

Healthy Doncaster

Doncaster Health and Wellbeing Strategy 2013-2016

Final December 2012

On Behalf of Doncaster Shadow Health and Wellbeing
Board
December 2012



Doncaster
Metropolitan Borough Council



Doncaster
Clinical Commissioning Group

Foreword

We are delighted to launch this first Health and Wellbeing Strategy for Doncaster.

Health and Wellbeing in Doncaster is improving and we must make sure that we continue to improve. We believe by working together we can make significant differences to everyone's health and wellbeing.

We have set out our vision for health and wellbeing for Doncaster and the mission of the Board. We have consulted widely and updated the strategy as a result. Please help us to improve the health and wellbeing of Doncaster.

***Councillor Patricia Schofield
Cabinet member Adult Health & Social Care
Chair Doncaster shadow Health and Wellbeing Board***

***Dr Nick Tupper
Chair Doncaster Clinical Commissioning Group***

1.0 Doncaster's First Health and Wellbeing Strategy

The production of Doncaster's first Health and Wellbeing strategy has been led by the Doncaster shadow Health and Wellbeing Board in consultation with patients, the public and partners.

The strategy has three aims:

- Firstly, this strategy presents a high level vision for health and wellbeing in Doncaster and describes the locally adopted model for health and wellbeing.
- Secondly, the strategy outlines the roles and ways of working for key partners to play in securing a 'safety-net' of health and social care services and interventions for Doncaster people.
- Thirdly the strategy indicates five areas of focus where the partners believe real progress will only be made by all the partners working together.

Taken together these three aims will form the initial work plan of the statutory Health and Wellbeing Board which will be established in April 2013. The Health and Wellbeing Board will be the key partnership for health and wellbeing in Doncaster.

The key findings from the consultation are included in Appendix 1.

2.0 How the Health and Wellbeing Strategy was developed

The shadow Health and Wellbeing Board developed the strategy from a number of existing priorities and plans including:

- The Mayor's priorities
- The Borough Strategy and Doncaster Council's Core Strategy
- The Children and Young People's Plan 2011-16
- Doncaster Clinical Commissioning Group's Single Integrated Plan
- Doncaster Council's Adults and Communities Directorate Development plan 2011-12
- NHS Doncaster Public Health Directorate operating model 2011-13

These priorities and plans were supplemented by the most recent Joint Strategic Needs Assessment (JSNA). The JSNA provides partners in Doncaster the most up-to-date assessment of health and social care needs across the Borough.

A draft strategy was published for consultation in the summer and this final version incorporates feedback from patients, service users, the public and partners.

3.0 Health and Wellbeing in Doncaster, where are we now?

Health and Wellbeing is improving in Doncaster for both men and women. However, health and wellbeing is not improving as fast as in the rest of the country. Heart disease, strokes, cancer and alcohol are still the major killers. In fact the death rate from alcohol in Doncaster is twice the national average.

In general, lifestyles including smoking, physical activity and nutrition are less healthy than the rest of the country. This is true for children as well as adults.

There are increasing numbers of older people in the borough, many live alone and require help and support to maintain their independence. The numbers of people living with dementia are increasing.

Where people live, as well as education, housing, work, crime and the environment all contribute to health and wellbeing.

4.0 The Vision for Health and Wellbeing

The shadow Health and Wellbeing Board's vision for health and wellbeing is that:

'Doncaster people enjoy a good life, feel happy and healthy, and agree Doncaster is a great place to live'

The shadow Board's ambition is for Doncaster people to say

I'm able to enjoy life

I feel part of a community and want to give something back

I know what I can do to keep myself healthy

I know how to help myself and who else can help me

I am supported to maintain my independence for as long as possible

I understand my health so I can make good decisions

I am in control of my care and support

I get the treatment and care which are best for me and my life

I am treated with dignity and respect

I am happy with the quality of my care and support

Those around me are supported well

I want to die with dignity and respect

These are collectively known as the 'I' statements. The vision and 'I' statements have been modified following the public consultation.

4.1 Doncaster's Model for Health and Wellbeing

The overarching framework for the Health and Wellbeing Board is the 'Staying Healthy Rainbow Model' (figure 1)¹. The model is based on the understanding that there are:

- Many different factors that impact on health
- Key moments in people's lives when we are motivated to become healthier
- Times in people's lives when we require care or support from services

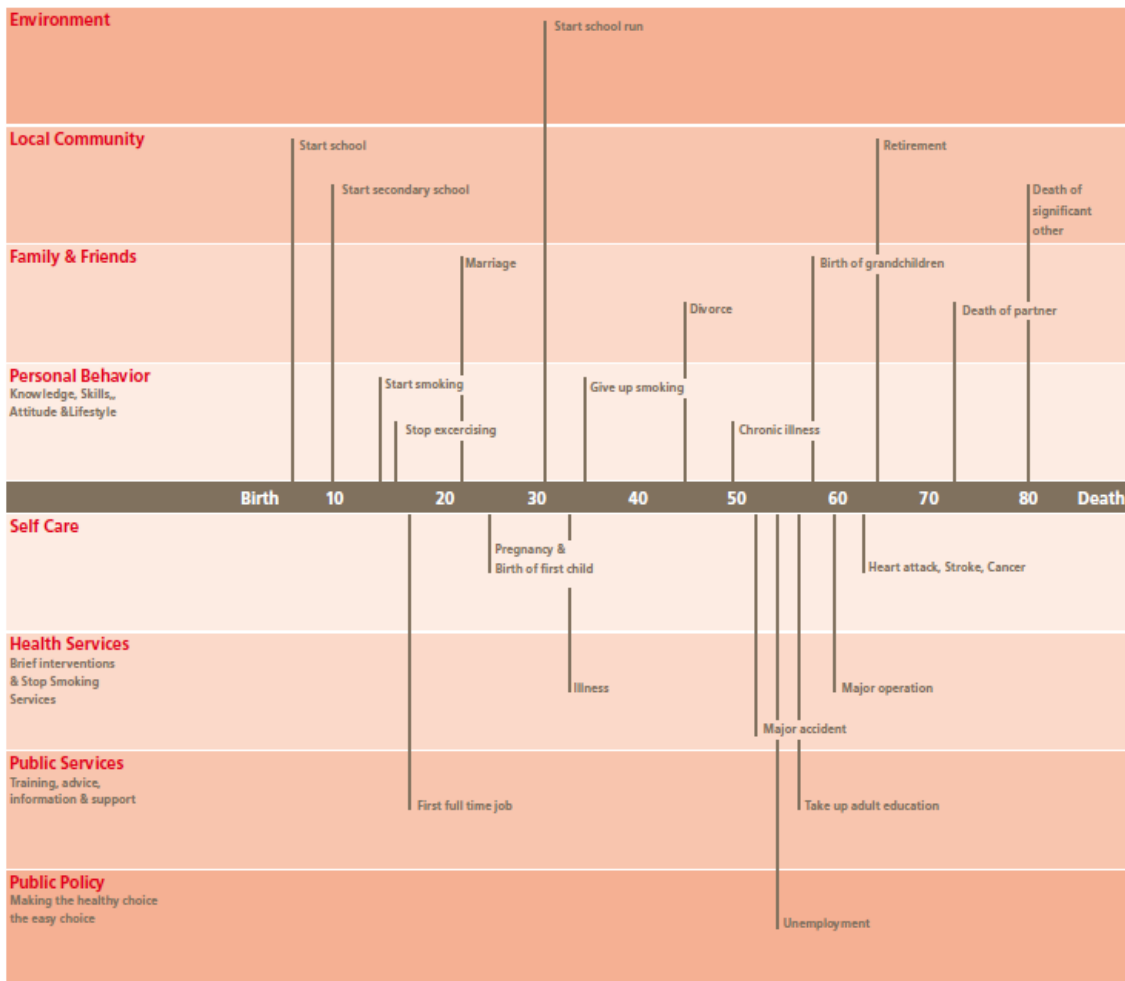
This means that the NHS and other partners need to identify the best times to intervene using the most effective interventions at that stage of life.

The upper coloured bands represent various influences and environments that affect any individual. These range from personal behaviours to wider life in communities and society at the top of the chart. The lower coloured bands represent the choices, support and interventions a person may take advantage of to stay healthy. Again these range outwards from personal choice and motivation, through to healthcare, other public services and to overarching public policy.

All individual lifelines are unique and the model illustrates one person's timeline. However, there are certain common episodes in most people's lives that provide opportunities for significant positive behaviour and lifestyle change. Examples include the onset of pregnancy, schooling, major illnesses and operations, and retirement.

Figure 1: The Staying Healthy Rainbow Model

¹ Healthy Ambitions NHS Yorkshire and the Humber
<http://www.healthyambitions.co.uk/Documents/HealthyAmbitions/NHS%20-%20The%20Staying%20Healthy%20Pathway.pdf>



This model has been included in the strategy following the public consultation to explicitly show that there are many influences on health and that there are a many opportunities for individuals and partners to act.

5.0 Roles and Ways of Working for Key Partners

The mission of the Health and Wellbeing Board is to

“Ensure everyone works together to improve Health and Wellbeing for and with the people of Doncaster”

To achieve this, the Health and Wellbeing Board will

- Lead on the production of the statutory Joint Strategic Needs Assessment
- Develop a Joint Health and Wellbeing Strategy
- Ensure that there is a ‘safety-net’ of health and social care services and interventions, that promote integration and joined up commissioning across the NHS, Local Authority and Public Health and support joint commissioning and pooled budget arrangements

To ensure that there is a ‘safety-net’ of health and social care services and interventions for Doncaster people partners will want to share their individual commissioning and/or delivery plans at the Health and Wellbeing Board. The Board will want to review the adequacy of these plans and co-ordinate actions to address any identified gaps by any or all of the partner agencies.

This ‘safety-net’ was implicit in the original strategy but following public consultation this key objective has been made explicit.

6.0 The Areas of Focus for 2013-14

The consultation draft of the Health and Wellbeing strategy included a framework for health and wellbeing. This included 4 themes:

- **Healthy Places and Communities**
- **Health for All**
- **Keeping people Healthier Longer**
- **Access to high quality care services**

Each theme had a number of proposed areas of focus. These were areas where the shadow Board believed they could add value. For each area of focus there were a number of proposed priorities. Finally for each theme there were a range of measures (indicators) that could have been used to monitor progress. Each area of focus linked back to the vision and the 'I' statements.

The feedback from the consultation has enabled the shadow Board to refine, simplify and reduce the areas of focus to the five areas that can act as a catalyst for change across the Borough. These areas of focus do not replace individual organisational plans but identify those areas where all partners can contribute and need to work together to bring about significant improvements in health and wellbeing and reduce health inequalities in Doncaster. These five areas are

- **Alcohol**
- **Mental Health and Dementia**
- **Obesity**
- **Family**
- **Personal Responsibility**

7.0 Next Steps

A member of the shadow Health and Wellbeing Board has been identified for each area of focus.

Alcohol	T Baxter
Mental Health and Dementia	C Stainforth
Obesity	T Baxter
Family	J Beck
Personal Responsibility	J Beck

These leads are now coordinating a partnership-wide review of the area of focus using the template at appendix 2. This will ensure that the shadow Health and Wellbeing Board understands the issue and what is already being done, is aware of the range of potential interventions and contributors and knows how best to monitor progress.

These narratives should be complete in early 2013 for inclusion in the Health and Wellbeing Board's 2013/14 work plan.

The Health and Wellbeing Board will monitor progress on these areas of focus.

Appendix 1. Public Consultation August-September 2012

In August 2012 the shadow Health and Wellbeing Board commissioned a 6 week public consultation across Doncaster. The draft strategy was disseminated to all key stakeholders, organisations, community and voluntary sector groups and the general public through a variety of channels including community venues, front line staff, local media, GP practices, local health and social care providers and members of the Board and the support group.

In addition to this a telephone research survey was commissioned involving a sample of 400 Doncaster residents asking them about their views about health and wellbeing in Doncaster.

Finally a workshop with voluntary and community sector organisations was conducted facilitated by Doncaster CVS and DARTS.

The feedback from the consultation was very useful in determining the priorities that are important for Doncaster people. There were 94 written responses by email/hard copy and a comprehensive report on outcomes from the Community and Voluntary Sector (CVS) workshop and another report from the telephone research. The key messages from the feedback were as follows:

- The vision statement was too aspirational ,long and complex and needed to be more realistic for it to be achieved
- The 'I' statements were received both positively and negatively – the 'I want to die well' statement provoked the most reaction and was rewritten for the telephone survey as a result of the feedback which

had a much more positive response as a result. It has been amended in the final strategy.

- The themes and priorities/areas of focus appeared to be too complex – the Board considered this at their time out session and re-visited what they were actually trying to achieve – it was agreed that there were too many priorities and this was not achievable. The result is fewer priorities (now called areas of focus) and these should now be more meaningful to the people of Doncaster.
- The Board realised that the culture of personal responsibility needed to be considered in view of service provision and although access and provision of high quality services is high on the list of peoples priorities, it will be important in the future that there is a shift from dependency to self-care and management. The Board recognises it has a key role to play in leading this change.
- The telephone research highlighted the fact that individuals do want more awareness around lifestyle issues.
- It was concluded from the research that a life course approach would be the most appropriate model to use for the strategy and this would underpin the board's work. This has been made more explicit in this version.
- Finally there was a good response to the request for further lay involvement in development of the strategy and a contact list has been developed for future consultation work.

Appendix 2. Outcomes Based Accountability (OBA) Template Shadow Health & Wellbeing Board 2012-14

Area of Focus/Outcome	Describe the area of focus/outcome
Target Population	Who will be affected by this area of work?
Performance Measures	<p>What are the key performance measures that will define success for this area of focus?</p> <p>There should be a reflection on the How well did we do it and are people better off as a result.</p>
Performance Information	
<p>This section should include the 3-5 key indicators showing the historical performance baseline (blue line), trend if nothing is done (Black line) and the curve we need to turn (Red line).</p>	
Story Behind the Baseline	What do we know about the factors driving the baseline? What are the forces at work? What is our understanding of what is driving performance in this area?
Data Development Agenda	Are there any items of data we don't have that we need? What do we need to know to inform our action plan
Key Partners	Who are the key partners (be specific what teams/departments) that can contribute to this area of work.
Governance Arrangements	Who and how will this programme of activity and the achievement of performance goals be held to account
What would it take to do better?	<ul style="list-style-type: none"> • What currently works? How can we add to this? • What can each partner contribute? • Are there areas we are progressing that have not been evaluated? • What are the Low Cost/No Cost ideas that could be progressed quickly • Needs to have Sharp edges (Actions that can be achieved!) • What are the Commissioning implications?