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Doncaster
Metropolitan Borough Council

To all Members of the

HEALTH AND WELLBEING BOARD

AGENDA

Notice is given that a Meeting of the Health and Wellbeing Board is to be held as follows:

VENUE: The Drawing Room, St Catherine's House, Woodfield Park, Tickhill Road, Balby, Doncaster, DN4 8QN
DATE: Thursday, 7th January, 2016
TIME: 9.30 am

PLEASE NOTE VENUE FOR THIS MEETING

Items		Lead
1.	Welcome, introductions and apologies for absence.	(Chair)
2.	Chair's Announcements.	(Chair)
3.	To consider the extent, if any, to which the public and press are to be excluded from the meeting.	(Chair)
4.	Public questions. **(A period not exceeding 15 minutes for questions from members of the public.)**	(Chair)
5.	Declarations of Interest, if any.	(Chair)
6.	Minutes of the Meeting of the Health and Wellbeing Board held on 5th November 2015 (Attached).	(Chair)

Jo Miller
Chief Executive

Issued on: 29th December 2015

Governance Officer for this meeting: Jonathan Goodrum
01302 736709

Delivery of Health and Wellbeing Strategy

7.	Obesity Performance Update. *(Verbal update)*	(Elaine Thompson)
8.	Health and Wellbeing Strategy Update. *(Paper attached)*	(Dr Rupert Suckling/ Louise Robson)

Board Assurance

9.	Better Care Fund Update. *(Verbal update)*	(Chris Stainforth)
10.	Doncaster Libraries and Culture Supporting Wellbeing. *(Verbal Item/Presentation)*	(Nick Stopforth)

Developments and Risk Areas

11.	Joint Working with South Yorkshire Fire and Rescue Services. *(Paper attached)*	(Steve Helps)
12.	Assets - The Health Partners working together under One Public Estate. *(Presentation)*	(Oliver Judges)

Board Development

13.	Report from HWB Officer Group and Forward Plan. *(Paper attached)*	(Dr Rupert Suckling)

Date/time of next meeting: Thursday, 3 March 2016 9.30 a.m. in Rooms 007a and 007b, Ground Floor, Civic Office, Waterdale, Doncaster, DN1 3BU.

Members of the Health and Wellbeing Board

Chair – Cllr Pat Knight	Portfolio Holder for Public Health and Wellbeing
Vice-Chair – Chris Stainforth	Chief Officer, Doncaster Clinical Commissioning Group
Damian Allen	Director of Learning, Opportunities and Skills
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council
Councillor Nuala Fennelly	Portfolio Holder for Children, Young People and Schools
Councillor Glyn Jones	Deputy Mayor and Portfolio holder for Adult Social Care and Equalities
Councillor Cynthia Ransome	Doncaster Council Conservative Representative
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire and Humber)
Colin Hilton	Chair of Doncaster Children's Services Trust
Susan Jordan	Chief Executive, St Leger Homes
Mike Pinkerton	Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Steve Shore	Chair of Healthwatch Doncaster
Trevor Smith	Chief Executive, New Horizons
Dr Nick Tupper	Chair of Doncaster Clinical Commissioning Group
Chief Superintendent Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Norma Wardman	Chief Executive Doncaster CVS
Kathryn Singh	Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Steve Helps	Head of Prevention and Protection South Yorkshire Fire and Rescue

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DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

5TH NOVEMBER, 2015

A MEETING of the HEALTH AND WELLBEING BOARD was held at the CIVIC OFFICE, DONCASTER on THURSDAY, 5TH NOVEMBER, 2015 at 9.30 A.M.

PRESENT: Chair – Councillor Pat Knight, Portfolio Holder for Public Health and Wellbeing
Vice-Chair – Chris Stainforth, Chief Officer, Doncaster Clinical Commissioning Group (DCCG)

Councillor Glyn Jones	Portfolio Holder for Adult Social Care and Equalities
Councillor Cynthia Ransome	Doncaster Council Conservative Group Representative
Dr Rupert Suckling	Director of Public Health, Doncaster Metropolitan Borough Council (DMBC)
Karen Curran	Head of Co-Commissioning, NHS England (Yorkshire & Humber)
Riana Nelson	Assistant Director, Children's Commissioning (DMBC), substituting for Damian Allen
Paul Wilkin	Deputy CEO, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), substituting for Kathryn Singh
Trevor Smith	Chief Executive, New Horizons
Jacqueline Wilson	Director of Transformation, Doncaster Children's Services Trust, substituting for Colin Hilton
Susan Jordan	Chief Executive, St Leger Homes
Chief Superintendent Richard Tweed	District Commander for Doncaster, South Yorkshire Police
Norma Wardman	Chief Executive, Doncaster CVS
Steve Helps	Head of Prevention and Protection, South Yorkshire Fire and Rescue

APOLOGIES:

Apologies for absence were received from Councillor Nuala Fennelly, Damian Allen, Dave Hamilton, Kathryn Singh, Colin Hilton, Mike Pinkerton and Steve Shore.

26 CHAIR'S ANNOUNCEMENTS

On behalf of the Board, the Chair thanked John Leask, Policy and Partnerships Officer, who was retiring at the end of this month, for all the support and assistance he had provided to the Board since its inception. The Chair stated that John's vast knowledge and experience had been a real asset to the Board, and she passed on the Board's best wishes to him in his retirement.

27 PUBLIC QUESTIONS

A period of 15 minutes was afforded to members of the public to ask questions on any matter falling within the Board's remit.

a) Mr Ivan Stark

Mr Ivan Stark made a statement with regard to his concerns surrounding the treatment of vulnerable people by various agencies/organisations in the Borough.

b) Mr Tim Brown

Mr Tim Brown began by paying tribute to John Leask, Policy and Partnerships Officer, stating that he had made a significant contribution to the Borough and he wished him well in his retirement. Mr Brown continued by asking how the Board could demonstrate that it was having due regard to the equality duty in all of its activities and taking measures to address health inequalities, given an apparent lack of meaningful engagement with BME communities and other protected groups in the Borough, and an absence of relevant data to rely on regarding these groups.

In response, Dr Rupert Suckling pointed out that the agenda papers for today's Board meeting contained a number of public sector equality statements, and he explained that the focus of this year's Annual Report of the Director of Public Health would be on looking at how variations in health and wellbeing between Doncaster and the rest of the country could be addressed locally. Part of this would look specifically at health inequalities experienced by protected groups in the Borough. Dr Suckling added that the challenge to the Board was to ensure that it was using the relevant data for all marginalised and safeguarded groups well enough. The Board also noted that Healthwatch Doncaster was involved in engagement with protected groups and Norma Wardman advised that Doncaster CVS was currently setting up an Ambassador Scheme to assist people who struggled to make their voices heard.

28 DECLARATIONS OF INTEREST, IF ANY

No declarations of interest were made.

29 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD SEPTEMBER 2015

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 3rd September, 2015 be approved as a correct record and signed by the Chair.

30 PERFORMANCE REPORT - QUARTER 2, 2015/16

The Board considered a report which provided the latest performance figures for the Quarter 2 period. The paper set out the current performance against the agreed priorities in the Health and Wellbeing Strategy.

It was reported that a refreshed 'outcomes based accountability' (OBA) exercise had been completed parallel to the refresh of the Health and Wellbeing Strategy. The five outcome areas remained and specific indicators had been identified which would measure progress towards these outcomes in 2015-16. Further information and narrative around the performance was provided in Appendix A to the report, with each indicator being accompanied by a 'story behind the baseline' together with an action plan indicating 'what we will achieve in 2015-16' and 'what we will do next period'. It was noted that the OBA methodology moved away from targets for the whole population indicators and this was

reflected in the report. Instead, the trend and direction of travel was the key success criteria.

With regard to the Board's decision at its last meeting to receive a detailed update on the performance statistics relating to Obesity at today's meeting, Allan Wiltshire advised that unfortunately it was not possible to bring a detailed report on this specific outcome area to this meeting. In response to a request by the Chair, he gave an assurance that the Obesity report would be brought to the Board's next meeting.

The Board then discussed some of the key points and narrative behind the latest performance figures. With regard to the national healthy weight data, Dr Rupert Suckling queried whether there was scope for breaking the data down to a more local level so that it was possible to understand what the data meant for Doncaster. He felt that this would assist in identifying where to target resources effectively. Susan Jordan added that there was also a need to take into account the cost of healthy eating to the public, as encouraging people to adopt healthier shopping habits and live healthier lifestyles had poverty implications. Members also acknowledged the important role that the High Street could have on the health and wellbeing of Doncaster residents and Dr Rupert Suckling advised that the Health and Adult Social Care Overview and Scrutiny Panel was currently looking at the issue of 'healthy high streets' and the role that this had in supporting the public's health.

With regard to the link between alcohol and crime, Chief Superintendent Richard Tweed stressed that the widespread availability of alcohol, almost on a 24 hours a day basis from licensed premises, was a major concern. He stated that alcohol consumption was a significant influence in violent crime and domestic abuse cases and consequently he felt that this Board should lobby the Government to take measures to curb the cheap pricing of alcohol by the major supermarkets. The Chair and Members of the Board supported this proposed course of action.

RESOLVED:

1) To note the performance against the key priorities;

2) To receive the presentation from the obesity area of focus in Quarter 3, 2015-16;

3) In respect of the outcome area "All people in Doncaster who use alcohol do so within safe limits", that the Government be lobbied to take measures to curb the cheap pricing of alcohol by the major supermarkets.

31 JSNA UPDATE AND DISCUSSION

The Board received a presentation which summarised some key statistics relating to the theme of this year's Joint Strategic Needs Assessment (JSNA), which was Adult Social Care. In particular, Members noted the following salient points:-

- Doncaster has an aging population - there are currently around 56,500 people aged 65+ in Doncaster. By 2020 this will have risen to 61,100 and by 2030 it will be almost 75,000. If these projections are accurate then Doncaster will add more than 1,200 people every year to the 65+ population.

- With an ageing population we have increasing life expectancy in both men and women. In men, since the turn of the century, life expectancy has increased from 76 years to just under 79.5 years. Among women this has risen from 79.6 years to 81.7 years. It is worth noting that life expectancy in Doncaster has not been catching up with the national figure and the gap between Doncaster and the national rate may even be widening.

- More important for health and social care services is the measurement of disability free life expectancy (DFLE). This is calculated in the same way as life expectancy but represents the average number of years people will expect to live without any form of disability. In this case a disability is any 'long standing illness or infirmity that is likely to trouble you over a period of time'. In Doncaster DFLE in men is around 60.1 years and in women just under 62 years. This means that, on average men in Doncaster will spend 17.4 years living with a disability and for women this figure is 19.9 years. When these figures are compared to similar areas (CIPFA comparator local authorities) it shows that Doncaster can expect people to live with disability longer.

- In summary Doncaster has an aging population that is living longer and is living longer with disabilities and these disabilities are extremely likely to place demands on health and social care services. The JSNA this year has used the new needs based data available from the care first system to model the potential demands that could be placed on social care in the future. The intention is to show the extent of the challenge to be faced in Doncaster in the future.

- Evidence shows that around 4,100 people in the Borough need help with personal care (personal care needs include: need help dressing, help with toileting, continence care, help with personal hygiene and personal grooming). By 2012 this could be 4,700 and by 2030 more than 6,000. These increases assume that there are no changes in health and social care.

- With increasing age comes an increasing risk of loneliness and social isolation. More than 4,000 people have needs related to isolation. By 2030 Doncaster could have more than 6,000. There is also some evidence that in Doncaster the numbers of people who receive social care and reported that they had sufficient social contact has actually fallen slightly.

- Carers can be at particular risk of becoming isolated and there could be around 2,800 carers who have need social care support and this could increase to more than 4,000 by 2030.

- An important aspect of social care is the safeguarding of vulnerable people. The evidence suggests that the number of alerts has been increasing but the number of referrals for investigation has remained the same.

The Board discussed at length the challenges posed by the prospect of an ever increasing, ageing population in Doncaster and the various ways in which this Board and partner organisations could effectively deal with these challenges with less resources in the future. Such measures included:

- Taking steps to avoid perpetuating a 'time bomb' scenario, by focussing on learning and skills for children and young people so that the Borough had a buoyant economy in the future and the necessary local skills base around health and social

care to enable local needs in this area to be met.

- Preparing for the future by encouraging 'age friendly' communities in a similar vein to that of the dementia friendly initiative and determining whether the present carers system is sustainable by looking at what needs to be in place in 10 years' time.

- Ensuring that new housing developments include properties that are fit for life by making use of assistive technology and adaptations so that the accommodation needs of an ageing population can be met.

- As Employers, giving consideration to ways of helping an ageing workforce by introducing measures such as flexible working arrangements.

- Recognising the value of volunteering as a key part of tackling the problem of social isolation.

RESOLVED that:

1) the contents of the presentation be noted; and

2) the comments/issues raised by the Board be taken into account and used to inform the recommendations of the final JSNA report.

32 DONCASTER HEALTH AND WELLBEING STRATEGY 2016-21

The Board received a presentation in conjunction with a report which presented a revised final draft of the Doncaster Health and Wellbeing Strategy (with feedback and recommendations) following a 12 week consultation since its presentation at the June 2015 Health and Wellbeing Board. The paper outlined an update on progress, a revised Health and Wellbeing strategy document, a consultation summary with Equality statement (Due Regard Statement) and a number of proposals/recommendations for final publication in 2016.

In presenting the salient points, Dr Rupert Suckling highlighted that one question to consider was whether the Health and Wellbeing Strategy adequately reflected the JSNA.

Regarding the consultation exercise, it was noted that this had attracted a good response rate, with a total of 256 overall responses being received. Four emerging themes had arisen from the consultation:-

- Substance misuse
- Children and young people
- Needs of minority ethnic groups
- Language/complexity of some content

In addition, general comments had been received as follows:-

- The Vision should include the need to 'feel safe'
- Definition of wellbeing should include 'spiritual and cultural'.

General discussion on the Strategy followed, during which the Board noted that feedback received at the Board's workshop held the previous day had been that the Vision in the

Strategy should be consistent with the Team Doncaster Vision. In light of this, the Chair confirmed that this part would be re-visited.

After the Board had noted that a final draft of the Strategy would be brought back to the Board's meeting in January, prior to being submitted to the Full Council for adoption on 28th January 2016, it was

RESOLVED:

1) To approve the aligned supporting documents and the recommendation to change the Strategy date period from 2015-20 to 2016-21;

2) That the Vision for Health and Wellbeing as contained in the Strategy should be consistent with the Team Doncaster Vision;

3) To receive the final draft Strategy report for endorsement at the Board's meeting on 7th January 2016, prior to the Strategy being submitted to Full Council for adoption on 28th January 2016; and

4) To note that a delivery plan for the Strategy will be developed following its publication in January 2016 and a wider public engagement strategy will be explored in line with the Board's self-assessment process.

33 DONCASTER SAFEGUARDING CHILDRENS BOARD (DSCB) ANNUAL REPORT 2014-2015

The Board received a presentation by John Harris, the Independent Chair of the Doncaster Safeguarding Children Board (DSCB), setting out the key findings from the DSCB's Annual Report for 2014-15 published on 8th October 2015, a copy of which had been circulated with the agenda papers. In particular, Mr Harris briefed the Board on the following subjects:-

- Role of DSCB
- Annual Report requirements
- Board working arrangements
- Progress with the DSCB Business Plan 2014-15
- Responding to key safeguarding risks
- Areas for improvement
- Implications for the Health and Wellbeing Board

In concluding, Mr Harris pointed out that there was a high degree of alignment between the DSCB's role and the Health and Wellbeing Strategy.

After Mr Harris had explained, in response to a question regarding Early Help, that having the necessary skill in being able to relate to and work with families was a key factor, it was

RESOLVED to note the Chair's presentation on the DSCB Annual Report 2014-15, including the key implications for children and young people's commissioning priorities and the action required by HWB partners to improve

the effectiveness of safeguarding in Doncaster, particularly in the context of the Doncaster Health and Well-Being Strategy.

34 CHILDREN AND YOUNG PEOPLE'S PLAN 2011-2016 - (DRAFT INTERIM PLAN 2015/16 PLAN)

The Board considered a report which presented Doncaster's Draft Interim Children and Young People's Plan (CYPP) 2015-16. Riana Nelson explained that the Doncaster CYPP 2011-2016 had been reviewed and redrafted as an interim plan for the period 2015-2016 to reflect the significant changes which had occurred in the national and local children's policy and practice landscape since the original plan was conceived. She confirmed that as part of the review, the linkages between the CYPP and the Health and Wellbeing Strategy had been considered.

The Board welcomed the progress made in re-drafting the Plan and noted that this was to be signed off at the Children and Families Strategic Partnership Board meeting in November 2015. The Board also noted that a framework of performance and planning for the next CYPP Plan, to be produced in 2016 for the period to 2021, was now being developed.

RESOLVED to note the Draft Interim CYPP for 2015-16.

35 MULTI-AGENCY EARLY HELP STRATEGY FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES 2015-2018

Members received a report which presented Doncaster's Multi-Agency Early Help Strategy for Children, Young People and their Families 2015-18 for the Board's information.

It was noted that the Early Help Strategy set out the partnership framework as to how Team Doncaster would coordinate and deliver early help services. The strategy was a three year strategy to establish and join up the early help system which would promote the identification of emerging needs and earlier intervention for children and young people so as to prevent the escalation of problems which were damaging to individuals and families and which were expensive and complex to deliver.

In presenting the report, Riana Nelson explained that the Strategy was aimed at ensuring that children and families received high quality support from universal, targeted and specialist services. The Strategy also described the measures which had been taken and were planned to be taken to improve the early help system, including the establishment of early help co-ordinators, early help networks and the Early Help Hub.

RESOLVED to note the contents of Doncaster's Multi-Agency Early Help Strategy for Children, Young People and their Families 2015-18.

36 REPORT FROM HWB OFFICER GROUP AND FORWARD PLAN

The Board considered a report which provided an update on the work of the Officer Group to deliver the Board's work programme and also provided a draft Forward Plan for future Board meetings, as set out in Appendix A to the report.

In particular, the report included updates on:

- Feedback from the Health and Wellbeing Board Workshop on Obesity;

- Joint Work with South Yorkshire Fire and Rescue;
- Lung Cancer Collaborative Commissioning;
- Director of Public Health's Annual Report; and
- Forward Plan for the Board.

In referring to the Board's self-assessment workshop facilitated by the Local Government Association, which had been held on the previous day, Dr Rupert Suckling confirmed that feedback and an action plan from the session would be circulated to Board members in due course.

In order to inform the Board's discussion on anti-poverty activity at its next meeting in January 2016, Susan Jordan requested in the meantime that Board members identify any activities/practices carried out by their respective organisations that could potentially impact upon Poverty.

RESOLVED:

1) to note the update from the Officer Group; and

2) to agree the proposed Forward Plan, as detailed in Appendix A to the report.

CHAIR:_____ DATE:_____

Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: Overweight and Obesity

Presented by: Elaine Thompson

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	X

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	
	Mental Health & Dementia	
	Obesity	X
	Family	
	Personal Responsibility	
Joint Strategic Needs Assessment		
Finance		X
Legal		
Equalities It may be that by reducing or ceasing our local Tier 2 and 3 Weight Management services we inadvertently increase inequalities as there will be a reduced opportunity for people to access services and those services that are available will probably be commercial and therefore not be offered free of charge.		X
Other Implications (please list) By stopping services we will also potentially affect other local services who signpost to our weight management services such as NHS Health Checks etc.		X

How will this contribute to improving health and wellbeing in Doncaster?
Initially, ceasing services will not contribute to improvements. However, the development of a whole systems approach to obesity will allow for a longer-term, more sustainable plan to be put in place and this will look at much wider implications to tackling obesity, rather than continuing to deliver small-scale initiatives that are showing little improvement, if any.

Recommendations
The Board is asked to:- consider the proposals discussed and confirm any decision to cease all weight management services in Doncaster.

Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: Joint Health and Wellbeing Strategy 2016-21

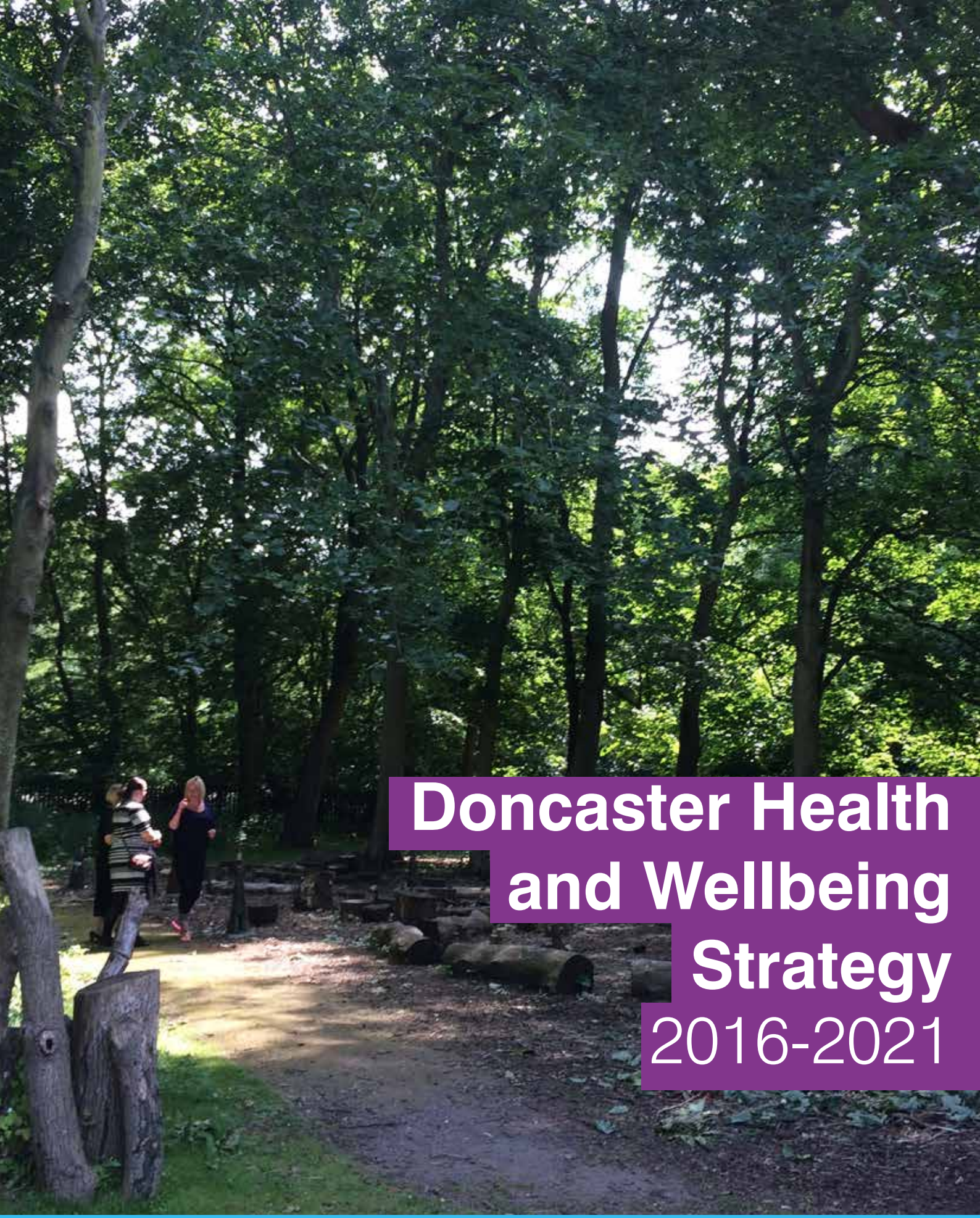
Presented by: Louise Robson

Purpose of bringing this report to the Board	
Decision	x
Recommendation to Full Council	x
Endorsement	x
Information	x

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	x
	Mental Health & Dementia	x
	Obesity	x
	Family	x
	Personal Responsibility	x
Joint Strategic Needs Assessment		x
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
The Joint Health and Wellbeing strategy 2016-21underpins the work plan of the Doncaster Health and Wellbeing Board and is fundamental to the health and wellbeing needs of the population. A refresh of the Health and Wellbeing strategy is required to ensure that the board's work programme fulfils the local population needs and that it is updated in line with the changing health and social care landscape. A commitment to the update of the BME Health needs assessment is also required to ensure that we consider the health and wellbeing needs of minority groups as identified from the HWBB consultation and the 2016 DPH report. The wider needs of all protected groups must also be considered as part of the implementation plan for the delivery of the HWBB strategy as highlighted from the consultation.

Recommendations
THE BOARD IS ASKED TO:- **1. CONSIDER and APPROVE** the final strategy report of the Doncaster Health and wellbeing strategy 2016-21 with a recommendation for presentation at Full Council in January 2016. **2. CONSIDER and APPROVE the Due Regard statement 2015-21.**



Doncaster Health and Wellbeing Strategy 2016-2021

Doncaster
Metropolitan Borough Council

www.doncaster.gov.uk

Contents

Cover: Sandall Beat Wood

Foreword

The Doncaster Health and Wellbeing Board have been in a full board function now for 3 years. It is good to see so many partners on the Board giving their time to assist in the health and wellbeing of Doncaster residents. Our areas of focus are still strong and real progress is being made.

We have made changes to our performance measures and have taken the route of Outcomes Based Accountability (OBA) where clearer outcomes are defined and the measures actually show whether the outcome is achieved or not.

The specific areas of focus will be challenging due to on-going Government cuts to Public Health budgets but the health and wellbeing of our Doncaster residents is still paramount in our work and will remain a top priority in the work streams of the Board.

Pat Knight
Councillor Pat Knight
Cabinet Member for Public Health & Wellbeing
Chair Doncaster Health and Wellbeing Board

Dr Rupert Suckling
Director Public Health

Chris Stainforth
Chief Officer Doncaster Cinical Commissioning Groug

Doncaster's Health and Wellbeing Strategy

The production of Doncaster's Health and Wellbeing Strategy has been led by the Doncaster Health and Wellbeing Board in consultation with members of the public and key partners. It is aligned with Doncaster's Borough Strategy Refresh 2014 and is an opportunity to take stock and look at what has been achieved since the last Strategy, assess and review our priorities and identify where we need to go in the next five years. It takes into consideration the Team Doncaster self-assessment and Peer Review in 2014, the Partnership Summit in the same year and all key strategic plans including the Corporate Plan and is aligned to the Mayoral priorities. Like the Borough Strategy, it is a high level document underpinned by a number of technical plans and delivery mechanisms. The Strategy will only be successful if all key partners and residents are involved.

The Doncaster Health and Wellbeing Strategy has three key aims:

1. This Strategy presents a high level vision for health and wellbeing in Doncaster and describes the locally adopted model for health and wellbeing

2. The Strategy outlines the roles and ways of working for key partners to play in ensuring the effective delivery and implementation of the Health and Social Care Transformation Fund which will focus on developing early interventions and lower level wellbeing support in communities

3. The Strategy has identified 4 key themes for development to improve health and wellbeing outcomes in Doncaster:

- Wellbeing
- Health and Social Care Transformation
- Five Areas of Focus
- Reducing Health Inequalities

Taken together these three aims form the work plan of the Health and Wellbeing Board, which will continue to be the key partnership for health and wellbeing in Doncaster and is part of the wider Team Doncaster Strategic Partnership.

Highfields Country Park

How the Health and Wellbeing Strategy has been developed

Since its formal establishment in April 2013 (following the Health and Social Care Act in 2012) the Health and Wellbeing Board has been working to develop the Health and Wellbeing Strategy. It has done this by using a number of existing priorities and plans and by holding several workshops and consultations. This work is shaping the way forward to improve health and wellbeing in Doncaster.

The Journey So Far - Events and Consultations: 2012-2015

In 2011/12 an extensive public consultation took place regarding the first Health and Wellbeing Strategy in Doncaster which consisted of:

- Telephone research with over 400 residents
- A Voluntary and Community sector workshop
- Online and wider public consultations

Following this, the Strategy was reviewed by the then Shadow Board and later endorsed by the Doncaster Health and Wellbeing Board in June 2013.

In December 2013, following an external Peer Review, it was recommended that the Health and Wellbeing Strategy was revisited in view of the changing membership of the Board and the changing health and social care landscape.

Therefore, during 2014 a series of workshops were held to review the Health and Wellbeing Strategy alongside the Joint Strategic Needs Assessment (JSNA). These workshops included a borough-wide stakeholder event held in June which explored the wellbeing themes and looked at updating the Strategy priorities. A further workshop was held in October with Board members to revisit the strategic priorities and to set the parameters for the Strategy refresh.

In November 2014 the Doncaster Borough Strategy Review was finalised through a wider Partnership Summit event. The journey then began to refresh the Health and Wellbeing Strategy for Doncaster to reflect the outcomes from the earlier workshops. A more detailed description of these outcomes is included on page nine of this document.

Following the Corporate Peer Review in 2014 and as part of the Communities restructure, further emphasis was made around an Early Help Wellbeing Model combined with recommendations for development and expansion of the current Wellbeing Service in Communities.

As part of the on-going work of the Health and Wellbeing Board a Health Improvement Framework was approved and a series of 'conversations' took place during the first part of 2015. The aim of the conversations was to further enhance work streams and inform an action plan that will sit under the Strategy as a living document.

In July 2015 a public consultation was launched over a 12 week period to test out the draft Strategy with both stakeholders and the wider community and the results have informed this final version of the Health and Wellbeing Strategy. A Consultation Summary and a Due Regard Statement were completed in October 2015 and are available on the council website.

Health and Wellbeing in Doncaster: Key Achievements

Since the last Health and Wellbeing Strategy was launched there have been a number of key achievements in the last 12-18 months:

- The Health and Wellbeing Board has continued to make progress on reducing the harmful impact of alcohol, obesity, addressing dementia and mental health and improving the lives of families
- A successful bid to the Better Care Fund was approved which engages all the key partners and will enhance joined up health and social care across the borough
- A refresh of the Joint Strategic Needs Assessment (JSNA) has been undertaken and we are revising our Health and Wellbeing Strategy
- The Health and Wellbeing Board has agreed a protocol on how to work with the Safeguarding Boards
- The Health and Wellbeing Board has signed up to the Local Government Declaration on Tobacco Control and the Mental Health Crisis Concordat
- The Health and Wellbeing Board lobbied for a stricter approach to gambling advertisements locally, regionally and nationally (Partnership Summit, 2014)

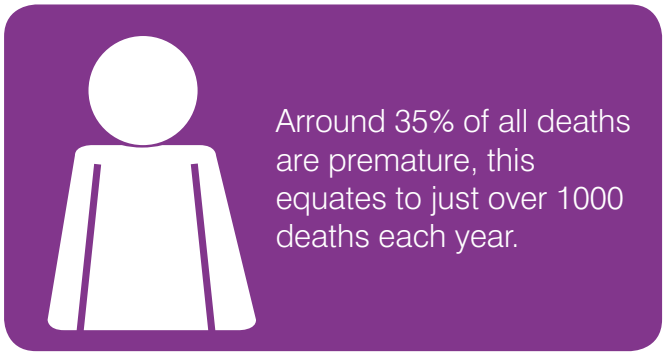
Where are we now?

Health has been improving in Doncaster for both men and women. In 2012-14 Male life expectancy at birth was 77.5 years, this is an improvement of almost 5 years since 1991-93 when it was 72.8 years. For women there have been similar improvements from 78.1 years to a current life expectancy of 81.6 years. Unfortunately life expectancy in the country as a whole has been improving faster.

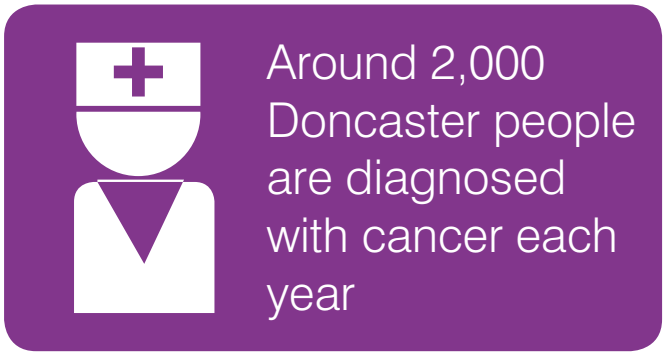
Since the early 1990's the gap between Doncaster and England has widened from about a year to around 2 years in men and from around a year to 1.6 years in women.

It should also be noted that since 2009-11 life expectancy at birth has not improved at all in men and women in Doncaster.

As well as living longer people should be living longer in good health. Recent data published by the Office for National Statistics (ONS) shows that in England men's Disability Free Life Expectancy (DFLE), that is the number of years on average that men can expect to live without a 'long standing illness or infirmity' is 64.1 years. In Doncaster the DFLE is 60.1 years. For women the story is similar, in England as a whole DFLE is 65 years and in Doncaster 61.8 years.



Premature mortality rates (deaths under the age of 75) have been falling in Doncaster. Premature deaths now account for around 35% of all deaths. Most premature deaths are caused by cancer, circulatory disease, respiratory disease and liver disease. Premature mortality rates from cancer have not improved since 2008-10, and while recently there has been a narrowing in the gap between premature deaths from liver disease in Doncaster and the national rate, Doncaster still has a statistically significant high mortality rate.



However, it's not all bad news, there is some good news to report around Cancer:

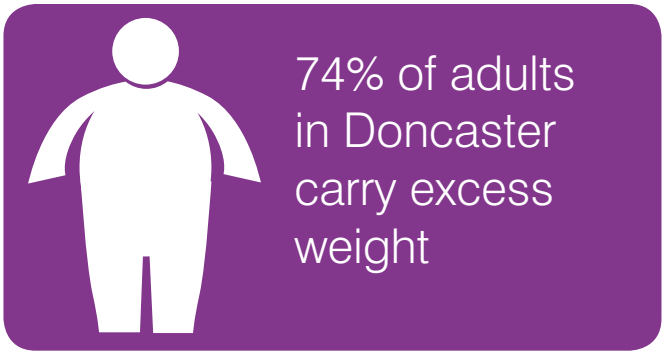
Due to action taken to increase work around cancer awareness, early identification and treatment, over the past 2 years we have seen:

- A 30% reduction in emergency admissions relating to cancer
- A 38% increase in referrals from GPs for suspected cancer with no deterioration in the conversion rate (which equates to 2,703 additional referrals)
- Over 500 more people have had their 1st treatment for cancer
- For patients receiving their first treatment in the latest 4 quarters (compared to the baseline year) we have seen an increase in the proportion of Doncaster patients receiving their 1st treatment by 12% compared to an average of 2.5% increase across the rest of South Yorkshire and an average 0.5% increase across 3 comparator CCG areas
- Early staging data suggests that patients are experiencing their first treatment at an earlier stage in their diagnosis therefore survival rates are increasing
- It is estimated that 10,473 people in Doncaster are currently living with and beyond cancer and this is expected to increase to over 20,000 by 2030. The one year cancer survival rate is currently 67% compared to a national average of 68% and the five year survival rate is around 46% across the South Yorkshire area comparable again to the national average of 48%. A co-production approach has been successfully implemented in Doncaster over the last 2 years working with current survivors around improving services, pathways and engagement. With these improvements in services and joined up working, cancer survival rates are clearly improving in Doncaster
- In Doncaster we have a peer support scheme called Cancer Buddies for people affected by Cancer which has received local, regional and national recognition and is being shared in other areas

Alcohol prevalence in Doncaster is approximately 40,000 harmful, 14,000 hazardous and 5,600 dependent drinkers. The Local Alcohol Profiles for England show a relatively high rate of alcohol related morbidity and mortality across a range of indicators. Opiate/crack use prevalence is approximately 3000 in Doncaster. However fewer young people are presenting to treatment with opiate/crack use, and the treatment population is ageing, with more complex health needs.

Each year there are around 3,700 live births in Doncaster, while infant mortality rates have generally been falling the numbers of underweight births has been increasing in Doncaster. One of the causes of low weight births is smoking in pregnancy. In Doncaster around 20% of women were smoking

at the time of delivery. This figure has fallen slightly recently but remains almost double the national rate. Smoking in the adult population is also significantly higher than the national rate and is around 2 % points higher than areas with a similar level of deprivation.



Obesity represents a significant challenge in Doncaster. The Sport England sponsored Active People Survey found that Doncaster was one of the areas with the highest prevalence of adults who were overweight or obese. The survey found that almost ¾ of the population was in this category compared to around 64% in England as a whole. Amongst children excess weight has remained at around 32% in 10-11 year olds and 23% in 4-5 year olds.

Evidence from the National Adult Psychiatric Morbidity Survey shows that around 23% of adults have experienced at least one psychiatric disorder, and more than7% have had two or more. In Doncaster the prevalence of mental health problems is more difficult to discern.

If the national figures are applied to the Doncaster population then almost 55,000 people living in the borough have experienced some form of mental health problem. There is some tentative evidence that, for at least some mental health conditions, prevalence might be higher than the national rate in Doncaster. Several national surveys have found that Doncaster has slightly higher rates of depression than England.

Doncaster, in common with most areas of the country, has an ageing population. On average over the next 15 years the number of people aged 65+ is forecast to increase by 1,200 each year, and the number of people aged over 90 will have doubled by 2030. The implications of these changes are difficult to predict. However, it is possible that the numbers of people in the borough aged over 64 and living with dementia could increase from around 3,900 to almost 6,000 by 2030

Because people are living longer the Doncaster population is ageing and the more the population grows and ages the more people will develop dementia. Dementia remains a priority for Doncaster and some key outcomes have already been achieved:

- Diagnosis rates are now beyond the national ambition of 67% (currently 73.4%)
- Over 3500 people live with dementia in Doncaster but we now have over 5000 Dementia Friends
- Less people with dementia are being admitted to hospital and in the main, if they are, their lengths of stay are shorter and they are not being re-admitted Outcomes are improving and satisfaction is increasing

Children, Young People and Families

- We have refreshed the Children and Young People's Plan to reflect Borough Health and Wellbeing priorities.
- Our Stronger Families practitioners have successfully completed phase1 of the National Programme and are working with families in phase 2.
- We have successfully launched the Early Help Strategy across the Team Doncaster Partnership and established an Early Help Hub.
- Ofsted recognised improvements in services for children in need of safeguarding, looked after children and care leavers, including 'Good' services for looked after children.

Mission Statement

The mission of the Health and Wellbeing Board is to

"Prevent disease, disability and harm, sustain health and wellbeing through a world class health and care system "

To achieve this, the Health and Wellbeing Board will:

- Lead on the production of the statutory Joint Strategic Needs Assessment
- Develop a refresh of the original Joint Health and Wellbeing Strategy
- Monitor the Health and Social Care Transformation programme outcomes and progress which promotes integration and joined up commissioning across the NHS, Local Authority, Public Health and key stakeholders supporting joint commissioning and pooled budget arrangements. Early identification and early help are key themes.

The Vision for Health and Wellbeing

The Doncaster Health and Wellbeing Board's vision for Health and Wellbeing is that:

The vision for the Borough is:

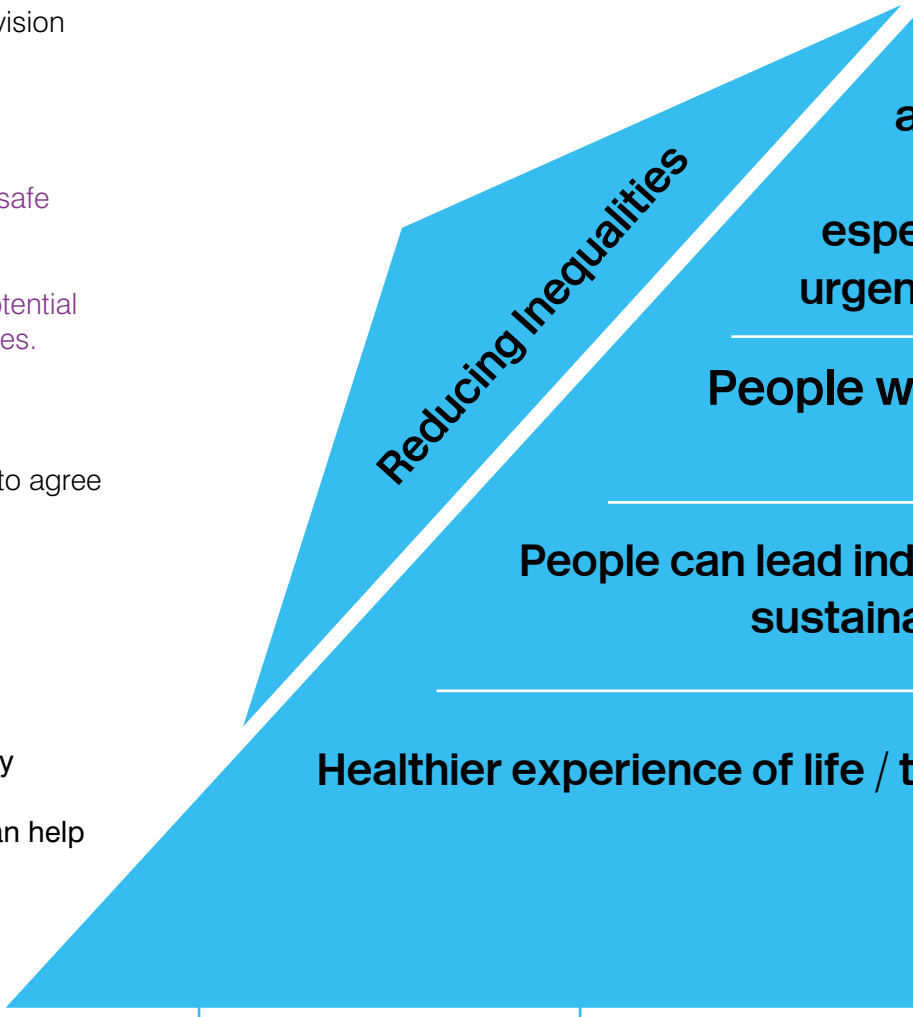
A strong local economy, Progressive, healthy, safe and vibrant communities.

All residents will be able to achieve their full potential in employment, education, care and life chances.

'All residents to be proud of Doncaster'

The Board's ambition is for Doncaster people to agree with the following 'I' statements.

- 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 live and die with dignity and respect



Our Strategic Priorities

Since the development of the last Health and Wellbeing Strategy in 2013, Team Doncaster has become the overall umbrella for partnership development across Doncaster and the Health and Wellbeing Board is one of the 4 theme boards within that partnership structure. A number of approaches have been taken to ensure consistency in approach across the theme boards including the following:

- An overarching Borough Strategy which highlights the work of all the theme boards
- Corporate plan and Mayoral priorities incorporated in all plans
- Inclusion of all partners including the public, private, voluntary, community and faith sector
- A culture of co-production and personal responsibility to create independence and reduce dependency on public services

Performance Measures

The Health and Wellbeing Board uses Outcomes Based Accountability (OBA) templates to measure its performance against its strategic priorities (further information about OBA's can be found on the David Burnby & Associates' website). This approach was endorsed by Team Doncaster in 2014 and is being adopted by all the theme boards.

The aim of the Outcomes Based Accountability process is to:

- Have a clear defined outcome for each area of focus/priority
- Define what indicators need to be measured to show whether the outcome is achieved or not
- Identify who is involved i.e. which partners
- Tell the story about what is being measured and why

This approach has been used for all the strategic priorities in this Strategy.

Health and Wellbeing Board Strategic Priorities

In 2014 the Board reviewed its strategic priorities which are now grouped into 4 themes as follows

- Wellbeing
- Health and Social Care Transformation
- Areas of Focus
- Reducing Health Inequalities

Action around the Strategic Priorities (4 themes)

The delivery of the Board's strategic priorities will be undertaken through a number of themed groups and partnerships which are grouped under the following four themes:

Theme 1 - Wellbeing

Wellbeing is a complex idea, but it can be divided into two aspects: feeling good and functioning well. The New Economics Foundation (NEF) describes 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 (ONS) has developed a national programme of work to produce 'accepted and trusted measures of the wellbeing of the nation'. This programme breaks down wellbeing into 10 areas that are being used to measure individual wellbeing. These are:

- Personal wellbeing
- Our relationships
- Health
- What we do
- Where we live
- Personal finance
- Economy
- Education and skills
- Governance
- Natural environment

The New Economic Foundation has also identified an approach to wellbeing which adopts Five ways to wellbeing:

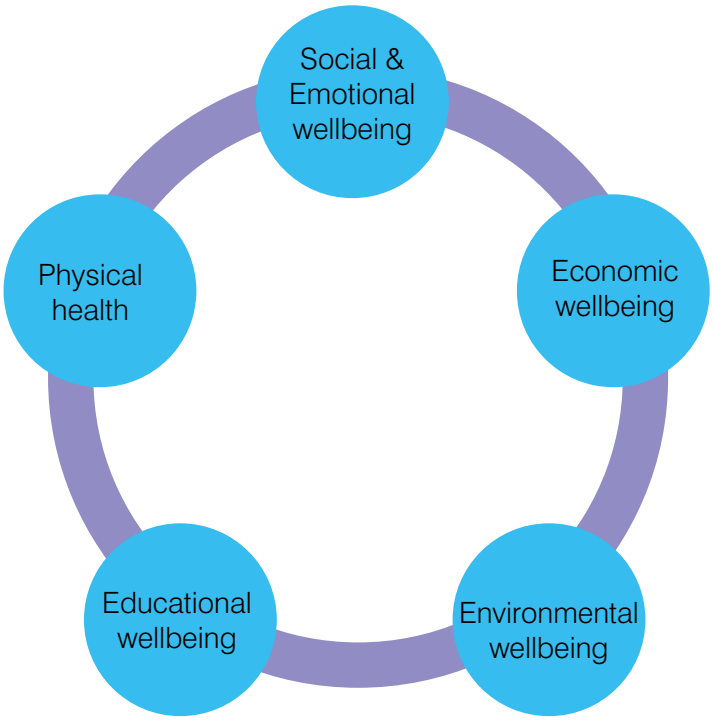
New Economic Foundation – Five ways to wellbeing:

- **Connect**
- **Take notice**
- **Give**
- **Be active**
- **Keep learning**

This approach will be adapted at a local level as part of the wellbeing programmes.

In 2014 Doncaster Public Health team commissioned a film called High5 which focuses on how the 5 Ways to Wellbeing can enhance recovery of substance misuse.
https://www.youtube.com/watch?v=KLsVSIjhtTc

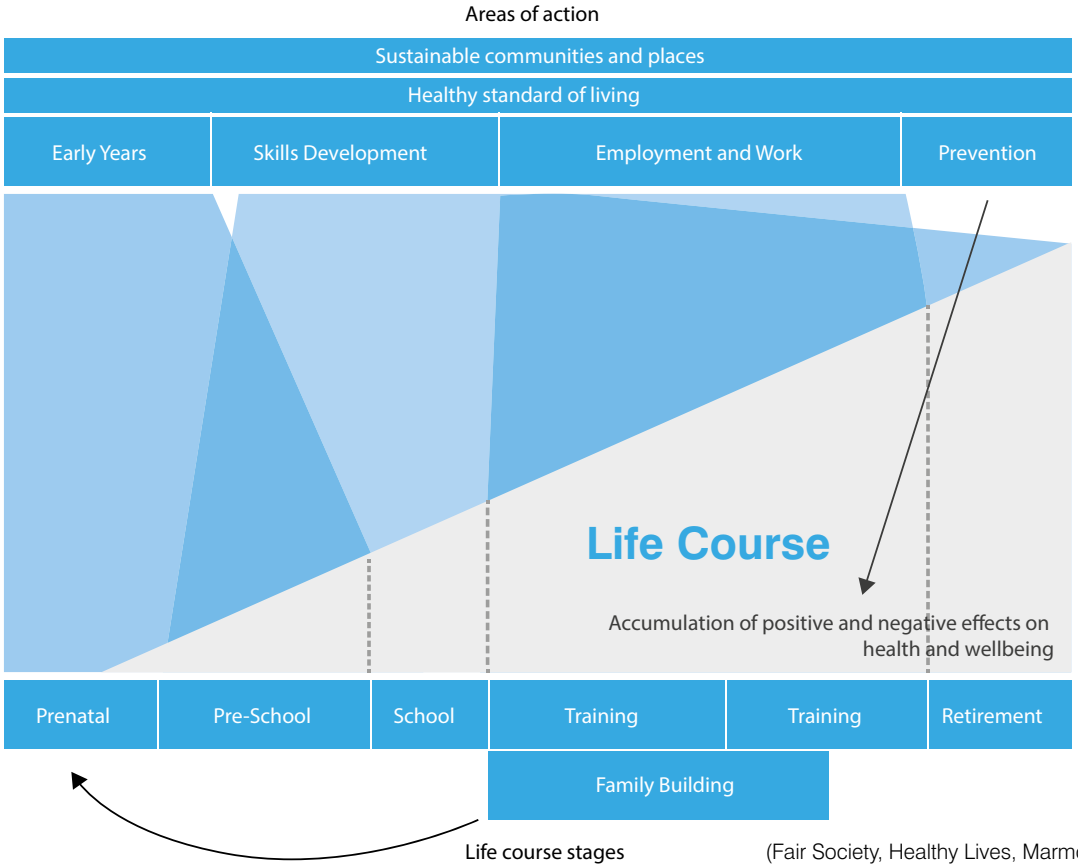
Locally, the Health and Wellbeing Board has created the model below which depicts five themes that encompass the measures opposite.



Doncaster's five domains of wellbeing

How can we improve Wellbeing?

There is much evidence to demonstrate the different factors that impact on individual wellbeing and there are key moments in people's lives when we are motivated to make lifestyle changes that will improve our wellbeing as well as our health. Marmot calls this the Life Course approach.



(Fair Society, Healthy Lives, Marmot review, 2010)

Of course, all lifelines are unique to an individual but there are certain common episodes, as illustrated in the diagram above that provide opportunities for significant positive behaviour and lifestyle changes. Having the right choices, support and interventions in place at the right time in life means individuals will have every opportunity to improve their health and wellbeing.

To achieve this all partners have a commitment to work collectively to identify the best times to intervene using the most effective interventions at that stage of life.

The Health Improvement Framework is a tool that the Board is using to gather information about the services and support that are available to support the people of Doncaster at these critical times in their lives. This piece of work is on-going and will run alongside this Strategy.

What is happening locally around Wellbeing?

In June 2014 a stakeholder event was held to explore a Wellbeing Model to inform the Strategy refresh. Five wellbeing themes were identified:

- Social and emotional wellbeing
- Physical health and mental wellbeing
- Environmental wellbeing
- Educational wellbeing
- Economic wellbeing

Priorities for each of these areas were collated and fed back to the appropriate boards. The full evaluation report for the event can be accessed here

The Health and Wellbeing Strategy will explore all of the 5 Wellbeing Themes over the next 12-18 months and focus on the wider determinants of health. The following key priorities will need to be considered:

Housing – affordable, safe and quality housing/ places to live
Environment – green spaces, planning, transport, access to services, asset based community development and community safety
Education – lifelong learning, work readiness, family support
Economy – business support, money management, living wage/fairer working conditions, apprenticeships/ employment opportunities and financial planning
Social and emotional wellbeing – self-worth/ esteem; relationships; leisure opportunities and youth engagement; cultural and spiritual factors
Physical and mental health – personal responsibility; physical activity, lifestyle choices, reducing stigma.

(Health and Wellbeing Workshop Report, June 2014)

How will Wellbeing be delivered in Doncaster?

The Health and Wellbeing Board will be looking at how it can improve loneliness and social isolation for all age groups across the life course (not just older people) and this will become a cross cutting thread in view of a growing and ageing population in Doncaster.

In particular it will work with the Safeguarding Boards and partners to address domestic violence and sexual exploitation.

The provision of access to quality housing is a vital step towards empowering people to be able to live independently in their own homes for as long as possible.

The Board will continue to provide a combination of services to support residents to live in safe, healthy and supported communities (Borough Strategy, 2014)

The Way Forward, our Health Improvement Framework

To complement the Health and Wellbeing Strategy a series of 'conversations' have been held with a wide range of stakeholders to begin to develop a Health Improvement Framework for Doncaster.

This piece of work highlights work that is already in place to reduce barriers to good health and wellbeing and will underpin the delivery of the strategic priorities over the next five years.

The Framework is a living document of action that Board members and stakeholders sign up to.

Alongside this, following the Peer Review in 2014 the Adults, Health and Wellbeing Directorate has committed to the further development of the Wellbeing Service across the borough which will also compliment the implementation of the Health Improvement Framework and other delivery plans.

Meeting of local Ghurkas at a community centre

Theme 2 - Health and Social Care Transformation Programme

The Health and Social Care Transformation programme is the Doncaster approach to embedding person-centred integrated care. It is led by the Health and Social Care Partnership. The Health and Social Care Transformation OBA template seeks to capture data in relation to three outcomes:

Outcome 1: People can lead independent lives in strong and sustainable communities

The key success markers will include:

- The number of people needing intensive support from health and social care services is reduced
- People say they find it easy to access information and advice
- There are more people in long term employment, education and training
- People report an improvement in their overall quality of life
- The gap in inequalities is improved
- People are feeling safer and more involved in their communities

Outcome 2: People will have choice and control

Key success markers for this will include:

- People spending less time living in long term care settings
- There are more carers feeling supported and enabled to care
- More people choose to have a personal budget/ personal health budget

Outcome 3: People are healthy and safe, especially when in urgent need or crisis

- Reduce unnecessary non-elective admissions to general and acute services
- Increase number of anticipatory care plans for people at risk of crisis
- Increase people who are re-abled enough to stay at home and be independent post crisis
- Reduce people's length of stay in acute and crisis services

Theme 3 - Areas of Focus

The Doncaster Health and Wellbeing Board has agreed 5 Areas of Focus that will act as a catalyst to change across the borough. These Areas of Focus were developed in the original Strategy in 2013 following a series of workshops and consultations and remain strategic priorities (with the exception of personal responsibility which is now a cross cutting theme) for the refresh strategy in 2015 as identified below:

Alcohol with the addition of drugs (Substance Misuse) is now 1 of the 5 areas of focus due to recent feedback from the public consultation.

- Substance Misuse (Drugs and Alcohol)
- Obesity
- Families
- Dementia
- Mental Health

Here are our progress updates and plans for the Areas of Focus priorities since the last Strategy:

Doncaster High Five

Substance Misuse

Alcohol

Population Outcome: All people in Doncaster who use alcohol do so within safe limits

What has happened since the last Strategy?

Alcohol was chosen as a priority in 2011/12 because alcohol-related hospital admissions and deaths from preventable liver disease were significantly above the rates for England.

Alcohol was also chosen because of its detrimental effect on mental health, domestic violence and family cohesion, community safety, sickness absence and economic wellbeing. Since 2011/12 the rates of alcohol-related admissions have increased further while the national rate has decreased, meaning the gap has widened further. The reasons are complex and largely driven by the low price and high availability of alcohol added to social and economic determinants.

There have been changes in the local system since 2011/12. Separate treatment services for drugs and alcohol have now been integrated and made more

Doncaster Cycling Festival 2014

accessible; removing the ring-fence on drug treatment has opened more resource to alcohol clients and there are now more alcohol clients in treatment. There is a greater focus on recovery than in recent years; clients access education, training and employment and there is more provision for mentoring, volunteering and family support (rather than a successful treatment exit being the end point).

The treatment service is being tendered in 2015/16 which will further integration through a lead provider model, enhance the recovery agenda and provide greater emphasis on social models of support.

What are we measuring?

This refresh of the Alcohol OBA template seeks to broaden the information to cover preventive work, acute health harms, wider social impacts and community engagement.

Therefore the system indicators detail primary care screening, A&E attendance, hospital admissions and community safety. The performance measures for individual stakeholders detail primary care screening, specialist treatment and recovery / quality of life measures.

The data development agenda includes plans to incorporate alcohol use by young people, work to support children and families and the public health influence on licensing.

Next Steps

Reducing alcohol-related harm requires a focus on prevention and early intervention alongside conventional treatment. The top priorities to reduce alcohol harm over the next year are to:

- Expand and improve primary care screening and interventions. Also deliver screening and very brief interventions in non-primary care and non-health settings
- Evaluate the Community Alcohol Partnership in Askern, Campsall and Norton and expand the model to other areas if appropriate. Utilising communities and addressing underage consumption will be key in the future
- Make greater use of campaigns to raise public awareness and influence peoples' attitudes to alcohol, and work with business to help foster an ethos of responsibility
- Improve the referral pathway between the hospitals and the treatment system and do more to identify and support vulnerable people who repeatedly attend A&E or are admitted to wards. Similarly, working to embed substance misuse within the Liaison and Diversion Scheme within the criminal justice system

Drugs

Population Outcome: Reduce illicit/other harmful substance use

Background

Drug treatment in England continues to head in the right direction.Though demand is generally declining in most areas, services remain open to anybody who needs them and they are helping more and more people to make a full recovery from their addiction.

The original pool of dependent heroin and crack users in England is shrinking and because far fewer young people are using heroin or crack, it is not being topped up.This is reflected in a shifting treatment population profile: there are now fewer younger users of opiates and crack cocaine. Older clients, who have been using for many years and who have had several previous experiences of treatment have complex needs. It is also important that we respond to changing patterns of drug use (Novel

Psychoactive Substance or so called 'Legal Highs') by adopting a preventative approach and providing early intervention, this increases knowledge of the harms of substance misuse and prevents longer term 'drift' into maintenance.

Client characteristics, previous experience of, and progress in treatment all give valuable insight into treatment outcomes.

For example, analysis shows that:

- Opiate and non-opiate clients in treatment have a different profile and experience significantly different treatment outcomes
- Length of time in treatment and drug using career
- Starting treatment for the first time or having previous experience
- Client complexity of needs
- Extent of their recovery capital
- Treatment of naïve clients (those new to the treatment system) and those abstinent from their main problem drug during treatment are more likely to complete treatment successfully
- The more complex, and those with previous experience of treatment, are often in treatment for much longer periods
- Clients that have been in treatment long term (over four years), or those with long drug using and treatment careers, are most likely to remain there

A client's likelihood of completing treatment in a successful way can be influenced by their housing needs and access to training, education, employment and mutual aid. Drug users can be prone to relapse, however, by adopting a recovery focused treatment system re-presentations can be minimised.

Beyond supporting parents to reduce their substance misuse, drug and alcohol services can play an important role in delivering enhanced outcomes relating to child safeguarding and families; by providing treatment and supporting recovery for parents, they play a part in supporting the wellbeing of Children & Young People In recent years, separate drug and alcohol services were integrated; this has benefited clients by giving them access to more holistic pathways. This integration will continue next year as Public Health has tendered a whole system approach, to start in April 2016, encompassing screening, assessment, treatment and recovery.

What are we measuring?

The refresh of the drug OBA aims to measure those that are leaving specialist treatment in a successful way recovery and quality of life measures. This is in line with national priorities about 'recovery' rather than maintaining people in treatment indefinitely.

Next Steps

Reducing illicit and other harmful substance use requires a focus on prevention and early intervention alongside conventional treatment. The top priorities to reduce drug related harm over the next year are to:

- Make greater use of campaigns and prevention work to raise public awareness and influence attitude to drug and alcohol in the population
- Direct services to be more flexible to meet the needs of the ever changing patterns and trends of usage and vulnerabilities

Obesity

Population Outcome: For all Doncaster residents to have the opportunity to be a healthy weight

What has happened since the last Strategy?

Obesity was chosen as a priority area because it is widespread, prevalence is rising and the consequences are costly. The prevalence of overweight and obesity across Doncaster is considerably higher than the England average. Although there is a marginal decrease in recent National Child Measurement Programme (NCMP) results, this may be more to do with a fluctuation in data, rather than a levelling off or part of a long term downward trend.

Unhealthy diets, inactivity and the availability of high energy foods are major factors in the rise of obesity across the UK. Obesity is a complex issue and we know it is not solely affected by individual behaviours, but influenced by a number of social and environmental issues.

Since the last Strategy the focus has been on developing a range of both prevention and weight management interventions to promote good health and prevent ill health in the Doncaster population, specifically targeting groups where we know obesity is more common, such as people from deprived communities, people with disabilities, older age groups and some black and minority ethnic groups.

The priorities of this OBA are around developing a whole systems approach to obesity which promotes and positively contributes to creating a healthy

Highfields Country Park

and equitable living environment; by providing access to healthy, affordable locally produced food, opportunities to be physically active and, where appropriate, by restricting opportunities for unhealthy eating.

What are we measuring?

The Obesity OBA template focuses on capturing data around creating a healthier environment and creating the skills and opportunities to provide individuals with support and advice. One of the challenges of this OBA template is demonstrating short term impact as a result of policy changes and prevention initiatives. For this reason we will be incorporating a qualitative element, with the use of case studies.

Some of the indicators which will be used will be around the quality and availability of healthier food, access to physical activity opportunities and an increase in the opportunity to offer advice and support.

Next Steps

Although the objectives of this OBA are long term, over the next year, the aim is to strengthen partnership and collaborative work to tackle issues which influence excess weight.

The top priorities for 2015/16 are:

- The development of a plan to address access to healthier food (to incorporate Doncaster food plan, food procurement, school meals, workplace health award environmental health plan)
- Work with academic partners to explore the feasibility of a toolkit to improve the food environment in Doncaster communities
- Active promotion of physical activity opportunities (promotion of discount cards)
- Development and rollout of a Making Every Contact Count (MECC) training package
- Continued work with planning teams to ensure access to healthier food and physical activity opportunities are incorporated into the Local Development Plan

Children and Families

Population Outcome: The Expanded Stronger Families programme is delivered. Families who are identified as meeting the eligibility criteria see significant and sustained improvement across all identified issues.

What has happened since the last Strategy?

- Doncaster successfully delivered the first phase of the national Troubled Families Programme (locally known as Stronger Families)
- In February Doncaster posted a claim to take us past 100% of the agreed number of families we had to 'turn around' by the end of the programme (March 2015). Doncaster was one of only 56 of the 152 Local Authorities across the country to do this
- On top of this Doncaster is also Number 1 in the country for people accessing progress to work under the programme
- Due to our success Doncaster has been formally invited to participate in the Expanded Troubled Families programme which commenced 1st April 2015
- We have developed a Stronger Families Outcomes Plan in line with the programme requirements and we are identifying families who meet the criteria

What are we measuring?

The Stronger Families OBA template focuses on capturing data around what has been achieved to deliver the national Troubled Families Programme in Doncaster.

- At the highest level we are measuring the number of families identified as meeting the criteria and being 'worked with' along with the number of families who make significant and sustained progress on the issues they face in order to make a Payment by Results (PbR) claim to Government
- We also need to measure cost savings via a cost savings calculator and wider family impacts via two Government processes

Next Steps

- To continue to refine the Outcomes Plan and to continue to identify families who meet the criteria. We also need to develop our reporting for cost benefit analysis and wider impact
- We need to ensure agencies are identifying families, assessing them holistically, monitoring progress against identified needs, working with whole families and implementing the 5 family intervention principles through a lead professional model

Dementia

Population Outcome: People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are

Street Play at the Homestead, Bentley

aware of the benefits of an early diagnosis

What has happened since the last Strategy?

Much of the work since the last Health & Wellbeing Strategy has focused on raising awareness and reducing stigma, improving diagnosis rates and developing services that support people with dementia and their carers to live well with dementia.

Doncaster has seen significant improvements as follows:

- Doncaster's diagnosis rate of 72.7% is now better than the national ambition of 67% (estimated 3514 people with dementia, 2555 have a formal diagnosis)
- Doncaster now has a substantial Dementia Needs Assessment supported by timely, continuous and robust stakeholder feedback
- Doncaster is becoming dementia friendly demonstrated by: 72 members of the Doncaster Action Alliance (national average for membership of local action alliance is 16), 5429 dementia friends and 52 dementia friends' champions
- Less people are being admitted and re-admitted to hospital with dementia and more are being supported effectively at home. If people with dementia are admitted to hospital their experience and outcomes have improved with on average shorter length of stays and less complaints (figures correct at the time of this report).

Dementia still remains a priority for Doncaster. The launch of the "Getting There" Doncaster Dementia Strategy 2015-2017 sets out the vision "to add years to life and life to years for people with dementia and their carers living in Doncaster".

What are we measuring?

This refresh of the Dementia OBA template seeks to expand on previous success by focusing on prevention, living well and reducing and managing crisis.

We will measure activity to ensure crisis is prevented or reduced for both the person with dementia and the carer. The performance measures will include reduction in referrals requiring 4hr response, increase in number of carers taking up carers offer, reduction in delayed discharges, hospital admissions, re-admissions from care homes, reduced length of stay for people in residential care, increase in people accessing direct payments, usage or take up of assistive technology and increase in the number of people with an advanced care plan.

Doncaster Dementia Cafe

Next Steps

The number of people with dementia is predicted to hit 850,000 in 2015 and 1 million by 2025 in the UK. The more the population grows and ages the more people will develop dementia. Dementia has a huge impact on a person's whole life, as well as their families, carers and the community. In addition to the substantial personal cost of the condition, dementia costs the UK economy an estimated £26 billion per year. Dementia was chosen as a priority in 2012 to address just some of these issues.

The top priorities over the next two years are:

- Improved public, community and workforce awareness and understanding of dementia, working towards a dementia friendly community, including how people can reduce the risks associated with dementia so they can live life well
- Wherever people with dementia and their carers live in Doncaster, whatever age they are or ethnicity / faith or gender they may be, they have equal access to assessment and treatment services and that their outcomes and experience are the best they can possibly be. This includes all primary care and specialist services such as memory services
- People who may present with symptoms of dementia, as well as those with a diagnosis of any type of dementia (e.g. vascular or Alzheimer's), receive the right, timely care and support (pre and post diagnosis) from people with the right knowledge and skills
- People with dementia live at home for as long and as independently as possible. If they should require a care home that care home provides the care and support that ensures a quality of life we would expect for our own loved ones
- People with dementia and their carers' and families will be supported to plan life and the end of life to ensure it is the best it can possibly be

Mental Health

Population Outcome: The strategic vision to "Improve the mental health and well-being of the people of Doncaster" ensures a focus is put on preventive services and the promotion of well-being for people of all ages (children & young people to older adult), access to effective services and promote sustained recovery

What has happened since the last Strategy?

Since the Government set out its intention for improvement to mental health services as outlined in 'No Health without Mental Health' published in 2011, there have been a number of mental health policies and initiatives, all of which, call for more inclusive and responsive mental health services. More recently, the tone of the mental health policy has changed from encouragement to expectation and mandate. The service improvements outlined in these initiatives are not just an aspiration but more of a quality requirement. All of these documents are clearly linked and are a call to action to health and social care communities to demonstrate how they will respond to the standards and challenges laid down and more importantly set the intent to closely monitor CCGs, Local Authorities and providers about how care is commissioned and provided for people with mental health issues.

The scope of the documents include standards for children and young people, with particular emphasis on transition from CAMHS (Children's and Adolescents) to Adult Mental Health Services, support for children and young people with specialist educational needs and a call to action for strengthened partnership and commissioning arrangements between local authorities and health.

- In 2015 the Government launched the 'Future in Mind' document' which set out expectations for transformation of local CAMHS services. This was followed by the directive for each CCG to complete a 'Local Transformation Plan' by October 2015. Successful completion of this plan resulted in Doncaster CCG receiving a Transformation Grant from the Department of Health to restructure local CAMHS services leading to a seamless service which prioritises early help and intervention and also keeping young people out of acute Psychiatric services by offering a highly specialised community based service. The plan is publicised on the CCG web-site and the Local Offer on the DMBC web-site.

The documents are also clear that partnerships should commission and provide ageless services and the emphasis is that we will not discriminate on the basis of age i.e. people should not experience separated care pathways due to their age i.e. Adult Mental Health and Older People Mental Health service provision should be seamless.

The National Mental Health Strategy sets the scene for service transformation that addresses the issues of the separation between mental and physical health. It clearly defines 6 key objectives which will demonstrate that our service improvements are delivering outcomes:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience avoidable harm
- Fewer people will experience stigma and discrimination

It also contains a number of 'I' statements developed by services users and MIND that outlines advanced expectations when experiencing a mental health crisis. These include:

- I expect urgent help to avert a crisis 24 hours/7 days per week, and for people to trust my judgement and take me seriously
- I feel safe and I'm treated kindly with respect at all times and in accordance with my legal rights
- I am given information about and referrals to services that support my process in recovery

Doncaster Health & Wellbeing Board has identified mental health as one of its areas of focus and will seek to continue to deliver the national objectives and has been working in partnership with agencies to do so. In particular, Doncaster has been working to deliver the recommendations of a Mental Health Review which took place at the beginning of 2014 to enhance mental health crisis response services and ensuring that people in crisis get the right care at the right time.

- In response to the National Crisis Care Concordat, Doncaster submitted the Crisis Care Concordat Action Plan to the national team which was delivered by 31 March 2015 deadline
- Completion of the modernisation of the Crisis Care Pathway redesign which will deliver an ageless crisis response service for Children & Young People, Adults and older Adults by October 2015
- Where other areas have seen cuts in budgets for mental health, Doncaster has invested development monies
- Doncaster Health & Social Care Community are working alongside Public Health to develop responsive services that meet the needs of people who are in emotional distress due to life impacts such as access to debt management, housing support, job coaching and support

- Development of a perinatal mental health service which provides joint services between mental health and antenatal service for women who have a history of mental illness ensuring that the right care is provided in the most suitable setting

What are we measuring?

The Mental Health OBA template focuses on capturing data around:

- The numbers of people accessing Psychological Therapies within 4 weeks of referral and achieving recovery
- The numbers of people who are supported to live in their own home and are receiving support to maintain their tenancy
- The numbers of people accessing employment opportunities and supported to remain in work
- Mental health in-patient admissions for young people
- The number of young people being signposted for emotional health and wellbeing services via the Early Help Hub.

Next Steps

- Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda
- Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year one)
- Crisis and acute care pathway
- Secondary Care & Community Teams
    - Personality Disorder
    - Perinatal Mental Health
    - Eating Disorders
    - Attention Deficit Hyperactivity Disorder
- Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing
- Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health & Wellbeing Board
- implementation of the local transformation Plan for CAMHS

Theme 4 - Reducing Health Inequalities

Together we are working hard to improve wellbeing and quality of life for everyone. In recent years, there have been significant improvements in the health of Doncaster people. However, despite this progress, these improvements have not been seen in equal measures across the Borough. The fact is, many people still experience poor health and many die too young with illnesses that are preventable.

Everyone has the right to be treated fairly and have the opportunity to achieve their aims in life. Unfortunately some people still do not get equal access to, for example, job opportunities, health outcomes, skills development or educational attainment. As a Council, we are committed to taking positive action to tackle discrimination and spread equality of opportunity. The Council's Equality and Inclusion Plan 2014-2017 aims to do just that. Ultimately, its success will be determined by whether we are able to demonstrate improved outcomes for local people.

Population Outcome: All Doncaster people are able to make informed choices to enjoy a good quality and healthy life

What has happened since the last Strategy?

Since the last Health and Wellbeing Strategy positive steps have been made to look at where there are areas to develop including the development of Asset Based Community Development (ABCD) approaches and mapping across the borough. The Well North project is currently being developed which is embryonic and also in development are the early intervention models of wellbeing.

What are our ambitions?

Health inequalities are unjust differences in health outcomes between individuals and groups. They are driven by differences in social and economic conditions that influence peoples behaviours and lifestyle choices, their risk of illness and any actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and are therefore considered avoidable and unfair. The causes are complex, but are linked to an individual's social, economic or geographic status. There have been many studies undertaken throughout the UK to investigate the problem of health inequalities over the years. These confirm people who live in more deprived areas have a shorter life expectancy than those who live in less deprived areas.

Inequalities exist in a number of areas:

- Socio-economic e.g. income and education
- Lifestyle and health-related behaviours e.g. smoking, diet and physical activity
- Access to services e.g. access to maternity care or screening
- Health outcomes e.g. life expectancy and rates of death or disease

As a result of the strategy consultation a number of approaches will now be explored over the next five years with number of groups including the veterans, minority ethnic groups, disabilities ,sex workers and other at risk communities.

A comprehensive needs assessment has been developed for the veterans community and the main recommendation from this is that although the delivery of priority psychological and mental health support for veterans and their families is working well, a review of the veteran pathway to primary health provision is required to form compliance with NHS armed forces commissioning legislation and community covenant to identify and remove disadvantage.

A number of issues have been raised from asylum seekers and refugees as part of this consultation which will also be explored as well as improving access to services for all minority groups through dedicated workstreams as part of the delivery plan.

There are also personal factors which can contribute to health inequalities, such as gender, ethnic background, disability and other equality charateristics. There is nothing that can be done to change these factors, but inequalities can also result from lifestyle choices, such as smoking, drinking too much alcohol, drug misuse, poor diet or lack of physical activity etc.

Smoking

Smoking is the single biggest cause of premature deaths and widening health inequalities in Doncaster. Over 1,900 people died due to smoke-related causes between the years 2011-13. It impacts across the four strategic priorities of Doncaster Health and Wellbeing Board. Estimates indicate that smoking costs the area £88 million each year, and this is spread across social care, lost productivity (smoking breaks, and sick days), cost to the NHS, and the environment in terms of cigarette waste. Some actions are being done by individual agencies locally to tackle smoking so as to reduce the local prevalence. Current services include commissioning of social marketing campaigns on smoking, Stop Smoking Service, smoking in pregnancy, enforcement and education. However, more needs to be done by adopting integrated system-wide approach interventions on smoking, for example Making Every Contact Count (behaviour change) at industrial scale in Doncaster.

(ASH Ready Reckoner, 2014)

60,000 people (23.5%) still smoke in Doncaster

What is our Outcome for Doncaster?

Our aim is Doncaster people are able to make informed choices to enjoy a good quality and healthy life. The Marmot Review, "Fair Society, Healthy Lives", focuses on reducing health inequalities through six key policy objectives, and provides areas of policy action across the Life Course approach mentioned on page 11. By taking a life course approach the Marmot Review is emphasising the fact that disadvantage starts before birth and accumulates throughout life.

What are we measuring?

The Reducing Health Inequalities in Doncaster OBA template focuses on capturing data around:

- Smoking in pregnancy rates; teenage conception rates and childhood /adult obesity rates/mortality rates
- Feedback through our Local Account data (Baseline 2014/2015 and 2016)
- Feedback from Healthwatch Doncaster data – views of our residents around services including complaints
- Well North – a pilot is being developed identifying hotspot areas of inequality across the borough and area based approaches to improving health outcomes are currently being developed

Next Steps

The Health and Wellbeing Board is committed to taking a strategic approach and will work in partnership to promote equality of opportunity and tackle health inequalities. This is not straightforward, so in some instances we will deliver targeted asset based actions in geographical areas where the inequalities gap is greatest for example through the Well North Initiative. This is because it is important to ensure that health and wellbeing of people who live in the most deprived areas 'catches up' with those who live in less deprived areas. However, some initiatives will be focused on individuals, specific groups or on the population as a whole.

For our residents to make more informed choices we need to get better at:

- Communication and awareness raising to all groups
- Clearly signposting what is available and connectivity to services internally and externally
- Using social media to reach those individuals and groups who do not engage with services
- Building on good practice: celebrating success of positive information campaigns
- Increasing awareness of what is available to our frontline staff through training and cascading information
- Developing pilot services the Well Doncaster arm of Well North
- Building on an asset based approach
- Team Doncaster Partnership Theme Boards consider how the Health and Wellbeing priorities link to their particular strategies and work plans

What Happens Next?

Following twelve weeks of consultation on the draft Strategy, where we sought views from stakeholders and the wider community we have made some changes to the Strategy based on the feedback and:

- We will further develop our action plans around the priorities and keep the information up to date and available on our website
- We will review our priorities as a Board and look at our own strategic development
- We will continually review our plans to reduce health inequalities and update our Due Regard statement
- We will provide an Annual Report on our performance and progress to date which will be available through our website
- We will develop a delivery plan to implement this strategy.


Sign Language

Glossary of Terms

DCST Doncaster Children Services Trust
JSNA Joint Strategic Needs Assessment
LGA Local Government Association
MECC Making Every Contact Count
OBA Outcomes Based Accountability (Performance tool)
ONS Office of National Statistics

References

Doncaster Borough Strategy Refresh 2014

Fair Society, Healthy Lives: The Marmot Review Executive Summary. Strategic Review of Health Inequalities in England post 2010

The Five Ways to Wellbeing: Developed by the New Economics Foundation (NEF) from evidence gathered for the Foresight Mental Capital and Wellbeing Project (2008)

Introduction to Outcome Based Accountability Workshop, David Burnby & Associates (2015)

Joint Strategic Needs Assessment (JNSA), Doncaster 2014

Team Doncaster Self-Assessment, 2014

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EQUALITY, DIVERSITY AND INCLUSION

DONCASTER METROPOLITAN BOROUGH COUNCIL

Due Regard Statement Template:

Doncaster Health and Wellbeing Strategy

(March 2015 - 2021)

How to show due regard to the equality duty in how we develop our work and in our decision making.

Due Regard Statement

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning

- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the revelent points

- Any reports produced needs to reference “Due Regard” in the main body of the report and the DRS should be attached as an appendix

- The DRS cannot be fully completed until the programme, project or change is delivered.

1	**Name of the 'policy' and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the 'policy' is to equality.**	**Name**: Doncaster Health and Wellbeing Strategy 2016-2021 **Aim**: To refresh the Doncaster Health and Wellbeing strategy through stakeholder and community wide engagement and consider that due regard is given to all the protected groups within Doncaster. **Activity**: To consult on the draft consultation document across a broad cross section of the Doncaster community including the voluntary sector and key stakeholders through a comprehensive consultation process. **Expected Outcome**: Doncaster Health and Wellbeing Strategy will be completed and published in line with statutory requirements by January 2016.
2	**Service area responsible for completing this statement.**	Doncaster Health & Wellbeing Board/Public Health Directorate.
3	**Summary of the information considered across the protected groups.** **Service users/residents** **Doncaster Workforce**	*To undertake the HWB strategy refresh process utilising a wide range of demographic information and service mapping from the following areas:* • *JSNA – current demographic profiles and data already available through Public Health intelligence including protected groups (Doncaster Council website)* • *Doncaster Census 2011* • *Outcomes Based Accountability (OBA) mapping through workshops and consultation – approach endorsed by Team Doncaster* • *Existing data sets around protected groups* • *Existing data sets around services and previous consultations/workshops – user feedback; consultation reports; telephone research (baseline data established in 2012);*

- *Health watch data*
- *Local account data*

The Equalities & Inclusion Plan includes a number of Service Specific Equality Objectives including 6: To improve health and wellbeing by reducing health inequalities. A factsheet has been published on the Team Doncaster website including the key data.

Published information from the Census 2011

Age and Demographics:

The age profile in Doncaster is broadly similar to the national picture with a slightly higher proportion of older people (65+) and slightly lower proportion of working age people (16-64). The number of younger people (0-15) from the 2011 Census was 57,493 (19% of population), working age people (16-64) was 193,768 (64.1%) and older people (65+) was 51,141 (16.9%).

Projecting to 2016, the overall population of Doncaster is predicted to grow by 1% compared to the national prediction of 4%. However in Doncaster the number of older people (65+) is predicted to grow by 9% which is the same as the national predictions. In particular the proportion of people aged over 90 in Doncaster is predicted to grow by 23% which is faster than the national prediction of 20%.

Disability:

In Doncaster 21.7% (65,535) of people have some form of disability compared to the national average of 17.9%. Of these 33,644 (11.1%) residents in Doncaster indicated that their day-to-day activities were limited a lot and 31,891 (10.5%) residents indicated that day-to-day activities were limited a little. Doncaster is predicted to have a similar

proportion of people with learning disabilities as the national average at 1.85% of the population.

Ethnicity:

Based on Census 2011 data, the proportion of total population in Doncaster classified as 'White British' equates to 91.8% (4.7% less than in 2001), and the national average is 80.45%.Those from Black & Minority Ethnic (BME) backgrounds represent 8.2% of the total population. Young people from BME backgrounds represent 10.2% of the total 0-19 population. The working age population from a BME background represent 8.8%, and older people from BME backgrounds represent 2.9%.

The proportion of BME population is not as large as the national average however key minority groups do exist in Doncaster. The table below shows the distribution of these groups. The ethnic group that is the second largest in Doncaster is 'white other' which includes 0.4% Irish, 0.2% Gypsy or Irish Traveller, and 2.8% White Other.

White	British	91.8%
	Other	3.4%
Mixed	White & Black Caribbean	0.5%
	White & Black African	0.1%
	White & Asian	0.3%
	Other	0.2%
Asian / Asian	Indian	0.6%

British	Pakistani	0.9%
	Bangladeshi	0%
	Chinese	0.4%
	Other	0.6%
Black / Black British	African	0.4%
	Caribbean	0.3%
	Other	0.1%
Other	Arab	0.1%
	Other	0.3%

Although it appears from the census data that the ethnic group 'Gypsy or Irish Traveller' accounts for only 0.2% of the population, this group is accountable for 587 people, the largest population in South Yorkshire (Barnsley 163, Rotherham 126 and Sheffield 358 people). This is the second largest settlement in the region (42nd in England and Wales). Furthermore local analysis has estimated that the population of this group is closer to 4000 with a number of sites within the borough and also an estimated 900 permanent households.

The working age population for BME groups in Doncaster is 8.8% compared to the National Average of 21.5%.

The older people population for BME groups in Doncaster is 2.9% compared to the national average of 8.4%.

		The proportion of people in Doncaster who speak English as their main language is 95.9% compared to the national figure of 92%. Other main languages spoken in Doncaster are Polish 1.6%, Urdu 0.3%, Chinese 0.2% and Punjabi 0.2%. **Gender:** The gender ratio in Doncaster is very similar from birth up until 65+. From the 2011 Census the ratio between the ages 0-17 are Male 50.51% and Female 49.49%. Between the ages of 18-64 the ratio is Male 50.31% and Female 49.69%. However at 65+ the ratio becomes Male 44.37% and Female 55.63%. **Gender Reassignment:** The 2011 Census did not include a specific question in respect of gender reassignment. It is estimated from national research that 1 in 10,000 are referred to as being transgender or transsexual. This would equate to around 30 residents in Doncaster. **Marriage and Civil Partnership:** The proportion of people over the age of 16 who were married in Doncaster is 46.91% which is similar to the national average of 46.6%. In Doncaster 32.21% of people were single, 0.2% were in a civil partnership, 13.1% were separated/divorced and 7.7% were widows/surviving member of civil partnership. **Pregnancy and Maternity:** Doncaster has a higher proportion of babies born with low birth weight at 9.7% compared to the national average of 7.4%. Teenage conceptions in Doncaster were at a rate of 39.7 per 1000 women, this is above the national rate of 30.0 per 1000 women.

Religion and Belief:

Most of the population of Doncaster in the 2011 Census stated their religion as Christian at 65.9% compared to 59.3% nationally. A further 24.4% stated they had no religion, 2.9% was made up of other religions and 6.9% did not state their religion.

Sexual Orientation:

There is no specific question on the 2011 Census regarding sexual orientation, however in 2010 the Office of National Statistics received responses on their Integrated Housing Survey that suggested that around 1.4% of the population considered themselves as gay, lesbian or bisexual. If this was applied to Doncaster's population this would equate to 4,223 residents.

A picture of Doncaster (Census 2011)

	Category	Doncaster population
Gender	Female	50.6%
	Male	49.4%
Age	0 – 19	24.0%
	20 – 39	25.2%
	40 – 59	27.6%
	60 – 79	18.6%
	80+	4.5%

		Ethnicity	White	British	91.8%
				Other	3.4%
			Mixed	White & Black Caribbean	0.5%
				White & Black African	0.1%
				White & Asian	0.3%
				Other	0.2%
			Asian / Asian British	Indian	0.6%
				Pakistani	0.9%
				Bangladeshi	0%
				Chinese	0.4%
				Other	0.6%
			Black / Black British	African	0.4%
				Caribbean	0.3%
				Other	0.1%
			Other	Arab	0.1%
				Other	0.3%
			------	Prefer not to say	Not given as option

Disability	Declared disability	21.6%
Religion / Belief	No religion / Atheism	24.4%
	Christianity	65.9%
	Buddhism	0.2%
	Hinduism	0.3%
	Judaism	0.03%
	Islam	1.7%
	Sikhism	0.4%
	Any other religion	0.3%
	Prefer not to say	24.4%
Sexual orientation	Bisexual	Not asked in 2011 Census.
	Gay man	
	Gay Woman / Lesbian	
	Heterosexual	
	Other	
	Do not wish to declare	

		From the recent JSNA findings the following facts and information have been highlighted to the HWBB and provide a local picture: **Inequalities in life expectancy** Since the early 1990's the gap between Doncaster and England has widened from about a year to around 2 years in men and from around a year to 1.6 years in women. It should also be noted that since 2009-11 life expectancy at birth has not improved at all in men and women in Doncaster. **Premature mortality rates** (deaths under the age of 75) have been falling in Doncaster. Premature deaths now account for around 35% of all deaths. Most premature deaths are caused by cancer, circulatory disease, respiratory disease and liver disease. Premature mortality rates from cancer have not improved since 2008-10, and while recently there has been a narrowing in the gap between premature deaths from liver disease in Doncaster and the national rate, Doncaster still has a statistically significant high mortality rate. **Disability** Recent data published by the Office for National Statistics (ONS) shows that in England men's Disability Free Life Expectancy (DFLE), that is the number of years on average that men can expect to live without a 'long standing illness or infirmity' is 64.1 years. In Doncaster the DFLE is 60.1 years. For women the story is similar, in England as a whole DFLE is 65 years and in Doncaster 61.8 years. **Areas of Focus:** **Alcohol** prevalence in Doncaster is approximately 40,000 harmful, 14,000 hazardous and 5,600 dependent drinkers. The Local Alcohol Profiles for England show a relatively high rate of alcohol related morbidity and mortality across a range of indicators.

		Opiate/crack use prevalence is approximately 3000 in Doncaster. However fewer young people are presenting to treatment with opiate/crack use, and the treatment population is ageing, with more complex health needs. **Obesity** represents a significant challenge in Doncaster. The Sport England sponsored Active People Survey found that Doncaster was one of the areas with the highest prevalence of adults who were overweight or obese. The survey found that almost ¾ of the population was in this category compared to around 64% in England as a whole. Amongst children excess weight has remained at around 32% in 10-11 year olds and 23% in 4-5 year olds. **Mental Health** Evidence from the National Adult Psychiatric Morbidity Survey shows that around 23% of adults have experienced at least one psychiatric disorder, and more than7% have had two or more. In Doncaster the prevalence of **mental health** problems is more difficult to discern. If the national figures are applied to the Doncaster population then almost 55,000 people living in the borough have experienced some form of mental health problem. There is some tentative evidence that, for at least some mental health conditions, prevalence might be higher than the national rate in Doncaster. Several national surveys have found that Doncaster has slightly higher rates of depression than England. **Age and Dementia** Doncaster, in common with most areas of the country, has an ageing population. On average over the next 15 years the number of people aged 65+ is forecast to increase by 1,200 each year, and the number of people aged over 90 will have doubled by 2030. The implications of these changes are difficult to predict. However, it is possible that the numbers of people in the borough aged over 64 and living with dementia could increase from around 3,900 to almost 6,000 by 2030. Diagnosis rates of dementia are now beyond the national ambition of 67% (currently 73.4%).

		Pregnancy and maternity Each year there are around 3,700 live births in Doncaster, while infant mortality rates have generally been falling the numbers of underweight births has been increasing in Doncaster. One of the causes of low weight births is smoking in pregnancy. In Doncaster around 20% of women were smoking at the time of delivery. This figure has fallen slightly recently but remains almost double the national rate. Smoking in the adult population is also significantly higher than the national rate and is around 2 % points higher than areas with a similar level of deprivation. **Information collated from the HWBB consultation with reference to protected characteristics**: **Age and demographics** – the consultation highlighted the growing issue around carers and an ageing population; increasing burden on health and social care services and the need to involve young carers. The consultation also highlighted the need to demonstrate more prevention work with children and young people. **Disability –** there were no specific issues raised in relation to disability however direct links and work with the learning disabilities groups enabled us to tailor the consultation and provide easy read options. We intend to build on this for future work and also wider Public health initiatives have resulted from this. **Ethnicity –** a number of issues were raised from the consultation around access to services (veterans); gaps in services for minority groups around housing/homelessness (asylum seekers and refugees) and also issues around access to education and English courses to improve pathways to training and employment for all minority groups. Although engagement did take place with minority groups from both genders and across some groups, the intention is to undertake further work to look at local needs of minority groups

		and to address the health inequalities and to look at wider approaches with communities of interest. **Gender –** the consultation did not highlight any specific gender issues but the intention is for the Health and wellbeing strategy to explore wider inequalities between gender groups through its delivery plan. **Gender re-assignment** – although there were no specific issues raised in this consultation around this group, there were general responses from this group and they have been taken on board with other comments. **Marriage and Civil partnership –** there were no specific issues highlighted in relation to this from this consultation. **Pregnancy and maternity –** there were no specific issues raised in relation to this **.** **Religion and Belief –** the main issue issue highlighted in the consultation was around the wellbeing section and the need to explore 'spiritual' and cultural wellbeing. The wider definition of welbeing needs to be explored in relation to different minority groups and individual needs.
4	**Summary of the consultation/engagement activities**	HWB strategy consultation planning • Online consultation (survey monkey) – a 12 week public and stakeholder consultation • 28 protected groups contacted; 11 groups responded and consultation sessions were held, including third sector organisations

		• Social media – press release; Facebook; Twitter; internal bulletins; external bulletins
		• Partnership boards and elected members – internal boards and bulletins; Team Doncaster will be used as the umbrella partnership for wider consultation
		• Community – through current events and existing consultations
		• Stakeholder Engagement through wide dissemination
		  ○ 415 stakeholders emailed four times over the consultation period.
		  ○ Hard copies distributed on request
		  ○ On line copies distributed to GPs and Libraries
		• Various easy read documents were developed in conjunction with service users to support people with learning/physical disabilities

5	**Real Consideration:**
	
	Summary of what the evidence shows and how has it been used
		Following the consultation a number of key themes have emerged, the main four themes are:
		
		• Substance misuse including legal highs
		  ○ As a result of this theme we are now adding substance misuse into the strategy within the areas of focus section with an OBA template.
		  ○ This theme covers the drugs aspect of the alcohol area of focus set out in the strategy
		• Children and young people (families)
		  ○ As a result of this theme we are now adding children to the families section as an area of focus. This is to highlight the importance of childrens health and wellbeing.
		  ○ This theme covers the childrens aspects of the families area of focus.
		• More support needed for minority groups eg. disability, immigrants, refugees, sex workers, veterans
		  ○ A veterans health needs assessment has been produced, endorsed and is available on the website.
		  ○ Feedback from the consultations with asylum seekers and refugees highlighted the need for better provisions on entering Doncaster i.e. welcome pack/induction process. Other issues highlighted from this consultation included

		housing, education and awareness/access to services. This has been fed back to the Engagement And Experience Management Group ○ Issues pertaining to sex workers will be considered through the sexual health partnership. ○ This theme covers the reducing health inequalities section of the strategy. (theme 4) • Make the documents easier to understand (less jargon) ○ A variety of documents were available including easy read, easy read dictionary, an easy read powerpoint. All of these documents were developed in conjunction with service users and have been well received. ○ A strategy summary was added to the website and was used for consultations and made available in the libraries. ○ Resources were tailored to each consultation based on group and individual needs. ○ Although this is a theme that we need to consider there were conflicting views between the general public and professional stakeholders. This is because the documents were intended as a high level strategic plan. Other areas highlighted were: • Theme 1 Wellbeing ○ A minority of respondents (3%) believed that “wellbeing means different things to different people”. Comments suggested that cultural and spiritual wellbeing had not been represented in the Doncaster five domains of wellbeing. In response to this we have added this to the social and emotional wellbeing domain. • Theme 4 Reducing Health Inequalities ○ See previous comments. Further work will be developed around veterans and other protected groups. **Health and wellbeing Issues highlighted from the consultation included:** **Minority Groups**

		Hospitality and signposting – need better support for new arrivals into Doncaster; talked about need for a welcome pack with right information and some kind of induction for new arrivals into Doncaster (quoted examples from elsewhere) **Single people accessing services when have no family/job etc – problems accessing housing and the transition period between M25 support and obtaining own accommodation**. Highlighted legal aspects and barriers with services – need to be more joined up; need a central access point on entry as new arrivals and clear information/support regarding accessing housing and other services **Access to college courses including English** – not enough; too short and not always free. Importance of gaining English competence to access jobs and further training highlighted as a need. It was confirmed that the Changing lives centre do offer free ESOL courses for women but it was thought by the group that wider options at other venues such as DEMRP may not be free. Need to highlight inequalities for males and to raise awareness of what is available in Doncaster and what support is available to access other education courses. 1 individual expressed concern that they could not continue their training to become a dentist. **Homelessness** – when granted immigration status (in transition period) – Council should take a leadership role in ensuring that people have somewhere to live (good examples shared from Huddersfield and Sheffield); mentioned Council rules and exception clauses regarding acquisition of housing (3 year rule); M25 only short term option and then nothing available particularly if a single person; if have no house and no job can't think about the other things that affect health and wellbeing (basic needs). **NHS Primary Health Care – Doncaster Veteran access** "Progress and engagement with the 43 Doncaster NHS Practice Surgeries has been extremely slow. Despite the 2013 armed forces commissioning requirement relating to

		veterans and their families accessing local primary care, significant barriers exist. Asking the veteran question and use of the national veteran "Reed Code" for new GP Practice surgery registrants remains unknown. The potential negative implications for ex-service personnel and their families can be significant." " A review of the veteran pathway to primary health provision is required to confirm compliance with NHS armed forces commissioning legislation and community covenant, to identify and remove disadvantage." **Children and young people** "Mental health services are not adequate to meet the needs of young people in Doncaster" "…don't just aim the campaigns at adults - start young - get children involved - let them educate their parents and grandparents - teach them what they should and shouldn't be doing and how to do it - including relationship management - assertiveness, not blame, taking responsibility.' **Carers issues** What if you are a carer for an elderly relative and you are the only person doing this - how can Doncaster help these people to do things differently if everything falls on their shoulders? What about the practicalities of implementation - or are they just words to tick a box?" " We need more home carers" "We have high-lighted the negative impact caring can have on young people and yet I cannot see them included in this plan. Surely the impact of caring, especially for children hits every aspect of your priorities and yet they do not feature in this plan - surely this is an oversight?" "Focus on carers - with higher thresholds for accessing support for adult the pressure is falling on children and young people within families and adult carers. How is a plan

		missing the opportunity to support the people who save Health so much money?" **Mitgation and Development of the Health and Wellbeing Strategy Implementation Plan** As the HWB strategy is a living document and the delivery implementation plan is evolving, it is intended that the issues highlighted throughout the HWBB consultation will be considered in light of future work streams and actions. The implementation plan will pick up the areas which have been highlighted as gaps or unmet needs and there will be furher work around this following the DPH report in 2016. Future workshops and action plans will also pick up the inequalities highlighted and more work will be focused around the needs of protected and minority groups . This will include a commitment to updating the BME Health needs assessment in the near future.
6	**Decision Making**	• The Due Regard statement for this Health and wellbeing strategy commenced in March 2015 and continues throughout the process until the report is finalised and published in January 2016. The Statement is a living document throughout the life of the HWBB strategy and will be updated accordingly. • The Health and Wellbeing Board are the accountable body for the completion and publication and implementation of Doncaster's Health and Wellbeing strategy. Local commissioners including Board members and wider partners are responsible for considering the implications of this strategy and for the implementationand delivery of its priorities and vision. The report will be shared at full council for information.
7	**Monitoring and Review**	Performance for all areas of the HWBB strategy refresh will be monitored through quarterly and annual reports and also through the regular monitoring of the action plans/Outcome based accountability plans. The delivery of the strategy will also be monitored through the Transformation Board Programme, the Health Improvement framework action plan and through the quarterly report mechanisms at Board meetings. Equality implications are a standard consideration for all papers presented to the board

		and should be included in all Partnership papers. This will also be monitored through an internal Equality audit.
8	**Sign off and approval for publication**	*To be completed post consideration at the January 2016 Health and Wellbeing Board and approved for publication in January 2016.

Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: An update on the Better Care Fund

Presented by: Chris Stainforth

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	Yes

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	Yes
	Mental Health & Dementia	Yes
	Obesity	Yes
	Family	Yes
	Personal Responsibility	Yes
Joint Strategic Needs Assessment		No
Finance		Yes
Legal		No
Equalities		Yes
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
The Better Care Fund is a key tool to integrating health and social care services. Such integration will help ensure service users receive the support most appropriate to their needs. However, the Better Care Fund is only one mechanism to achieve better outcomes and the joint working between health and social care extends well beyond the coverage of the fund.

Recommendations
The Board is asked to:- Receive a verbal up-date on the progress and future of the Better Care Fund.

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Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: LIBRARIES AND CULTURE SUPPORTING WELLBEING

Presented by: NICK STOPFORTH

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	Regarding a future library strategy which integrates with Health and Wellbeing priorities within the Council and for its partners

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	
	Mental Health & Dementia	X
	Obesity	X
	Family	X
	Personal Responsibility	X
Joint Strategic Needs Assessment		
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
The library service's strategy, and wider cultural resources, play an important role within the borough to provide free, accessible information, interventions and experiences which help improve people's lives. This presentation will document activities and engagement which has taken to place, and asks for consideration as to how libraries and cultural services can perform a

wider function within the borough, in a more strategic way in future, to demonstrate a place within broader strategic objectives, demonstrating vfm, excellence in resources and experiences, and strong partnership working.

Recommendations

The Board is asked to:- make recommendations as to how a strategy for libraries and cultural services may incorporate and develop a focus on health and wellbeing for the public in Doncaster in future.

Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: Joint working with South Yorkshire Fire and Rescue Services

Presented by: Steve Helps; Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	x
	Mental Health & Dementia	x
	Obesity	x
	Family	x
	Personal Responsibility	x
Joint Strategic Needs Assessment		Yes
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
Trained fire officers can deliver new the 'Safe and Well Visit' will focus on ageing safely, falls prevention, fire safety in the home and crime prevention, with established signposting pathways in place to enable additional support through the most appropriate partners.

Recommendations
The Board is asked to: ACKNOWLEDGE and SUPPORT the introduction of Safe and Well Visits within Doncaster.

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Doncaster
Metropolitan Borough Council

Date: 7th January 2016

To the Chair and Members of the Health and Wellbeing Board

JOINT WORKING WITH SOUTH YORKSHIRE FIRE AND RESCUE SERVICES

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Pat Knight	All	No

EXECUTIVE SUMMARY

1. South Yorkshire Fire and Rescue Service (SYFRS) conduct between 20,000-25,000 Home Safety Checks annually with approximately 5000 undertaken within Doncaster MBC geographic area. A Home Safety Check traditionally focuses on providing home owners with fire safety in the home, advice and the installation of smoke alarms and, in addition signposting to other services through the Hotspot scheme.

This paper describes the opportunity to broaden the content of the Home Safety Check to include Health and Wellbeing messages and the introduction of preventative activities.

Nationally, work is ongoing between Public Health England, NHS England, Local Government Association, Age UK and the Chief Fire Officers Association, resulting in the production and agreement of a consensus statement on Improving Health and Wellbeing. The consensus statement supports the NHS Five Year Forward View which places greater emphasis on intelligence led early intervention and prevention to support independent living, reduce preventable hospital admissions and winter pressures/excess winter deaths. The introduction of Safe and Well Visits is a key part of this programme.

Within Doncaster a steering group consisting of representatives from Public Health, CCG commissioning, St Ledger Homes, Age UK and SYFRS is working towards the introduction of Fire and Rescue Service led Safe and Well Visits across the Borough.

Taking into account the local priorities identified through the Joint Strategic Needs Assessment and the Health and Wellbeing Board, the Safe and Well Visit will focus on ageing safely, falls prevention, fire safety in the home and crime prevention, with established signposting pathways in place to enable additional support through the most appropriate partners.

Training of SYFRS staff will be through accredited courses provided by the Royal Society of Public Health with Safe and Well Visits being delivered from 1st April 2016.

EXEMPT REPORT

2. N/A

RECOMMENDATION

3. The Board acknowledge and support the introduction of Safe and Well Visits within Doncaster.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Historically, the Fire and Rescue Service was a response led service with the majority of its resources and investment used to deal with emergency situations. In the mid 1990's progressive Fire and Rescue Services began to remodel their service delivery by focusing on and investing in prevention activities in an attempt to reduce the number of emergencies and fire related casualties and deaths. The introduction of Home Safety Checks, which aimed to educate home owners in fire related safety and raise the ownership of smoke alarms, is one initiative adopted across the UK Fire and Rescue Service.

Since the introduction of Home Safety Checks smoke alarm ownership has increased from 9% to the current level of above 90% nationally, furthermore accidental fires within the home across South Yorkshire have reduced from 1008 in 2001/2 to 649 in 2014/5.

Within South Yorkshire a clear correlation exists between the delivery of Home Safety Checks and a reduction in accidental fires within the home, see Appendix 1.

SYFRS conduct between 20,000-25,000 Home Safety Checks annually with approximately 5000 undertaken within Doncaster MBC area.

SYFRS deliver a range of preventative programmes in order to reduce the number of accidental fires within the home and in support of the wider Health and Wellbeing agenda. Examples include cadet scheme in partnership with the NHS Routes for you programme, cooking courses to support healthy eating, initiatives around the dangers of smoking and drinking alcohol, a winter warmth programme and work with the Alzheimer's society at Woodlands Cafe.

SYFRS understand the value and benefits early prevention activities provide, especially when prevention activities are focused towards the most vulnerable within society. The use of sophisticated intelligence led software enables our limited resources to be targeted at those identified as most at risk from fire. In addition recently obtained Exeter health data and local housing data sets are enhancing SYFRS's own data sets.

SYFRS currently target the following groups for Home Safety Checks:

- Over 65 years of age
- Live alone
- Have a physical or learning disability
- Have a cognitive impairment, including dementia or memory loss
- Have a mental health issue
- Have a substance or alcohol dependency
- Have adult social care needs
- Are a Smoker
- Are unable to protect themselves from harm for any reason.

There is a strong correlation between SYFRS target groups and individuals who are high users of Health and Social Care services.

As a result there are significant opportunities for SYFRS and Health and Social Care partners who access vulnerable people within the home, to share information and ensure early preventative opportunities are maximised.

SYFRS have introduced a Safe and Well partnership referral pathway which allows partners to refer people for a Home Safety Check. However, we recognise that currently too few partners refer vulnerable people to SYFRS and this is being reviewed and discussed across Doncaster.

The opportunity exists to broaden the scope and content of the Home Safety Check to support the broader Health and Wellbeing agenda, this approach has been supported through a national conversation between Public Health England, NHS England and the Chief Fire Officers Association, leading to the production and agreement of a consensus statement on Improving Health and Wellbeing. The consensus statement supports the NHS Five Year Forward View which places greater emphasis on intelligence led early intervention and prevention to support independent living and reduce preventable hospital admissions, winter pressures and excess winter deaths. See Appendix 2.

Currently, Home Safety Checks undertaken across South Yorkshire support the Hotspot Scheme and include eye sight referrals through a partnership with the Royal National Institute for the Blind (Optimeyes). In support of the consensus statement SYFRS are seeking to introduce a Safe and Well Visits which provides a broader intervention than just fire related advice. To support this aspiration SYFRS are pleased to be working with Health Education Yorkshire and Humber through the secondment of a Public Health registrar who is providing support and guidance to the service. In addition, SYFRS are holding a seminar with key stakeholders across Health and Social Care on the 16th Feb 2016 to highlight the contribution SYFRS can make to the broader health agenda.

Within Doncaster a steering group consisting of representatives from Public Health, Doncaster CCG, St Ledger Homes, Age UK and SYFRS is working towards the introduction of the first SYFRS led Safe and Well Visits in South Yorkshire.

Taking into account the local priorities identified through the Joint Strategic Needs Assessment and the Health and Wellbeing Board, the Safe and Well Visits will focus on ageing safely, falls prevention, fire safety in the home and crime prevention, with established signposting pathways in place to enable additional

support through the most appropriate partners. Appendix 3 provides a national view of the contents of Safe and Well Visits.

To support the delivery of Safe and Well Visits, SYFRS staff will receive accredited training through the Royal Society of Public Health during Feb and March 2016. Safe and Well Visits will be delivered across Doncaster from the 1st April 2016. The steering group is currently planning the communication plan and evaluation model in support.

The introduction of Safe and Well Checks in Doncaster will enable closer working between key agencies who share responsibility for supporting vulnerable older people across the Borough. The new arrangements will be mutually beneficial by supporting SYFRS to achieve its core aim of preventing fire deaths, whilst increasing early identification and intervention in relation to falls, healthy ageing and crime prevention.

As Safe and Well checks are introduced, learning from the programme will be collated and shared to enable the programme to evolve to continue to meet the needs of older people in Doncaster.

OPTIONS CONSIDERED

5. N/A

REASONS FOR RECOMMENDED OPTION

6. N/A

IMPACT ON THE COUNCIL'S KEY OUTCOMES

7.

	Outcomes	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The enhanced safe and well check will help address this
	People in Doncaster benefit from	

	a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	The enhanced safe and well check will help address this

RISKS AND ASSUMPTIONS

8. N/A

LEGAL IMPLICATIONS

9. N/A

FINANCIAL IMPLICATIONS

10. N/A

HUMAN RESOURCES IMPLICATIONS

11. N/A

TECHNOLOGY IMPLICATIONS

12. N/A

EQUALITY IMPLICATIONS

13. N/A

CONSULTATION

14. N/A

REPORT AUTHOR & CONTRIBUTORS

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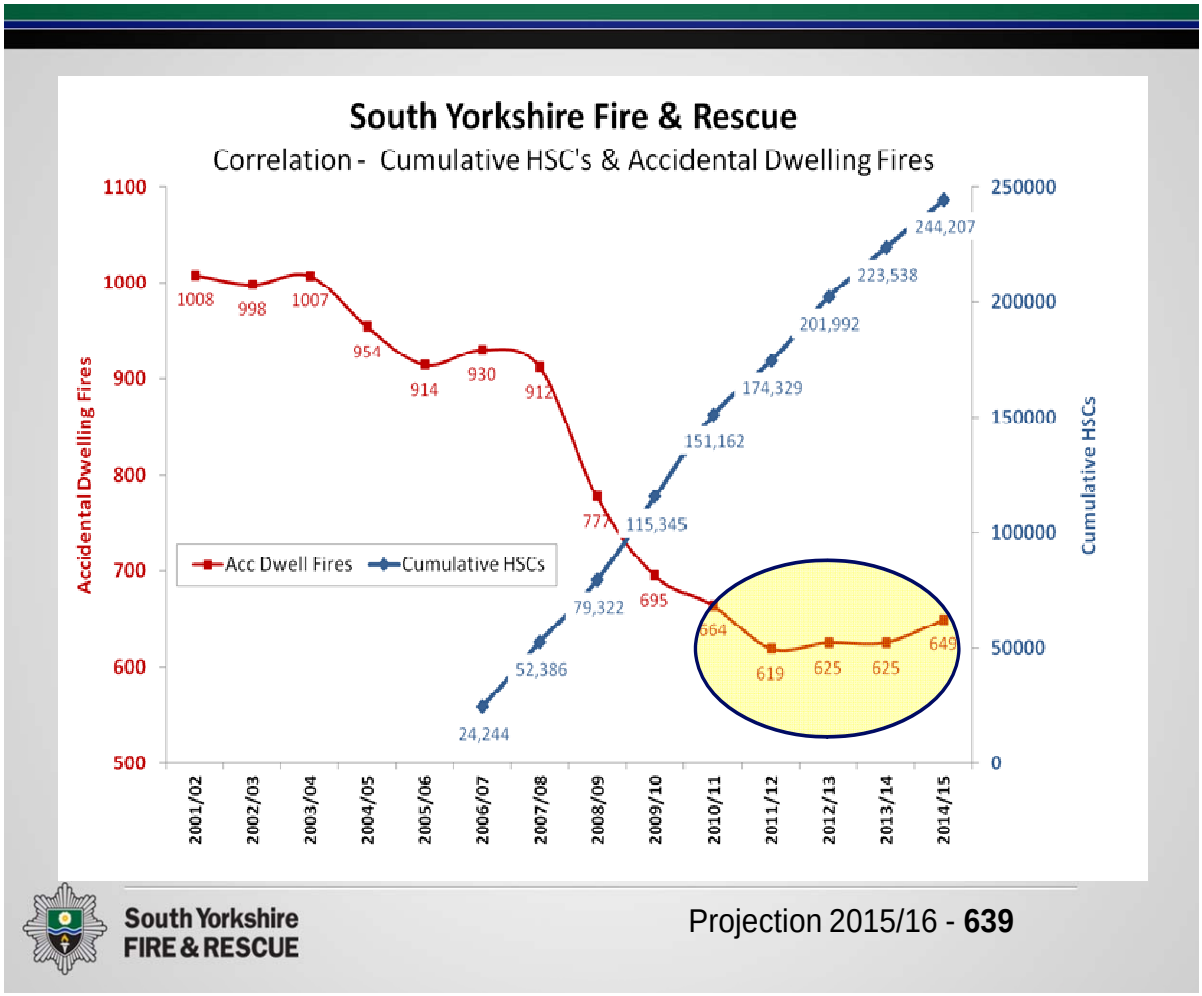
Dr Rupert Suckling Director of Public Health

Appendix 1


South Yorkshire Fire & Rescue
Correlation - Cumulative HSC's & Accidental Dwelling Fires
Accidental Dwelling Fires
Cumulative HSCs
1100
1000
900
800
700
600
500
250000
200000
150000
100000
50000
0
1008
998
1007
954
914
930
912
777
695
664
619
625
625
649
24,244
52,386
79,322
115,345
151,162
174,329
201,992
223,538
244,207
Acc Dwell Fires
Cumulative HSCs
2001/02
2002/03
2003/04
2004/05
2005/06
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
South Yorkshire
FIRE & RESCUE
Projection 2015/16 - 639

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Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK

This consensus statement describes our intent to work together to encourage joint strategies for intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths.

Headline consensus statement

We will work together to use our collective capabilities and resources more effectively to enhance the lives of the people we work with and we will support and encourage our local networks to do the same in their communities.

Introduction

Demand for health and social care is rising as a result of an increase in the numbers of children and adults with long term conditions, alongside an ageing population. The NHS Five Year Forward View highlights the need for an increased focus on integration and prevention so that resources are utilised more effectively, outcomes are improved and demand is reduced. It also recognises the need to broaden and deepen the involvement of the third sector in developing solutions. At the same time the number of fires has decreased due to preventative work by Fire and Rescue Services (FRS) and regulatory measures. This has resulted in new opportunities for the FRSs to complement and further support the health and social care sector.

Representatives from NHS England, Public Health England (PHE), the Local Government Association (LGA), Age UK and Chief Fire Officers Association (CFOA) met on 14 April 2015 to agree to develop a new working relationship with the shared aim of identifying and improving the quality of life of those who could benefit the most from early engagement with local services; for example, older people and people with multiple long term conditions and complex needs. This consensus statement represents a joined-up multi-agency approach to put into practice the national commitment to more integrated care, closer to people's home. Its emphasis is on local initiatives to deliver preventive interventions to our people who would benefit most in their own homes and supports local action to deliver better health and well-being outcomes.

Shared purpose

There are common underlying risk factors which increase demands on both fire and health services, such as the number of long-term conditions, cognitive impairment, smoking, drugs or substance misuse, physical inactivity, poor diet, obesity, loneliness and/or social isolation, cold homes and frailty. By identifying people with these risk factors and taking a whole system approach to interventions which are centred on peoples' needs, we intend to make every contact count, irrespective of which service it is from.

Our individual and collective strengths

FRS: The 670,000 home visits carried out by the FRS in England provide an opportunity to deliver improved proactive support that delivers improved integrated care between the relevant organisations.

NHS, Public Health and local government: Equally health and local government staff have opportunities to identify households with complex conditions/needs and who are at an increased risk of fire

Age UK: with and through our network of 165 independent local Age UKs we provide, coordinate and signpost to a range of services for individuals, their families and carers, and with groups of older people in their own homes and in the community to help them to manage their long-term conditions, while improving their health and wellbeing.

Collectively we can offer an integrated approach to targeting through the better co-ordination, prevention and early intervention that has been demonstrated to increase the reach and impact of all services. For instance, in areas of best practice, health services have commissioned the fire and rescue service in collaboration with Age UK (and other voluntary sector organisations) to make interventions in people's homes that have resulted in improved health and reduced risk. Early results have been positive, with a measurable significant impact on improving outcomes. This work could be expanded with the fire and rescue service working with a number of local commissioners.

Supporting local action and flexibility

We encourage local organisations to work together more effectively in partnership and to consider seeking greater integration of services where possible, while supporting meaningful local flexibility in the way this happens. FRSs, by working in an integrated way as part of a whole systems approach, can add even greater value and resilience to communities by understanding and responding to local needs and drivers.

Local areas, and the organisations we represent, are too diverse for a 'one size fits all approach'. However, there are some key actions which we will take nationally to support local action.

- Producing this consensus statement between NHS England, CFOA, PHE, Age UK and LGA that sets out how health, public health, the fire and rescue service and the Age UK can work together to encourage local action to prevent and minimise service demand and improve the quality of life of older people and children and adults with long term conditions.
- Developing the design principles for a Safe and Well Visit that is informed by existing good practice within the FRS and Age UK network. The visit aims to identify and tackle risk factors that

impact on health and wellbeing and which can lead to an increase in demand for health and local authority services. Wider health impacts are also addressed during the visit, such as the identification of frailty, promotion and support of healthy aging, help to avoid trips and falls; and signposting to relevant services through making every contact count and sources of help.

- Identifying and exploring opportunities to improve local services, making them more efficient and effective by working more closely together and where appropriate integrating services through measures such as better information sharing, the promotion of existing guidance and initiatives, access to inclusion to improvement support programmes and joint communications.
- Investigating the opportunities for more effective and appropriate information sharing across NHS England, PHE, Age UK and FRS.
- Developing shared communications for our collective networks, the public, professionals, partners and other stakeholders to raise awareness of the benefits of a more connected approach and to provide reassurance about skills and knowledge, appropriate information sharing and joined up pathways.
- Promoting and encouraging local collaboration through Health and Wellbeing Boards, Joint Strategic Needs Assessments, System Resilience Groups as well as through the commissioning of collaborative approaches.

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Public Health England

NHS England

Principles for a 'Safe and Well' visit by a Fire and Rescue Service

For over 10 years fire and rescue services have been carrying out interventions in people's homes to reduce their risk from fire and to provide advice on actions to take in the event of fire. These interventions have various names across fire and rescue services but all are based on similar principles and every fire and rescue service delivers them. English fire and rescue services now deliver as many as 670,000 fire safety interventions in people's homes every year. Although other factors have no doubt also been involved, this approach has resulted in a reduction of risk and dramatic drop in demand for fire and rescue services, and consequent reductions in the number of deaths and injuries from accidental fires in the home.

Our brand and the esteem in which the service is held gives us access to people's homes that others cannot achieve; people seem more likely to engage in difficult conversations with our staff than with others. Perhaps this is due the public perception of the service as being broadly neutral.

A number of fire and rescue services have begun working more closely with colleagues in health and local authorities; to explore how the FRS might work to support them in improving health and quality of life outcomes for those most at risk in their communities. On many occasions the access that fire and rescue services have to the homes of the most vulnerable is seen as a vehicle to compliment these improvements; with firefighters facilitating direct contact with vulnerable people on behalf of other agencies. The initiatives arising from collaboration have included; falls risk assessments, alcohol and mental health advice and support and improved understanding and access to benefits, to name a few.

These initiatives have proven that there is more that fire and rescue services can do; beyond their current home fire safety role with the potential value this could add if delivered on a wider health and well-being scale.

From this successful fire prevention approach the concept of a 'Safe and Well' visit has evolved. It is envisaged that, through their interactions with people in their homes, and with the necessary additional awareness training, firefighters will be able to identify and act upon a significantly wider range of risks. Not only fire risks, but those that predispose people to a number of health issues that can significantly reduce life expectancy and/or quality of life. Of course, these additional factors often result in the need for individuals to access significant levels of support, or services, from social care and the NHS.

To assist in the underpinning of the concept of a 'safe and well' visit NHS England, PHE, LGA and CFOA have agreed to produce a framework/set of principles that will inform the design of locally agreed 'Safe and Well' visits.

Consequently, the following principles are proposed as a basis for discussion;

Local Government Association

ageUK Love later life

CFOA Chief Fire Officers Association

- That every fire and rescue service should consider extending its current approach to safety in the home to include risk factors that impact on health and wellbeing and which lead to an increase in demand for health and local authority services.
- The content of a 'Safe and Well' visit in any fire and rescue service area should be co-designed through discussions with local health and local authority colleagues and should be based on information regarding local risks and demand.
- When considering risk factors other than fire, the process should not be confined to merely signposting to other agencies, but also to how these can be mitigated during the initial visit.
- Wherever possible the approach adopted should be one of;
    - A light touch health check of all individuals in the home;
    - Identification of risk while in the home;
    - Provision of brief advice;
    - Provision of appropriate risk reduction equipment;
    - Referral to specialist advice and support where appropriate.
- To ensure that referrals to specialist advice and support are limited to those in need of such support; health and local authority colleagues should support fire and rescue services in training and raising the awareness of their staff, where necessary.
- Consistent referral pathways into specialist services should be developed across each fire and rescue service areas; CFOA and NHS England will agree principles and guidance to assist in achieving this. However, it is recognised that due to the number and nature of organisations involved absolute consistency is, at this stage, an aspiration.
- To ensure that visits improve quality of life outcomes, and lead to reduced demand for services, the quality of the visit should be balanced against the number delivered; with the probability that this will result in fewer than the 670,000 currently delivered nationally by FRSs.
- The number and scope of 'Safe and Well' visits completed by each fire and rescue service will be determined by the capacity within each organisation, which may differ significantly from service to service.

The adoption of these principles would mean that 'Safe and Well' could look significantly different across English fire and rescue services. However this framework would enable all fire and services to introduce new approaches at a pace and scale that takes account of local risks and capacity; rather than attempting to develop a 'one size fits all' approach that either cannot be achieved by all, or that does not make best use of the capacity that is held by others.

It must be emphasised that this is not an attempt to reprioritise the work of FRSs away from the duties that they are legally required to address; nor is it designed to create FRS specialists in areas of clinical or social care. Rather it is an agreed attempt by NHS England, PHE, LGA and CFOA to design a Fire contribution that is complementary to, and part of, the wider health and public health prevention agenda, adding value to the dedicated work that other professionals already provide.

By way of example, CFOA is now developing an approach to 'Safe and Well' that encompasses the following areas;

- Fire
    - Cooking

    - Candles
    - Electrical Equipment
    - Portable heaters and open fires
    - Provision of risk appropriate domestic fire detection and warning
    - Escape plans
- Health
    - Weight
    - Mobility
    - Falls
    - Frailty
    - Burns and scalds
    - Provision of clinical and other equipment in the home that could increase fire risk
- Mental Health
- Learning disability
- Sensory impairment
- Loneliness/Social Isolation
- Smoking
- E-Cigarettes
- Alcohol
- Drugs
- Prescription medicines
- Hoarding
- Safety of under 5s
- Employment
- Home security
- Consent to share information

This will significantly widen the scope and value of interventions by FRS staff while in the home. It is recognised that with the support of others this could be refined and further developed; however, it is understood that capacity within local FRSs and Health and Social Care organisations will differ, and consequently there will be a variation in the services delivered.

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Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: Assets – The Health Partners working together under One Public Estate

Presented by: Oliver Judges

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	
	Mental Health & Dementia	
	Obesity	
	Family	
	Personal Responsibility	
Joint Strategic Needs Assessment		
Finance		Y
Legal		Y
Equalities		Y
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
The key focus is to reduce the cost of the Health and Public estate by reducing the number of buildings and supporting the protection of front line services. This also brings an opportunity to reorganise service location making them more accessible and working under a single system approach improve service levels, experience of the service and efficiencies.

Recommendations
The Board is asked to:- - Note the potential of the One Public estate and agree to work together to deliver projects under this initiative; - Note the new Health Partnership Estates Strategy (to be presented) and provide initial views and feedback.

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Doncaster
Metropolitan Borough Council

Date: 7th January 2016

Subject: Report from the Health and Wellbeing Board Officer Group and forward plan

Presented by: Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	X
Endorsement	X
Information	X

Implications		**Applicable Yes/No**
DHWB Strategy Areas of Focus	Alcohol	x
	Mental Health & Dementia	x
	Obesity	x
	Family	x
	Personal Responsibility	x
Joint Strategic Needs Assessment		Yes
Finance		
Legal		
Equalities		x
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
This report includes updates for the Board on: Use of the Pharmaceutical Needs Assessment Public Health Grant Reductions 2016/17 Draft Recommendations from the Director of Public Health Annual Report 2015 Anti-poverty issues Forward plan for the Board

Recommendations
The Board is asked to: RECEIVE the update from the Officer Group, and CONSIDER and AGREE the proposed forward plan.

Doncaster
Metropolitan Borough Council

Date: 7th January 2016

To the Chair and Members of the
HEALTH AND WELLBEING BOARD

REPORT FROM THE HEALTH AND WELLBEING BOARD OFFICER GROUP AND FORWARD PLAN

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an update to the members of the Health and Wellbeing Board on the work of the Officer Group to deliver the Board's work programme and also provides a draft forward plan for future Board meetings.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment, system management and any decisions that are made as a result of Board meetings.

EXEMPT REPORT

3. N/A

RECOMMENDATIONS

4. That the Board RECEIVES the update from the Officer Group, and CONSIDERS and AGREES the proposed forward plan at Appendix A.

PROGRESS

5. At the first full Board meeting on 6th June 2013, Board members agreed that there would be a Health and Wellbeing Officer group to provide regular support and a limited support infrastructure to the Board.

   The Officer group has had two meetings since the last Board in November 2015 and can report the following:

- **Use of Pharmaceutical Needs Assessment**

In January 2015 the Board approved the Doncaster Pharmaceutical Needs Assessment. This assessment sets out the current and predicted need for pharmaceutical services in the Borough. NHS England uses this assessment to help decide on 'market entry' applications.

In the last year 7 new applications were made, four were approved and three refused, of those refused 2 are currently under appeal. Where applications have been approved this appears to be where there is only minimal relocation, where refused this is often on the basis that there are already existing pharmacies in the area and insufficient demand.

- **Public Health Grant Reductions 2016/17**

At the time of writing it is expected that the local Public Health Grant will reduce by 7.4% for 2016/17. This is a real terms of cut of between £2.1m and £2.5m depending on the agreed baseline. The council and partners are considering how best to respond to this reduction and a set of proposals are being worked on which will form part of the Mayor's budget proposals.

- **Director of Public Health Annual Report**

The draft recommendations from the 2015 Director of Public Health Annual Report are below. Partners are asked to comment on them. These recommendations are to Team Doncaster:

Children, Young People and Families

Implement and evaluate the Early Help strategy

Focus on vulnerable mothers from pregnancy until the child is 2 ½ (the first 1000 days)

Build on the Future in Mind developments to address bullying and improve the mental health of school aged children

Support schools to develop a Curriculum for Life

Support schools to increase physical activity in the curriculum

Employment and Health

Use the Social Value Act to maximise equitable employment opportunities when commissioning

Recommission the 'work programme' as part of the Sheffield City Region deal to help those furthest from the labour market

Work to keep those with health issues in employment longer, improving health literacy and self management

Continue to help residents keep their homes warm through collective switching schemes, improving energy efficiency of properties and ensure access to welfare advice

Use community assets to join up health, social care, education, skills and employment around the family building on the Stronger Families and Well North approaches

Preventable Disability

Include preventative approaches in all patient pathways and clinical services

Launch 'Get Doncaster Moving' campaign to increase physical activity

Continue to reduce the negative impact of takeaways and fast food on health and air pollution by considering health in spatial planning approaches

Develop local approaches with South Yorkshire Fire and Rescue to promote fire safety and address falls including enhanced home safety checks

Overarching

Adopt a 'Health in All Policies' approach

Make a strategic shift to prevention

Empower people and communities to take control of their own health and co-design services

Improve data capture, sharing and reporting so that services can become more seamless and based on insight to address inequalities in access and outcomes

Move beyond integration to population health systems and budgets

- **Anti-Poverty Update**

On 9th December 2015 Susan Jordan led a member's seminar on the initiatives and interventions underway to address poverty. Further information is available from the council's scrutiny officers.

The Board is reminded to consider the impacts of their work on poverty and the interaction between poverty, health and wellbeing.

- **<u>Forward Plan for the Board.</u>**

This is attached at Appendix A.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

6.

	Priority	Implications
	We will support a strong economy where businesses can locate, grow and employ local people. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	The dimensions of Wellbeing in the Strategy should support this priority.
	We will help people to live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The Health and Wellbeing Board will contribute to this priority
	We will make Doncaster a better place to live, with cleaner, more sustainable communities. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	The Health and Wellbeing Board will contribute to this priority
	We will support all families to thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	The Health and Wellbeing Board will contribute to this priority
	We will deliver modern value for money services.	The Health and Wellbeing Board will contribute to this priority
	We will provide strong leadership and governance, working in partnership.	The Health and Wellbeing Board will contribute to this priority

RISKS AND ASSUMPTIONS

7. None.

LEGAL IMPLICATIONS

8. None.

FINANCIAL IMPLICATIONS

9. None

EQUALITY IMPLICATIONS

10. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The officer group will ensure that all equality issues are considered as part of the work plan and will support the Area of Focus Leads to fulfil these objectives.

CONSULTATION

11. None

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APPENDIX A

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2015/16

	Board Core Business		**Partner Organisation and Partnership Issues**	**Officer Group Work plan**
	Meeting/Workshop	**Venue**		

25th February 2016 (**please note change of date and change of theme**)	Workshop (Loneliness , Health and wellbeing)	TBC	• Plans and reports from
			  ○ CCG
			  ○ NHSE
			  ○ DMBC
			  ○ Healthwatch
			  ○ RDaSH
			  ○ DBH
			• Safeguarding reports
			• Better Care Fund
			• DPH annual report
			• Role in partnership stocktake
			• Wider stakeholder engagement and event
			• Relationship with Team Doncaster and other Theme Boards
			• Relationship with other key local partnerships
			• Health Improvement Framework
			• Health Protection Assurance Framework
			• Wellbeing and Recovery strategy
			• Adults and Social care Prevention Strategy
			• Housing
				• Areas of focus – schedule of reports and workshop plans
				• Integration of health and social care (BCF)) workshop plan
				• Other subgroups – schedule of reports
				• Communications strategy
				• Liaison with key local partnerships
				• Liaison with other Health and Wellbeing Boards (regional officers group)
				• Learning from Knowledge Hub

3rd March 2016	• Q3 Performance Report (MH update) • JSNA Update • Better Care Fund tbc • Officer Group Report • Health Protection Update • Stronger families update (MC)	Civic Office		
14th April 2016	Workshop TBC **(**Children's Health and wellbeing**)**	TBC		
2nd June 2016	• Q4 Performance Report • Better Care Fund Update • Officer Group Report	Civic Office		
14th July 2016	Workshop TBC (Mental Health and social emotional wellbeing)	TBC		

APPENDIX A

DONCASTER HEALTH AND WELLBEING BOARD: DRAFT OUTLINE BUSINESS AND DEVELOPMENT PLAN 2015/16

1st September 2016	• Q1 Performance Report • Better Care Fund tbc • Officer Group Report • Annual Safeguarding reports (Adults and Children's)	Montagu Hospital	• Environment • Regeneration	
13th October 2016	Workshop TBC (Fuel poverty)	TBC		
3rd November 2016	• Q2 Performance Report • Adults and Social Care Local Account • Better Care Fund • Officer Group Report	Civic Office		
1st December 2016	Workshop TBC (Time out)	TBC		

***Supported Living and Wellbeing workshop** to be rescheduled in 2017