

Agenda Item No. 11 3 November 2016

# To the Chair and Members of the HEALTH AND WELLBEING BOARD

# REPORT FROM THE HEALTH AND WELLBEING BOARD STEERING 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 Steering 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 Steering Group, AGREES the hosting of a Doncaster Research and Learning Conference in 2017 and CONSIDERS and AGREES the proposed forward plan at **Appendix A**.

## PROGRESS

5. At the first full Board meeting on 6<sup>th</sup> 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. In March 2016 this support was changed to a steering group.

The Steering group has had two meetings since the last Board in September 2016 and can report the following:

## • Work and Health

The approval of both the Sheffield City Region integrated employment pilot and the Work and Health Unit Innovation Fund bids are still awaited. Locally work has begun on both areas, in particular the Work and Health Unit Innovation fund. This requires a 'trial outline' by November and a go live date of April/May 2017. The initial proposal is to support people with 'low-level' mental health concerns, musculoskeletal problems and who require employment support. This will require increasing the capacity and capability of the local social prescribing approach, improved pathways as well as ensuring cross working into and with the local Stronger Families approach.

## Domestic Abuse Strategy

Work continues to develop the Doncaster strategy to address Domestic Abuse (DA). Emerging issues include:

- Need to build community resilience, capacity and challenge cultural acceptance
- True joint commissioning across Boards and commissioners to tackle DA along with multiple needs in families
- Long term investment to tackle DA with whole place approach which will have wider public health benefits and support reduction of ASB
- Challenge services to 'think' and 'work' whole family and what this means in practice
- Research and evaluate the impact of silo working; traditional and professional hierarchy; and the impact of austerity on agency priorities to agree strategic approach to improve outcomes.
- Integration and alignment with other strategies and plans including the Hidden Harm strategy, neglect strategy and substance misuse strategy as well as operational delivery methods including Early Help and stronger families.

The final strategy will be brought to the Health and Wellbeing Board in due course.

## • Research as a Health and Care System

The two Foundation Trusts in Doncaster (Doncaster and Bassetlaw Hospitals NHS FT and Rotherham, Doncaster and South Humber NHS FT) are increasingly recognised for their approaches to research. Their research strategies are available at

http://www.dbh.nhs.uk/Library/General\_Documents/RD%20Strategy%20Complete%20Document%20July%2013.pdf

http://www.rdash.nhs.uk/wp-content/uploads/2013/07/Draft-Research-Strategy-2016-2019.pdf

Other partners are also using research approaches to improve local health and care services and these include the council, Doncaster CCG, primary care and Doncaster Children's Services Trust.

As well as organisational research strategies there are organisational research conferences to share the outputs of local research. The Health and

Wellbeing Board is asked to CONSIDER hosting a Doncaster research and learning conference in 2017 to share this local learning and ensure the outputs of research are used to improve health and care services.

## • Forward Plan for the Board.

This is attached at **Appendix A**.

# IMPACT ON THE COUNCIL'S KEY OUTCOMES

6.

Out	come	Implications	
from	eople in Doncaster benefit a thriving and resilient nomy.	The dimensions of Wellbeing in the Strategy should support this priority.	
e • M • M	Mayoral Priority: Creating Jobs and Housing Mayoral Priority: Be a strong voice for our veterans Mayoral Priority: Protecting Doncaster's vital services		
	ple live safe, healthy, active independent lives.	The Health and Wellbeing Board will contribute to this priority	
• A	Mayoral Priority: Safeguarding our Communities Mayoral Priority: Bringing Iown the cost of living		
a hiç	ple in Doncaster benefit from gh quality built and natural ronment.	The Health and Wellbeing Board will contribute to this priority	
e • M • M	Mayoral Priority: Creating Jobs and Housing Mayoral Priority: Safeguarding our Communities Mayoral Priority: Bringing lown the cost of living		
All fa	Amilies thrive. Mayoral Priority: Protecting Doncaster's vital services	The Health and Wellbeing Board will contribute to this priority	
	ncil services are modern and e for money.	The Health and Wellbeing Board will contribute to this priority	
prov	king with our partners we will ide strong leadership and ernance.	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 steering 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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