

To the Chair and Members of the Health and Wellbeing Board

Doncaster Health and Wellbeing Strategy 2016-21

Relevant Cabinet Member(s)	Wards Affected	Key Decision

EXECUTIVE SUMMARY

1. The purpose of this paper is to present 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 outlines 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.

EXEMPT REPORT

2. N/A

RECOMMENDATIONS

3. The Health and Wellbeing Board is asked to:
 - a **CONSIDER and APPROVE** the aligned supporting documents and the recommendation to change the strategy date period from 2015-20 to **2016-21** (due to its 2016 publication and the date of the previous strategy being 2013-16).
 - b **CONSIDER and ENDORSE** the final strategy report with recommendation for final publication of the Health and Wellbeing Strategy 2016-21 in January 2016 and recommend to take to full Council
 - c **CONSIDER and AGREE** a timescale for developing a delivery plan for the strategy in 2016

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. **Strategy Refresh**– following the feedback from the 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** 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:

- *Vision*
 - *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*
6. In **June 2014** a stakeholder event was held at the Hub and the report Presented to the board in **September 2014** where a further update paper was presented outlining the proposal for the refresh and was endorsed by the 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
 - **Health and Social Care Transformation Programme**
 - **Reducing Health Inequalities**
 7. In **June 2015** a draft Health and Wellbeing strategy was presented to the Health and Wellbeing Board following a series of workshops and conversations in February 2015 with a caveat that further amendments would be made, graphical design input would be implemented and the

proposed consultation plan would be delivered over the 12 week period from July to early October 2015. Final revisions would be made following the consultation and a final draft presented to the Health and wellbeing Board in November 2015.

8. In **July 2015** the consultation plan for the Health and being Strategy was executed through the Public Health team and the Officer group and consisted of a two staged process – an online survey monkey targeting over 400 stakeholders and third sector networks/groups, a social media campaign implemented through local bulletins, Facebook, social media. local libraries, GP practices, area teams and a targeted consultation with 11 protected groups. The detailed consultation plan is found in **Appendix 1**. As a result of this **256** responses were received consisting of:

- 131 survey monkey responses
- 91 protected groups responses
- 34 hard copy and email responses

Although 28 groups were contacted (and the invite extended to further groups through Third sector emails and lead contacts) in the end **11** groups were consulted with using a variety of methods including focus groups, 1:1 interviews, easy read presentations and group discussions. All consultations were tailored to group and individual need. With this in mind, an easy read version and dictionary of the strategy was produced in conjunction with service users and a summary was also made available on the website in response to early feedback through consultation. The targeting of groups with protected characteristics was deliberately chosen to gain representation and feedback from those groups who are usually unrepresented.

The feedback from the consultation is summarised in **Appendix 2**. The results show representation from different areas of Doncaster, different age groups, gender and ethnic status and from those with learning and physical disability and different sexual orientations.

9. **Consultation feedback and Strategy revision** – following the 12 Week consultation period a Public Health task group who implemented the consultation process met to discuss the findings and to pull together a consultation report (see **Appendix 2**). The main themes identified from the consultation were as follows:

- The need to include **substance misuse (Drugs and alcohol)** - a recurring theme;
- The need to include **children and young people** – make it more explicit around children’s health and wellbeing;
- The needs of **minority ethnic groups** -this will be picked up through the health inequalities section and the delivery plan;
- The need to ensure **user friendly versions of the strategy** are available and to ensure a **delivery plan** is in place.

The key issues raised from the consultation from the protected groups is also captured in the Due Regard statement in Appendix 3 where real consideration has been applied in relation to the impact of the strategy on certain groups including veterans, minority ethnic groups, individuals with physical or learning disability, sex workers, immigrants and refugees . These will be further explored through the proposed delivery plan

Other issues raised were around the varying definitions of wellbeing; cultural and spiritual wellbeing and the need to include '**feeling safe**' in the overall vision. These changes have already been incorporated into the final version of the strategy. Issues were also highlighted around mental health and the Crisis team and these will be picked up through the Mental Health work streams.

The timescale proposed for the strategy development is as follows:

- **Revised draft to Board 5th November 2015**
- **Presentation to Full Council – January 2016**
- **Final publication of document – January 2016**
- **Development of Strategy Implementation/ Delivery plan January – March 2016**

OPTIONS CONSIDERED

10. a. Endorse the final strategy document following recent amendments and present to Full Council for final publication by January 2016
- b. Propose further amendments before final sign off in January 2016

REASONS FOR RECOMMENDED OPTION

11. The current 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. A delivery plan will be developed following its publication and a wider public engagement strategy will be explored in line with the Board's self- assessment process.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

12.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The dimensions of Wellbeing in the Strategy should support this priority.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>
	<p>People in Doncaster benefit from a high quality built and natural environment</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>
	<p>Council services modern and value for money.</p>	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The Health and Wellbeing Board strategy will contribute to this priority</p>

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. N/A

FINANCIAL IMPLICATIONS

15. N/A

HUMAN RESOURCES IMPLICATIONS

16. N/A

TECHNOLOGY IMPLICATIONS

17. N/A

EQUALITY IMPLICATIONS

18. 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 presented alongside the Health and Wellbeing strategy for consideration and will be revisited during its life course. A number of groups have been consulted as part of this process and the feedback has informed the amendments in the strategy as well as informing future work programmes and approaches to health inequalities.

CONSULTATION

19.

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

20. Health and Wellbeing Strategy 2013-16
Consultation Plan 2015 (attached)
Consultation Summary 2015 (attached)
Due Regard Statement March 2015-21 (attached)

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Appendix 1: Health and Wellbeing Strategy Final Consultation Plan (July – October 2015)

Doncaster Health and Wellbeing Strategy Refresh Consultation and Action plan 2015/16

Communications Activity (Target Audience)	Key Actions (Purpose)	Method (How/What)	Lead(s) and Links	Actions	By Whom/When
1. Cabinet Members	<ul style="list-style-type: none"> Inform/ engage and consult – briefings with Cabinet Members and the Mayor 	<p>Briefings with Chair and follow up briefings with Cabinet Members</p> <p>Electronic copy of questionnaire</p>	Councillor Pat Knight	<ul style="list-style-type: none"> Email circulated to all members as part of consultation mail-out Ask Pat to cascade through briefing? 	<p>PH team (10/7/15) complete</p> <p>LR to contact Councillor Knight and request follow up with Cabinet members – July - email sent 16/7/15 complete</p>
2. Councillors	<ul style="list-style-type: none"> Inform/engage and consult – briefings 	<p>Local briefings</p> <p>Electronic copy of questionnaire</p>	Democratic Services (JG)	<ul style="list-style-type: none"> Email circulated to all members as part of mail out Ask Democratic services to add to any bulletins/briefings 	<p>PH team (10/7/15) complete</p> <p>LR to contact Democratic Services and request further actions – July – email sent 17/7/15 complete</p>
3. Overview and Scrutiny Adults and Social Care Panel	<ul style="list-style-type: none"> Inform, consult, involve –attend panel meeting/s. 	Potentially attend O&S Adults and Social Care panel meeting to discuss and involve Members in the	Discuss with Andrew Sercombe/ Caroline Martin to	<ul style="list-style-type: none"> Email circulated to all members as part of mail out Attend Adults Health and Adult 	<p>PH team (10/7/15) complete</p> <p>LR/JW to attend Adults</p>

		consultation process..	establish role of Overview and Scrutiny.	Social are panel	Health and Social Care panel – 29th July complete
4. Team Doncaster (Theme Boards)	<ul style="list-style-type: none"> Inform and consult with all relevant leadership teams 	Electronic copy of draft document and feedback form to be circulated	John Leask Comms	<ul style="list-style-type: none"> Email circulated as part of wider mail out Ask John Leask to disseminate through Team Doncaster Bulletin and briefings 	PH team (10/7/15) complete LR to speak to John Leask to request actions – July – email sent 17/7/15 complete
5. Community (protected groups)	<ul style="list-style-type: none"> Establish point of contact to best plan consultation with 9 protected characteristic groups (Age; Disability; Race; Gender; Sexual Orientation; Religion/Belief; Maternity/Pregnancy; Gender reassignment; Marriage/Civil Partnership) 	<p>Arrange possible focus groups: Older People’s Parliament , Learning disability groups etc</p> <p>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/f aith groups/PDSI/LD Partnership/Dementia</p>	<p>Adults and Social care/Public Health/Vol &com sector/ EMTAS</p> <p>Public Health and area teams</p>	<ul style="list-style-type: none"> Email potential contacts from DMBC Consultation list Complete Summary document/Easy read version Liaise through Engagement and Experience management forum Compile distribution lists from PH team <p>Next Steps: Implementation</p> <ul style="list-style-type: none"> Decide methods of delivery (tailored to group needs and 	<p>PH team (July) email by 20/7/15-complete</p> <p>CT/JS (10th July) complete</p> <p>LR to feed in at meetings (28th July) complete</p> <p>CT to contact Vanessa and others for contact lists (July) -complete</p> <p>July/August/ September</p> <p>Action plan –</p>

		<p>groups/Changing Lives/Conversation Club/DEM RP)</p> <p>Public Health team (Wider determinants) to support community engagement Well-being officers and area teams</p>		<p>circumstances):</p> <ul style="list-style-type: none"> • Focus groups • Surveys • Drop ins • • Groups/Ideas <p>Draft Implementation Plan</p> <p>AGE Over 50s parliament Age UK Youth parliament Doncaster College DCST/children's centres Doncaster Foyer Doncaster Youth Offending Service</p> <p>SEX/GENDER Changing Lives Alcohol Group - Askern</p> <p>RACE Conversation club Changing Lives Doncaster Ethnic Minority Regeneration Chinese Community EMTAS /Gypsies and Travellers</p>	<p>completed</p> <p>All groups listed opposite were emailed 28/7 & 5/8 and asked to host a consultation session and/or to complete the on line survey.</p> <p>Consultation sessions arranged were:-</p> <p>05.08.15 – Doncaster Foyer 12.08.15 - Doncaster Mens Social group 14.08.15 – Service User Group Onyx Centre 26.08.15 – CHAD 09.09.15 – Community Learning</p>
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			<p>DISABILITY (PHYSICAL AND LEARNING / HEARING / VISUAL)</p> <p>CHAD PDSI Deaf Trust Carers Partnership Holmesarr Community Enterprise Centre</p> <p>RELIGION/BELIEF Faith Communities</p> <p>SEXUAL ORIENTATION/ GENDER RE-ASSIGNMENT</p> <p>PRIDE</p> <p>MATERNITY /PREGNANCY (Carrie's team)</p> <p>Breastfeeding Peer Support groups Pregnant Girl can Greengables</p> <p>MARRIAGE/CIVIL</p>	<p>Forum 10.09.15 – Conversation Club 16.09.15 Doncaster Carers Partnership 22.09.15 – Doncaster College 22.09.15 – Healthwatch 24.09.15 – Holmesarr Community Enterprise Centre 29.09.15 - PDSI</p>
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				PARNERSHIP N/A	
6. Health and Wellbeing Board members	<ul style="list-style-type: none"> Inform and consult with all relevant organisational leaders 	Electronic copy of draft document and feedback form to be circulated	Organisation al leaders and Comms contacts RDASH comm's/CCG Comm's/ DMBC Comms (Lois)	<ul style="list-style-type: none"> Email circulated to all members as part of consultation mail-out Feedback to Board and Officer group 	<p>PH team (10/7/15) - complete</p> <p>LR/RS (8th Oct) and 5th November (HWBB)</p>
7. Healthwatch	<ul style="list-style-type: none"> Inform and consult 	Arrange to attend coffee mornings	Philip Kerr/Sandie Hodson Louise Robson	<ul style="list-style-type: none"> Arrange to visit coffee morning/drop in session? Ask to cascade through mail-out 	PH team to contact Sandie Hodson PH team (10/7/15) Complete. Consultation session arranged for 22.09.15. Completed
8. Third Sector	<ul style="list-style-type: none"> Inform/engage and consult with voluntary & charity groups 	Engage CVS forum Engage Meeting New Horizons	Louise Robson/ Caroline Temperton	<ul style="list-style-type: none"> Contact CVS (Norma Wardman/Tom Mcknight/Sue Womack) Contact Meeting 	PH team – email sent to Tom McKnight - complete LR met Julie Cox

				<p>New Horizons to cascade through networks and through sessions</p> <ul style="list-style-type: none"> Contact through list of Voluntary and community sector groups/organisations 	<p>(MNH) – 8th July Email sent to JC (20/7/15) – complete Positive response received from Doncaster Mens Social group. Consultation arranged for 12.08.15. Completed.</p>
9. General Public	<ul style="list-style-type: none"> Inform/ engage and consult with general public 	<p>Local media/PR including press releases</p> <p>Social media i.e. Facebook, Twitter</p> <p>Cascade information through existing networks, frontline teams and Elected Members</p> <p>Libraries, Pharmacies and GP practices</p>	<p>Communications teams Leadership teams/ Frontline Area teams/ Elected Members/ Portfolio Holders</p> <p>LPC, LMC, CCG, libraries</p>	<ul style="list-style-type: none"> Press release (DMBC) Social media campaign – all partners Explore translation option with DCCG new website Send info to Libraries 	<p>PH and Comms team to liaise with: DCCG RDAsH/DBHFT Comms teams.</p> <p>LR to contact Adam Tingle and Ian Carpenter – email sent and response received 17/7/15 complete.</p> <p>LR/CT to contact Nick Stopforth – email sent 16/7/15- complete. 24 hard copies of strategy delivered to</p>

				<ul style="list-style-type: none"> • Contact CCG for GP practice links • • • • • • • Contact Pharmacies via LPC 	<p>central library for dissemination.</p> <p>BS – list of GP practices – complete; LR sent email to Dr Eggitt re: LMC and mail out to GP's (20/7/15) Complete. Email sent to GPs</p> <p>LR to contact Nick Hunter at LPC (July) – email sent 17/7/15 Complete</p>
10. Workforce	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Establish contacts for frontline staff/area teams etc • • Links with Doncaster Chamber? • • • • Links with district 	<p>LR/CT to contact Wellbeing and Area teams (July/August) – email sent 20/7/15 – Complete</p> <p>PH team (Kirsty Thorley) – Chamber Complete. Email sent 31/7</p> <p>PH team to establish contact/Lead.</p>

				nursing teams?	Complete. Email sent 03/08 Consultation held on 09.09.15 with Community Learning Forum
11. Young People	<ul style="list-style-type: none"> • Inform/engage/consult across a variety of settings 	Engage via Youth Council, schools, The Hub, Youth Services	Louise Robson/ Caroline Temperton	<ul style="list-style-type: none"> • Contact Youth Parliament • Contact Doncaster College • Childrens centres 	<p>PH to establish Contact - complete</p> <p>LR to contact Donna Robinson – Doncaster college (July/August) - email sent 17/7/15 Complete. Consultation session arranged for 22.09.15. Completed.</p> <p>PH team to contact – emailed Wayne Hoyle – Complete.</p>

Appendix 2: Consultation Summary

Health and Wellbeing Strategy

Feedback analysis

Over the course of the consultation the team promoted a survey monkey questionnaire for feedback, visiting protected groups and invited hard copy responses to collate. The total figures and breakdown can be seen below:

Consulted	Number of responses
Protected Groups survey replies 28 groups contacted and 11 consultation sessions delivered	91
Survey Monkey replies	131
Survey Monkey replies hardcopies	31
Email replies	3
Total	256

The themes and comments in the following sections are based on all 256 respondents.

Question 1 - Is it clear why we have a Health and Wellbeing Strategy?

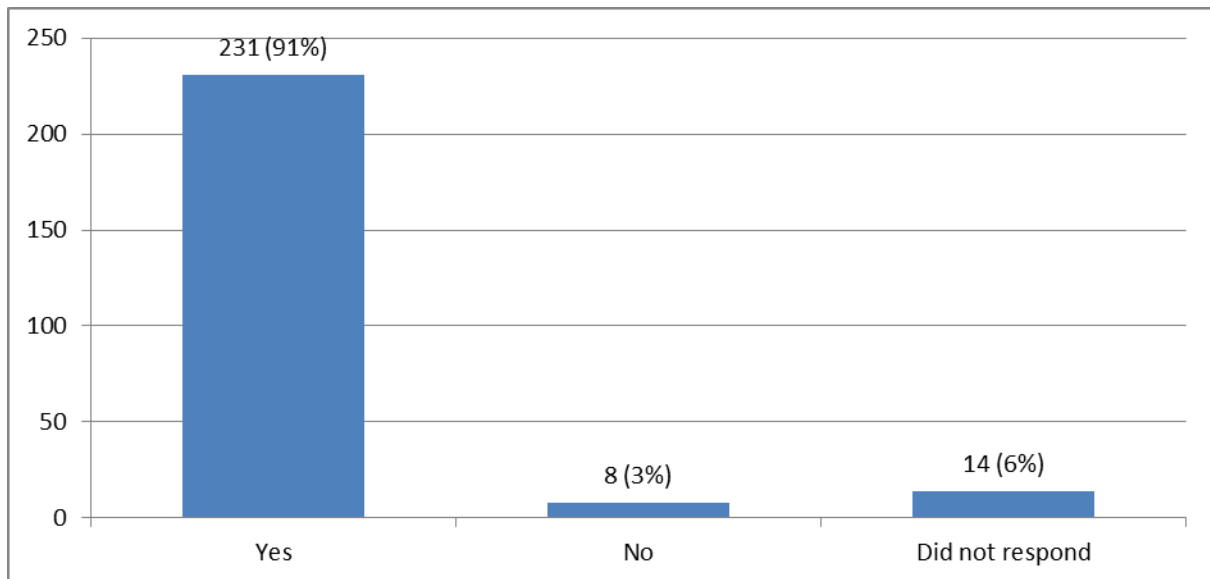
91% of respondents agreed that it was clear why we have a Health and Wellbeing Strategy.

3% said they did not and 6% skipped this question.

The main comments received back for this question was that respondents had never heard of the strategy before completing the questionnaire.

'Whilst I understand this: - The community are always the last people to hear that such strategies are being introduced...'

Reflection: What more can we do/What more should we do to ensure the public know about the work we are doing?



Question 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?

5% of respondents did not agree with this vision, 4% did not respond and as with question one, 91% agreed with the vision.

The themes that emerged from this question are;

- Need to feel safe

‘I think that the vision misses out the need to feel safe. I think that the vision should read: "Doncaster people enjoy a good life, feel happy, health and safe, and agree Doncaster is a great place to live"’

- Reality versus Council View

‘I support the vision but the reality outside the council bubble is different.’

- More support for minority groups

‘I think there is a lot of discrimination on service users such as sex workers. Need to have more help support.’

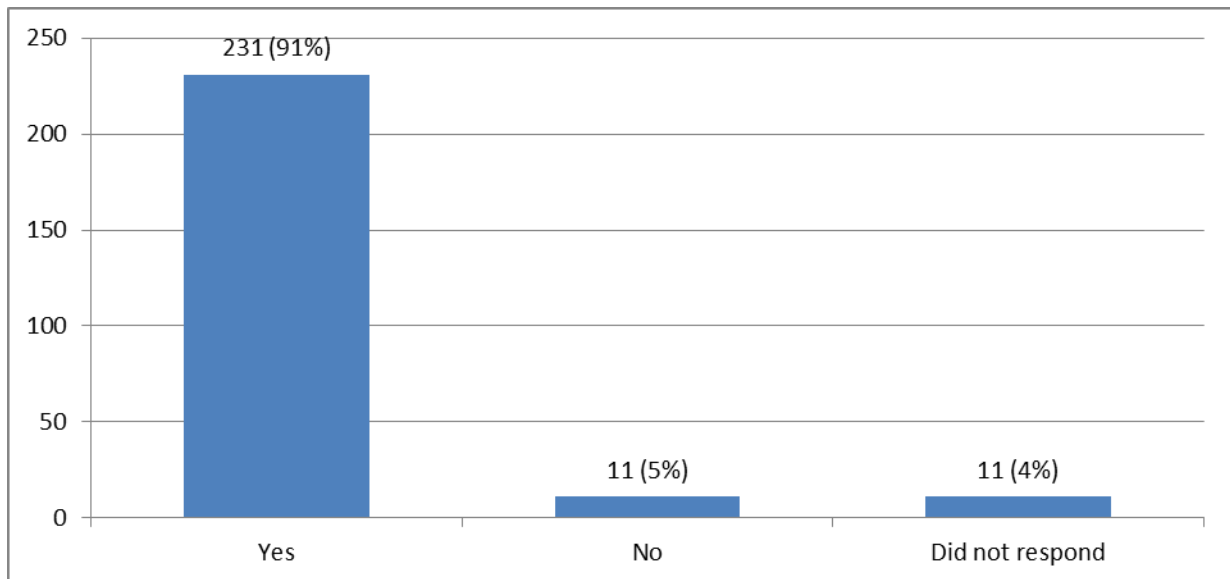
- Concerns over ill health

‘It is a lonely place if you ill and on your own.’

- Having a great place to live is not relevant to wellbeing.

‘There is a difference between feeling healthy and having the correct NHS resources to make people actually healthy and more should be focussed on that and not living in a good environment (in terms of health).’

Reflection: How can we address issues such as these in the future? Would the HWBB be happy to include Safe in the vision?



Question 3a - The Board has proposed a number of themes and areas of focus to improve health and wellbeing in Doncaster. Do you agree with these?

90% of respondents agreed with the focus areas for the strategy.

4% disagreed and 6% did not answer the question.

The themes that arose from this question are;

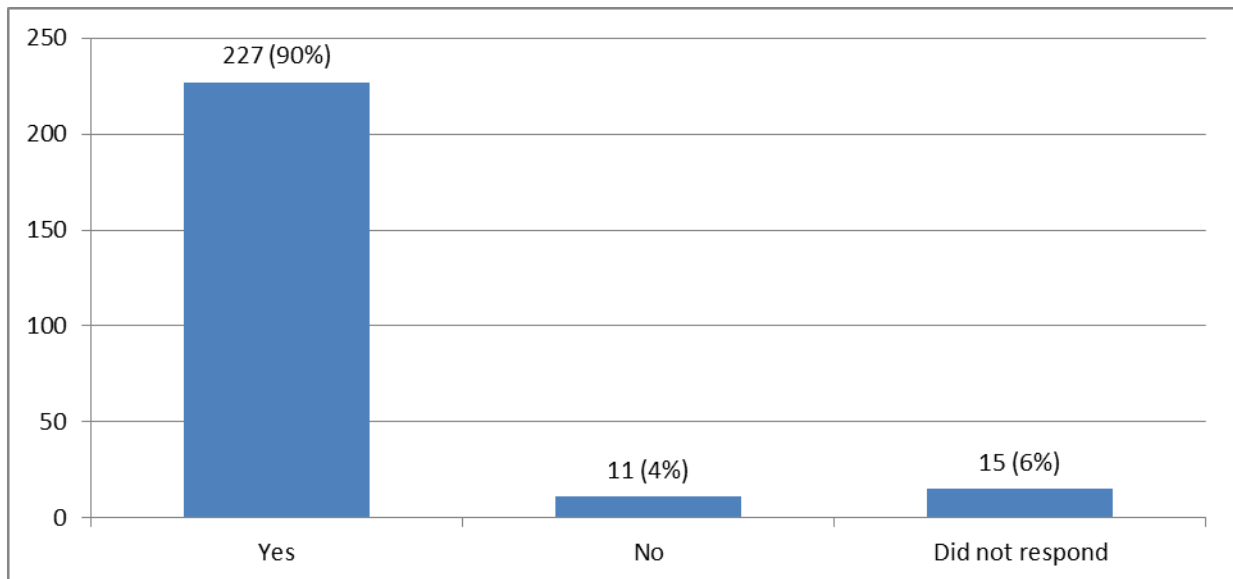
- There are too many themes to focus on
'It is almost too much - great to aspire to lots but better to deliver on a few?'
- Substance misuse including legal highs should have been included. This theme runs throughout the whole consultation as the biggest area of concern for respondents
'Yes - although alcohol is a legitimate concern, emphasis should still be given to the wider issues of substance misuse as all substances can cause harm and in turn, vulnerabilities to the population.'

This theme has also highlighted some conflicting views on whether the strategy should include alcohol and drugs as a matter of concern;

'No - alcohol is self-inflicted problem'

'Alcohol is the choice of the drinker not a medical condition. Same as drugs and that is not on.'

Reflection: Consider why substance misuse was left out of the strategy, do we need to put equal emphasis on both alcohol and substance misuse.



Question 3b - The Board has proposed a number of themes and areas of focus to improve health and wellbeing in Doncaster. Do you think there any themes or areas of focus missing?

Only 18% of respondents thought the strategy had covered all issues for Doncaster. 34% thought more should be covered but overwhelmingly 48% did not answer the question. However, this may be due to respondents answering 3a in more detail.

The main areas of focus that came up as themes are;

- Substance misuse including legal highs

'Possibly include drugs alongside alcohol as the newer 'legal highs' are readily available and being used by all age groups including children'

- Children and young people's health

'...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.'

'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?'

- Family support including veterans

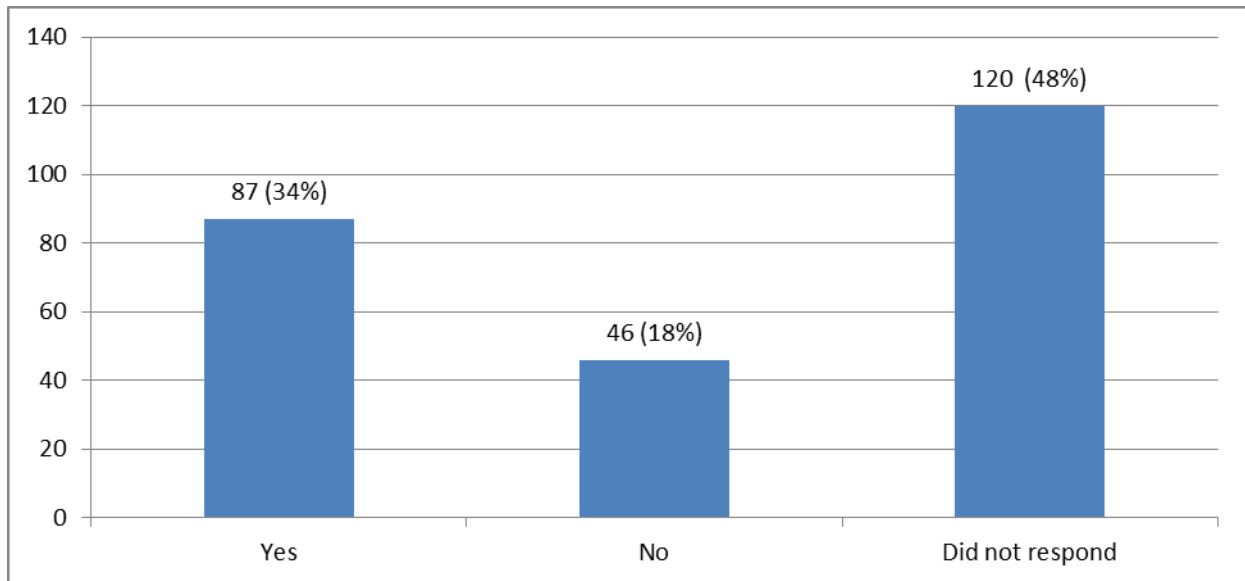
'Juvenile perpetrator Family intervention, stop looking the other way help the family learn better social skills.'

'Veterans & Their families are disadvantaged. A Veteran Health Needs Assessment has been raised to highlight the lack of effective representation and ongoing disadvantage.'

- Homelessness

'Increase in complex needs in relation to homelessness'

**Reflection: Why is the Doncaster population lacking interest in their own health and wellbeing?
Are they disenchanted with the council or do they want to be left to live their lives?**



Question 4 - Is the Strategy clear about what is meant by Wellbeing?

Overall respondent agreed that the strategy is clear (92%) with only 3% disagreeing and 5% skipping the question. However the themes that came from the comments are;

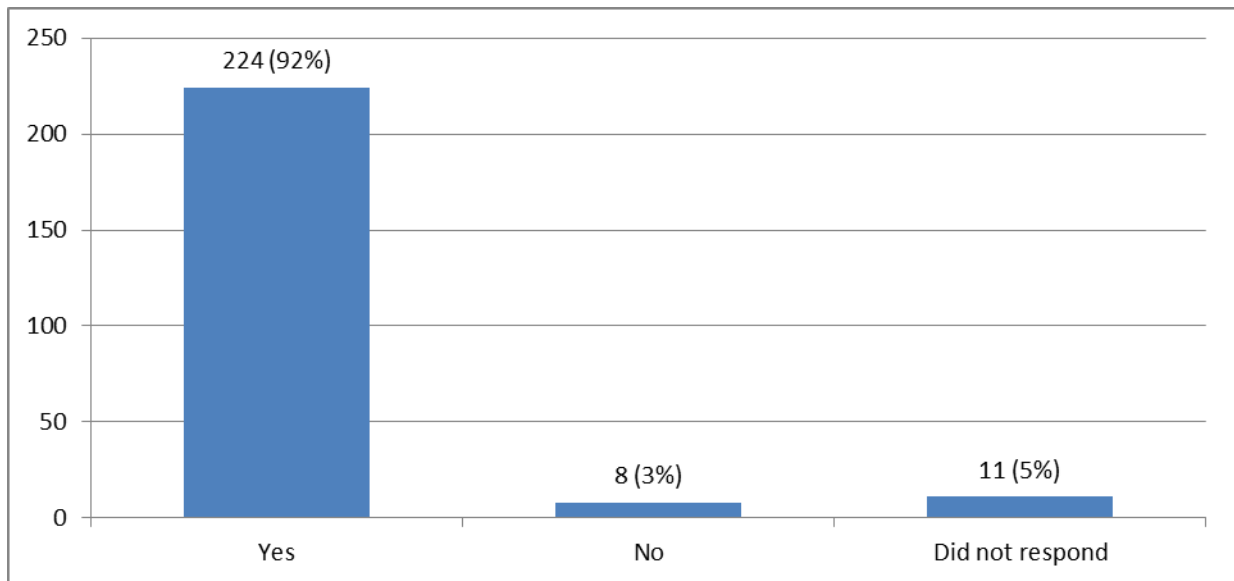
- The definition of wellbeing is different for everyone which could make the strategy difficult to understand

'...wellbeing' means different things to different people.'

- The strategy is not user friendly for the public.

'There are a lot of buzzwords that people who work in the council would understand but what about the man on the street and the layman? You need plain English - ask your gran if she knows what the diagram means then as whether it is clear'

Reflection: What more can be done to make the writing easier to understand and the documents easier to navigate?



Question 5 - Do you agree that improving the 5 areas of Wellbeing is important for people to live well?

92% of respondents agreed with the five areas of wellbeing. Only 1% did not agree and 7% skipped the question.

Considering the high agreement on the five areas, there was still a number of comments to show what people think is missing. The themes that came out of this question are;

- Employment and economy
'...Economic wellbeing, a large amount of crime is born out of poverty and desperation'

- Spiritual wellbeing
'Spiritual not necessarily religion'

- A better wellbeing definition is needed
'Not answered Y or N. Unsure over meanings'

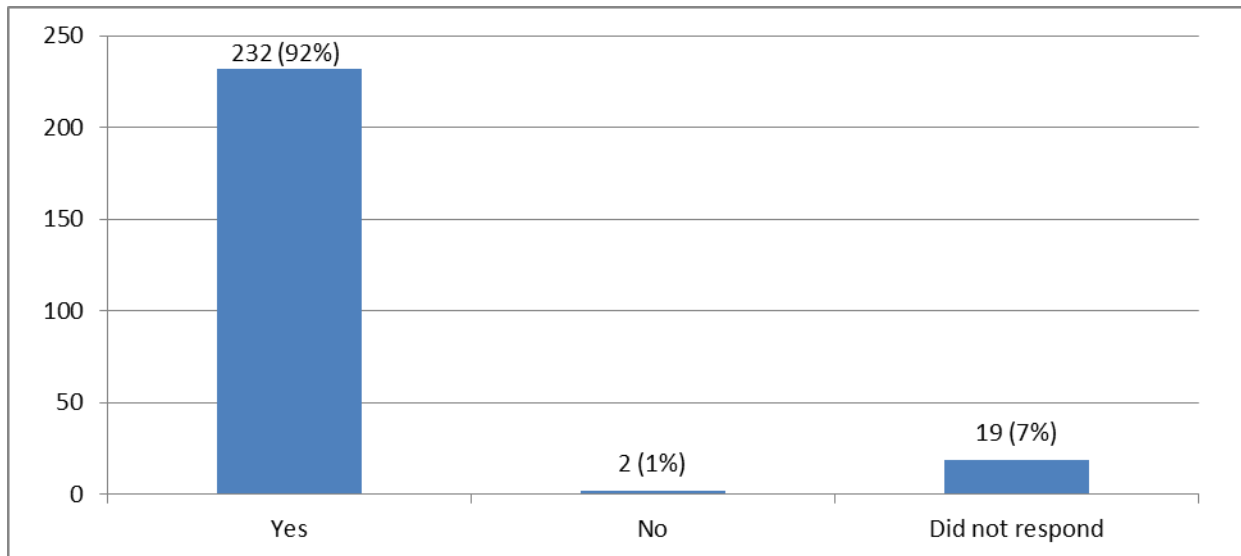
- Carer support including children and young adults
'What if you are a carer for an elderly relative and you are the only person doing this - how can Doncaster help these people to do things differently if everything falls on their shoulders? What about the practicalities of implementation - or are they just words to tick a box?'

'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?'

- Substance misuse including legal highs
'Think we should include legal highs & other substance abuse'

- Social inclusion
'Think it's important to realise that, whilst having clear strategies in place is essential, there are always those people who either won't engage or won't be helped, no matter what.'

Reflection: Do we need to be more clear on what is included the five areas of wellbeing or are these themes a signal that more needs to be done?



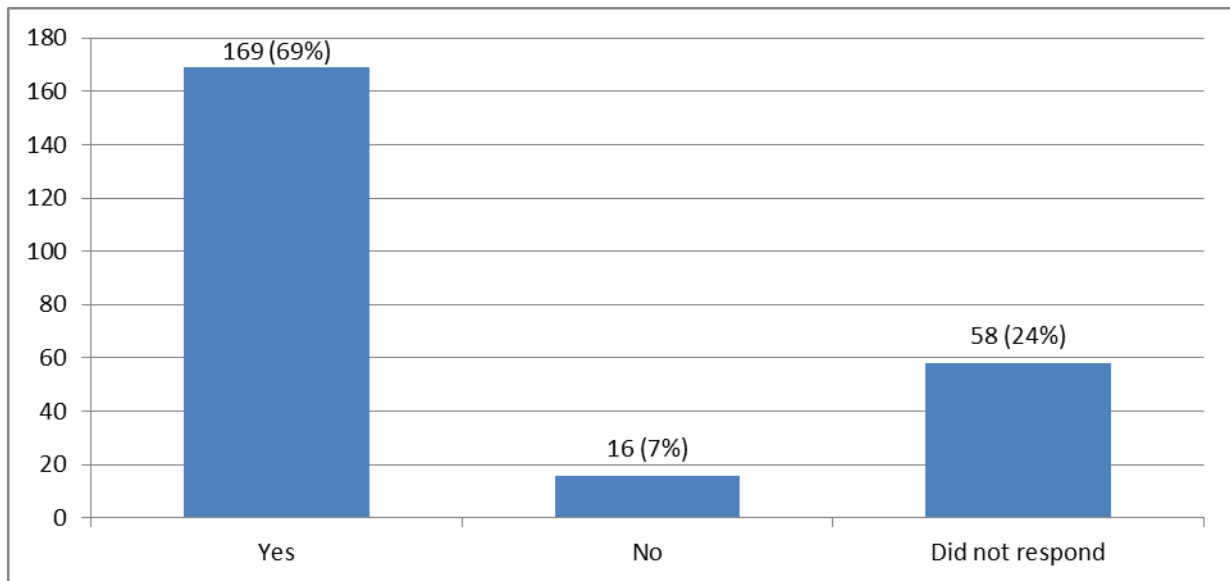
Question 6 - Is the Strategy clear how we measure our performance using Outcomes Based Accountability templates?

69% of respondents agreed that it was clear how the OBA templates were being used an only 7% disagreed. It is important to note however that 24% did not answer this question. The reason for this high percentage is that the question was not asked in some of the face to face protected group consultations due to using easy read versions of the strategy.

The themes coming from question feedback are:

- Figures are not true representations of issues
'...the plan works in theory but in reality services aren't communicating with each other which could affect the figures.'
- Lacking resident outcomes
'Couldn't see how resident's outcomes are included'
- Too complicated and long
'Too wordy and is uninviting to read in entirety'

Reflection: How do we incorporate resident outcomes more and get a truer reflection of services for the figures?



Question 7 - Is the Strategy presented in a way that is easy to read and understand?

86% of respondents thought the strategy was presented in a way that is easy to understand. This is surprising due to previous comments stating the strategy used too much jargon and was not user friendly for the public. The comments for this question did include some positive feedback but a future learning opportunity for next time may be to try and capture more positive and constructive lessons.

'Yes - very well presented. Visually it looks good. I think the format and way it is. Rosen up with some key facts for Doncaster and its people give opportunities for reflection and discussion'

'I like that there are different versions depending how in depth you want to look at it'

6% of respondents disagreed with the question and 8% didn't answer the question.

Out of the comments received three clear themes emerged:

- Too much jargon has been used

'Some of the statements don't seem to make sense - i.e. not plain English, and so confusing as to what is meant and so makes the Strategy very wordy'

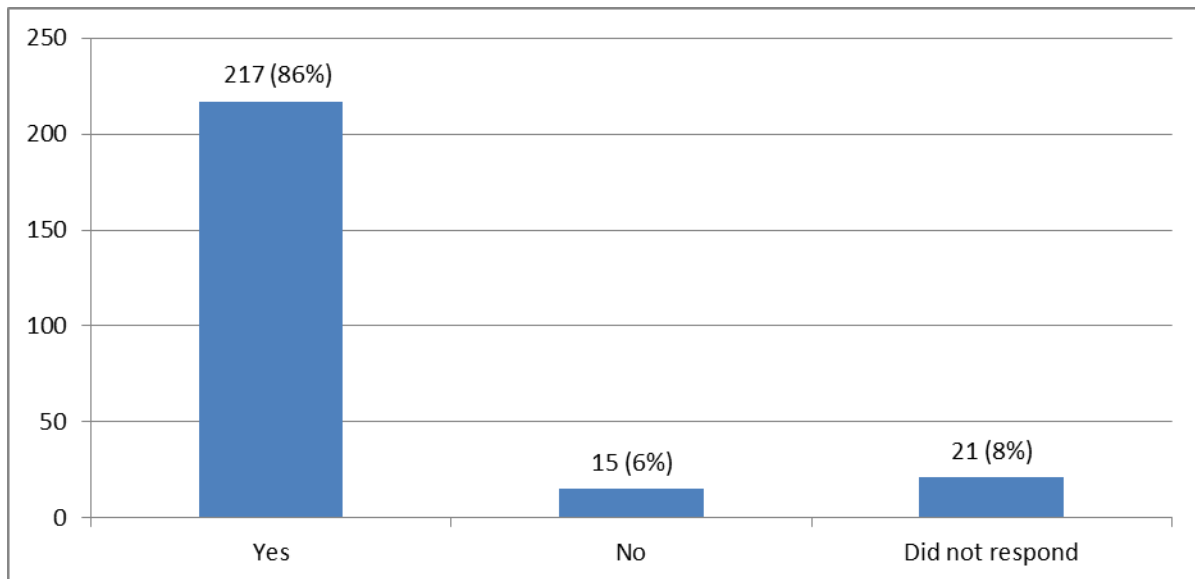
- The document is too long

'Too many pages to read through, for those who just need a general understanding. Many of the terminology are hard to understand'

- It is not user friendly for the public

'What about a flier version with simpler language for the general public?'

Reflection: How can we capture more positive lessons to help improve the next strategy?



Question 8 - After reading through the document are there any comments you wish to make?

There are no figures recorded for this question.

Within the comments it is easy to suggest that most people agreed on the whole that it was a good document.

'Doncaster Mind would like to assist in delivering the strategy'

'Very clear, very concise. A good document'

'Overall a user friendly and clearly set out document'

'It's good and ambitious - poss to publicly share progress on targets as a tool for engagement??'

Two issues have come out of the comments that may need further investigation into the Crisis Team:

'It is frustrating not being able to get through to crisis team the strategy is excellent , but if you cannot access the service the strategy cannot be implemented , are there difficulties staffing the phones????'

'Crisis service has failed to be empathic to my needs and this has resulted in me not wanting to contact other services as I fear that they will also reject my need for support'

The themes arising from this question are;

- Housing and employment
'More homes for families, more opportunities in community, more help for schools'
- Document should be more clear

'There are a lot of targets but where is the activity/action? What are you going to do who is going to do it and by when is it going to be done. If it's a strategy then surely that's what should be explained. Otherwise it's a wish list.'

- Children and young people

'Please review and include your plan to support the 2,000 young carers and army of adult carers who struggle on a daily basis.'

'Start with children - engage them and help them to understand and it will become second nature as they become older'

'I felt that children should have mentioned more. The document speaks about families and there is a couple of sentences with children in it but at first when reading it I thought it was only for adults and older people in particular.'

- Mental Health

'Mental health services are not adequate to meet the needs of young people in Doncaster'

'Re mental health no mention of liaison and diversion i.e. links between MH and courts/prisons etc.?'

'I agree that Mental Health should be one of the areas of focus but I think that the next steps and measures in relation to mental health should include steps/measures which focus on improving the mental health of people who have a learning disability. The recent "No Voice Unheard, No Right Ignored" Department of Health consultation document states that the scale or pace of change that the DoH wanted to see in this area has not yet happened and more needs to be done.'

- Veteran support

'A scant reference on page 7 refers to veteran Support, "there is ongoing support for our veteran to find jobs & housing"? No mention of the ongoing disadvantage in the health pathway.'

- Quality of later life

'Whilst I recognise the fact people are living longer I am not certain that we do enough to maintain the quality of life'

- Substance misuse including legal highs

'Feel that drugs are a problem in particular Cannabis, sniffing drugs, and crack'

- Services need to be clearer on what they offer

'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'

- Better support for migrants and refugees

'...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'

Reflection: What is the best way to respond to comments and ensure that the strategy meets the main overarching themes gained from the feedback?

Conclusion

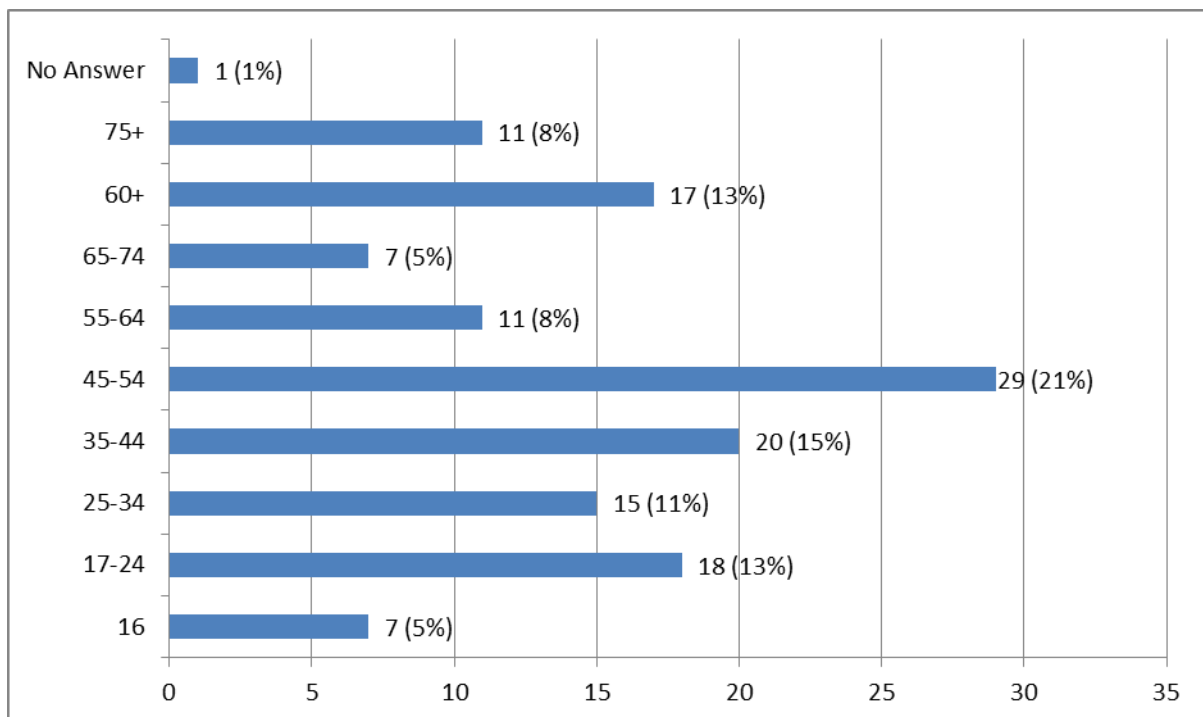
The responses to this consultation have brought out myriad themes over the questions, however so very clear overarching themes have emerged. They are:

- Substance misuse including legal highs
- Children and young people
- Make the documents easier to understand (less jargon)
- More support for minority groups e.g. disability, immigrants, refugees, sex workers and veterans.

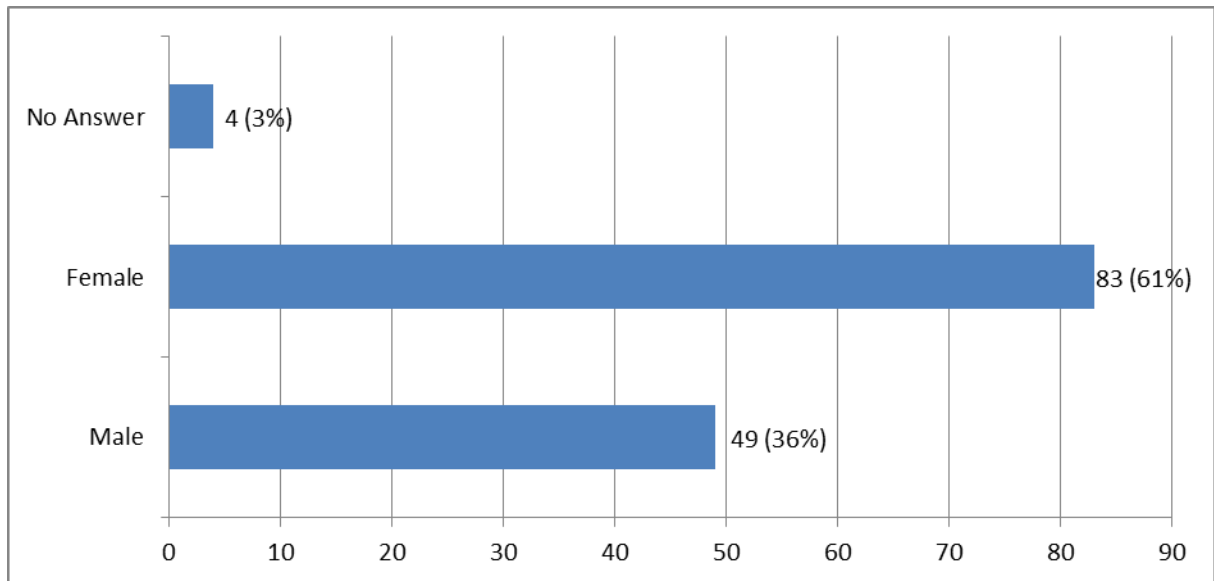
Demographics

Over the course of the consultation we collected equal opportunity data on gender, location, marital status etc. See the charts below for a breakdown of results. Keeping in mind that this section is voluntary the team collected 136 (53%) responses out of 256. It is important to acknowledge that on some questions respondents were able to pick more than one option which may mean some percentages differ between charts.

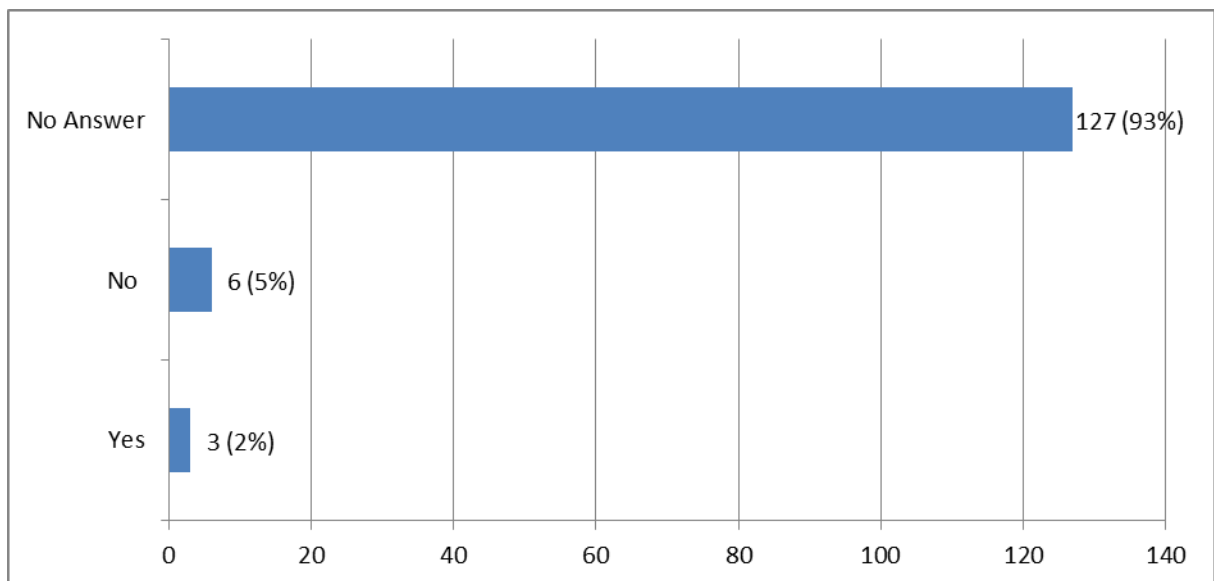
Age



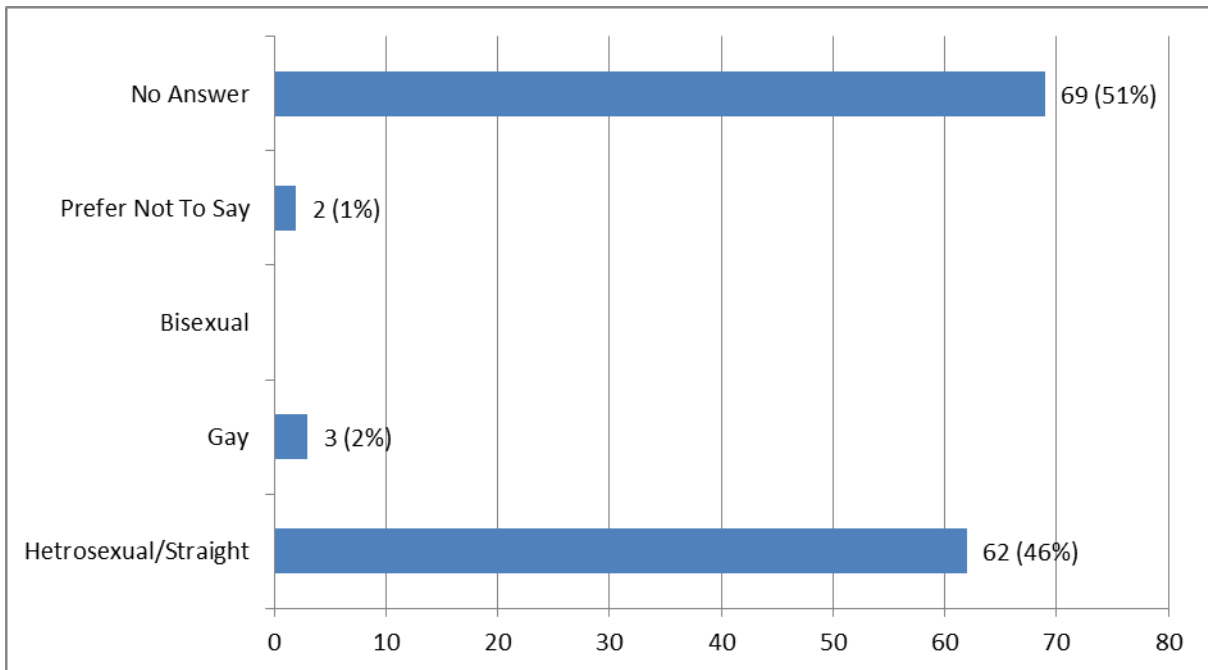
Gender



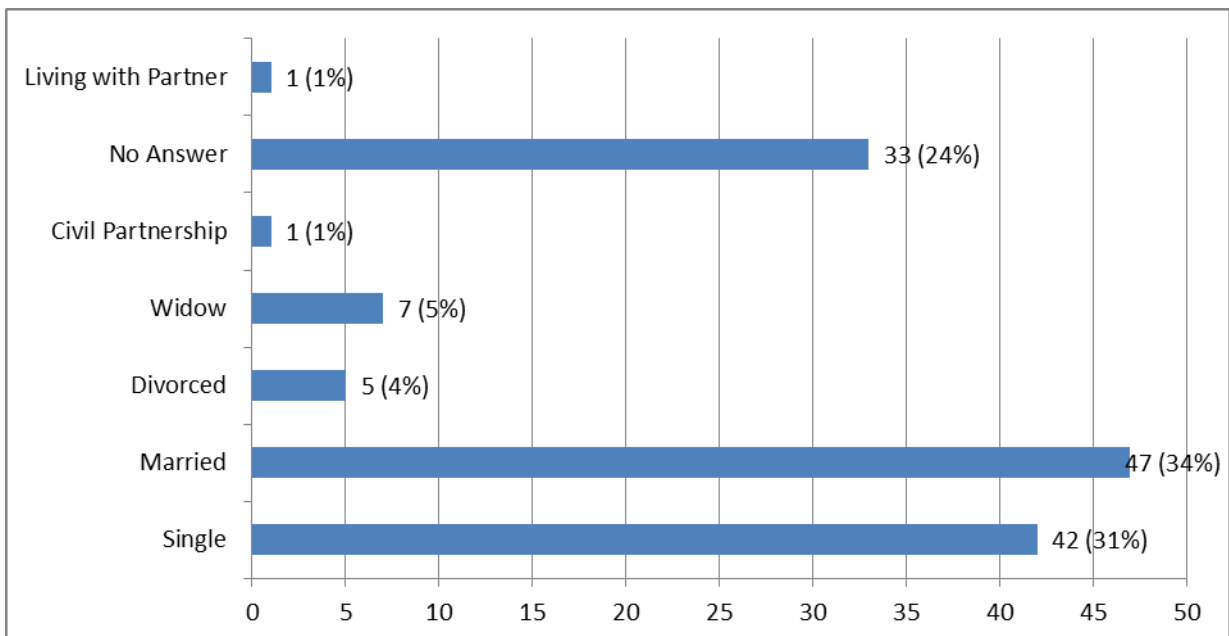
Gender Reassignment



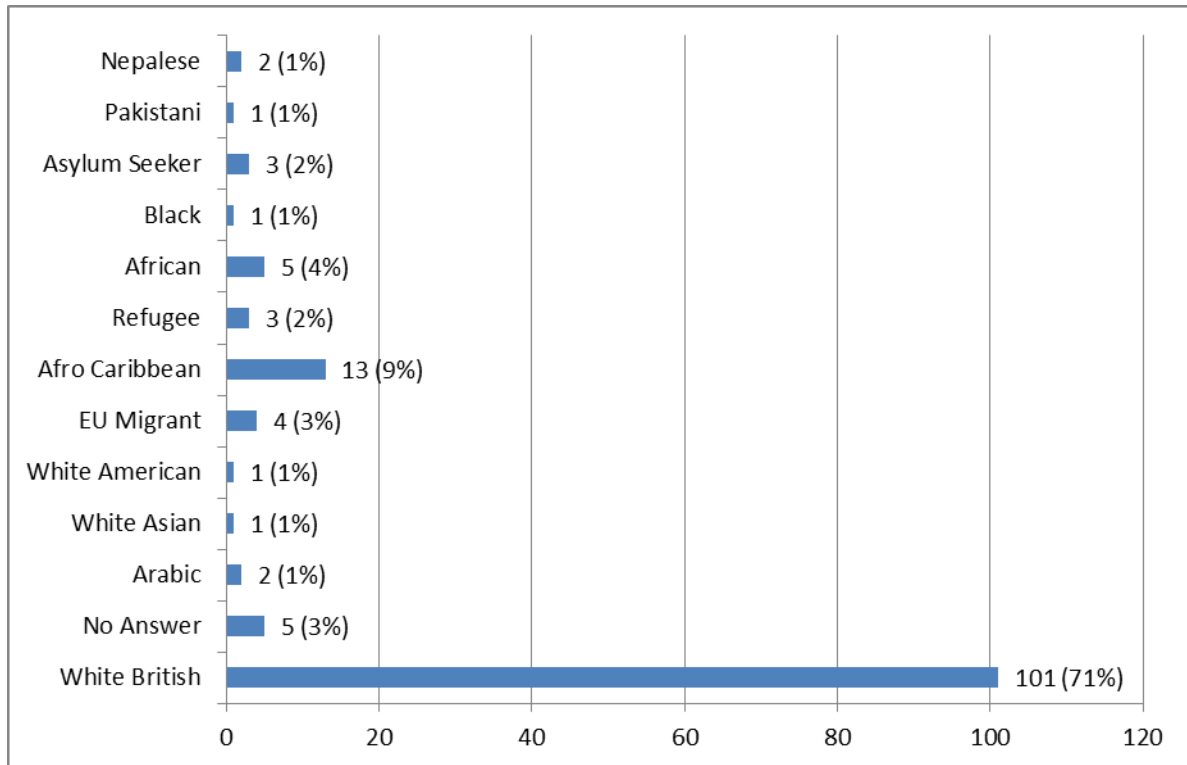
Sexual Orientation



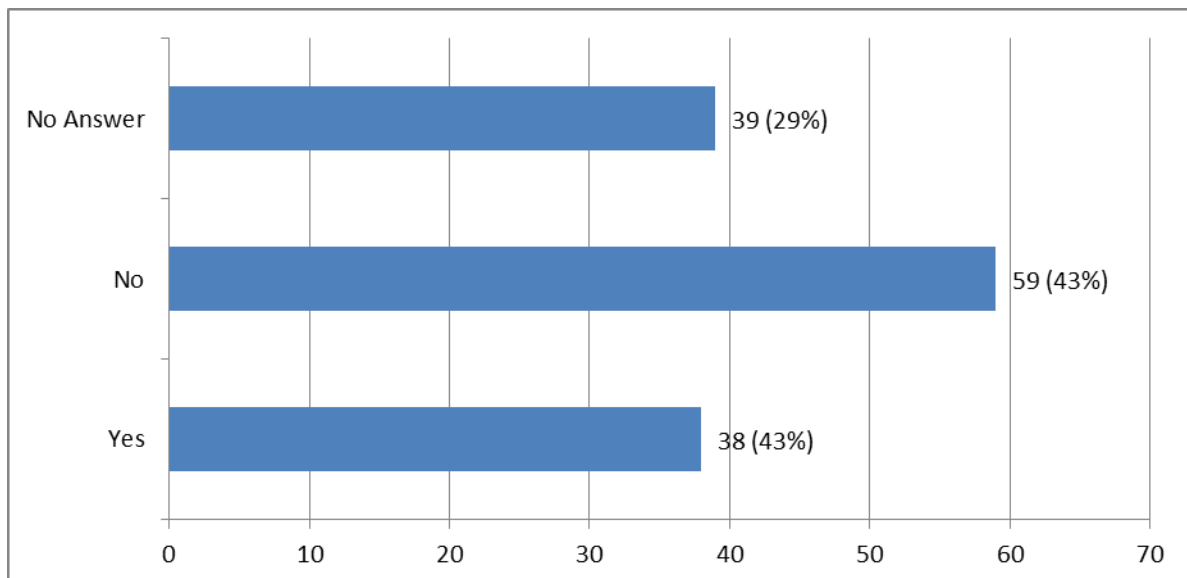
Marital Status



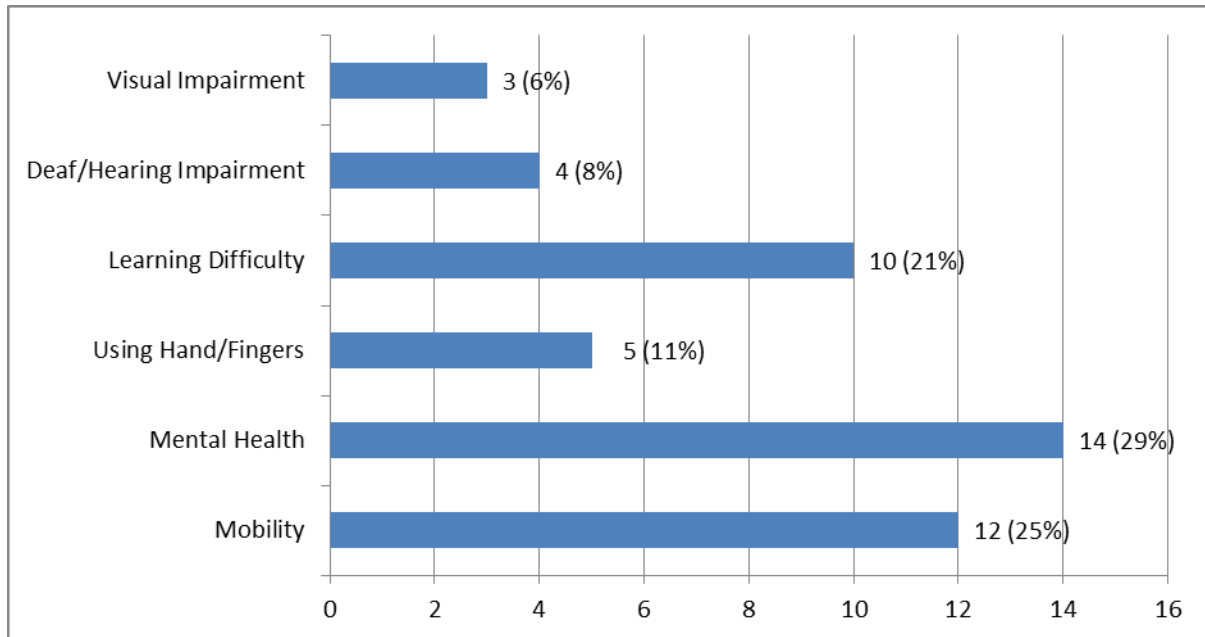
Ethnicity



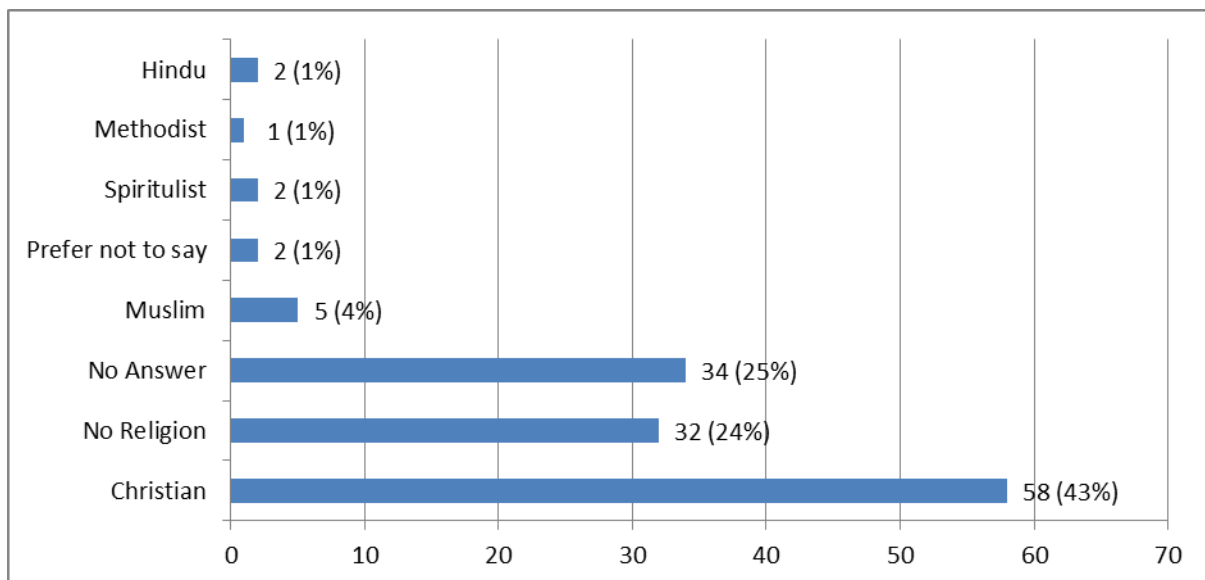
Disability



Disability Type

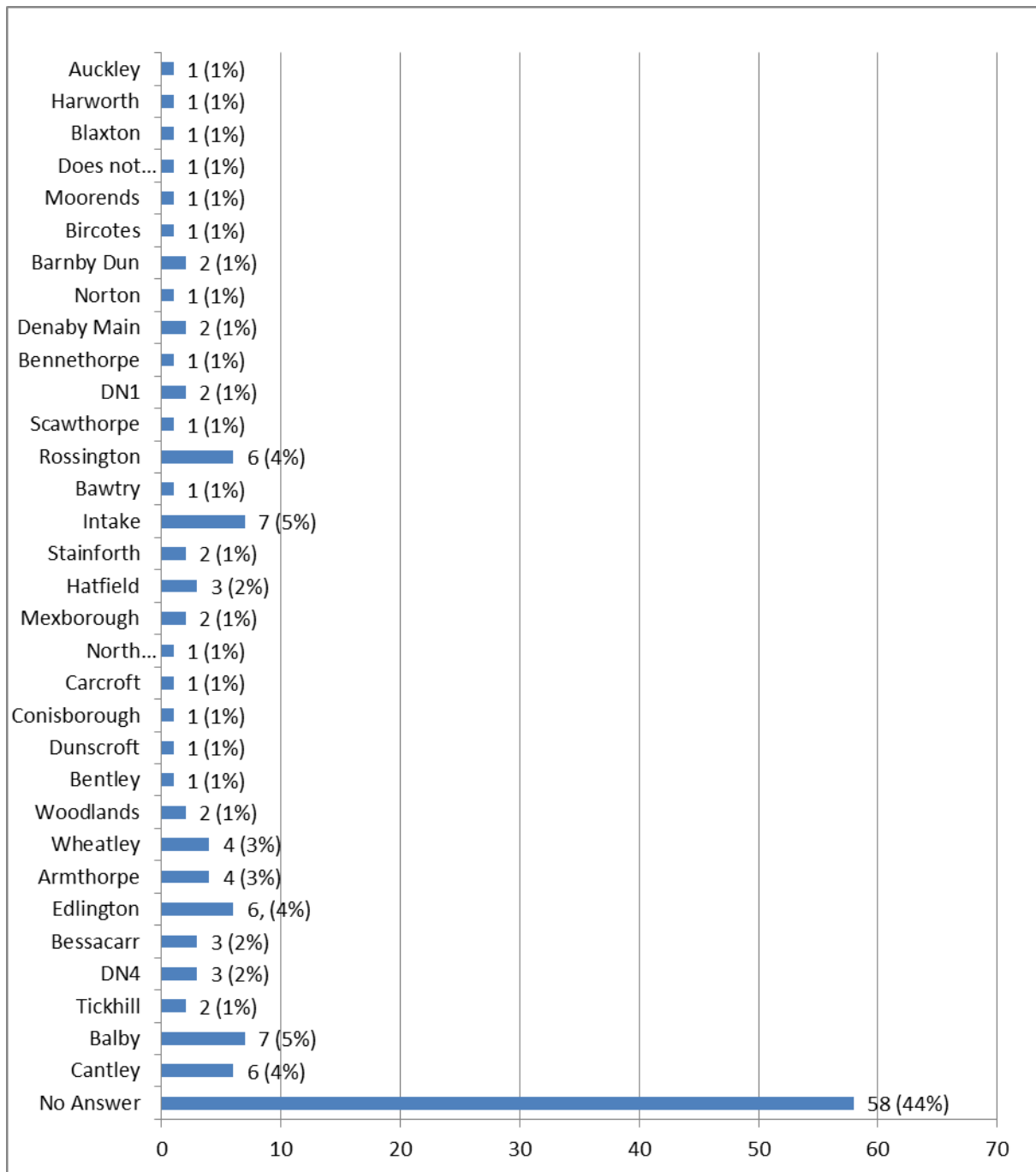


Religion



Scroll down for location charts 1 and 2.

Location 1



Location 2

