Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
Ensure that general	We are supporting the Health	Project is funded by	March 2018	This work is being led by	Dr Victor	Project
practices within	Foundation funded study which aims	Health Foundation and		colleagues in Sheffield; we will	Joseph	has
Doncaster are able to	to develop and test on-line tools for	Collaboration for		facilitate local General practice	Public	launched
support the health	general practice	Leadership in Applied		engagement and community	Health	
needs of new arrivals.	(http://www.health.org.uk/program	Health Research and		engagement via the	Consulta	
	mes/evidence-	Care Yorkshire and		Conversation Club and HARP	nt	
	practice/projects/supporting-new-	Humber (CLAHRC -YH)				
	migrants-primary-care)					
		Staff time/ support from				
		Doncaster Public Health				
		team to shape the				
		actionable tool.				
	Build on existing work to promote GP	Public Health core	December	We will work with local	Nasar	
	registration and key health messages	budget	2017	community groups to develop	Ahmed,	
	for new arrivals.			the approach and publicise the	Public	
	The work will focus on			information.	Health	
	1. What information is currently					
	available for new arrivals?					
	2. What information is needed to					
	help new arrivals navigate					
	around the health care					
	system?					
	3. Which format should this be					

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
	made available in					
Prioritise work streams	Assessing differences in access to	DMBC Strategy and	December	Community workshops to	Dr	In
within the Joint	outcomes of health and social care	Performance Unit	2017	discuss outcomes of this work	Rupert	process
Strategic Needs	services			and co-develop solutions	Suckling	of
Assessment		Members organisation				commissi
(http://www.teamdonc		HWBB to support data				oning
aster.org.uk/joint-		sharing				
strategic-needs-						
assessment) to assess	Phase 1 of the HNA also identified	DMBC Strategy and	December	Community workshops to	Dr	In
BME outcomes	some evidence that non-white groups	Performance Unit	2017	discuss outcomes of this work	Rupert	process
	in Doncaster continue to live in more			and co-develop solutions	Suckling	of
	overcrowded conditions; further	St Ledger Homes		which will become added to		commissi
	analysis is needed here			this action plan.		oning
	An examination of access to	Support from	Phase 1 –	Workshops with providers,	Susan	Project
	psychological therapies within	organisations and	Autumn	commissioners and patients	Hampsha	under
	Doncaster in 3 phases :	facilitation from	2017		w. Public	develop
		Knowledge Mobilisation			Health	ment
	 routine data analysis using 	Fellow – Lynne Carter	Phases 2		Principal	
	Care Pathway model devised		and 3 –			
	by Sheffield;	DMBC Strategy and	March 2018			
	2. sharing of findings with	Performance Unit				
	providers, commissioners and					

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
	patients to co-create					
	improvements where					
	necessary;					
	3. Implement, and monitor the					
	changes					
Ensure there is a	Work with the team to establish this	In kind support from St	March 2018		Health	Funding
mechanism to identify	work stream and associated	Ledger Homes			and	not yet
and address BME health	engagement activities	Better Care Fund			Housing	agreed
and housing needs					Project	
within the proposed					Manager	
Health and Housing						
Project						
Develop and promote	Ensure that current round of	Pharmacies	March 2018	Communication plan to be	Steve	In
key health messages	Pharmacy campaigns includes BME	Public Health core		developed and will include	Betts	progress
and targeted campaigns	targeted messages	budget		BME groups.	Public	
					Health	
					Communi	
					cations	
					Lead/	
					Nasar	
					Ahmed	
The needs assessment	Within the new Public Health		immediate		Dr Victor	
report highlighted the	commissioning strategy the Due				Joseph	

Action	Proposed activities	Resources	Timescales	Engagement	Lead	Progress
importance of Due	Regard statement has included the					
Regard statements to	following detail					
ensure BME needs were						
identified and acted	'all commissioned services should					
upon within the	produce an equity profile on who uses					
commissioning process	the service which should be mapped					
and recommended	against population needs. In year					
work be done in this	actions to rectify significant gaps in					
area.	services should be addressed. In					
	addition all commissioned services					
	should profile the outcomes of the					
	service by protected groups and take					
	any remedial action where outcomes					
	are significantly different for					
	protected groups. These should be					
	made public.'					