I learned there that I could achieve things - that even when things looked difficult, I had the strength and capabilities to respond, learn, and get stuff done

My motivations? My kids

Conisbrough, with its castle and church, is a favourite place with many happy memories attached

My GP practice is brilliant, the hospital is great, it makes it a lot easier not to worry about things when medical services are so good

There is a lot to do such as art classes at the local library yoga children's pre school activities and very good bus links to and from Doncaster to thorne and Moorends

There is a lot to do such as art classes at the local library yoga children's pre school activities and very good bus links to and from Doncaster to thorne and Moorends

My village has a real sense of community and you can't go very far without seeing a familiar face

There was nothing for me where I lived, so I moved to Doncaster to have a better prospect of finding a job

Doncaster Talks

A customer insight report for Team Doncaster

uscreates

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Executive summary

Executive summary

What's in the report

This report documents a piece of research and engagement carried out for Doncaster Metropolitan Borough Council and Doncaster CCG. By reaching over 200 Doncastrians across 100 days, this project has provided an effective way of understanding the motivations and barriers that exist around improving the health and wellbeing of people who live in the borough.

It provides the foundation for all partners involved in the Team Doncaster Place Plan to take a more insight-led approach to the design, commissioning and improvement of services, and to enabling and encouraging a greater number of community-led initiatives to improve health outcomes.

What we did

Research for depth: Ethnographic research with residents of Doncaster to gather rich qualitative data on health behaviours

Research for breadth: An online platform - Doncaster Talks - and associated campaign to drive interest in the project to generate evidence on healthy behaviours

Building capability: Training staff in analysing different kinds of data and using this to inform service re-design & commissioning, with a focus on early intervention/prevention

91%
of participants expressed an interest in taking part in Doncaster Talks in the future

Over half
of participants reported making positive behavioural changes

Executive summary

The impact

Simply by being involved in this project - by sharing stories of their lives and what contributes to their health and wellbeing via the Doncaster Talks platform - residents have reported making positive behavioural changes. This was true for over half of the platform participants (i.e. 55% [55 participants] who completed the end of project survey) Changes included:

- Exploring more green space in the Borough
- Joining a weight-loss group
- Joining a gym
- Volunteering with the elderly to tackle loneliness
- Commitment to focus on mental health as much as physical health

“Doncaster Talks” provides the borough with an innovative and effective model to use in gathering insight, crowdsourcing ideas, and engaging with residents that can be adapted and scaled - 91% of participants expressed an interest in taking part in the future.

What we found out

Discovering the why behind the what

Why are current public health campaigns around smoking not working?

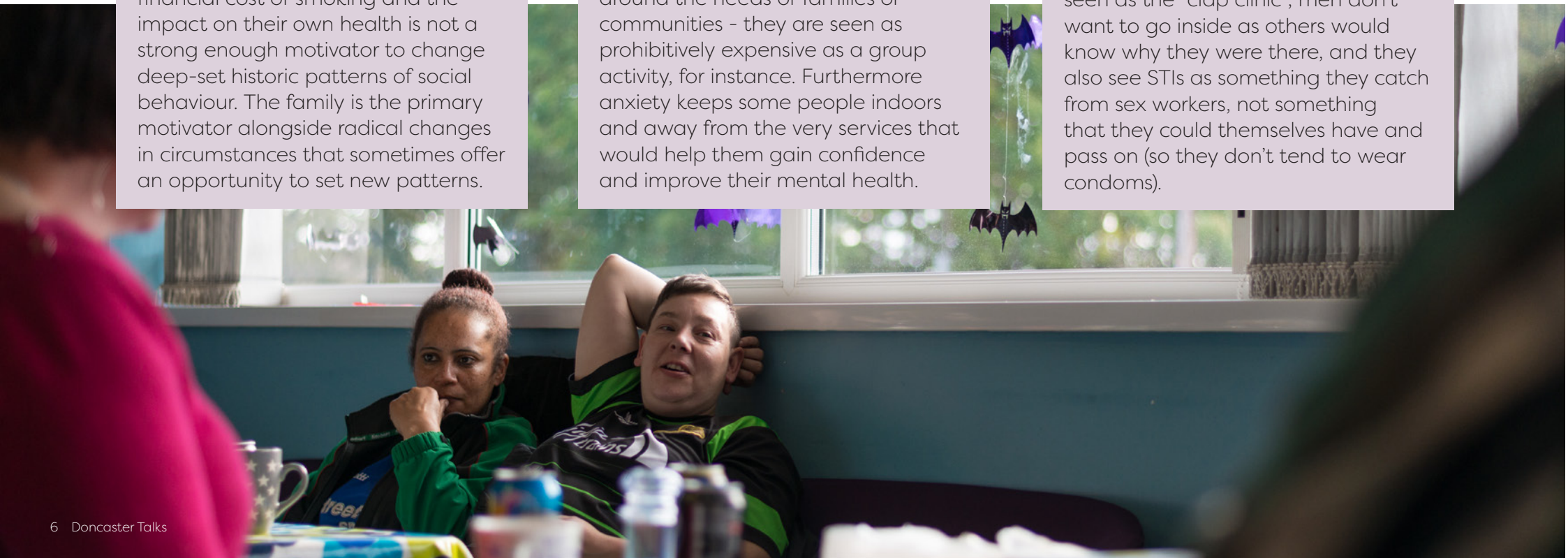
Because for people in Doncaster the financial cost of smoking and the impact on their own health is not a strong enough motivator to change deep-set historic patterns of social behaviour. The family is the primary motivator alongside radical changes in circumstances that sometimes offer an opportunity to set new patterns.

Why don't some people use public leisure facilities and take more exercise?

Because services are not aligned around the needs of families or communities - they are seen as prohibitively expensive as a group activity, for instance. Furthermore anxiety keeps some people indoors and away from the very services that would help them gain confidence and improve their mental health.

Why are men over 40 not using sexual health services?

Because the sexual health service is seen as the "clap clinic"; men don't want to go inside as others would know why they were there, and they also see STIs as something they catch from sex workers, not something that they could themselves have and pass on (so they don't tend to wear condoms).



Understanding and acting on "resilience" in Doncaster

In order to improve health outcomes, reduce health inequalities in the borough, and take a more preventative approach to health, Team Doncaster needs to embed a strategic approach to building resilience in its population.

This research has helped to understand what "resilience" means for Doncaster, how it currently plays out in people's behaviours, and how it could be nurtured and increased to help improve health outcomes.

The two most powerful factors that impact on the resilience of an individual, family or community in Doncaster are their openness to change and their connectedness.

Openness to change

Doncaster should be proud of the toughness of its residents, and their capacity to absorb the shocks of difficult circumstances or events, their histories, and the history of the borough. It has, however, encouraged a kind of South Yorkshire "grit", which shows itself through deep-set and longstanding unhealthy behaviours, occasional inflexibility in responding to changing circumstances, mistrust in some health professionals, and an acceptance that "things are the way they are". All of these have become a barrier to making positive changes to live a healthier life.

Connectedness

The most critical factor in increasing health and wellbeing in the borough will be maintaining and improving people's connection to others. The Doncaster Talks community has shown the value of bringing people together to share ideas and engage in an aspirational conversation about the future of where they live. It has provided ideas for service improvements, insight about barriers to health improvement, and a vehicle for connecting people in a shared endeavour. On average, participants gave it a rating of 8.8/10.

To improve people's health, therefore, partners across Doncaster must work together to:

1. Increase people's openness to change - turning "grit" into "aspiration" by repositioning health messages, building more trust in different kinds of health professionals, and reframing services around that which motivates people - namely family and community.

2. Help people become connected and maintain connection with others through targeting resources where social connection is at risk, tackling the kinds of mental health challenges that keep people distant from support services and supporting community-level infrastructure that holds people together.

Using the Insights

This report provides examples of how to increase people's openness to change and maintain a sense of connectedness across the borough. In addition, it offers challenges to Team Doncaster partners to tackle in the short and medium term.

This report has produced personas - composite pictures of Doncaster residents - for use in the development of service improvements, campaigns, new interventions, and in understanding communities. Each persona tells the story of someone with a different level of resilience - they are more or less connected to their communities, and are open to change in different ways. They are tools for all partners across Team Doncaster to use in the development of new services, in making service improvements, and in understanding their communities.

Background

Background

Our brief

Doncaster Metropolitan Borough Council and Doncaster CCG commissioned service design and innovation agency Uscreates to undertake customer insight research to inform the work of the Doncaster Growing Together Partnership. The brief had three components:

1. Generating actionable insight.

2. Training staff in tools and techniques for engaging with different kinds of data and insight.

3. Generating public awareness of and interest in positive health and social care choices.

As a result of this project, it was hoped that the design and commissioning of services would be more routinely informed by insight generated from different kinds of rich data. This would enable better targeted resources to ensure Doncaster becomes healthier, with a focus on prevention.

This research was also an opportunity to find new ways of empowering residents, as part of the project itself, and also in the recommendations that flowed from it.

Background

The local picture in Doncaster

Doncaster Growing Together is a partnership across the borough that brings together organisations from health, social care and public services. The partnership is focused around four themes:

- Learning
- Working
- Living
- Caring

Whilst cutting across all four themes, this research is primary focused on helping achieve the aim of the "caring" theme: to encourage the whole health and care system to work together across one place and around the needs of people. Driven partly by financial pressure across the public services to deliver more for less, the Doncaster Place Plan describes a joint focus over the next five years. In line with the Five Year Forward View, the aim is to develop out of hospital services further and to foster community resilience, so that partners across the borough can better support people and families, provide services closer to home, and reduce demand for hospital services.

At the heart of this is a commitment to support residents to take responsibility for their own health and wellbeing. Across the Borough, there is a desire to find new solutions to old problems, as partners recognise that carrying on as before will not work.

This research has origins in the need to get to know the people of Doncaster better. Traditionally, that partnership has been data rich but insight poor: over-reliant on service data to inform thinking without being sufficiently grounded in the lived experience of residents. There is a recognition that teams across public sector organisations in Doncaster struggle to interpret the data adequately due to a lack of sufficient insight into people's motivations.

Team Doncaster has already developed neighbourhood profiles as part of its focus on getting to know communities better. The use of in-depth insight research contained in this report will provide the opportunity to significantly bolster this work and provide a clear steer for both commissioning and service design.

Background

Challenges and priorities - the turn to prevention

The Doncaster "State of Our Borough" report - the first of its kind in the area - provides a strong quantitative overview of the quality of life for people living in the borough.[1] It has not only given partners across the region a foundation on which to develop priorities, but also has opened up questions where the statistical picture may not tell the whole story.

- Life expectancy at birth remains below the national average. For males in Doncaster it is 59.7 and for females in Doncaster it is 61. The England average for males is 63.4 and for females it is 64.1.
- Emergency hospital admissions are high in Doncaster. The current rate is 12,311 per 100,000 population. The England average is 10,036.
- The percentage of the population who achieve 150 minutes of physical activity per week is low. In Doncaster the figure is 52.6%, and the England average is 57%.

Doncaster has identified "Early Help & Prevention" as one of the key areas of focus for the Growing Together Partnership to achieve the objectives in the State of Our Borough report.

The move to "Early Intervention, Prevention and Resilience" (EIP&R) is common across public sector bodies that are pursuing new models of operation which:

Seek to reduce the reliance on costly and overstretched acute health services
... by building a healthier community through behavioural insight-driven campaigns, moving treatment out into communities, increasing investment in outreach.

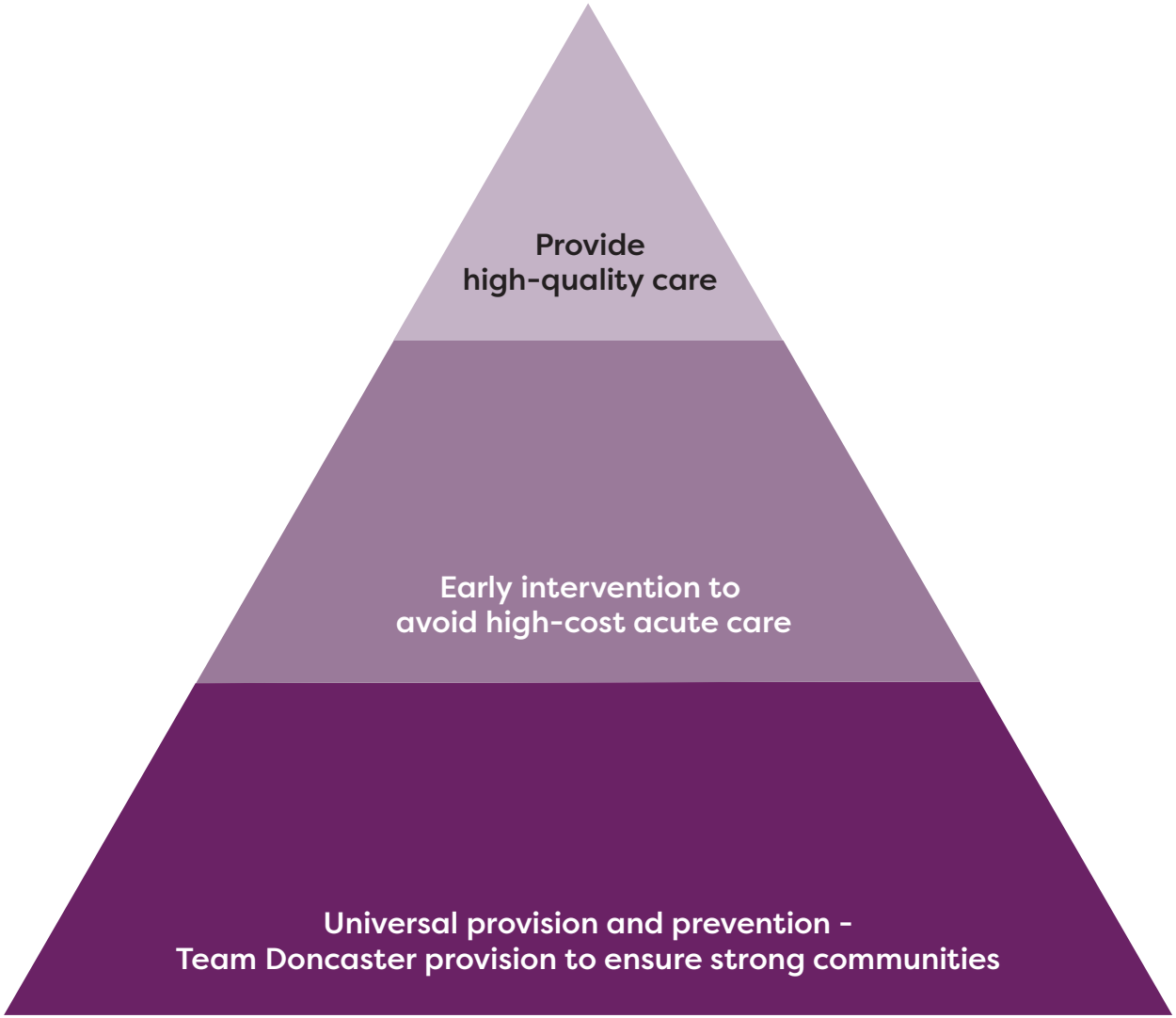
Prioritise the role of the communities and voluntary sector in tackling social problems
... by enabling and supporting people to act on their own initiative, opening up community assets, changes to planning processes, developing social-impact bonds and community partnerships, etc.

Reframe the role of "the public sector" from the providers of care and support at crisis points to those who can help build resilience
... by tackling the root causes of problems much earlier and targeting resources there.

This approach can be summarised using the diagram on the next page.

1. http://www.doncaster.gov.uk/services/the-council-democracy/state-of-the-borough

Prevention triangle



As part of its work to help the council move to a more preventative model in the London Borough of Islington, Uscreates developed four key principles. These are:

1. Start with what residents care about, not a service or professional viewpoint.
2. Aim to build positive assets and capability, not just reduce risks and harm.
3. Get to the root cause of problems, not just address immediate symptoms.
4. Help people to help themselves and those around them, not just provide a service.

These principles have helped frame Uscreates' work with local authorities across the UK (and have proved vital to this project).

What creates or supports resilience?

A central concept in a prevention and early intervention approach is resilience. Resilience is often described as an individual, personal quality - you either have it or you don't - but it is also supported by a range of external and internal protective factors:

Access to resources: whether that's the more well-off for whom bad decisions/mistakes have less of an impact, or the more savvy individuals who understand how to navigate support services.

Supportive relationships and social network: resilient individuals draw on the resources of friends, family, community, etc.

Mindset: some people see themselves as able to influence their fate, others as the victims of events. This is sometimes referred to as the locus of control – whether that is external or internal for individuals.

A s ense of identity and goals: having a sense of who you are and what you want to be and achieve helps people have direction, rather than being buffeted by events.

Stability: sudden changes in the reliability of accommodation, relationships, finance, etc. can cause crisis for people who have previously seemed resilient.

Role of experience: resilience is a property of having to deal with adversity: through trying and failing; through trying and succeeding. This helps people develop a sense of autonomy, agency and control.[1]

Understanding how these factors play out in a particular area - or for a particular individual, family or community - will give insight into how to build resilience in that place (and thus support a more preventative approach).

1. Health itself has a significant impact on resilience. If somebody is unable to access distant services because of their immobility, or if their mental health makes it difficult to take part in support programmes, their resilience will suffer. As improved health outcomes are a central aim of this report, it is not used as a resilience factor here.

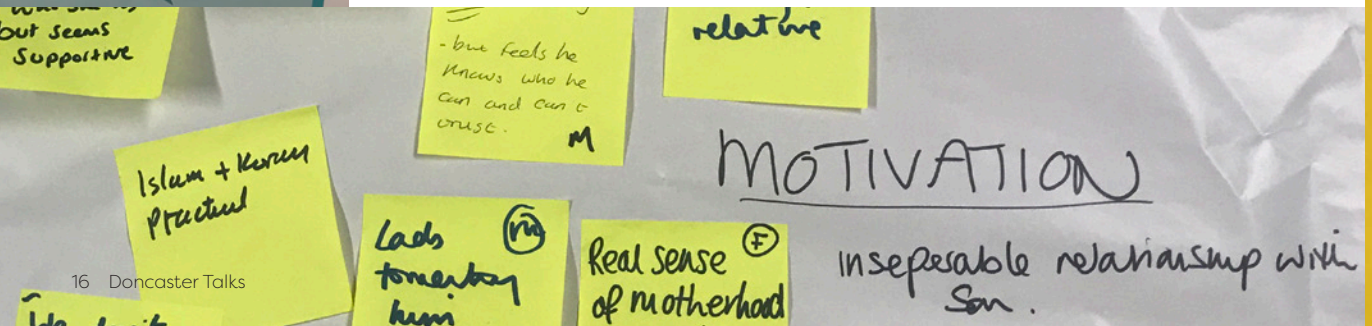
What we did

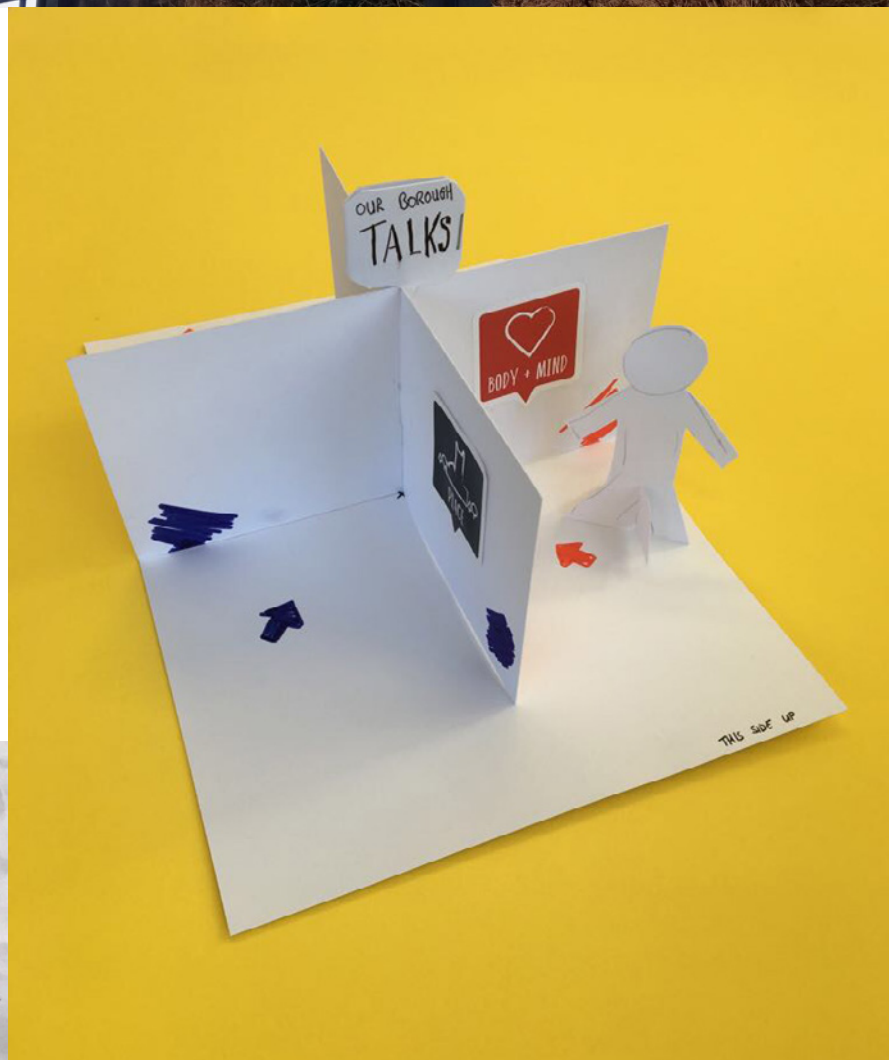
What we did

A design research approach

This project employed a design research approach - a human-centred qualitative method to gathering insight that helps inform the design and development of services.

The research was structured into two groups: ethnographic interviews and a digital engagement platform.





Research for depth: ethnographic interviews

Seven design ethnographies - half-day immersive interviews - were carried out with people living in the Metropolitan Borough of Doncaster. These interviews took place in cafes, homes and community centres, and researchers also travelled around the local area with participants to learn more about their lives and how living in the area impacted on their health and wellbeing.
The broad aim of these interviews was to understand the behaviours, motivations and barriers that exist around health and wellbeing in the borough.

In addition to increasing understanding of patterns and trends in the borough, Doncaster MBC and Doncaster CCG wanted ethnographies to focus on specific health conditions and behaviours that are prevalent, or for which uptake of services is a challenge. These were:

- Teenage pregnancy.
- Smoking (and smoking whilst breastfeeding).
- Dementia or Alzheimer's.
- Drug and alcohol abuse.
- Men's sexual health.

The council and CCG also wanted the ethnography sample to include:

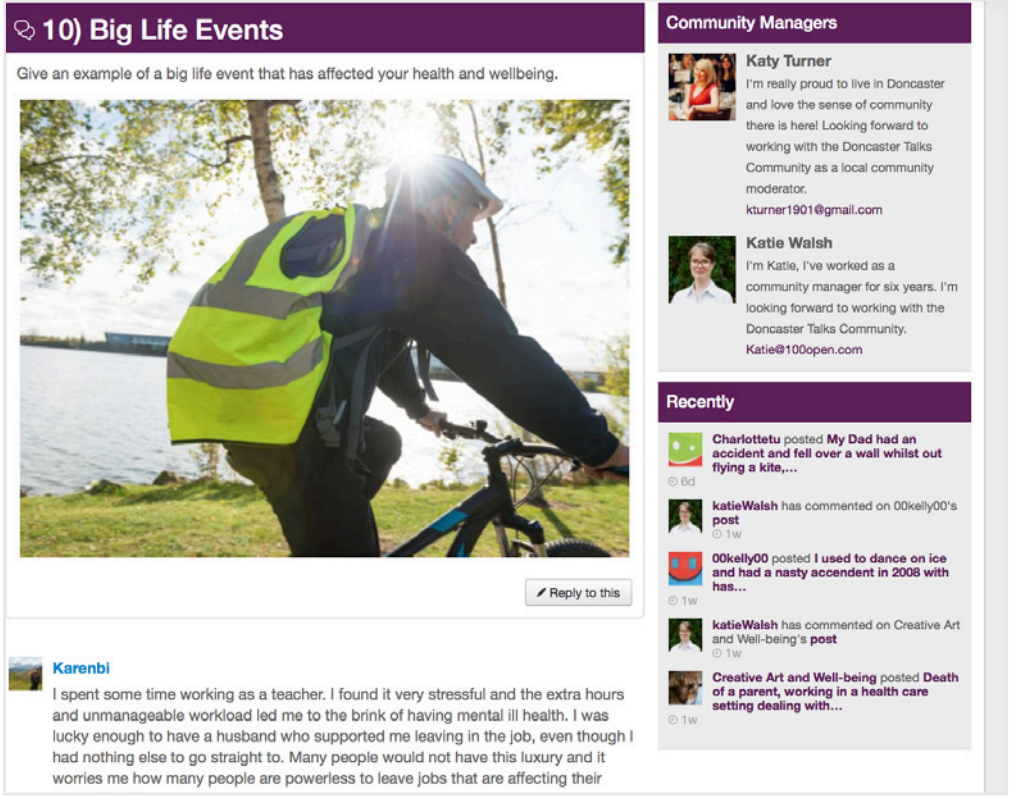
- Residents from across the borough, who lived in both urban and rural settings.
- At least one BAME participant.
- Participants of different ages spanning adolescence to old age.[3]

Participants were recruited through a mixture of partnership referral by particular services and "street" recruitment (where researchers flyered across the borough). The Doncaster Talks campaign (see below) was also used to recruit ethnography participants.

The interview questions were grouped around three themes:

People: understanding the role of others in shaping health and wellbeing, and driving behaviours and outcomes.
Places: understanding how living in different parts of Doncaster has an impact on health and wellbeing.
Things: understanding the role of infrastructure, resources and services on people's health and wellbeing.

3. During project development, it was decided not to interview any participants under 18, but to discuss previous experiences of teenage pregnancy with those who were over 18.



Research for breadth: online engagement platform

In addition to curating the depth of insight that came from design ethnographies, Uscreates (in partnership with 100%Open) set up and managed an online engagement platform: Doncaster Talks.

Doncaster Talks was a forum in which people from the borough responded to 16 broad questions about their health and wellbeing, and shared stories about their lives or ideas about how to improve health outcomes in the area. They also responded to surveys, reflected on some statistical data about the borough, and gave feedback on their experience of taking part. We were particularly interested in learning how this method of engagement had prompted them to make changes themselves.

Recruiting people to Doncaster Talks

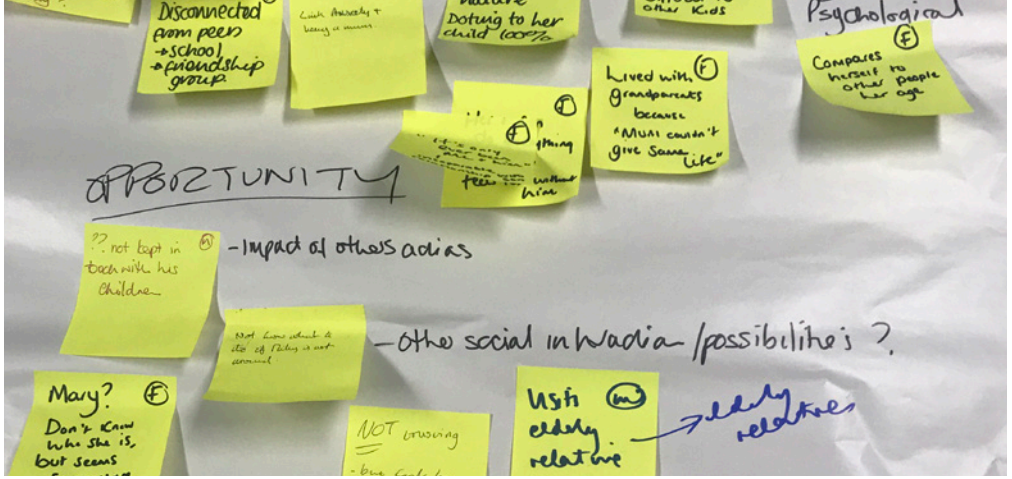
Uscreates ran a short recruitment campaign through local health partners and the press. A mobile recruitment structure was toured to four local venues to engage residents in the project and encourage them to sign up to the platform. The research team used this opportunity to ask some of the platform questions to people who visited the recruitment structure, attempting to reach as broad a range of residents as possible and canvas the views of people without access to a computer.

Examples of campaign material

Newspaper advert

Social media images

Leaflet



How we analysed the data

Staff from Doncaster MBC and the CCG undertook preliminary analysis of the first ethnography transcripts as part of their capacity building programme (see below). During these sessions, four overarching themes emerged, each of which seemed to have a significant positive or negative effect on the health and wellbeing of people living in Doncaster and the surrounding borough. These themes were finalised during a workshop between Uscreates and 100%Open as:

Services

Connections

Mind and Body

Place

These four themes became the guiding framework for future analysis of the ethnography transcripts, and were used as a way of grouping tasks and questions on the Doncaster Talks platform.

Capacity building

As part of this project, teams from the council and the CCG attended five capacity -building workshops, exposing them to the tools and techniques of design research, behavioural science and service design. At each stage of the design process, staff were using the outputs of this research project - analysing the ethnography transcripts, engaging with the material on the Doncaster Talks Platform, and developing prototypes using some of those insights.

Staff were also able to influence the kinds of questions asked on the platform. For example, after reading two ethnography transcripts where trust of services seemed to be a barrier to changing health behaviours, staff were able to develop an activity around trust of services on the platform. Moreover, having identified a significant theme around intergenerational health, the team asked platform participants to share stories of who had most contributed to their health and wellbeing, and why, and also set up a conversation around giving health advice to the next generation.

Findings

"Many years ago I bought me a home,
To settle, to thrive and never to roam.
A nice little area, friendly and clean,
My terraced house all snuggled between
Great neighbours who went out of their way,
That's how everyone was back in the day.

After 30 some years I've seen some things alter,
Less families, less community, my feelings have faltered.

But at the end of the day with all of its warts
I love where I live, my home is my fort."

Poem by Doncaster Talks participant

Findings

Place

A sense of belonging

A diverse borough, full of different identities

Living in "Donny" holds significant meaning for people, and place plays a strong role in residents' sense of identity. However, this meaning is as diverse and multifaceted as the borough itself. People who live in or close to Mexborough or Thorne do not identify with Doncaster, but with their own town or village. In fact, they often identify against Doncaster (as they feel it is "different"). In some cases, framing our research around "Doncaster" was met with suspicion or indifference - the place holds little meaning for some people. However, people who have lived in the area for the whole of their lives tend to be more open to talking about Doncaster as a wider area (people who played sport in Doncaster as children, for example).

Pride

People are proud and protective of Doncaster, and challenge stereotypes that it might be run-down or undesirable. For some this extends to feeling proud about what is bad about where they live. An ethnography participant said to us: ***"it's a shit hole, but it's my shit hole".***

This research has identified how there could be more aspriation in the population about where people live, and about whether the future could be better in their area, their family life, or their health.

Pride in the here and now, no matter how good or bad, is arguably a characteristic of the area: some might call it a particular kind of South Yorkshire "grit". Understanding how to mobilise that pride and turn "grit" into "aspiration" should be a primary focus of Team Doncaster as a route to improving the health outcomes of their population. Some platform participants told stories of how they were able to do this. When asked "Who has most contributed to your health and wellbeing", many people said "myself".

"Everything I've ever done in terms of health has been due to my own implementation, from foods to exercise, to mental wellbeing. My parents were smokers/drinkers, their natures were largely sedentary. I developed a love of activity as a child and I'm still trying to be active despite my declining health."

LISTEN IN…

On Doncaster Talks, people shared many examples of well-connected communities in which people "look out" for each other, help their neighbours, and take a collective responsibility for their wellbeing, safety, and the appearance of the neighbourhood.

Key characteristics of communities that are well-regarded by the residents include:

- Places where there is easy access to high-quality open space.
- Places where anti-social behaviour is under control.
- Places where rubbish is regularly cleared and the wider environment kept clean.
- Places with access to amenities that are close.
- Places that are well connected by public transport to larger places with amenities.

"My village has a real sense of community and you can't go very far without seeing a familiar face. There's nice places to eat and some little shops, it would be nice to see further investment in the area to make community areas like the parks and green spaces more appealing."

"My street now is clean and quiet. It's full of friendly honest people. People not only smile at each other but remember everyone's names and ask after each other. People go around to elderly neighbours to see if they're okay, they take the bins out for them, de-ice the cars. We pop around and cut each other's hair in exchange for fixing the printer or loaning a book. Little kiddies draw pictures for you and post them through the letterbox. I have a trio of nursery-age boys who stop outside my house to wave at my cats!"

"I love the village I live in, it has a real sense of community spirit. If I'm doing any jobs outside, such as cutting the grass or sorting my fencing out, everyone stops for a chat. The kids are friendly and I feel my cats are safe, too."

Residents seemed to accept that there is a limited role for public agencies in maintaining community spirit, and recognised a change taking place in how people interact with their neighbours in a modern, fast-paced world. Some recognise the positive role of the voluntary sector in this regard, including the Denaby Family Hub, the Stainforth and Scrawthorpe Rethink Groups, the Alzheimer's Society, and the Talking Shop for mental health all mentioned. One man made a suggestion regarding specific people in the community who should be targeted as agents for change:

"I'm not convinced that any outside agency can alter what seems to be happening in our local neighbourhoods. Ultimately we are all in such a rush, feel that we don't have enough hours in the day, have our own family obligations to meet, and somehow in the middle of this the neighbourliness disappears or comes a very poor second. The most active member of our street died last year. There was standing room only at his funeral in the local church, much to the vicar's dismay (as he had only printed a handful of service leaflets). This neighbour had retired some twenty years ago, and spent most of his day helping other people in the local community with odd jobs, walking their dogs, and so on. I think that in today's climate, the best group to target for building a sense of community is the newly retired, as they will be used to being active and might welcome the element of involvement and rewarding relationships."

"I think when your neighbourhood is busy with dog walkers, joggers, and other people using the streets, it's one way of winning back your streets from the bad element who then become the minority."

The changing landscape

The shadow of the past

As with people's physical and mental health (see below), place and the past cast long shadows in Doncaster. A majority of people spoken to as part of this project - both ethnography participants and on Doncaster Talks - had lived their whole lives within the borough. For some, the area still holds the emotional baggage of industrial decline, particularly for people in their 50s and 60s. The discussions on Doncaster Talks frequently became conversations about the way things were, or about changes that had taken place several decades before.

"As for the neighbours, this is a former pit village area of the town and, as such, everybody knows everyone else."

This particular element of the past is a significant part of the collective identity of Doncastrians, and the quote above illustrates the way in which it is often presented by residents. It is framed with both positive and negative connotations. People speak of the negative impact of the loss of the pits, and the loss of the social connections that were formed around them.

"That's why people round here voted against Europe. Don't underestimate the impact that the miners' strike is still having here...I can't put into words how bitter that was, and how many families it tore apart. I know people who were left with debt from that time, and they are still paying it off. It created bitterness, which is a void, and that void was filled by drugs."

However, people also see this collective sense of belonging to a shared past as something that still binds communities, and that is an asset to the area.

Open space

Residents of Doncaster see the value of open space and fresh air, with participants across the research citing ease of access to the countryside as one of the most positive aspects of living in the borough. Highlights include the Lakeside, Humberhead Heartlands, Sandall Park and Cusworth Hall, and the Yorkshire Wildlife Park. However, there are many participants in this research who are more isolated as a result of ill health or anxiety, and - as such - do not experience or recognise this positive aspect of living in the borough.

Air quality

Residents on the platform cite pollution in the town centre as a barrier to their being healthy. Air quality in the town is part of a wider narrative for residents around the lack of safe shared space for cyclists and motorists, and the friction this creates between cyclists and other road users.

Housing

The increase in local population due to new housing developments is a cause of concern for residents.There is anxiety about how health services will be stretched, impacting on health outcomes, and that growth will put pressure on some fragile community connections which are already under strain. Residents also shared examples of where housing developments had eaten into open space used for exercise:

"Quite a lot of new builds popping up that are sadly taking away areas to walk dogs, but people do need homes."

There are positive stories to be told about this change, too:

"I live in Armthorpe. Our street is made up of council homes, now mostly bought by the council tenants, one or two have been sold on to others. I think it's a very nice place to live, with friendly neighbors and a community spirit. I have lived here for over thirty years now and have seen a lot of changes to the village. When we moved here it was around the time of the miners' strike, not a great time for a pit village. People who lived here then said the village would die without the pit, but it thrived, I think because of its link to the motorway. Lots of new housing has been built and this has made it a much larger village than it once was, it has lots of different shops, a library, banks and supermarkets, and is a busy place - but still seems to keep its small village style of community spirit."

Crime and feeling safe

For some, the quality of their place is being affected by antisocial behaviour. The material quality of their town or village centre does impact on their wellbeing:

"I live in a lovely street, but in a village that is getting worse. We don't have a large supermarket. Most of the shops have closed down, empty houses are burnt nightly. Police station has closed down. I don't go into my village anymore, I drive to a different town to shop and I think that is sad ... a few people spoiling it for others,"

The centre of Doncaster remains a "no go" area at night for many people, owing to anti-social behaviour (particularly drug use) and a rise in homelessness. There is a strong correlation between pride in the physical fabric of the environment and people's wellbeing, and the reverse is also true (lack of pride = low mental wellbeing).

"...it still seems to keep its small village style of community spirit."

What parts of the borough make you feel good and why?

Town

Some great bars and restaurants. Doncaster brewery is a local business that provides a real social service with folk music afternoons, book clubs, German lessons and a ukulele club

Wheatley Hills and Intake

I love the wild flowers that the council put in the areas that you drive past, it all looks so beautiful and inspired me to plant my own small wild flower seeds, I have harvested some and given them to my grandchildren to plant at school

Armthorpe

I live here, my street is wonderful and friendly. My in-laws are here too

Edenthorpe and Kirk Sandal

I recently moved to Edenthorpe and really like it. The Tesco Field (athough needs work) is a great green space for children and the local facilities are really good

Sprotbrough

Really nice canal walk and countryside to walk round to relax and unwind, kids love the riverside walks also

Hatfield

There is a lot to do such as art classes at the local library yoga children's pre school activities and very good bus links to and from Doncaster to thorne and Moorends

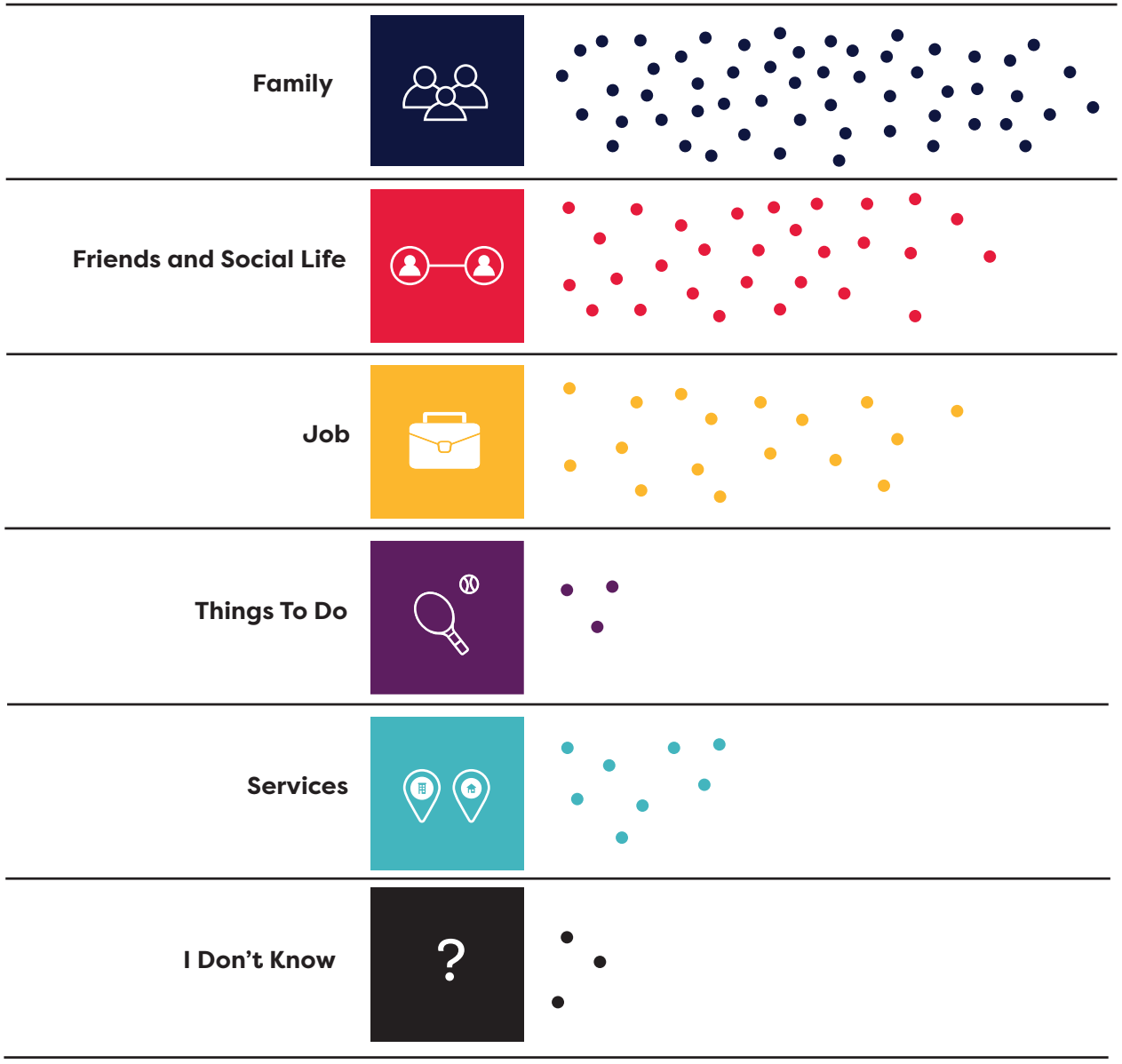
Rossington and Bawtry

Rossington is buzzing with young people and the area feels safe

Conisbrough

I love history, so Conisbrough, with its castle and church, is a favourite place with many happy memories attached

What keeps you in Doncaster?
If you moved to Doncaster what brought you here?



My family came from India in 1947 to Doncaster, We are a large family with all my father side of the family all living and born in Doncaster since they arrived

I have chosen this as I am not originally from Doncaster but have made a nice network of friends through my childrens school and am quite happy

There was nothing for me where I lived, so I moved to Doncaster to have a better prospect of finding a job

Events like Doncaster comicon and Doncaster video game market held in places like Doncaster dome

My GP practice is brilliant, the hospital is great, it makes it a lot easier not to worry about things when medical services are so good

CHALLENGE BRIEFS

To **Doncaster Metropolitan Borough Council and the CCG:**

1. As services are integrated through the Place Plan, **how can we** maintain sub-local identities as the borough becomes more connected and services are integrated?

2. How can we raise collective aspiration around health by capitalising on people's strong sub-local identities and the shared identity of the past? How can we use community-level outcomes to drive behaviour?

To **All Team Doncaster partners:**

3. How can Team Doncaster partners collaborate around resident-identified metrics such as the five metrics of good places to help target resources for improvement or intervention? How could this help progress the borough towards outcomes based budgeting?

To **Doncaster Metropolitan Borough Council:**

4.How can we capitalise on a wish to open closed shops and utilise empty space so that communities are able to organise and manage initiatives to: a) improve the fabric of communities; b) increase wellbeing; and c) promote positive health outcomes?

Findings

Mind and body

Unhealthy behaviours

Self awareness and aspiration to be healthier

Residents of the borough understand the impact of their unhealthy behaviours and habits. They understand that smoking kills, that eating too much sugar is bad for them, and (for example) that the red traffic light on the side of a packet of food means the contents are high in saturated fat.

People in Doncaster aspire to be healthier or maintain their health, particularly our ethnography participants (the majority of whom are living with some kind of health condition). For example, young women who had smoked whilst pregnant with their first child wanted to quit during their next pregnancy and be able to breastfeed. A woman with dementia wanted to maintain her quality of life as the disease worsens. Often, however, this sense of aspiration is framed around other people. For most, their ambitions for health focus on their whole family unit, or on their capacity to‘“keep doing things”, rather than being about themselves and their own health outcomes.

Passive to current behaviour

Residents who talk about unhealthy behaviours often present themselves as somewhat passive to those behaviours. They frame their ill health around external drivers, rather than around their own internal motivations. For example, eating sugary foods is explained by the ‘“addictive”’ qualities of sugar, and being ‘“out of control”’. Skipping meals (a common topic on the

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online platform, particularly amongst women with children) was caused by stress from work, making meals for others, or not having enough time. The exception to this is drinking alcohol, which is framed as a more active choice because it tastes nice, or provides a social focus that they enjoy. During discussion on the Doncaster Talks platform, the biggest "barrier" to being healthy - by far - was the plethora of fast food outlets in the town centre and their ease of access/affordability (an *external* driver).

Again, what has gone before is often used to explain the unhealthy behaviours of today. For example:

"When I was a child, I was forever sent to my room without dinner, sometimes for three or four days in a row. It's become a habit that I still do to this day where I can go a week without eating, then binge."

It is not just childhood experiences that shape unhealthy behaviour in this way. One bad experience (perhaps of a service) will set residents' attitudes in place for the long term, compounding unhealthy behaviours. For example:

"I don't go to the dentist because she was horrible and made me feel like I am a bad person for having stains on my teeth."

Life events

As the shadow of the past is strong, moments of crisis or change can set unhealthy and healthy behaviours for the long term. Many platform participants shared examples of when their "grit" had helped fixed positive patterns of behaviour following significant events:

"I was let go at my job.....and immediately afterwards went into hospital for major surgery. During recovery I decided it was time to reinvent myself. With the support of friends I managed to make a small start on starting a business. Years later I am the director of a marketing agency. I am always grateful for being fired...and the perfect storm that ensued. It made me galvanise myself and take the opportunity to do what I had always wanted to do. Sometimes when things are safe we can think there is no other alternative...it takes a "crisis" to change our thinking and increase our courage. It took me ages to recover but I was buoyed by the idea that I had plans and ideas. Hope is more powerful than we sometimes think."

Perceptions of ill health

People in Doncaster often judge themselves to be healthier than they would be considered to be by health professionals. What would be considered rather severe examples of co-morbidities are accepted as normal. This normalising effect of being surrounded by ill health is compounded within families, particularly where there is no alternative role model. Moreover, whole families that are healthy tend to be healthy together.

Ethnography participants were chosen because they were living with particular kinds of conditions or were interacting with particular services. In the majority of cases, they were living with co-morbidities that were having a marked impact on their quality of life. Yet they did not see themselves as being unhealthy, or worse off than others. For example, an underweight woman with multiple health challenges told the researcher:

"***I feel there's always someone worse off, more ill, poorer, not as strong... What does "healthy" mean? Not drinking, not smoking. Helps with the healthy mind, it's what you're putting in to your body. I'd say my mental health [is] more important. Though with the physical that is important because it's harder to hide it. Important to hide as don't want people to judge, or to feel sorry for me. When people know there's something up, that changes how they look or speak. I don't do sympathy, giving or taking it. Any normal person wouldn't know I had SPD – when your hips fall apart. Had to wear a belt and stuff to keep them there when pregnant. Painful walking, laying down. Having physio for it at hospital."***

What do you think is your worst health habit? Why do you keep doing it? What would make you stop?

28

Sugary food and drink

"Prices going up has definitely reduced my sugar consumption, so increased prices."

11

Drinking

"I do like a few cans of lager every night. I do not feel this is a problem but I think my wife disagrees. I do not feel unhealthy from this as i feel it helps me relax and i would not drive when i have had a drink."

8

Smoking

"I think for me it is a case of finding the strength to go cold turkey and having the willpower to stick to it. I don't know if there is any incident that could occur that would make me stub out my fag and never have another because it has never happened."

23

Eating too much

"Once I start overeating I can't stop. It's a kind of an addiction in its way. I use food when I happy, sad, bored as a reward."

11

Skipping meals

"I often skip meals due to my job and child (always seem to care for everyone else first)."

8

Watching too much tv

"Being disabled I'm limited on what I can do and I have an unhealthy relationship with food."

8

Ordering takeaways

"I like the taste of them and sometimes I just can't be bothered to cook! Would take a lot to make me stop, I do exercise after all and I gave up the demon cigs about five years ago."

6

Not going to the dentist

"I don't go to the dentist because she was horrible and made me feel like I am a bad person for having stains on my teeth "

13

Spending too much time on your phone

"As for my smartphone, if there were more things to do on doncaster I would be more inclined to go out."

● Amount of people

Mental health and physical health

Mental and physical health are closely aligned for the residents of Doncaster. Stress at work and other kinds of anxiety are fuelling unhealthy behaviours and act as a barrier to engaging with services.

Stress at work

Across the research, stress at work was raised as a common cause of low mental wellbeing. One ethnography participant was previously stressed in his high-pressure public sector job, drinking at least a bottle of wine each night as a coping mechanism, and not exercising. This resulted in him seeing his GP at least once a month for general feelings of ill health. Owing to the strong financial situation of his family and his wife's high salary, he was able to leave work early and gain support to manage his mental health better via his GP. He took the opportunity to assess his life "in the round", and take a preventative attitude to his health, rather than simply waiting to see his doctor whenever he was ill. However, this freedom to leave work so young is not common in Doncaster, and many people working through their 50s will not have the opportunity to assess their lives in this way until retirement much later.

Doncaster has a high proportion of jobs in the (much-stretched) public sector, where workplace wellbeing is low. Mental health charity Mind recently surveyed 12,000 employees across the nation in public and private sectors. Nearly double the number of public sector respondents said that their mental health was poor when compared with their peers in the private sector (15% versus 9%)[2]. Stress and anxiety due to work - and coping with this through alcohol and unhealthy food - risks becoming a significant challenge for the borough when trying to prevent ill health and reliance on expensive services in the future.

...but classic British tradition is denial. Too proud to ask for help, or hold out the laurel branch. It's typical.

The stigma surrounding mental health

As is common across the UK, Doncastrians recognise the stigma attached to talking about mental health - particularly the difficulty of making that first approach, or telling somebody else that you have a problem and might need help. One platform participant put it well:

"We all know when we have the blues or when someone else has. Bartenders tend to have a knack for these things, but classic British tradition is denial. Too proud to ask for help, or hold out the laurel branch. It's typical. Most of us tend to isolate ourselves as not only do we feel sanctuary in our own homes but we can hide our problems."

Anxiety as a barrier to engaging with services

Anxiety" is a common term used by participants - anxiety about leaving the house, anxiety about taking part in healthier activities, anxiety about social connections, and anxiety about walking through the town at night. From this research it is the most common form of mental health condition identified by people who live in Doncaster. For one ethnography participant, social anxiety (for which she was receiving treatment) was a clear and present barrier to improving physical health. She told us:

"My daughter wants to go jogging, but I said I would have to do it in the early morning so nobody is around."

See http://hrmagazine.co.uk/article-details/workplace-wellbeing-worse-in-the-public-sector

LISTEN IN…

Participants on the online platform were asked to share ideas about how to encourage people to talk more about their mental health, manage work-based stress better, and reach out to those who are isolated owing to anxiety. Most suggestions were around peer-led support, focusing on the first point of contact with someone else, and making that experience as positive as possible. Here are some of their ideas:

- Online "meet-ups" for people who need a first contact point that isn't face to face before reaching out to people or services.
- Open mental health workshops for all.
- Greater focus on mental health in the workplace through mental health "mentors".
- Local cafes encouraged to sign up to a "one hour a week mental health open house" for people to come and talk about their problems with some friendly faces.
- A way of encouraging people to go a bit further than just asking "how are you?"; instead, they need to feel confident to ask "how are you *emotionally*?" or 'how are you in *yourself*?

Men's health

Doncaster faces challenges around men's use of sexual health services. This was specifically raised as a challenge that data alone was not able to fully explain. When discussing the potential barriers to use of these services, one participant explained how:

"It's the "clap clinic". People know where it is, and what it is. No men I know would use the clap clinic. It's for people with HIV."

This point of view represents a common barrier to the use of sexual health services; the perception that existing services lack privacy, anonymity, and are located somewhere with a strong local reputation. However, the challenge appears to go deeper. The same participant explained how none of his peers - men in their 40s and 50s, both married and unmarried - would use a condom during sex. The only exception to this, he suggested, would be during a trip abroad, and with a sex worker (where the risk is seen as higher). This suggests that:

- The prevalence of sexually transmitted infections in Doncaster is not well known, particularly amongst this age group;
- The risk is externalised - men would protect themselves when having sex with someone who they perceive to be particularly high risk; and
- Men in Doncaster do not perceive themselves or their behaviour as being risky.

Being active

Cycling

Cycling is seen as an affordable and enjoyable way of staying healthy, but a perceived lack of infrastructure and fears around safety, pollution, traffic, and the behaviour of other road users puts off beginners. This may be a perception issue, as other "seasoned" cyclists have explained how easy it is to cycle in Doncaster because of all the high-quality cycle paths and open space (although even regular cyclers agree that it feels unsafe to cycle at rush hour as part of their commute).

"Maybe a media campaign that tells the story of a few local cyclists and talks about their experiences on the roads of Doncaster. We could make a video of someone's mum talking about how they worry about them and asking other road users to keep them safe..."

Leisure facilities

Residents report that there are plenty of leisure facilities in Doncaster, but some see them as unaffordable for families, with limited opportunities for young people to exercise with their family and some challenges around timing of family-oriented classes. The following comment is indicative of a common viewpoint shared on the Doncaster Talks platform and highlighted through our research: that what is being offered in the way of leisure isn't quite matching with the needs of residents:

"I've approached DCLT a couple of times asking them to offer a family membership card specifically for swimming. Rotherham, for instance, offer one at £39 for the month but with DCLT I have to pay for us all separately and it costs £60 a month without including my husband."

CHALLENGE BRIEFS

To **Doncaster Metropolitan Borough Council Public Health:**

5. How can we design a public health campaign campaign around encouraging people to make the first approach in talking about mental health - it could be called "...and how are you in yourself?"

To **Doncaster Metropolitan Borough Council Strategy Unit:**

6. How can we engage local employers to see workplace mental health as a priority in the borough and enable holistic assessments of people's health and wellbeing earlier?

To **All Team Doncaster partners:**

7. How can we identify those who are isolated through anxiety and support them in making connections so they are able to participate in healthier activities?

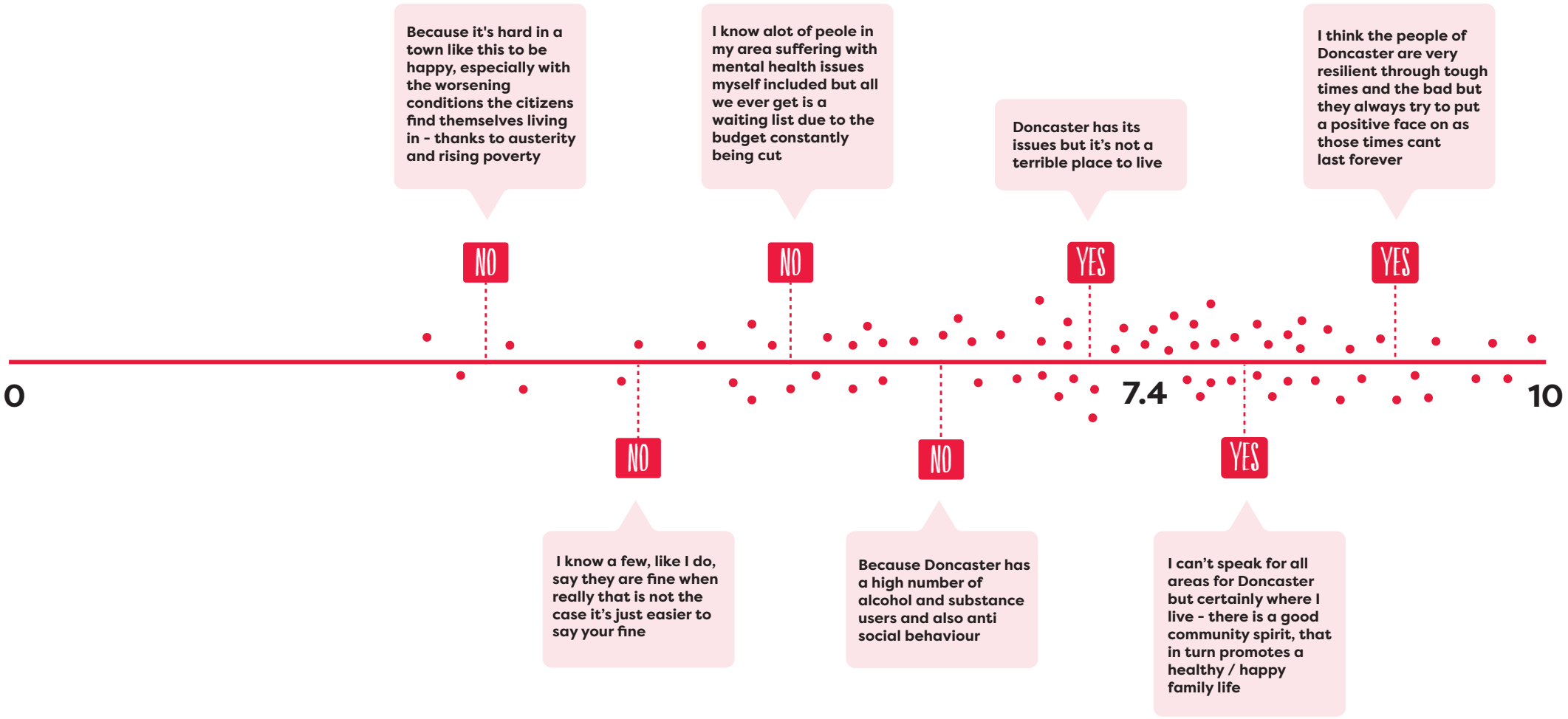
To **Doncaster Metropolitan Borough Council Public Health:**

8. How can we design a sexual health service that better meets the needs of men, alongside a campaign that explains the particular risk to that age group and promote 'condom use'.

To **Doncaster Metropolitan Borough Council Public Health:**

9. How can we design and commission leisure services so they better meet the financial constraints and time pressures of families? How can we promote cycling to beginners in a way that tackles barriers of safety, traffic and pollution?

Doncaster has a happiness rating of 7.4 out of 10. Do you think this is accurate?



● What's your happiness rating? Plot it on the line

Findings

Connections

Family and friends

For the people of Doncaster, an individual’s health and wellbeing is deeply connected to the health and wellbeing of others. This is revealed through residents prioritising the health of family members above their own, and through reliance on the presence of and motivation from close family to stay healthy or make a change.

Prioritising the health of others

Particularly for women with children, this research has surfaced a pattern of prioritising the health of others above one’s own.

“My motivations? My kids. Motivated to do everything for them. I used to play football and rugby as a child, my parents never came to matches, didn’t support it much. A lot of what motivates me is my upbringing, doing better for them. Don’t have motivations about myself, all about other people really.”

Of course, this attitude to life is not uncommon. However, this kind of complete externalisation of motivation does have direct implications for the health and wellbeing of the individual. This ethnography participant barely ate throughout the day, keeping energy levels up with crisps and cups of tea. Her devotion to her kids also affected her wellbeing. For example, she told us:

"My kids – they've almost made me worse though, they've made me more scared of things because I don't want to not be here for the kids. But then I don't want to grow grey and old either. Even just being in hospital for one day for a melanoma to be removed, the house goes to a tip and falls apart! Can't allow myself to be ill, to be unwell."

Her approach to wellness is to simply "not allow" herself to be unwell - rather than eating a healthier diet or giving up smoking. These kind of motivational drivers should have an impact on the tone and framing of all kinds of interventions from new services to public health campaigns. There should focus given to both working within and reflecting this mindset, but also explaining challenging when professionals come up against it.

Wellbeing contained in the health of others

One ethnography participant had the dates of her five children and two step-children's birthdays tattooed onto her arm, so she wouldn't forget them. Her tattoo is a metaphor for how much residents of the borough bind their health and wellbeing to that of others. This can be a source of great support, but it also creates risk in the population if those connections to others were to be lost (for example, one ethnography participant relies heavily on her husband to keep mobility as her dementia worsens), or if individuals were required to make changes to their health and wellbeing that were not connected to others (and so were not motivated to do so).

For some, the family remains the primary driver of staying healthy, and also the motivator during periods of ill health or times of stress:

"Moving home, having children, looking for work, working in stressful and busy environments - all can provide joy and stress at different levels. Personal resilience and support mechanisms have ensured none of these have impacted too badly on my health."

LISTEN IN…

When processing the insight from the first group of ethnographic interviews with Team Doncaster staff, we identified an important intergenerational dimension to health and wellbeing. Often, ill health and unhealthy habits are set in childhood; and, as such, we asked Doncast er Talks how they would encourage the next generation to be healthier. They all agreed that parents and grandparents needed to lead by example, not always relying on over-stretched teachers to explain the facts about health and nutrition to young people.

"It's got to be by example. Don't ask of others if you are not prepared to do it yourself. Start with the no car short journey challenge. If it's less than a mile walk, especially if it's to school."

"I think for kids it definitely starts with the adults in their life leading by example! Forming early habits is key, like eating a piece of fruit with meals, things like that, but I think these things should definitely not be made to feel like work, or being "taught" at all. Walks don't have to be about walking for example, they can be about exploring, finding new things and places. I think the best exercise to get kids into is the stuff that is a) fun and b) lacks a competitive element, which can make kids who aren't athletic feel bad."

"I think one thing we can do is target pubs, restaurants and many other eating establishments. Something I despise is the children's menu. When I was young there wasn't adult food or children's food, just food. On a children's menu the most healthy items you are likely to see are peas or baked beans. The rest of the food is usually high-calorie, fat-laden fast food. Even if these foods don't appear on the adult menu they are there for children. Do away with the child's menu and encourage healthy eating alongside adults."

"We need to teach our teenagers life skills. When I left school I had no idea how to run a home, about bills, credit rating, etc. This has caused stress due to debts and not understanding how these things work. I massively think that diet and stress causes so many health-related issues that this should be looked at in school and if we prepare the next generation and teach them some life skills then they are more likely to be healthier."

Local connection

The decline of the mining communities has been accompanied by a similar decline in the community assets that sat alongside - community centres, working men's clubs, etc. These spaces provided contact between families, enabled people to look out for each other, and often curbed the excesses of heavy drinking. A collective responsibility for health behaviours was contained within the working men's clubs, and without that physical and social space, such collective responsibility has been lost.

People in the borough also feel that this has contributed to an increase in loneliness, something that concerns residents - and something which several of our platform participants had themselves experienced. Loneliness diminishes aspiration to be healthier, and compounds unhealthy behaviour (particularly drinking, poor diet, and exercise).

LISTEN IN…

We asked the Doncaster Talks participants how they would combat loneliness in the borough. Here are some of their ideas:

- The Great Doncaster Bake-off - a bake and share event for people to come and share what they have.
- Make and share events -people bring a dish of some kind to share at a community venue, and prizes are awarded for the best!
- Open house - opening up interesting community venues that are normally closed at a particular time of day and that people may not usually visit.
- Volunteers in the Frenchgate Shopping Centre with badges on to indicate they are available to chat if people feel like it.
- Language exchange - people invited to come and talk to someone in a different language, helping to build skills and community cohesion.
- Reducing the cost of public transport to get out of isolated villages.
- A community-based "board game cafe".
- Inter-generational penpals - scheme where school children write to isolated older people, perhaps coordinated between schools and libraries.
- Talking benches in parks - particularly designed for people to stop and chat to each other.
- Supporting GPs to signpost towards community activities for those who are isolated.

Q: Which of these ideas would you choose to prototype in the borough?

CHALLENGE BRIEFS

To **Doncaster Metropolitan Borough Council Public Health:**

10. How can we demonstrate that being healthy yourself is better for your children and that it is important to role model these behaviours?

To **Doncaster CCG:**

11. How can we develop a risk stratification approach that includes an individual's reliance on others, both practically and emotionally, and target interventions accordingly?

To **Doncaster Metropolitan Borough Council and CCG:**

12. How can we develop, commission and enable interventions and services that maintain geographic connection using the public, voluntary and communities sectors?

To **Doncaster CCG:**

13. How can we systematically engage with the health and wellbeing of the family "unit" at all stages of interaction with 'public services'?

To **Doncaster Metropolitan Borough Council Strategy Unit:**

14. How can we design and support the Working People's Club of 2020?

Findings

Services

Trust

This research has identified how residents place trust in different parts of the health and care system in Doncaster. In summary:

- A majority of residents who participated in this project do, on the whole, trust acute care and recognise positive experiences.
- Residents trust those who intervene at a point of crisis more than those who intervene to help prevent ill health or a crisis.
- Residents trust professionals in what might be considered 'high status' roles more than others (e.g. trusting GPs more than practice nurses).

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LISTEN IN…

The issue of "trust" was discussed on the online platform. When asked if they always trusted the advice of health professionals, 64% of platform participants responded yes and 46% responded no. Their reasons for not trusting health professionals included:

- Negative experiences in the past.
- No continuity of care, and having to relay information to different health professionals.
- A perception that - owing to GPs being overstretched - they were not receiving their GP's full attention, that the doctor was always rushing to see the next patient or had their eyes "glued" to the computer during appointments.

This correlates with previous DMBC research on people experiencing complex lives, and suggests that - in fact - lack of trust is more widespread and should not only be considered in conjunction with "complex" cases. Lack of trust in others was a common theme across the ethnographic participants. Negative experiences with a service in a particular place had a significant influence on someone's ongoing relationship to all services in that place. Platform participants shared similar experiences and opinions. Negative experiences are internalised and become part of the mindset of that individual or within that family unit.

Trust and praise for acute care

Despite some negative impressions regarding facilities in local hospitals, residents reported positive experiences of the NHS in general, and were full of praise for senior clinicians who treated elderly relatives - for example:

Crisis versus preventative

Services that intervene with an individual at the point of crisis are trusted to a much greater extent than those which are universal or preventative.

For example, participants trust their drug rehab service or intensive crisis support (such as Doncaster Changing Lives). However, trust is more varied for larger or impersonal services with authority to intervene in people's lives (such as "the council" or "social services" or "schools". Additionally, this lack of trust is set in place early, and difficult to change - ethnography participants spoke of negative experiences with services in the past, particularly as children, and as a result they were now mistrustful of other, similar services. One participant had moved from a nearby area following challenging experiences, and now saw all services from that area in a negative light. The local area "brand" - that of "Doncaster Council" - has weight, and seeps between services, which in turn are not seen in isolation (i.e. a negative experience of one part of the local authority service in an area will then affect residents' perceptions of other services in that area, even if they are delivered or commissioned by a different agency). The sub-local brands, such as Thorne or Mexborough, are yet to hold traction in understanding service delivery, something which should be explored (see "Place").

Senior versus junior

Participants spoke of not trusting messages that were being relayed from practice nurses to GPs. One ethnography participant identified a reluctance in others to fully engage with practice nurses or receptionists, something which he saw as a major barrier to their taking control of their health. This man could name all the staff in his local health centre, and had seen the benefits of sharing his health information with all staff. They were able to offer advice on making lifestyle changes or on the likely cause of small niggles. The attitude of other participants in the research towards healthcare professionals other than doctors may be a barrier to their accessing the right kind of helpful (and preventative) support.

CHALLENGE BRIEFS

To **Doncaster CCG:**

15. How can we increase the brand association of services with those of sub-local areas that resonate most with the population?

To **Doncaster CCG and Doncaster Metropolitan Borough Council:**

16. How can we recreate the trusting relationship with acute / crisis services in more preventative or community-based interventions. **How can we** make a community facility feel like a hospital to give reassurance to residents?

To **Doncaster Acute Service providers:**

17. Without undermining frontline preventative services, **how can we** encourage trusted professionals to promote coordinated messages about prevention?

To **All Team Doncaster partners:**

18. How can we raise the profile of professionals other than GPs who have a more preventative role in improving health?

Conclusions

Conclusions

Resilience in Doncaster

In order to improve health outcomes and provide a more effective system of health and social care across Doncaster, partners will have to work together in a more preventative way, often intervening earlier - or playing a convening role - to enable community-based bottom-up services to thrive.

Preventing ill health is enabled by building resilient communities, families, and individuals, and earlier in this report are detailed different factors which influence resilience.

1. Mindset.
2. Sense of identity and goals.
3. Supportive relationships and social networks.
4. Stability.
5. Access to resources.
6. Role of experience.

It is vital that Team Doncaster embrace a shared understanding of resilience in the borough and take steps towards achieving it. This section of the report will provide the foundation for that, by synthesising insights according to these six factors, recommending how the borough should act in relation to each one. Challenge briefs found across this report are also grouped below according to the six factors.

Mindset

There are two interrelated aspects of a resilient mindset in a family, community or individual that can feel contradictory:

- A sense of **toughness, strength** and the ability to absorb shocks or difficult events.
- Flexibility of mindset, agility, and the skills and confidence to be able to adapt to those shocks and change course.

In Doncaster, people show resilience in relation to (1) - they have the strength to deal with the difficulties of life, and are proud of it.

However, this strength of mindset can become a barrier to (2) - their toughness reveals itself as inflexibility, and a lack of confidence to try new things or being open to changing behaviours (South Yorkshire "grit").

Team Doncaster should encourage flexibility of mindset and openness to change, whilst maintaining the strength and toughness for which the area is so deservedly proud. This is most likely to be achieved through people **experiencing** something different for themselves and their families, rather than by being told what to do by a public sector body.

See challenge briefs: 2, 5, 10, 13, 17, 18

Sense of identity and goals

People in Doncaster have a strong sense of identity: either as people from Yorkshire; or part of a family; or being from Mexborough, for example. Often, identity is shared across a family, or is invested wholly in other people (such as children or a partner). Their goals are for the health and wellbeing of their whole family unit or community rather than for themselves. Identity is also strongly influenced by the past and by specific events. These events can be personal (such as a relationship breakdown) or collective (such as the closure of a large employer).

Team Doncaster should prioritise a "collective" approach to intervening across health and social care to better mirror the way in which people understand their identity and health goals: as connected to their wider family or community. This will be a route to building greater aspiration towards better health outcomes and improving their own environments. This approach could include giving greater consideration to how interactions are designed - through care planning, outcomes-based budgeting, risk stratification, and impact evaluation - and in prioritising where and how to intervene.

See challenge briefs 1, 2, 3, 4, 8, 10, 13, 15

Supportive relationships and social networks

Supportive relationships and social networks are a primary driver of wellbeing in Doncaster. However, there is an impression that a lot of emphasis and pressure is placed on individual family relationships, for which the future is uncertain. There is appetite, however, for greater connection across communities, something that is particularly visible in villages across the borough.

Team Doncaster should learn from villages in the borough to encourage greater social connection in urban areas and support interventions that expand and maintain social connection. They should also systematically identify where and for whom social connection is at risk of being undermined and provide infrastructure to enable this to thrive.

See challenge briefs: 2, 4, 5, 6, 7, 8, 11, 14

Stability

Many people living in Doncaster lead complex lives, and wish for a greater degree of stability in, although there is also a stubborn acceptance that “things are the way they are”. Changes in the area have meant that people needed to respond with flexibility, although some have not been able to do so.

Team Doncaster should continue its work targeting families living with complex lives, and provide support to grow their aspirations for improving the community.

See challenge briefs: 3, 6, 11, 12

Access to resources

Doncaster is a borough with a wide range of incomes and stubborn health inequalities. Resources of open space and leisure are plentiful in the region, but there is misalignment between the needs of families and what is on offer. Additionally, there are resources available to all - particularly in the community and primary care - which are not being used by those who would benefit most due to mistrust and misalignment.

Team Doncaster should promote the skills and expertise of those who deliver preventative health, such as practice nurses. This message should be carried by those in senior positions in acute care to capitalise on where trust currently exists in the system. They should also align public health resources (such as leisure facilities) to the needs of families and communities (as part of the collective approach outlined under the "Sense of identity and goals" section).

See challenge briefs: 1, 2, 4, 7, 8, 9, 11, 12, 16

Role of experience

The role of experience in Doncaster is twofold:

- With many people, a negative experience can fix unhealthy habits and make them hard to shift ("things are the way they are").
- Experiencing the positive effects of a change in lifestyle can be enough to fix that change for the long term.

Team Doncaster should prioritise campaigns around health improvement that focus on the emotional motivation of life events - births, marriages, moving house, new job, recovery from illness - and target moments of change to disrupt experience and change habits. This could include more systematic reflective activities with people when they do engage with services at a significant moment, or following a severe bout of ill health.

See challenge briefs: 15, 16, 17, 18

A segmentation model

The Doncaster resilience strategy should use a segmentation model as a framing tool. This was developed in partnership with the Doncaster team.

We have found that the **mindset of openness to change** - which is compounded by other resilience factors such as the role of experience and a sense of identity - and **connectedness to supportive relationships and social networks** are the most important drivers of this , so have developed a segmentation model that uses these characteristics.

Segmenting the population in this way helps to focus different kinds of interventions or improvements on the most relevant and impactful behavioural characteristics of that group.

The two characteristics chosen for a segmentation model should enable and encourage commissioners, service providers, strategists and other professionals to understand their population according to which behaviours or characteristics are having the greatest impact (both positive and negative) on their desired behavioural outcome.

Openness to change

This research sought to understand how to encourage various kinds of changes: changes in behaviour; changes in reliance on or attitude to services; changes in awareness of community support; and changes in the understanding of the system of health and care across the borough. Deep-set behavioural patterns and habits have been identified, which have remained unchanged for decades. They are framed around family history, the history of the borough, or specific life events; and they create, in some people, a resistance to change, acceptance of the way things are, and little aspiration for things to be different. In others, this is not the case, and their “grit” is revealed through aspiration for different circumstances, or being flexible to changing circumstances, taking opportunities as they appear.

Connectedness

Health and wellbeing in Doncaster is driven through connection (or lack of it). Social and family networks are a source of support, encouragement, and identity, as well as key enablers sustaining levels of wellbeing. For those who are isolated and do not have a network of support outside of their immediate family (such as a child or partner), their health and wellbeing is limited. Also, connectedness is a significant risk fact if lost or reduced.

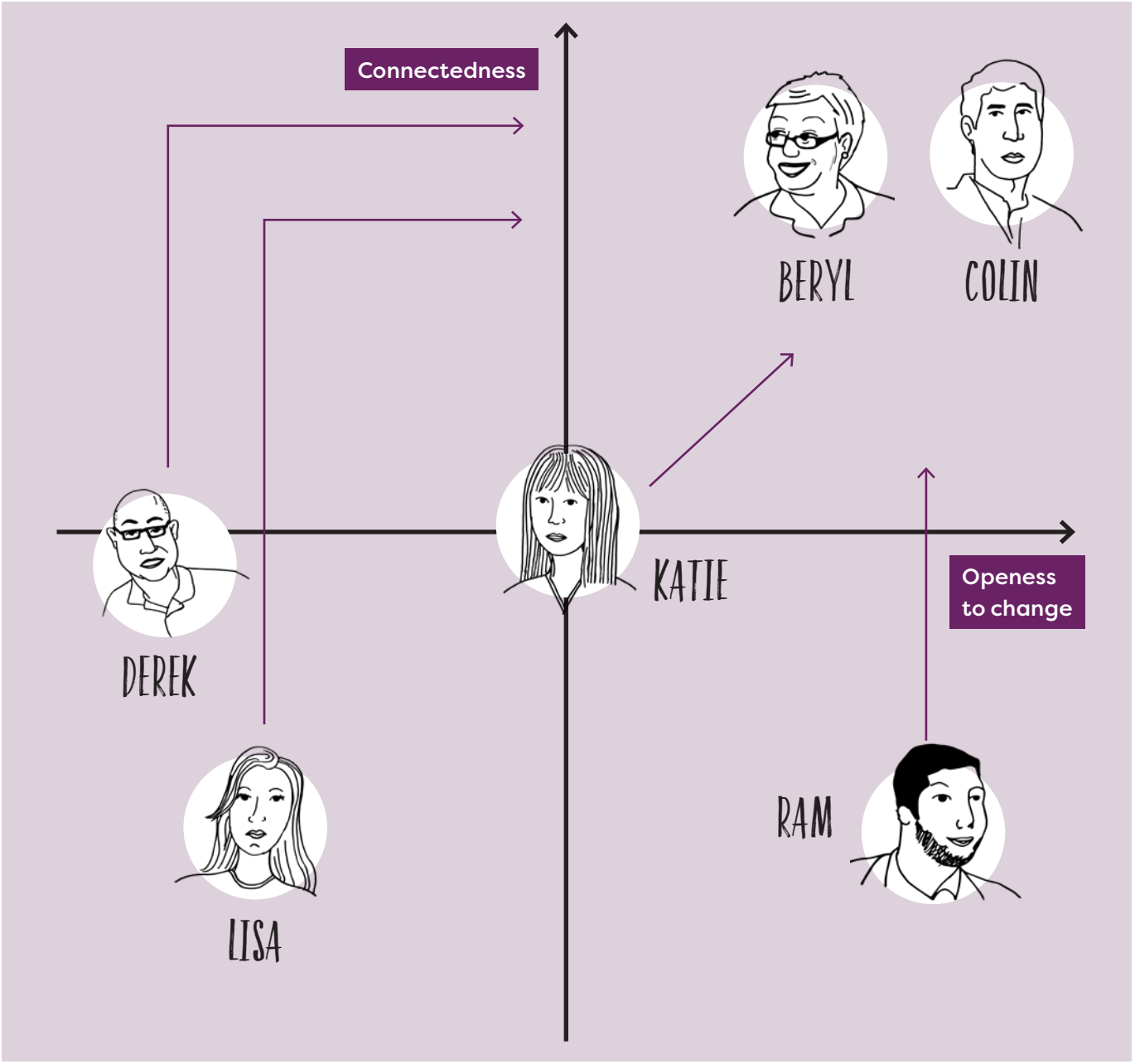
Using the segmentation model

The Doncaster resilience strategy should use the segmentation model as a framing tool for designing/encouraging interventions. In order to improve health and gain resilience, a strategy should be to increase and maintain people's connectedness to others, whilst encouraging an openness to change.

For those who are not open to change, it is unlikely that they will quickly become more open without having first gained greater connection to others - either through their family or via their community.

For those who are open to change, gaining connections will help enable and motivate them to do this.

The sequence of interventions for individuals, families and communities should therefore follow as indicated on the diagram:



Personas

These personas are composite stories of people who live in Doncaster. Their experiences, behaviours and motivations represent a cross section of individuals who took part in this research.

Personas are used as a synthesising tool in the design process. They anchor the creative process in insights, and help inform policy development, service improvement, and the generation of new ideas. They also help us to see the potential impact of policy decisions and the development of services from the perspective of the people who use them, by focusing on one person's experience of that service. We design interventions for a persona, and constantly check that we are meeting their needs. A set of personas also helps us design for a variety of behaviours and needs, and not just those of one person.

Personas have been created that sit across the segmentation model.

DEREK, 58

Occupation: Derek no longer works because of his multiple health conditions - he was a security guard for 15 years

Immediate family: Married to Claire and has five children (not with her). Between them they have 12 grandchildren. Two of the grandchildren live with them at home.

Where in the borough: Town centre

Health conditions: Multiple: the most severe is COPD, but has had two mild strokes and a heart attack

Key resilience factors: Mindset; sense of identity and goals; role of experience

Derek's family are all from Doncaster and the surrounding area. He was born in the area but left as a young man. He has moved to different parts of the country and moved back to Doncaster seven times.

"It's like people say: it's a shithole. Yeah it is, but it's my shithole. I won't leave because 1) it's my shithole and 2) it's my kind of people. I know who to trust and know who not to trust. I am not a trusting person, I am NOT a trusting person."

Derek likes to tell stories: stories about his family, about who is no longer talking, about who split up with whom, and about his children and grandchildren. These stories go way back - to arguments in the 1970s, to illnesses he had when he first started working, to his wanting to be in the army as a child. His obsession with the past extends beyond his family:

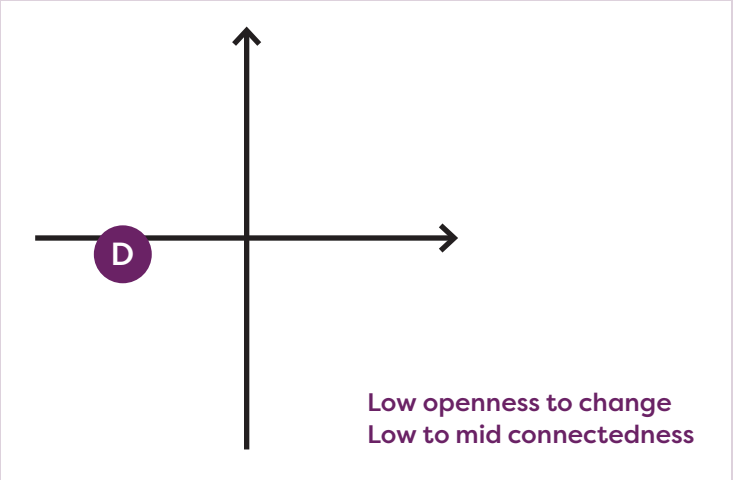
"I've got an obsession with history, whether it be true history or things about....my nana were into history of the royal family, you know like way back? And I download films and a good part of my catalogue is films, you know, like Henry VIII... D'you know what they call me at home? Wiki, Wikipedia, cos that's my bible - if I'm watching a film and I can't remember a bit, I will use Wikipedia to cross reference."

Derek has a very a clear moral sense, something which he takes pride in. He owes everything to being brought up by his aunt and uncle: he has never smoked, never taken drugs, and never been in trouble with the police. He says:

"You should never hit a woman; argue with a woman, by all means argue with a woman, but do not hit. Hit a door, you can replace a door, you put a hole in that door today, council will come and put a new door up. What ya lost? If she gets into ya head, and women will, knock shit out of the wall...you'll hurt yourself. And I instilled that into me kids."

He is no longer physically active; and, owing to his multiple health conditions, cannot walk far. Over the past two decades he has had a heart attack, two strokes, and is now living with COPD. He doesn't like hospitals but he has to "put up with them", and they give good care. He's been there so long, the receptionists know who he is, and always say "Hi Derek, I got ya!" when he arrives.

He tries to keep his brain active by reading, watching television and playing his PlayStation. He sometimes plays pool at the nearby pool hall.



LISA, 22

Occupation: Doesn't work

Immediate family: Partner Tariq, son James, another on the way

Where in the borough: Town centre

Health conditions: Bad oral health, smokes

Key resilience factors: Mindset; sense of identity and goals; role of experience

Lisa is pregnant with her second child with her partner Tariq. She moved to Doncaster from a nearby town, and lives in a privately- rented flat in the centre of the town. Because she is away from her family (out of choice) she is rather isolated, and doesn't have many friends.

Moving away from home had been a priority for her after some challenging experiences - people she knew had been in trouble with the police and the whole area didn't feel safe. She's excited to be starting a new life in a different place.

She is trying to stop smoking, (and particularly not to smoke whilst she's pregnant). She smoked when she was carrying James, but was scared when she heard stories that having one cigarette is like blocking the umbilical cord for three3 seconds. So she's using a nicotine spray from the chemist, and it seems to be working.

Lisa had a difficult time at school. She says that she didn't really attend school at all after the age of about 14. She's tried to go back, but always found it made her anxious (an anxiety she still experiences on a day-to-day basis). She tried to talk to teachers about it, but she didn't feel believed when she said she found things difficult. This experience has made her mistrustful of services.

"It just didn't feel comfortable...I just feel...I struggled with reading and writing. We had to read out in most of the lessons and I just didn't see the point in embarrassing myself. I got fed up to the point when I just didn't go. When I tried to go back I'd missed so much, so I didn't sit my GCSEs. When I was in juniors I kept telling my teachers that I couldn't read and they paired me with someone a bit older but that didn't help. To be honest, nobody believed it. I just got fed up and thought there's no point anyway."

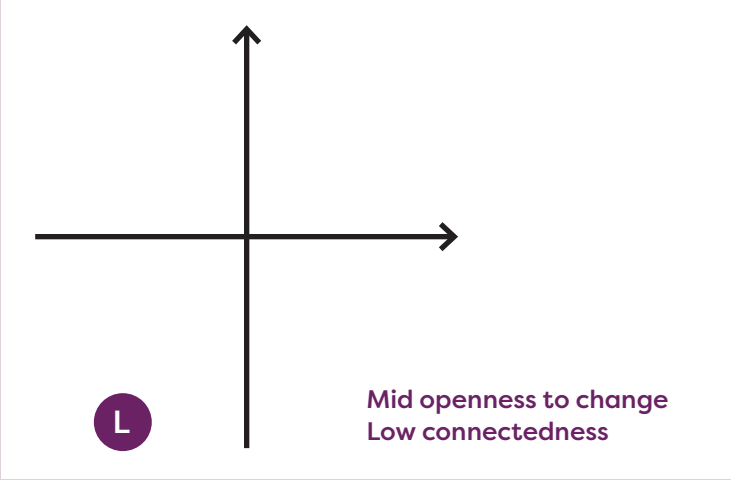
She does have ambition to be healthier, as well as trying to stop smoking, but she says that time can be a barrier.

"I'd like to eat a bit healthier. Just time really stopping me -, like today, I was in town this morning so I didn't know how much time, so got him McDonald's. He usually only has one a week, usually on a Thursday, and he gets a toy as well on a Thursday."

She says that she sometimes cooks meals for her and Tariq, but more often she finds it stressful. She tries to stick to meals she knows how to cook as she once tried a chilli but it didn't work well. HoweverAlthough, she now gets bored of having the same thing, and prefers the variety of a takeaways, and how easy it is to order one. She's trying to change because she doesn't want James and her new baby to be eating the same way she does. She used to make a little fry-up at the weekend and on weekdays he'd have cereal and toast. But she's started moving to fruit and yogurt in the morning.

She is excited about having a new baby and wants to have a successful family life, although money is a concern for her. She also wants to be able to get out of the house more, and hopes that she can gain confidence to make new friends in Doncaster:

"I don't really think about the future much, I take every day as it comes. All kids grow up and do well and achieve what they want to achieve. Hopefully Tariq and I will still be together. Childhood made me not look too far ahead, not expecting things to go a certain way and then get disappointed. I think it's a very horrible world we live in, it's just full of idiots. Everybody wants to hit everybody, nobody gets on. There's all that war and stuff, it's not a very nice place to live in."



RAM, 41

Occupation: Warehouse worker

Immediate family: Separated from his wife, two daughters who live in the South of England with their mother.

Where in the borough: Town centre

Health conditions: Recovering drug user

Key resilience factors: Access to resources; supportive relationships and social networks; role of experience

Ram was born in Nepal, lived in Hong Kong, and then came to the UK around ten years ago. Both his parents also moved to the UK and live nearby in the borough; as does his brother. Ram moved to Doncaster six months ago to be closer to his parents as he goes through treatment, but he plans to stay afterwards.

He is a recovering heroin addict, and has been taking methadone for 15 years. He feels that it was much easier to self-medicate in Hong Kong, so arrived in the UK to a system where he wasn't able to take as much methadone (or as regularly) as he had before. He is now trying a full detox, so has taken a break from work to get clean.

He has been able to work through most of his life, taking roles in various industries: from construction, to food manufacturing, to his current role in a warehouse. Because of zero-hour contracts, he's been able to take time out for more intensive treatment if he needs it.

"I never stopped working because I am a workaholic or something; like, even if I'm sick, I will keep going. Unless I can't wake up, otherwise I take painkillers and go to work."

He has a difficult relationship with the mother of his children. His drink and drug use was the cause of their breakdown. He began taking drugs because they was readily available and helped him maintain his pace of life. Even though his wife is not nearby, their history remains a source of anxiety. The shadow of their relationship breakdown still affects his wellbeing. He says "that's the past thing, that can really be bad".

He is pleased to see that his daughters are doing well, and wants them to achieve more than him:

"I want them educated well, they have options...I was working in labour most of the time, it's [a] good salary but it's not good for your health. I can feel it in my back now; in my bones, when I lift something, there is pain that was never there before."

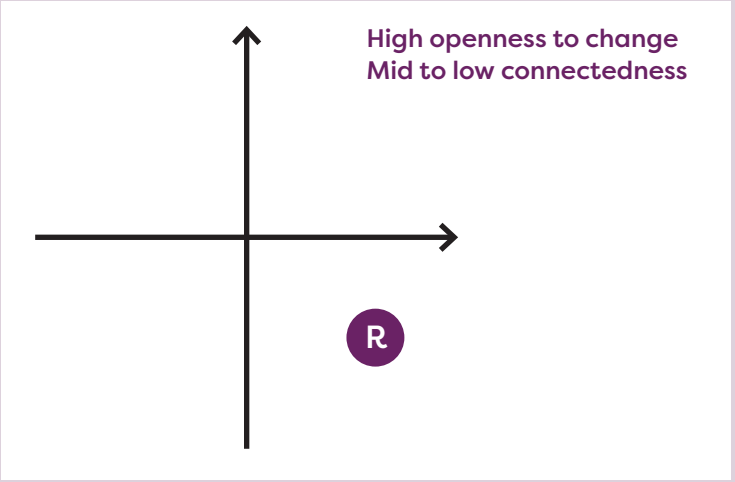
He has enjoyed living in Doncaster - he enjoys the open spaces, the access to good recovery services where they do lots of activities, and the people who live near to his parent's home. He loves gardening - for himself, his family and his neighbours. He grows vegetables, flowers and fruit:

"The neighbours where I live, they are very, very helpful for me. There are two old ladies, their husbands have died, and one lady next to me, she who is 53 and she never married. They really, really support me: I do gardening and things for them, and when I'm not there they look after my parents, my mum especially."

His parents are getting unwell, particularly his mother. This makes him anxious, and he finds it difficult to sleep. He's also concerned about how this will affect his recovery. When these issues fly around in his head at night, he takes painkillers to try and sleep.

He has developed one strategy for coping with this challenge: mindfulness. He uses an app on his phone and, after 10 or 15 minutes, he sleeps better.

"I want to be free in a good way. This time I have to really be careful. If my body can hold it then I will do it."



BERYL, 79

Occupation: Retired teacher

Immediate family: Married to Ron, has two children who don't live locally

Where in the borough: Village

Health conditions: Early-onset Alzheimer's, but otherwise her general health is good

Key resilience factors: Mindset; access to resources; stability

Beryl lives in a bungalow with her husband Ron. They moved to the Metropolitan Borough of Doncaster 30 years ago for Ron's work, and have settled in the area very happily. Their two children (and grandchildren) both live in the South of England.

"How old do I feel? It depends on the time of day! Feel younger than 79, feel 55 or 60 inside."

Beryl was diagnosed with early-onset Alzheimer's two years ago. At first it was frightening, and she had contradicting advice from specialists about the likely pace of her disease. However, on the recommendation of her doctor, 18 months ago she joined the local Alzheimer's support group run by the Alzheimer's society. She believes it has been instrumental in maintaining her quality of life.

She goes to activities and meet-ups sometimes as often as four times a day. There are between 30 and 60 people who attend from all over Doncaster, and the activities vary from week to week - coffee mornings, musical events, talks, etc.

Beryl and Ron also have lots of friends that they see regularly. Very rarely does a day pass when they don't see friends, go for coffee, or take a run into Derbyshire:

"Life would be dead without it, it's very uplifting. See the friends a lot. We go once a month to a pub for lunch with another group of friends. Lots of help at the pub to help us out with the carvery, and we get a reduced rate on it."

She particularly enjoys getting out into the countryside, or going to places where there are lots of families and it's busy, such as Langold Lake. It always lifts her up to see lots of children playing.

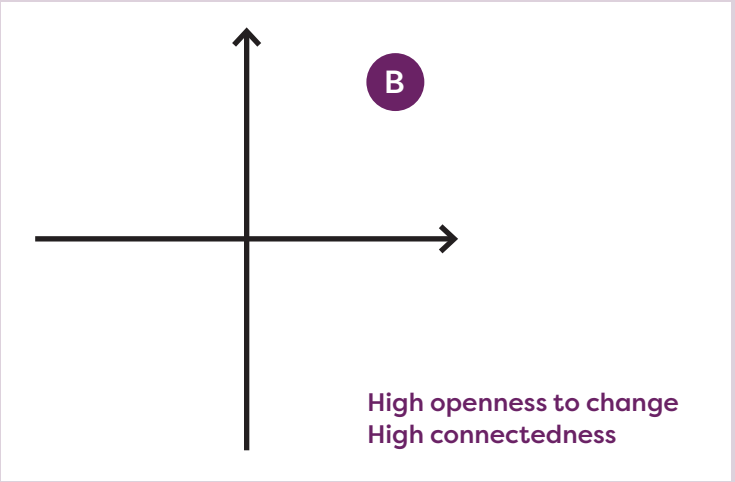
Beryl has always been a good cook, and has maintained her healthy lifestyle since being diagnosed. She says how she does what she is told with her diet.

"I make my own muesli: sunflower seeds, pumpkin seeds, oats, apricots. It's a very healthy breakfast, and I try to eat well. Ron loves boiled eggs from a chap who has chickens, or a slice of toast covered in Manuka honey. We've always eaten well, we never buy ready meals, or frozen meals. Lots of fish and fresh veg. We love tapas, too."

The doctors tell her that she's doing everything right. She's motivated to keep on being healthy so that she and Ron can maintain the quality and richness of their social life - she doesn't want to become isolated owing to any kind of ill health. She used to be quite an active person and loved swimming. She used to go on a Saturday morning when the baths opened at 6am, and stay until 9am.

She admits, however, that she now depends 100%On her husband, particularly to get from place to place. This makes her nervous as there are no buses in the village any more.

"No problem with asking someone for help. I can't drive, if Brian couldn't also, then I don't know what we'd do. It would be a mess. We've tried to get the bus back but we can't convince them. There's a main road that a bus runs down, just the end of our road. Could just run in but the local council, they'll listen and take notes but that's as far as it goes."



COLIN, 52

Occupation: Semi retired, does odd jobs for people, former prison manager

Immediate family: Wife of 30 years, Karen. Two daughters and five grandchildren

Where in the borough: Small town

Health conditions: Physical health is good, some mental health troubles

Key resilience factors: Mindset; access to resources; stability; role of experience

Colin lives in a bungalow with his wife Karen, ten minutes' walk from the house he grew up in. His two daughters live five minutes' drive away, and they are a tight-knit family. Until 18 months ago, Colin worked in a senior position in the Prison Service, but decided to leave his work and focus on being at home to help his daughters, who both have children. He still does the occasional piece of gardening work and has finally got himself a white van: "I've always wanted one, but Karen refuses to be driven around in it!"

Colin left his job because of his health - the stress he was experiencing from the high-pressured environment was driving him to drink alcohol to excess and eat unhealthily. He has now cut out almost all sugar, and drinks only on special occasions. He also goes to the gym, walks, and plays golf.

"It's a mortality thing: my mother was diagnosed with terminal cancer 2 years ago, but she's still with us because she looks after herself, eats well, doesn't drink."

He is Yorkshire through and through, and most of his male relatives have spent time in the uniformed professions. His father was a senior fireman, as is his brother, and Colin went into the army as a 16 year-old and trained as an engineer. He had to leave prematurely because of an injury, but explains how much he owes to the training he received as a teenager in the army - he feels this training gave him the chance to develop his resolve, inner strength and the capacity to adapt.

"I learned there that I could achieve things - that even when things looked difficult, I had the strength and capabilities to respond, learn, and get stuff done. My parents instilled that in me, too. So when I had to leave the army, I knew that I'd be able to shift jobs and do something new."

When he left the army he found new jobs in the chemicals sector that were suited to his skills. When that sector began to be uncompetitive, and the companies started to close down, he shifted again and started working in prisons, where he stayed until the end of his career. He's aware that lots of other men of his age didn't respond so well to the industrial changes in the area.

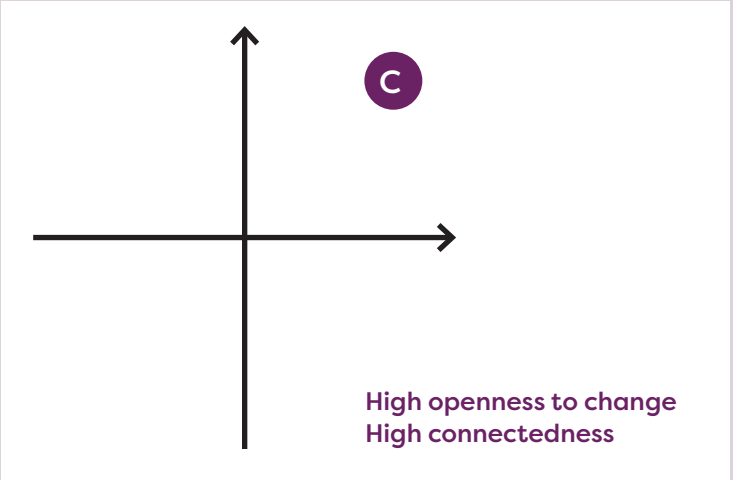
He has been motivated by wanting to live comfortably and to provide for his family. He isn't sure that this is a common motivation anymore.

Having previously visited his GP regularly whilst at work to address ongoing health niggles, he now sees his relationship with his practice much more holistically - he goes in and takes advantage of different kinds of preventative health checks, and often doesn't need to talk directly to the doctor. He thinks that people in the area take their health services for granted:

"People think that it's the job of their GP to be at their beck and call, but no - it's their job to diagnose. If you don't need to be diagnosed with anything, but just need medical attention or support or advice, the nurses are there for you, and they're much better at it sometimes! They can help you find new ways of doing things, new strategies for being healthy."

He has a real fondness for his area, but doesn't like to see so much of the town centre boarded up and the old working men's clubs closed down.

"When we'd go in there as lads, you didn't know people's names, but you knew their families and that they knew yours. So if there was any trouble, you knew it would get back to your parents. Everyone looked out for each other, even if we didn't speak!"



KATIE, 35

Occupation: Nurse in the Doncaster Royal Infirmary

Immediate family: Husband of 10 years, Phil. Two daughters aged 11 and six.

Where in the borough: Village

Health conditions: Physical health is good, but she is slightly overweight.

Key resilience factors: Stability; access to resources; role of experience

Katie was born in Doncaster, trained as a nurse in Manchester, and returned to the area to be closer to her family. She had her first daughter with her childhood sweetheart, Phil, when she was 24, and her second after they were married. They bought a house together, and are both focused on paying off the mortgage so they can give stability to their family. This is how Katie's been brought up. Particularly strong are the influences of the men in her life: her Dad always told her to look after her money. She doesn't have a credit card and she refuses to take out loans.

"My dad and grandad are very important to me. They both led me down the aisle when I got married. I always show my kids that picture so they know where they came from."

They both work very hard - Katie is a successful nurse in the busy DRI and Phil is a plumber with his own successful business. All their friends still live in the area, but since they all got married and starting living in different parts of the borough, they see each other less and less. Katie used to go out in Doncaster with her friends, or they would all get a taxi to Sheffield for a nice meal, but she can't remember the last time that happened.

Often it's Phil who gets home first, and Katie comes back a bit later, sometimes just in time for dinner.

"I always try and cook healthy food, but sometimes you just don't have the time. We both work, so there isn't much time in the evenings, and I don't always have the energy."

Katie doesn't really think about her own health. She thinks about her kids and about her husband. She says, "I'm well when my kids are well." She visits the doctors fairly regularly - as her youngest daughter has asthma - but doesn't seem to go for herself. She takes the girls in whenever they feel poorly.

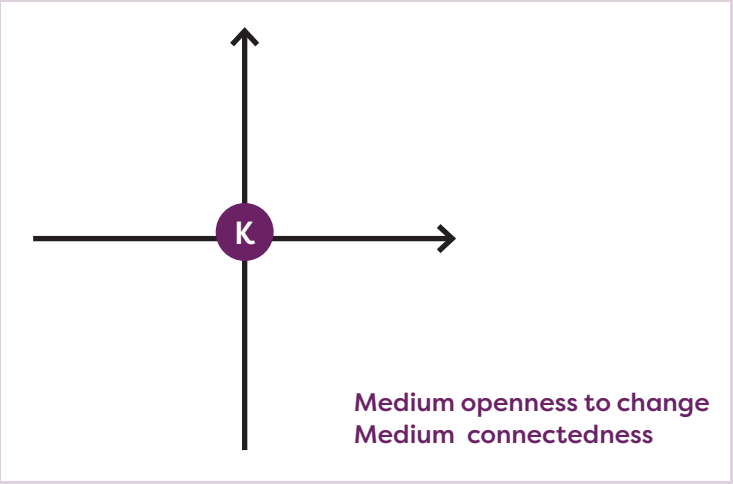
"It's so hard to see a GP, and I hate having to repeat everything three times to the receptionists, then the nurse, then the doctor. I just don't trust that anybody is really listening until I get in front of the doctor, and even then he's staring at his computer."

She allows herself a cigarette and a glass of wine when the kids have gone to bed after a busy week: "wine o'clock". Sometimes she does this after a busy weekday, too.

Her daughters aren't particularly sporty, and she finds it hard to find the right kinds of activities for them. They often go to the Lakeside at weekends, but the girls seem more interested in shopping and going to the restaurants than walking around the lake.

For the first time in her life, Katie isn't that happy with her weight:

"I've been putting weight on. It's stress, mainly. And at work there isn't time to eat so we sometimes just have a Kit Kat for energy. My oldest wants to lose weight, too. I took her to a young person's gym class, but it was so expensive, and the instructors didn't pay much attention to them. They just left them to it, so it wasn't worth the money. There are other mums in my village who want to take their kids swimming - but the cheaper classes are always at difficult times, and for a family of five like mine to go, it's so expensive."



Assessment of the “Doncaster Talks” platform

Use of platform

The Doncaster Talks platform offered a new way of engaging with people who live in the borough. Its usage provides valuable insight for the Team Doncaster partners with regard to different forms of digital engagement, as well as its potential as a tool:

a) To gather insight.
b) To generate ideas.
c) To gain feedback; and
d) To promote and encourage healthier behaviours.

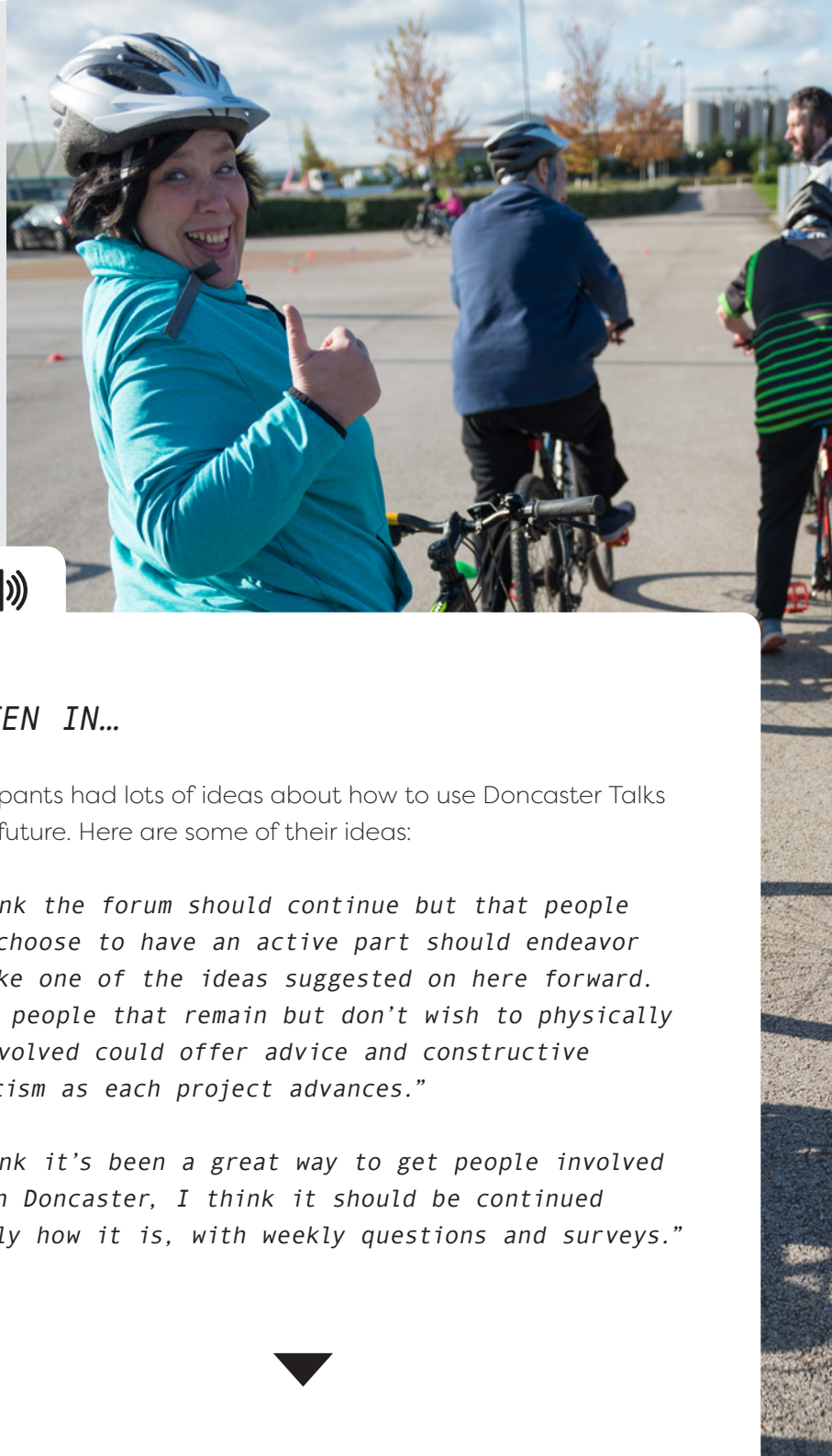
As part of engaging in the platform, participants completed a short survey to reflect their experience.

91% of people said they would be interested in taking part in the platform if it were to continue into 2018.

Participants rated their experience of taking part in the platform from one to 10. The average score was 8.8/10.

In order to ensure an active and engaged online community, participants were incentivised to take part. If they completed all 16 activities, they received an Amazon voucher worth £30. This amount reduced depending on how many activities people took part in.

We asked participants if they would have continued to use the platform even if they were not incentivised to do so. 53% said they would. 16% percent said they wouldn’t. 32% said they were not sure. Understanding the specific motivations of that undecided 32% would be crucial to deciding on the future use of a Doncaster Talks-style platform without incentives.



LISTEN IN…

Participants had lots of ideas about how to use Doncaster Talks in the future. Here are some of their ideas:

“I think the forum should continue but that people that choose to have an active part should endeavor to take one of the ideas suggested on here forward. Other people that remain but don’t wish to physically be involved could offer advice and constructive criticism as each project advances.”

“I think it’s been a great way to get people involved within Doncaster, I think it should be continued exactly how it is, with weekly questions and surveys.”

"I think the forum could be used as a sounding board when the council (or anyone else) are thinking about starting a new club or event, so that they could 1) get an idea of whether people would be interested or not and 2) help to develop and improve the idea by asking for people's feedback."

"Many fine suggestions have been submitted to Doncaster Talks. It is important that they reach the influencers in the borough; councillors, the mayor, constituency MPs, NHS managers, and leaders of social care, housing and business. So two main ideas: 1) publish an analysis of the most significant ideas in every forum possible - the press, business journals, circular letters, websites, etc.; and 2) keep up the momentum - a new question every month with a small incentive (perhaps an annual £5.00 voucher for those who complete 10 out of 12), with a brief summary of the results sent to the list above. Above all, don't lose the momentum already built up!"

8.8

was the average score given (out of 10) to the platform

Reflections on the platform

Some aspects of the Doncaster Talks platform proved challenging, and should be considered before future investment in digital engagement.

Digital literacy

Throughout this project, the research team were aware of those with limited et access at home to the facilities provided on site by the council. One option to address the lack of digital literacy or digital access would be to coordinate facilitated use of the platform in group settings. This would, of course, deny people the opportunity to interact with moderators or other community participants. The platform could also become a route to gaining digital skills as it was easy to navigate and use.

The Dub platform

The Doncaster Talks platform used an “off-the-shelf” platform called “Dub”. Dub was chosen because it was well placed to serve as a research tool. It has built-in functionality for surveys, sharing and commenting on photographs; and producing heat maps. It is also easy to store, download and analyse the data produced.

That said, the platform has limitations. The visual style is fixed, and there is limited flexibility around the look, feel and the user experience. This did not appear to affect the numbers engaging on the platform; however, if it were to be designed for seldom-heard groups, further UX research and testing would be required to ascertain if the Dub platform were accessible and enjoyable for those groups.

In addition, participant sign up to the Dub platform creates unavoidable pain points. The platform moderation team at 100%Open were required to manually process applications, and participants had to visit two different web addresses for sign-up and participation. This undoubtedly impacted on the numbers of people who were initially interested in taking part but then did not complete any activities.

Resource intensive moderation

For online platforms such as this to be successful, there needs to be regular high-quality facilitation and moderation. This was provided by 100%Open and members of council staff. For a high-intensity project such as this, it required daily responses to ensure that each person’s contribution was acknowledged and engaged with. This had a positive effect on the quality of insight gathered, as moderators were able to ask the why question in relation to people’s stories. Without this kind of active moderation, the quality of the insight generated from the platform would certainly suffer.

Insight generation versus idea generation

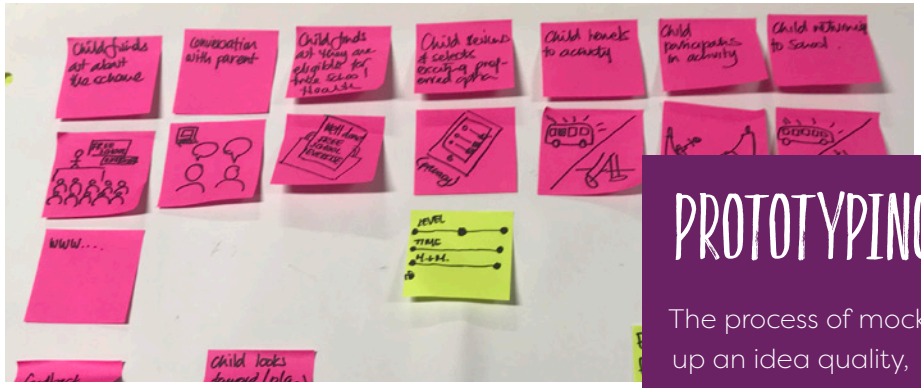
This project used Doncaster Talks to generate insight and ideas. Typically, an insight question asked people to share a story about their life, e.g. “Who has contributed most to your health and wellbeing”. An idea question asked them to solve a problem, e.g. “How would you encourage people to talk more about mental health”. Insight questions were answered more easily and generated higher engagement. The idea questions produced some good ideas, but much that was similar. Moreover, responses to insight questions were all of equal usefulness to the project (this is the nature of gathering insight), which was not the case for the idea questions (necessarily, some ideas were better than others). In addition, some people responded to insight questions with ideas. There is potential in using such platforms for idea generation, but the experience of Doncaster Talks suggests that this would be better framed around insight and personal experience first.

Using these insights and tools

Using these insights and tools

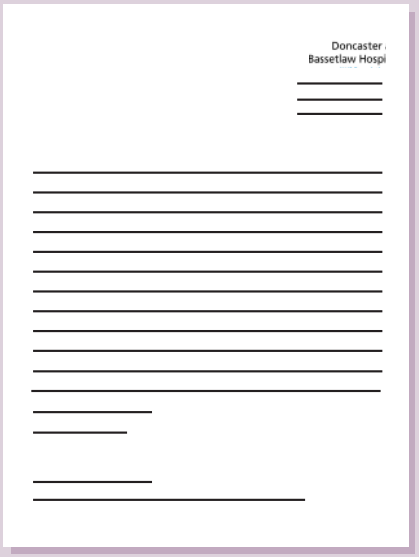
"How can we" questions are written throughout this report. They are challenge briefs that will help Team Doncaster develop ideas for service improvements or new interventions that might address some need identified in the research. They will also help achieve the ambitions for resilience outlined in the previous chapter.

Here we take four of these briefs and prototype what a new intervention might look like in response to the insight generated in this report.



PROTOTYPING:

The process of mocking up an idea quality, with minimal resources, to assess its viability, desirability and feasibility



Men's sexual health

Community leisure pass

Working people's club for 2020

Trust campaign

TRUST CAMPAIGN

PROTOTYPE 1

Without undermining frontline preventative services, **how can we** encourage trusted professionals to promote coordinated messages about prevention?

RESILIENT FACTORS:

Mindset

Role of experience

WHO IS IT FOR?

Derek

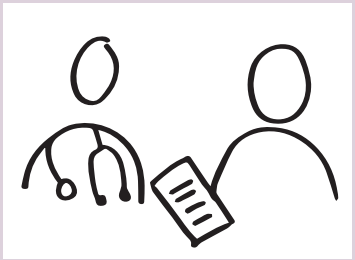
Lisa

WHAT THE INSIGHT IS TELLING US:

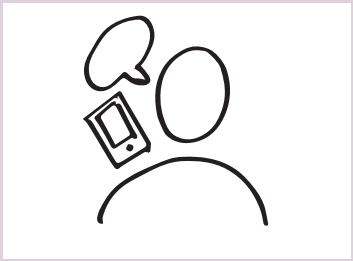
People in Doncaster trust professionals working in acute health settings and are less trusting of those closer to the community who currently play a greater role in prevention.

DEREK'S STORY

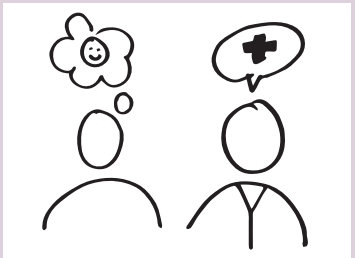
Derek sees a campaign poster in his local shop in Thorne.



At an appointment at the health centre a week later, his doctor hands him a campaign leaflet.



Next time Derek books an appointment, he requests to see a community support worker.



The following week he sees a community support worker and still feels reassured about his health.

PROTOTYPE 2

How can we design a sexual health service that better meets the needs of men, alongside a campaign that explains the particular risk to that age group and promote condom use.

RESILIENT FACTORS:

Sense of Identity and Goals

Access to resources

WHO IS IT FOR?

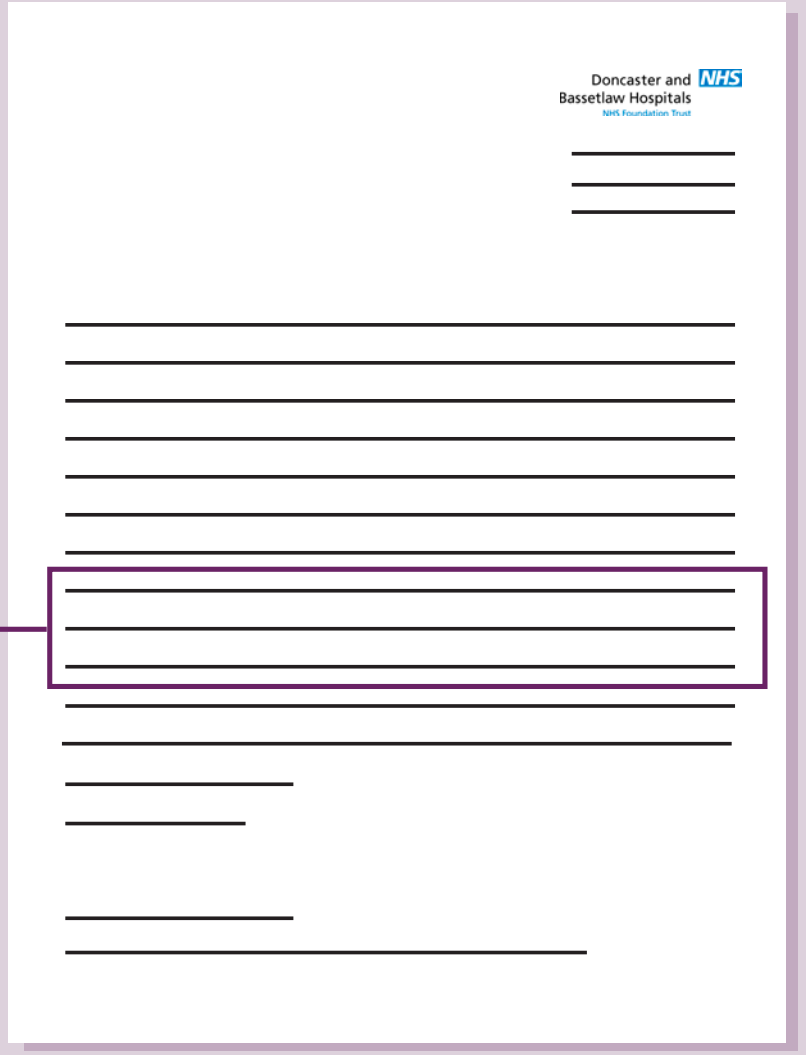
Colin

MEN'S SEXUAL HEALTH SERVICE

WHAT THE INSIGHT IS TELLING US:

Men are not using sexual health services because they do not want to be seen to visit somewhere that is explicitly known as a sexual health clinic. Moreover, men externalise sexual health as something that they do not have to take responsibility for, and would only wear a condom when having intercourse with a sex worker.

..."During this health check we will examine your cholesterol levels, blood sugar, and also check for other conditions such as asthma, heart disease and sexually transmitted infection such as chlamydia or gonorrhea...."



This prototype involves including a sexual health check in the general health checks that are already delivered in the borough for men of the target age. Men would be informed via letter that the health check is being offered, and that a sexual health test would be included as part of the test, but it would not be prioritised, or be the main focus.

PROTOTYPE 3

How can we raise collective aspiration around health by capitalising on people's strong sub-local identities and the shared identity of the past? How can we use community-level outcomes to drive behaviour? How can we design and commission leisure services so they better meet the financial constraints and time pressures of families?

RESILIENT FACTORS:

- **Mindset**
- **Sense of Identity and Goals**
- **Access to resources**
- **Supportive relationships and social networks**

WHO IS IT FOR?

Katie **Beryl**

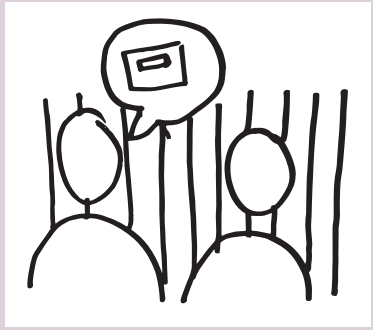
COMMUNITY LEISURE PASS

WHAT THE INSIGHT IS TELLING US:

Leisure services are not always well designed to suit the needs of families. They are perceived to be expensive, or not open at the right times. There are also strong community-level identities that are not being used as motivators for healthier behaviours.

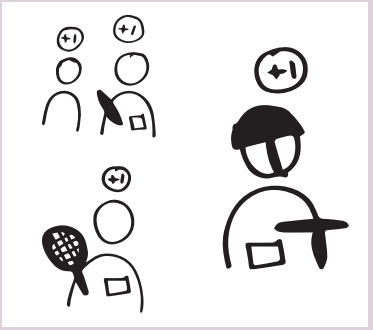
KATIE'S STORY:

Katie sees campaign poster for a community leisure pass at the hospital where she works.



Katie suggests to her friends at the school gates that their families should team together to get a community leisure pass. Together they recruit more members. Teams with more members and a wider age range receive a bigger discount on the pass.

Like all teams using the pass, Katie's team has a profile page where they can see what activities are available, set goals, track achievements and recruit new members who are looking for a team.



The more exercise a team member does, the more points and rewards the team receives. The team has a collective responsibility to encourage each other to use the leisure pass. This creates a healthier and happier community.

PROTOTYPE 4

How can we capitalise on a wish to open closed shops and utilise empty space so that communities are able to organise and manage initiatives to a) improve the fabric of communities; b) increase wellbeing; and c) promote positive health outcomes?

RESILIENT FACTORS:

Supportive relationships and social networks

Access to resources

Sense of Identity and Goals

WHO IS IT FOR?

Ram

Lisa

WORKING PEOPLE'S CLUB 2020

WHAT THE INSIGHT IS TELLING US:

There is appetite in communities to reinvigorate places of connection to encourage people to be healthier together. Collective responsibility for health should be encouraged. People also feel disheartened by a lack of development in town and village centres, which is having an effect on their mental wellbeing.

MEX LADIES WIN BOROUGH CUP

The Mexborough Working Ladies have won the Doncaster Borough football cup - the first time one of the new wave of "Working People's Clubs" has won a borough-wide sports competition.

The Mexborough Working People's Club was the first of the new wave of clubs to open in the borough following the council's new planning priorities in 2018. It has fast become the focal point for the local community. At a time when areas across the country bemoan lack of connection between generations, here is a place where people look out for each other, where socialising involves more than just drinking alcohol. Club member, Lisa, comes with her son at least once a week:

"Before I joined the club I didn't have many friends in the area. Everyone was so friendly, and now my son has joined the under-10s football team, we're always here. Definitely worth the membership fee!"

Acknowledgements

We're very grateful to everyone who played a role in this project, but especially to all the people of Doncaster who took part in research, either as ethnography participants or through the Doncaster Talks platform.

Special thanks to our partners 100% Open for all their work on the Doncaster Talks platform, and particular thanks to Katie Walsh for managing the platform moderation.

Thanks also to:

- Colleagues from communications teams across organisations in Doncaster for their support in promoting the platform, and helping recruit for ethnography participants
- Rupert Suckling, David Ayre and the strategy and performance team at Doncaster Counci
- Steph Cunningham and the communications team at Doncaster Council
- Jonathan Briggs at Doncaster CCG
- The hard working group of Council and CCG staff who undertook co-analysis with the Uscreates team
- Katy Turner for platform moderation
- Paul Chesters and the facilities team at the Doncaster Civic building
- Claire Scott the community teams at Doncaster Council
- Glen Smith at Mexborough Library
- Alyson Bryan at the Martinwells Centre
- Jenny Vaughn and the staff at Thorne Library
- Martin Toole and his van
- Our fantastic photographer, Jamie Bulb
- Bob Martin at Danum Eagles Basketball Club
- Kelly Hicks at the People Focus Group
- Mary Ellis at Changing Lives Doncaster
- Saroj Verma at the Doncaster Ethnic minority Regeneration Partnership
- Sandra Crabtree at the Friends of Sandall Park

This report was written and designed by Uscreates,
a service design agency specialising in health and wellbeing.

For more information please visit www.uscreates.com

February 2018