

Director of Public Health Annual Report 2020

Foreword from Cllr Nigel Ball, Cabinet Member for Public Health, Leisure and Culture

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2020 has been an awful year and none of us have been untouched by the effect of Covid 19 across all aspects of our lives. This last year has thrown so many challenges our way as a borough which has tested our communities and our citizens resilience and perseverance but has also highlighted some amazing examples of big-hearted individuals and groups who have helped so many people in Doncaster and gone above and beyond in many peoples time of need.

Coronavirus has not unsurprisingly been the main focus of our Public Health activity, support and communications and continues to be at the forefront of our work. Our workers, officers and teams have been at the forefront of the pandemic response in Doncaster and I want to take this opportunity to thank them all for their unceasing service, hard work and resilience throughout this year and indeed beyond. As this annual report is published still during the testing times of a pandemic, I would like to pay tribute to our Public Health team led by Dr Rupert Suckling for their tireless work and guidance in difficult times. For being their late at night and early in the morning at the end of a phone or a computer and at our darkest, worrying times for always being there indeed 7 days a week.

I also would like to acknowledge the significant role of our key workers and the NHS in Doncaster who have continued to do their best to support our most vulnerable people and offer vital services and support - thank you. I would also like to thank our communities and the people within them who have shown the strongest elements of resilience, determination hardship who have done their bit in following the advice we all have had to follow.

Our health as a borough is changing and we have yet to see the full impact of this pandemic on our wellbeing and mental health. The pandemic does impact different people in different ways. How we feel, how our health is improving or not are closely linked to how our borough prospers. Being fit and well both mentally and physically helps to boost our sense of wellbeing and confidence and indeed our ability to help Doncaster to thrive. Quite simply, our health affects our quality of life and the way in which we enjoy and live it. It also impacts on others around us and our relationships whether at work, home or leisure.

This annual report highlights that despite the enormous energy and activity that has and is still being devoted to battling Coronavirus, so much other important work on a range of health issues has taken place and I am proud to see that happening. There is of course more to be done but recognition should be given to everyone who helps our health and wellbeing and indeed to those individuals who make changes in their life and lifestyle, in however a small way, to take stock and improve their health and wellbeing. The pandemic has, in some ways, enabled us to become more aware of our areas, our nature and provided us with the opportunity, albeit forced, to take stock and indeed recognise our environment and some of the positives of our locality in and around Doncaster.

I hope you find this report useful and informative in relation to how Doncaster has attempted to meet the challenge of the pandemic, but also as a starting point in terms of how we as a borough begin the long fightback as we move into 2021 and recovery. I have no doubt and the report clearly indicates that there is still much work to do but we move forward on a firm footing with strategies and initiatives already in place to tackle health inequality.

It's been a very rough year for all of us and we all need to be mindful of this in our day to day interactions with people. None of us has been exempt from the worry and stress of the last 12 months so on a personal note be good to each other, take care of yourselves, your families and communities.

Regards,

Cllr Nigel Ball

Introduction

Welcome to my sixth Annual Report as Director of Public Health for Doncaster Council.

2020 has been the year of COVID-19. At the turn of the year, a previously unknown SARS-CoV-2 virus emerged and over the next few weeks spread right around the globe. Within months the tell-tale symptoms of COVID-19 (new continuous cough, a high temperature and loss of or change to smell or taste) became common knowledge and the impacts of the virus were felt in homes, families, communities, schools, businesses, care settings and hospitals. For many the infection caused a short respiratory illness but for others the infection proved fatal. This was especially the case in older residents, those in key worker roles and those from ethnic minorities. My thoughts are with all those who lost loved ones or have been impacted by the pandemic in other ways.

Throughout 2020 new ways of preventing the spread of COVID-19 arose including handwashing, adopting the 2m physical distance and wearing face coverings. New medical practice also arose to treat people with COVID-19 and at the time of writing three vaccines for COVID-19 have been approved here in the UK. However, these new practices proved insufficient on their own and a national lockdown in the spring together with national restrictions in the autumn were needed in addition to a range of 'tiers'. Whilst the lockdown and national restrictions stemmed the infection the impact of the lockdown especially on children, families, businesses and communities was severe. No more so than in the case of lonely and isolated or the hospitality sector. In response to the pandemic we saw communities come together to support each other and who can forget the Thursday evening clapping for health and care workers.

This report provides an initial story of the COVID-19 pandemic in Doncaster, albeit from a particular perspective and I want to hear other people's COVID reality and their stories. This report also includes a high level assessment of how the overall health status is changing in Doncaster. This needs to be heavily caveated as the data available to us does not yet fully reflect the short term impacts of COVID-19, or in fact the long term impacts of COVID -19 that could be with us for the next decade.

As last year, I have provided a breakdown on how the public health grant is allocated and the performance of locally commissioned public health services.

The pandemic has shown that although we may have been 'in it together' we have not been impacted equally. The starting points for many people, families and communities were different and their ability to cope set by long standing inequalities and the recent 2019 flooding.

Coronavirus (COVID-19) 2020

It may seem premature to consider the impacts of COVID-19 but the sooner the impacts are assessed and the lessons are learnt the sooner and more effectively Doncaster people, families, communities, businesses, schools and institutions can plan for a more prosperous future. There will be government reports and inquiries in due course but this report starts to provide a Doncaster perspective on the pandemic. There are other perspectives and they too need to be heard.

What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in 2019 in Wuhan in the Hubei province of China. It spread around the world causing a pandemic typified by fever, cough and loss of or change to smell or taste. The virus is spread during close contact and via respiratory droplets and aerosols.

People are most contagious when they have symptoms but spread is possible before symptoms appear. The time between exposure to the virus and developing symptoms is between two to fourteen days. The majority of cases result in mild symptoms but some progress to pneumonia and multi-organ failure. In March 2020 the overall case fatality was 4.5% ranging from 0.2 percent in the young and healthy to over 10% in the elderly and infirm. Cases are diagnosed by clinical symptoms and a PCR (polymerase chain reaction) test from a nasal/throat swab. One in twenty people who have had COVID develop the Long-COVID syndrome, which can include severe on going health issues.

On the 31st December 2019 the first cases of pneumonia of unknown origins were identified in Wuhan. It took until the 12th January 2020 to isolate the new virus and by the end of January the first cases of COVID-19 were imported into the UK and identified in York and Brighton. The World Health Organisation (WHO) declared the 2019-20 coronavirus outbreak a Public Health Emergency of International Concern (PHEIC) on 30th January 2020. By the middle of February there were cases across the UK and by the end of February evidence of person to person transmission had been confirmed resulting in the WHO declaring it a pandemic on 11th March 2020. COVID-19 has been present in the UK ever since.

How did this impact Doncaster

Pandemics are characterised by a number of peaks or waves and COVID-19 is no different. At the time of writing we have passed two waves of COVID-19 and are approaching a third wave. The first two waves resulted in national action, in March 2020 there was a national lockdown and in November 2020 a set of national restrictions were introduced. The third wave has resulted in a third national lockdown in January 2021.

January 2020 – May 2020 -The first wave begins

The initial stages of the global pandemic saw spread of COVID-19 from China through air travel to a number of European countries. Individual cases started to be seen in the UK from the end of January 2020.

In Doncaster, the local pandemic plan was reviewed and the first pandemic planning meeting was held in early February. This soon escalated into a South Yorkshire pandemic response coordinated through the Local Resilience Forum. Initial preparations included advice to the public, to staff and to

the local Chinese community on how best to prevent the infection through containment, hand hygiene and cleaning as well as raising awareness of the three core symptoms.

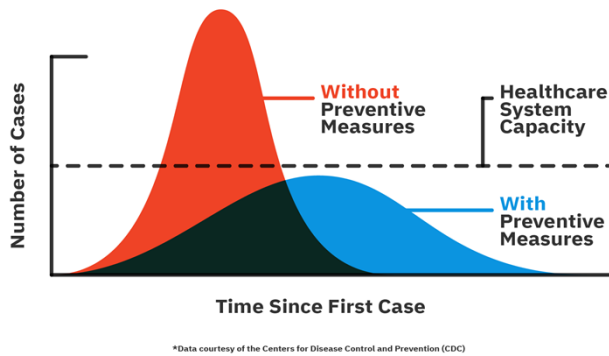
At the end of February local school ski trips returning from Northern Italy began contacting the Council for advice as they had been in areas where COVID-19 had been reported. Doncaster declared 2nd March as week 0 of the pandemic even though no cases had been seen locally.

The government announced 'Delay' on the 12th March stopping all mass gatherings including sporting events and asking people to work from home. On the 19th March the first COVID-19 cases in Doncaster were confirmed, although subsequently the date of confirmation was backdated to the 10th March and later that month there was unfortunately the first death. Despite adding social distancing to the national public health advice, schools were asked to shut on the 20th March, with hospitality businesses asked to shut on the 21st but by 23rd March a national lockdown had come into force in order to prevent the NHS becoming overwhelmed by the number of patients needing care. NHS services scaled back all routine and elective activity, moving whatever they could on-line. The hospitals increased critical care capacity to look after people with COVID-19 and nationally Nightingale hospitals were established. Health and care providers struggled to find enough suitable Personal Protective Equipment (PPE). National contact tracing stopped at the same time as the demand exceeded capacity.

Doncaster people and organisations followed the emerging restrictions, secured additional PPE and the hospital increased critical care capacity. Although tests for COVID-19 had been developed they were limited for use in those people with severe enough symptoms to require hospital admission, so the council set up a self-assessment form on its website so people could self identify if they had symptoms to enable the spread of the virus to be tracked. At the same time as the national 'stay at home guidance' the 9,700 most vulnerable Doncaster residents were asked to start 'shielding' for 12 weeks. A community hub was established to work with existing and new community, voluntary, faith and mutual aid groups to help ensure those who were 'shielding' were still able to access food and medical supplies.

The overall approach in this first wave was to 'flatten the curve' to reduce and spread out the number of cases of COVID-19 so that health services would not be overwhelmed. In this first wave Doncaster followed about 2 weeks behind the national picture. Even so by the end of May there had been 1,592 confirmed cases in Doncaster and 176 deaths. Many of these deaths were in the elderly, those with existing health conditions but also in care homes and key workers including health and care workers. It was also established nationally that other groups were at higher risk of mortality from COVID-19 those in key worker occupations and people from ethnic minorities. On the 30th April local public sector organisations introduced risk assessments for staff from ethnic minorities.

The 'lockdown', including the closure of schools for all but key worker children and vulnerable children together with large sectors of the economy certainly 'flattened' the curve. However, there were intentional and unintentional impacts of these approaches including huge impacts on family and community life, delays to treatment for people with other health conditions, mental health impacts of 'lockdown' and wide ranging economic implications. The young and those already in poverty were most badly impacted. Ahead of this the Mayor launched a 'Fight Back Fund' in March to support local people and this was followed by national support including the 'furlough' scheme, a temporary increase to universal credit payments and the 'everybody in' approach to support the homeless.



June 2020 – August 2020 - The first wave declines

The national lockdown lasted from 23rd March until 28th May when the government deemed the UK had met its 5 tests. These tests included

- The NHS has sufficient capacity to provide critical care and specialist treatment right across the UK
- Sustained and consistent fall in daily deaths from coronavirus
- Reliable data to show that the rate of infection is decreasing to manageable levels across the board
- Operational challenges including testing and PPPE are in hand with supply able to meet future demand
- Confident that any adjustment to the current measures will not risk a second peak in infections that overwhelm the NHS

In May the government had published the Contain Framework and as well as establishing NHS Test, Track and Trace it placed a requirement on local government to establish a member led engagement board and a COVID control Board to develop a COVID control strategy. Essential businesses continued to operate with more stringent rules of PPE, people continued to ‘shield’ and in fact another 6,000 residents were added to the shielding list in early May and further 2,000 in late May. Early June saw the Council and partners, through the Team Doncaster partnership, begin to plan for recovery as a way of addressing humanitarian, economic and environmental impacts of lockdown. This coincided with the socially distanced and peaceful Black Lives Matter protest in Doncaster on 7th June responding to the death of the African-American man George Floyd while in police custody.

As the lockdown was eased there was a gradual reopening of the economy up until mid-August with the local Authority heavily involved in helping manage the public realm. Areas across Doncaster saw new road layouts and signage to reduce the risk of transmission of what is still a highly infectious disease. Environmental health teams supported food business to reopen in different ways and schools continued to support vulnerable children and the children of essential workers. Doncaster schools reopened two weeks later than nationally as the Director of Public Health deemed there were still too many local cases. Non-essential shops reopened, with hospitality following in early July and hairdressers and other ‘close contact’ services in the middle of July. National schemes such as ‘Eat Out, to Help Out’ and other business supports were also rolled out. Council services that had been suspended during the ‘lockdown’ also gradually stood back up. However these were not normal times for many people, the impacts on the young and the poorest were particularly noticeable and the council and partners worked to try and address ‘holiday hunger’.

By the end of August there had been a further 489 confirmed cases in Doncaster and 46 deaths related to COVID-19.

September 2020 – November 2020 – the start of the second wave

September began with a number of significant changes. NHS Test, Track and Trace had become NHS Test and Trace with increases in testing capacity and a change in testing regime so that anyone with symptoms could request a test. Elite sporting events were being tested for their feasibility to restart including the St Leger. Schools were also preparing to reopen for all children and face coverings and other compliance measures were still compulsory in shops.

However despite this apparent return to near normality there were signs of a second wave. There was a spike in new cases that meant the 10 tests that the DPH had set for the St Leger festival to go ahead with limited crowds were no longer met, resulting in racing having to move to behind closed doors from day 2 onwards. On the 14th September the 'rule of 6' was introduced as the doubling time for new infections reached every 7 to 8 days. Local COVID marshals and welfare calls started to support local people and businesses and by the end of September this was supported by the NHS App. Communications and marketing approaches were reviewed and revitalised focussing on 'hands, face, space' and a daily incident management team began meeting to ensure all new cases, clusters and outbreaks in high risk settings were identified and effectively managed. Yet, despite this the number of cases continued to increase. A national tier system was introduced and Doncaster went into tier 2 on the 14th October, tier 3 on the 24th October and then followed the rest of the county into national restrictions on 5th November and this included the reintroduction of 'shielding' albeit for a more tightly defined group of people – the Clinically Extremely Vulnerable. Additional support for business through a further set of business support grants was implemented too.

This second wave was different from the first, because of the new testing strategy the number of confirmed cases was much higher than the first wave where the testing was limited to those people needing hospitalisation. Difficulties in accessing tests at the end of September may have underestimated the number of true cases and it's likely that only a quarter of people with COVID-19 actually came forward for testing. There are a number of other possible reasons for low testing take up and they are likely to include the fact that for some people this is a mild illness or even without symptoms, transport to a test site may be difficult or the implications of self isolation (e.g. if people are on zero hours contracts) may make self-isolation unaffordable. Throughout this wave schools and businesses remained open and health and care services also continued to operate both 'business as usual' services alongside 'COVID response'. The rate of new cases rose to 580/100,000 people, hospitals saw the number of admissions for people with COVID increase and surpass the first wave, fortunately new treatment pathways including early oxygen therapy and dexamethasone meant fewer people needed invasive mechanical ventilation. Yet the number of deaths from COVID-19 rose again. There were serious outbreaks in care homes as well as outbreaks in schools and workplaces. As well as new cases and deaths even young people developed a range of post-COVID syndromes collectively known as long COVID.

The reintroduction of restrictions in September although important to control the spread of the virus also brought back the unintended consequences of lockdown including impacts on mental health and those suffering from loneliness or domestic violence. This time instead of a community hub support to local people was coordinated through close working with community groups and new locality working arrangements.

By the end of November there had been a further 9,959 confirmed cases in Doncaster and 291 deaths related to COVID-19 from the end of August.

December 2020 onwards - Easing the November national restrictions and the third wave

In December Doncaster was back in new 'tier 3' restrictions. Although the number of new cases had fallen from November they had flattened and had struggled to fall below 200/100,000 cases. In December there was some evidence of a further small increase in cases. Health and care services were still seeing significant numbers of people with COVID-19. The hospitals were still looking after more people with COVID-19 than during the first wave. Local contact tracing had started and additional testing facilities and approaches were under consideration. Yet across the country the number of new cases were rising much faster, a new variant had been identified with higher transmissibility and hospitals in the South were under increasing pressure. A national review of tiers took place on 30th December and the UK went into a third national lockdown on 6th January 2021.

Yet there is light at the end of the tunnel. A number of new vaccines are under development and the first one was administered in Doncaster on 15th December 2020 with NHS partners leading the roll out. The challenge now is to continue to interrupt the chains of transmission of the virus and avoid as many subsequent peaks as possible as the vaccine is rolled out. Now is not the time to be complacent. All data is available at

<https://coronavirus.data.gov.uk/details/cases?areaType=Itla&areaName=Doncaster>

Immediate lessons learnt

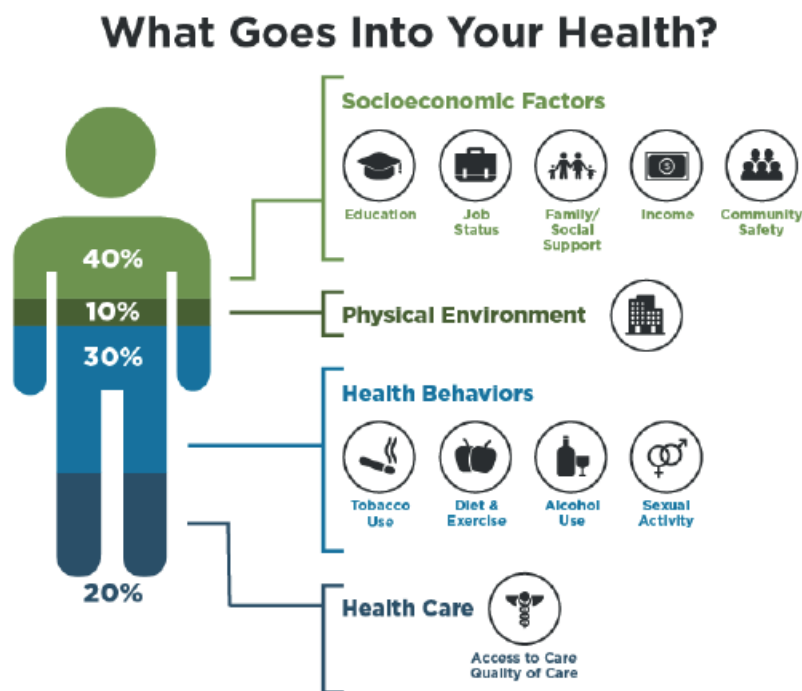
There will be national and local reviews of the pandemic but immediate lessons learnt include:

- Doncaster people, families, communities, businesses, groups and institutions have all pulled together amazingly, responding to need quickly and effectively.
- The importance of 'Key workers' was reinforced during the first national lockdown.
- Not everyone was impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
 - Impacts directly from COVID
 - Impacts of overwhelmed health services
 - Impacts of changes to health services
 - Impacts of lockdown and other measures
 - Impacts on particular communities and groups
- National decision makers are too remote and lack the local knowledge needed for many decisions including the relaxing of the first national lockdown, the re-opening of schools and return of elite sporting events.
- Pandemic preparation should not be neglected. This includes better understanding of how local people live their lives, investment in health protection, establishing clear, agile, system leadership and supporting better data to aid management as well as increasing transparency.
- Health and the economy are intrinsically linked and the best way to address the pandemic is good for both health and the economy.

The State of Health in Doncaster 2020

2020 has shown once again the value people put on health. Yet a narrow definition of health, one that doesn't include friends, families, freedoms and futures is uninspiring.

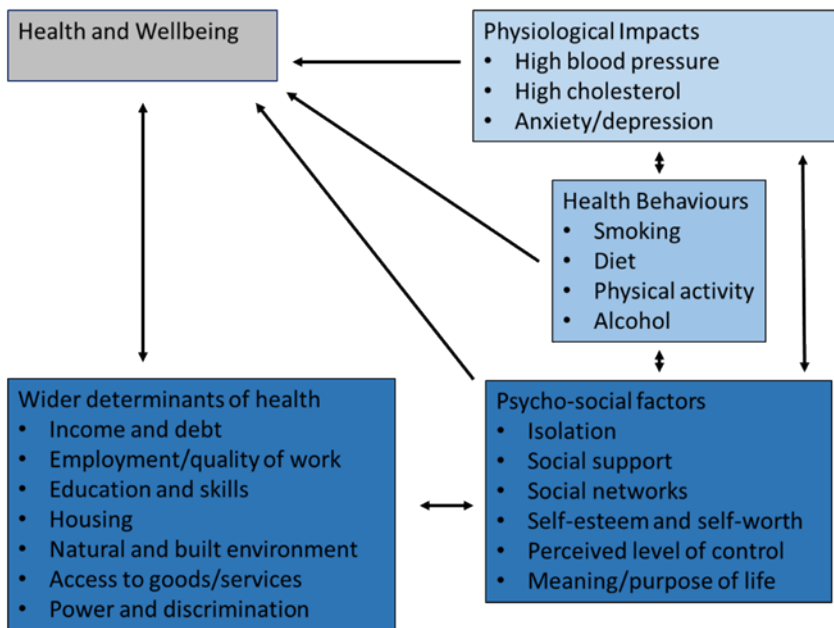
In previous reports I have described how good health is not only valuable in its own right but also contributes to thriving and vibrant economies and places. I have also described how staying healthy depends on much more than health care, important though that is in a crisis. Health is both created and maintained in the places we are born, live, work and socialise. A series of broader socio-economic factors, the physical environment, health behaviours as well as health care all contribute to health.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

There is increasing evidence that shows how all these factors not only have an individual impact on health but also combine through the body's response to chronic stress and trauma through psychosocial factors, health behaviours and ultimately physiological factors to lead to disease, disability and ultimately death.

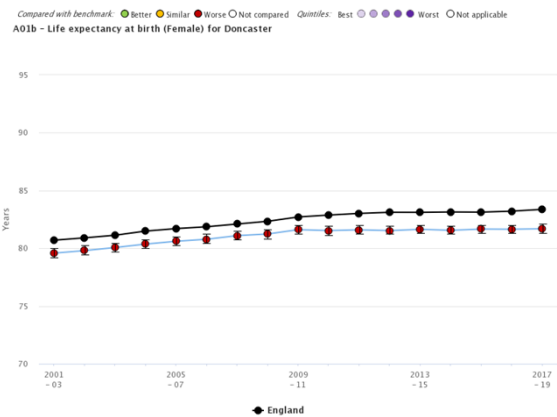
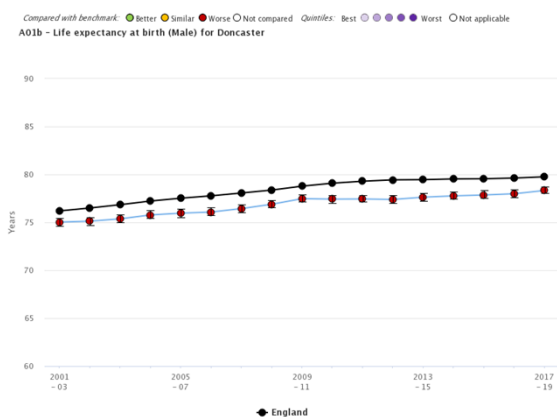


I have also previously described how everyone knows when they feel healthy and how Directors of Public Health use a range of population outcomes to assess overall health status. In particular, there are three headline measures that are used to describe overall population health, life expectancy, healthy life expectancy and health inequalities.

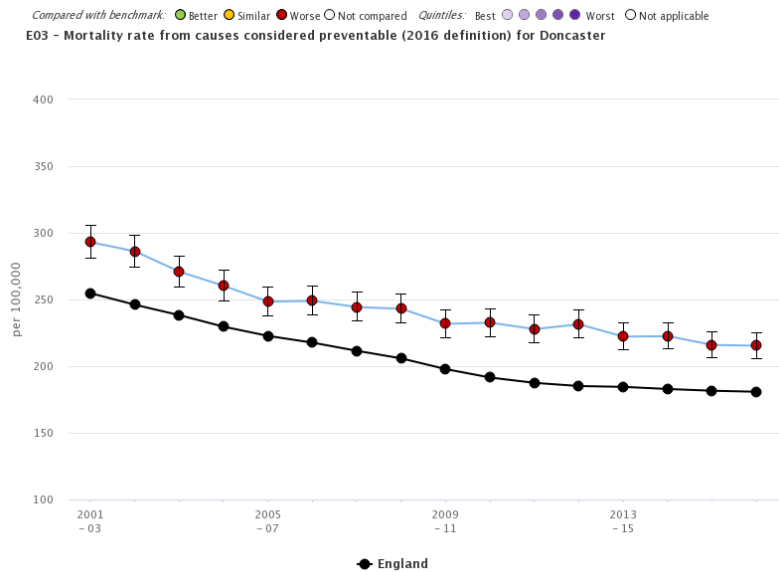
Life Expectancy

Life expectancy across England over the last 10 years has been flat. In Doncaster Life Expectancy continues to mirror the national picture albeit at a lower level.

For 2017-2019 life expectancy at birth in men is 78.3 years in Doncaster compared to 78.8 years for men in Yorkshire and the Humber and 79.9 years for men in England. Life expectancy at birth for women for 2017-2019 was 81.7 years in Doncaster compared to 82.5 years in Yorkshire and the Humber and 83.4 years in the England.

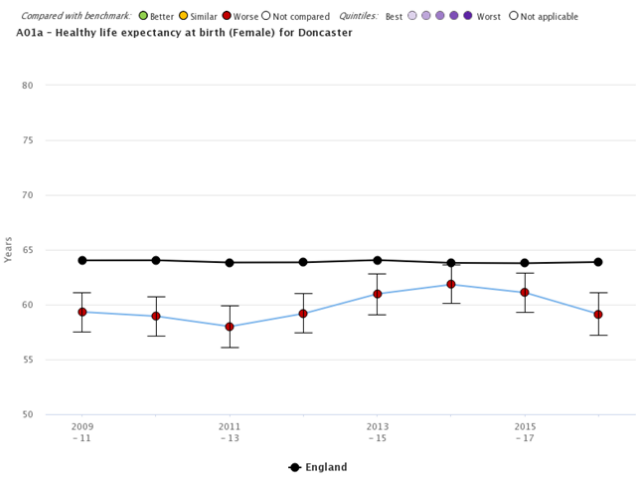
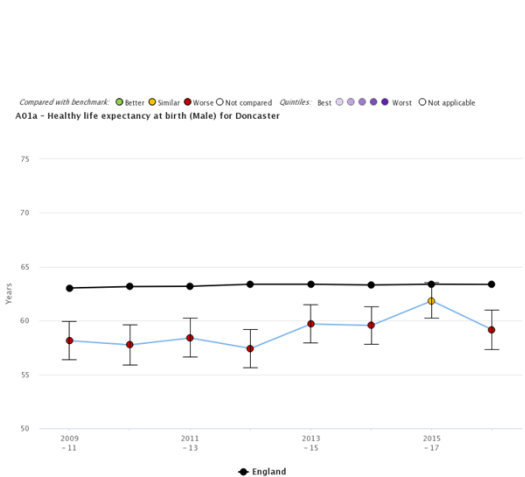


The contributors that make the biggest impact on life expectancy in Doncaster are deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer. Many of these conditions are preventable and although reducing are not reducing as fast as nationally. In future years the impact of COVID will be seen on the data.



Healthy Life Expectancy

As well as assessing length of life, quality of life is important and this is measured by assessing Healthy Life Expectancy. This is the length of time people live in a self-assessed state of good or very good health. Although last year the Public Health Outcomes Framework showed that, for the first time since 2009, healthy life expectancy at birth for men in Doncaster was no longer significantly worse than the national rate, this trend has not continued. For 2016-18 healthy life expectancy for men is 59.2 years compared to the England rate of 63.4 years, a difference of 4.2 years. The latest data shows a health life expectancy for women of 59.1 years a difference between Doncaster women and England of 4.8 years. Although this is self-reported data, a fall of 2 years for both men and women is worthy of further investigation especially in terms of obvious inequalities.



Health Inequalities

Whether it is life expectancy or healthy life expectancy, over the last 10 years Doncaster has not closed the gap with the rest of England. Whether it is life expectancy or healthy life expectancy there has been little overall change and it's time to reassess whether there is more that can be done or new approaches employed to bridge this gap.

Indicator	Group	Measure	Baseline Period	Baseline Value	Reporting Period	Reporting Value	Absolute change	Trend
Life expectancy at birth-Male		Value	2011 - 13	77.4	2016 - 18	78.0	0.6	↑
	LSOA deprivation deciles	Slope index of inequality	2011 - 13	9.6	2016 - 18	10.9	1.3	↑
Life expectancy at birth-Female		Value	2011 - 13	81.6	2016 - 18	81.6	0.0	→
	LSOA deprivation deciles	Slope index of inequality	2011 - 13	7.4	2016 - 18	8.2	0.8	↑
Healthy life expectancy at birth-Male		Value	2011 - 13	58.4	2016 - 18	59.2	0.8	↑
Healthy life expectancy at birth-Female		Value	2011 - 13	58.0	2016 - 18	59.1	1.1	↑

Use of the Public Health Grant

The Council's Director of Public Health is tasked with leading the local public health function with the overall intention of improving health and improving the health of those with the worst health fastest. To achieve these goals often involves multi-sector and multi-party activity working across boundaries both between and within organisations. However, the council's public health function does receive a ring-fenced public health grant to support activity.

The public health grant is allocated through the council's budget setting process and can be directed to both mandated and non-mandated services guided by the Public Health Outcomes Framework (PHOF), the local Joint Strategic Needs Assessment (JSNA) and the local Health and Wellbeing Strategy. The list of public health services that are mandatory (prescribed) and non-mandatory (non-prescribed) includes the following:

Prescribed functions (mandated services):

- 1) Sexual health services – sexually transmitted infections (STI) testing and treatment
- 2) Sexual health services – Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice to NHS Commissioners
- 6) National Child Measurement Programme
- 7) Prescribed Children's 0-5 services

Non-prescribed functions (non-mandated services):

- 8) Sexual health services - Advice, prevention and promotion
- 9) Obesity – adults and children
- 10) Physical activity – adults and children
- 11) Treatment for drug misuse and alcohol misuse in adults
- 12) Preventing and reducing harm from drug misuse and alcohol misuse in adults
- 13) Specialist drugs and alcohol misuse services for children and young people
- 14) Stop smoking services and interventions and wider tobacco control
- 15) Children 5-19 public health programmes
- 16) Other Children's 0-5 services non prescribed
- 17) Health at work
- 18) Public mental health
- 19) Miscellaneous, which includes: Nutrition initiatives, accident prevention, general prevention, community safety, violence prevention & social exclusion, dental public health, fluoridation, infectious disease surveillance and control, environmental hazards protection, seasonal death reduction initiatives birth defect prevention and other public health services

In 2020 the Public Health Grant was allocated as set out below. This includes bringing additional £716,000 in income into Doncaster from research grants and other external funding sources. The increase in the size of the grant was used to pay for national NHS pay awards and these are reflected in increased expenditure on NHS commissioned services including sexual health services and children's services.

	2019/20 Budget	2020/21 Budget
	£000's	£000's
Public Health Grant	-23,180	-24,412
Public Health Other income	-330	-716
Public health Corporate recharges	-505	-720
Total PH income	-24,015	-25,848
Expenditure: Commissioned Services		
Sexual Health	2,242	2,397
NHS Health Check programme	375	375
Health protection	76	82
National Child Measurement Programme	68	68
Obesity	0	180
Physical Activity	71	169
Substance Misuse	5,805	5,399
Smoking and Tobacco	659	694
Children 5-19 public health programmes	1,827	1,845
Children 0-5 Health visiting	6,109	6,381
Mental Health	0	139
Other public health services misc H&WB	86	303
Income - expenditure (base budget) nb this contributes to the overall AH&WB budget position	173	167
Sub-total Commissioned Services	17,491	18,199
Public Health Advice (including Salary costs)	1,245	1,694
Support services	505	735
Sub-total Central and Support Services	1,750	2,429
Expenditure (wider determinants)		
Realignment	4,907	4,957
Growth	263	263
Sub-total wider determinants	5,170	5,220
shortfall i.e. income against expenditure	-396	0
Total Expenditure (commissioned + central & support + Wider determinants)	24,015	25,848

COVID related monies

Throughout the pandemic the council has received additional monies from central government to address specific aspects of the pandemic. A summary of the main funds that have been used to control the spread of the virus and support vulnerable people is provided below:

Funding	Allocation (£000's)	Deployment
Contain Outbreak Management Fund	7,927	To fund activities to reduce the spread of COVID-19. This includes mass testing, targeted testing and interventions for vulnerable groups, enhanced contact tracing, compliance and community support.
Infection Control Fund	6,000	For residential care providers and domiciliary care providers.
Test, Track and Trace	2,230	To develop and roll out a Test, Track and Trace programme.
Winter Grant	1,204	To provide direct assistance to vulnerable households and families with children particularly affected by the pandemic. This will include providing support with food, energy and water bills.
Emergency Assistance Grant for Food and Essential Supplies	446	To help local authorities to continue to support those struggling to afford food and other essentials.
Self-Isolation Payment Scheme	304	For those with a Track & Trace number and on an in-work benefit or suffering financial hardship.
Rough sleepers / Next Steps	297	To help move rough sleepers into accommodation and provide further support.
Clinically Extremely Vulnerable individuals (CEV)	228	To set up and manage a local system for contacting CEV individuals, assessing their food and basic support needs and where required delivering that support.

The Government has also provided £28.7m of unringfenced emergency funding in 2020/21, some of which will may also be used for public health interventions

Performance of Public Health Commissioned Services

Public Health England produce a public health dashboard that compares the performance of local services to similar or national benchmarks. <https://healthierlives.phe.org.uk/topic/public-health-dashboard/area-details#are/E08000017/par/cat-113-2/sim/cat-113-2>

Local Authorities that are closest to Doncaster in terms of the structure of population size, population density, employment, housing including council tax are:

Rotherham	Stockton-on-Tees	Kirklees
Wakefield	Tameside	Halton
Wigan	Telford and Wrekin	Bolton
St Helens	Calderdale	North East Lincolnshire
Barnsley	Dudley	North Lincolnshire

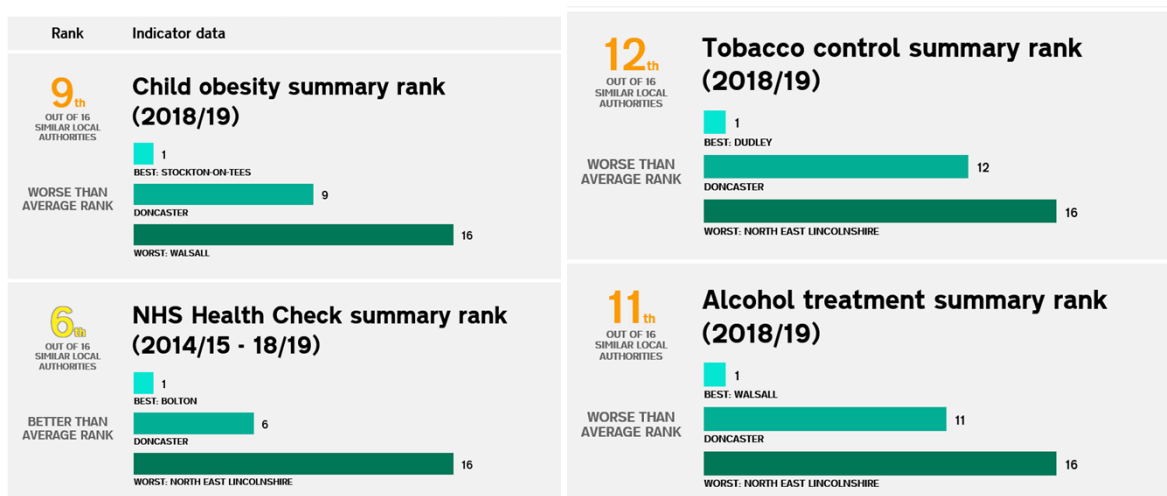
The following charts show how Doncaster performance ranks when compared to these comparator authorities.

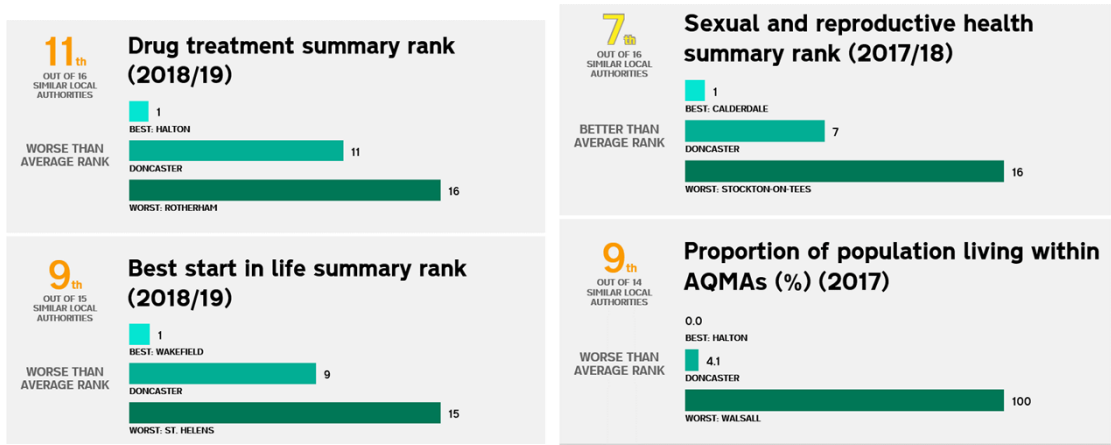
Similar local authorities

Similar view: Doncaster's rank within its CIPFA nearest neighbours (most similar local authorities)

Key for summary rank indicators

Group	Definition	Label
1st quartile	Lowest 25% of LAs (low rank is good)	Best
2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
4th quartile	Highest 25% of LAs	Worst





Alcohol treatment and drug treatment summary performance has fallen from last years report. This is due to the large number of dependent drinkers not in treatment and the low numbers of people succesfully completing drug treatment. Over the last year the council has created an Alcohol Alliance, and worked with ASPIRE the current treamtent provider to both increase capacity for people seeking treamtent for alcohol and restruuctre the delivery of substance misuse services whilst at the same time reducing the finanical investment in the services to balance the budget.

NHS health check performance has remaind good although the service is currently suspended due to the COVID-19 pandemic. Sexual health and reproductive health performance has also remained good.

Child obesity performance is static as are the proportion of people living within an Air Quality Management Area.

There have been small improvements in the Best Start in Life and Tobacco Control indicators but smoking rates are still too high.

Call to Action - The Future – A New Borough Strategy

A new **Doncaster Borough Strategy** will be launched in 2021 and given the recent experience with COVID-19 and the longstanding inequalities the pandemic exposed this is not before time. The strategy will build upon the successes of the Doncaster Growing Together Plan (DGT) to drive a **transformation in the wellbeing** of Doncaster people and places over the next 10 years. The **four year DGT Plan** was launched in September 2017 as the collective commitment of Team Doncaster to create a thriving place to live, learn, care and work.

‘Doncaster Caring’ is one of the four priority themes of DGT with the goal of supporting residents to live safe, healthy, active and independent lives. However, the other three themes (‘Living’, ‘Learning’ and ‘Working’) have supported a **whole-system approach** to tackling complex health and well-being issues across the life course.

A range of public health approaches have contributed to the approach:

- The prominence of the **Get Doncaster Moving** priority within DGT’s ‘Living’ theme has elevated the importance of supporting more people to be physically active not only through organised sport but by making healthy choices in everyday activities such as active travel.
- The award winning **Complex Lives** programme takes a holistic joined up approach to tackling homelessness and the factors influencing it.
- From a Doncaster Learning perspective the **Healthy Learning, Healthy Lives** programme is supporting Doncaster children and young people to learn in an environment that supports their health.
- The **Be Well @ Work** programme is supporting local businesses to build good internal health practices and the ‘Doncaster Working’ theme’s priority of developing more inclusive, productive economy.

The annual **‘State of the Borough’** assessment supports a more intelligence-led, self-aware approach to developing and delivering DGT priorities.

Over the past two years a number of **profound and pressing challenges** have come into stark relief.

In September 2019 Ros Jones, the Mayor of Doncaster declared a **Climate Change and Biodiversity crisis** and instigated a Commission to consider what action needed to be taken. A couple of months later Doncaster experienced severe, widespread **flooding** affecting hundreds of homes and businesses. This was followed by the **Covid-19 pandemic** which has dominated 2020 and created both a health and economic crisis. It has highlighted health inequalities, particularly the vulnerability of people with underlying health conditions and risk factors and also the uneven impact of job losses and business closures on people, places and sectors.

Amidst the unprecedented turmoil and distress, the **underlying capabilities of people, places and businesses** have come to the fore, which have the potential to be enhanced and connected, including:

- Compassion, community spirit, creativity, innovation, resilience and resourcefulness.

The response of the new Borough Strategy will be **drive a step-change** in Team Doncaster’s collective, whole-system approach to improving wellbeing - crucially guided by the need to:

- **Balance the wellbeing of people and the planet**

This requires seeing Doncaster as **place of places in an interconnected world**, with common challenges and opportunities. The climate and biodiversity crisis, pandemics, new technologies, inequalities and ageing populations all demand new approaches to delivering economic growth and improving well-being.

Recognising, for example that as natural habitat and biodiversity losses increase globally, the novel coronavirus outbreak may be **just the beginning of mass pandemics**.

Whilst at the same time responding to the distinctive needs, aspirations and character of our local communities, as reflecting in the **'Doncaster Talks'** feedback.

The **Doncaster Wellbeing Wheel** opposite shows the **six emerging well-being goals** in the new Borough Strategy. It marks a turning point in how Team Doncaster approaches life now and for future generations.

The Goals take the DGT themes, but then **sharpen the focus on the well-being imperatives including:**

- Improving skills and supporting creativity
- Improving the safety and resilience of people and business to challenges like pandemics
- Developing a more compassionate approach to improving health and well-being
- Developing an economy that provides good, well paid jobs and connecting the Borough, including via public transport and active travel.

The **'Greener & Cleaner'** outer circle prioritises:

- The need to consider the impact on the local and global environment in all we do.

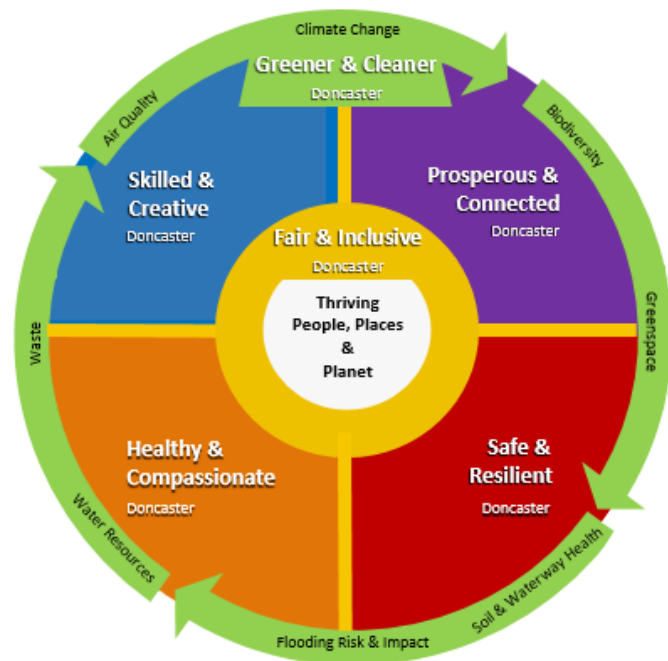
The **'Fair & Inclusive'** inner circle provides a focus on:

- Tackling inequalities and improving access to social and economic opportunities.

This well-being framework has the **policy breadth** to improve Team Doncaster's approach to promoting and integrating the wider determinants of health, for example relating to education, safety, employment, housing and air quality. The further development of the goals and the supporting strategies (e.g. the Environment Strategy) will support decision-makers to identify **trade-offs and synergies** across different policy areas

Doncaster has a number of **strategic opportunities** to achieve significant and lasting improvements in well-being, including to:

- Re-evaluate what constitutes economic success and consider how to transition to a **well-being economy** – which balances human and planetary health and is long-term, resilient, inclusive, distributive and regenerative.
- Develop a **regenerative borough** that renews and improves its assets, strengths and capabilities. This includes developing a **circular economy** that keeps finite resources in a loop of use and reuse using renewable energy sources, enhances our natural environment and designs out waste from production.



- Work **across local and regional boundaries** on shared priorities with a **‘one catchment’** perspective, for example to improve biodiversity, reduce the risk of flooding and the borough’s overall resilience.
- Create a significant number of **new green jobs and businesses**, working with the grain of Doncaster’s economic assets, industry strengths and developing new UK and global supply chain opportunities. Also crucially, using a ‘just green revolution’ to **address ‘wicked problems’** particularly health inequalities.
- Develop the **Foundational Economy** – which support the majority of Doncaster jobs and produces the essential goods and services that cannot be shut down (e.g. health, social care and food production) as the Covid-19 pandemic has demonstrated. As part of this, develop good **health as the new wealth** – which is valuable in its own right and also contributes to thriving and vibrant economies and places.

Delivering the Borough Strategy will require **closer working with communities, shared responsibilities** and a mission-orientated approach to **innovation** that is targeted at challenges like improving vocational skills.

The Council’s new **Corporate Plan**, to be agreed in March 2021 will provide a more developed summary of Doncaster’s approach to well-being ahead of the agreement of the new Borough Strategy by September 2021.

Conclusion

The COVID-19 pandemic is not over yet, although the arrival of effective vaccinations are a cause for hope. There is still much to be done to prevent as many new cases of COVID-19 as possible, to identify new cases of COVID-19, respond promptly to those cases and reduce the impact of any new cases on individuals and the wider population. As well as these direct impacts on health of COVID-19 the health and care system must continue to adapt and offer care for those with other non-COVID-19 needs and at the same time prepare to support those whose health was impacted by the national lockdown or restrictions especially those suffering from mental health impacts. Community centred approaches have come to the fore and they should be developed further. At the same time education, work and the wider economy need to be stimulated as we move into recovery and renewal.

2020 and COVID-19 in particular has shone a light on poverty, long term inequalities and a lack of resilience not just in Doncaster but in the UK more generally. As 2021 begins, with a new relationship with the European Union, we should take this opportunity to rebalance our approaches to health, wealth and the economy. Health and the economy are intrinsically linked and the best way to address the pandemic is the good for both health and the economy. Any recovery needs to have a productive, low carbon economy at its heart, with a job's led recovery leading to low unemployment, wages that keep pace with the cost of living and a reduction in child poverty. Connecting people to place grounds health and the economy.

Recommendations

Team Doncaster and partners should:

- Recognise, celebrate and support the role of 'Key workers' in the way Doncaster operates
- Develop and adopt a new Borough strategy to spearhead recovery and renewal
- Continue to develop asset based, community centred approaches to health and wellbeing working with and for communities
- Revitalise approaches to health inequalities, poverty and social exclusion
- Learn the lessons from the COVID-19 pandemic and continue to prepare for future public health emergencies in light of the creation of the National Institute for Health Protection (NIHP) following the review of Public Health England