

Public Health Annual Report

2022



City of
Doncaster
Council

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Cabinet Member for Public Health,
Leisure and Culture
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Councillor Nigel Ball

Cabinet Member for Public
Health, Leisure and Culture

2022 has continued to be a challenging year for all of us in Doncaster, Britain and indeed worldwide.

As we enter a new year and to a large extent, leave Covid 19 and our response behind us, life in many cases has remained a constant struggle and has continued to test our resilience and perseverance not only among the work we do as a council, but also with the people of Doncaster and our communities. The issues and challenges facing the people of Doncaster in respect of the 'cost of living crisis' in terms of fuel, food and finances are great, sustained and urgent.

The main focus of this report focusses on the effects that the post pandemic world has thrown at us and how this impacts on Doncaster and its people in terms of life expectancy and indeed healthy life expectancy which have seen a decline.

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 the important work on a range of health issues and the wider determinants of health that the Public Health Team perform on a daily basis. This work 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.

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.

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

The report begins with a high level assessment of how the overall health status is changing in Doncaster. This year it is clear there are significant reductions in life expectancy, healthy life expectancy and increases in health inequality. These are caused by the direct and indirect impact of the COVID-19 pandemic on top of a worsening picture for the last decade.

COVID-19 has not been the only crisis that Doncaster people have faced in 2022. In fact the Collins Dictionary's word of the year for 2022 was permacrisis – an extended period of instability and insecurity, especially one resulting from a series of catastrophic events. It is easy to see why this applies to 2022. 2022 began with the Omicron wave of COVID-19 and as we start 2023 we will have seen four subsequent waves. COVID-19 still has direct impacts on people's health. Despite effective vaccination programmes there have still been too many avoidable infections, hospitalisations and deaths. In fact, the numbers of people being hospitalised with COVID-19 were higher in 2022 than in 2021! My thoughts again are with all those who lost loved ones or have been impacted by the pandemic directly and in other ways.

However, COVID-19 has not been the only infectious disease we have had to address this year. A national incident was declared in response to Monkeypox in the summer of 2022 and at the end of the year there was an increase in invasive Group A Streptococcal disease. It is not just infectious diseases though, the disruption to people's lives, livelihoods, the services and institutions we rely on from the pandemic have been profound and many are yet to fully recover. 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 burden continues and is likely to be a contributor to the reduction in women's healthy life expectancy in 2022.

Doncaster has also experienced several other crises. Doncaster continues to be on the frontline of the climate emergency with record river levels in the spring and record temperatures in the summer, both leading to health and social impacts. Doncaster has continued to play its part supporting refugees and asylum seekers displaced by conflict, including the war in Ukraine. Yet the biggest crisis may only be unfolding now – and that is the 'cost of living crisis', caused by rising inflation because of the Ukraine war and the impact on global energy and food prices, ongoing impacts from leaving the EU on top of people's sheer exhaustion at dealing with one crisis after another. I have outlined in the call to action how we are responding to this locally.

As last year, I have provided a breakdown on how the public health grant is allocated. This year I have provided a narrative as to how locally commissioned public health services are performing. The national benchmarking report that I have previously used is no longer produced.



A handwritten signature in black ink, appearing to read 'Rupert Suckling', with a long horizontal flourish extending to the right.

Dr Rupert Suckling
@rupertsuckling

Director of Public Health
Doncaster Council

The state of health in Doncaster



It is difficult to understand the true state of health in Doncaster in 2022. Clearly the COVID-19 pandemic has still had a major impact on health in the city in 2022.

Yet focusing solely on the pandemic misses the point 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.

In previous reports I described how everyone knows when they feel healthy and how Directors of Public Health use a range of population outcome measures to assess overall health status. 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, data has been grouped in terms of 3 key life stages; starting well, living well and ageing well.

The JSNA is available at:

www.teamdoncaster.org.uk/jsna

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 however, 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 a permanent situation.

For 2018-2020 Life Expectancy at birth in men was 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.

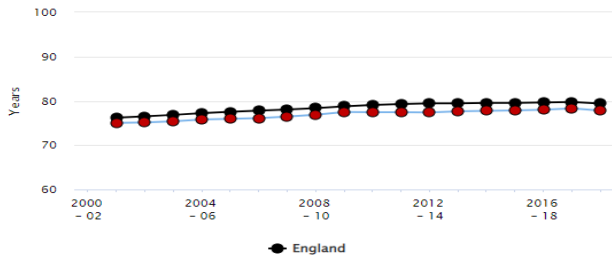
Deaths from preventable conditions in Doncaster are 50 percent higher than in the rest of England. These preventable deaths include some deaths in childhood, deaths from overdose, violence and suicide, and premature deaths from heart disease, respiratory diseases and cancer. To reduce these preventable deaths partners will need to re-establish the prevention services that were disrupted by the pandemic.

Healthy Life Expectancy

As well as assessing length of life, quality of life is important too 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. In England Healthy Life Expectancy has been falling since 2016-18 but it has been falling much quicker in Doncaster. For 2018-20 Healthy Life Expectancy for men was 57.4 years compared to the England rate of 63.1 years, a difference of 5.7 years. The latest data shows a Healthy Life Expectancy for women of 56.1 years compared to the England rate of 63.9 years a difference between Doncaster women and England of 7.8 years. Although this is self-reported data, these differences are worthy of further investigation especially in terms of obvious inequalities.

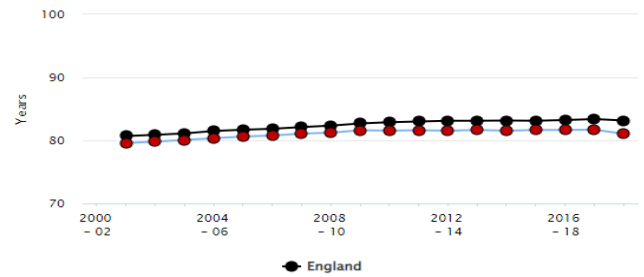
Life expectancy at birth (Male) New data

[Show confidence intervals](#) [Show 99.8% CI values](#)



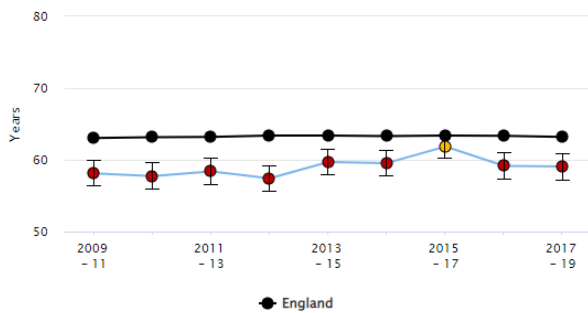
Life expectancy at birth (Female) New data

[Show confidence intervals](#) [Show 99.8% CI values](#)



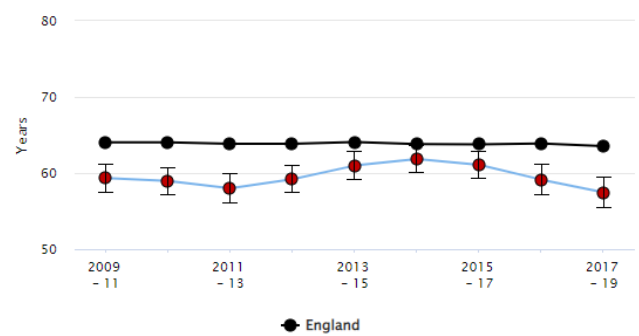
A01a - Healthy life expectancy at birth (Male)

[Hide confidence intervals](#) [Show 99.8% CI values](#)



A01a - Healthy life expectancy at birth (Female)

[Hide confidence intervals](#) [Show 99.8% CI values](#)

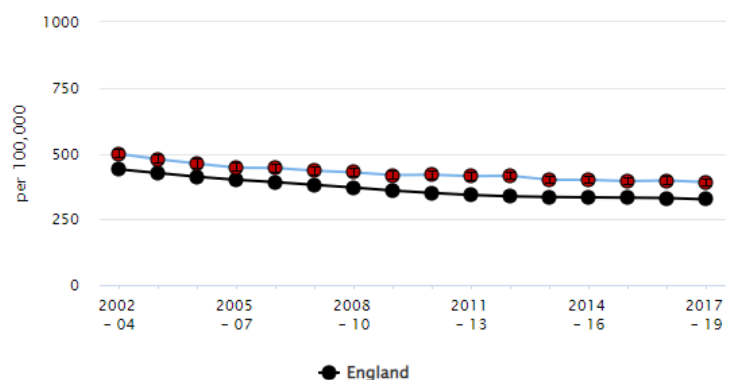


Health Inequalities

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.

Under 75 mortality rate from all causes

[Hide confidence intervals](#) [Show 99.8% CI values](#)

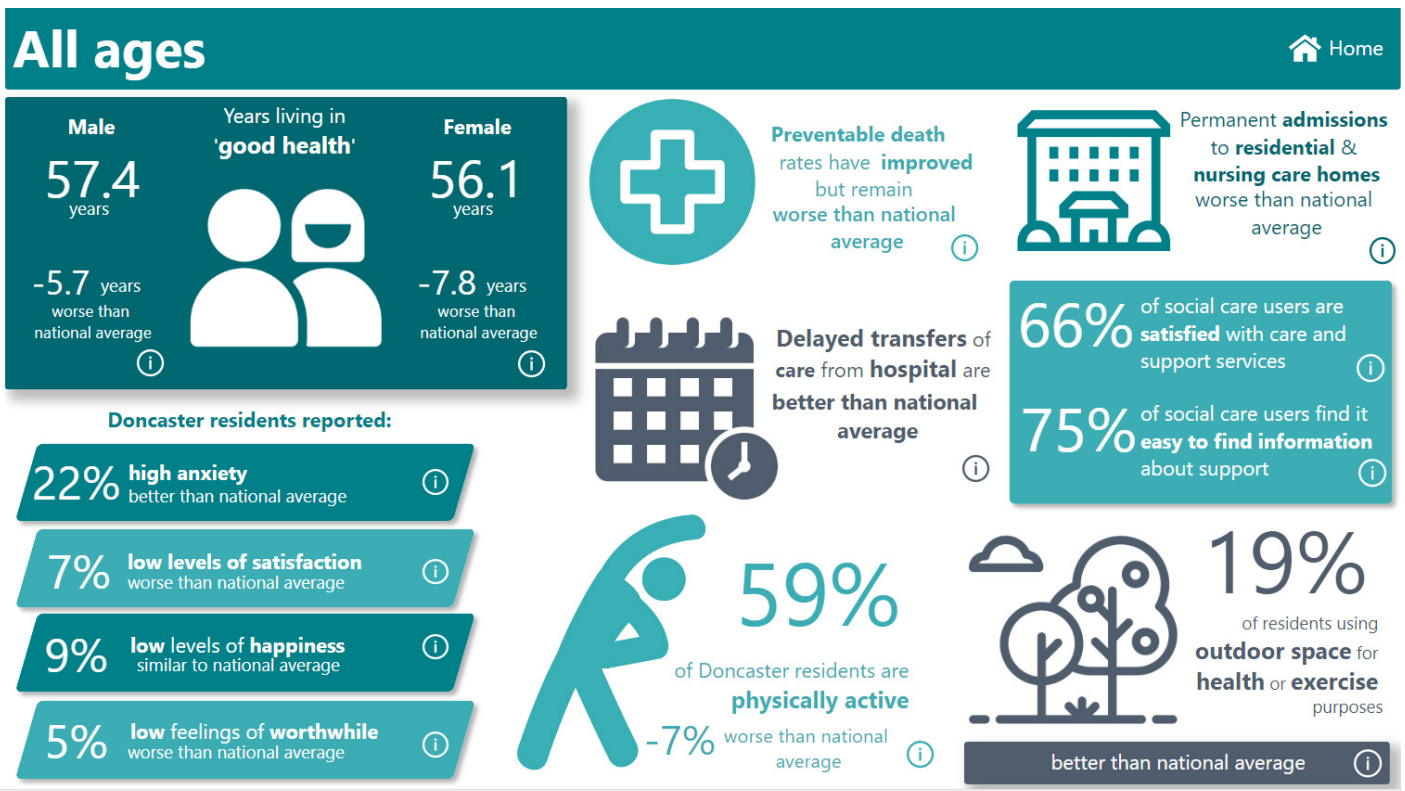


The state of health in Doncaster 2022

All Ages

As well as the fall in Healthy Life Expectancy and the static preventable death rates the All Age section of the JSNA comments on 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. Doncaster people show low levels

of self-reported satisfaction and falling levels of happiness compared to other areas and levels of physical activity are still lower than other areas and have fallen from 61 percent last year.



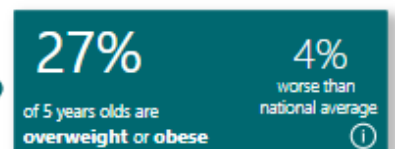
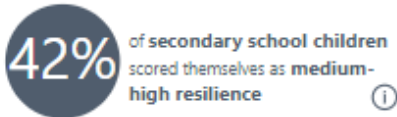
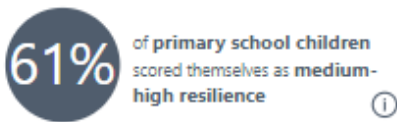
Starting well

The data on resilience has not been updated since last year. However, although hospital admissions for mental health disorders are not going up, there have been increases in admissions for self-harm. The numbers of Children in Need continue to fall but the number of Children in Care is increasing.

There has been a significant reduction in Doncaster babies born at a low birth rate so much so that this is now at the national average. Childhood obesity locally and nationally is still increasing.

Starting Well

[Home](#)



Babies in Doncaster are similar probability to national average to have a **low birth weight** ⓘ



Hospital admissions as a result of self-harm in young people (10-24 years) has **improved** and is **worse than national average** ⓘ

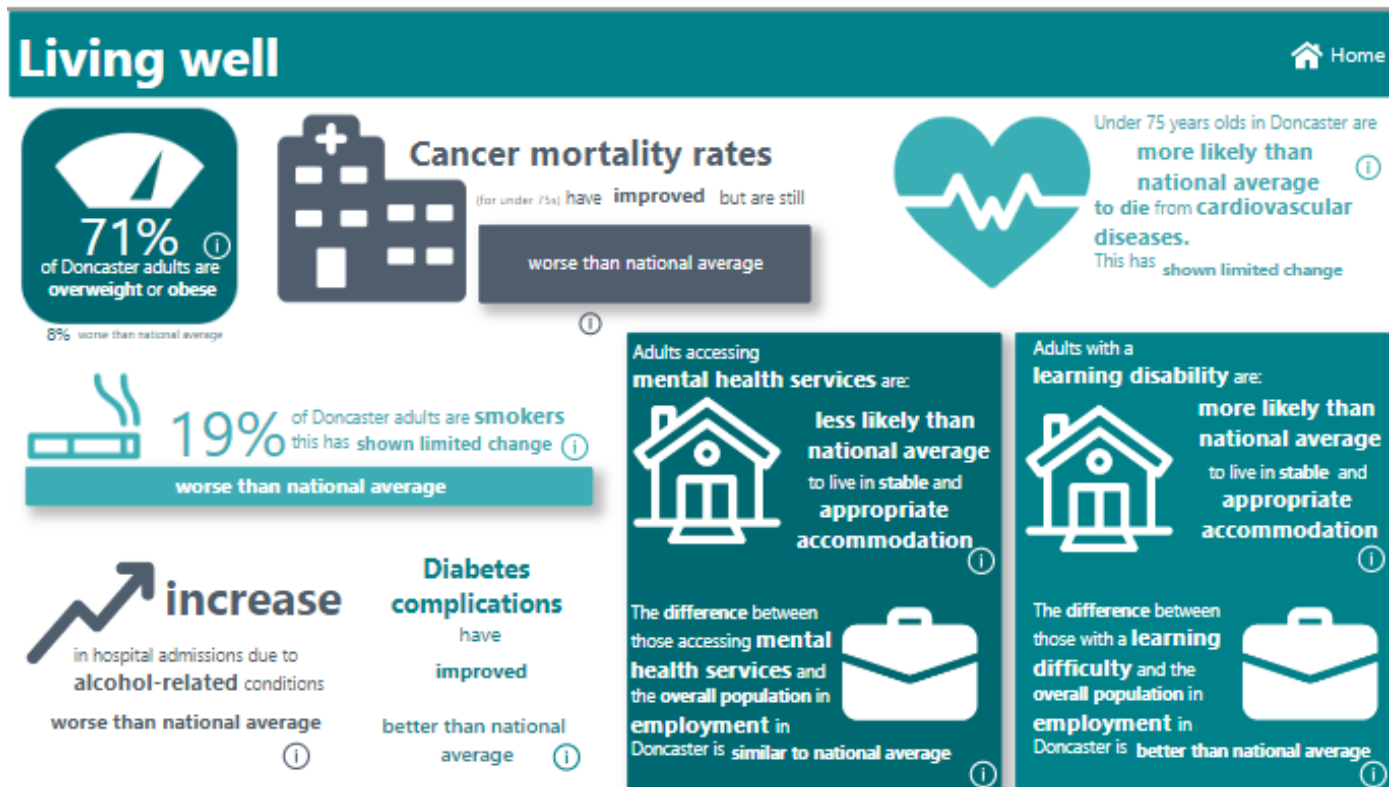
The number of **0-17 years olds admitted to hospital for mental health disorders** is **better than national average** ⓘ

The state of health in Doncaster 2022

Living Well

Deaths from cancer and cardiovascular disease are falling but are still significantly worse than the national average. Several key risk factors including smoking, alcohol and obesity are still significantly higher than the national average and alcohol related conditions and overweight and obesity are increasing. Housing particularly for people

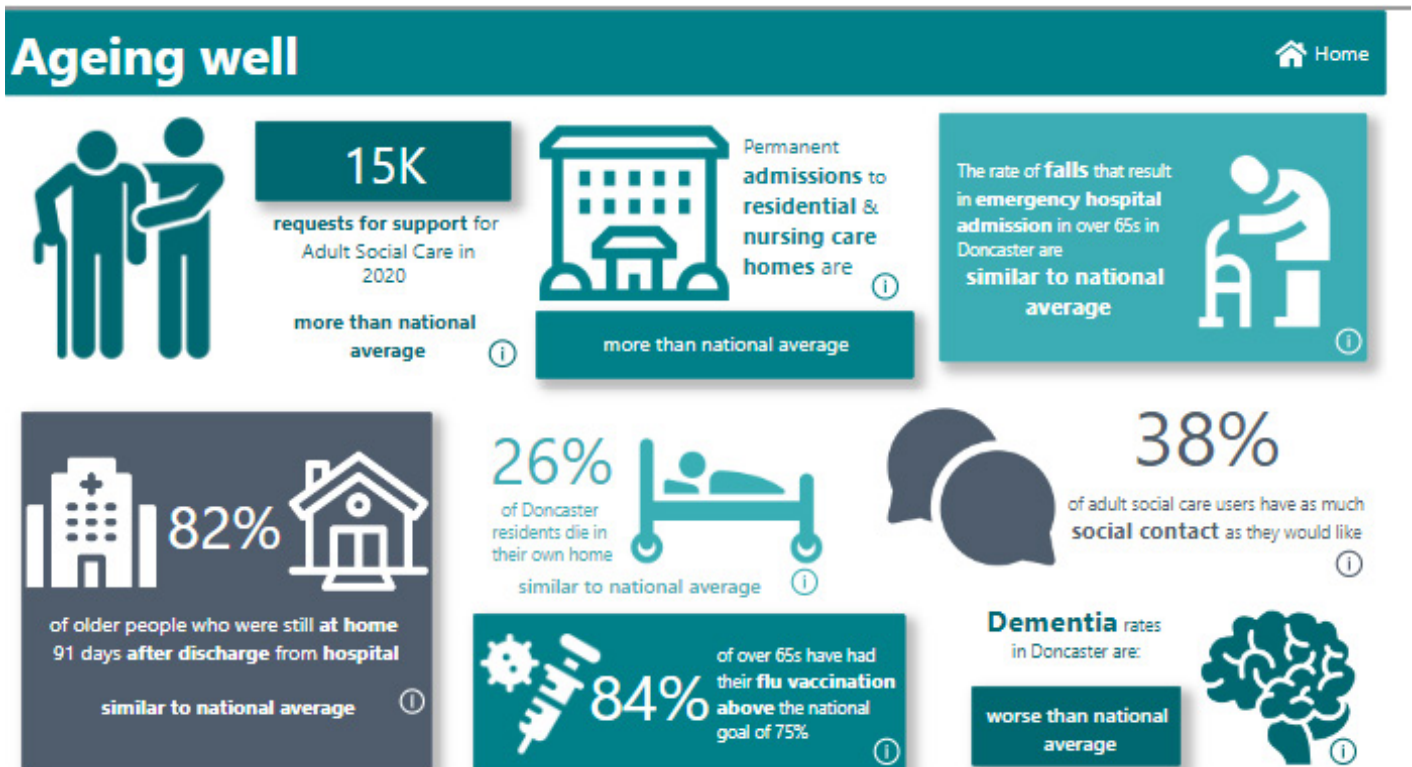
who use mental health services is less likely to be stable although improving and housing for people with a learning disability is more stable than the national average as is the employment rate in Doncaster for people with a learning difficulty. The impact of any increase in the cost of living may be felt by this group.



Ageing Well

For older adults in Doncaster although the numbers of people with dementia are higher than the national average this is likely to be due to better identification. The number of people at risk of falling has reduced and the number of people

at home 91 days after discharge has increased too but the number of people requesting social care support and need permanent admission to residential and nursing care homes are higher than the national average.



The Crises of 2022: Coronavirus (COVID-19), Climate, Conflict, Cost of Living





The Crises of 2022: Coronavirus (COVID-19)

2022 started with the continuation of the COVID-19 crisis.

By the end of 2021 Doncaster had had 5 waves of COVID-19 and as 2022 began Doncaster was amid this fifth wave – caused by the Omicron variant. At the start of 2022, many health and care organisations were declaring business continuity incidents with 10-15 percent staff absence as the numbers of COVID-19 cases increased rapidly. The Omicron wave did start to fall in January, but as the rates fell it was clear that there were places where pockets of 'COVID' remained stubborn. Any relief was short lived as by March there was a new wave caused by the BA.2 variant of Omicron that was with us until May 2022. In June and July, there was an increase in cases due to the BA.5 variant of Omicron and although this fell in during August, as schools went back in September there was a further wave on COVID-19. As 2022 ends there is a new wave of COVID-19 caused by the BQ.1 variant of Omicron.



Tracking the impacts of COVID-19 in 2022 has been more difficult as widespread Polymerase Chain Reaction (PCR) testing for COVID-19 was scaled back in early 2022, and Lateral Flow Tests were no longer available. However, COVID-19 has still had significant direct and indirect impacts

Although the number of reported cases in the first 11 months of 2022 are similar to 2021 (45,954 to 42,502) this is almost certainly an underestimate due to the reduction in testing. There were more hospital admissions for people with a positive COVID-19 test in the first 11 months of 2022 than the same time in 2021 (3,041 compared to 1,940) and whilst many of these people would have had COVID-19 without symptoms, managing these asymptomatic cases in hospitals places extra pressure on health care beds and staff. Finally, there were as many deaths of people within 28 days of having a positive COVID test in the first 11 months of 2022 as in the same period in 2021 (325 deaths and 295 deaths respectively).

All data is available at:

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

It is also clear that whilst vaccination reduces the risk of death from COVID-19 it has much less impact on reducing transmission. So COVID-19 is still with us and still is a major cause of concern for people for whom vaccination is not an option or in whom vaccination does not work.



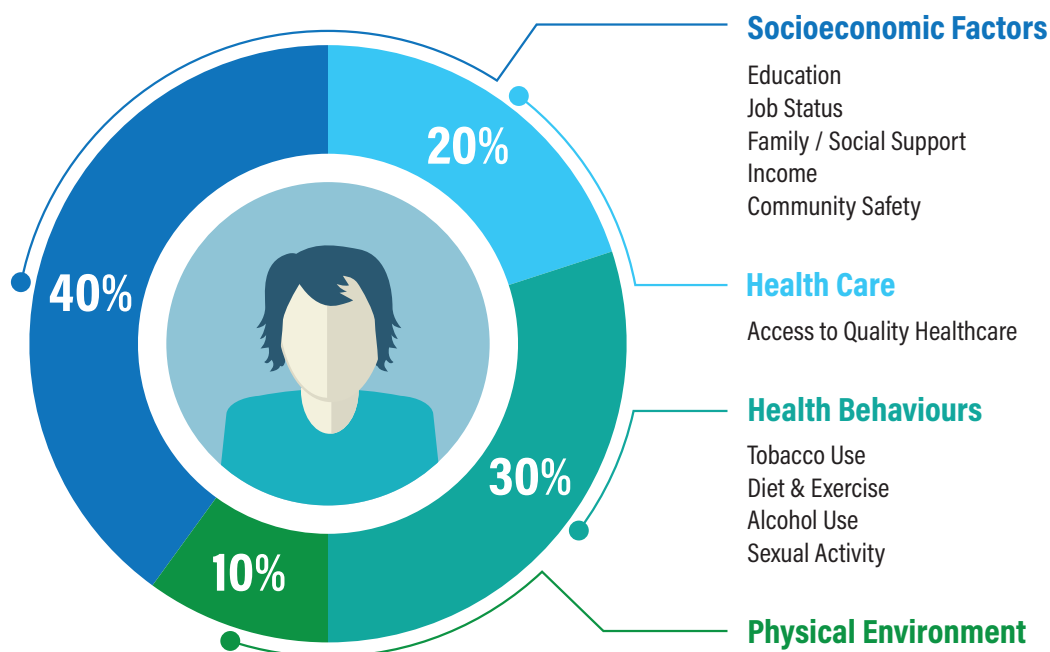
COVID-19 has not been the only infectious disease that made the headlines in 2022. In May 2022 a national incident was declared due to a rise in Monkeypox cases. This is a rare viral infection and although usually self-limiting can be severe in some people. Although the risk to the general population was low, vaccination of high risk populations was offered. A third infectious disease made the headlines in December 2022 when a national communication was sent to the public and health and care professionals reminding people about the symptoms of group A streptococcal disease, which is responsible scarlet fever but had been the cause of (by the 6th December 2022) of 8 child deaths in the UK. Locally this alert increased pressure significantly on children's health and care services.

The direct impacts of infectious diseases are clearly still with us. We need to ensure that for vaccine preventable diseases we have high levels of vaccination, but we also need to remind ourselves of the signs and symptoms of other infectious diseases and make sure our self-management and health and care services are equipped to respond.

We are still seeing the indirect impacts of COVID-19 too. The pandemic exposed increasing inequalities in health and placed additional strain on the health and care system. There is no clear indication that this is improving with the health and care system operating under intense demand all year with long waiting lists for emergency and planned care, exacerbated by ongoing workforce sickness and shortages.

This situation is contributing to the poor health status described in the previous section. It is not just impacts on the health and care system that are being seen. There are signs of poorer communication skills in our young children and clearly many children missed out on education too that is also having an impact on children's mental health. In older adults we are seeing many people leave the workforce and are no longer looking for work. Doubtless the UK COVID inquiry will look at many of these issues too.

What goes into your health



The Crises of 2022: Climate, Conflict and Cost of Living

It is clear to many that the climate is changing, and in 2022 Doncaster experienced both flooding and high temperatures.

First in February, record river levels were recorded on the Don and although there was much less impact than the floods of 2019 these are still very distressing and disruptive times for many Doncaster people. Then in July the first national 'Red heat alert' was issued and on 18th July temperatures in Doncaster peaked at 40.1C (104F) just below the new national record of 40.3C at Coningsby in Lincolnshire. At the time South Yorkshire Fire and Rescue (SYFR) had to deal with fires in Sprotbrough, Hatfield and Rossington. In August, an 'Amber health alert' was released and again SYFR had to respond to a fire in Scawsby and unfortunately a death due to drowning. Nationally these periods of heat were associated with a 10 percent increase in deaths, with deaths more likely in older people and those with underlying health problems, and these heat waves will have contributed to a number of local deaths too. It is clear that adaptation, mitigation and response to these natural emergencies must be carried out alongside a renewed push to carbon-zero.

2022 also saw the continuation and escalation of a number of global armed conflicts. The most obvious is the escalation of the Russo-Ukrainian war with the invasion of mainland Ukraine by Russia causing a massive refugee crisis. The council was able to provide a welcome point at Doncaster Sheffield Airport to support people coming to the UK from Ukraine and in the first 9 weeks over 900 people were welcomed to the UK through the airport with 50 of those staying in Doncaster. It was not just the Council operating alone that supported new arrivals, Team Doncaster partners, the Doncaster Ukrainian Centre and the Conversation Club were heavily involved too. The fallout from other conflicts still impacts people around the world and Doncaster continues to play its part supporting refugees and asylum seekers from Afghanistan and Syria. However, responding in emergencies can place extra pressure on already stretched services and place extra demand on local housing supply. Improved working with the Home Office and their contractors could improve the situation as would a renewed focus on affordable house building.



The escalation of the war in Ukraine sparked a global energy crisis putting up the cost of both oil and gas. This energy crisis was one reason for the UK 'cost of living crisis' and did lead to a range of national measures announced to support households. However, it was not just energy prices that fuelled the cost of living crisis, incomes were not keeping up with the rise in inflation putting additional pressures on poorer households, there were also increased costs of borrowing (including mortgages), increased food costs following leaving the EU along with commodity and wage increases. Finally, there was an increase in the number of people choosing to leave work and the number of people out of work for health related issues. In fact, the cost of living crisis may prove to be a bigger and more enduring challenge than COVID-19!

As these crises continue to show, not everyone is impacted the same. The same fault lines in wealth, health, and social protection, are obvious and these crises are as much social as medical. The British Academy (Shaping the Covid Decade) described 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 global large scale involuntary migrations are as we have seen 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 changing use of town centres and communities, homeworking, hybrid working will continue. The importance of being digitally connected will not go away either.

These crises are interconnected but they have not created new inequalities, in fact they have exposed existing inequalities and exacerbated them. The impact on existing inequalities between people from different ethnic groups is particularly stark. At times of crisis it can be easy to focus on the immediate issues and the demands in acute care. The challenge is to not only focus on the immediate but also to focus on the important and the other 80 percent of factors that contribute to health and wellbeing.

The World Health Organisation's new health promotion charter the Geneva Charter for Well-being has five key areas for action and is an approach that can support Doncaster Delivering Together locally.

- 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

To help understand and address these wider factors the Council along with our partners at the University of Sheffield and Sheffield Hallam University, have been successful in a bid to host a National Institute for Health and Care Research (NIHR) Health Determinant Research Collaboration (HDRC). HDRC Doncaster represents significant investment to enable the Council to become more research active and embed a culture of evidence-based decision making.

This new collaboration (led by Dr Susan Hampshaw), one of ten across the United Kingdom will help develop research capacity and capability through collaborations with the academic sector and other stakeholders to undertake research to address the wider determinants of health and health inequalities. This is a huge opportunity for Doncaster and our work will be underpinned by our TIDES principles:

- Work will be Theory-Informed, harnessing theories on knowledge mobilisation, research capacity development, and behaviour change
- We will Learn by Doing and share our learning
- We will ensure we do not privilege some voices/ ideas above others (Equity)
- We will ensure our collaboration is a pathway to Sustainable and applied research in Doncaster

Find out more about our plans by emailing us HDRCDoncaster@doncaster.gov.uk

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
10. Obesity – children
11. Physical activity – adults
12. Physical activity – children
13. Treatment for drug misuse in adults
14. Treatment for alcohol misuse in adults
15. Preventing and reducing harm from drug misuse in adults
16. Preventing and reducing harm from alcohol misuse in adults
17. Specialist drugs and alcohol misuse services for children and young people
18. Stop smoking services and interventions
19. Wider tobacco control
20. Children 5 to 19 public health programmes
21. Other children's 0 to 5 services non-prescribed
22. Health at work
23. Public mental health
24. Miscellaneous, can include, but is not exclusive to: nutrition initiatives, accidents prevention, general prevention, community safety, violence prevention and social exclusion, dental public health, fluoridation, infectious disease surveillance and control, environmental hazards protection, seasonal death reduction initiatives, birth defect preventions
25. Test, track and trace and outbreak planning
26. Other public Health spend relating to COVID-19

Use of the public health grant

In 2022 the Public Health Grant was allocated as set out as below. There were significant extra one-off external resources for health protection to support the response to COVID-19, to support people who were Clinically Extremely Vulnerable, additional money for substance misuse services and research income. The wider determinants fund has been maintained at £5.3m.

	2021/22 Actual	2022/23 Budget
	(£000s)	(£000s)
Public Health - Grant	-24,609	-25,300
Public Health - Other income	-13,662	-11,411
Total Public Health Income	-39,006	-36,712
Expenditure: Commissioned Services		
Sexual health	2,381	2,350
NHS Health Check programme	3	350
Health protection	4,851	1,704
National Child Measurement programme	68	68
Obesity	466	233
Physical activity	61	80
Substance misuse	6,148	7,798
Smoking and tobacco	434	731
Children 5-19 public health programmes	1,752	1,955
Children 0-5 health visiting	5,759	6,186
Mental Health	283	148
Other public health services misc H&WB	6,825	7,372
Sub-total Commissioned Services	29,031	20,065
Public Health advice (including Salary costs)	2,085	2,139
Sub-total Central and Support Services	2,085	2,874
Expenditure: (Wider determinants)		
Realignment	5,061	5,046
Growth	263	263
Sub-total wider determinants	5,309	5,309
Total Expenditure (commissioned + central & support +wider determinants)	36,425	36,712

Performance of Public Health Commissioned Services and Programmes



The majority of public health commissioned services including health visiting, school nursing, sexual health and substance misuse services modified their delivery methods during the pandemic.

I have provided a short snapshot of how they have performed over the last year. In 2022 the Public Health team still provided leadership, support and manpower to the Team Doncaster COVID-19 response including local testing and contact tracing.

Health Visiting

Health Visiting services are required to offer all families expecting a child 5 mandated reviews including an antenatal contact, new birth visit and 2 year review. The Health Visiting Service has consistently met targets for mandated reviews, often exceeding national averages. Breastfeeding at 6-8 weeks after birth has remained fairly consistent albeit low with around 30-33 percent of babies either being totally or partially breastfed. Health Visiting services are key to the delivery of additional health promoting, preventative initiatives including the distribution of universal Healthy Start vitamins to over 7000 pregnant women and women with a child under 12 months in the last year. The service has also distributed over 7000 tooth brushing packs and information on good oral health to families across Doncaster.

Smoking in Pregnancy

The smoking in pregnancy service has consistently met targets for timely offer of support and self-reported quits at 4 weeks. The target for Carbon Monoxide (CO) validated quits had suffered during the COVID pandemic as the service user is required to blow into the CO monitor and this was prohibited under COVID restrictions. Once the restrictions were lifted, numbers for CO validated quits slowly returned to pre-pandemic rates and we are pleased to see the target for CO validated quits in expectant mothers exceed the target of 85 percent in Q1 22/23. The service continues to work closely with midwifery colleagues to ensure women identified as smokers are referred into smoking cessation services and are referred throughout pregnancy. A dedicated link worker is now in place in the hospital to encourage women to take up the offer of support if they are struggling to stop smoking during their pregnancy.

5-19 Public Health Programmes -School Nursing

In 2022 the School Nursing service continued to perform well, meeting its targets in relation to the Key Performance Indicators and in many areas exceeding expectation. The service focused on mental health and wellbeing, physical health and wellbeing and positive lifestyle choices. Demand for the service remained high with all partners. Primary schools consistently take up the offer for support around Safe touch and puberty. Secondary schools consistently take up the offer for in-house health and wellbeing clinics. A key request from children and young people this year from the service has been around support for emotional wellbeing.

5-19 Public Health Programmes - Young People's Health & Wellbeing Service (Project 3)

Project 3 performed well providing sexual health, substance misuse, and smoking cessation interventions for young people aged 11-19 years. The drop-in clinic was stopped during the pandemic, however the service has adapted to ensure that young people were still having their needs met by offering same day appointments wherever possible. The ongoing impact of the pandemic was also noted for the National Chlamydia Screening Programme (NCSP), with a reduction in the numbers screened. Positive screens have been a challenge for a longer period and reflect issues noted nationally. The easing of Covid restrictions allowed for greater opportunities for outreach with strong demand from a range of education settings.

This year saw the recommissioning of 5-19 Public Health Services, bringing together School Nursing and Project 3 services into one delivery model. The new service 'Zone 5-19: Children and young people's health and wellbeing service' began on 1st August 2022, the service has mobilised well and has been engaging with young people, families and professionals to offer support.

NHS Health Checks

The NHS Health Check is a mandated Public Health prevention programme which aims to reduce the risk of heart disease, kidney disease, stroke, type 2 diabetes and some forms of dementia; through early identification, assessment and management of lifestyle and behavioural risk factors such as smoking, diet, alcohol intake and physical inactivity which can contribute to early death. In response to the COVID-19 pandemic, NHS Health Checks were paused nationally to reduce the pressures in Primary Care and the Service came to a natural end in Doncaster in March 2021.

The focus this financial year has been on the recovery and restarting of the programme with a new commissioned Service which prioritises delivery to those who are at the greatest risk. Restarting has been a challenge due to the current climate and uncertainty in the supplier market, however this has presented Doncaster with an opportunity to redesign and reshape Service requirements to best meet the needs of the population and consider improvements in line with the new national recommendations for the transformation of the programme.

Priorities for the new commissioned NHS Health Checks Service in Doncaster will be:

- To invite and encourage the eligible population to take up the offer
- To support a reduction in health inequalities by targeting individuals and communities with the greatest health needs and those most at risk
- To support and empower individuals to make healthy choices by raising awareness of the risks associated with specific lifestyles and behaviours

Performance of Commissioned Services

Adult substance misuse

Post pandemic, the service has seen an increase in alcohol referrals. In June 2020 there were 263 alcohol clients in treatment compared to June 2022 when there were 593 alcohol clients in treatment, an increase of 125 percent. Successful alcohol treatment completions in Doncaster are at 43 percent against national performance of 36.6 percent in June 2022. Opiates successful completions however remain at 2.3 percent against a target of 5 percent but the relapsing nature of substance misuse should be noted as a contributory factor, and remaining in treatment is a protective factor in itself. Additional supplementary funding from The Office for Health Improvement and Disparities has been used to increase staffing levels for criminal justice clients and those with multiple needs, increasing capacity to assertively engage and outreach with individuals. A pilot initiative to support families affected by substance misuse has been delivered by Aspire, with 84 referrals made of which 70 have progressed to structured treatment, during April to October 2022. A pilot of alcohol early intervention services has proved highly successful with 54 referrals and 36 successful discharges during April-October 2022.

Public mental health and suicide prevention

The Public Health team maintains real time surveillance of all suicides locally and a tailored support response individuals affected by suicide is provided by Amparo who supported 10 individuals in 2022/23. Additionally the IMP;ACT service is commissioned to support people who have made previous suicide attempts and during April to July 2022, 33 people were supported to increase their personal resilience. A pilot project to support the uptake of the Zero Suicide Alliance online training has been delivered in all 4 localities across Doncaster, and training in talking to children & young people following bereavement by suicide will be delivered to a total of 52 school staff.

Doncaster Smoke Free

The service continues to perform well with an overall a 4 week quit rate of 68 percent (May to August 2022 average) against a target of 50 percent. The service targets and engages with groups with higher smoking prevalence than the average Doncaster population, i.e. people with long term conditions, people with mental ill health and routine and manual workers. Post pandemic, numbers of referrals into the service are slightly lower this year than last year with 759 people setting a quit date and 517 people actually quitting during April to August 2022.

Adult Sexual Health Services

The Public Health commissioned adult sexual health services include testing and treatment for sexually transmitted infections (STIs), contraception provision and psychosexual therapy services. Advice, prevention and promotion are embedded across all service elements delivered. 1st April '22 saw a change in service provider, with Sexual Health Services 4 Doncaster (SHS4D) provided by Solutions 4 Health taking over from TriHealth. SHS4D moved into their new clinic space at High Fishergate in July and have been quick to settle into service provision for our Doncaster residents.

Numbers through the service for both STI and contraception provision were lower than usual at the start of the year, this was due to factors associated with the change in provider. The second half of the year has seen an improvement on activity levels across the service and this will continue to be built upon moving forward. Provision of the online STI testing offer has been well received with high take up and plans to establish community hub sites will further improve access to sexual health services across the borough.

Air Quality

School Streets funding was received from DEFRA at the start of 2020 following a joint funding bid between Doncaster and Barnsley Council coordinated by Sheffield City Region (SCR) colleagues. DEFRA agreed to extend the funding deadlines due to Covid-19, and the project was able to start in April 2021. During 2021/22 10 Schools held a School Street Closure.

The schools received support to promote active travel on the day of the closure. Prior to the event school children participated in lessons about the effects of air quality on climate change and designed posters to reflect their learning. Since hosting a School Street Closure 7 schools have gone on to achieve either bronze or silver Modeshift stars accreditation and are working hard to achieve the next level. The accreditation recognises schools, businesses and other organisations that have shown excellence in supporting cycling, walking and other forms of sustainable and active travel.

The benefits of holding the one-day closures enabled us to promote active travel directly to parents/carers and families, as well as promoting the School Streets initiative to schools across the borough utilising press and social media.

To support sustainability, a toolkit has been developed for schools that would like to arrange a one-off School Street for themselves. During 2021 there was an opportunity to bid to DEFRA for further funding and we were successful in gaining funds to trial 4 permanent School Street closures and a further 10 one day trial closures at schools.

The Public Health team is also represented on the Air Quality Steering Group which is responsible for the council's Air Quality Action Plan.

The action plan is currently under review, with the refresh due June 2023.

Get Doncaster Moving

Physical Activity – “Healthy and vibrant communities through physical activity and sport”

Doncaster is taking a whole systems, place based approach to tackling inequalities in physical activity. The Get Doncaster Moving Team coordinates this collaborative approach across Public Health, Doncaster Council and Team Doncaster. Within the Public Health Directorate, the GDM team shares resources and works in partnership with the Well Doncaster and the Wider Determinants teams; and together they have a central leadership role in creating connections between resident priorities, policy themes and diverse Government objectives.



Performance of Commissioned Services

Highlights for 2022:

STRENGTHENED PARTNERSHIPS AND COLLABORATION

- through the refresh and launch of the Get Doncaster Moving Strategy, which sets out a shared vision for movement, physical activity and sport until 2030, with eight themed policy ambitions.

MAJOR SPORT EVENTS - Doncaster hosted three Men's Rugby League World Cup fixtures, and hosted the Samoan Men's National Team (SMNT) for three weeks. The Get Doncaster Moving team coordinated an engagement and impact programme which included; the SMNT visiting schools and clubs; Over 350 children given match day opportunities (mascots, flag bearers, ball crew, play on the pitch and half term performances); securing investment of £700k to build a purpose built facility for a Doncaster amateur Rugby League club; 11 Community groups receiving micro grants to deliver RLWC2021 themed activities including physical activity sessions, arts and crafts sessions, viewing hubs and decorative purposes. We have also launched 'Game Plan' in partnership with Leeds Beckett University; to share learning about community impact from hosting major sport events

ACTIVE SCHOOLS - over 60 primary schools joined the Doncaster's PE and Active schools network to share good practice, learning and opportunities. 13 primary schools have signed up to the Creating Active Schools Framework (CASF); using a 'peer-to-peer' approach with teachers supporting each other to implement the framework to increase physical activity throughout the school day.

DANCE (IN PARTNERSHIP WITH DARTS) - 15 Dance On! classes delivered across community venues and care settings, and a free programme of Dance On! at home classes through the darts website and Sine FM radio for people aged 55+

INVESTMENT IN LEISURE CENTRES - Considerable on-going investment into Doncaster's stock of leisure facilities, for example since 2020, £1.1m invested into the refurbishment of Armthorpe

Leisure Centre, £750k into the refurbishment of Rossington Leisure Centre and £910k secured from Sport England to support the £5.5m refurbishment of Askern Leisure Centre and Country Park.

DONCASTER FUTURE PARKS – significant progress made this year, with 1,715 residents engaged in shaping the development of the Future Parks programmes on four sites through surveys and community events. The Doncaster Green Space Network has supported the development of new and existing voluntary groups, increasing the capacity across the network through training and supporting groups in delivering community events and activities. There has been an increase in collaboration across the DGSN, groups are beginning to working together independently from the wider network to achieve common goals. In the autumn, we launched the Doncaster Parks Corporate Volunteering pilot, helping business deliver their social corporate responsibility while helping restore our parks and green spaces through active work. Using HUQ data we have identified that across the 15 future parks over 2,760,000 have visited these spaces in 2022, through the scheduled investment it will be determined if this has had an impact on parks usage.

ACTIVE COMMUNITIES, IN PARTNERSHIP WITH WELL DONCASTER - 5 GDM Community Connectors in place, hosted by Community Anchor Organisations, who support residents to access opportunities close to where they live. Our 80th Active Communities Grant awarded (total value £37,700) since the start of the programme in 2020. Grants are awarded to individuals and groups to increase support, access and opportunity for inactive people.

ACTIVE TRAVEL - We have supported the Wider Determinants and DMBC Transportation Team to secure investment to deliver a pilot to test how we support residents to travel actively through social prescribing. The walking programme has grown significantly; we are now supporting 26 community led walking groups across the borough and we have trained 84 Community Walk Leaders and 35 Ramblers Wellbeing Walks Walk Leaders.

Call to action: Cost of Living



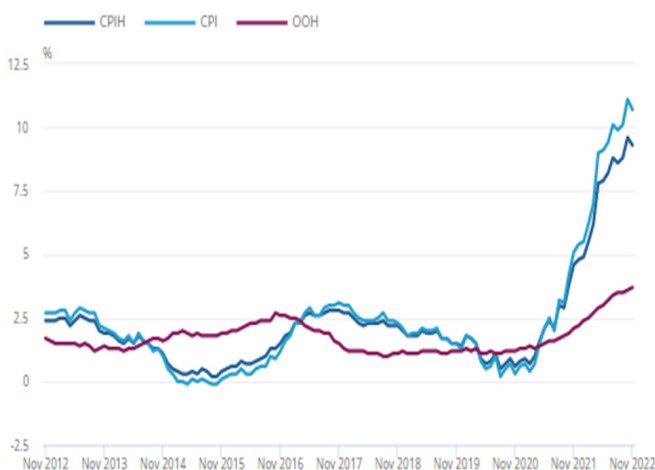
Call to Action: Cost of Living

I have described how we began 2022 still experiencing the effects of the COVID-19 pandemic and how we are still recovering from its wider social and economic impacts.

However, as we went through 2022 the UK experienced a cost of living crisis, with increasing energy, food, and service costs. These all affect people with the lowest incomes the most. In October 2022, inflation was at 11.1 percent, the highest rate since 1981, and within this, the prices of some items were increasing at a much faster rate. Food inflation was 16.2 percent overall, but for pasta alone it was as high as 34 percent. Although the December data shows a slight fall to 10.7 percent these are still astonishingly high inflation rates and need to be taken together with rising interest rates. In December 2021 the Bank of England intertest rate was 0.1 percent by December 2022 it had risen to 3.5 percent – increasing the costs of mortgages.

Figure 1: Annual CPIH and CPI inflation rates ease slightly in November 2022

CPIH, OOH component and CPI annual inflation rates for the last 10 years, UK, November 2012 to November 2022

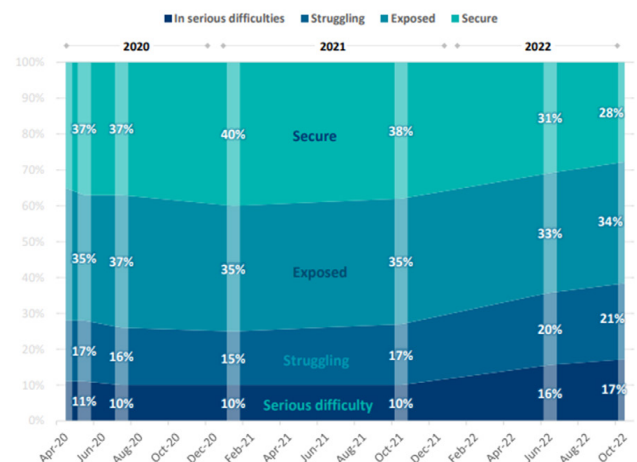


Source: Office for National Statistics - Consumer price inflation

Although the full health impacts of the cost of living crisis will not be felt for many years, we already know that the cost of living crisis is affecting our residents and having an impact locally. We also know that the economic and health impacts will not be felt equally across Doncaster’s communities, because poverty and health are closely linked, and our poorest households are the least resilient to economic shocks. The University of Bristol Financial Tracker shows that by October 2022 there has been almost a doubling in households in serious financial difficulty from 10 percent to 17 percent¹. The percentage of households who have a negative outlook on their finances compared to during the pandemic has also doubled from 25 percent to 50 percent.

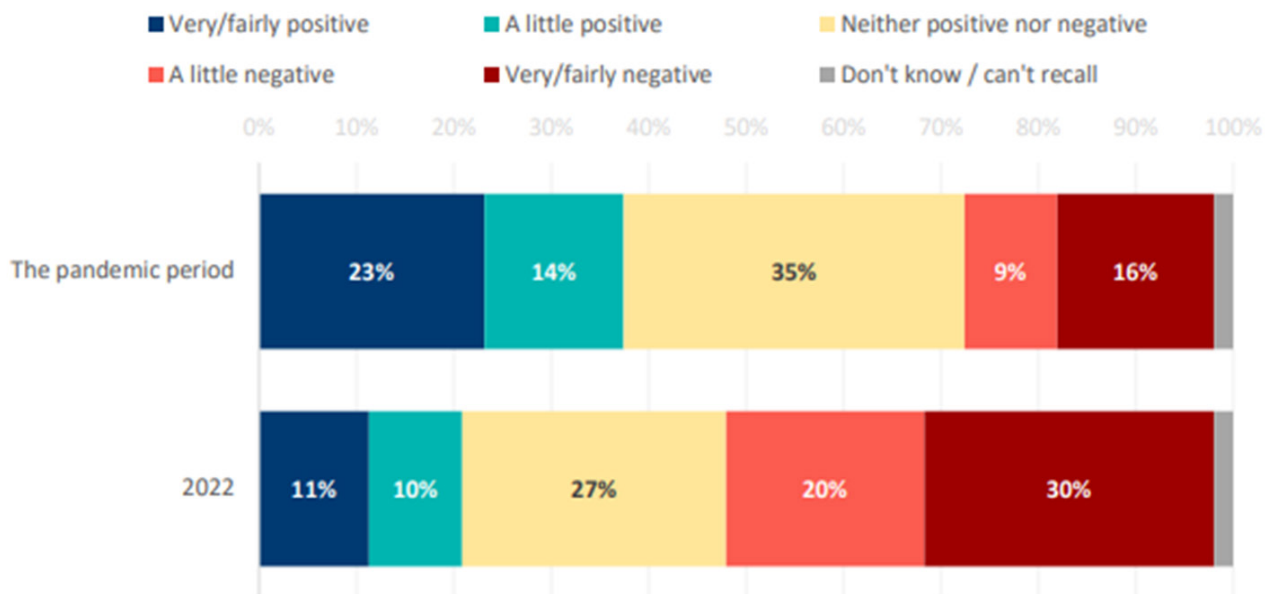
In 2022 Team Doncaster has been able to build on the work started as a response to the COVID-19 pandemic and used to develop the Borough Strategy Doncaster Delivering Together to identify and work with groups in our communities who do not have the same opportunities as other people. As part of our work to support people during this cost of living crisis, we have been working with these groups to give them the extra help that they need.

Figure 1 – Percentage of UK households in our four financial wellbeing categories in each wave of the coronavirus financial impact tracker



Evans J, Cotlard S (2022) Prices Rising, Temperature Falling: the financial wellbeing of UK households in October 2022. Findings from the 7th Financial Fairness Tracker Survey. University of Bristol <https://www.bristol.ac.uk/geography/research/pfrc/themes/capability-behaviours-wellbeing/covid-19-tracker/> (last accessed 14/12/22)

Figure 7 – Comparing the impact of the pandemic and 2022 on UK households' finances



Our response during this immediate period has included:

- Reviewing how information, advice and guidance is provided to our residents. We have updated and relaunched the Your Life Doncaster website: www.yourlifedoncaster.co.uk
- Promoting and running Information campaigns, such as Cost of Living Support, Talk Money Week and produced a Winter Booklet for all households all supported by online information.
- Providing financial and practical support to our partners in the voluntary and community sector. This has included increasing the amount and length of funding to Citizens Advice Doncaster Borough (CADB). CADB have employed additional debt support workers and rolled out outreach advice services across the borough, using community venues and working with other groups such as food banks. We have also provided office space in the Civic Building when a previous landlord ended their tenancy at short notice.
- Supporting food banks financially using the Holiday Activities and Food Programme funding and helping them develop so that a range of support is provided to their users. This has included providing CADB advice workers and connecting food banks to other local offers. We are also exploring options to support the development of local 'food pantries'. These help food bank users regain independence by offering a range of goods at a low, fixed price.
- Administering the Household Support Fund and Local Assistance Scheme payments.
- Working with the Mayoral Combined Authority to develop proposals on how the new Shared Prosperity Fund could be used to support residents, and our local voluntary and community groups.

Call to Action: Cost of Living

We are using data and local intelligence to target our interventions to those who need our help most. But there will still be people that services or support do not reach. There are entrenched structural issues within our communities that restrict peoples' opportunities and abilities to cope with economic, and other, shocks.

We know that it is not just a case of weathering the storm, recovering from this cost of living crisis will require national and local action. To help us develop a set of local policy responses we have established a Fairness and Wellbeing Commission. The Fairness and Wellbeing Commission is working to gather evidence on the experiences of people who live and work in Doncaster so that we can better understand the challenges and opportunities they face. It will make an independent strategic assessment of the nature, extent, and causes of inequalities in Doncaster and make recommendations for tackling them in the medium and long term to improve wellbeing across the borough.

The potential wide scope of this inquiry means that the Commission may need to prioritise a number of key issues. These may include:

- Barriers to work
- Maximising income/debt
- Food security
- Housing costs
- Fuel Poverty

The commission will operate in a similar way to that of a parliamentary select committee, mounting a short, focussed enquiry, taking evidence, and producing a final written report.

We all have a role in supporting our residents during the cost of living crisis. Some of the things we can all do are

- Take a compassionate approach with everyone who is experiencing difficulties during the cost of living crisis
- Share information on the advice and support that is available and help people to access the information if they find it difficult
- Take part in campaigns and share messages proactively with our communities
- Help people who are nervous or unsure about coming forward for support and work through trusted local people and community groups
- Show solidarity and support local charities, business and campaigns including Real Help Doncaster:
www.justgiving.com/campaign/realhelpdoncaster
- Contribute to the Fairness and Wellbeing Commission 'call for evidence' to help us understand the experience of our residents:
www.teamdoncaster.org.uk/doncaster-fairness-well-being-commission



**Fairness & Wellbeing
Commission**

Conclusion

The COVID-19 pandemic is still with us, but it is not the only challenge we are dealing with.

There are other infectious diseases that we are seeing and the impacts on health and care services look intransigent. These crises together with climate change, conflicts and the cost of living set a very challenging context for Doncaster people and services for 2023 and future years. These are a set of unprecedented circumstances, and many people will show signs of trauma, psychological, emotional, or mental health needs. Many of these health impacts will also cluster in some groups more than other and these inequalities need to be addressed and if possible, prevented.

Community centred approaches remain critical and they should be secured for the long term and not just for the pandemic or cost of living crisis. Poverty, long term inequalities and a lack of resilience not just in Doncaster but in the UK more generally must be addressed. 2023 will need a recovery that does not 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.

Future recommendations

Team Doncaster partners should:

- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing, learning from both the 'cost of living crisis' and the Doncaster Fairness & Wellbeing Commission.
- Review and refresh the Health and Wellbeing Strategy to set out action to address health inequalities, improve healthy life expectancy especially for women, reduce preventable mortality and related risk factors across the life course including children and young people's mental health and increase the confidence in local people to self-manage their health conditions.
- Review the implementation Doncaster Delivering Together, clarifying accountability and deliverables for the next two years.
- Secure long term community centred working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations by developing a Team Doncaster community prevention model.
- Maximise the impact of the new Health Determinant Research Collaboration.
- Continue to prepare for emergencies, build resilience and maintain response capabilities and capacity, working with local and national partners.

