

DONCASTER  
**PUBLIC HEALTH  
ANNUAL REPORT  
2024**

Establishing a research  
infrastructure to improve  
health and reduce health  
inequalities in Doncaster.

**NIHR**

Health Determinants  
Research Collaboration  
Doncaster



City of  
Doncaster  
Council



# DONCASTER PUBLIC HEALTH ANNUAL REPORT 2024

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**Directors of Public Health in England have a statutory duty to produce an independent annual report of the health of their local community.**

THANK YOU to: City of Doncaster Council Public Health team, including Caroline Temperton, Holly Campbell, Kirsty Lamb, Carrie Wardle, Nikki Greenfield and Clare Henry. The HDRC team and contributors, Natasha Mercier, Jane Robinson, Geoff Middleton, Faye Esat, Alex-Jade Delahunty, Katie Marvin-Dowle, Lorna Dowrick, Richard Gettings, Ellie Holding, Alexis Foster, Annette Haywood, Liddy Goyder, Andrew Booth, Catherine Homer, Susan Hampshaw, Carys Williams, Fiona Kelly and Sarah Varga. Examples used in this report, including Healthy Her and Sojourn. Thank you to Amber Rhodes, Gemma Parkinson and Duncan Rynehart for communication, presentation and design.

**Special thanks to Dr Rupert Suckling MBE for setting the foundations for today's Public Health practice in Doncaster so firmly.**





## Foreword

This year, I have been pleased to take up the chair role for Doncasters Health and Wellbeing Board. The Board has published a new Health and Wellbeing Strategy for Doncaster that will take us to 2030. The new Health and Wellbeing strategy identifies three areas of focus - improving the experience of ageing, closing the women and children's health and wellbeing gap and, crucially, creating healthy places to live grow and play.

Health and wellbeing is influenced by a complex web of factors extending far beyond the provision of health care services. The wider determinants of health – social, economic, and environmental conditions – profoundly shape the health outcomes of our communities. The State of Health section of the report provides clear examples of how the Public Health team are working across the Council through a health in all policies approach and this report demonstrates how research capacity and skills can super charge this.

Research into the wider determinants of health is a critical step towards improving public health outcomes. By understanding how factors like food environments, financial insecurity and social isolation impact health and wellbeing, we can develop more effective and equitable systems and services within the resources available. Investment in research through the nationally allocated Health Determinants Research Collaboration (HDRC) funding is an investment in the future of our communities.

Doncaster's HDRC will grow research capability and capacity throughout the City of Doncaster Council and in those areas and teams that have the opportunity to positively affect the wider determinants of health. Growing and nurturing research activity will help us understand the wider determinants of health in Doncaster better and test and learn from new approaches to address the root causes of inequality.

I want to thank the Public Health team for the ongoing commitment and achievements over the last year, and encourage continued research curiosity in the Public Health team and wider Council.



**Cllr Nigel Ball**  
Portfolio Holder  
for Public Health,  
Communities,  
Leisure and Culture

## Introduction

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

In 2022, Doncaster, along with 12 other places, became one of the first Health Determinants Research Collaborations (HDRCs) in the UK. Funded by the [National Institute of Health Research](#) (NIHR), Doncaster HDRC is embedded in the Public Health team at City of Doncaster Council.

In the National Health Service (NHS), funding is allocated to understand, prevent and treat a range of health conditions and is a vital part of creating and testing new treatments and technologies and assessing their safety, effectiveness and cost effectiveness.

Meanwhile, Local Authorities provide or arrange more than 800 services for their communities, many of which have a direct or indirect impact on the health and wellbeing of residents. Until recently, there was very little health investment into research in Local Government and the opportunity for people delivering council services to be research curious or research active was not routinely available.

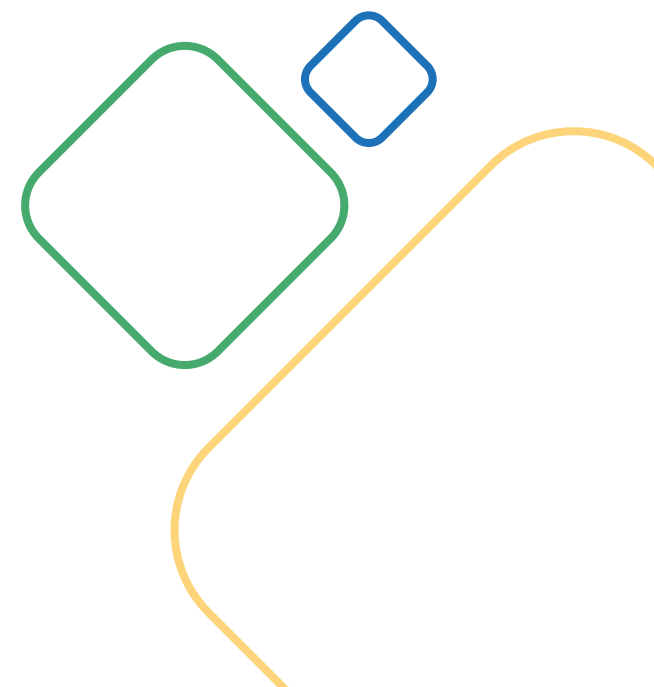
In 2024, a new Health and Wellbeing Strategy was published for Doncaster with three areas of focus, to improve the experience of ageing, to close the gap in women's and child health to create healthy places to live, grow and play.

Previous Director of Public Health (DPH) annual reports have described the importance of the wider determinants of health as the building blocks for good health and wellbeing and highlighted how structural inequalities can contribute to poorer health. The new Health and Wellbeing Strategy aims to bring partners together to create healthier places in Doncaster. Local Authorities have responsibilities for many of the structural determinants of health. Functions of planning, environmental protection, licensing and environmental health create safe and healthy places for people to live and grow, and through access to education, green space, arts and culture communities can thrive.

HDRCs boost research capacity and capability within local government, where the building blocks for good health and wellbeing are designed and delivered. Each HDRC is funded for 5 years to embed a culture of using evidence when making decisions and to use research findings to understand how those decisions impact on health and health inequalities. HDRC's also provide the skills and supporting capacity to carry out research where evidence isn't already available to maximise the health and wellbeing impact of the function or service.



**Rachael Leslie**  
Director of Public  
Health, City of  
Doncaster Council





Doncaster HDRC is in its second year, and, through an established team, has worked across a range of teams and functions delivered by City of Doncaster Council. This year's DPH annual report will describe how Doncaster's HDRC team and approach has been developed. Examples will be presented to demonstrate the difference and improvement that health investment in Local Authority can make.

Research skills enable and empower professionals and teams to work with residents and communities to solve issues together, making the best use of available resources. In its recommendations, this report describes the connection to community-based approaches and relational practice that form part of the Team Doncaster Thrive approach.

The Faculty of Public Health defines three domains of Public Health practice - Health Protection, Health Improvement and Health Care Public Health – and states that these domains are supported by the underlying functions of public health intelligence, academic public health, and workforce development. This year, the public health team have been supported to develop their academic public health skills and have been invited to present their work as an academic poster or presentation. This has given members of the team from apprentices to Public Health Leads the confidence to present their work and mobilise the knowledge they have created and developed in their operational roles.

As with previous DPH annual report reports, a 'State of the Health of the Population' section will provide a summary of data. This year, data will be presented on the wider determinants of health, using the findings from Doncaster Fairness and Wellbeing Commission published at the start of this year and new data collated for wider determinants in national Public Health Profiles.

The annual analysis of the spend of the [Public Health Ring Fenced Grant](#) is also provided with a commentary of investment on the wider determinants of health.

The report will conclude with a series of [recommendations](#) – for the Public Health team, for Team Doncaster and for bodies that fund research into health and determinants of Health.

“Health is unequal across the UK and there are many factors which cause this. These include social, economic and environmental factors - also known as wider determinants of health - which are heavily influenced by the work of local government. HDRCs enable local authorities to use and conduct high-quality research into these determinants”

The National Institute of Health and Care Research

## State of Health in Doncaster in 2024

Doncaster's Health and Wellbeing Board (HWBB) have published a new Health and Wellbeing Strategy for 2024-2030. The HWBB strategy identifies three areas of focus: improving the experience of ageing, closing the women and children's health and wellbeing gap, and creating healthy places to live grow and play.

Doncaster's Joint Strategic Needs Assessment JSNA provides a compendium of data, intelligence and insight on the health and wellbeing of Doncaster Citizens.

Summary data is presented in 3 life stages - Starting Well, Living Well and Ageing Well. Each year a series of focussed health needs assessments are published on priority topics. In 2024, health needs assessments were completed and published for:

- Illicit Drug and Alcohol Use and Impact
- Children and Young People - Special Educational Needs and Disabilities (SEND)
- Health Needs of Rough Sleepers

Additionally, in 2024, two focussed special insight projects were completed and published:

- Fairness and Wellbeing Commission – A completed report, accompanying data and evidence submissions that examines a ranges of experiences of people who live and work in Doncaster to better understand the challenges and opportunities they face
- Community Profiles – A community profile has been compiled for each of Doncaster's 88 communities – these profiles include hyper local health and wellbeing data from a range of sources and a summary of resident voice gained through community conversations with residents

The JSNA is available at: [www.teamdoncaster.org.uk/jsna](http://www.teamdoncaster.org.uk/jsna)



All Ages



Starting Well



Living Well



Ageing Well

# Healthy Places to Live, Grow and Play

Each year, the DPH annual report provides a summary of data related to the topic area. For 2024, the report provides key data on the wider determinants of health. This matches the HDRC priority to make a lasting impact on health inequalities and wider deprivation by addressing the wider determinants of health.

The data provided in this report is from the Fairness and Wellbeing Commission data packs, available on the JSNA pages and newly available data about the Natural and Built Environment and Income and Employment available through the Public Health Outcomes Framework (PHOF).

## Natural and Built Environment

The places where we live, work, grow and play shape our behaviours, and impact our health, increasing or decreasing the risk of a range of non-communicable diseases including some cancers, cardiovascular disease and poor mental health. The variety of shops, access to green spaces, connections to community assets and housing choices available in the places we live can enhance or constrain options and influence behaviours. People who live in more deprived areas may be more pervasively exposed to negative influences on health, widening and sustaining health inequalities.

Traditionally when we talk about health outcomes, we think about the product of individual behaviours and lifestyle choices, but our reality is much more complex than that. We know that the environment in which we live can both support and limit our ability to take care of ourselves. We want to ensure that all Doncaster residents are supported to pursue their health goals without judgement, and as part of this, we take a [Compassionate Approach](#) to weight, health, and food and are working on further developing the evidence base for this approach.

## Spatial Planning

[Spatial Planning for Health](#) resources present an increasing body of research that indicates that the environment in which we live is inextricably linked to our health across the life course. The design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity and mental and physical health outcomes. Urban design features, including good quality, safe green spaces and access to active travel options can help reduce the risk of poor health.

Evidence from across the UK shows that embedding health into the planning system can improve health outcomes and reduce health inequalities. This is reliant on close collaboration between public health and planning teams to share skills and embed a health in all policies approach. Although not required in England's planning system, Health Impact Assessments (HIAs) are used in Doncaster to assess the potential health impacts and opportunities of new developments using a simple tool and template and training is provided annually for planning teams, which maintains knowledge and relationships.

## Healthy Places to Live, Grow and Play

### Licensing of Premises

In 2023, 1,138 premises were licensed to sell alcohol in Doncaster – around 2 premises per square kilometre. This is above the England average of 1.3 premises per square kilometre and a density that is increasing in Doncaster. In more deprived communities, the density is much higher at 7.9 per square kilometre, a pattern of inequality that applies to other licensed premises including gambling establishments. Across Doncaster there are 53 licensed gambling premises comprising of 41 betting offices, seven adult gaming centres and three bingo premises.

Licensing is one of the areas where local authorities have the power to act to reduce alcohol availability and exposure to gambling harms. As part of a **health in all policies** approach, the Public Health Healthy Places team have worked together with the Planning team to include a policy as part of the [Local Plan](#) to halt the proliferation of these premises. This includes providing health and wellbeing focussed responses to every new application. The Healthy Places team have also worked with embedded researchers in the HDRC to further develop the local evidence base in relation to gambling harms and its local impact to strengthen the commentary when new gambling related planning and license applications are made.

### Density of Fast Food Outlets

In recent years, there has been an increase in the proportion of food eaten outside the home. Food that is available 'on the go' may not have the same nutritional qualities and value as food that is prepared at home. Modern food environments provide easy access to energy dense and nutritionally poor food and often fewer opportunities to be physically active.

The availability of fast food, including hot food takeaways in an area, is measured and presented as a density measure - number of fast food outlets per 100,000 population. The most recent available data on number of fast food outlets is from 2017 and published as part of a [Hot Food Take Away evidence review](#). The data showed that Doncaster had a much higher density than the England average of 96 per 100,000 population with a density of between 113 and 232 fast food outlets per 100,000 population.

A [national review](#) of the geography of fast food outlets found that fast food availability was greater in areas of higher deprivation. Understanding how Doncaster and its communities compares to an England average can be used to influence planning activities with the aim of reducing the proliferation of food with a poor nutritional value – sometimes referred to as '[food swamps](#)'.

The development of a new Doncaster Food Plan (2025-2030) aims to create a food environment that enables everyone in Doncaster to access and use diverse, nutritious, and sustainable foods. The Food Plan will include actions to build residents' food-related knowledge and skills, expand and strengthen affordable food initiatives, address the advertising and promotion of nutritionally poor foods, reduce food waste, and support and increase local food production.'



## Healthy Places to Live, Grow and Play

### Air Quality

Air quality is a measure of how clean the air is that we breathe. There is strong evidence that air pollution contributes to the risk of coronary heart disease, stroke, respiratory disease, and lung cancer. Poor air quality exacerbates asthma and has a contributory role in mortality.

Air quality measures are provided as an annual concentration of fine particulate matter at an area level which is adjusted to account for population exposure. Fine particulate matter is also known as PM2.5 and has a metric of micrograms per cubic metre ( $\mu\text{g}/\text{m}^3$ ). As a whole area, Doncaster had a better air quality measure than the England average with a PM2.5 measure of 6.3 compared to an England average of 7.8, however there are some areas of Doncaster with poorer air quality.

Road transport, industrial processes, the industrial and domestic burning of fuel and agriculture all contribute to poor air quality locally. Transport is the largest local factor in air quality and traffic congestion in urban areas can lead to longer journey times and contribute to air and noise pollution.

Active travel – through walking, wheeling and cycling - is good for air quality, physical fitness and wellbeing. The [Active Travel team](#) at Doncaster Council work closely with local businesses and schools to support staff, students and residents to supporting all Doncaster residents to make active travel journeys where possible and reduce the number of short journeys taken by car.

The [Get Doncaster Moving](#) (GDM) Walking Strategy was updated this year to ensure it continues to be fit for purpose post pandemic and includes the new walking, wheeling and cycling infrastructure.

The [Active Travel Social Prescribing](#) pilot - Ride, Stride and Thrive - funded by Active Travel England has been relaunched this year in Balby. This aims to build confidence in people with long term conditions or disabilities to walk, wheel or cycle to improve their access to the local parks, green spaces and services.



## Healthy Places to Live, Grow and Play

### Employment, Skills and Income

Secure and good quality employment provides better incomes, financial stability, a greater sense of purpose and friendships, which in turn provide higher living standards and more opportunities for better health and mental health. Poor health, can make it harder to participate in the labour market and unemployment can lead to poorer health and shorter life, with associated indicators such as increased smoking at the onset of unemployment and higher risk of depression and anxiety.

A poor working environment, characterised by low levels of job control and organisational fairness, and a high effort reward imbalance, can contribute to poor health including high levels of stress, physical occupational hazards and sedentary workspaces.

Doncasters [Fairness and Wellbeing Commission](#) explored employment and income over sessions focussing on working age people. In Doncaster:

- In 23/24, 75.8% of Doncaster residents described themselves as employed (England average 75.7%)
- 16,800 (17.7%) household are workless, where no-one aged 16 or over is in employment (compared to Y&H 14.3%, UK 14%)
- 29,000 Doncaster Residents aged 16 and over have never worked or are long term unemployed (Census 2021)
- In 2021, the median gross weekly earnings for men in Doncaster was £585, compared to £349 for women.
- There are 28,132 people in Doncaster providing regular unpaid care

The Commission found that not all residents have access to higher quality jobs within the economy and that for many job opportunities are low-skill and low-wage. The Commission made a series of recommendations, including recommendations for tackling in work poverty.



### In-work Poverty Recommendations

1. Tackle in-work poverty and improve job security for Doncaster residents.
2. Build a Socially Responsible Business Community.
3. Create the conditions for social mobility.
4. Improve employment opportunities in Doncaster, ensuring everyone has a fair chance to succeed and develop.

## SECTION 2

# NIHR | Health Determinants Research Collaboration Doncaster

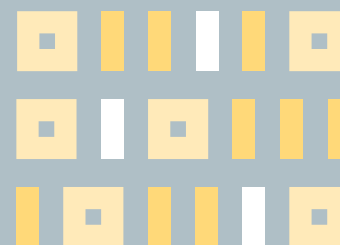
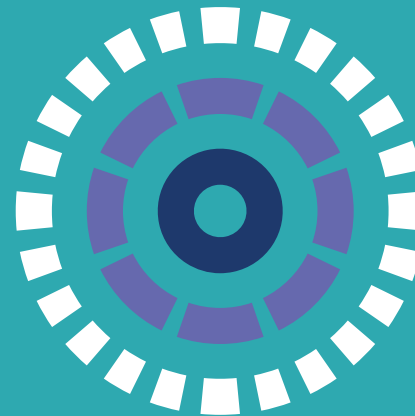
## Improving Public Health and Narrowing Health Inequalities.

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# The HDRC role in improving data and evidence

Doncaster HDRC has enhanced the way that Public Health and other City of Doncaster teams and functions understand and improve health and wellbeing. Through capacity, knowledge and skill, the HDRC facilitates a robust approach to analyse, test and apply the evidence for what works to improve service delivery. Research methodologies have enabled both more varied and more precise approaches to data collection and analysis and have provided support for teams to explore hypotheses about how services can better improve health and wellbeing and make better evidence-informed decisions.





# Doncaster HDRC

## The Role of Research in improving Public Health and Narrowing Health Inequalities.

Research is key to discovering how we can improve health and reduce health inequalities. Embedded within the Public Health team at City of Doncaster Council, and working across the whole Council, is a HDRC (Health Determinant Research Collaboration). HDRCs are funded by the NIHR (National Institute for Health and Care Research), and by March 2025, HDRC Doncaster will be one of 30 across the country. HDRCs aim to help local authorities to become more research-active, enhancing a culture of evidence-based decision making.

HDRC Doncaster is hosted by City of Doncaster Council, in collaboration with our partners at the University of Sheffield and Sheffield Hallam University. This collaboration conducts research alongside what we know locally and then uses this as evidence for decision-making to improve the health of the residents of Doncaster.

**NIHR** | Health Determinants  
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Doncaster



“HDRC Doncaster was set up in October 2022 with a focus on building research capacity and capability to reduce health inequalities and address the wider determinants of health - the conditions in which people are born, grow, live, work and age in.

People working in local government have the added advantage of knowing their local areas and communities. This investment will equip them to embed a lasting legacy of research culture to help local populations take important steps forward in tackling health inequalities.”

Professor Lucy Chappell, NIHR CEO



“Local authorities have the key role in shaping place. From a strategic level there’s a wide disparity in terms of life expectancy - the most deprived areas of the UK have females who live around two thirds of their life in general good health. Whereas in the least deprived areas that was four fifths. That is a huge disparity in living well, never mind life expectancy. So at its most fundamental, **research is crucial** to understanding not only what is happening, but what would **make things better**.”

David Pye, Research Programme Manager, Local Government Association



Watch this short film to see how the first HDRCs are making a difference in their places.

HDRC Doncaster will be one of 30 across the country.



## What do HDRCs do?

Susan Hampshaw – HDRC Director describes how the HDRC team operates and some of the achievements so far:

All our activity is centred around the approach of **learning by doing**. Over the last two years we have aimed to grow and nurture research activity to help us understand the wider determinants of health and reduce inequalities. Since we came together as a team, we have made considerable progress. Our work consists of a several 'building blocks':

- Producing research to inform decision-making processes
- Motivating organisations and the public to get involved
- Using and linking data sources to inform and develop our work
- Involving staff from other council teams, local people and partners
- Working out what we should research
- Building our infrastructure, networks and collaboration

A key part of our investment has allowed '**embedded researchers**' (ERs) to work alongside several service areas within local government. Importantly, this enables research activity and advances the capacity and capability of the local authority to reduce health inequalities improving research readiness in this area. With ERs installed, the ability to work alongside local authority officers has allowed the HDRC to identify potential opportunities and to collaborate strongly in producing research together. Additionally, the HDRC team and council colleagues have worked together closely by securing further funding through grant applications for research projects that enhance services and improve the lives of those in Doncaster. Consequently, a unique and accessible relationship between academia and local government has been formed.

The use of academic expertise has the real possibility of scientific findings being translated into policy, which improves local government practice. The academic ERs have contemporary knowledge on methods and analysis which are essential resources within the HDRC team.

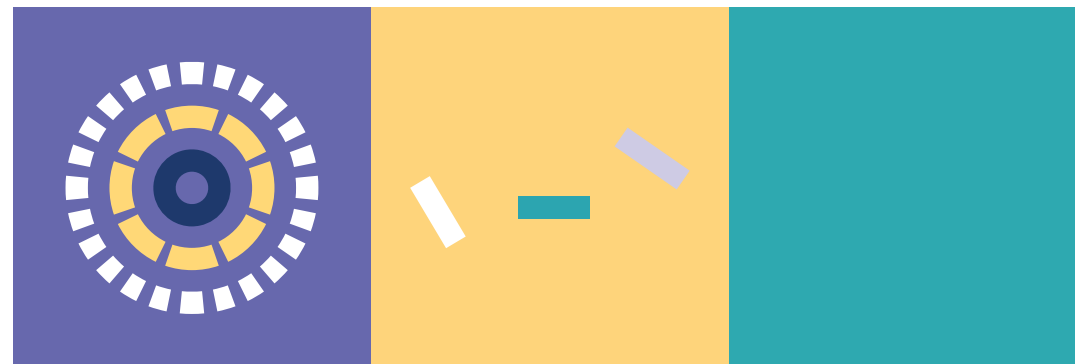


**Susan Hampshaw**  
HDRC Director

The ERs serve as a conduit to understand service delivery demands, commit to purposeful research and then inform policy. They can 'step back' or 'step in' as appropriate when advice, support and assistance in services is requested. This research curious yet committed approach best illustrated by a quote from an experienced service manager:

“The collaboration between Complex Lives and HDRC to undertake research has been seamless, in that the researchers are working alongside the service with very little disruption. We can gather the information and data needed in a way that aligns with service values and have created an environment where researchers and participants can share authentic reflections and experiences. We are very much looking forward to the outcome of this piece of work which we know will support shaping services in the future.”

Nicola Milnes, Complex Lives service manager



We have had the opportunity to reflect on our investment and how we've built capacity and capability for research within Doncaster. When we initially bid for the funding, we drew on findings from our NIHR funded Local Authority Research Systems (LARS) study. The relationship between evidence, policy and practice is complex, dynamic and nuanced. We set out to build research capacity to help close this gap. We have used key findings from the LARS study to guide our work and where to focus attention.

We identified that we should focus on growing a collaboration; making a difference to local government; improving the relationship between research, practice, and policy; generating more resource and expertise; and promoting research as everyone's business in the local authority.

**HDRC Doncaster's vision is simple:**  
We will focus on growing our capacity to develop and use knowledge within our decision-making processes. This will lead to better outcomes for the citizens of Doncaster.





## The HDRC as a Catalyst

A key asset that HDRC Doncaster provides to teams delivering a wide range of Council services and functions is the time, space and permission to explore and investigate alongside an experienced researcher.

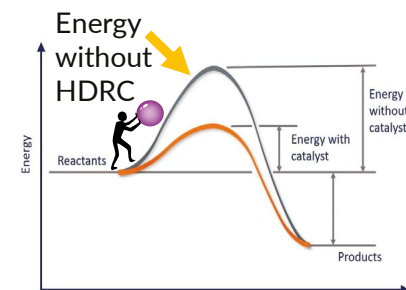
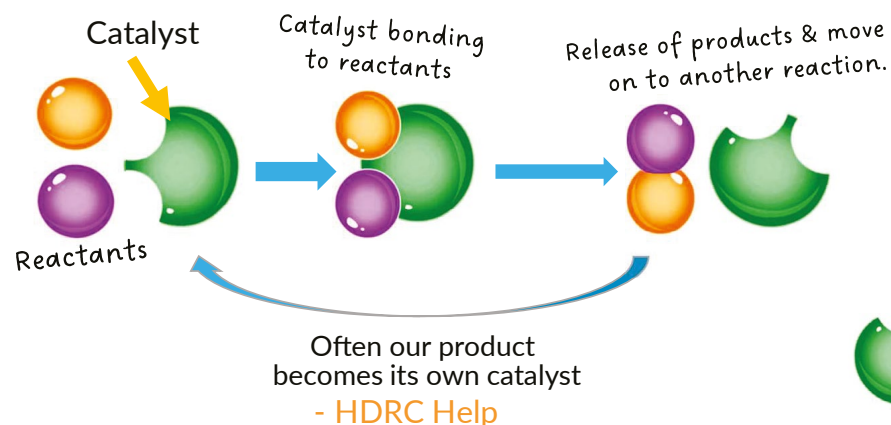
Dr Faye Esat, HDRC Evaluation Lead, describes how the HDRC acts as a catalyst for research

“The investment allows the HDRC team to get alongside our local government colleagues. It enables us to work together to identify researchable opportunities to improve our understanding of the wider determinants of health and what can be done to tackle them. The HDRC effectively acts as a catalyst to build research capacity and capability in local government. The headspace created also allows us to work through and develop the policies and processes needed to sustain research in local government.”

Faye uses a science-based metaphor to illustrate how the HDRC operates:

“A catalyst – in this case, the HDRC unit - makes itself visible and available within its environment, allowing reactants to temporarily bond to it. These reactants can be people, ideas, projects or policies. They move alongside the catalyst in a journey of chain reactions, until a product is released as a result of that temporary bonding journey. These products can emerge as a whole host of things, including policy briefings, evidence documents, needs assessments, data sharing solutions, evaluations, peer guided ethics, meaningful community voice or research frameworks. These products then independently move away from the catalyst (the HDRC unit) and can themselves become catalysts on their own, embedding research culture and practice in all corners of local government.”

**A catalyst is a substance that accelerates or facilitates a reaction without being consumed in the process.**



**Our catalyst is:**

- The HDRC existing as a unit
- Embedded Researchers with differing strengths make up most of that capital

# Making Research Happen - The Building Blocks

HDRC Doncaster was founded with six building blocks that guide the basis for everything that the team does. This section will use examples of projects and development to illustrate each of the six building blocks

Working out how to get what we know from research into our decision-making processes.



Motivating people and organisations to get involved.

Using and linking data.



Involving staff, local people and partners.

What should we research?

Learning by Doing.

**NIHR**

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City of  
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**Sheffield  
Hallam  
University**



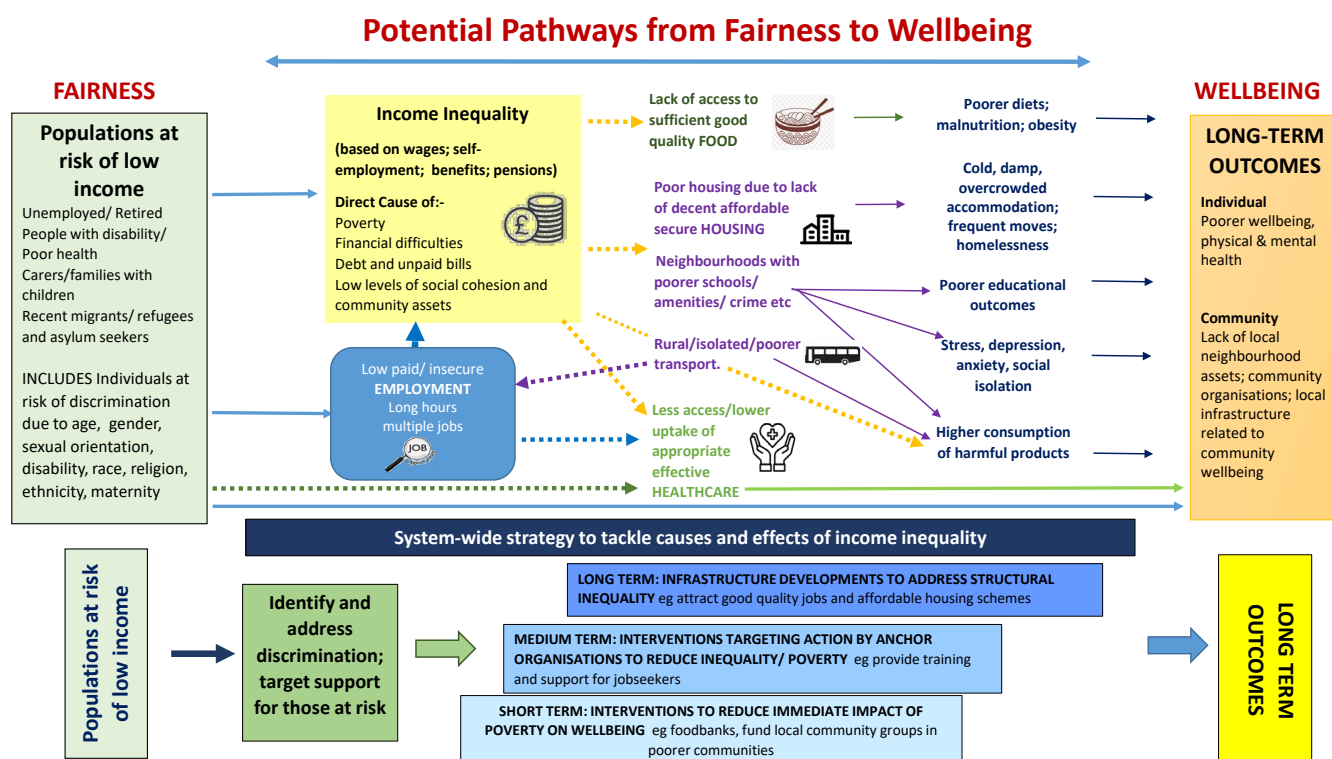
University of  
**Sheffield**

## Producing Research to Inform our Decision-Making Processes

One of the first steps for Doncaster HDRC was to establish the processes to **get what we know from research into decision making processes**. The HDRC is integrated within council governance, and this enables the HDRC to engage in relevant areas of council work. Research has already made a difference to major policies and strategies in Doncaster

The HDRC worked with Doncaster's [Fairness and Wellbeing Commission](#). Embedded Researchers Professors Andrew Booth, Liddy Goyder and Ed Ferrari worked alongside the Commission Secretariat to design a logic model and to identify and present evidence.

A logic model is a graphic which represents the theory of how an intervention produces its outcomes. It represents, in a simplified way, a hypothesis or 'theory of change' about how an intervention works. Process evaluations test and refine the hypothesis or 'theory of change' of the intervention. The Logic Model for Doncaster's Fairness and Wellbeing Commission illustrates the links between income inequalities and essential aspects of wellbeing and this was used by commissioners to identify effective changes to address income inequalities in the short and medium term, as well as long-term structural challenges.



As Embedded Researchers, they responded to themes generated by the Commission and coordinated data from research and practice initiatives. A rapid review of existing evidence examined how income inequality impacts upon wellbeing essentials such as employment, housing, food and health services. What Works; Best Practice Example packs were created to broaden understanding and enable Commissioners to explore the impact these initiatives could make in Doncaster.

## Producing Research to Inform our Decision-Making Processes

The HDRC has evaluated the **Starting Point** programme (previously known as **Complex Lives**). Findings have influenced the re-examination and re-formation of policies and strategies employed to address homelessness.

The HDRC's approach to working alongside practitioners and policy-makers has provided the investment of time and the transfer of research skills. This has enhanced the confidence of the team to use and create research data together. This partnership approach means that the evidence generated is better understood and used and, in the longer term, contributes to building capacity to perform reliable research processes in practice, which embraces the concept of **knowledge mobilisation**.

Knowledge mobilisation is an iterative, long-term, and two-way process to create the conditions to enable the right people to use the right information at the right time. It involves a two-way dialogue between researchers and research users. By sharing information with and learning from each other, a deeper understanding capable of catalysing change can be achieved. It is one of the processes that facilitates and amplifies the contribution of research to real-world settings. (NIHR)



Knowledge  
mobilisation  
amplifies the  
contribution  
of research to  
real-world settings





## Growing Research Skills and Academic Public Health Capability

The HDRC provides a supportive environment to encourage research activity and **motivate people and organisations to get involved**. Alongside this, opportunities have been created in recent years to maintain and develop academic public health skills as an integral part of the way that the Public Health team works.

The HDRC hosts personal NIHR Academy Awards and Internships including [PLAF](#), [SPARC](#) and Research Career funding and the Public Health team have created apprenticeship roles and systems for supporting Public Health Registrars, work placements and Graduates through the Impact Programme.

The HDRC and the Public Health team have established mechanisms to support applications, to develop hypotheses and to undertake research as part of, or alongside their existing roles. This includes the provision of technical support and advice, research governance processes and, importantly, protecting time to carry out the research work.



The following case studies are provided as examples of growing research capability and its links to knowledge mobilisation.

### Carrie: NIHR Academy Pre-Doctoral Local Authority Fellow (PLAF) and Public Health Lead

Joining the HDRC team for one year to finalise a NIHR Doctoral Local Authority Fellow (DLAF) application on the long term effects of attending a child weight management service.

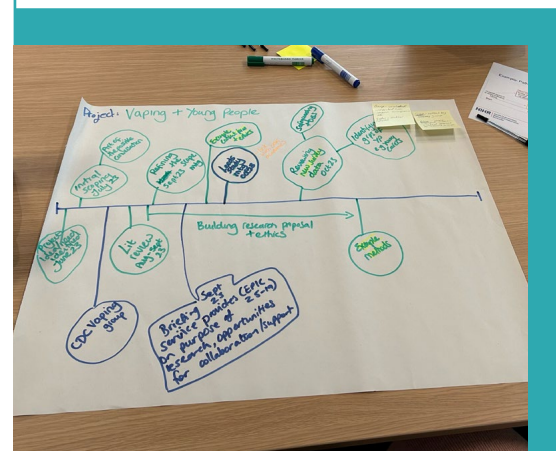
Acting as a public health embedded researcher employed by City of Doncaster Council and a visiting researcher at Sheffield Hallam University. If successful, her DLAF academic host will be University of Leeds increasing the network of collaboration.

### Co-producing Research on Vaping

Research curious colleagues in the Public Health team who had local intelligence on vaping and young people that differed from national data. Together, Public Health practitioners worked alongside HDRC Embedded Researchers to design a study to investigate local young people's experiences of vaping. All individuals involved developed research skills in the methods and the analysis of qualitative data. Young people's suggestions on support to reduce vaping have resulted in policy and practice interventions for local implementation. A co-written scientific journal article will be published based on these findings. The team are also working together to develop a funding bid to strengthen this work further. The Public Health practitioners involved are now keen advocates of research informed practice.

### Dr Sarah Varga - Intensive Care Nurse hosted by the HDRC

Funded by the NIHR Short Placement Award for Research Collaboration (SPARC) to improve understanding of organisational research culture. Exploring ethical approaches involved in research within local government and the NHS will improve opportunities for data sharing and collaboration through research.



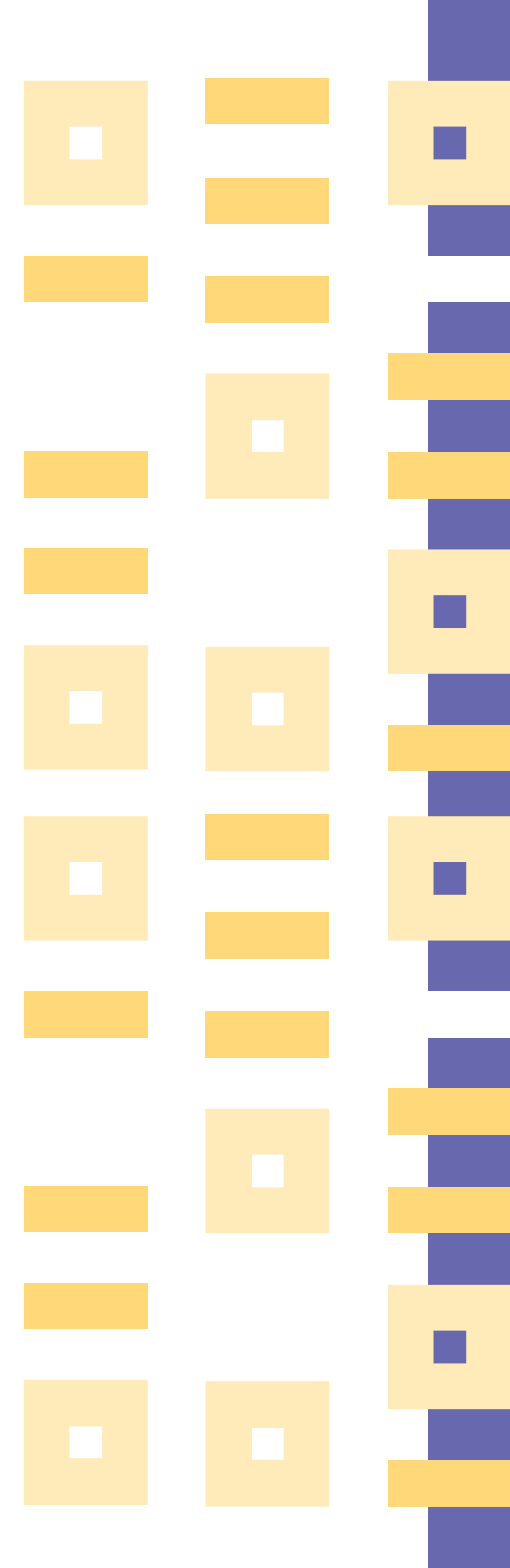
## Using and Linking Data

Data linkage is often cited as a limiting factor in furthering knowledge and understanding. The HDRC have been able to take new approaches to [installing, connecting and utilising data](#) to enhance the surveillance capabilities of the local authority. This includes creating governance arrangements to enable the development of shared databases and platforms to provide more accurate data displays and understandings of Public Health issues. The techniques and skills developed and learned can also be of wider use to the council and partners.

**Learning from the NHS Open Source Data Principles** - Free and Open Source (FOSS) data methods are defined as having open source code - software licencing that allows for unrestricted use, modification and distribution. The NHS's ongoing adoption of FOSS offers valuable lessons for UK local authorities and HDRC Doncaster is committed to utilising and encouraging the use of FOSS methods throughout data and research driven work. Professor Ben Goldacre's Better, Broader, Safer 2022 [review](#) emphasised the importance of transparent, efficient, and collaborative use of data. Local authorities face similar data challenges to the NHS, including managing diverse datasets, challenges with data quality and securing single client record databases.

To improve data capabilities, the HDRC has enhanced the skills of local authority officers and apprentices to use and contribute to FOSS methods. This includes supporting an officer to take up a place on the national [Health Service Modelling Association Programme](#) for predictive modelling techniques to support ongoing research objectives in this area. HDRC Doncaster has also utilised social networking analysis as an evaluation tool and the qualitative Ripple Effect Mapping applies social networking visuals and analytics. This method has been applied to alternative streams of work within the Public Health team illustrating how we've shared knowledge and intelligence on this task to the wider workforce.

A key benefit of FOSS is the ability to avoid duplication of effort. Embracing open-source tools and platforms facilitates sharing and transparency across teams and organisations. This ensures that resources are not wasted on reinventing solutions. HDRC Doncaster adopts FOSS tools for data driven tasks and makes use of reproducible analytical pipelines. This approach not only reduces cost, but also promotes consistency and interoperability across regions. Learning from the NHS, and their FOSS journey, HDRC Doncaster can enhance local authority data capabilities, avoid unnecessary duplication, increasing transparency and deliver better outcomes for the residents of Doncaster.



## Using and Linking Data

**Collaborative Data Security and Infrastructure** - Secure Data Environments (SDEs) offer controlled digital infrastructure to allow pseudonymised data to be utilised for research without leaving the digital environment. HDRC Doncaster is committed to ensuring public safety and confidence of any data we collect and, use and all outputs from a SDE are anonymised and reviewed prior to leaving an environment.

SDEs are General Data Protection Regulation (GDPR) compliant and follow the [five safes framework](#) - Safe Data, Safe Projects, Safe People, Safe Settings and Safe Outputs. Nationally, the NHS has developed a collaborative network and a regional SDE now exists for Yorkshire and Humber. The HDRC uses the regional SDE network to access and use this sensitive data securely to inform local decision making.



### Born and Bred in Doncaster (BaBiD)

A research programme that aims to improve the health and wellbeing of children and families across Doncaster. Pregnant women are invited to join the project and allow health researchers to link routinely collected data about them and their baby to gain a better understanding of what local families want and need from services across the borough. In summer 2024, and following BaBiD's second birthday, the 3,000th participant was recruited. The BaBiD project links data from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), City of Doncaster Council and Rotherham Doncaster and South Humber NHS Foundation Trust.

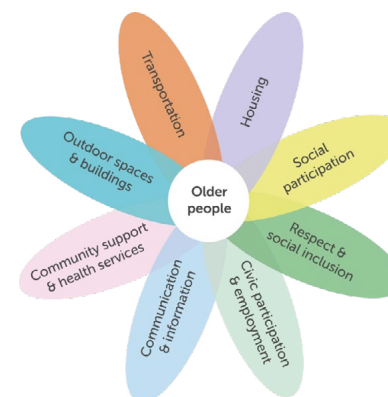
BaBiD data has been used in local Health Needs Assessments to understand areas of population need and drive changes in policy and services for women and their children.

The project has also enabled academics to work alongside clinicians in the field of maternal and infant health to explore and test improvements in service delivery.

### Ageing Friendly

The Centre for Ageing Better describes an Age-friendly Community as a place where people of all ages are able to live healthy and active later lives, participating in the activities that they value and contributing to communities.

To understand how to improve the experience of ageing in Doncaster, a survey was completed by over 1000 residents to explore eight domains: Housing, Social Participation, Respect and Social Inclusion, Civic Participation and Employment, Communication and Information, Community Support and Health Services, Outdoor Spaces and Buildings and Transportation.





## Involving Staff, Local People and Partners

A dedicated Public Involvement and Community Engagement (PICE) approach is used to **involve staff, local people and partners** in HDRC plans and activities. Doncaster's bid for national HDRC funding included a co-developed a set of **TIDES principles**:

- Work will be **Theory Informed**
- 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.

The Equity principle requires that some voices and ideas are not privileged above others. This is overseen through a dedicated PICE Lead, resourced to develop this crucial strand building on the Equity principle. This role is delivered through Natasha - a former Public Health Practitioner with considerable research experience and a long history of working with community groups in Doncaster, particularly with underserved, ethnic minority communities. Prior to starting in the HDRC, Natasha worked as a Covid Community Link Officer mitigating covid related health inequalities for ethnic minority communities through building trust and using evidence to direct public health messaging and actions.

The HDRC has been able to build on this trust and establish an approach to PICE that operates as a 'network of networks' working alongside communities to develop research priorities, and with individuals and groups to create authentic work packages. Through this, a perinatal mental health group has been established with migrant and ethnic minority women, including traveller and Roma women.

Through PICE, a HDRC Doncaster remuneration policy has been created to compensate for time and expenses of those that give their experience and voice. Digital tools have been created to capture and share PICE activity and training across organisations. Currently, a PICE workstream is working in collaboration with Sheffield Hallam University and local ethnic minority communities to develop a skin perfusion device with no bias around skin tone.

The Network of Networks approach is reflective of Doncaster as a Place of Places. Social network mapping is used to capture and illustrate these networks. Over time the HDRC will use social network analysis to identify gaps in reach and impact.

The PICE approach means the HDRC can quickly respond to opportunities to explore inclusion health and advocate for diverse voices as part of the research process.



PICE Event - May 2024

## Involving Staff, Local People and Partners

“The PICE approach contributes to developing an inclusive and equity aware research culture within City of Doncaster Council and Doncaster as a Place. We aim to engage stakeholders to ensure innovative, diverse public involvement in developing research studies and increasing diverse participation in local research. We recognised that historically there has been missing voices in both research engagement and participation and that building and maintaining trust is essential. A common theme is that researchers and research organisations rarely complete a feedback loop, return to people and demonstrate the impact of research conversations.

This issue was clearly articulated at our PICE Spring Conference, and we are working to ensure that missing voices is not a feature of HDRC Doncaster’s approach to research with local communities. To deliver this we have several strands of PICE activities: for example, development of the remuneration policy, commitment to providing feedback, commitment to co-production within research projects and work to ensure public involvement in developing our research priorities.”

**Natasha Mercia – PICE Lead**



HDRC will maintain a commitment to empower, support and upskill communities to conduct their own research and work collaboratively on research grant funding opportunities. A collaborative application is currently being developed to evaluate community based mental health interventions from the ground up involving several local groups with diverse memberships and perspectives.

These [short films](#) explain why diverse voices are crucial.



Watch this short film to see how diverse voices are crucial to supporting communities in conducting their own research.

## Working Out What We Should Research

Initially, the HDRC began to build research capacity and capability within Team Doncaster's '[Great Eight](#)' priorities, starting with food, housing, mental health, creative health and children and young people. A PICE Conference in Spring 2024 brought together 72 delegates and included an exercise around **research priority setting** using an innovative Diamond consensus approach.

This exercise is designed to be facilitated in a workshop setting with the aim of encouraging discussion around priority topic areas and methods of engagement with communities. Groups discuss statements and rank them in a diamond formation. The diamond formation of the activity promotes a deeper discussion and comparison of the statements, producing richer data than may be achieved through open discussion. Participants are also given the opportunity to add statements of their own to ensure their priorities are captured. Each table has a facilitator present to clarify any points and to make field notes relating to the discussion.

Findings from the workshop suggested that engagement methods that were interactive such as workshops or activities were preferred as opposed to more traditional methods that felt more consultative like surveys.

Participants stressed the importance of communicating clearly why members of the public were being asked to participate and what would happen afterwards. There was less clear consensus surrounding priority topic areas beyond most groups agreeing that issues related to human survival, such as access to enough food and adequate housing were important.



Tackling  
climate  
change



Developing  
the skills to  
thrive in life  
and work



Making  
Doncaster  
the best place  
to do business  
and create  
good jobs



Building  
opportunities  
for healthier,  
happier and  
longer lives  
for all



Creating safer,  
stronger, greener  
and cleaner  
communities  
where everyone  
belongs



Nurturing  
a child  
and family-  
friendly  
borough



Building  
transport  
and digital  
connections  
fit for the  
future



Promoting the  
borough and  
its cultural,  
sporting and  
heritage  
opportunities



PICE Event - May 2024



## Working Out What We Should Research

The Diamond consensus activity has now been simplified into two separate activities designed to be used at community events for research prioritisation and engagement.

- A linear ranking exercise where participants are asked to rank topics in order of importance.
- A quick voting system where topics are printed on a rainbow shaped resource and participants are asked to use stickers to indicate the topics they consider important.

These resources have been produced in three community languages in addition to English with a view to improving the ability of a range of communities to take part.

The most recent addition to prioritisation methods uses ethnographic techniques to gather information about the needs of communities. Ethnography is used to learn about communities or cultures by immersive participation and observation.

This approach has been tested at November's Muslim Wellness Conference, where a researcher attended the event and made field notes to create a full picture of the day from their perspective.

This information was then combined with the reflections from the organisers and attendees. This identified the critical elements, any gaps and a reflection on what could have been delivered differently. This approach enables a deeper understanding of specific communities or settings to directly inform research prioritisation.





## Building Our Infrastructure and Collaboration

The HDRC has worked collaboratively to apply for additional research funding to actively conduct research that is important both locally and regionally. Since its initiation, the HDRC has:

Collaborated on

**27**

funding  
applications

**38%**

of applications  
have been  
successful

**£5.66  
million**

additional research  
investment has  
been captured.

Including  
**£282k**  
captured directly  
to the HDRC

Most of these applications  
(**67%**) were made to the NIHR

**NIHR** | National Institute  
for Health Research



UK Research  
and Innovation



Economic  
and Social  
Research Council



Engineering and  
Physical Sciences  
Research Council

The HDRC are also co-applicants on several grant submissions to other funding agencies, including UK Research and Innovation (UKRI), the Economic and Social Research Council and the Engineering and Physical Sciences Research Council.

## Building Our Infrastructure and Collaboration

Alongside funding for the HDRC to operate over the five-year period, collaboration will be key to establishing a longer term and sustainable position for applied research in Doncaster. The HDRC is actively **collaborating to build longer term research infrastructure**.

**Creative Health Boards** - The HDRC has worked alongside Sheffield Hallam University and colleagues within the City of Doncaster Councils Heritage Services and [darts](#) - a Doncaster based creative health charity and the largest participatory arts organisation in the UK - to develop a research project that has been funded through UK Research and Innovation's (UKRI). This forms part of the UKRI's programme to mobilise community assets to tackle health inequalities. This is a [three-year research programme](#), funded with a £2.1 million investment to develop an innovative model to make arts, culture and creativity a core part of health and care services across the UK.

**Maternity Disparities** - Sheffield Hallam University is one of nine UK universities selected as part of the new [NIHR Challenge Maternity Disparities Consortium](#). Sheffield Hallam's collaboration is in partnership with South Yorkshire Digital Health Hub (SYDHH), HDRC Doncaster and Bournemouth University. Research carried out by the consortium will focus on inequalities before, during and after pregnancy, supporting professionals who plan and deliver services for women and babies across both health and social care. The partnership led by Professor Soltani aims to reduce health inequalities for marginalised mothers and babies by establishing a Maternal and Infant Health Equity Research Centre (MIHERC). The centre will initially focus on priority areas identified by women from migrant, ethnic minority and poorer communities, and will be expanded to other marginalised groups such as mothers with disability. Researchers will work with mothers and families, communities and charities to explore innovative solutions using emerging technologies and intelligent digital solutions around perinatal mental health, communication barriers, healthy lifestyle and the transition to parenthood. HDRC Director Dr Hampshaw, is a co-investigator within the collaboration and will align to work to the Health and Wellbeing Strategy area of focus on closing the women and children's health and wellbeing inequality gap.



darts

 HERITAGE  
DONCASTER

Sheffield  
Hallam  
University



# SECTION 3

32 .....Use of the Public Health Grant

33 .....Summary and Recommendations





## Use of the Public Health Grant

Directors of Public Health are tasked with leading the local Public Health function and have a duty to take steps to improve the health and wellbeing of people living in the area.

Working with Team Doncaster partners and directly with communities, public health teams are well placed to take action to address the wider determinants of health and narrow health inequalities. Through research capacity and capability, Doncaster's HDRC enables deeper insight into the impact of the wider determinants of health and provides support to test and learn from actions to narrow health inequalities.

Public Health teams work in systems and across boundaries, within and between partner organisations. However, City of Doncaster Council's Public Health function receives a ring-fenced Public Health grant to support activity. The Public Health ring fenced grant is allocated through the Council's budget setting process and can be directed to both mandated 'prescribed' and non-mandated 'non-prescribed' services and functions.

Priorities are guided by the [Public Health Outcomes Framework \(PHOF\)](#), the local [Joint Strategic Needs Assessment \(JSNA\)](#) and the new local [Health and Wellbeing Strategy](#).

The table shows how the Public Health grant was used in 2023/24. Investment in mandated services (indicated by \*) has been maintained or increased where additional national funding has been made available (e.g. supplemental substance misuse and treatment grant).

The wider determinants spend of £5.5 million has been maintained at a similar proportion of grant spend.

	2023/24 Actual (£000s)
Public Health - Grant	£ 26,126
Public Health - Other Income	£ 7,932
<b>Total Public Health Income</b>	<b>£ 34,058</b>
<b>Spend: Commissioned Services</b>	
Health Visiting (Children aged 0-5)	£ 6,941
Zone 5-19 (School Nursing)	£ 2,127
Substance Misuse	£ 8,513
Sexual Health	£ 2,394
NHS Health Checks	£ 123
Smoking and Tobacco	£ 649
Health Protection (inc. Infection Prevention & Control)	£ 349
Mental Health - Suicide Prevention	£ 663
Other Public Health services and activity	£ 4,600
<b>Sub-total: Commissioned Services</b>	<b>£ 26,359</b>
<b>Spend: Wider Determinants</b>	<b>£ 5,330</b>
<b>Spend: Public Health Team</b>	
Public Health advice (including salary costs)	£ 1,175
Support services	£ 1,194
<b>Sub-total: Public Health Team</b>	<b>£ 2,369</b>



## Summary and Recommendations

Public health functions moved to local authorities in 2013 with the intention of bringing Public Health capacity and skills closer to the wider determinants of health, many of which are the responsibility of Local Councils. More recently, the HDRC has enabled research capability and capacity for the wider Council and supported refinement of academic Public Health skills across the team. These connections and enhancements ultimately improve the health and wellbeing of Doncaster residents.

The developing **Thrive** approach for Doncaster brings together relational practice, community-based approaches and a liberated, research curious way of working to enable communities to thrive. The Thrive approach is reflected in the recommendations for this year:

### 1. Recognise and prioritise the value that research approaches can bring across council functions:

- Using and generating evidence for use in decision making and service delivery
- Testing and widening the use of new skills and resources, for example data linkage capabilities and social network mapping
- Developing innovative methods for inclusive voice and resident participation in research

### 2. Enable and protect the time of staff and teams to be research curious and research active:

- Creating and testing hypotheses within teams and across systems
- Building in time, space and autonomy to test and discover as part of their roles
- Recognising the positive workforce satisfaction and retention gains that this brings

### 3. Creating places to live, grow and play:

- Maintaining and enhancing cross team working to address the wider determinants of health, including through Thrive
- Ensuring that Public Health investment in the wider determinants of health is maximising opportunities for better health and wellbeing outcomes
- Provide oversight through the Health and Wellbeing Board and new Health and Wellbeing Strategy

**If you are interested in how the HDRC can support your areas of work, email:**

 [HDRCDoncaster@doncaster.gov.uk](mailto:HDRCDoncaster@doncaster.gov.uk)

