Joint Strategic Needs Assessment

Doncaster 2014

Doncaster Data Observatory
November 2014

CONTENTS

SUMMARY RECOMMENDATIONS

1. Maintain a focus on dementia.

2. Address the impact of child poverty and focus on improving breastfeeding rates especially at 6-8 weeks and reducing maternal smoking.

3. Support efforts to improve attendance at school.

4. Address the obesity epidemic in Doncaster.

5. Address the high levels of smoking in the borough especially in groups such as routine and manual occupations.

6. Maintain a focus on lung cancer and cancer generally - smoking and obesity are major contributories to cancer.

7. Increase the numbers of people who are physically active.

8. Support efforts to increase volunteering.

9. Support efforts to improve the quality of peoples living accommodation.

10. Look at how Doncaster's green space resources and be best utilised to improve health and wellbeing.

11. Ensure carers are supported and able to maintain their own wellbeing.

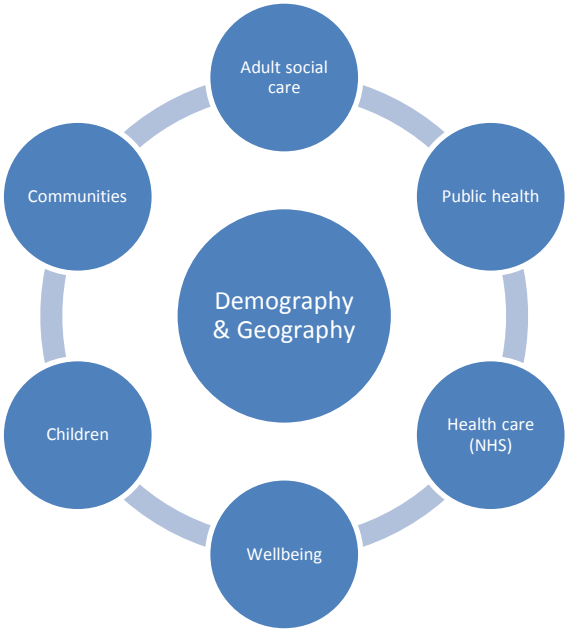
12. Support efforts to improve education and skills.

INTRODUCTION

This Joint Strategic Needs Assessment (JSNA) is an analysis of the current and future health and wellbeing needs of Doncaster. The report is intended to inform and improve strategic commissioning, support the health and wellbeing strategy, and help Doncaster's Health and Wellbeing Board address health inequalities[1]. This is the latest in a series of JSNAs that the Doncaster Data Observatory has produced, copies of which can be found on the Team Doncaster partnership website[2].

To reflect the changes that occurred in the health and social care system since the election of the coalition government in in May 2010[3] and in particular to ensure that the JSNA should reflect the requirements of the Health and Wellbeing Board, a consultation event took place with the members of the board and the officer group. The officer group provides advice and support to the board. The results of that day will be outlined below. A request made by the attendees at this away-day was for the JSNA to reflect the widest range of the board's responsibilities, in particular, to try and reflect the board's duty to improve wellbeing as well as health and social care.

In response to this challenge, over the next few years, the JSNA will come to reflect the structure outlined below. It will have seven domains: Public Health, Healthcare, Wellbeing, Children, Communities, and Adult social care. Underlying all of these will be a comprehensive description of the demography and geography of the borough.



This report will provide information on three of these domains: Demography, Public Health and Wellbeing.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf
[2] http://www.doncastertogether.org.uk/index.asp
[3] Equity and excellence: Liberating the NHS
http://www.official-documents.gov.uk/document/cm78/7881/7881.pdf

CONSULTATION AND COMMISSIONING

The Health and wellbeing board devoted a development day to determine the future direction of the JSNA. The event took place on the 13th February 2014. It was attended by nine members of the board and nine from the officer group. The board and supporting officers[4] were asked to consider the future of Doncaster's JSNA, bearing in mind the following statement from the latest published guidance: "*Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included*"[5].

The attendees were asked to consider the following questions:

- What form should the JSNA take?
- What should the content of the JSNA be like?
- How to evaluate an effective JSNA?

The day identified a number of key requirements for a successful JSNA; these are outlines in the box below.

Box 1

What form should the JSNA take?

- Communication – the JSNA must be written so it is intelligible to the general public and accessible by them; the form of the JSNA should be frequently updated with the latest information more like a website than a written report; it should both reflect the priorities of the HWB and determine them.
- Time scales – the JSNA should refreshed regularly and be flexible enough to respond to new or emerging issues.
- Linkage – The JSNA must relate issues and challenges to each other, data should not be analysed in isolation. It should also have an interface with other plans and strategies such as the JSIA.
- Analysis – The JSNA should provide assurance of quality and seek to improve data quality, it should also continue to consider potential future challenges as well as the present priorities.

[4] Doncaster's Health and Wellbeing Board is supported by an 'Officer Group'. This group comprises the deputies of Board members and people responsible for leading key projects. The Officer Group is responsible for: ensuring that the JSNA and Health and Wellbeing strategies are delivered, developing a communication strategy and planning the work of the Board, ensuring joint commissioning arrangements for children, and monitoring progress and performance against work plans and national frameworks.
Further details of the work of the board can be found on the Doncaster Health and Wellbeing Board website: http://www.doncaster.gov.uk/sections/socialcareforadults/workinginpartnership/Doncasters_Health_and_Wellbeing_Board.aspx

[5] Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health, 2013. webarchive.nationalarchives.gov.uk/20130805112926/https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

What should the content of the JSNA be like?

- Wellbeing – the JSNA should reflect broader wellbeing issues and not just focus on narrow health issues.
- Measure impact – the JSNA should assess where the greatest impact can be made to improve health in communities and measure change over time.
- Difficult discussions – The JSNA should facilitate 'difficult' discussions and provide tools to tackle complex problems.
- Prioritisation – The JSNA should identify health and wellbeing needs and enable the board to identify its future priorities. It should have a special responsibility to identify the challenges facing the most vulnerable communities.
- Resources and needs – The JSNA must identify how resources are distributed and how these resources relate to the needs of communities.
- Assets – The JSNA must begin acknowledge the positives that improve health and wellbeing as well as the negatives that undermine it.

How to evaluate an effective JSNA?

- HWB discussions – The quality and content of HWB board discussions and documents will give an indication of the impact of the JSNA.
- Clear priorities – the JSNA priorities should be clearly reflected in the plans, strategies and priorities of the board.
- Measures – the measurable improvement of health and wellbeing indicators will show how well the JSNA is incorporated into the work of the HWB
- Case studies - Use 'stories' and case studies to illustrate JSNA content.

KEY AREAS

The challenges (outlined in Box 1) issued by the board were significant and the present report will not address all of them. The Doncaster JSNA has seven domains; the focus of this report will be on demography, public health and wellbeing. Health and wellbeing in local communities will be addressed by the updated community profiles[6]. The 'Children & Young People's Needs Assessment (CYPNA) 2014' report addresses many of the health and wellbeing concerns of young people in Doncaster[7]. Hence some of the intelligence for some of these domains will come from reports other than the JSNA.

Change since census

The results from the 2011 census have provided improved intelligence on the age and ethnicity of Doncaster's residents. The resident population was larger than estimated before the census results were published. These new data have resulted in new information becoming available about the current structure of Doncaster's population. The Office for National Statistics (ONS) has also updated its population projections; these give a more up-to-date view of potential changes in Doncaster's population over the next 20 years.

Opportunity population

To determine the potential health priority areas for the Board, the Public Health Outcomes Framework (PHOF) and other profiles were reviewed and the key messages for Doncaster extracted[8]. Lists of these profiles are in box 2 below.

Box 2

List of Currently available health related profiles:

- PH Outcomes web tool
- General Practice Profiles
- Outcomes Benchmark Support Pack
- Tobacco Control Profiles
- Community Mental Health Profiles
- Learning Disabilities Profiles
- End of Life Care Profiles
- Alcohol and Drugs JSNA Support Pack
- Cardiovascular Disease Profile
- Child Health Profile
- Local Alcohol Profile
- Health and Wellbeing Board Cancer Profile
- Local Authority Health Profile
- Cancer Profiles
- National Obesity Observatory

[6] Previous profiles are available at:
http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/Profiles/community_profiles_2012.asp
[7] http://www.doncastertogether.org.uk/
[8] https://www.gov.uk/government/collections/public-health-outcomes-framework

- Older People's Health and Wellbeing Atlas
- Injury Profiles
- Dental Health (Excel not a profile)
- Sexual and Reproductive Health Profiles
- Diabetes (number of smaller profiles / Excel sheets)
- Health Economics SPOT Tools
- Local Sport Profile

The PHOF is divided into 6 domains. To ensure that the health of the population is improved then progress will need to be made in all of these domains. The domains are pictured below. All the data from the profiles listed in Box 2 were related to one of these public health domains.

Potential priorities for the board were identified using the following method.

1. Identify all public health related outcomes that showed Doncaster to be significantly worse than the national (England) average. The table below is a snap shot from the latest Framework report for Doncaster. Red dots show that Doncaster is performing significantly worse than England[9].

[9] http://www.phoutcomes.info/

Health improvement

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
2.01 - Low birth weight of term babies	2011	4.1	2.8	5.3		1.6
2.02i - Breastfeeding - Breastfeeding initiation	2012/13	65.2	73.9	40.8		94.7
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2012/13	28.1	47.2	17.5		83.3
2.03 - Smoking status at time of delivery	2012/13	22.5	12.7	30.8		2.3
2.04 - Under 18 conceptions	2012	38.2	27.7	52.0		14.2
2.04 - Under 18 conceptions: conceptions in those aged under 16	2012	9.4	5.6	15.8		2.0
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	22.1	22.2	32.2		16.1
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	33.6	33.3	44.2		24.1
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2012/13	136.1	103.8	191.3		61.7
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2012/13	172.7	134.7	282.4		76.0
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2012/13	154.4	130.7	277.3		63.8

2. The next stage was to identify indicators that presented the greatest 'opportunity' for improving health and wellbeing. To do this the difference between the numbers of people affected in Doncaster was compared to the number of people who would have been affected if the national rate had applied in the borough (see worked example below).

Box 3: 'Opportunity' calculation for breastfeeding initiation
Mothers who breastfeeds their children within 48 hours of birth are counted as initiating breastfeeding. The latest data available shows that the rate in Doncaster is 65.2% and nationally the rate is 73.9%. If the national rate was true in Doncaster then 2,649 mothers would initiate breastfeeding, in fact only 2,337 breastfeed. A difference of 312. Assuming that the overwhelming majority of births are singletons then Doncaster had, potentially, more than 300 children who could benefit from the advantages of being breastfeed.

Wellbeing

Wellbeing is a complex idea, but it can be divided into two aspects: feeling good and functioning well[10]. The New Economics Foundation (NEF) expresses it as follows: '*Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for well-being is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing*.' The Office for National Statistics is currently developing a national programme of work to produce '*accepted and trusted*

[10] Five ways to wellbeing, New Economics Foundation, 2008
http://b.3cdn.net/nefoundation/8984c5089d5c2285ee_t4m6bhqq5.pdf

measures of the wellbeing of the nation'[11]. This programme had identified 10 domain of wellbeing, these are outlined below.

New Economic Foundation – five ways to wellbeing:	Office of National Statistics – Measures of national wellbeing
Connect… Be active… Take notice… Keep learning… Give…	Personal wellbeing Our relationships Health What we do Where we live Personal finance Economy Education and skills Governance Natural environment

This report has focused on functional wellbeing rather than how people feel[12]. Not because how people feel is not important, but because very little local data is available relating to how happy and contented people are feeling. The measures that have been identified can be classified in two groups, with some grey areas between them. There are indicators of functional wellbeing, such as volunteering or people participating in sport and physical activity. There are indicators of opportunity. These are things that do not directly measure what people are doing or changing but the extent to which they could improve wellbeing if they wished to; measure such as the amount of green space available, the amount of recycling undertaken.

The Wellbeing domains used in this report are:

- What we do – reflects what people do with their time: employment, volunteering and participating in sport.
- Where we live – reflects the communities' people live in: crime, accessibility of services and the quality of people's houses.
- The economy – reflects the strength and stability of the local economy: earnings, business confidence, the economically active population
- The natural and built environment – reflects the quality of the natural environment and the attractiveness of urban areas: green space, recycling and protected urban areas.

[11] http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/about-the-programme/index.html

[12] The Office for National Statistics has measures personal wellbeing by assessing: satisfaction with life, feeling worthwhile, happiness, and anxiety. These questions from the Annual Population Survey have yielded complex results. For example people with higher educational attainment tend to report higher levels of anxiety, while those on higher earnings tend to report greater feelings of being worthwhile. However earnings did not seem to impact on happiness or anxiety. The two largest influences on wellbeing were health and employment status.
http://www.ons.gov.uk/ons/dcp171766_312125.pdf

- Our relationships – reflects the social capital in communities and families: people providing unpaid care.
- Education & skills – reflects the educational achievement and human capital: People achieving good qualifications and training opportunities.

KEY FINDINGS

Demography

The Doncaster resident population in 2013 (the latest available data) was estimated to be just over 303,600 people (150,100 men and 153,500 women). As a result of the 2011 census the estimated numbers of residents in the borough has increased markedly. In 2010 the estimated population was 290,600 and the census found that it was around 302,400 in 2011. This was a 4% increase (around 11,800 people)[13]. The implications of this increase are primarily technical; rates that were calculated using the resident population will be around 4% lower than they were previously thought.

These changes to denominator populations came at the same time as the European standard population was updated[14]. The standard population (ESP 2013) is a commonly used reference population when analysing health related data. The standard population allows different populations to be compared fairly. All historical rates have had to be recalculated in the light of this change.

The Doncaster population in common with most areas of the country is aging[15]. Between 2012 and 2037 (25 years) the resident population is projected to increase by around 13,200 people. The population aged under 65 will fall during this period, from around 82% of the population now to around 74% in 25 years' time. The population aged 65 and over will increase markedly. People aged 65 to 74 will increase by 32% and those aged over 74 by 78%. This means that on average Doncaster will have, on average, 770 more people aged 75+ each year.

The implications of these changes in the population can be difficult to quantify but as people get older they tend to become more prone to illness and require more from health and social care services. The following issues have been identified by the King's Fund[16]:

- the annual costs of health and social care are significantly greater for older people
- the number of elective and non-elective hospital admissions for older people has increased more rapidly than the growth in absolute numbers
- current projections suggest that a high proportion of older people in the future will be living on their own and are therefore likely to require formal care
- the number of older people with care needs is expected to rise by more than 60 per cent in the next 20 years.

[13] http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/Census_2011.asp
[14] http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/index.html
[15] http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Projections
[16] http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population

One particular challenge will be dementia. The JSNA last highlighted that the numbers of people with the disease will increase by more than 300 in 5 years[17]. This is probably an underestimate.

The demography of the borough changes as a result of births, deaths and the numbers of migrants. In 2013 there were 3,673 live births to Doncaster women, the numbers have been falling very gradually since 2009. General fertility rates, the numbers of live births per 1,000 women aged 15-44 have fallen but remain higher than the national rate. Doncaster women appear to be slightly more fertile than the national average[18].

Migration is more difficult to ascertain. Long term International migration[19] accounts for around 1,100 moving into the borough and 500 departing. Internal migration (within the UK)[20] accounts for around 7,800 moving into Doncaster and 8,100 leaving. This means Doncaster have a very small net inflow of around 300. These data are from the latest data available, 2012/13[21].

Migration rates re below national rates but with a net inflow of people from outside the UK this will partly explain the increase in the ethnic diversity in the borough and the measurable increase in the proportion of the population from minority ethnic groups. In 2001 3.5% of the resident population were non-white British; in 2011 this figure was 8.2%. However Doncaster remains less diverse than the national population[22]. Increase migration and an increasingly diverse population mean that there is a great range of languages spoken in Doncaster[23].

Box 4: Census 2011: main languages spoken in Doncaster (more than 100 speakers)			
English	German	Panjabi	Spanish
Arabic	Kurdish	Pashto	Tamil
British sign language	Latvian	Persian/Farsi	Thai
Cantonese Chinese	Lithuanian	Polish	Turkish
Czech	Mandarin Chinese	Russian	Urdu
French	Nepalese	Slovak	

[17] http://www.doncastertogether.org.uk/Images/Dementia%20Health%20Needs%20Assessment_tcm33-107534.pdf

[18] Doncaster MBC Public Health Intelligence Team

[19] A person who moves to a country other than that of his or her usual residence for a period of at least a year, so that the country of destination effectively becomes his or her new country of usual residence. (United Nations)

[20] Estimated using GP registration transfers

[21] http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Local+Area+Migration+Indicators

[22] A more detailed analysis is available here: http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/Census_2011.asp

[23] Doncaster MBC Public Health Intelligence Team

Health

Life expectancy has been improving for both men and women over the last twenty years[24]. In 1992 life expectancy at birth for men was 72.8 years and for women 78.1 years. The latest data available reveals that men's life expectancy is now around 77.5 and women's around 81.7. Over the last twenty years, life expectancy has improved by 4.7 and 3.6 years in men and women respectively. In contrast in England as a whole these figures are 5.5 for men and 3.9 for women. Life expectancy is improving in the borough but not as fast as it is nationally.

The national Annual Population Survey measures people's subjective evaluation of their health. These data are used to calculate 'Healthy Life Expectancy'. This is the estimated average number of years people will be in good health, In Doncaster healthy life expectancy at birth is around 57.9 years for men and for women is 59.6 years[25].

Life expectancy and healthy life expectancy are closely related to levels of deprivation. Nationally people in the most deprived areas can expect to die 7 years younger than those in the most affluent[26]. To successfully address the challenges presented by these health outcomes, the underlying causes of social and economic deprivation will need to be addressed.

Children

The Marmot review noted that "*giving every child the best start in life is crucial to reducing health inequalities across the life course*.[27]" To ensure that all children do have the best possible start, issues relating to child poverty will need to be addressed. Child poverty is primarily driven by worklessness and low incomes[28], but the effects on the future health and wellbeing of children can include: poorer educational attainment and reduced economic opportunities in later life as well as negative impacts on their future health[29].

The measurement of child poverty has changed recently. The old measure[30] showed that there were 24.8% of children aged under 16 living in poor households in Doncaster. In 2011 this meant that 13,980 children were living in poverty in Doncaster. The national rate is 20.6% and if Doncaster were to achieve a reduction

[24] http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies
[25] http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Healthy+Life+Expectancy
[26] Tackling inequalities in life expectancy in areas with the worst health and deprivation, National Audit Office, 2010. http://www.nao.org.uk/wp-content/uploads/2010/07/1011186es.pdf
[27] Fair Society Healthy Lives (the Marmot Review) http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[28] Child Poverty Strategy 2014-17, HM Government https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf
[29] http://www.natcen.ac.uk/our-research/research/child-poverty-in-britain/
[30] The percentage of dependent children aged under 16 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs)

in it rate to the national average that would lift almost 2,400 children out of poverty. More recently the child poverty statistic has moved to measuring children in workless households. This is a different measure but the 2013 data reveals that the gap between Doncaster and England remains and may be widening[31].

The health of children can be determined by important events early in life. Breastfeeding is a priority for improving children's health and can help to reduce health inequalities[32]. There is evidence that areas with higher breast feeding rates have lower rates of respiratory disease, gastroenteritis, asthma, eczema and ear infections in children[33]. Doncaster has significantly lower rates of breastfeeding particularly children still being breastfed at 6-8 weeks. Breastfeeding can have health benefits for the mother as well as the child.

The Marmot review[34] has made clear that education and improving educational attainment can have a significant effect on the long term health of children. Improving attendance at school is a key part of improving educational attainment. In Doncaster absence rates are significantly higher. According to the National Audit Office: "*Better attendance at school by pupils improves their educational achievements and, in turn, their lives and prospects*"[35].

Lifestyle

Childhood represents a unique opportunity to improve population health; however it is imperative that people maintain a healthy lifestyle in adulthood. Doncaster was in the news in early February 2014 when data published by Public Health England revealed that Doncaster was the area second highest rates of obesity in England[36]. Seventy four per cent of the adult population were found to overweight or obese[37]. Excess weight is a risk factor for a range of cardiovascular diseases, including diabetes, and some cancers. It is also a cause and consequence of poor mental health[38].

Smoking remains a perennial challenge to the health of Doncaster's communities. Nationally smoking has been declining. In 1948 more than 1 in 2 adults smoked, by 1980 it was around 4 in 10 and in 2012 it was at 1 in 5[39]. In 2012 the national rate was

[31] https://www.gov.uk/government/collections/children-in-out-of-work-benefit-households--2
[32] Healthy Child Programme Pregnancy and the first five years of life, Department of Health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf
[33] https://www.gov.uk/government/collections/breastfeeding-quarterly-statistics-england#documents
[34] Fair Society Healthy Lives (the Marmot Review) http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[35] http://www.nao.org.uk/report/improving-school-attendance-in-england/
[36] http://www.bbc.co.uk/news/uk-england-26037619
[37] Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m^2.
[38] http://www.noo.org.uk/NOO_about_obesity
[39] http://www.hscic.gov.uk/catalogue/PUB11454

19.5 and in Doncaster the rate was more than 25% (1 in 4 adults)[40]. Smoking is much more prevalent in 'routine and manual' occupations compared to professional occupations[41]. In Doncaster just less than 40% smoke in this group alone.

Premature mortality

Premature deaths are those that occur before the age of 75. In Doncaster around 35% of all deaths are premature, this equates to just over 1,000 deaths each year. Premature mortality rates are useful indicators of population health and levels of disease and ill health within communities. This report will focus on 3 measures: preventable mortality, Cancers and respiratory disease.

Mortality rates from causes considered preventable are higher in both men and women in Doncaster compared to England as a whole[42]. The indicator mainly comprises preventable deaths due to cancers, cardiovascular diseases, liver diseases and respiratory diseases. These four diseases account for between 80% and 90% of all preventable deaths. It is important to remember that this is a notional indicator and should not be viewed as a direct measure of the effectiveness of public health programmes, but rather the effectiveness of the entire public health system.

Premature cancer mortality rates had been falling in Doncaster until 2008 when they started to rise again. The national rate has continued to fall. More than a quarter of all cancer deaths are due to lung cancer, and the numbers of premature deaths from this disease have not reduced significantly for eight years and may have increased very slightly[43]. Action to reduce premature cancer mortality will need to address lung cancer. It has already been noted that smoking rates in Doncaster are high, and most people are aware now of the links between lung cancer and smoking[44].

Although people are aware of the links between smoking and lung cancer fewer are aware that obesity is also a major risk factor for cancer. The World Health Organisation has stated that after tobacco obesity is the most important avoidable cause of cancer[45]. It should be noted that around a quarter of premature cancer

[40] Doncaster's smoking prevalence rate is the same as the national rate was in 2003.
[41] Classifications such as 'routine and manual' are based on the National Statistics Socio-economic Classification (NS-SEC). Occupations classified as routine and manual include call centre worker, electrician, train driver, HGV driver, postal worker, shop assistant.
[42] The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.
[43] Doncaster MBC Public Health Intelligence Team
[44] Improving Outcomes: A Strategy for Cancer, Department of Health (2011): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213785/dh_123394.pdf
[45] http://www.cancerresearchuk.org/cancer-info/healthyliving/obesity-bodyweight-and-cancer/stats-evidence/body-weight-and-cancer-the-evidence#obesity

deaths are digestive cancers[46]. These cancers may be linked the high rates of obesity in the borough[47].

As well as cancer a significant number of Doncaster people are dying prematurely from respiratory disease[48]. Rates are significantly higher in both men and women. While the numbers of premature deaths from respiratory disease are lower than for cancer and circulatory diseases, the mortality rates have not fallen for 10 years[49]. While exposure to fumes, dust and chemicals can cause respiratory disease the primary cause is smoking. This condition takes hold very slowly and so the prevalence of the disease in the community is difficult to access[50].

[46] Colorectal, oesophageal, stomach, liver, pancreas, kidney, other digestive organ cancers

[47] Several non-digestive cancer are also linked to obesity including: breast, womb, and aggressive forms of prostate cancer.

[48] The two main types of respiratory disease are bronchitis and emphysema. People with chronic bronchitis have intermittent attacks of obstructed breathing during which their airways become inflamed and clogged with mucus. Emphysema refers to the destruction of the alveoli (air sacs) in the lungs

[49] Doncaster MBC Public Health Intelligence Team

[50] http://ash.org.uk/files/documents/ASH_110.pdf

WELLBEING

The following is a description of indicators relating to wellbeing and aspects of Doncaster that might foster wellbeing.

What we do

People want to spend their time constructively and improve the quality of their own lives and the lives of their families. Evidence suggests that work enhances wellbeing: "*In general, provided due care is taken to make jobs as safe and 'good' as reasonably practicable, employment can promote health and well-being, and the benefits outweigh any 'risks' of work and the adverse effects of (long-term) unemployment or sickness absence*"[51]. In Doncaster there is evidence that unemployment rates have been falling and the gap between Doncaster's rate and the national rate has closed recently. However this does not provide details about the quality or desirability of these jobs.

Leisure time is also an opportunity to improve wellbeing. Sport and physical activity can improve not only physical health but also psychological health and increase feelings of wellbeing. Increasing exercise can reduce feelings of anxiety and increase reported feelings of happiness[52]. These effects augment the improved physical health gains of increase sport participation. There appears to have been an increase in sports participation in Doncaster in recent years, but the proportion of adults who want to do more sport still lags behind the national rate. There may be some work to do to persuade people of the benefits of increasing their levels of physical activity.

Sport is also an area in which people can take the opportunity to volunteer their spare time to help others in their community. Volunteering can have positive benefits for both the individuals who volunteer and the communities they work in. Volunteers can become more active and engaged in their communities and communities can gain a sense of shared social responsibility[53]. Data around volunteering is scattered and difficult to interpret, but there are almost 500 organisations in the voluntary sector alone offering volunteering opportunities.

Where we live

Doncaster's residents generally want to live in safe and supportive communities. Reported crime rates are higher in Doncaster compared to England as a whole. But violent crime and criminal damage rates have fallen recently. People's perception

[51] Is Work Good for Your Health and Wellbeing?, The Stationary Office, (2006) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

[52] http://www.sportengland.org/media/138336/psychological_health_and_wellbeing_-_summary.pdf

[53] Social action for health and well-being: building co-operative communities Department of Health strategic vision for volunteering, Department for Health, (2011) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215399/dh_130507.pdf

of levels of crime in their local area is often unrelated to actual crime rates. Evidence suggests that people tend to see crime as being 'worse than average' in their area and 'rates increasing', even when the official statistics belie this[54].

The quality of people houses is related to both health and wellbeing. The Office for national Statistics found that people reporting high levels of satisfaction with living accommodation were much more likely to report higher levels of satisfaction with life[55]. The 2011 census has provided some information in relation to the quality of Doncaster housing. Generally Doncaster households have low levels of overcrowding[56]. There are around 4.5% of households over crowded in the borough compared with more than 8% nationally. Doncaster households also have better access to central heating compared to the national average. However having central heating does not mean it is being used. Doncaster has the highest percentage of fuel poor in south Yorkshire (11.4%)[57].

The economy

The health of the economy can influence wellbeing. A healthy economy could provide more and better jobs and higher incomes for families and households. Doncaster has a history of high numbers of people who are economically inactive[58]. The economically inactive population are people who are of working age (16-64) but are not available to work[59]. In Doncaster more than 25% of the economically inactive are due to long term sickness, compared to a national rate of 20%. There is evidence that the longer people remain out of the job market the less likely they are to become economically active[60]. Earnings in Doncaster have also remained lower than national earnings. Earnings are related to educational attainment and evidence suggests that higher qualifications can improve future income[61].

[54] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116293/hosb1811.pdf
[55] http://www.ons.gov.uk/ons/dcp171766_270690.pdf
[56] Occupancy rating provides a measure of whether a household's accommodation is overcrowded or under occupied. There are two measures of occupancy rating, one based on the number of rooms in a household's accommodation, and one based on the number of bedrooms. The ages of the household members and their relationships to each other are used to derive the number of rooms/bedrooms they require, based on a standard formula. The number of rooms/bedrooms required is subtracted from the number of rooms/bedrooms in the household's accommodation to obtain the occupancy rating. An occupancy rating of -1 implies that a household has one fewer room/bedroom than required, whereas +1 implies that they have one more room/bedroom than the standard requirement.
[57] http://shura.shu.ac.uk/7905/1/Doncaster_Final_Report_March_2014.pdf
[58] https://www.nomisweb.co.uk/reports/lmp/la/1946157121/report.aspx?town=doncaster
[59] Economically inactive: People who are neither in employment nor unemployed. This group includes, for example, all those who were looking after a home or retired.
[60] http://dera.ioe.ac.uk/11021/1/WP68.pdf
[61] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/229498/bis-13-899-the-impact-of-university-degrees-on-the-lifecycle-of-earnings-further-analysis.pdf

Natural environment

Doncaster has a large rural hinterland surrounding its urban areas. There are around 5,800 hectares of accessible green space in the borough[62]. There is mounting evidence that accessible green space can improve physical health, mental health and wellbeing[63]. The following is a list of the potential benefits outlined by the Faculty of Public Health in cooperation with Natural England.

- Improved mental health and wellbeing for children, young people and adults
- Increased likelihood of physical activity across all age groups.
- Reduced violence and aggression: a reduction in antisocial behaviour and incidence of crime in urban areas with green spaces
- Reduced health inequalities: significant reductions in mortality and morbidity from all causes and circulatory disease associated with areas of greater green space. This result takes into account effects of income deprivation.
- Improvement in air and noise quality
- Economic benefits

Our relationships

A person's social networks and ability to access support from friends and neighbours are vital elements in building welling and community resilience. People who have stronger social networks can live longer than those with poorer ones, and people who have access to supportive communities recover from illness faster than those without[64]. The census asked people if they provided unpaid care and if so how much[65]. The proportion of the population that is providing unpaid care has remained more or less the same since the 2001 census (11%). However the more people are reporting providing 50+ hours of care a week. While caring is indicative of supportive communities it is important that the health and wellbeing of unpaid carers is addressed.

Education and Skills

As has been made clear earlier in this report education is a vital component in improving both health and wellbeing. While it is an important component of child development it can also enable the borough to develop economically as it develops the 'skill set' of it resident workforce. There is also evidence that a commitment to educational development in later life can have positive benefits. "*Learning encourages social interaction and increases self-esteem and feelings of competency. Behaviour directed by personal goals to achieve something new has*

[62] This includes allotments, cemeteries, golf courses, nature conservation areas, parks and woodlands.
[63] http://www.fph.org.uk/uploads/bs_great_outdoors.pdf
[64] Improving the public's health: A resource for local authorities, The King's Fund, (2013). http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf
[65] A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment.

been shown to increase reported life satisfaction. While there is often a much greater policy emphasis on learning in the early years of life, psychological research suggests it is a critical aspect of day-to-day living for all age groups. Therefore policies that encourage learning, even in the elderly, will enable individuals to develop new skills, strengthen social networks, and feel more able to deal with life's challenges"[66].

Doncaster children have shown marked improvements in educational attainment over the last few years and this should prove a useful foundation on which to build improvements in both health and wellbeing in the future.

[66] http://www.ons.gov.uk/ons/dcp171766_268091.pdf