intelligence Network, Public Health Outcomes Framework

## Support – Living Well

Aim:

- Support those with serious mental health conditions and learning disabilities to play an active role in Doncaster

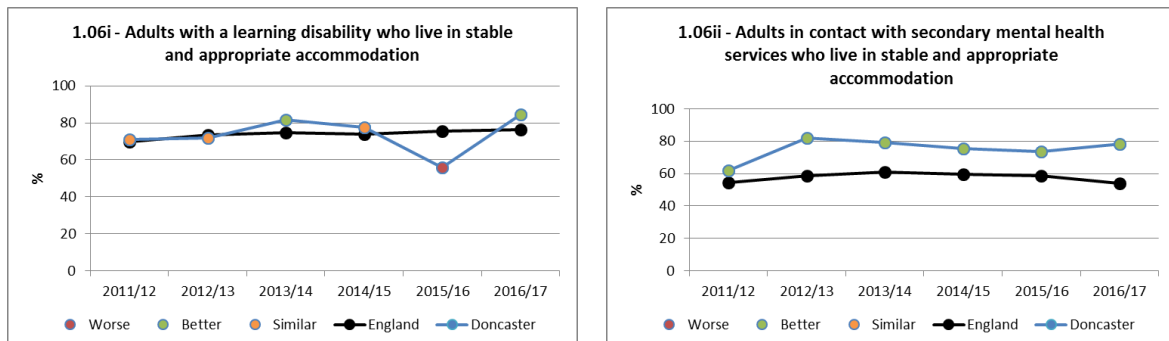
Outcomes:

- People with Learning disabilities and people who access Mental health services live in stable accommodation

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Living well	People with Learning disabilities and people who access Mental health services live in stable accommodation	1.06i - Adults with a learning disability who live in stable and appropriate accommodation	Sig. better	Improving	No change
		1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Sig. better	No difference	No change

Doncaster has a significantly high rate of people with learning disabilities and a high rate of people in contact with secondary mental health services who in stable and appropriate accommodation.

**Figure 22: People with Learning Disabilities and mental health challenges living in appropriate accommodation**



Source: Public Health Outcomes Framework & Adult Social Care Outcomes Framework

## Support – ageing well

Aim:

- Improve the identification and support available to those with dementia and their carers

Support people and their families to die well and in a place of their choosing

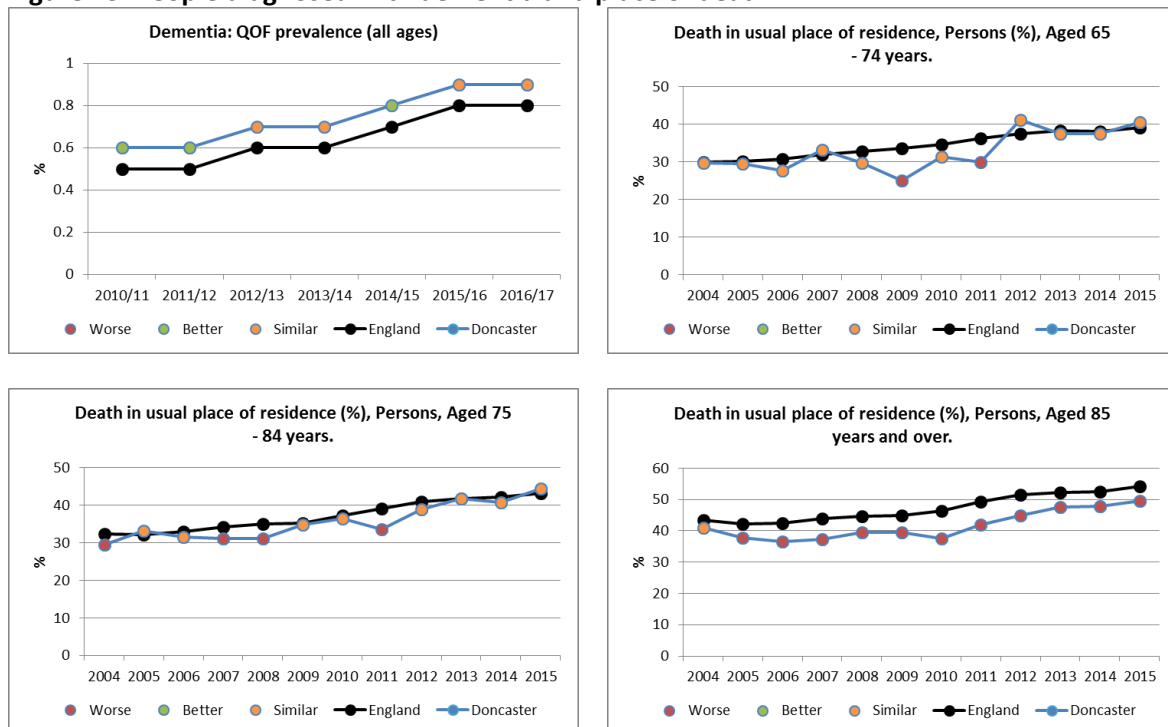
Outcomes:

- More people are diagnosed with dementia
- More people in end of life care are supported along with their families to die in a place of their choosing

Support	Outcomes	Indicator	Current position	5 yr trend	Closing the gap
Ageing well	More people are diagnosed with dementia	Dementia: QOF prevalence (all ages)	No difference	Improving	No change
	More people in end of life care are supported along with their families to die in a place of their choosing	Death in usual place of residence (%), Persons, Aged 85 years and over.	Sig. worse	Improving	Narrowing
		Death in usual place of residence (%), Persons, Aged 75 - 84 years.	No difference	Improving	Narrowing
		Death in usual place of residence, Persons (%), Aged 65 - 74 years.	No difference	Improving	Narrowing

Doncaster has significantly fewer people aged 85+ who die in their usual place of residence.

Figure 23: People diagnosed with dementia and place of death



Source: Quality and Outcomes Framework, NHS Digital, Office of National Statistics