Director of Public Health Annual Report 2015

Doncaster MBC

Contents

Foreword

I am delighted to present my first Annual Report as Director of Public Health for Doncaster Metropolitan Borough Council.

As this is my first Annual Report I have deliberately taken the opportunity to stand back and reflect on the key challenges for health in Doncaster. I have identified four key challenges that will need to be addressed in order to sustain progress. The challenges are:

- Improving children's health and wellbeing
- Making the link between education, work and health
- Addressing low Disability Free Life Expectancy and high levels of preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

None of these challenges can be addressed simply by one agency or individual acting alone. All need cross agency support and leadership by and with local people. These challenges are not new and there is already work underway to address them. However, this is an opportunity to ask ourselves whether we are implementing the plans and strategies fast enough and/or whether our strategies and plans are ambitious enough to make the improvements we want for our children, families and communities.

I have also highlighted a small number of case studies where teams are already supporting individuals to take control of their own and their friends and families health. The people, ideas and energy to improve health in Doncaster are already here, but often they are untapped or uncoordinated. Together, and only together, we can make a difference.

In compiling this report I am grateful for the help of a number of colleagues. In particular I would like to thank Claire Hewitt, Laurie Mott, Dagmara Blaszczyk, Caroline Temperton, Ian Carpenter, Lynn Hall and Dan Debenham. I am also grateful for inheriting a dedicated and professional public health team and hope to build on the strong foundations left by my predecessor Dr Tony Baxter.

If you have any questions or comments about any aspect of the report please send them to me at PublicHealthEnquiries@doncaster.gov.uk

Dr Rupert Suckling
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Director of Public Health

Doncaster Metropolitan Borough Council

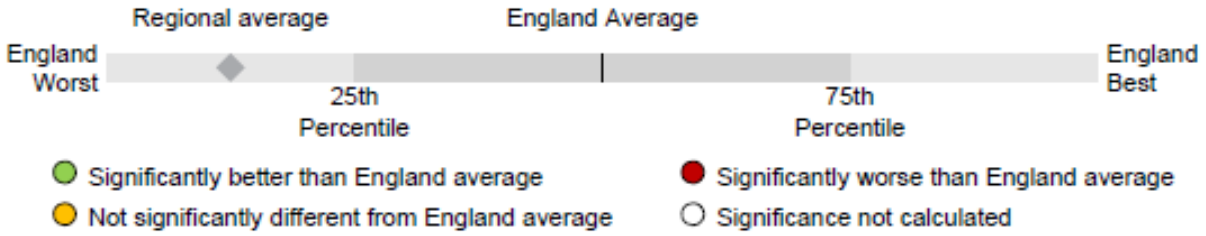
The Picture of Health in Doncaster

Health in Doncaster is improving, Life Expectancy is at an all time high. However, Life Expectancy is not improving as fast as the rest of the country leading to inequalities in health between Doncaster and the rest of the country.

Even though Life Expectancy is improving Healthy Life Expectancy is lagging behind and this is mirrored by a higher rate of people reporting low life satisfaction than the national average. Healthy Life Expectancy is a measure of how long people live in reasonable health.

Health outcome indicators

	Period	Local value	Regional value	England value	England worst	Range	England best
Healthy life expectancy at birth - Male (Years)	2011 - 13	58.3	61.1	63.3	53.6		71.4
Healthy life expectancy at birth - Female (Years)	2011 - 13	57.9	61.8	63.9	55.5		71.3
Life expectancy at birth - Male (Years)	2011 - 13	77.5	78.5	79.4	74.3		82.6
Life expectancy at birth - Female (Years)	2011 - 13	81.7	82.2	83.1	80.0		86.2
Inequality in life expectancy at birth - Male (Years)	2011 - 13	9.8		-	17.3		2.4
Inequality in life expectancy at birth - Female (Years)	2011 - 13	7.0		-	11.4		0.6
People reporting low life satisfaction (%)	2014/15	7.6	5.7	4.8	8.7		2.8



There are 4 major challenges locally

- Improving children's health and wellbeing
- Making the link between education, work and health
- Addressing low Disability Free Life Expectancy and high levels of preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

What makes us Healthy?

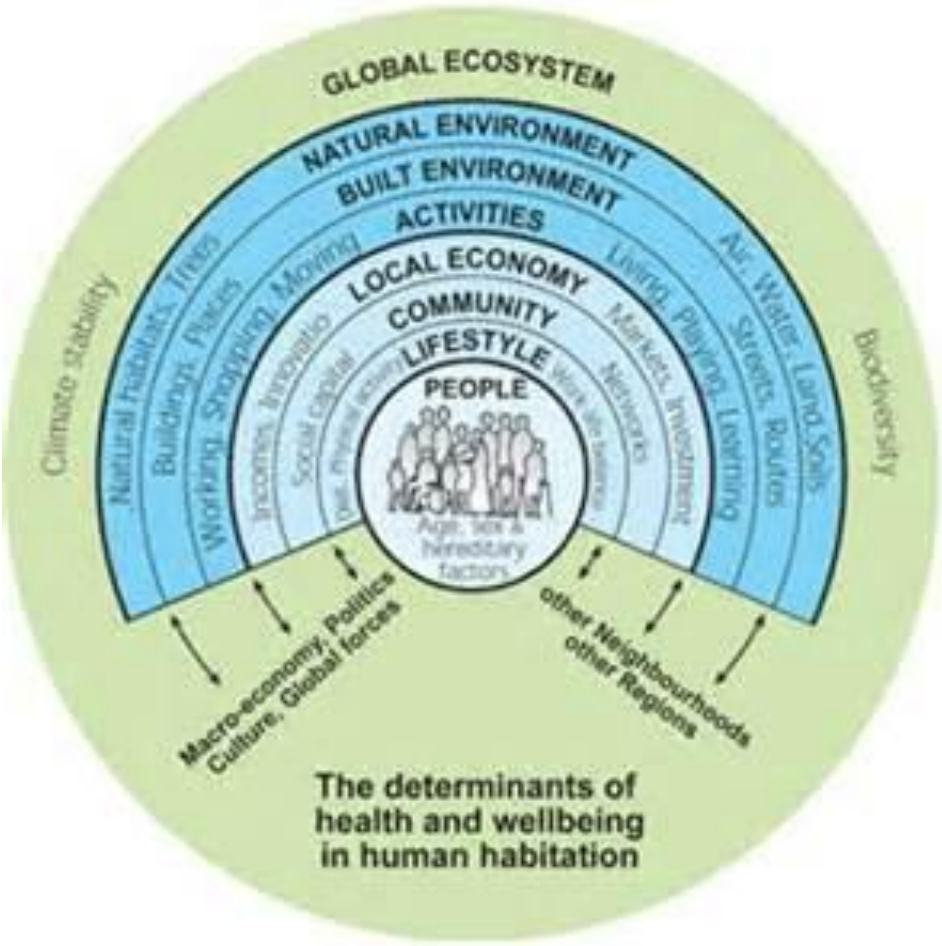
The evidence for what makes us healthy, keeps us healthy or makes us unhealthy is growing every year. In 1991 Göran Dahlgren and Margaret Whitehead produced a framework that allows us to group these impacts on health.[1]

The framework (below) demonstrates that although age, sex and genetic make-up undoubtedly influence people's health there are other factors that can also promote or damage someone's health. These include:

• Individual lifestyle factors such as smoking habits, diet and physical activity

• Relationships with friends, relatives and mutual support within a community

• Wider influences on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions that people live in



[1] Dahlgren, G and Whitehead, M. (1991). Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm.

However, not all these factors have an equal impact on our health. The University of Wisconsin Population Health Institute together with the Robert Wood Johnson Foundation have reviewed the evidence for how these factors interact to produce rankings for US states.[2]

The relative contribution of the factors to health is:

30% Health Behaviours

- 10% Tobacco
- 10% Diet & exercise
- 5% Alcohol & drug use
- 5% Sexual activity

20% Clinical care

- 10% Access to care
- 10% Quality of care

40% Social and Economic Factors

- 10% Education
- 10% Employment
- 10% Income
- 5% Family and social support
- 5% Community safety

10% Physical Environment

- 5% Environmental quality
- 5% Housing & Transport

In addition, these factors whether health promoting or health damaging add together as people age. So having good family support, a good education and living in high quality housing when you are young can protect you from health damaging behaviours as you age, whilst growing up with a poorer education and in poor quality housing can make you more vulnerable to ill health as you get older. The case studies in this report show how social and economic factors particularly social support are being addressed locally.

Take Home Messages

Health is influenced by a number of factors. Social and economic factors are the largest contributor (40%) followed by health behaviours (30%).

The impacts, health promoting or health damaging can accumulate over time

Action to improve health needs to address more than just access to high quality health services

[2] http://www.countyhealthrankings.org/our-approach (last accessed 30/12/2015)

Case Study 1: Social Prescribing – Social Support

In July 2015 a Doncaster man became the 500th referral to Doncaster's social prescribing service. Run in partnership between Doncaster CVS and South Yorkshire Housing and funded jointly by the council and NHS Doncaster Clinical Commissioning Group, social prescribing is the perfect tonic for linking people up to activities in the community that they might benefit from. Social prescribing is open to everyone in Doncaster with issues such as isolation, loneliness, bereavement, housing, debt and much more. All referrals must be made through your GP.

Many people suffer health problems because of issues that impact on their lives, such as managing their money and paying their bills, or finding suitable accommodation to live in. Some people also need help to look after their emotional wellbeing, or support to find a job or to do volunteering activities. The way that the service works is that a 'prescription' is given in the form of an introduction to various, related, activities going on throughout the borough. This presents clients with new experiences, support and friends, which can help them improve their general physical and mental wellbeing.

What people say about the service.

'I would recommend the service to anyone. At my age you can lose touch with what's happening in your local area. My GP referred me to the service and working with my advisor, Debbie I've been put in touch with a new bunch of people to socialize with, as well having some improvements made to my house which has made getting up and about easier for me and my wife."

These improvements included converting their bathroom into a wet room to make showering easier and installing adaptive equipment to make getting in and out of bed less challenging.

"If you think you can benefit from the service, prompt your doctor. Have a word with him. It's better if you can stay independent and active, especially at my age. It's easy to get morbid when you're sat in at home all the time, but, as I've been shown, there's always things you can do – so get out there!"

Mandy Willis, Social Prescribing Manager at Doncaster CVS, said: "This is a great service and provides the link for GPs and their patients to the voluntary and community sector in Doncaster. Our advisors visit people in their own homes and support clients to explore community groups and activities in the borough and help them to access these services. It may be a referral for aids and adaptations, for a benefits check or a group to make friends and new connections.

Dr Nick Tupper, chair of the CCG, said: "Social prescription is another way that we can reduce the strain on busy GPs by offering an alternative which empowers people to tackle their health problems which can't be solved through pills, tablets and other medical interventions. It's important that we commission services that help people to stay independent and support them to make changes to their life that can improve their general wellbeing."

Health Differences between Doncaster and England

As described earlier, although health in Doncaster is improving it is not improving as fast as in other parts of the country.

Health is complex and in order to improve health we need to address the combination of factors described by Dahlgren and Whitehead in a coordinated way. One effective set of actions would be to:

Give every child the best start in life

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Create fair employment and good work for all

Ensure a healthy standard of living for all

Create and develop healthy and sustainable places and communities

The Institute of Health Equity publishes indicators on an annual basis that provide data for each of the 150 'upper tier' Local Authorities in England on the above set of actions.[3] Collectively we need to ask ourselves what more we could do to support children get a good start in life and support children to succeed at school. We also need to tackle the issue of worklessness as a key health issue. The local performance against these indicators is shown in the tables below.

Giving every child the best start in life

	Period	Local value	Regional value	England value	England worst	Range	England best
Good level of development at age 5 (%)	2013/14	53.1	58.7	60.4	41.2		75.3
Good level of development at age 5 with free school meal status (%)	2013/14	39.6	42.4	44.8	31.7		68.1

Enabling all children, young people and adults to maximise their capabilities and have control over their lives

	Period	Local value	Regional value	England value	England worst	Range	England best
GCSE achieved 5A*-C including English and Maths (%)	2013/14	49.4	53.9	56.8	35.4		74.4
GCSE achieved 5A*-C including English & Maths with free school meal status (%)	2013/14	29.4	28.4	33.7	16.0		62.6
19-24 year olds not in education, employment or training (%)	2014		17.5	15.9			

[3] Institute of Health Equity (2015). Marmot Indicators http://www.instituteofhealthequity.org/projects/marmot-indicators-2015 (last accessed 30/12/2015)

Create fair employment and good work for all

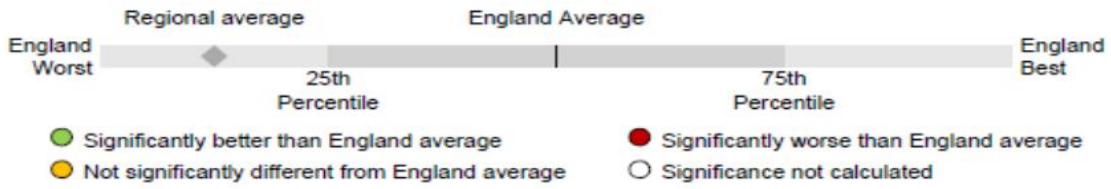
	Period	Local value	Regional value	England value	England worst	Range	England best
Unemployment % (ONS model-based method)	2014	8.6	7.4	6.2	12.5		2.9
Long term claimants of Jobseeker's Allowance (rate per 1,000 population)	2014	11.4	10.8	7.1	23.5		1.3
Work-related illness (rate per 100,000 population)	2013/14		4860	4000			

Ensure a healthy standard of living for all

	Period	Local value	Regional value	England value	England worst	Range	England best
Households not reaching Minimum Income Standard (%)	2012/13		27.1	24.4			
Fuel poverty for high fuel cost households (%)	2013	9.8	10.6	10.4	18.9		5.6

Create and develop healthy and sustainable places and communities

	Period	Local value	Regional value	England value	England worst	Range	England best
Utilisation of outdoor space for exercise/health reasons (%)	Mar 2013 - Feb 2014	15.7	18.3	17.1	0.3		30.8



Take Home Messages

Addressing children's health and wellbeing is a major contributor to health differences between Doncaster and England

Work and worklessness is a key health issue

Most of these health issues cannot be addressed by one organisation working alone

Case Study 2: Peer Mentoring – connecting health to work

Peer mentoring success in Doncaster

Two Doncaster men who have been helped by our Doncaster Drug and Alcohol Services are proving that new beginnings really are possible.

Daniel Bowden and Joe Sheerin are starting new careers as support workers after successfully graduating from a peer mentoring scheme, which sees people with direct experience of substance misuse, volunteering their time to help others on their own recovery journeys.

Stainforth dad of two Daniel (31) referred himself to the service when he felt his evening and weekend drinking was getting out of hand. He underwent a period of counselling and therapy at Rosslyn House on Thorne Road, and has now successfully given up alcohol.

Daniel said: "I felt like I was drinking too much and just didn't want the rest of my life to be like that.

"The therapy I received helped me by dealing with the issues and triggers that drove me to drink in the first place."

He added: "Since giving up drinking, I'm much happier and I'm now a better partner and dad.

"We have more money to enjoy family days out at weekends – and get to go further afield because we go in the car now, whereas before I'd have left it at home so I could have a drink."

After completing his therapy, Daniel used his annual leave from work and evenings to volunteer in Doncaster Drug and Alcohol Service's peer mentoring programme. He has recently been successful in finding new employment and will shortly take up a new job as a support worker with The Alcohol and Drug Service (ADS).

Joe, (45) from Wheatley, has just taken up his new post as support worker at New Beginnings Drug and Alcohol Rehabilitation Centre in Balby, helping people on the same recovery journey he himself successfully completed after 20 years of addiction.

He said: "Thanks to the brilliant support I received from New Beginnings, not only have I beaten my addiction, but I'm now in meaningful employment for the first time in around 10 years.

"When I saw the positive results of my own recovery, I decided to become a peer mentor to give something back to the service, because in my experience it really helps to meet someone who has 'been there' themselves, and who is proof there really is a way out."

Volunteer and Mentor Coordinator Lydia Rice said: "By sharing their own experiences, peer mentors deliver vital support to people beginning their recovery journeys.

"They offer empathy and encouragement, and play a valuable role in motivating others.

"All peer mentors are qualified through training certified to Level 2 in Peer Mentoring and Substance Misuse Awareness delivered by Certa, which gives them a good step on the pathway to employment."

Service Manager Stuart Green said: "Over 70 people applied for these posts, so competition was very high.

"Both Daniel and Joe went through a rigorous interview process and proved themselves worthy of the posts in a high pressure situation in front of the panel"

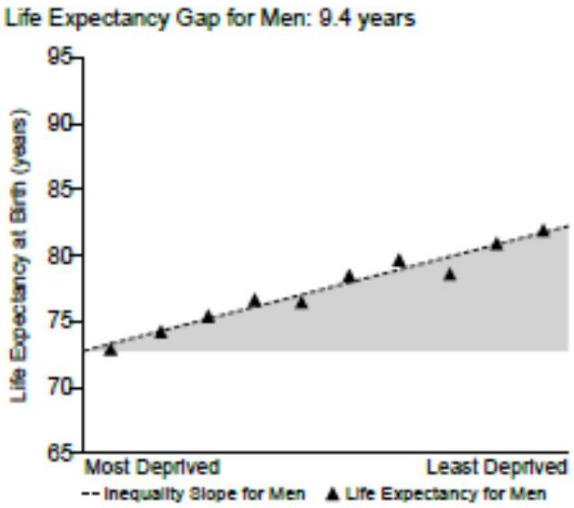
Lydia Rice added: "We are really proud of Daniel and Joe and know they will continue to be fantastic role models to Doncaster people in recovery."

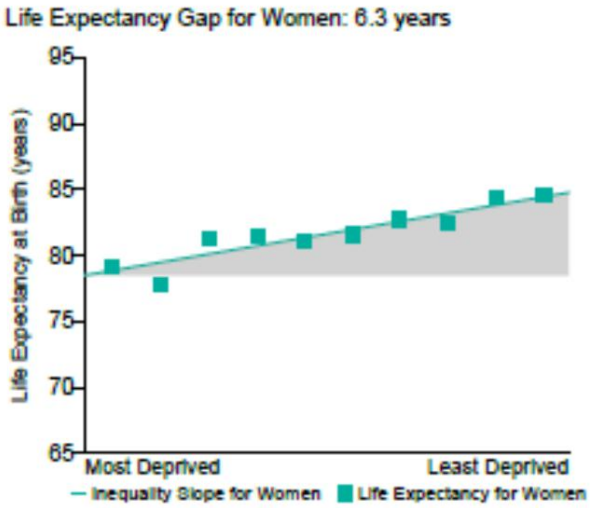
RDaSH Volunteer and Mentor Coordinator Lydia Rice (centre) with Joe Sheerin (left) and Daniel Bowden (right).

Health Differences within Doncaster

Doncaster's geography is an asset and a challenge. The Romans recognised the importance of Doncaster as a major logistics hub as a crossing point on the Don between York and Lincoln and today, Doncaster continues to thrive as a logistics hub, well connected by road, rail and the recent airport. Doncaster is the largest geographical metropolitan borough in the country and this brings its own challenges with key population centres in the town itself, Mexborough, Thorne and Bawtry together with numerous outlying villages and settlements.

Health varies across the Doncaster communities. Life expectancy (at birth) is over 9 years higher in the least deprived parts of the borough for men and over 6 years for women compared to the most deprived parts.[4]





One way the geography of Doncaster is divided is into the 21 electoral wards (map below). However not all the wards are the same they have different stories, assets and health.

Profiles for all these communities are available and each profile contains useful information which paints a picture about what a ward is like, including its population, educational attainment, crime levels and health issues. Three electoral wards have been compared in the table below, the ward and their consistent communities are:

Bessacarr: Bessacarr and Cantley

Conisbrough: Conisbrough, Denaby Main, Old Denaby and Clifton

Hatfield: Dunscroft, Hatfield, Dunsville, Hatfield Prison and Hatfield Woodhouse

[4] Doncaster Health Profile (2015). Public Health England
http://www.apho.org.uk/resource/browse.aspx?RID=50313 (last accessed 31/12/2015)

☐ Two member ☐ Three member

Index of Wards

1. Adwick-le-Street and Carcroft
2. Armthorpe
3. Balby South
4. Bentley
5. Bessacarr
6. Conisbrough
7. Edenthorpe and Kirk Sandall
8. Edlington and Warmsworth
9. Finningley
10. Hatfield
11. Hexthorpe and Balby North
12. Mexborough
13. Norton and Askern
14. Roman Ridge
15. Rossington and Bawtry
16. Sprotbrough
17. Stainforth and Barnby Dun
18. Thorne and Moorends
19. Tickhill and Wadworth
20. Town
21. Wheatley Hills and Intake

	Bessacarr	Conisbrough	Hatfield	Doncaster
Deprivation ranking (out of 21 wards)	16/21 (more affluent)	4/21 (more deprived)	14/21	
Population	13,760 Generally older than Doncaster as a whole	16,509 Similar age profile to Doncaster, less ethnically diverse	17,687 Similar age profile to Doncaster	303,622
Life expectancy men	81 yrs at birth 19.2 yrs at age 65	76.5 yrs at birth 16.8 yrs at age 65	80.2 yrs at birth 18.4 yrs at age 65	77.9 yrs at birth 17.8 yrs at age 65
Life expectancy women	85.1 yrs at birth 22.5 yrs at age 65	80.7 yrs at birth 20.0 yrs at age 65	81.8 yrs at birth 19.9 yrs at age 65	81.8 yrs at birth 20.4 yrs at age 65
Self reported good and very good health	79.4%	72.7%	66.8%	76.4%
Mortality rates all causes under 75 per 100,000	285.6	489.4	341.3	408
Low birth weight (%)	6.1	10.2	7.0	9.2
Children in poverty (%)	13.1	26.9	20.4	23.2
Excess winter deaths (ratio of winter to non-winter deaths)	25.4	13.2	30.2	17.4
Living within 1km of a takeaway	94.9%	98.0%	78.1%	89.3%
Population per asset*	281	226	353	

*assets include dentist, GP practice, pharmacy, school, children centres, support groups and community centres.

Take Home Messages

Life expectancy and mortality are related to deprivation and vary across the three wards

Early life indicators cluster together, so if one indicator is poor it is likely that all children's indicators will be poor

Levels of self reported health may indicate people living with disabilities

Excess winter deaths may be related to the condition of housing stock as well as the health of the population

Case study 3: Breast Feeding Mums – family support

Support for mums breastfeeding their baby

A team of mums are undergoing training so they can help other mothers who are breastfeeding their babies.

They will also be able to help mums-to-be who just want to know more about breastfeeding.

A group of 15 mums are undergoing the training and once it's completed will be on hand to help new mothers who would like a little extra advice and support. Called Breastfeeding Peer Supporters, the mums can be vital in helping a new mother get breastfeeding off to a good start and continue to breastfeed for as long as they want to.

Jayne Mundy, a Health Promotion Nursery Nurse at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), said: "We always encourage breastfeeding due to the many benefits for both the baby and mum.

"Our volunteer mums offer fantastic help and support to other mums across Doncaster. They help new mums who are breast feeding, and because they have all breastfed their own babies, they can pass on really good ideas and tips," added Jayne. "They offer an excellent service and the new mums we are training will be a vital asset to Doncaster."

If you are a mum and would like to get involved with breastfeeding support please call Jayne on 01302 640065. The Doncaster mums undergoing the training are pictured with RDaSH staff.

Health Differences between Different Population Groups in Doncaster

The 2011 census provides the most up-to-date picture of the differences in health and the factors improving or damaging health between different protected groups in Doncaster. This report focuses on 2 areas, ethnicity and disability.

Health and Ethnicity

The census 2011 still provides the best overall picture of the make up of Doncaster's population, although there are known problems and underestimates of some parts of the population e.g. Gypsy or Irish Traveller groups.

The overall picture shows 91.8% of Doncaster's population is White British, the White Irish population is the next largest group (3.4%), followed by Asian (2.5%), mixed (1.1%), Black (0.8%) and other (0.4%).

Ethnic Group Census 2011	**Population**
White: English/Welsh/Scottish/Northern Irish/British	277,740
White: Irish	10,326
White: Gypsy or Irish Traveller	587
White: Other White	8,556
Mixed	3,321
Asian	7,614
Black	2,337
Other	1,064
All categories: Ethnic group	302,402

Overall Asian and Black groups had higher self reported health (95.8% and 95.4%) than White British groups (91.3%), although both Asian and Black groups are less active than the general population.

White British groups show twice the level of alcohol dependency than other groups, however both White and Black groups show the same level of drug dependence. The Asian group has the lowest levels of alcohol and drug dependency.

National data shows that the Black population suffer from at least double the amount of Post Traumatic Stress Disorder than other populations and as much as 10 times the levels of severe mental illness (including psychosis). Other health conditions are more common in some ethnic groups, so heart disease is more common in the Asian population, stroke and hypertension more common in the Black population and both Asian and Black populations have high levels of infant mortality.

The census also shows that the level of educational qualification varies across the ethnic groups with White Irish, Asian and Black groups having higher numbers of people with level 4 (degree level) qualifications than the general population. Asian and Black groups are also more likely to be students and as a result of being younger populations are more likely to be unemployed and less likely to be retired than the general population.

Disability

Disability is an increasing issue in Doncaster. Although people are living longer, many people are only living longer with a disability. Men in Doncaster can expect to live to 77 years, but their Disability Free Life Expectancy is 57.8 years, for women life expectancy is 81.4 years with a Disability Free Life Expectancy of 58.7 years. On average then, people in Doncaster live 25% of their lives with a disability.

In the 2011 census 33,644 people reported being limited a lot by their disability over 10% of the Doncaster population, a similar number are limited a little by their disability. People with a disability that limits their day-to-day activities also have lower educational achievements, are less likely to be in work and more likely to live in rented accommodation. More women have a disability that limits their day-to-day activities than men 53% against 47%.

Take Home Messages

Most data on ethnicity and health is based on national surveys

Ethnicity impacts on both how people perceive their own health and the health that they experience. Different approaches to improve health may be needed in different ethnic groups

In Doncaster people may live 25% of their lives with a disability and over 10% of the population has a disability that limits them a lot

Case Study 4: Healthy Living for Black and Minority Ethnic (BME) Women in Doncaster – social suport

BME communities currently make up nearly 10% of the population of Doncaster. Through the commissioning of the Healthy Living for BME Women in Doncaster service Public Health provides an opportunity to engage with women from ethnic minority communities in Doncaster with the view to improving the health and well-being of themselves and their families. Working with BME women in this way is important because both they and their families experience inequalities in their health compared to the general population. Research tells us this is likely to be due to several reasons, for example:

- Some ethnicities are predisposed to certain conditions, for instance African Caribbean women are 60% to 70% more likely to suffer from strokes than the general UK population. Type 2 diabetes is 6 times as common amongst Pakistani women and there is also a lower risk age of 25 compared with 40 for the general UK population.[5]
- We also know that BME women in particular "may also be excluded from services that seem 'alien' and intimidating due to unfamiliarity, cultural/religious incompatibility, lack of language services and information gap in service provision." [6]

So how does this service help? It offers access to information, advice and guidance in a safe environment. The service looks at the circumstances of each woman and supports her accordingly. For example: the women are able to learn English through the English for Speakers of other Languages (ESOL) programme; they learn how to register with a GP and dentist; and, understand how important it is to participate in screening and immunisation programmes.

Over the year 2014/2015 the service engaged with 303 BME women; 61 women achieved an ESOL qualification and 12 gained accreditation in Volunteering. The service facilitated 37 health promotion workshops including diet and nutrition and cancer awareness. The service works hard to dispel myths about health so the women understand why they are invited for screening and immunisations and know the importance of attending. The service also teaches the women how to integrate into a different way of life; knowing how and why we do things, such as recycling and how to use our transport systems.

How does this impact on the women? This service doesn't just focus on accessing health services but teaches the women about a variety of factors that affects their health and wellbeing. This helps to build social cohesion.

Because of this service many women report they feel less isolated, are able to speak better English and therefore communicate better in the wider community. Some have gone onto employment or accessed further training and education.

[5] Leung, G., & Stanner, S. (2011). Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. Nutrition Bulletin, 36(2), 161–198.

[6] Chitembo, A., & Tsikira, L. (2012). Breaking the Cycles of Abuse: Understanding the Complexities of Domestic Violence & Abuse in BME Communities & Finding Pathways to Reduce It! West Sussex.

Conclusions and Recommendations

Improving health in Doncaster will require concerted action to address the four main challenges identified at the start of the report.

- Improving children's health and wellbeing
- Making the link between education, work and health
- Addressing low Disability Free Life Expectancy and high levels of preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

As health is influenced by a wide range of factors the following recommendations are addressed to Team Doncaster and anyone interested in improving the health of Doncaster people.

Overarching Recommendations

- Adopt a 'Health in All Policies' approach
- Make a strategic shift to prevention
- Empower people and communities to take control of their own health and if services are required involve people in co-designing the services
- Improve data capture, sharing and reporting so that services can become more seamless and based on insight to address inequalities in access and outcomes
- Carry out a local Health Needs Assessment for Black and Minority Ethnic (BME) Groups
- Move beyond integration to population health systems and budgets

Recommendations for Children, Young People and Families

- Implement and evaluate the Early Help strategy
- Focus on vulnerable mothers from pregnancy until the child is 2 ½ (the first 1000 days)
- Build on the national Future in Mind developments to address bullying and improve the mental health of school aged children
- Support schools to develop a Curriculum for Life
- Support schools to increase physical activity in the curriculum

Recommendations for Employment and Health

- Use the Social Value Act to maximise equitable employment opportunities when commissioning
- Recommission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market find work
- Work to keep those with health issues in employment longer, improving health literacy and self management
- Continue to help residents keep their homes warm through collective switching schemes, improving energy efficiency of properties and ensure access to welfare advice

- Use community assets to join up health, social care, education, skills and employment around the family building on the Stronger Families and Well North approaches

Recommendations to Prevent Disability

- Include preventative approaches in all patient pathways and clinical services
- Launch 'Get Doncaster Moving' campaign to increase physical activity
- Continue to reduce the negative impact of takeaways and fast food on health and air pollution by considering health in spatial planning approaches
- Develop local approaches with South Yorkshire Fire and Rescue to promote fire safety and address falls including enhanced home safety checks