

Doncaster 2018/19 Joint Strategic Needs Assessment

State of Health

1. What is the State of Health Report?

1.1. The State of Health Report is a collection of some of the key insights that have emerged from the various work packages that have been undertaken in the last year. Some of the findings in this report have not been reported elsewhere, some of these work packages are yet to be finished.

2. Health in Doncaster

2.1. Doncaster has generally poorer health than England as a whole. Around 22% of children live in low income families (16% in England). The life expectancy at birth and healthy life expectancy in men and women are lower than the England average.

2.2. The Latest Doncaster Health profile measures 33 health indicators. Of these 19 are statistically significantly worse than the England average and only 4 are significantly better (see below).

3. Health inequalities

3.1. Life expectancy is 10.1 years lower for men and 7.8 years lower for women in the most deprived areas of Doncaster compared to the least deprived. Findings from a more detailed analysis of the changes in these inequalities is included in this report.

3.2. Doncaster is in the 20% most deprived areas in England.

4. Child health

4.1. The rates of smoking at time of delivery, the numbers of women initiating breastfeeding and the numbers of children in year 6 who are overweight and obese are all significantly worse than England.

4.2. Later in this report there are some results of a more detailed analysis of the National Child Measurement Programme. This includes some new insights into inequalities across the borough.

5. Adult Health

5.1. The rates of admissions for alcohol related conditions are significantly worse in Doncaster compared to England. In 2017/18 there were 2,300 hospital stays directly linked to alcohol consumption. An alcohol needs assessment is currently underway to further understand alcohol in Doncaster. This will report later in the year.

5.2. Smoking prevalence amongst people in routine and manual occupations is 31.6% compared to the England rate of 25.7%.

5.3. The levels of physical in-activity amongst adults in Doncaster are significantly higher than England and around 71.4% of adults are overweight or obese. This report includes some improved insights into the changes in the levels of physical activity taking place within the borough.

Health summary for Doncaster

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

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Indicator	Period	Doncaster		Region England			England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Life expectancy at birth (Male)	2015 - 17	—	-	77.9	78.7	79.6	74.2		83.2
Life expectancy at birth (Female)	2015 - 17	—	-	81.7	82.4	83.1	79.5		86.5
Under 75 mortality rate: all causes	2015 - 17	—	3,237	395	362	332	551		228
Under 75 mortality rate from all cardiovascular diseases	2015 - 17	—	667	81.7	82.6	72.5	133.4		44.0
Under 75 mortality rate from cancer	2015 - 17	—	1,344	164.0	143.5	134.6	194.5		100.0
Suicide rate	2015 - 17	—	85	10.7	10.4	9.6	17.9		6.1
Killed and seriously injured (KSI) casualties on England's roads	2015 - 17	—	482	52.3	45.7	40.8	79.6		17.0
Emergency Hospital Admissions for Intentional Self-Harm	2017/18	—	694	230.4	194.6	185.5	466.5		50.6
Hip fractures in people aged 65 and over	2017/18	—	358	641	569	578	797		377
Cancer diagnosed at early stage (experimental statistics)	2017	—	637	48.9%	50.6%	52.2%	41.9%		57.7%
Estimated diabetes diagnosis rate	2018	—	-	87.1%	81.9%	78.0%	54.3%		97.5%
Estimated dementia diagnosis rate (aged 65 and over)	2018	—	2,688	72.7%	71.2%	67.5%	52.5%		90.2%
Admission episodes for alcohol-specific conditions - Under 18s	2015/16 - 17/18	—	48	24.4	33.4	32.9	106.5		7.4
Admission episodes for alcohol-related conditions (Narrow)	2017/18	—	2,350	777	697	632	1,097		394
Smoking Prevalence in adults (18+) - current smokers (APS)	2017	—	47,956	19.7%	17.0%	14.9%	23.1%		8.1%
Percentage of physically active adults	2017/18	—	-	60.1%	64.0%	66.3%	52.1%		79.7%
Percentage of adults (aged 18+) classified as overweight or obese	2017/18	—	-	71.4%	64.1%	62.0%	74.4%		46.5%
Under 18s conception rate / 1,000	2017	↓	119	24.7	20.6	17.8	43.8		6.1
Smoking status at time of delivery	2017/18	↓	482	15.6%	14.2%	10.8%	26.0%		2.0%
Breastfeeding initiation	2016/17	↓	2,177	61.3%	69.3%	74.5%	37.9%		96.7%
Infant mortality	2015 - 17	—	48	4.6	4.1	3.9	8.1		1.7
Year 6: Prevalence of obesity (including severe obesity)	2017/18	↑	733	21.9%	20.6%	20.1%	29.7%		11.4%
Deprivation score (IMD 2015)	2015	—	-	29.1	-	21.8	5.7		42.0
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2017	—	-	31.6%	28.2%	25.7%	38.9%		13.9%
Children in low income families (under 16s)	2016	↓	12,995	22.6%	19.7%	17.0%	31.8%		6.4%
Average Attainment 8 score	2017/18	—	-	42.7	45.3	46.7	39.8		55.8
Educational attainment (5 or more GCSEs): % of all children	2015/16	—	1,670	54.7%	55.9%	57.8%	44.8%		74.6%
Percentage of people aged 16-64 in employment	2017/18	↑	134,000	72.7%	73.5%	75.2%	58.6%		84.5%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	↑	85	0.7	1.0	0.8	8.1		0.1
Violent crime (including sexual violence) - violence offences per 1,000 population	2017/18	↑	10,454	34.0	28.8	23.7	7.5		57.3
Excess winter deaths index (3 years, all ages)	Aug 2014 - Jul 2017	—	735	25.4%	21.8%	21.1%	34.4%		4.3%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2018	↓	1,221	626	629	851	3,823		380
TB incidence (three year average)	2015 - 17	—	44	4.8	7.4	9.9	58.2		0.7

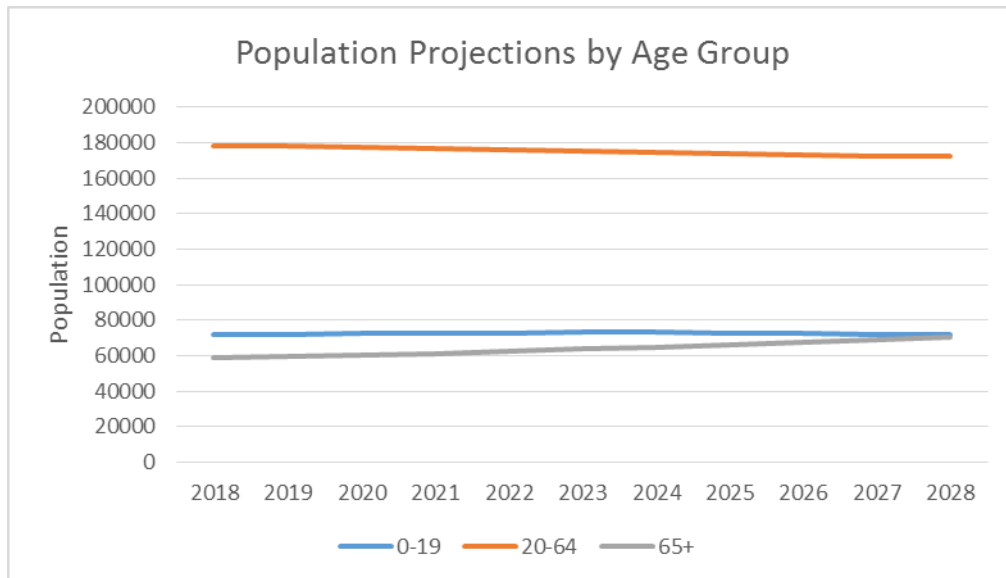
6. New insights from this year's JSNA work packages

- 6.1. There is a great deal of new intelligence available to support strategic commissioning and service planning across the health and social care environment. The population of Doncaster will change over the next few years due to the ageing population and changes in migration.
- 6.2. There are important challenges to be faced around health inequalities. There are significant differences in the prevalence of childhood obesity (including overweight) between the most deprived and least deprived parts of the borough. Whilst there seem to be improvements in Doncaster men's healthy life expectancy, the levels of inequalities in mortality rates appear to be widening, particularly in women.
- 6.3. More intelligence is now available about the 4 localities of the borough. The locality profiles and the workforce planning work are providing insights into the health, social care, social and economic differences across these areas. The reports draw particular attention to the challenges presented by Central locality.
- 6.4. There is now evidence that adults in Doncaster reporting significantly lower levels of self-reported wellbeing. On the other hand secondary school pupils appear to be reporting higher levels of resilience.
- 6.5. An initial scoping project relating to Adverse Childhood Experiences found some evidence that Doncaster may have a high prevalence of children who are facing multiple social and psychological stressors. The Pupil Life-style Survey has found that LGBT Children in secondary school also face mental health challenges.
- 6.6. This year the data analysis component of the Learning Disability Strategy was completed and Doncaster is now in a good position to produce a comprehensive strategy supported by the latest available intelligence.
- 6.7. While Doncaster has achieved a number of improvements Inequalities remains an important component of the health experiences of Doncaster people and communities.

7. Demography

7.1. Ageing population

7.1.1. The numbers of people aged 65+ are set to increase from around 59,500 in 2019 to around 70,200 in 2028. This is a 19% increase in 10 years. The numbers of young people (0-19) will fall slightly (-0.5%) as will the numbers of working age adults (-3.4%)

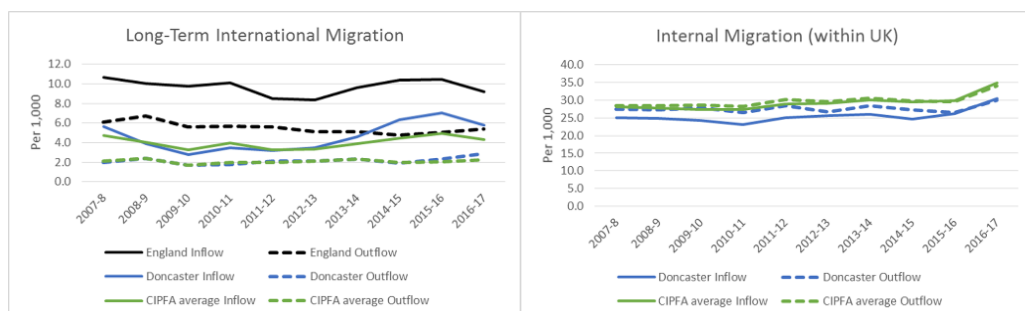


7.2. Changes in Migration

7.2.1. International and internal migration patterns appear to have changed in Doncaster.

7.2.2. Doncaster has significantly less migration (inflow and outflow) than England. Around 2012/13 International migration (Inflow) increased. The latest data for 2016/17 show that the inflow rate has fallen significantly and outflow has increased slightly.

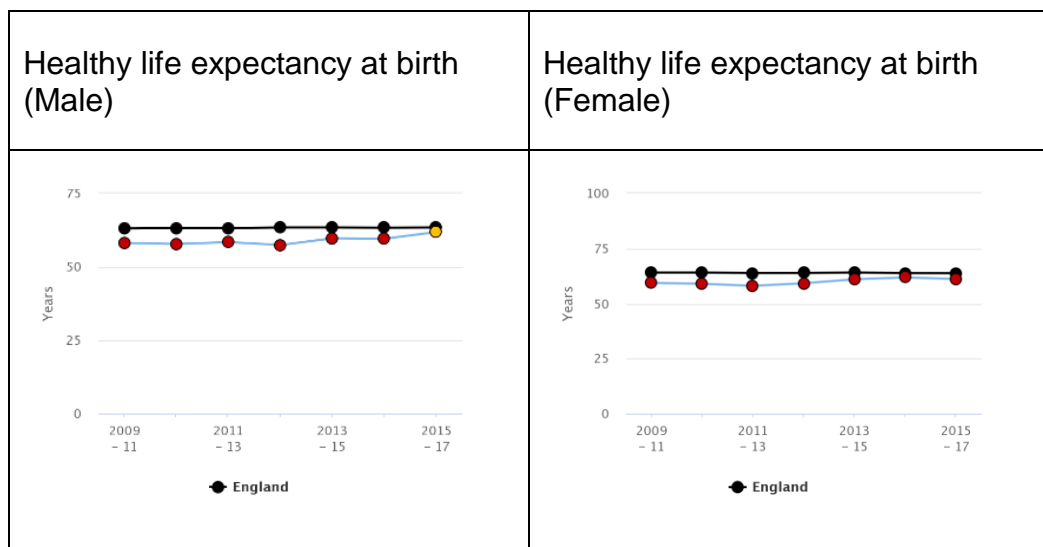
7.2.3. At the same time as international migration has fallen internal migration has increased this year. Around 50% of all internal migration is accounted for by movements within Yorkshire and a smaller amount from North Lincolnshire.



7.3. Improvement in Healthy life expectancy in men in Doncaster (PHOF)

7.3.1. Most high level population health indicators show Doncaster faces significant public health challenges. The latest update of the Public Health Outcomes Framework shows that, for the first time since 2009, healthy life expectancy at birth for men in Doncaster is no longer significantly worse than the national rate. Healthy life expectancy is 61.8 years compared to the England rate of 63.4 yrs. The average difference between England and Doncaster has been around 4.7 years. The difference in 2015-17 (latest data) is now 1.6 years. Further work may enable us to understand what has caused this change.

7.3.2. Healthy life expectancy in women has remained significantly worse than the national average. The latest data show a difference between Doncaster women and England of 2.7 years.

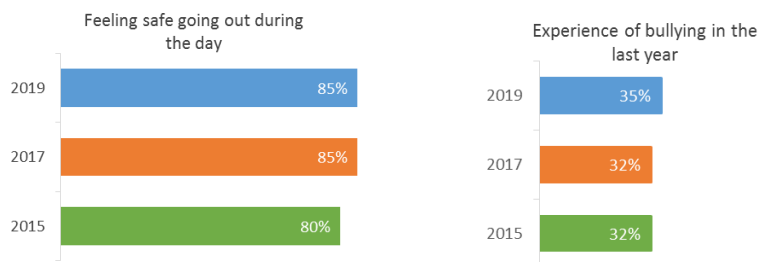


8. Starting well

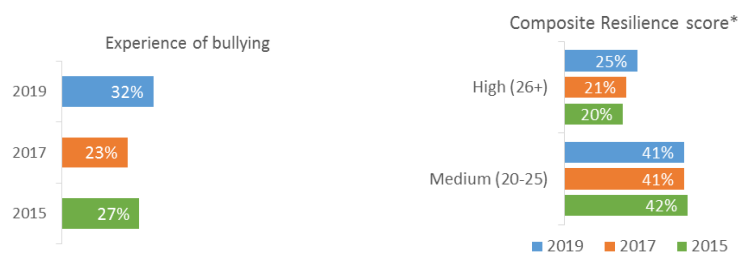
8.1. Pupil Lifestyle Survey

8.1.1. The Pupil Life Style Survey (PLS) is a Doncaster-wide survey carried out in both primary and secondary school aged children. The survey covers a wide variety of health and wellbeing topics that affect children, and provides useful data to show the impact of strategies in place and to inform future planning. The survey was commissioned by Doncaster's Public Health team in 2015, 2017 and again in 2019. The survey provides data on a range of different aspects of health and wellbeing in young people, including mental health. The survey concentrates on pupils in year 4 and year 8.

8.1.2. Amongst primary school children the numbers of primary school children who report 'feeling safe going out during the day' has increase to 85%, however the numbers of children who experienced bullying has increased to 35%.



8.1.3. Amongst secondary school pupils the experience of bullying was reported to have increased. But the proportion reporting high resilience score had increased to 25% from 20% in 2015.

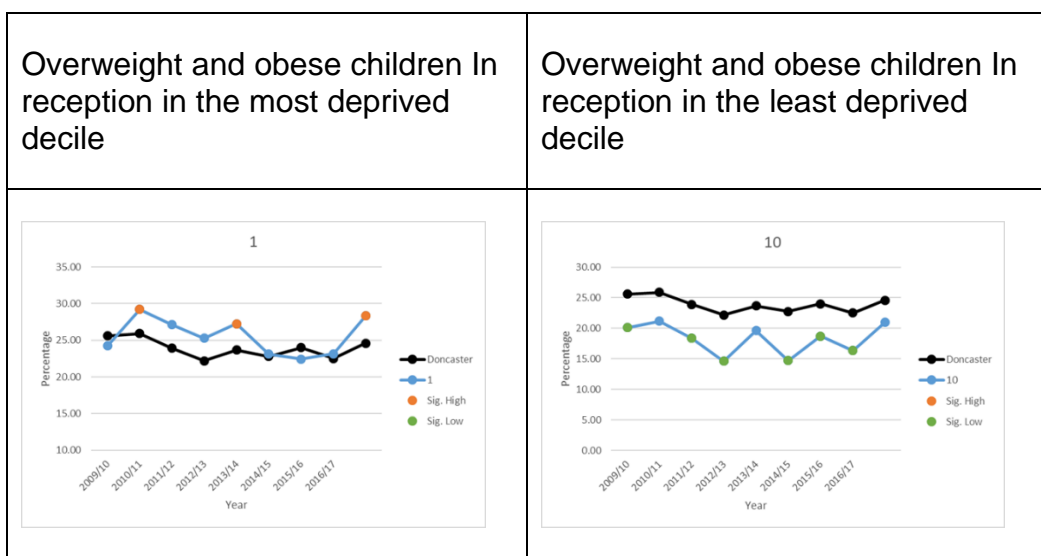


8.2. Childhood obesity

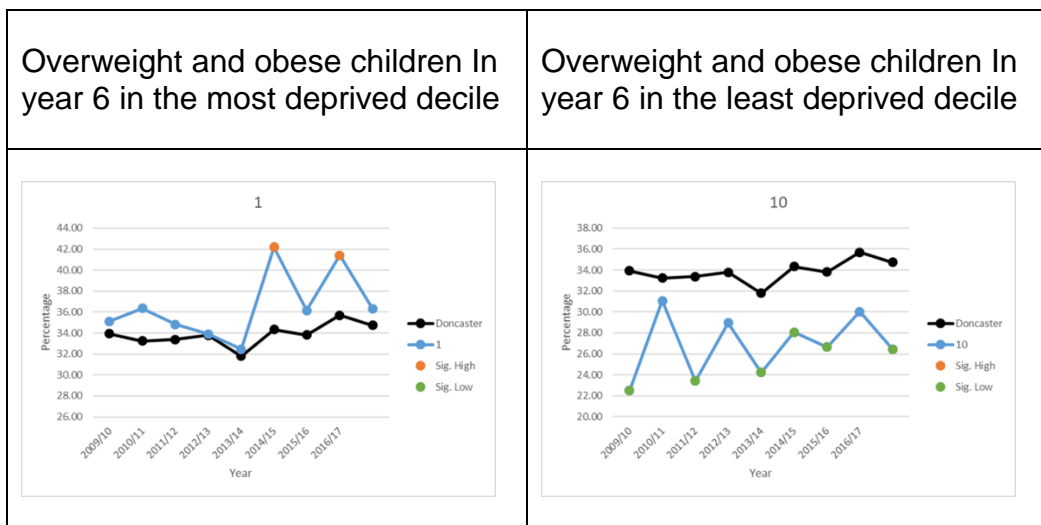
8.2.1. The following insights have only recently become available after a more detailed analysis of the 'National Childhood Measurement Programme'. The programme measures the heights and weights of All children in Reception and Year 6 in Doncaster Schools.

8.2.2. The prevalence of children who are overweight or obese has slightly increased over the last 5 years. The latest published data shows that the rate of Overweight and obese children in reception was significantly higher than the national rate (Doncaster: 25.5%; England: 22.4%).

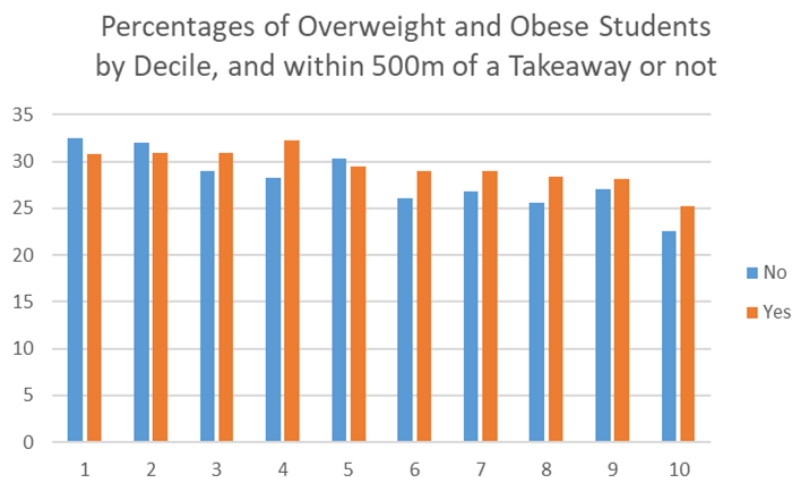
8.2.3. Reception: More deprived areas have higher rates of overweight children, however these equalities have narrowed since 2014/15.



8.2.4. Year 6: Prevalence appears to be increasing in the more deprived areas but remains consistently below average in the least deprived areas.



8.2.5. A further analysis looked at the relationship between overweight and obese children and takeaway food outlets. For reception year children the presence of a takeaway appears to make no difference to the likelihood of being overweight or obese. Among year 6 the best predictor for being overweight is deprivation, however among children in the least deprived parts of the borough they were more likely to be overweight or obese if they were living within 500m of a takeaway.



8.3. Adverse Childhood Experiences

8.3.1. Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood, such as witnessing domestic violence or having a parent with a mental health condition.

8.3.2. There is a 'a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults'.

8.3.3. These findings reflect the groundwork undertaken to prepare for a more detailed project next year.

8.3.3.1. Doncaster has significantly higher incidences of children experiencing alcohol misuse, drug misuse, neglect, and sexual abuse than both regional and statistical neighbours.

8.3.3.2. After Sheffield, Doncaster has the highest numbers of incidences of domestic violence, mental health, and emotional abuse than regional and statistical neighbours.

8.3.3.3. In terms of total number of episodes of abuse or neglect, Doncaster is ranked the highest compared to regional and statistical neighbours.

9. Inequalities

9.1. Locality profiles

- 9.1.1. There is an increasing focus on local intelligence and next year detailed geographical profiles are going to be produced.
- 9.1.2. This year a set of Locality profiles were produced, one for each of the 4 localities. The following are some of the key findings:
 - 9.1.2.1. Central: this has the most deprived residents, the highest crime rates. It also contains proportionally more young people than the other localities.
 - 9.1.2.2. East: This is the least deprived locality and has the lowest levels of smoking and the lowest levels of mental health contacts and IAPT referrals.
 - 9.1.2.3. North: This area has the lowest A&E attendances but also the highest prevalence for smoking and adult obesity (data from GP practices).
 - 9.1.2.4. South: The South has proportionally more middle aged and elderly people but also the lowest rates of social care contacts.

9.2. Workforce data

- 9.2.1. The following tentative findings have come from a piece of work looking at how to describe population needs and service utilisation in relation to the geographical distribution of staff resources. The work is under the auspices of Doncaster Place Plan.
- 9.2.2. The analysis was split along the lines of the life course: Starting well, Living well, Ageing well.
- 9.2.3. The results currently look like this for the working age population. The higher the weighted population the higher the need or the utilisation of that population. Central locality has around 26% of the population of Doncaster (20-64 years) but could represent 38% of the health and social care needs. Central accounts for 29% of the service utilisation.
- 9.2.4. Below is an example of the initial results from this project.

Need	Population	%	Weighted pop	%
Central	46409	26.2	67610	38.1
East	39940	22.5	34064	19.2
North	40769	23.0	33402	18.8
South	50206	28.3	42248	23.8
Total	177324	100.0	177324	100.0
Utilisation				
	Population	%	Weighted pop	%
Central	46409	26.2	51327	28.9
East	39940	22.5	38622	21.8
North	40769	23.0	38135	21.5
South	50206	28.3	49240	27.8
Total	177324	100.0	177324	100.0

9.3. Learning Disabilities

9.3.1. A comprehensive data pack to support the development of the new Learning Disability strategy was produced this year this included a review of all of the routinely available data. These data were presented according to DGT themes (Learning, Working, Living, Caring)

9.3.2. The data revealed the following issues:

9.3.2.1. Learning - Overall absence rates and fixed term exclusions for SEND children and young people are significantly higher than non - SEND children and young people. Educational attainment at 19 years old is significantly worse than the national average for SEND support.

9.3.2.2. Working - There are 100 people with a learning disability in paid employment out of a cohort of 671, during quarter 1 2018/19. This is better than regional and national performance.

9.3.2.3. Living - Between May 2014 and June 2018 there have been 9 recorded installations of Assistive Technology by DMBC HEART Team, supporting people with LD to live independently, with the recorded age range predominantly above 56 years old.

9.3.2.4. Caring - Health checks and cancer screening are very low within the LD population.

9.3.3. 'Speakup' and 'Inclusion North' were commissioned to run engagement sessions with members of the LD community. The following were the key findings in relation to the health system.

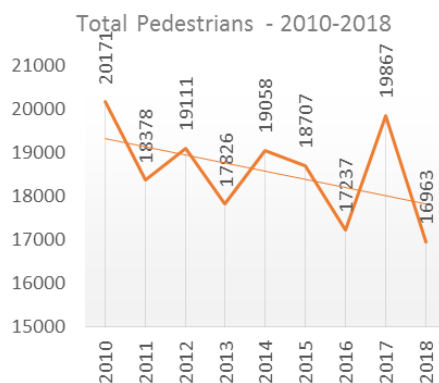
- "Need good databases of information for individuals, requesting past history and medical details"
- "There needs to be a clear consistent approach to information, all GP practices should help people who cannot use the GP screens"

- “All nurses to have experience of dealing with people with learning disabilities and autism”
- “Social workers should be told straight away that someone has been diagnosed”
- “Need more joined up care, putting the pieces of the jigsaw together, parent, GP and Health Professionals”
- “People need to know about annual health checks some people know, some people don’t”
- “CAMHs –we need a diagnosis not a label, the diagnosis is key to accessing services”

10. Living well

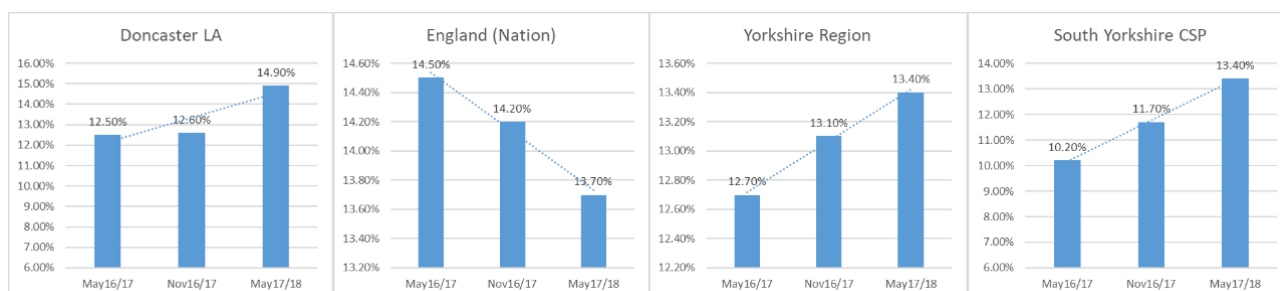
10.1. Active travel

10.1.1. Cordon counts based around the town centre have found that since 2002 the numbers of pedestrian have been gradually increasing but since 2010 numbers have been falling.



10.1.2. Cycling is increasing in Doncaster both as a sporting/leisure pursuit and as a general form of travel. This reflects increases in Yorkshire as a whole. In England the rate has been falling. The latest Doncaster rate is 14.9%, this is the higher than the Yorkshire region average.

Cycling for Leisure and Sport: participation at least twice in the last 28 days



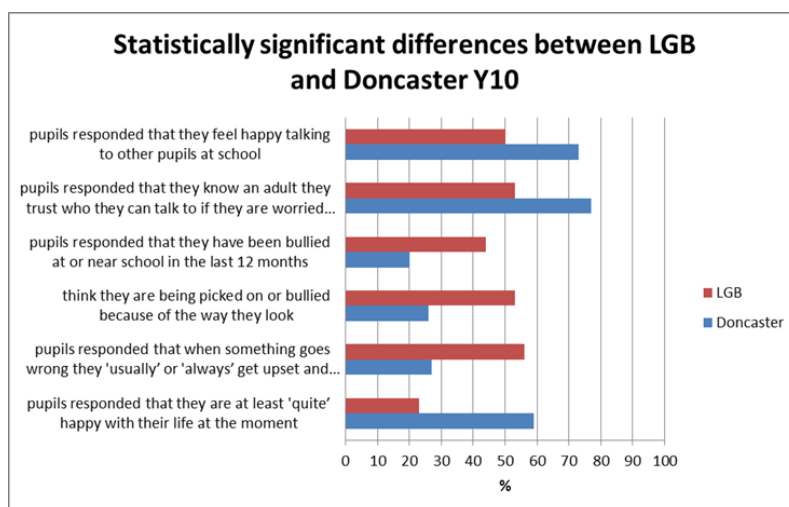
10.2. Mental Health Needs Assessment

10.2.1. The 'Mental Health Needs Assessment (2019)' is currently collecting data in relation to mental health across the life course. The report is currently being written. The following are some examples of the insights the report is revealing.

10.2.2. Doncaster people report lower levels of Wellbeing compared to the national average. People who report lower levels of personal wellbeing are also more likely to report poor health and are more likely to have a long term illness or disability.

	Doncaster	England
Low life satisfaction score	6.8%	4.4%
Low worthwhile score	5.8%	3.6%
Low happiness score	12.3%	8.2%
High levels of anxiety	21.6%	20%

10.2.3. Data from the Doncaster Pupil Lifestyle Survey (year 10 cohort) has revealed that LGB pupils in Doncaster report higher levels of bullying, found it more difficult to find people they feel confident to talk to, and reported lower levels of happiness.



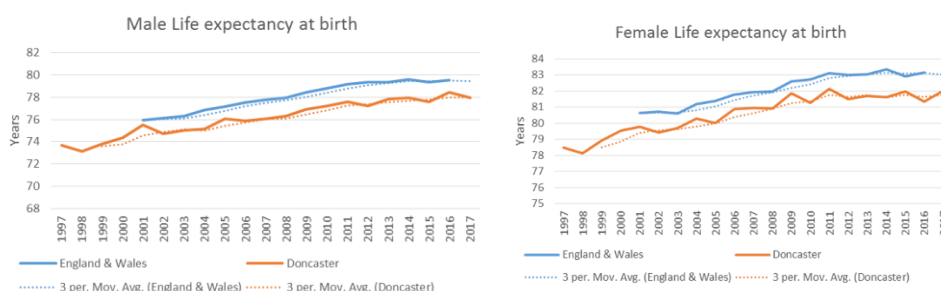
11. Ageing well

11.1. Life expectancy and inequalities

11.1.1. Life expectancy at birth in the UK between 2001 and 2005 improved, on average around 0.34 a year in men and around 0.25 a year in women.

11.1.2. Between 2012 and 2017 the average improvement in life expectancy at birth in men was 0.02 years and in women 0.004 years. This appears to be a significant slow-down in the rate of improvement.

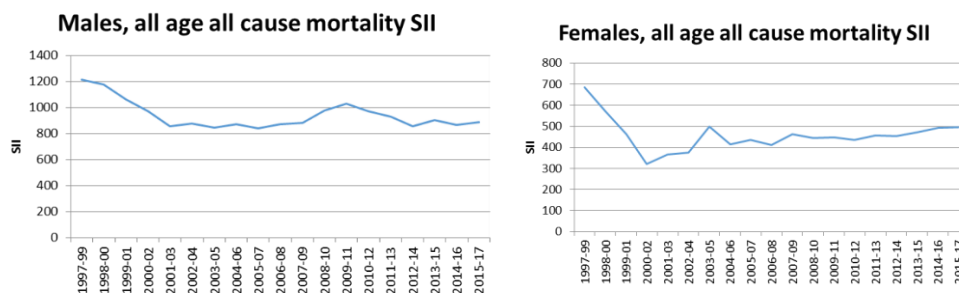
11.1.3. Life expectancy in Doncaster has largely reflected the changes that have occurred nationally.



11.1.4. In Doncaster amongst men during the years 2006 to 2011 life expectancy improved on average by 1/4 of a year each year. Between 2012 and 2017 it improved by 0.06 of a year.

11.1.5. Amongst women between 2006 and 2011 life expectancy improved by more than 1/3rd of a year each year. Between 2012 and 2017 this declined to -0.02 years.

11.1.6. Inequalities within Doncaster are measured using the Slope Index of Inequality (SII). The higher the score the greater levels of inequality within the borough. Initial Improvements achieved in the late 1990s have largely ceased. In the case of women the inequalities have been increasing.



12. Website

- 12.1. A website is now exists and holds a repository of past JSNA and related reports. The website will be formally launched soon.