

To the Chair and Members of the Health and Adults Social Care Scrutiny Panel Refresh of Doncaster Health and Wellbeing Strategy 2015-20

EXECUTIVE SUMMARY

1. The purpose of this paper is to present a draft refresh of the Joint Health and Wellbeing Strategy that was approved by the Health and Wellbeing Board in June 2013. The paper outlines an update on progress, a draft Health and Wellbeing strategy document and the proposed consultation process and time-scale for consideration. The report will also refer to the Well North Initiative and tackling health inequalities.

EXEMPT REPORT

2. N/A

RECOMMENDATIONS

- 3. The Health and Adults Social Care Panel is asked to:
 - (a) consider and endorse the draft Health and Wellbeing Strategy refresh 2015-20 subject to a 12 week consultation and propose any amendments
 - (b) consider and endorse the proposed consultation plan and timescale for the consultation process and propose any amendments

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Health and Wellbeing strategy provides an overarching strategy for the Health and Wellbeing Board and is the link between the Borough strategy and more detailed operating plans of both partnerships and individual organisations. The strategy is not meant to include everything that is happening in health and wellbeing but serves to focus the work of the board.

BACKGROUND

5. The Development of the Health and Wellbeing Strategy

The shadow Health and Wellbeing Board developed a draft strategy over a number of months in 2012/13. This strategy was based on the Joint Strategic Needs Assessment and consisted of a number of elements including:

A vision for Health and Wellbeing in Doncaster

A number of goals for Doncaster people (known as the 'I' statements)

A mission and values for the Board

A local framework for Health and Wellbeing including 4 themes

Healthy Places and Communities

Health for All

Keeping People Well for Longer

Access to High quality Care Services

Each Theme then linked to a number of 'l' statements with a proposed area of focus and proposed set of priorities.

The shadow Board then ran a 6 week public consultation consisting of 3 elements:

- 1. Consultation with partners and the public using existing communication channels
- 2. A bespoke event coordinated by Doncaster CVS for the community and voluntary sector
- 3. Commissioned telephone research with a sample of 400 Doncaster residents

The strategy was altered substantially and was approved by the Shadow Health and Wellbeing Board in January 2013. It was approved by the Doncaster Health and Wellbeing Board in June 2013. Further work was undertaken to describe in more detail the actions that need to be taken as a partnership to deliver progress in the areas of focus. The draft work plans for the areas of focus covered:

Alcohol
Obesity
Mental Health
Dementia
Family
Personal Responsibility

6. Strategy Refresh— following the feedback from the recent Health and Wellbeing Board Peer Challenge review in December 2013 it became apparent that in view of the changing membership of the board, and the changing landscape in recent months it would be timely now to refresh the current Joint Health and Wellbeing Board strategy. It was also pertinent in that the Borough strategy, the Council Corporate plan and the JSNA were also under review and have since been refreshed in 2014 as part of a wider Partnerships Improvement plan and therefore it would make sense that the Health and Wellbeing strategy is aligned with these corporate strategies. It is also significant in terms of the developing Integration (Better Care Fund) agenda now called the Health and Social Care Transformation Programme.

At the 13th March 2014 Health and Wellbeing Board meeting it was agreed that the proposal to provide a review of the current strategy and to determine if there are any gaps; which elements of the strategy are still current and identify any new areas for development was approved. The following areas/priorities were considered:

- I statements
- Areas of Focus review of current areas particularly personal responsibility
- Alignment with other strategies and Corporate Plan
- Refresh of the JSNA
- Wider partnership links
- Wider Determinants model
- Links to Better Care Fund
- Links to TLAP/Community Capacity building
- Community engagement
- Work plans for the Areas of Focus and programme areas
- 7. In September 2014 a further update paper was presented outlining the proposal for the refresh and was endorsed by the Health and Wellbeing Board. The outcomes of the June Stakeholder event were collated and presented to the Board and were agreed alongside the vision, the mission statement and the I statements as the overarching framework. Further work was proposed to develop the 4 strategic priorities which included the following 4 themes:
 - Wellbeing including the themes identified from the June event
 - **Areas of Focus** refresh of current priorities (alcohol/obesity/mental health/dementia and families)
 - Health and Social Care Transformation Programme
 - Reducing Health Inequalities

The timescale proposed for the refresh strategy is as follows:

- Draft Consultation draft presented to Health and Wellbeing Board in June 2015
- Revisions to draft by end June 2015
- 12 week consultation process from 10th July to 2nd October 2015 (Draft Consultation questions are attached in Appendix A)
- Draft consultation plan is attached in Appendix B
- Revised Health and Wellbeing strategy draft to Board by November 2015
- 8. Inequalities in health Health inequalities are unjust differences in health outcomes between individuals or groups. They are driven by differences in social and economic conditions that influence people's 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 therefore should be considered avoidable and unfair.

Inequalities exist in a number of areas:

Socio-economic e.g. income and education

Lifestyle and related health 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

It is therefore important when considering health inequalities that we consider access, health outcomes and lifestyle factors. The wider determinants of health therefore involve the whole role of the council including areas around jobs/employment, housing and education. A whole section in the Health and Wellbeing strategy focuses on this and an Outcome Based accountability template is also being developed.

9. Well North - this is a Public Health England led approach and we are one of the pilot sites. It takes a social approach to reducing health inequalities, premature mortality and worklessness. The first step is to identify a community and get to understand the assets of the community. The first site which has been allocated for an appreciative enquiry is Denaby Main following a detailed hotspot analysis. A steering group is now in place and an initial meeting has taken place in the area. For further information on the Well North initiative please contact Dr Rupert Suckling directly.

OPTIONS CONSIDERED

- **10**. a endorse the draft strategy refresh subject to further consultation and propose any amendments
 - b endorse the proposed timescale for the consultation process and propose any amendments

REASONS FOR RECOMMENDED OPTION

11. The refreshed Health and Wellbeing strategy reflects the health and wellbeing needs of Doncaster people and is based on the Joint Strategic Needs Assessment and public consultation. The strategy refresh is based on similar inputs and production will be aligned with the borough strategy, the Corporate Plan, The Health and Social Care Transformation programme and the refreshed JSNA bringing it up to date. The Think Local Act Personal (TLAP) framework and the Health Improvement Framework will provide the underpinning delivery mechanism for the implementation of the strategy and will further enhance community engagement and wider consultation with key stakeholders in Doncaster.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

12.

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 	The dimensions of Wellbeing in the Strategy should support this priority.
Doncaster's vital services	

 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 strategy 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 strategy will contribute to this priority
We will support all families to thrive. • Mayoral Priority: Protecting Doncaster's vital services	The Health and Wellbeing Board strategy will contribute to this priority
We will deliver modern value for money services.	The Health and Wellbeing Board strategy will contribute to this priority
We will provide strong leadership and governance, working in partnership.	The Health and Wellbeing Board strategy will contribute to this priority

RISKS AND ASSUMPTIONS

13. Doncaster requires a health and wellbeing strategy and reviewing the current strategy will fulfill the Board's statutory duty

LEGAL IMPLICATIONS

14. There are no legal implications for this report.

FINANCIAL IMPLICATIONS

15. There are no financial implications for this report.

HUMAN RESOURCES IMPLICATIONS

16. N/A

EQUALITY IMPLICATIONS

17. 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 the underpinning delivery mechanisms.

A due regard statement is being developed alongside the refresh strategy and will be updated throughout the consultation process.

CONSULTATION

18. This report has significant implications in terms of the following:

Procurement	Crime & Disorder	
Human Resources	Human Rights & Equalities	
Buildings, Land and Occupiers	Environment & Sustainability	
ICT	Capital Programme	

BACKGROUND PAPERS

19. Health and Wellbeing Strategy 2015-20 Draft Consultation plan 2015

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Appendix A: Consultation Questions

1.	Is it clear why we have a Health and Wellbeing Strategy? Yes/No If no, please say why
2.	The vision for Health and Wellbeing is that 'Doncaster people enjoy a good life, feel happy and healthy, and agree Doncaster is a great place to live.'
	Do you support this vision? Yes/No If no, why?
3.	The Board has proposed a number of themes and areas of focus to improve health and wellbeing in Doncaster. Wellbeing Health and Social Care Transformation Five Areas of Focus (Alcohol, Obesity, Families, Dementia, Mental Health) Reducing inequalities
	Do you agree with these? Yes/No Comments: Do you think there any themes or areas of focus missing? Yes/No Comments:
4.	Is the Strategy clear about what is meant by Wellbeing? Yes/No
	Comments
5.	Do you agree that improving the 5 areas of Wellbeing is important for people to live well? Yes/No Social and Emotional Physical health and mental wellbeing Environmental Wellbeing
	Environmental Wellbeing Educational Wellbeing
	Economic Wellbeing
	Economic Memberia

	Is anything missing?
	Comments:
6.	Is the Strategy clear how we measure our performance using Outcomes Based Accountability templates? Yes/No
	Comments
7.	Is the Strategy presented in a way that is easy to read and understand? Yes/No Comments
8.	After reading through the document are there any comments you wish to make? Yes/No
	Comments

Appendix B: Draft Consultation Plan

<u>Doncaster Health and Wellbeing Strategy Refresh</u> <u>Consultation plan 2015/16 - DRAFT</u>

Communications Activity (Target Audience)	Key Actions (Purpose)	Method (How/What)	Lead(s) and Links	Time-scale (When/ Frequency)	Financial Costs/ Implications
1. Cabinet Members	Inform/ engage and consult – briefings with Cabinet Members and the Mayor	Briefings with Chair and follow up briefings with Cabinet Members Electronic copy of questionnaire	Councillor Pat Knight	June - September	No additional cost
2. Councillors	Inform/engage and consult – briefings	Local briefings Electronic copy of questionnaire	Democratic Services (JG)	June to September	No additional cost
3. Overview and Scrutiny Panel	Inform, consult, involve –attend panel meeting/s.	Attend Health and Adults Social Care panel to discuss and involve Members in the consultation process.	Discuss with Andrew Sercombe/ Caroline Martin/ Christine Rothwell to establish role of Overview and Scrutiny.	June to September	No additional cost

4. Team Doncaster (Theme Boards)	•	Inform and consult with all relevant leadership teams	Electronic copy of draft document and feedback form to be circulated	John Leask Comms	June to September	No additional cost
5. Community (protected groups)	•	Establish point of contact to best plan consultation with 9 protected characteristic groups (Age; Disability; Race; Gender; Sexual Orientation; Religion/Belief; Maternity/Pregnan cy; Gender reassignment; Marriage/Civil Partnership)	Arrange possible focus groups: Older People's Parliament , Learning disability groups etc For harder to reach groups liaise with key workers to encourage participation (EMTAS/Gypsy & Traveller Community/Children's Centres/Youth council/Doncaster college/Age UK/Meeting New Horizons/Pride/LGBT/faith groups/PDSI/LD Partnership/Dementia groups/Changing Lives/Conversation Club/DEMRP)	Adults and Social care/Public Health/Vol &com sector/ EMTAS	June to September	No additional cost
			Public Health team (Wider determinants) to support community engagement Well-being officers and area teams Neighbourhood teams	Public Health and area teams		
6. Health and Wellbeing Board members	•	Inform and consult with all relevant organisational leaders	Electronic copy of draft document and feedback form to be circulated	Organisationa I leaders and Comms contacts	June to September	No additional cost

			RDASH comm's/CCG Comm's/ DMBC Comms (Lois)		
7. Healthwatch	Inform and consult	Arrange to attend coffee mornings	Philip Kerr/ Louise Robson	June to September	No additional cost
8. Third Sector	 Inform/engage and consult with voluntary & charity groups 	Engage CVS forum Engage Meeting New Horizons	Louise Robson/ Caroline Temperton	June to September	No additional cost No additional cost
9. General Public	Inform/ engage and consult with general public	Local media/PR including press releases Social media i.e. Facebook, Twitter Cascade information through existing networks, frontline teams and Elected Members	Communications teams Leadership teams/ Frontline Area teams/ Elected Members/	June to September	TBC

		Libraries, Pharmacies and GP practices	Portfolio Holders LPC, LMC, CCG, libraries		
10. Workforce	 Inform/engage/ consult across a variety of workforces 	Engage via Doncaster Chamber and Enterprising Doncaster. Electronic copy of draft document and feedback form to be circulated	Louise Robson/ Caroline Temperton	June to September	No additional cost
11. Young People	 Inform/engage/ consult across a variety of settings 	Engage via Youth Council, schools, The Hub, Youth Services	Louise Robson/ Caroline Temperton	June to September	No additional cost