

# Doncaster Health and Wellbeing Strategy

2024-2030



City of  
Doncaster  
Council



**Doncaster**  
Delivering Together





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# Introduction

## Welcome to our local health and wellbeing strategy.

Our ambition is to create a compassionate city where collectively everyone is supported to add life to years and years to life.

Today, in parts of Doncaster, people are dying years earlier than they should. Our bodies become unwell when we don't have the things we need, like warm homes and healthy food. When we are preoccupied with finding ways to make ends meet, it increases stress, raises blood pressure, and weakens our immune system, leading to serious health problems and dying earlier.

Our local health services play a crucial role in improving and protecting the health of Doncaster's residents. However, many factors outside of the scope of healthcare services impact on our health and wellbeing. The foundations for good health and wellbeing must be in place so we can develop a Doncaster where everyone can thrive. These foundations include, job security and fair pay, quality housing, access to green space, feeling safe and receiving a quality education. Today, too many of those building blocks of our communities have declined. The gaps need to be filled.

At the heart of our approach, we aim to create the conditions that will allow our residents to live healthy and happy lives. We understand that some of our residents experience poorer health than others; consequently, this strategy will prioritise measures that address their needs. By focusing on the wider determinants of health, we aim to create a more equitable and supportive environment for all residents.

Through collaboration with local organisations we want to make a positive impact on the health and well-being of our community.







# Background: Doncaster's Fairness and Wellbeing Commission

**In 2022, following a pandemic response which highlighted the deep-rooted inequalities in our city, our Health and Wellbeing Board initiated a commission to take a step back from our ordinary policy planning cycle and conduct an in depth look at fairness and wellbeing issues for Doncaster.** The board recognised the need to confront the unfair issues and challenges that had emerged and were worsening throughout the city in the wake of austerity and the ongoing cost of living crisis.

The Board felt there was a need to take an alternative approach from traditional policy development and established a bespoke group, or commission, to dedicate time and thought to identify ways to create a fairer future for Doncaster's residents. Chaired by a local MP and comprising of 17 members from various sectors, including public, voluntary, faith, and academic backgrounds the commission took a rounded view at a wide variety of evidence through a "mixed methods" approach. Through a year's worth of detailed evidence sessions, commissioners studied a significant range of evidence, data and community insight and have now developed a set of recommendations for local public service reform.

Whilst many of the drivers of poor outcomes come from national policy constraints, the commission have focussed their recommendations on what local action public services and community organisations can deliver collectively.

Doncaster's Health and Wellbeing Board have embedded the commission's work in this strategy by building on the data, resident insight and findings that were collated during the commission process.

Doncaster Fairness and Wellbeing Commission Report 2024



# One vision: Three areas of focus

“———  
Adding life to years, and years to life  
———”

1

Close the **women's** and **child's health** gap

2

Improve the experience of **ageing**

3

Create **healthy places** to live, grow and play

Intersectionality

Community Centred

Health Equity in all policy

Evidence Informed

Compassionate Approach





# Role and purpose of the Health and Wellbeing Board and strategy

The production of this Health and Wellbeing Strategy has been led by Doncaster's Health and Wellbeing Board in consultation with members of the public and key partners.

The role of the Health and Wellbeing Board is to:

- **Provide leadership to help and influence everyone to address the health and wellbeing challenges for Doncaster.**
- **Identify, assess, and monitor the health and wellbeing needs of the local population.**
- **Develop priorities and ensure that these are addressed across all policy areas to ensure residents have the building blocks in place for good health and wellbeing.**

The Health and Wellbeing Strategy is a statutory document and is one of several related strategies aligned to Doncaster's 10-year Borough Strategy, Doncaster Delivering Together (DDT),

These goals are supported by Doncaster's 'health-in-all-policy' approach embedding a health lens across various strategies, council services and decision making to support the Health and Wellbeing Board's objectives to improve the health of its population. Doncaster's Health and Wellbeing Board has a unique role to create healthy places as they are able to leverage their combination of statutory responsibilities, broad capabilities and deep local relationships – alongside communities and businesses.

## Health and Wellbeing Board

Provides leadership and facilitates collaboration to address the areas of focus.

Addresses the health and wellbeing needs of Doncaster.

## Communities

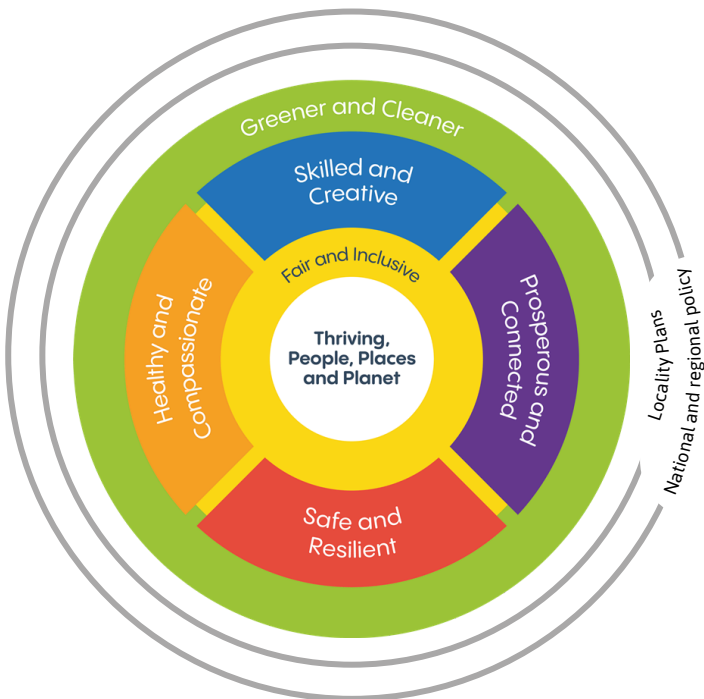
Support people to be healthy in their local community. Help to design local opportunities for wellbeing in collaboration with residents.

## Health and Care Organisations

Provide and commission health and care services to address the strategy priorities.

## Other Boards and Groups

Support the areas of focus of the Health and Wellbeing Strategy. Work in partnership to deliver the priorities of the strategy.





# Development of the Health and Wellbeing strategy

**To create this strategy, we have:**

**Reviewed and synthesised resident engagement:** We have built on pre-existing resident engagement to identify the priorities of residents with regards to health and well-being.

**Analysed both new and current data sets:** We have examined the most recent data mapping from the Fairness and Wellbeing Commission as well as the latest Joint Strategic Needs Assessment.

**Mapped our current strategies:** We have conducted a review of our current strategies and their contribution to health and wellbeing to clearly understand current policy and identify gaps.

**Shared findings and priorities:** We have worked with a variety of stakeholders, including Team Doncaster, elected members, the Health and Wellbeing Board, and resident representatives, to gain a better understanding and test our assumptions.

Our approach aims to create an informed, collaborative, and targeted strategy that addresses specific local health challenges while ensuring alignment with broader initiatives and priorities.

## Tackling health inequalities- Marmot Principles

The 'Marmot Principles' have provided the foundations for the Health and Wellbeing Board to address inequalities and strive for a fair city. The work of Sir Michael Marmot and the Institute of Health Equity in 2010, Fair Society, Healthy Lives concluded that action on health inequalities requires action across all the social determinants of health. [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/).

These principles lay the foundations for the Health and Wellbeing Board to strive for a fair city.

The Marmot Principles:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.





# The health of our residents

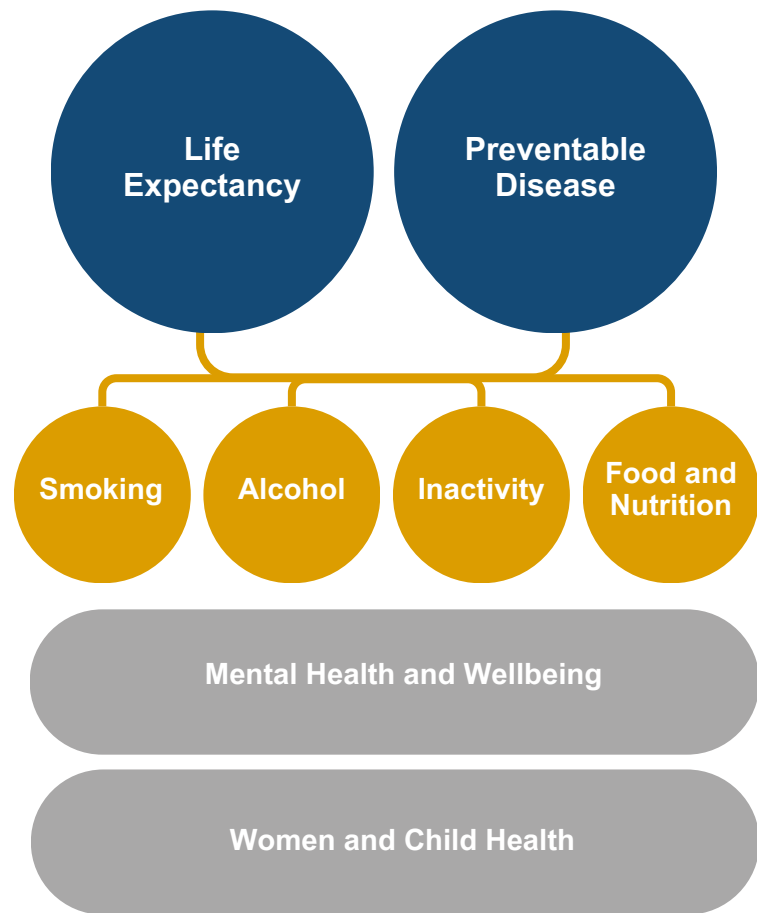
In Doncaster the health of many residents is poor when compared to our regional neighbours and the rest of England. In Doncaster, the most deprived neighbourhoods have poorer physical and mental health, and particular demographic groups, including those based on age, disability, gender, and ethnicity face further health challenges.

Our Joint Strategic Needs Assessment ([Joint Strategic Needs Assessments - Team Doncaster](#)), deep-dive health needs assessments and the Fairness and Wellbeing Commission's recent work all demonstrate the extent of inequalities and health challenges in Doncaster.

Doncaster residents not only live shorter lives than the national average, but the gap widens even further when considering the number of years lived in good health.

While life expectancy reaches 81 years for women and 77.8 years for men in Doncaster, they can expect to live in good health for only around 57 years compared to the national 63 years. This health gap is even wider between rich and poor areas, with the most deprived communities experiencing a 5 year drop in life expectancy. Doncaster also faces challenges with high rates of preventable deaths under 75, particularly from cardiovascular disease. While cancer death rates have improved, suicide rates have risen significantly. These health problems are strongly linked to residents needing all of the right building blocks in place: stable jobs, good pay, quality housing and good education.

This data and insight serve as the foundation for this strategy, and the challenges highlighted in the graphic below were recognised as major areas of focus.

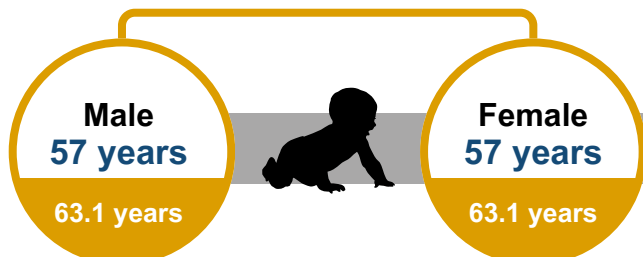




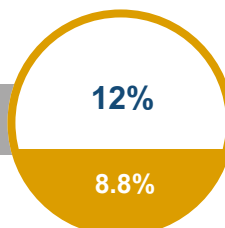


# Doncaster Health Profile Indicators

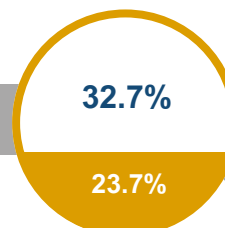
Healthy Life Expectancy at Birth



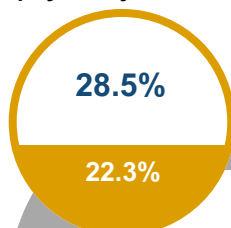
Mothers who smoke at time of delivery



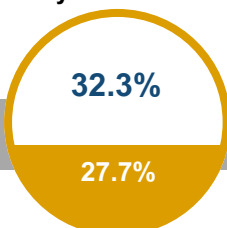
Five year olds showing visible signs of tooth decay



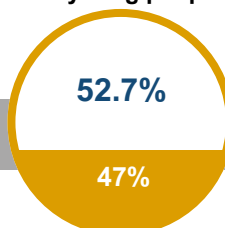
Residents that are physically inactive



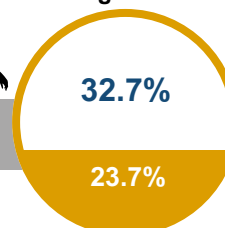
Secondary school students that are persistently absent from school



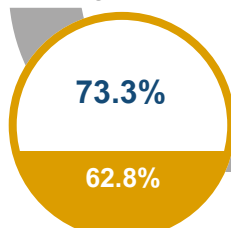
Physically active children and young people



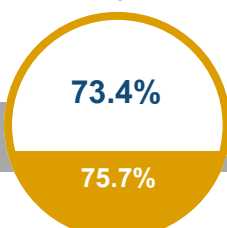
11 year olds that are overweight or obese



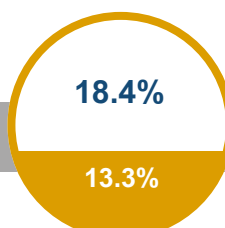
Adults that are overweight or obese



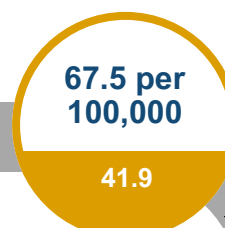
Percentage of people in employment



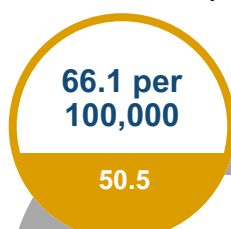
Adults who currently smoke



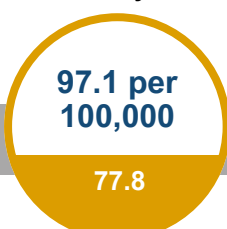
Hospital admissions for violence



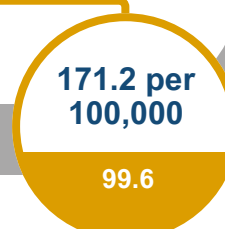
Under 75 mortality rate from Cancers considered preventable



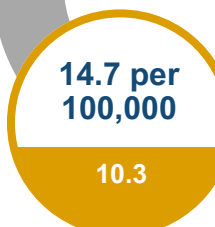
Under 75 mortality rate from all circulatory diseases



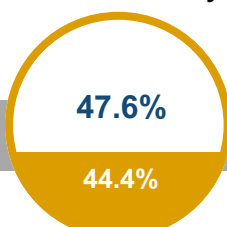
Hospital admission rate for alcoholic liver disease



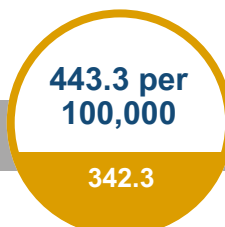
Suicide rate



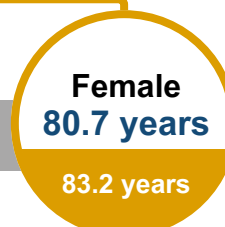
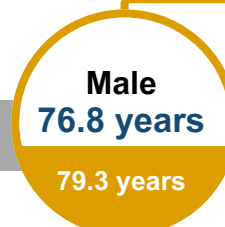
Adult social care users who have as much social contact as they would like



Under 75 mortality rate



Life expectancy



## Key:

Doncaster Rate  
England Rate

Office for Health Improvement and Disparities. Public health profiles. 2024 <https://fingertips.phe.org.uk> © Crown copyright 2024





# Inequalities in health

**While our access to local data has improved, data availability and quality remain a significant limitation in our ability to provide a comprehensive overview of health outcomes by all areas of inequalities in Doncaster.**

Many health indicators do not account for the varying demographic profiles of Doncaster's distinct populations, which we would anticipate will have an impact on health outcomes. Data on health service usage is difficult to evaluate due to small sample sizes and the lack of age standardisation. The lack of consistent data collection methods across different health services further complicates the analysis of health outcomes in Doncaster.

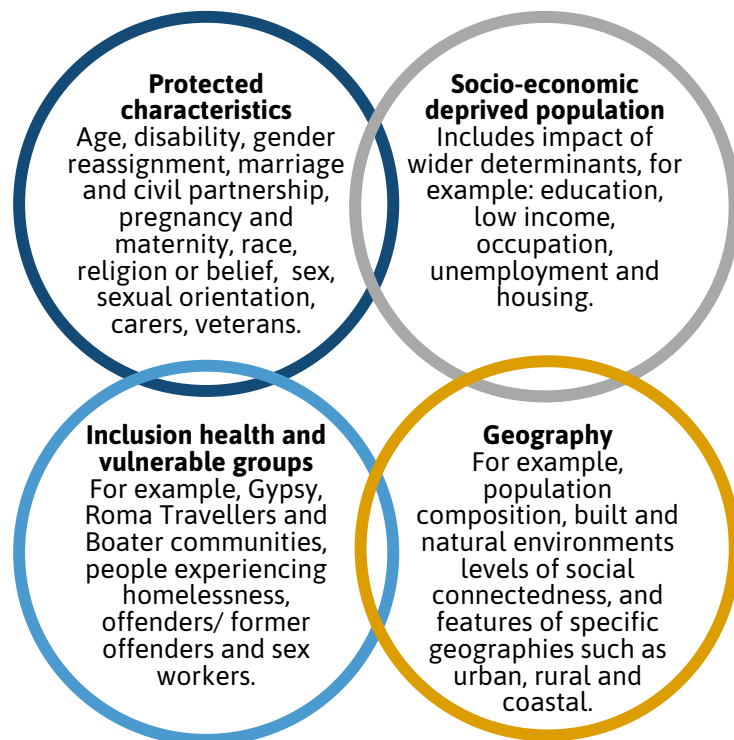
To address these challenges and help to accurately assess and address health inequalities in Doncaster there continues to be specific areas of investigation that have examined inequalities concerning health and well-being for Doncaster residents. These include:-

## Doncaster Community Profiles

Every one of the 88 communities in Doncaster has a Population Health Management Community Profile. These were most recently updated in 2024 and contain a wide range of data that is now available, such as socioeconomic determinants, risk factors, and illness prevalence. A variety of qualitative interviews with locals, including ward members, community organisations, faith groups, residents, and other organisations that operate in Doncaster, are also included.

## Ethnic Minorities Health Needs Assessment 2023

Individuals belonging to ethnic minorities noted variations in the prevalence of vaccines and diabetes. The data pertaining to young people also revealed variations in the prevalence of low birth weight and childhood obesity, although both conditions are strongly linked to socioeconomic disadvantage. The pupil lifestyle survey also reveals disparities in dental access as well as rates of smoking, alcohol, and drug use. [Ethnic Minorities HNA 2023](#)



Credit: [GOV.UK](#)



## Research by Get Doncaster Moving

There is a geographical pattern of inactivity in Doncaster that varies by gender, age, and employment. Women are less active than men, and those with higher levels of education are more active than those with lower levels. Individuals who are employed are more active than those who are unemployed, retired, or caring for children.

<https://getdoncastermoving.org/data-insight-and-learning>

## Women's Health Strategy

Since the national Women's Health Strategy was launched in August 2022, efforts have been made to better understand the health needs of women in Doncaster. Collecting data and intelligence to inform seven priority areas outlined in the strategy on a local level. These seven priority categories include menstruation, health and gynaecological problems, fertility, pregnancy loss and postnatal care, menopause, mental health and well-being, malignancies, the health consequences of violence against women and girls, and healthy ageing and long-term illnesses.

## LGBTQ+ Health Needs Assessment 2024

This will be the first Health Needs Assessment to be completed which will focus on the broader health needs of LGBTQ+ residents of the City of Doncaster. National evidence shows that LGBTQ+ individuals face significant health disparities, necessitating a comprehensive understanding of their healthcare needs, which is lacking for Doncaster. This HNA is currently in development and will include:

1. Acquiring local intelligence and data
2. Review of Council LGBTQ+ visibility and support
3. Addressing wider determinants
4. Consultation in the form of a series of surveys and focus groups







# What our residents told us

This strategy has been developed with a strong emphasis on resident voice and lived experience. By taking into consideration previous resident engagement efforts by Team Doncaster partners, we sought to decrease duplication and maximise the value gained from previous engagement, thereby minimising the risk of engagement fatigue amongst residents.

The collection of resident engagement revealed a number of common themes and sub-themes. To gain a better understanding of the key issues and identify any gaps, Doncaster Healthwatch and Well Doncaster conducted targeted focus groups in our communities. The focus groups allowed for deeper insights into resident perspectives and concerns, which informed the development of priorities for this strategy.



## Findings

### Access to Services

- **Transport and Location:** Difficulty accessing centrally located services due to transport costs and limited public transport availability.
- **Navigating Services:** Confusion about available services, appointment systems, and the need for accessible booking methods.
- **Language and Cultural Awareness:** Language barriers and the necessity for translated materials, diverse communication methods, and culturally competent healthcare staff.

*“Being able to get around the village and Doncaster”*

*“Everything easy to get to, walking distance, access to buses...”*

### Specific Healthcare Services

- **Primary Care:** Issues with GP appointments, appointment systems, communication, and the importance of offering appointment choices.
- **Dentistry:** Limited access to NHS dentistry, especially for non-emergency cases due to costs.
- **Secondary Care:** Long waiting times for appointments, investigations, and surgery, impacting the management of long-term conditions.

*“Getting the help needed... right advice and support”*



## Wider Determinants of Health

- **Public Transport:** Need for better and more affordable public transport to improve access to services and opportunities.
- **Housing and Accommodation:** Concerns about health impacts from delays in addressing housing issues and challenges faced by asylum seekers in accommodation.
- **Local Environment:** Desire for improved access to green spaces, better infrastructure, and concerns about street cleanliness and unhealthy outlets.
- **Employment and Training:** Barriers to employment due to transportation, childcare costs, and the desire for more training opportunities.
- **Health Literacy:** Misconceptions about health behaviours among young people and the importance of accurate information.
- **Cost of Living:** How poverty affects various aspects of physical and mental well-being, contributing to homelessness.
- **Community Engagement:** Desire for more community events and funding opportunities to promote cohesion and diversity.
- **Community Safety:** Concerns about safety after dark and issues like antisocial behaviour and bullying.

*“I try and get my shopping done fast to make it out of town before it gets dark”*

*“Being healthy to help family, friends and neighbours and “not be a burden”*

## Health Inequalities

- **Fairness and Wellbeing:** Addressing health inequalities linked to income, education, and access to services.
- **Targeted Support:** Specific health needs of various groups, requiring additional, focused support.

*“Having support groups that I can access.  
Having groups that are inclusive.”*

## Mental Health

- **Prevalence:** Mental health challenges across different age groups and communities, exacerbated by social isolation.
- **Services and Support:** Challenges in accessing mental health services, especially during the pandemic, and the need for more community support and awareness.

*“Feel part of something, belong, be involved,  
be listened to, meet people”*

*“Having a healthy mindset. Mentally and  
physically feeling well and if not, knowing the  
services That I can go to.”*







## Our Strategy

# One vision: Three areas of focus

“——  
Adding life to years, and years to life  
——”

Doncaster's Health and Wellbeing Strategy will prioritise prevention over treatment. We will target and focus on three key areas based on what we know about those living with poor health as well as what residents tell us are challenges for them in staying healthy.





## Area of focus: Improving the experience of ageing

It is estimated that by 2036 over a quarter of Doncaster residents will be aged over 65 years with more people living alone, without children and will be more diverse.

We want Doncaster to be a good place to grow old. Doncaster residents say that they want to be able to be independent, not be a burden to family and friends and be able to get to the places they want to easily. We want to ensure that our residents are able to be physically active, participate in creative activities, and have access to a range of options for residents to maximise a healthy life. Our goal is to create supportive and inclusive communities where adults can thrive and maintain their independence and well-being in their homes and communities for as long as possible. This includes our local services providing help to residents when they need them and, in a person-centred way.

The NHS is a vital resource that many residents rely on and it wasn't designed to operate in isolation. This strategy aims to ensure that there is a wider network of support for residents so that they understand that they can maintain their fitness and health into later life and the NHS can continue fulfilling its purpose in providing care when residents most need it.

Evidence suggests that addressing risk factors throughout life is an important approach to reducing the risk of diseases later in life, including diabetes, cancer, and cardiovascular disease, as well as dementia. Providing a wide range of services, opportunities and the right environment can help residents to stay physically active and maintain good social and mental health. This will help to promote ageing positively and maximising opportunity for residents to lead fulfilling lives and living independently for longer.







## Area of focus: Close the women's & children's health and wellbeing gap

We know that Doncaster residents report living fewer years in good or excellent health than the rest of England. Healthy life expectancy is one way to measure this, and it has been decreasing in Doncaster since 2015. However, there is a significant disparity in women's healthy life expectancy in Doncaster compared to the rest of the country. Understanding and addressing these differences can help improve overall health outcomes for women.

We can close this gap by reducing rates of preventable diseases and supporting people with long term conditions to stay healthy and live well. This includes helping women to be physically active and stop smoking, and supporting people with the rising cost of living, as low income, poor housing and low-quality employment are all associated with poorer health.

Children and young people account for 23% of Doncaster's population, and there are several areas of concern regarding childhood health outcomes, such as obesity rates, tooth decay and extraction, and the number of children living in low-income households.

We know that the cost-of-living crisis has had a significant impact on children and families, exacerbating disparities in health, well-being, and life prospects for children living in poverty. We must reduce disparities in children's access to positive early-life experiences while also eliminating adverse childhood experiences. Investment that addresses financial hardship of families can help alleviate some of the negative effects of the cost-of-living crisis on children's health. Additionally, promoting affordable housing, access to quality education, and healthcare services can further contribute to reducing disparities in health outcomes among children and young people in Doncaster.







## Area of focus: Create healthy places to live, grow and play

Our health and well-being are influenced by where we live and the communities and homes where we live in. In Doncaster, preventable deaths among people under the age of 75 rank third highest in Yorkshire and the Humber, significantly higher than the national average. Globally, the most common chronic illnesses account for 70% of all deaths. These conditions stem from just four major risk factors:

- Tobacco use
- Physical inactivity
- Harmful alcohol consumption
- Unhealthy diets

These commercially influenced causes of illness are shaped by the physical and social environments in which residents live. Consequently, addressing these risk factors through policy changes and community interventions can significantly reduce the burden of chronic diseases in Doncaster. Providing supportive surroundings can prevent premature deaths and enhance the quality of life for our residents. The findings of Doncaster Fairness and Wellbeing Commission, and working closely with our residents, highlighted the importance of residents feeling safe. This sense of security promotes independence and increases access to opportunities and resources for maintaining good health. Unfortunately, residents' experiences with crime, antisocial behaviour and unsafe roads influence their perceptions in different areas of the city, limiting opportunities and undermining social cohesion. Addressing these issues through community engagement and targeted interventions can help create a safer environment for residents to thrive and fully enjoy the benefits of a high quality of life.





## Climate and Health

Our goal is to elevate the quality of life for Doncaster's residents by acknowledging the impact of our surroundings on health. Every Doncaster resident has the right to a healthy environment. However, our world is changing, with climate change, the loss of natural spaces, and poor air quality posing significant challenges to our health and well-being. These concerns have an immediate and indirect impact on public health because they jeopardise factors that are critical to overall health. Furthermore, they can exacerbate existing health inequalities.

Fortunately, measures that combat climate change and adapt to its repercussions frequently provide important co-benefits to public health. These are essentially "win-win" solutions that address environmental concerns while also improving residents' well-being. Examples include:

- Promoting active travel: Encouraging walking and cycling boosts physical activity while reducing reliance on private vehicles, resulting in cleaner air.
- Supporting healthy food systems: Increasing access to nutritious, sustainably sourced food options encourages healthier nutritional choices and supports environmental sustainability.
- Improving air quality and housing standards lowers the risk of chronic health issues like obesity, cardiovascular disease, respiratory disorders, some malignancies, and diabetes.

Importantly, these actions are consistent with local commitments to combat the climate problem, suggesting a coordinated approach to environmental and public health goals.





# How will we work on our areas of focus?

Doncaster's Health and Wellbeing Board provides a forum for joint working and a focus on the health and wellbeing challenges for Doncaster residents. Through collaboration with local partners, it identifies opportunities to address specific needs within the three areas of focus. This will include reviewing progress against identified outcomes acknowledging the long-term nature of achieving some of the prioritised challenges.

## Principles

We recognise that no single organisation has the ability to address the complex challenges that we have outlined; the Health and Wellbeing Board understands that collaboration is essential.

Driven by the findings of the Fairness and Wellbeing Commission, we have identified a set of guiding principles that will shape the way we approach the areas of focus outlined in this strategy.

## The ways we will work



**Recognise that multiple factors**, such as age, ethnicity, economic status, and health, intersect to create unique challenges for residents and focus on addressing intersectional issues comprehensively.



**Build trust and community participation** by being community centred and asset-based starting with the strengths and trust in Doncaster's communities. Identifying opportunities to redistribute power in decision making by empowering deprived communities and marginalised groups by building from a foundation of inclusion and voice.



**Take an approach which enables and supports the concept of 'Health Equity in all Policies'**, building on what has been achieved since 2016. Moving from addressing health outcomes in policies and decision making to considering health equity and in what ways are different populations impacted.



**Be underpinned by research, data and evidence** supported by Doncaster's Health Determinants Research Collaborative (HDRC). HDRC Doncaster is a collaboration between City of Doncaster Council, the University of Sheffield and Sheffield Hallam University and represents significant investment to grow our capacity to do and use research. The HDRC team includes several embedded researchers with complementary experience, knowledge and expertise.



**Our compassionate approach** involves ensuring that everybody in Doncaster is fully able to pursue their own health goals and are fully supported to do so by society, without judgement or assumptions. Good health and wellbeing is not just the result of the decisions we make as individuals, but are hugely affected by the social environment we live in. Compassion is at the heart of how we move together towards a healthier society for future generations.









