

TACKLING DEPRIVED COMMUNITIES NEIGHBOURHOOD WORKING IN DONCASTER

1. Background

Following the publication of Sir Donald Acheson's *Independent Inquiry into Inequalities in Health* (1998), there has been an increased determination at all levels of administration to reduce health inequalities within our society. This priority is emphasised in almost every national health policy document from central government (Department of Health 1999, 2000, 2001a, 2001b, 2001c, 2002; Secretary of State for Health 1998, 1999; Social Exclusion Unit 1999). This health policy theme is also mirrored by similar emphasis on reducing inequalities through neighbourhood renewal in other areas of government policy (Social Exclusion Unit 2000, 2001; Chief Secretary to the Treasury 2002).

As part of the Doncaster PCTs' performance agreements with South Yorkshire Strategic Health Authority the PCTs are required to undertake certain measures to reduce health inequalities within their populations. In particular the PCTs are required to "agree with LSP partners the 20% most deprived communities within the LSP area", in order to target strategies for improving health in particularly in those communities.

There has been no commonly used definition of communities within Doncaster on which to base such an assessment. Hence staff in the Public Health Intelligence Unit, in consultation with Neighbourhood Renewal and Community Development colleagues in DMBC, have produced a definition which divides the whole of Doncaster into "real" neighbourhoods and communities. In urban centres the term "neighbourhoods" tends to be used, whereas in rural areas "communities" seems more appropriate. To avoid referring continually to "neighbourhoods and communities" the term "communities" is used hereafter.

The analysis of health inequalities within Doncaster has usually been informed by information on electoral wards. While this method has clearly identified large differences in health experience and expectations between the most affluent and the most deprived wards of the borough, it has always had severe limitations. The main problem has been that wards are too large and heterogeneous, and within a single ward there are communities with widely differing deprivation levels. This problem is particularly exaggerated in South Yorkshire, where the wards are far larger than the national average. Hence in the past some very deprived communities have been overlooked to a certain extent because they are 'hidden' in generally more affluent wards.

The South Yorkshire Health Inequalities Atlas (Bentley *et al*, 2002), published jointly by the four health authorities in South Yorkshire in March 2002, used innovative mapping techniques to examine health data at a small area level. This analysis, for the first time, highlighted communities across South Yorkshire with apparently high mortality, cancer and morbidity rates. However, it led to demand for clearly defined statistics on communities which it was unable to provide. Hence the logical next step was to define communities in order to be able to provide statistics in a format that is meaningful to people living in specific communities.

The Public Health Intelligence Unit is developing a new web-based information system, incorporating mapping software, which will be capable of providing information far more flexibly for a variety of different areas/population groups. The communities identified here will form one layer of information available through that system. This will both inform strategies for tackling health inequalities and provide information to community groups for the development of local action.

The Mayor of Doncaster's White Paper on Neighbourhood Management (Winter, 2003) is the driving force in getting all our communities involved in issues that affect their lives. The neighbourhood structure outlined in the White Paper is based on natural communities that are defined and recognised by their residents. If the PCTs, Doncaster Strategic Partnership and the seven Key Strategic Partnerships are to support communities effectively, the focus of attention needs to switch away from the electoral ward level to a neighbourhood level.

2. Scope

In order to be used for the purposes set out above, the following criteria for definitions were determined:

- The definition must have comprehensive coverage of the borough, i.e. everywhere in Doncaster must be included in a community or neighbourhood. For example isolated farms must be attached to a nearby town or village.
- The communities needed to be built up from the 2001 Census Output Areas, as these are the smallest areas for which population data, and hence population health indicators, can be calculated.
- The definition of communities must reflect as closely as possible the places that local residents would consider themselves to live in.
- The definition should be defined at the smallest level of 'natural communities' that have a natural identity. These communities can then be combined if necessary to provide information which would not be robust for very small communities. If we began with larger communities there would be no way in which to split them when finer level information is robustly available.
- The definitions should fit wherever possible with any existing community or neighbourhood definitions which may currently be used for neighbourhood renewal or community development.

3. Methodology

Informal discussions with colleagues in DMBC confirmed that communities defined according to the above criteria would be welcomed by people working in neighbourhood renewal, community development and information roles within the Council. It was agreed that staff in the Public Health Intelligence Unit would develop a draft definition to be discussed with appropriate DMBC colleagues. This draft would be drawn up using 1991 Census enumeration districts (2001 data being unavailable at the time) in order to establish the appropriate list and approximate boundaries for the communities. These could be discussed in advance of 2001 Census output areas being released, so that when they were available the re-drafting of the boundaries would be much quicker.

Hence a computer-based exercise was undertaken, using mapping software, beginning with the 600 1991 Census enumeration districts and combining them into their natural communities. This was done by Public Health Intelligence Unit staff in discussion with individuals (usually members of the PCTs' staff) who lived in and knew well each specific area. A draft map was produced.

These communities were then discussed with John Leask in DMBC's Community Development Unit and then presented to and discussed with DMBC's three Neighbourhood Renewal Co-ordinators. Following this discussion it was felt that more detailed discussion was needed about only the Conisbrough, Denaby and Mexborough areas. The local Neighbourhood Development Team were then involved and boundaries agreed with them.

On the basis of this draft, the boundaries were re-drawn using 2001 Census output area boundaries as the building blocks. These are smaller than the 1991 Census enumeration districts (there are 960 in Doncaster) and have hence allowed one or two separate communities to be newly identified, where previously they had had to be combined, but overall it was easy to fit the output areas to the agreed community definitions. There remain, however, a few small communities which do not have their own output area, and hence information will still have to be provided for a pair of communities together.

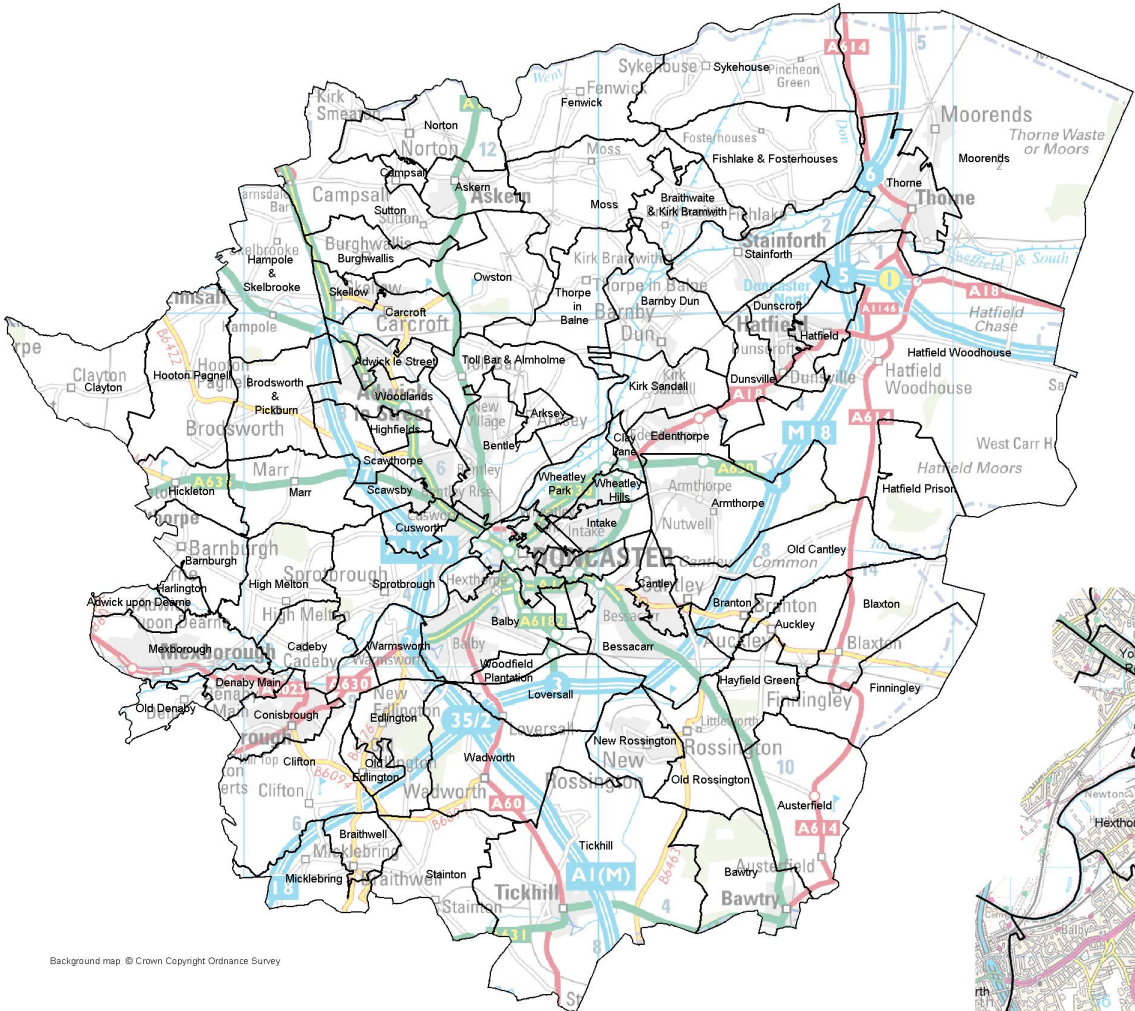
Finally, the new 2001-based map was compared with the communities identified by DMBC's Neighbourhood Renewal Teams as part of the development of Neighbourhood Planning Areas to check there was no inconsistency. The latter definition had been intended only to identify centres of population, rather than to have comprehensive coverage of the whole borough. Hence the boundaries can look very different, while the population covered is almost identical. They have been made as consistent as they can be given their different purposes. In some cases, particularly Doncaster town centre, the communities identified by the Neighbourhood Renewal Teams have not attempted to get down to the smallest communities, but here it has been ensured that the smaller communities are nested wherever possible within the Neighbourhood Renewal Teams' larger communities, to provide multiple levels for analysis, forming a structure for relevant information for both the PCTs and DMBC. The communities also nest within the Community Forum areas, and identify all the communities listed as being constituents of the Community Forums.

4. Results

The map on the following page shows the community boundaries arrived at through the above processes. A larger version of this map is available at www.doncasterhealth.co.uk/phiu/documents/communitiesmap.jpg (note that this is a very large file and may take some time to download). The communities range from single villages formed from one output area to the largest single communities of Mexborough and Balby. In a few cases two villages were in the same output area and hence could not be separated. The shapes of the boundaries reflect the shape of output areas, which in turn reflect the shapes of postcodes from which the output areas were formed. The communities are listed below with the DMBC Community Forum and the PCT in which the community lies.

Community	Forum	PCT	Community	Forum	PCT
Adwick le Street	North	West	Hickleton	West	West
Adwick upon Dearne	West	West	High Melton	West	West
Arksey	North	West	Highfields	North	West
Armthorpe	East 1	East	Hooton Pagnell	West	West
Askern	North	West	Hyde Park	Central 2	Central
Auckley	South	East	Intake	Central 1	Central
Austerfield	South	East	Kirk Sandall	East 1	East
Balby	Central 2	Central	Lakeside	Central 1	Central
Barnburgh	West	West	Loversall	South	East
Barnby Dun	East 1	East	Lower Wheatley	Central 1	Central
Bawtry	South	East	Marr	West	West
Belle Vue	Central 2	Central	Mexborough	West	West
Bennetthorpe	Central 2	Central	Micklebring	South	East
Bentley	North	West	Moorends	East 1	East
Bessacarr	Central 1	Central	Moss	North	West
Blaxton	South	East	New Rossington	South	East
Braithwaite & Kirk Bramwith	North	West	Norton	North	West
Braithwell	South	East	Old Cantley	South	East
Branton	South	East	Old Denaby	West	West
Brodsworth & Pickburn	West	West	Old Edlington	West	West
Burghwallis	North	West	Old Rossington	South	East
Cadeby	West	West	Owston	North	West
Campsall	North	West	Scawsby	West	West
Cantley	Central 1	Central	Scawthorpe	West	West
Carcroft	North	West	Skellow	North	West
Clay Lane	Central 1	Central	Sprotbrough	West	West
Clayton	West	West	Stainforth	East 1	East
Clifton	South	West	Stainton	South	East
Conisbrough	West	West	Sutton	North	West
Cusworth	West	West	Sykehouse	East 1	East
Denaby Main	West	West	Thorne	East 1	East
Dunscroft	East 1	East	Thorpe in Balne	North	West
Dunsville	East 1	East	Tickhill	South	East
Edenthorpe	East 1	East	Toll Bar & Almholme	North	West
Edlington	West	West	Town Centre	Central 2	Central
Fenwick	North	West	Town Moor	Central 2	Central
Finningley	South	East	Wadworth	South	East
Fishlake & Fosterhouses	East 1	East	Warmsworth	West	West
Hampole & Skelbrooke	West	West	Wheatley Hills	Central 1	Central
Harlington	West	West	Wheatley Park	Central 1	Central
Hatfield	East 1	East	Woodfield Plantation	Central 2	Central
Hatfield Prison	East 1	East	Woodlands	North	West
Hatfield Woodhouse	East 1	East	York Road	North	West
Hayfield Green	South	East			
Hexthorpe	Central 2	Central			

Doncaster Communities



Background map © Crown Copyright Ordnance Survey

This map accompanies a paper on developing a definition of communities for Doncaster, available at www.doncasterhealth.co.uk/phi/pdfs/communities.pdf.



Background map © Copyright Bartholomew 2003

5. Next Steps

If Doncaster Strategic Partnership agrees that the method described in this paper represents an appropriate way of defining communities in Doncaster, they may then be used as a basis for targeting the most deprived communities to improve health in those areas.

The Public Health Intelligence Unit will use 2001 Census data to analyse the relative deprivation levels of these communities. Before 2001 Census data became available the most widely accepted deprivation indicator was the DETR Index of Multiple Deprivation (2000), but this is only available at local authority and ward level. Included in the 2001 Census data is an indicator based on deprivation in four domains (Department of Health, 2003):

A household is 'deprived' in the following dimensions if:

- Employment: Any member of the household aged 16-74 who is not a full-time student is either unemployed or permanently sick;
- Education: No member of the household aged 16 to pensionable age has at least 5 GCSEs (grade A-C) or equivalent and no member of the household aged 16-18 is in full-time education;
- Health and Disability: Any member of the household has general health 'not good' in the year before Census or has a limiting long-term illness;
- Housing: The household's accommodation is overcrowded (occupancy indicator is -1 or less) or is in a shared dwelling or does not have sole use of bath/shower and toilet or has no central heating.

As this is the only currently available indicator of deprivation for 2001 Census output areas and hence these communities, and it has been developed on a national level, it is proposed to use the average number of domains in which the households in each community are deprived as the basis for determining the 20% most deprived communities. These communities will then be targeted by health improvement strategies within Doncaster. When further work has been done on Census variables, recommendations may be made to alter the index used to define deprivation in these communities. The community definition, supported by the full range of Census data, may also be used in other areas of policy development, to help target resources and improve services.

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