Director of Public Health Annual Report 2021

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

Introduction

Coronavirus (COVID-19) 2021

The State of Health in Doncaster 2021

Use of the Public Health Grant

The Performance of Public Health Commissioned Services

Call to action – Doncaster Delivering Together

Conclusion

Recommendations

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

2021 has continued to be a challenging year for all of us in Doncaster, Britain and indeed worldwide. As with 2020 Covid 19 and our response to it has remained a constant struggle and has continued to test our resilience and perseverance among the work we do as a council, but also the people of Doncaster and our communities.

Coronavirus and our response continues to be the main focus of our Public Health activity and this includes the ongoing work our Public Health Team have undergone working with staff, citizens and communities in Doncaster to try and keep them mindful and safe over the last 12 months. Our workers, officers and teams are still at the forefront of the pandemic response in Doncaster and I want to take this opportunity to again thank them all for their incredible service, hard work and resilience over the last 12 months.

At this time this annual report is published during perhaps the most testing time of the pandemic with Omicron cases rising rapidly I would like to pay tribute to our Public Health team led by Dr Rupert Suckling for their tireless work and guidance in troubling times. As last year it is these people who have remained steadfast, resilient and held the line on hand to offer support at the most difficult of times.

I also would like to thank the continued 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 continued to show the strongest elements of resilience, determination hardship and who have done their bit in following the advice we all have had to follow.

Whilst we accept that the Coronavirus response has been at the forefront of our work here in Doncaster we must also recognise that a good deal of work has taken place to identify and concentrate on our great areas of need and indeed how we recognise that 'back to normality' will not be enough to make lasting social change in these areas or localities. By addressing poverty, inequality and lack of opportunity in these places we understand that real community action needs to take place and the key to this will be in the empowerment, enabling of the people and the communities in which they live. This will drive positive lives and indeed provide the impetus for hope, happiness, and ownership and in turn improve health inequalities.

This annual report again, 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 continues to take place and I am proud to see that happening.

Again on a personal note we all face challenges in our day to day lives and it's been again a very rough year for all of us. We all need to be mindful of this in our day to day interactions with people. So please be good to each other, take care of yourselves, your families and communities.

Regards,

Cllr Nigel Ball

Introduction

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

2021 has continued where 2020 left off with all of us living with, through and under the COVID-19 pandemic. At start of 2021 the country went into a national lockdown in response to the Alpha variant of COVID-19. A Delta variant followed in the summer and as we prepare to go into 2022 the Omicron variant is here.

The direct impacts of COVID are still felt, as people are still catching COVID-19 and despite a successful vaccine programme there are still too many avoidable infections, hospitalisations and deaths. My thoughts are with all those who lost loved ones or have been impacted by the pandemic in other ways. The disruption to people's lives, livelihoods, the services and institutions we rely on has been profound. The pandemic has unearthed and exacerbated long standing inequalities experienced by older residents, those in key worker roles, those in poverty and those from ethnic minorities. Women have borne the brunt of the pandemic as formal caring, informal caring, childcare and home schooling roles all needed to be fulfilled, at the same time as working shifts or working remotely.

This report continues the story of the COVID-19 pandemic in Doncaster. 2021 felt different to 2020, the vaccination programme was a cause for hope, some people felt the benefits from hybrid working but the 'claps for carers' had disappeared, for many life was increasingly lonely and many Doncaster people didn't have the resources or choices to 'make the best' of it.

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. This year I've been unable to show the performance of locally commissioned public health services as the national report that I have previously used is no longer produced.

Finally I've commented on the need to implement the new Borough strategy. It is fantastic that Team Doncaster partners have been able to develop the plan over the last year, but delivery is going to be a real test as this new wave of the pandemic looks set to cause disruption for the early part of 2022. And yet, there is still the need to move quickly to adapt to and address climate change and biodiversity loss, whilst at the same time reducing health inequalities.

Coronavirus (COVID-19) 2021

Last year's annual report described the start of the COVID-19 pandemic, how pandemics are characterised by a number of peaks or waves and how the COVID-19 pandemic would be no different. Last year's annual report was written as the impact of the third wave was being seen and was quickly followed by another national lockdown in January 2021. The positive news, at the time was that the COVID-19 vaccination programme had started, with the first COVID vaccine given in Doncaster on the 15th December 2020.

This year's annual report picks up the story of the pandemic and describes the third wave, the subsequent fourth wave and finally describes the start of a fifth wave of COIVD-19 caused by the Omicron variant.

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% 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 with continued symptoms 12 weeks on from the initial diagnosis, some people may continue to experience severe on going health issues.

All viruses, including SARS-CoV-2, the virus that causes COVID-19, change over time. Most changes have little to no impact on the virus' properties. However, some changes may affect the virus's properties, such as how easily it spreads, the associated disease severity, or the performance of vaccines, therapeutic medicines, diagnostic tools, or other public health and social measures. During late 2020, the emergence of variants that posed an increased risk to global public health prompted the characterisation of specific Variants of Interest (VOIs) and Variants of Concern (VOCs). It was these VOCs that set the tone for 2021.

January 2021 – May 2021 -The third wave and the roadmap

January 2021 began with the UK seeing rising case rates, increasing hospitalisations and deaths from COVID-19. At the start of January there had been 15,355 confirmed COVID cases in Doncaster and at the time the case rate was 314/100,000 (359/100,000 in people aged 0-59 and 241.6/100,000 in those aged 60 or over). There had been 2,348 COVID related admissions to Doncaster and Bassetlaw Teaching Hospitals (DBTH) and there had been 666 deaths attributed to COVID-19.

The UK alert level was increased from level 4 to level 5 and the country went into a third national lockdown from the 6th January 2021 in response to the an increase in hospitalisations of 30% in one week across the country. Non-essential retail, hospitality and personal care services closed and schools moved to deliver remote learning apart from for children of key workers. Where possible

people worked from home but there was a recognition that people could leave home to shop for basic necessities and to care for someone in their support bubble.

The national COVID vaccination programme picked up pace, with two additional vaccines (AstraZeneca and Moderna) joining Pfizer on the UK approved list. The priority groups for vaccination were issued starting with residents in a care homes for older adults and their carers.

It became clear in January that one of the contributing factors to the increase in cases seen across the UK was the emergence of a new variant, initially called 'Kent' or B1.1.7 and finally classified as the alpha variant. This variant was more transmissible than the original 'wild-type' COVID-19 virus.

At the same time as the national lockdown Ros Jones, the Mayor of Doncaster announced a Response Plan, including

- Support to the NHS mass vaccination programme and to scale up targeted testing
- Enhancing the national £500 Test, Trace and Isolate support grant with an additional local discretionary £250
- Supporting people made most vulnerable by the pandemic in our communities
- Supporting businesses to survive and thrive and
- Helping residents get back to work

Team Doncaster, the Borough's strategic partnership, implemented all the government measures, established the ways to support businesses with grants and to administer the Test, Trace and Isolate support grant. The capacity for testing was increased with additional PCR testing for people with symptoms in Thorne and next to Doncaster College. Community testing sites for people without symptoms using Lateral Flow Devices (LFDs) where stood up in Conisbrough, Hexthorpe and Stainforth. Many businesses established their own LFD testing sites too.

Over the next 6 weeks Doncaster saw almost another 5,500 confirmed cases, almost 700 hospital admissions and 145 deaths from COVID. Confirmed cases in Doncaster had increased to 20,824, with 3,044 admissions to DBTH and 811 deaths. But the national lockdown was working as the numbers of cases, hospitalisations and deaths started to fall. In Doncaster by mid-February, the case rate had fallen to 186.9/100,000 (195.4/100,000 in 0-59 year olds and 125.2 in people aged over 60).

This meant that by the 22nd February the Government was able to publish the COVID-19 Response-Spring 2021 (Roadmap). This Roadmap set out a number of tests and steps to exiting the 'lockdown'. The tests included

- The vaccine deployment programme continues successfully
- Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- The assessment of the risks is not fundamentally changed by new Variants of Concern

The roadmap also set out a number of steps

- Step 1a not before 8th March included the return of face-to-face education for everyone and the ability for people to meet with one person outside their bubble and this included 1 visitor for care home residents.

- Step 1b not before 29th March included the rule of 6 or 2 households to meet outdoors, outdoor sports could reopen and the end of the 'stay at home rule' for workers.

- Step 2 not before 12th April included the opening of non-essential retail, personal care and public buildings. Hospitality could serve people outside and the numbers of people who could attend weddings increased to 15.

- Step 3 not before 17th May included allowing social gatherings outdoors of up to 30 people, indoor hospitality could reopen (serving a substantial meal with alcoholic drinks), indoor entertainment venues could reopen alongside hotels, hostels and B&Bs. Events such as weddings could accommodate up to 30 people.

- Step 4 not before 21st June included the removal of all legal limits on social contact and the reopening of all remaining businesses including nightclubs.

Over the next 4 months with the addition of asymptomatic testing, the focus shifted from the overall cases rates to the case rates in the over 60s, and the impact of the pandemic on hospitalisations and deaths. Increased focus was placed on increasing vaccine uptake through the five Primary Care Network sites in the Borough.

As the number of cases of COVID-19 fell a very local approach was adopted to reduce the impact of COVID-19 on local people and local communities. This was an intelligence-led, multi-agency, coordinated approach using existing staff and teams and working with and alongside local community groups and organisations. It included

- Stronger prevention including increasing vaccination uptake
- Spotting COVID-19 early through testing
- Stopping COVID-19 through local contact tracing working alongside NHS Test and Trace
- Supporting people who need to self isolate as a result of COVID-19, or those who were Clinically Extremely Vulnerable
- Embedding safe practices, hands, face, space, ventilate as part of 'Let's Do it For Doncaster'
- Ensuring COVID-19 secure premises

In April 2021 the national shielding programme was paused as cases and impacts were reducing as the uptake of the COVID-19 vaccine programme increased. In May, COVID-19 secure, national and local elections were held, fewer restrictions on people visiting 'in' and 'out' of care homes were brought in and face to face learning returned for all university students.

By the end of May 2021, in those next 15 weeks, Doncaster saw almost an additional 3,400 confirmed cases, another 247 admissions to hospital and 33 deaths. These were staggering reductions, with almost half the number of new cases, a third the number of hospitalisations and a fifth the number of deaths in those 15 weeks from mid-February to the end of May as there had been in the first 6 weeks of the year. The Doncaster rates for new confirmed cases was 21.5/100,000 (24.9/100,000 in 0-59s and 5/100,000 in over 60s), total confirmed cases stood at 24,208, 3,291 admissions to DBTH and 844 deaths attributed to COVID-19.

This improvement and progress along the roadmap meant focus was turning to recovery. Concerns were high about the long term consequences of COVID-19 on people's health, the culmination of restrictions and disruptions on people's health and especially the impact on emotional health and wellbeing and especially the impact on children and young people.

June – August 2021 - the fourth wave begins

Despite this optimism for recovery, the beginning of June 2021 was marked by the arrival of a new COVID-19 variant - delta. This led to a delay to step 4 of the roadmap of 4 weeks. By the end of June 2021 case rates in Doncaster had started to rise again, in fact sevenfold to 143.3/100,000 (317.3/100,000 in under 60s and 40.1/100,000 in over 60s), yet this led to only 19 additional admissions to DBTH and 1 additional death. It looked like the vaccine programme was breaking the link between infections, hospitalisations and deaths. However, it wasn't only COVID-19 that was creating pressure on the health and care system. As people started to mix socially again there were more respiratory infections, which had not been seen during the lockdown. The NHS also saw the impact of the lockdown through the growing backlog in people needing and waiting for routine and elective care.

Step 4 of the roadmap was paused to allow the ramping up of the COVID-19 vaccination programme. By 17th June, 80% of UK adults had had first dose, and by the 24th June 60% of UK adults had had their second doses. This was followed up with a commitment to give all adults aged over 50 their second vaccine dose by 19th July. The success of the vaccination programme came at the same time as a switch from community based asymptomatic testing with LFDs to self testing at home. The three local community based asymptomatic testing changed to assisted testing sites, to help people learn how to do a LFD and then closed.

Step 4 of the 'Spring roadmap' happened on the 19th July 2021. This included asking people who had been 'shielding' to follow the same guidance as the rest of the population. For many, this was welcome news but for some this marked the start of a very unsettling time as they could no longer rely on working from home or priority home shopping to reduce their risk of coming into contact with people possibly infectious with COVID-19.

In August, the Government published an updated COVID-19 contain framework, giving guidance to local authorities about the steps they should take to continue to manage COVID-19. This was followed by guidance on the 16th August changing the self-isolation guidance for close contacts working in health and care, so that they no longer needed to self isolate if they were a contact of a case if they had a negative PCR test. The summer also saw all 16-17 year olds become eligible for the COVID-19 vaccine. Widespread travel restrictions 'the traffic-light system' were implemented, so many people decided to holiday at home in the UK. The warmer weather, people meeting up outdoors, the school holidays and high vaccination rates gave the appearance that the UK was coping with this wave of the epidemic.

Nationally an Events Research Programme began to assess how best to reopen events including nightclubs, festivals and sporting events. Whilst these events were 'successful' there had been a spike in cases at the end of June related to social gatherings at the European Football championships held in the UK. This showed that the delta variant was still both very transmissible and infectious. This gave a sense of what was to come as children prepared to return to school in September.

At the end of August the government's COVID-19 response: summer 2021 was published including:

- Reinforce the country's vaccine wall of defence through booster jabs and driving take up
- Enable the public to make informed decisions through guidance, rather than laws
- Retain proportionate test, trace and isolate plans in line with international comparators
- Manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK

- Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19

In the three months of June, July and August 2021 Doncaster saw just under another 15,000 confirmed cases, 372 hospital admissions and 26 deaths. So by the end of August in Doncaster there had been over 39,000 confirmed cases with the case rate climbing to 413.7/100,000 (468.9/100,000 in those under 60 and 249.1 /100,000 in those over 60) 3,663 admission to DBTH and 870 deaths attributed to COVID-19.

September 2021 – December 2021 – the fourth wave continues and the fifth wave starts

At the start of September the health and care system was still busy. Although many people had had a summer holiday, the health and care system had been operating as if it was winter with high levels of demand on A&E, large numbers of people needing admission with respiratory problems – not all of it COVID-19 and people requiring domiciliary and residential care. Fortunately, although the rates of COVID-19 infections were high, the vaccine programme continued to break the link between infection rates, hospitalisations and deaths.

This was a period of learning to live with COVID-19, this wasn't the same as pretending COVID-19 didn't exist as COVID-19 was still circulating and basic public health measures such as hands, face, space and ventilation all reduced the risk of catching COVID-19. There was a sense that COVID-19 was gradually becoming a disease of the unvaccinated, those unable to work from home and those with severe underlying health conditions.

Schools became the focus of attention and activity. Secondary schools were instructed to organise COVID-19 testing for all pupils as part of the return to school. Schools were also asked to accommodate the extension of the COVID-19 vaccine programme to all 12-15 year olds, when that was announced on the 13th September. Finally schools were contending with ensuring their buildings had sufficient ventilation, although no additional national capital was forthcoming. As the term went on rates of new cases of COVID-19 in primary school, secondary school pupils, teachers and other staff reached some of the highest levels seen in whole pandemic. This led to local advice to reinstate face coverings after the half term holiday.

In keeping with the latest roadmap, at the end of September the national furlough scheme and the £20 universal credit top up finished. It is still too early to tell what the impacts of those schemes and the timing of their termination are. The loss of the universal credit top up in a period where the cost of living is increasing due to a rise in global energy prices and inflation is especially concerning.

On the 9th November the Government published the next iteration of the contain framework the COVID -19 Response: Autumn and Winter Plan 2021. This restated the government's approach

- Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics
- Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate
- Supporting the NHS and social care: managing pressures and recovering services
- Advising people on how to protect themselves and others: clear guidance and communications
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border

Within the plan was a description of Plan B (controlling the transmission of the virus while seeking to minimise economic and social impacts), if the NHS came under unsustainable pressures. Possible actions included

- Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously
- Introducing mandatory vaccine-only COVID-status certification in certain settings
- Legally mandating face coverings in certain settings

Over the autumn, the number of countries on the travel 'red' list gradually reduced and then by November no countries were on the red list. However, a range of COVID-19 testing was still required for travellers before and after travel. At the start of November the 'shielding' programme was finally concluded.

By November 2021 it was clear that England was 'opening up' with fewer restrictions than other parts of the UK or the world. Whilst high vaccine uptake was clearly the cornerstone of the national approach, the approach also relied on the health and care system being able to absorb increasing demand including from people with COVID-19 infections. This was in stark contrast to the rest of Europe where national restrictions and lockdowns were being brought back in in the Netherlands, Austria and Germany in response to their own delta wave.

Through September, October and November 2021, Doncaster saw slightly more confirmed cases than the previous 3 months with just under another 17,000 new confirmed cases, but almost double the hospital admissions at 584, and triple the number of deaths with 76 deaths. So by the 25th November in Doncaster there had been over 55,952 confirmed cases with the case rate climbing to 551.4 /100,000 (419.5/100,000 in those under 60 and 152.7/100,000 in those over 60) 4,247 admission to DBTH and 946 deaths.

However on the 26th November the WHO announced that there was a new global VOC – omicron. As with all new VOCs there is considerable uncertainty to begin with about transmissibility, severity of disease and the potential to escape current vaccines. Scientists were particularly concerned about the number of mutations on the area of the virus that the current vaccines target so immediate actions were taken, not just in the UK but globally. These measures included reinstating the travel Red list, travel bans and managed quarantine hotels for those returning from abroad. Self isolation and PCR tests on day 2 for all new entrants (followed by quickly by adding pre-departure testing), mandatory face coverings in retail and public transport and a further scaling up of the vaccine programme so that boosters would be offered to all adults by the end of January 2022.

On December the 8th in response to increasing concern about the Omicron variant, the national alert level was raised back to 4 and Plan B was implemented. Advice from the UK Health Security Agency suggested that Omicron was doubling every 2-3 days and there was evidence that two doses of a COVID-19 were insufficient to give sufficient protection. On the 10th December face coverings became mandatory in most indoor public places, at large venues and events and on public transport and from the 13th December working from home if possible was reinstated. The NHS COVID pass became mandatory from the 15th December and on that day all countries were removed from the travel red list and changes were made to visiting care homes. All contacts of COVID-19 cases if double vaccinated were encouraged to take daily lateral flow tests in place of self isolation. The government also announced a major vaccine drive to bring forward the offer of COVID-19 boosters to all adults by the end of December 2021.

As Christmas 2021 drew near, it was clear that there was a high likelihood of a large wave of the new omicron variant affecting Doncaster. Although the delta wave of COVID -19 was being brought under control by the week of the 13th December there were already 10 confirmed and another 112 possible omicron cases in the Borough. Vaccine centres increased their opening hours and throughput, thanks to support from redeployed staff, local volunteers and the military. However, the health and care system were preparing for a large surge in demand, potentially the largest seen in the entire pandemic.

All data is available at
https://coronavirus.data.gov.uk/details/cases?areaType=ltla&areaName=Doncaster

Ongoing Issues

As I mentioned last year there are still to be global, national and local reviews as to how the pandemic was managed, but there are still a number of immediate lessons. In year two these include:

- Doncaster people, families, communities, businesses, groups and institutions have all still pulled together really well. In the second year of the pandemic, the numbers of people able to volunteer has reduced as people return to work, although many have found ways of continuing.

- The importance of 'Key workers' was reinforced during the first national lockdown, but abuse and aggression to key workers has increased as the pandemic as continued.

- Not everyone was impacted equally or is still being impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
    - Impacts directly from COVID-19
    - Long term physical and mental health impacts of COVID-19 infection (long COVID)
    - Impacts of overwhelmed health services and delays to treatment
    - Impacts of changes to health services
    - Impacts of lockdown and other measures
    - Impacts on particular communities and groups including women, people from ethnic minorities and carers
    - Ongoing impacts on accessing health and care services due to the initial disruption and now increased demand on health and care services (especially people with diabetes, or suffering with poor mental health, self-harm or depression).

- Many of the working practices that the health and care system developed at the start of the pandemic have continued, but workforce shortages and staff 'burnout' are bigger challenges for the system now than money.

- National decision makers are still too remote and lack the local knowledge needed for many decisions including the implementation and relaxation of lockdowns, supporting local schools and the return of elite sporting events.

- Pandemic preparation should still 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. Local surveillance, responding to new threats (or variants), communication that avoids polarisation and politicisation, and planning on how to support people through 'infodemics' of overwhelming amounts of information all need review. This could involve health and media literacy, fact checking websites, critically looking at media sources and reviewing the role of the curriculum.

- Health and the economy are still intrinsically linked and the best way to address the pandemic is good for both health and the economy.

The State of Health in Doncaster 2021

It is difficult to understand the true state of health in Doncaster in 2021. As the previous section describes the pandemic has still been the biggest health challenge faced in the Borough in 2021. But focusing solely on the pandemic misses the fact that there are still a number of other health and wellbeing issues that affect the overall state of health in Doncaster. Some of the annual data that is routinely used to assess the state of health still precedes the pandemic and will only be updated in the years to come. Local data may still not reflect the true picture of health but may give a better indication on the health of local people and the pressures on the local health and care system.

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.

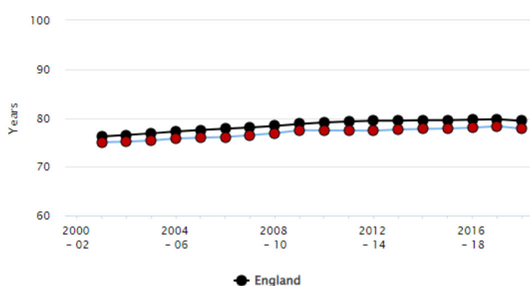
This year, Team Doncaster has updated the Joint Strategic Needs Assessment (JSNA). As well as the three headline measures, an assessment of the changes to the size and makeup of the population, we have grouped data in terms of 3 key life stages; starting well, living well and ageing well. The JSNA is available at https://www.teamdoncaster.org.uk/jsna.

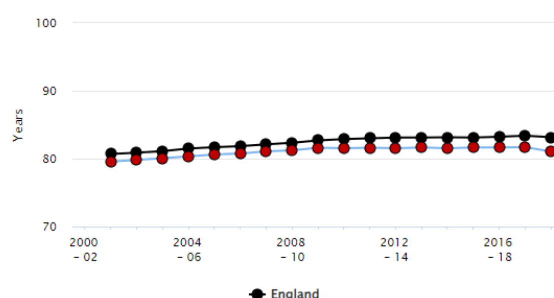
Health needs are also changing and as well as Life Expectancy, there is increased concern about maternal and infant mortality, mental health, oral health, multi-morbidity the impact on carers and how the inequalities across these areas often coalesce in the same people. Future JSNAs should consider this in more detail.

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. In the last year the impact of the pandemic has reduced Life Expectancy by 0.5 years in men and 0.7 years in women. It remains to be seen if this is a temporary situation or the indication of future challenges.

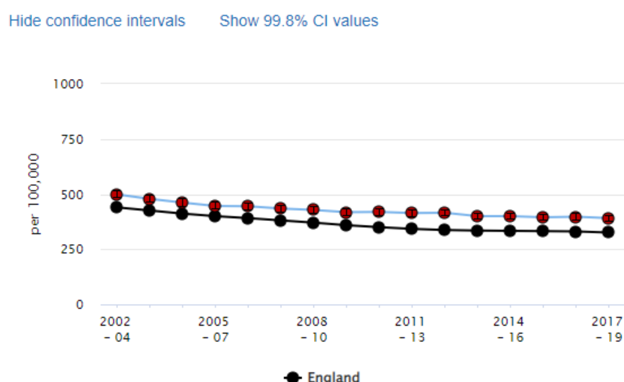
For 2018-2020 Life Expectancy at birth in men is 77.8 years in Doncaster compared to 78.4 years for men in Yorkshire and the Humber and 79.4 years for men in England. Life Expectancy at birth for women for 2018-2020 was 81.0 years in Doncaster compared to 82.3 years in Yorkshire and the Humber and 83.1 years in the England.





The contributors that make the biggest impact on Life Expectancy in Doncaster are deaths from COVID-19, deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer.

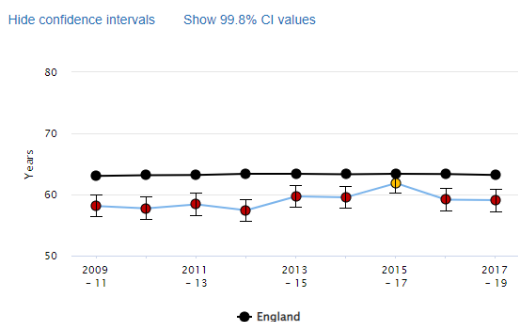
Under 75 mortality rate from all causes



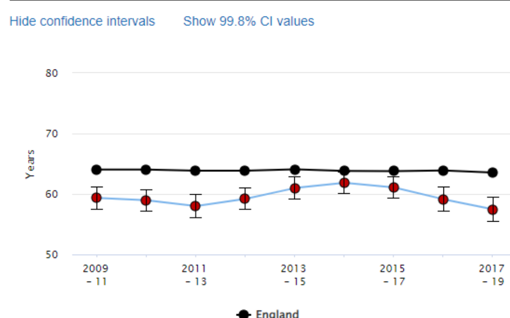
Healthy Life Expectancy

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 in 2019 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 2017-19 Healthy Life Expectancy for men is 59.1 years compared to the England rate of 63.2 years, a difference of 4.1 years. The latest data shows a Health Life Expectancy for women of 57.5 years compared to the England rate of 63.5 years a difference between Doncaster women and England of 6 years. Although this is self-reported data, these differences are worthy of further investigation especially in terms of obvious inequalities.

A01a - Healthy life expectancy at birth (Male)



A01a - Healthy life expectancy at birth (Female)

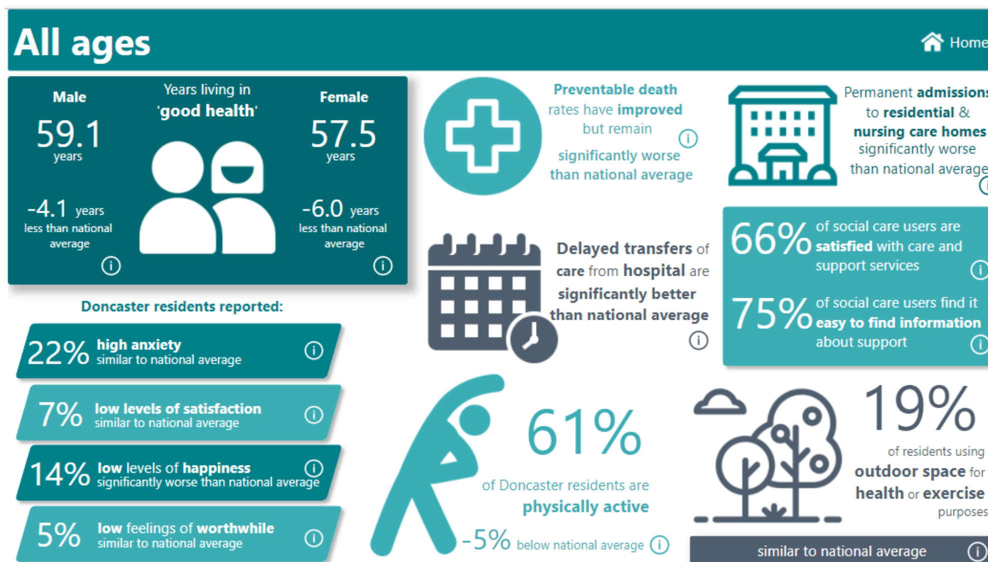


Health Inequalities

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. It is time to reassess whether there is more that can be done or new approaches employed to bridge this gap. In fact the gaps are getting wider.

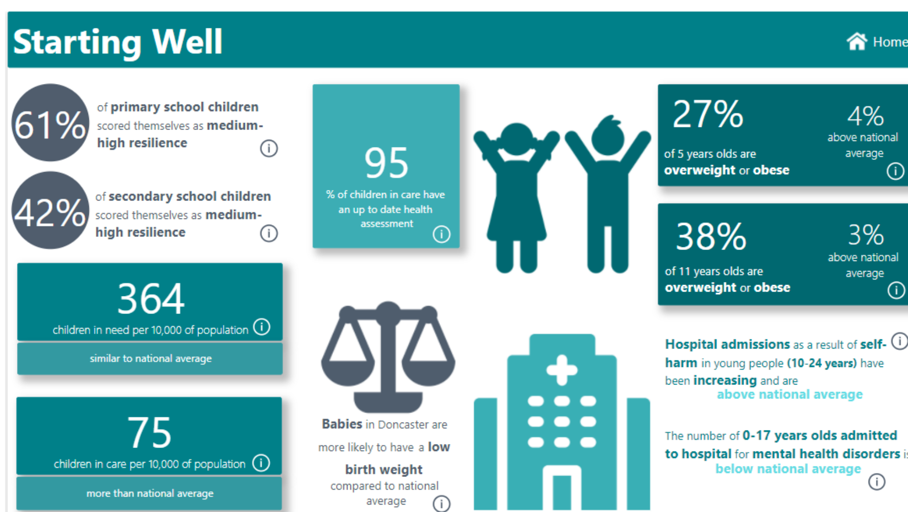
All Ages

As well as the data on Healthy Life Expectancy and the large difference between Doncaster and national averages the All Age section of the JSNA comments on preventable death rates, levels of wellbeing, physical activity, use of outdoor space for exercise as well as data on discharges from hospital and admissions to residential and nursing care. Preventable mortality is falling but not quickly enough to close the gap with national data. Doncaster people show low levels of self-reported satisfaction compared to other areas and levels of physical activity are still lower than other areas.



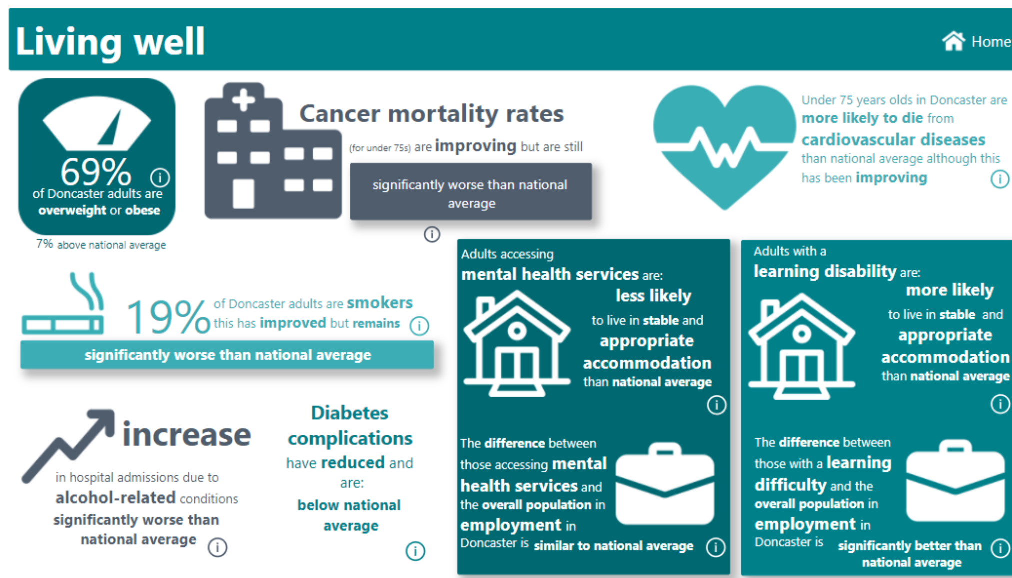
Starting well

For children and young people resilience in both primary and secondary school age children is falling, and this corresponds with an increase in hospital admissions for self harm, although it's reassuring to see the numbers of children admitted for mental health disorders is below the national average . The numbers of Children in Care and Children in Need are falling and are similar to the national average. 95% of those children in care have an up-to-date health assessment. However Doncaster babies are more likely to be born at a low birth weight and there are high levels of childhood obesity.



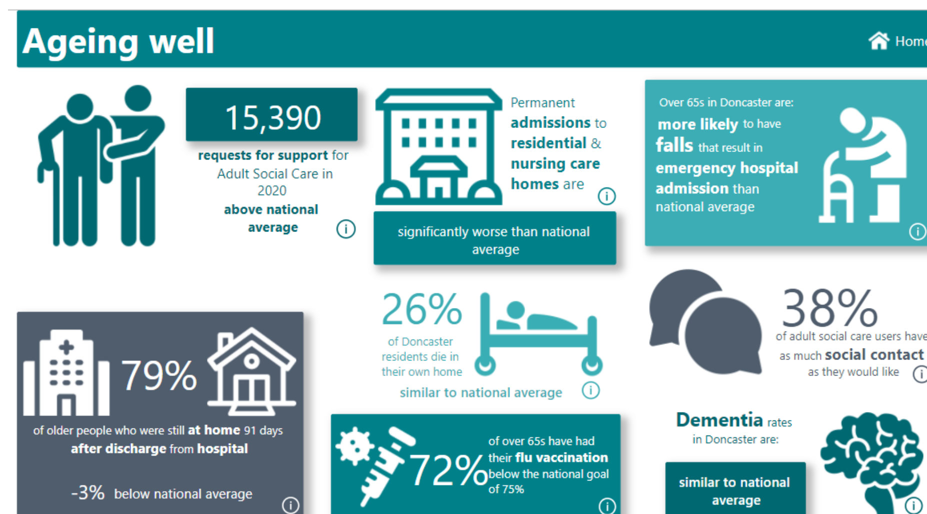
Living Well

Deaths from cancer and cardiovascular disease are falling but are still significantly worse than the national average. A number of key risk factors including smoking, alcohol and obesity are still significantly higher than the national average. Housing particularly for people who use mental health services is less likely to be stable although housing for people with a learning disability is more stable than the national average as is the employment rate in Doncaster for people with a learning difficulty. The impact of any increase in the cost of living may be felt by this group including the impact on housing and homelessness.



Ageing Well

For older adults in Doncaster whilst the numbers of people with dementia are similar to the national average, more people are at risk of falling, request social care support and fewer peoople are able to remain at home 91 days after discharge from hospital than other areas. Supporting people to stay acivite and connected in their communutes could make a big differnce to these outcomes.



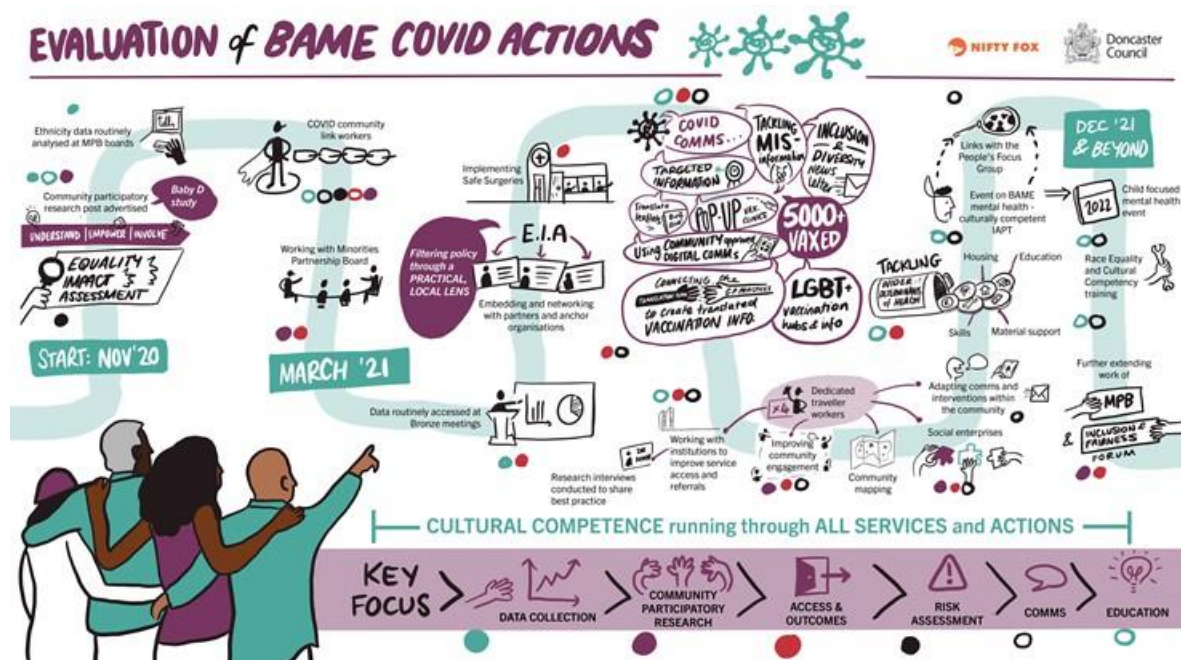
Longer Term impacts from the COVID-19 pandemic

As the pandemic has shown, not everyone has been impacted the same and there is a risk that as well as the spread of the pandemic being along fault lines in wealth, health and social protection, there are concerns that COVID-19 could become a disease of the unvaccinated, the poor, those with chronic health conditions and those unable to access health services. A purely biomedical approach based on vaccination alone may be insufficient to help us recover. No pandemic is just a health emergency and there are a wide range of societal impacts. The British Academy (Shaping the Covid Decade) describes 9 significant areas of long-term societal impact of COVID -19

1. The importance of local communities
2. Low and unstable levels of trust
3. Widening geographic inequalities
4. Exacerbated structural inequalities
5. Worsened health outcomes and growing health inequalities
6. Greater awareness of the importance of mental health
7. Pressure on revenue streams across the economy
8. Rising unemployment and changing labour markets
9. Renewed awareness of education and skills

As a result of this hunger, food insecurity, economic meltdown, climate related disasters and globally large scale involuntary migrations are all more likely. The economic impacts of the exit from the European Union, the move to more online retail, permanent changes to shopping patterns and the use of town centres and communities, homeworking, hybrid working will continue. The importance of being digitally connected will not go away either.

The pandemic has not created new inequalities, but has both uncovered existing inequalities and exacerbated them. The impact on existing inequalities between people from different ethnic groups is particularly stark. A range of actions were undertaken in Doncaster to address these inequalities.



Spotlight on Primary Care engagement with the Gypsy Roma and Traveller community in Doncaster

Throughout the COVID-19 pandemic it's clear that some groups of people have experienced worse health outcomes than others. Often this is not a new finding but the impact of longstanding structural inequalities. Access to health services is one of the most common barriers. The Gypsy, Roma and Traveller community face many barriers when accessing primary health care services. These are clearly articulated in the recent 'Locked Out' report (https://tinyurl.com/244yujkp).

The Askern Medical Practice in Doncaster has taken steps to address this reducing its Did Not Attend rate for this group from 60% to almost zero. Prof Kumar is the lead GP and whilst passion to address these issues is important it needs to be balanced with some hard edges including fostering a strong anti-racist environment, including a zero-tolerance policy to any anti traveller racism and attitudes that would prevent them engaging with your service. Training is essential to make front line staff aware of the issues that the particular community face when trying to access services.

Prof Kumar said 'There are a number of relatively simple things that can be done at a practice level to make them 'Gypsy, Roma and Traveller friendly', for example having a named member of staff who acts as 'Practice Champion' is a way of bridging the gap and facilitating an environment of engagement. Being explicit that you are a Gypsy Roma and Traveller friendly practice by stating this on posters in the waiting areas. Ensuring you allocate sufficient time for appointments as scheduling a double appointment for new patients is a way of gaining people's trust and giving them time to properly open up. Making allowances for other barriers that this group may face, for example assisting with completing forms for those with low levels of literacy. Allowing sign up to be conducted within the practice and ensure those patients without a fixed address are able to register by either using the surgery's address or the address shown on a UK driving licence.'

He continued 'There must be a willingness for healthcare staff to be innovative and adopt new approaches'. 'Many travellers have a driving licence. They may not have an address but a British driving licence shows they do have an address somewhere and that is good enough for me'.

Prof Kumar strongly believes that it is important to be proactive in order to engage and understand the community to build their trust. There are a number of ways to achieve this including interacting with the community in settings in which they feel comfortable, such as churches or community venues. Encourage engagement by visiting traveller sites and getting to know people. This may be particularly useful for new doctors as it is a way of establishing trust. Supporting members of the community to act as liaison workers to encourage engagement. Religious and community leaders can be beneficial in promoting health checks and routine screening such as cervical smears.

'We got in touch with the Pastor at the Pentecostal church and asked him to talk in his ceremony to encourage women to come in for a cervical smear'

Finally, it is important to be inclusive and ensure the GRT community have a voice in health care decision making by encouraging representation on the Patient Participation Group (PPG). Organisations such as the Traveller Movement (https://travellermovement.org.uk/) provide a wealth of information and resources on which to draw.

Although COVID-19 is a significant reason for the reductions in Life Expectancy and Healthy Life Expectancy, there is a worrying sign that deaths from other conditions are above the levels usually seen. This excess mortality and impact on other health outcomes will put many of the NHS long term plan targets at risk. The numbers of cancers diagnosed early is falling from 44% to 41%, deaths from alcohol are up 18% in 2020, mental health presentations are increasing, there's the highest cardiovascular disease mortality in a decade, and fewer GP appointments to look after people with multiple long term conditions. The next pandemic is already developing as the impacts of the lockdowns and restrictions are leading to high levels of physical deconditioning and mental health. Health and Care Systems will need to be able to think though and agree approaches to become more resilient. [1] The emerging Integrated Care System, place based partnership and locality working model will need to take this on board.

Fig. 1: Determinants of health systems resilience framework.

From: Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries

[1] https://www.nature.com/articles/s41591-021-01381-y

Recovery and Renewal

If 2021 has taught us anything it is that recovery and renewal will not be linear. The COVID-19 pandemic has reminded us that inequalities are still present nationally and locally. There are other societal challenges that will affect the shape of recovery and renewal including climate change and locally the continued recovery form the 2019 floods. The pandemic has also raised the issue of our own emotions. All of us have experienced a range of emotional responses at different points in the journey through the pandemic, different triggers will have triggered different emotions in different people. As we move forward we will need to be aware of our emotions and try to avoid the extremes of triumphalism and resignation.

To that extent recovery and renewal needs to be thought of community by community, linking into the density of social networks and social capital with a focus on health in all policies. Spatial planning including 20 minute neighbourhoods, access to parks and green spaces, access to health hubs and the public sector and replacing no longer needed commercial real estate with healthy housing could all be important. A particular focus on children will be crucial alongside investing in social infrastructure as much as physical infrastructure.

Early on in the COVID-19 pandemic a range of impact assessments were undertaken covering a range of issues.[2]

Communities	Economic	Infrastructure
▪ Vulnerable people ▪ Volunteers ▪ Community participation ▪ Public protection ▪ Emergency housing (incl homelessness) ▪ Welfare (incl social care) ▪ Education and skills ▪ Cultural	▪ Economic strategy (national & local) ▪ Business regeneration/ rejuvenation ▪ Public sector support mechanisms ▪ Voluntary, community and social enterprise sector ▪ Personal finance ▪ Innovation ▪ Labour and workforce	▪ Infrastructure providers ▪ Infrastructure customers ▪ Energy (utilities) ▪ Telecommunications (incl digital) ▪ Urban & rural infrastructure ▪ Transport ▪ Waste management ▪ Supply chain & logistics
Environment	**Health**	**Governance**
▪ Spatial planning (incl public spaces) ▪ Environmental health ▪ Living sustainably ▪ Resilience to climate change	▪ Healthcare ▪ Public health and wellbeing (incl psycho-social supports) ▪ Excess death management ▪ Connectivity between health and the wider system	▪ Legislation, policy, guidance ▪ Information & data ▪ Resourcing & financial frameworks ▪ Partnerships & coordination (national, subnational, local) ▪ Strategic communications ▪ Governance of delivering Recovery and Renewal

Team Doncaster established a Renewal Board to focus on five key areas.

- Economic recovery
- Housing delivery
- Environment and the path to net zero
- Addressing poverty
- Locality operating model development

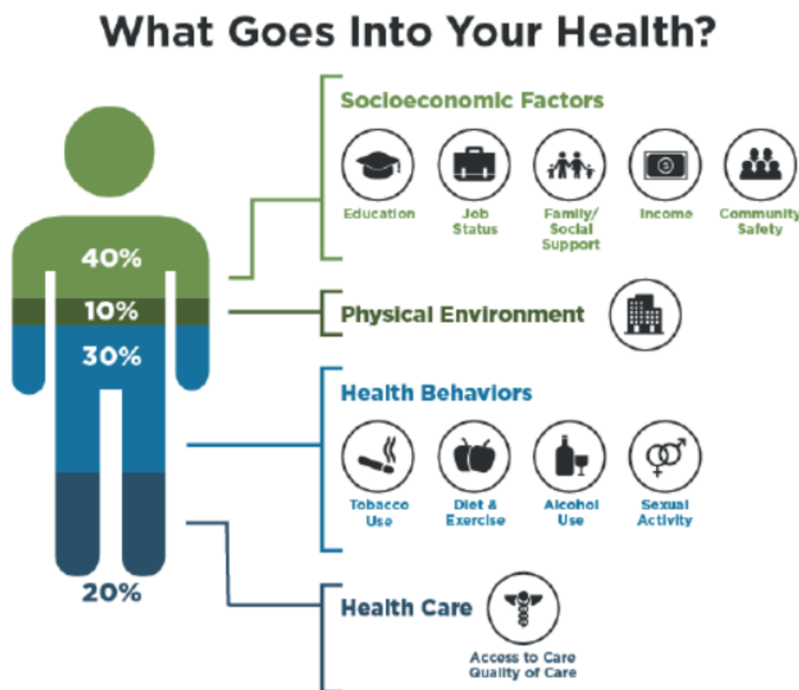
[2] https://www.alliancembs.manchester.ac.uk/media/ambs/content-assets/documents/news/the-manchester-briefing-on-covid-19-b42-wb-17th-september-2021.pdf

Team Doncaster should ensure that the progress on these 5 areas is communicated widely. The ongoing renewal with people, of place and of process needs to be informed by updated impact assessments so that there can be transparency in any engagement, assessment , alignment of planning that leads to acceleration and accountability for the actions being taken.

It's clear that human health is connected to environment, economic as well as social health and wellbeing. These broader socio-economic factors, the physical environment, health behaviours as well as health and care services all contribute to improving health. Together these factors all contribute to how local people respond to both short term and chronic stress. Perhaps it is time for the economy to be 'nested' within social and environmental hopes and planning as opposed to the economy driving social and environment outcomes.

The World Health Organisation's new health promotion charter the Geneva Charter for Well-being has five key areas for action

- Design an equitable economy that serves human development within planetary boundaries
- Create public policy for the common good
- Achieve universal health coverage
- Address the digital transformation to counteract harm and disempowerment and to strengthen the benefits
- Value and preserve the planet



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

Adapted from The Bridgespan Group

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 2021 the Public Health Grant was allocated as set out below. This includes bringing £2,903,640 in additional income into Doncaster from other external funding sources including research grants. Over £1.6 m in non-recurrent funding was secured from Public Health England for substance misuse, weight management and to improve public mental health, unfortunately this is only for the year 21/22.

	2020/21 Budget	2021/22 Budget	
	£000's	**£000's**	
Public Health Grant	-24,412	-24,609	
Public Health Other income	-716	-2,904	
Public health Corporate recharges	-720	-735	
Total PH income	**-25,848**	**-28,248**	
Expenditure: Commissioned Services			
Sexual Health	2,397	2,405	
NHS Health Check programme	375	375	
Health protection	82	87	
National Child Measurement Programme	68	68	
Obesity	180	513	One off money for Tier 2 weight management from PHE
Physical Activity	169	80	
Substance Misuse	5,399	6,320	One off money for residential rehabilitation on behalf of Y&H from PHE
Smoking and Tobacco	694	694	
Children 5-19 public health programmes	1,845	1,930	
Children 0-5 Health visiting	6,381	6,106	
Mental Health	139	415	One off money for public mental health from PHE
Other public health services misc H&WB	303	1,038	Additional funding for Well North, Be Well, Community Wealth Builder and Shaping Staniforth
Income - expenditure (base budget) nb this contributes to the overall AH&WB budget position	167	34	
Sub-total Commissioned Services	**18,199**	**20,065**	
Public Health Advice (including Salary costs)	1,694	2,139	
Support services	735	735	
Sub-total Central and Support Services	**2,429**	**2,874**	
Expenditure (wider determinants)			
Realignment	4,957	5,046	
Growth	263	263	
Sub-total wider determinants	**5,220**	**5,309**	
Total Expenditure (commissioned + central & support + Wider determinants)	**25,848**	**28,248**	

Performance of Public Health Commissioned Services

In previous years I have reported on the performance of Public Health commissioned services through the Public Health England produced public health dashboard. This compared 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

However, this national dashboard is no longer being updated. This will need to be addressed in next year's report as understanding how services benchmark is important to provide assurance as well as guiding service improvement activity and any future commissioning decisions.

The majority of public health commissioned serivces including health visiting, school nursing, sexual health and substance misuse use services have modfied their delviery methods during the pandemic and have been able to maintain their performance. The only exception to this is the NHS Health Check service, where NHS England requested this serivce was stood down to release capacity in primary care and this service is still not yet back operating.

Public Health teams have provided leadership, support and manpower to the Team Docnaster COVID-19 response including local testing and contact tracing.

Call to Action - Doncaster Delivering Together

The next decade present massive opportunities and challenges not only for Doncaster, its people, places and businesses but for the whole planet. Team Doncaster's ability to respond to challenges such as how we build back fairer and better from COVID-19 and how we tackle climate change will be key for the 2020s. Doncaster Delivering Together is that plan[3] and sets out what the partnership wants to achieve in the longer term up to 2030.

Team Doncaster has set out a central mission of '**Thriving People, Places and Planet'** with six well-being goals setting out a future vision and the key indicators for the Borough to be achieved by 2030. The 'Fair and Inclusive' and 'Greener Cleaner' goals are cross cutting and impact everything.

Team Doncaster needs to set out what will be done to achieve these long term visions. Many of the things that need to be delivered can address a number of the well-being goals. For example tackling climate change will impact on both the Greener and Cleaner Goal but also on Health and Compassionate for example. For this reason eight cross cutting priorities have been set out to act as the guiding lights to deliver the well-being goals. These Great 8 priorities are:

- Tackling climate change
- Developing the skills to thrive in life & work
- Making Doncaster the best place to do business & create good jobs
- Building opportunities for healthier, happier & longer lives for all
- Creating safer, stronger, greener & cleaner communities where everyone belongs
- Nurturing a child & family-friendly borough
- Building transport & digital connections fit for the future
- Promoting the borough & its cultural, sporting & heritage opportunities

Implementing Doncaster Delivering Together

Each of these priorities will need a high level action plan, drawing upon existing agreed strategies, setting out key important deliverables and targets. They will also set out how residents and employers can contribute to achieving these priorities as these priorities will need the collective efforts of everyone.

Team Doncaster will need to refresh the Performance Management Framework and Governance model to support the delivery of these priorities. This could include:

- Refreshing Team Doncaster Operating Model to ensure a focus on delivery
- Aligning key action plans and projects with the Great 8 priorities
- Setting out a spatial map of investment and initiatives linked to the Great 8 Priorities
- Setting out Locality plans aligned to the Borough Strategy and locally important priorities
- Developing an interactive dashboard on the key indicators that will be accessible to all
- Exploring how decisions are made and explicitly linked to the well-being goals

[3] https://www.teamdoncaster.org.uk/doncaster-delivering-together

Doncaster Delivering Together Priority 4:
Building opportunities for healthier, happier and longer lives for all

Doncaster Delivering Together sets out the long term direction for the Borough but also gives some clear actions for partners.

One of the Great 8 priorities is Priority 4 'Building opportunities for healthier, happier and longer lives for all'.

A number of actions are outlined but one in particular is worthy of note, the development of a **'Wellbeing and Fairness Commission'**.

The proposed commission would be an independent body tasked by the Doncaster Health and Wellbeing Board. It will work to produce a report with some clear areas of focus that will help to improve wellbeing for residents and ensure no one is left behind.

Using Doncaster Delivering Together as a framework the commission will;

- Examine existing data, best practice, engage with subject matter experts and the lived experiences of people across the borough
- Make an assessment as to the current situation of each of the wellbeing essentials, including identifying any changes required.
- Make suggestions on areas of focus based in the form of a public 'Commission Report'. This will inform a new Health and Wellbeing Strategy.
- Produce ways of checking and measuring the impact to address poverty and inequality including a headline 2030 target and a suggested review period.

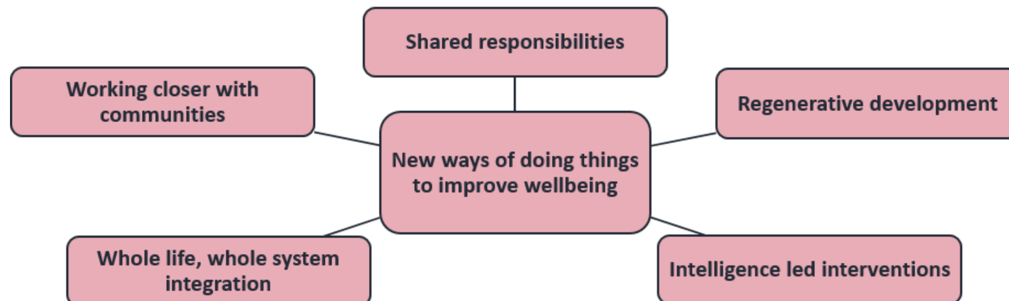
Actions:

- Catch up on the services impacted by COVID.
- Explore undertaking a Wellbeing Commission.
- Progress a fully integrated health and care system, which includes the third sector.
- Embed 'Health in all Policies' and prevention to close health gaps through everything we do.
- Develop an even more compassionate approach to health and care and improve the social conditions for better health.
- Improve all-age mental health support, including support and prevention for a zero-suicide borough.
- Support residents to live independent and rewarding lives in the place they call home.
- Develop our Social Care Futures approach to work with residents on the support they need.
- Push for a new hospital and develop Doncaster as a Health Research and Innovation Centre.
- Support rewarding careers in health and care.
- Promote and invest in accessible, good quality physical activity and leisure opportunities.
- Implement our Ageing Well Delivery Plan to become an even more Age-Friendly borough.
- Work towards becoming an even more Disability-Friendly borough.

Figure 1: Doncaster Delivering Together Actions for Priority 4

Challenges to delivering Doncaster Delivering Together

Delivering the Doncaster Delivering Together Strategy will require innovation, new perspectives and new ways of working. There are six key approaches that must guide how the strategy is implemented.



Six Approaches to Delivery

Many of these approaches are already in use and the requirement now is to embed and mainstream them. Their relative importance will vary depending on the particular actions, projects or programmes being developed; but they should all be considered.

The six approaches to delivery are explained in more detail below:

1. New ways of doing things - to improve wellbeing:

- Supporting innovation and behaviour change - to move from 'business as usual' to new approaches to improving wellbeing
- Using the 'Three Horizons' model to develop a vision and consider the innovation required to achieve it

2. Regenerative development:

- Pushing beyond recovery and renewal through sustainability (i.e. 'doing no harm') to regenerative development that renews and improves, including our biodiversity and waterways. Also moving from a linear 'take-make-dispose' economic system to a circular one that keeps finite resources in a loop of use and reuse
- 'One catchment' joint working across boundaries, e.g. to consider whole river systems and flood risks

3. Working closer with communities:

- Local Solutions for People, Places and Planet ("thinking local / acting personal" to help Doncaster people, Doncaster places and our planet"
- Place-based collaboration to improve wellbeing and greater residents' participation in decision-making
- Asset-based community development as part of localities working, building on distinctive local strengths and opportunities

4. Shared responsibilities - locally and regionally:

- Residents, businesses and organisations all contributing to improvements in wellbeing
- A leading role for Team Doncaster's anchor institutions
- Working with regional partners, including those in the Mayoral Combined Authority, to deliver

shared priorities.

5. Intelligence led interventions:

- Using data to understand the factors driving relatively poor outcomes for different population groups and communities
- Combining different local data and insights to target services and interventions
- Using data to measure the impact of interventions on the wellbeing goals
- Broadening access to information, knowledge and emerging technologies

6. Whole life, whole system integration:

- Considering all life stages and the transitions between them - starting well, living well and ageing well
- Integrating whole systems and considering the relationships and trade-offs between different actions.
- Early intervention and prevention - identifying and addressing concerns, risks and opportunities early
- In everything we do, we need to seek other benefits too

There will be a strong focus on managing the delivery of Doncaster Delivering Together, with a programme management approach linked to resource and budgetary cycles.

Conclusion

The COVID-19 pandemic is still not over and 40% of people think it will last into 2023. However, the vaccination and booster programme should be a cause for hope especially if it can be rolled out globally. There is still much be 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. 2022 will be another year where we continue to learn to live with COVID-19.

In addition to the continued 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. Some of these needs will be the result of the national lockdowns or restrictions especially. Many people will show signs of trauma or have other emotional or mental health needs. These health impacts will also be clustered in some groups more than other and these inequalities need to be addressed and if possible prevented. Community centred approaches are becoming even more important and they should be secured for the long term and not just for the pandemic. Poverty, long term inequalities and a lack of resilience not just in Doncaster but in the UK more generally must be addressed.

2022 will need a recovery that doesn't only renew but regenerates Doncaster with investment in social as well as economic infrastructure, 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.

A recovery that not only addresses the COVID-19 pandemic but also tackles the long standing challenges we had before the pandemic including homelessness, poverty, climate change, racism or inequality, now that's a recovery worth being part of.

Recommendations

Team Doncaster and partners should:

- Continue to recognise, celebrate and support the roles of 'Key workers', local people, groups, institutions, businesses and communities in the way Doncaster works

- Maintain sufficient local capacity and capability to respond to and learn from the continued COVID-19 pandemic

- Implement Doncaster Delivering Together, including updating and publishing a set of Impact Assessments to continue to guide and shape local recovery and renewal

- Secure long term locality working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations

- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing and establish a Fairness & Wellbeing Commission

- Develop new relationships with the Office of Health Improvement and the UK Health Security Agency, the successor bodies to Public Health England and establish a new method for assurance of local public health services