Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2016
Officer	Director for Adult and Community Services
Subject of Report	**Draft Dorset Joint Health and Wellbeing Strategy, 2016 to 2019**
Executive Summary	This report broadly replicates one presented to the Dorset Health and Wellbeing Board on 2 March 2016, and it is presented here to inform Dorset Health Scrutiny Committee members as to the current progress in developing a new Joint Health and Wellbeing Strategy. Local Authorities and Clinical Commissioning Groups have an equal duty to prepare Joint Health and Wellbeing Strategies (JHWSs), based on the findings of joint strategic needs assessment. The first JHWS adopted by Dorset Health and Wellbeing Board in June 2013 largely focused on the description of health and wellbeing priorities, supported by evidence from the JSNA. Following consultation, six key priorities for action were chosen: 1. Reducing the harms caused by smoking 2. Reducing circulatory disease 3. Reducing the harms caused by road traffic collisions 4. Reducing the harms caused by diabetes 5. Reducing anxiety and depression 6. Improving care for people with dementia The Strategy also included some principles and broad themes about encouraging a more preventative approach to health and wellbeing and working together wherever possible to intervene at an earlier stage in all settings. Appendix 1 sets out the high level

	performance against the six priorities and Appendix 2 outlines the outcomes of thematic reviews which looked in depth at specific priorities. In September 2015 HWB members met to consider the format that the next JHWS should take, and followed this with a review of the function and role of the Dorset HWB in October 2015. Members agreed that their future focus should be on matters where they can most 'add value' and where their work will not duplicate what is already being carried out elsewhere. To that end, the two over-arching priorities going forward will be: • Health inequalities and; • Prevention and early intervention. As a positioning paper, a statement introducing the proposed new Joint Health and Wellbeing Strategy forms the substance of this report. The Strategy aims to deliver a framework which members of the Board and other partners across Dorset can work towards, embedding the principles into all the work they do across areas of service delivery. This statement has been jointly developed for both Dorset and Bournemouth and Poole HWBs, reflecting the pan-Dorset landscape of many services and partner organisations. Health and Wellbeing Boards are required to consult on their Joint Health and Wellbeing Strategies and a draft plan for Dorset to achieve this has been drawn up (Appendix 3). A broader communications and engagement plan will also be produced.
Impact Assessment:	Equalities Impact Assessment: The aim of the Strategy will be to have a positive impact on inequalities; an EqIA will be undertaken as appropriate.
	Use of Evidence: The Strategy will be aligned to the Joint Strategic Needs Assessment and to the Director of Public Health's Annual Report: http://www.publichealthdorset.org.uk/understanding/jsna/ http://www.publichealthdorset.org.uk/wp-content/uploads/2015/09/Dorset-director-of-public-health-annual-report-2015-16web.pdf
	Budget: No additional resources; the Strategy should enable partner organisations to prioritise areas of work under a common commitment.

	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM Residual Risk MEDIUM The JHWS is a public-facing document and should demonstrate over-arching links to other organisational strategies. A failure to publish a coherent strategy could reflect poorly on the HWB and the Local Authority.
	Other Implications: Responsible local authorities are required under Section116 of the Local Government and Public Involvement in Health Act 2007 (amended by the Health and Social Care Act 2012) to prepare a Joint Health and Wellbeing Strategy with partner CCGs.
Recommendation	1 That Members consider and comment on the proposed focus of the new Joint Health and Wellbeing Strategy. 2 That Members note the date of the consultation workshop (5 April 2016), to which they will be invited.
Reason for Recommendation	To deliver a Joint Health and Wellbeing Strategy that has full commitment and engagement from all Members and that delivers better outcomes for health and wellbeing.
Appendices	1 Dorset JHWS 2013 to 2016, Priorities and trend data 2 Dorset JHWS 2013 to 2016, Work by the HWB to address the priorities 3 Draft consultation plan, JHWS 2016 to 2019
Background Papers	Dorset Health and Wellbeing Strategy 2013 to 2016 (Dorset HWB, 12 June 2013): Dorset HWB Report - JHWS June 2013
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Introducing the Dorset Health and Wellbeing Strategy: A focus on Prevention and Inequalities.

1 The importance of early intervention and prevention

1.1 Our health and social care system is rapidly becoming unstable and unsustainable largely because of the high and rising costs of ill-health, and rising demand.

1.2 Effective preventive measures to reduce the burden of disease and ill-health, both physical and mental, are the mainstay of any long-term solution to these challenges. The more so when it is estimated that about 40 per cent of the NHS current workload is potentially preventable and relates to behavioural factors that can change.

1.3 Nationally, the challenge of meeting rising demand with decreasing resources available to health and social care systems was described in the *Five Year Forward View*[1]. In this NHS England outlined the need for a “radical upgrade in prevention and public health” in order to secure the “future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain”.

1.4 The prevention theme set out in the Five Year Forward View has been incorporated into national planning guidance that requires all areas in England to produce a ‘sustainability and transformation’ plan for health and social care. This means the NHS and Local Authorities working together to produce and implement the plan. This plan must set out how local areas will close:

- **The health and wellbeing gap** – inequalities in health and health outcome for different groups of people which are often driven by wider socio-economic factors;
- **The finance and efficiency gap** – understanding how to reduce the longer term costs of health and social care arising from increasing demands on services;
- **The care and quality gap** – including reducing local variations in the quality of services.

1.5 The Health and Wellbeing Board is charged with improving the health and wellbeing of residents and reducing inequalities in health within local areas. As such, it provides a natural focus for identifying and coordinating the implementation of an effective, long term, and systematic approach to prevention in all that health and social care organisations (and the wider public service and voluntary sector) do.

1.6 Through this refreshed Joint Health and Wellbeing Strategy, the Health and Wellbeing Board will, within the frame of reference of the five year forward view and the sustainability and transformation plan, set out the key issues and outcomes for Dorset, Bournemouth and Poole, where a more systematic adoption of efforts to prevent ill-health could make a real difference. And, in the process, support how the NHS and social care can jointly re-design the system to ensure sustainability and effectiveness for the future.

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[1] The Five Year Forward View, NHS England, October 2014: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

2 Prevention

2.1 Despite many references to “prevention” in plans and strategies, there is little shared understanding of what are the most effective and efficient approaches for given conditions and settings, and differing people describe prevention activities in very differing language. This strategy will attempt to provide a common framework and language for understanding all our prevention work across organisations.

1.2 All the partners which are represented on the Health and Wellbeing Board have an important role to play in this. Effective actions range from successful early identification and treatment of risk factors for disease, right through to place-based approaches to improve wider determinants of health including economic development, education, meaningful employment, and transport options that promote walking and cycling.

- **Primary prevention** aims to prevent disease and harm before it occurs. i.e. People live in environments that support their health and wellbeing and people, families and communities are able to live healthy and fulfilling lives.

  Examples include: immunisation, eating well, exercising and not smoking.

- **Secondary prevention** aims to detect disease and identify risk factors before they become harmful to health. i.e. People with increased risk of poor health are identified early on and are supported to prevent premature problems developing.

  Examples include: exercise/drug treatment to lower cholesterol and early detection of disease e.g. cancer screening programmes.

- **Tertiary prevention** aims to slow or reverse disease progression. i.e. People living with long-term health problems avoid complications and maintain a good quality of life.

  Examples include: drug therapy/rehabilitation after heart attack/stroke, support programmes to keep people with conditions such as diabetes well.

2.3 The challenge around implementing a prevention strategy to close the health and wellbeing gap is that it will require a sustained focus over many years, at sufficient scale and reach, to really make a difference. The Health and Wellbeing Board has a key role in ensuring that there is a sustained focus on embedding prevention taking a ‘place-based’ approach that goes beyond just thinking about what public sector services provide.

3 Inequalities

3.1 Embedding a comprehensive approach to prevention is the most effective way of reducing health inequalities – a legal requirement of both Local Authorities and Clinical Commissioning Groups. The national review of evidence on heath inequalities[2] set out six policy objectives that require action:

[2] Fair Society Healthy Lives, The Marmot Review, 2010: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill-health prevention.

3.2 These policy objectives are very broad and we need to translate them into and align them with existing work locally. For example, there is growing evidence that it is vital to work to address the key drivers of the causes of inequalities and this should be used to inform local action to reduce the inequalities experienced in health outcomes between communities across Dorset.

3.3 Reducing inequalities includes action across all areas of work ranging from preventing the development of the risk of poor outcomes (e.g. health, wellbeing, development, attainment), for example by reducing the amount of sugar in the diet, through to diagnosing and treating poor health from these risks becoming disease, for example by managing diabetes to stop complications developing.

3.4 To reduce inequalities, we need both an approach that identifies individual risk factors in people living in small geographical areas that are associated with poorer health outcomes, plus efforts at the whole population level and across organisations. In this respect, the Health and Wellbeing Boards are ideally placed to make a real difference over the medium to long term.

3.5 In order to make a difference we are going to need work differently, not just in our own organisations but also across organisations. The Health and Wellbeing Board can provide the leadership for change, but collective action needs owned by all partners.

3.6 There are now a whole range of opportunities to put prevention and reducing inequalities at the heart of efforts to transform health and social care, including the development of integrated care systems, new models of care, and transformed local authority services.

3.7 Health and Wellbeing Boards are well placed to provide leadership for a real focus on prevention and inequalities in this journey, and above all, push for the development of population health systems as the next step in care integration.

4 Dorset Joint Strategic Needs Assessment – Summary of evidence

4.1 Bournemouth, Poole and Dorset cover an area in the South West of England governed by Dorset County Council and the unitary authorities of Bournemouth Borough Council and the Borough of Poole. Around half the population lives in the urban south east of the pan-Dorset locality, with the rest of the area being largely rural with a low population density.

4.2 Overall, our resident population enjoys relatively good health with a higher life expectancy than the England average. However there is some evidence that trends in early deaths from heart disease (particularly in Bournemouth) and cancer (particularly in Poole) are beginning to level off and the England average is catching up. Key challenges are:

4.2.1 Population change

- The population of Bournemouth, Poole and Dorset continues to grow. By 2025 our population will be almost 814,000;
- The population structure will change:
    - Over 70s increase rapidly (from 18% to 21% of the population by 2025);
    - Core working age population (20 to 59) declines (from 49% to 45%);
    - Children and young people under 20 rise in line with overall growth (stays at 21% of the overall population).

4.2.2 Lifestyle factors

- Bournemouth, Poole and Dorset compare well overall to England for most lifestyle factors;
- Smoking prevalence is low (16%) and falling;
- Overweight and obesity is mostly better than England, but still too high, and is increasing;
- Any improvements in health from fewer people smoking will be offset by more people who are obese;
- Patterns of alcohol use have changed, with levels falling for many groups, however health impacts continue to rise and this is a particular issue for Bournemouth.

4.2.3 Quality and experience of care

- Care within the local health and care system is delivered within a complex network of commissioners and providers with many different services and organisations involved;
- Variations in services are seen at all levels of the system; within primary care, secondary care, community care and social care. For example:
    - Local GP practices vary, with rates of between 66% and 98% for blood pressure control for people with heart disease;
    - Local hospitals vary, with between 1% and 6% of patients waiting longer than 31 days from the time of referral to their first treatment for cancer;
    - Reablement services within social care have different criteria for referral and different offers to the service user;
- Simplifying the system will help people to find their way to the services they need;
- Understanding and addressing inappropriate variation in care within our services will stop some people needing more complex care at a later date.

4.2.4 Inequalities

- Life expectancy within areas of Bournemouth, Poole and Dorset varies. Since the figures reported in 2007 the gap has:
    - Stayed the same for men in Dorset (6 years) and Poole (7-8 years), and for women in Bournemouth (6 years) and Poole (6-7 years);
    - Got bigger for men in Bournemouth (from 8 to 11 years) and women in Dorset (from 4 to 6 years);
    - Overall, average life expectancy at birth between 2010 and 2012 in Dorset was 81.2 years for males and 85.3 years for females;
    - In Bournemouth average life expectancy at birth between 2010 and 2012 was 78.6 years for males and 83.1 years for females;
    - In Poole average life expectancy at birth between 2010 and 2012 was 80.2 years for males and 84.1 years for females (Source ONS).

- Locally we recognise priority neighbourhoods where a range of socio-economic factors, different in different communities, come together to provide particular needs for that community:
    - Bournemouth – Boscombe, West Howe;
    - Poole – Bourne Valley;
    - Dorset – Weymouth and Portland/Melcombe Regis;
- Early childhood experiences impact on future outcomes; delivering a universal service will help us to reach the 5,307 children in need who require more support even where they are not in our priority neighbourhoods.

4.3 In summary the JSNA tells us that:

- More people overall will mean more demand on most health and care services, and older people in particular are more likely to have one or more long term conditions that impact on their health, again with increased demand for health and social care.

- We need to work on improving lifestyle factors and quality and experience of care to slow the increase in demand; this will not be enough on its own, but if we do not then demand will increase even further and faster.

- Equally we need to recognise the inequalities that currently exist in our local system and ensure that any changes we make do not make these worse, but aim to improve. We need to think differently about how we all work together to improve our population outcomes in the light of this increasing demand.

5 Communicating the key messages and the next steps

5.1 The Health and Wellbeing Board members have highlighted the need to promote the work that is needed to achieve the desired outcomes of the JHWS and to maximise the activity undertaken and generated by the Board. The benefits to Dorset's residents associated with the JHWS and the reasons why behaviour change can have a significant and lasting impact on individuals and the community need to be widely communicated.

5.2 The overall message emerging from thematic reviews and associated workshops linked to the original JHWS was that there is a need for a greater focus on early intervention, education and prevention across all areas of work. Development work with Board members in October 2015 highlighted this role and the opportunity that a new Strategy would offer to take this forward.

5.3 In January 2016 audit work began to establish the extent to which organisations, including the Health and Wellbeing Board itself, had followed up recommendations and actions arising from previous thematic reviews (see Appendix 2). The results of this audit will be reported to the Board and will help to identify areas of progress and areas for further development.

5.4 In addition, it was recognised that a great deal of work around the policy objectives to tackle inequalities was already taking place, but partner organisations were not always aware. To capture the level of activity and identify gaps, a second audit will be undertaken, as part of the development work for the JHWS.

5.5 The proposed new JHWS will have a high level communications and engagement programme, seeking support from all the delivery bodies including the local authorities, public services, third/voluntary sector and the private sector (see draft

Plan, Appendix 3). Key to this is understanding what the Strategy can achieve and how best to do this.

Catherine Driscoll
Director for Adult and Community Services
March 2016

Appendix 1

Dorset Joint Health and Wellbeing Strategy 2013 to 2016 – Priorities and trend data

1 Introduction

1.1 The first Dorset JHWS was published in June 2013 following two periods of consultation with a wide range of stakeholders. The final Strategy:

- Adopted nine principles setting out the way in which the Board and its partner organisations would work to achieve the best outcomes for the population.

- Identified four key aims:

    1. People live in environments that support their health and wellbeing.

    2. People, families and communities are enabled to live healthy and fulfilling lives.

    3. People with increased risk of poor health are identified early on and are supported to prevent premature problems developing.

    4. People living with long-term health problems avoid complications and maintain a good quality of life.

- Identified six priorities for action (for 2013-14):

    1. Reducing the harms caused by smoking

    2. Reducing circulatory disease

    3. Reducing the harms caused by road traffic collisions

    4. Reducing the harms caused by diabetes

    5. Reducing anxiety and depression

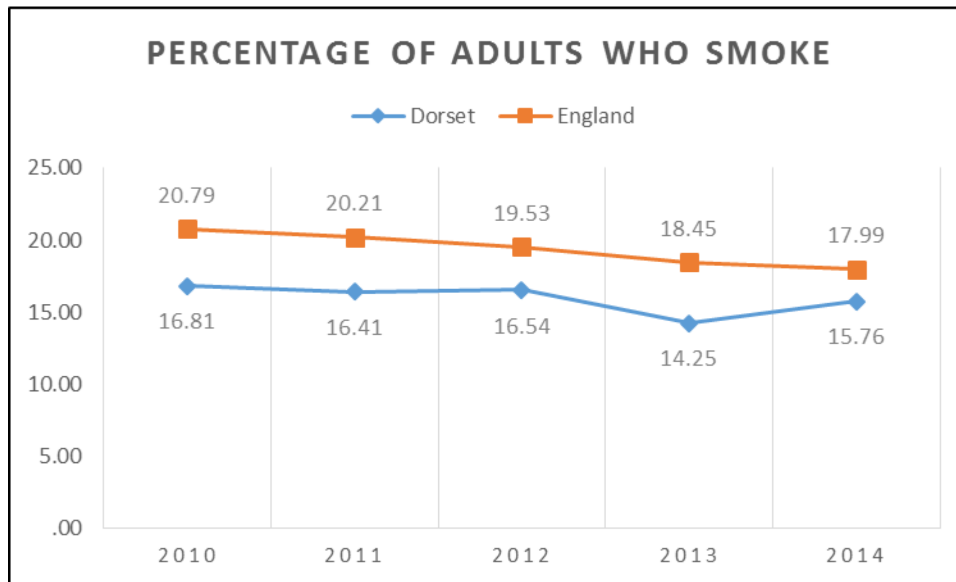
    6. Improving care for people with dementia

1.2 The above priorities were chosen following detailed consideration of a range of variables such as the scale of the issue, the possibilities for making changes, the financial impact, wider implications and external imperatives for action.

1.3 Lead responsibility for each of Dorset's six priorities was assigned to partners already involved in the respective areas of work. Public Health Dorset therefore assumed responsibility for reducing the harms caused by smoking, under the Tobacco Alliance programme, the Dorset Strategic Road Safety Partnership assumed responsibility for reducing the harms cause by road traffic accidents and the Clinical Commissioning Group assumed overall responsibility for the remainder of the priorities, in conjunction with their existing Clinical Commissioning Programmes.

1.4 Monitoring of progress was to be undertaken via single over-arching outcome indicators, and trend data for the outcome indicators is as follows:

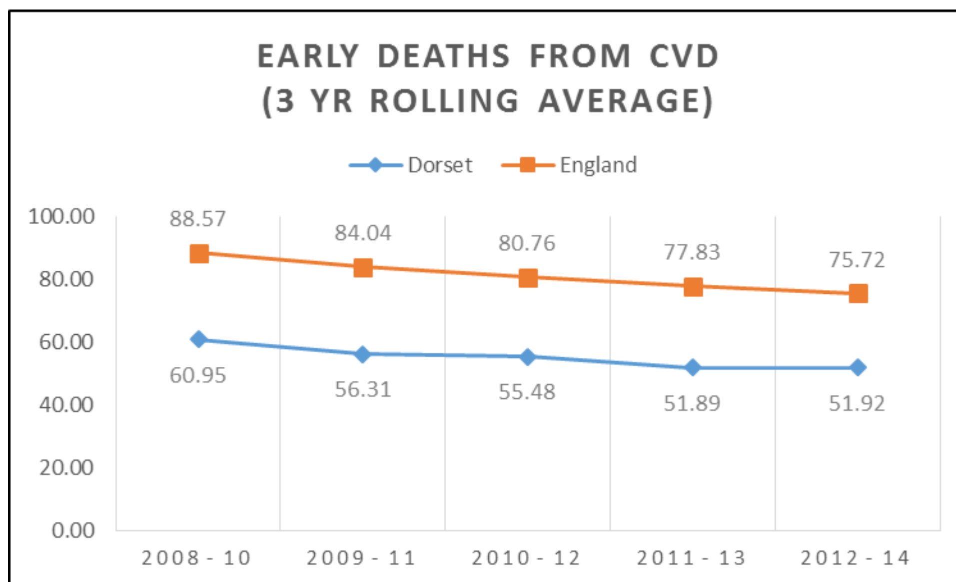
1. **Reducing the harms caused by smoking**



Percentage of adults (aged 18 and over) who smoke (Public Health Outcomes Framework – PHOF)

Dorset has a consistently lower percentage of adults who smoke compared to the England average, at a statistically significant level. The percentage did rise slightly between 2013 and 2014 however (from 14.25% to 15.76%).

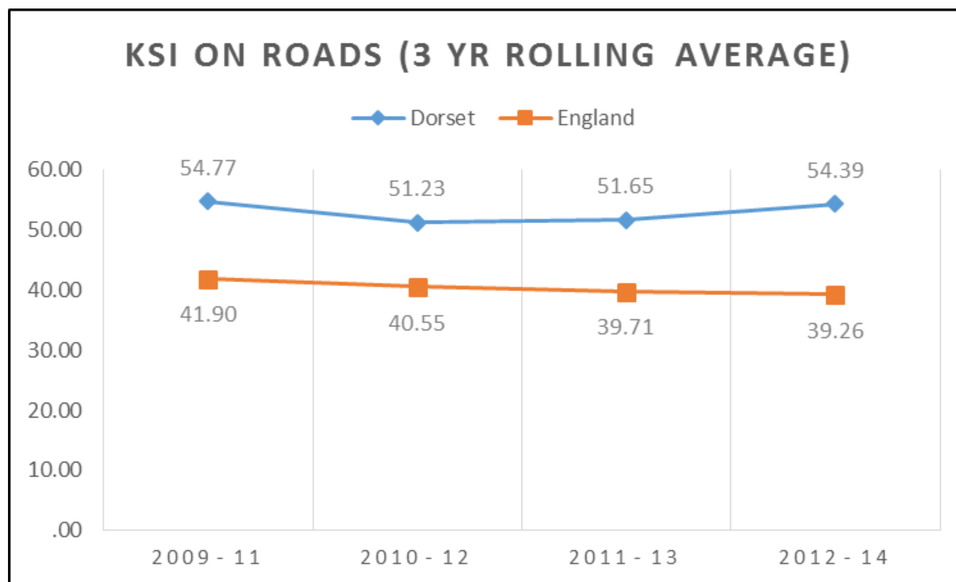
2. **Reducing circulatory disease**



Early deaths: heart disease and stroke (Directly standardised rate per 100,000 population – 3-year rolling average) (PHOF)

There are fewer early deaths (before the age of 75 years) from cardiovascular diseases amongst Dorset residents than in England as a whole, and both Dorset and England have seen improved rates of death over recent years. Year on year locally there has been no significant change in rates of early deaths from CVD.

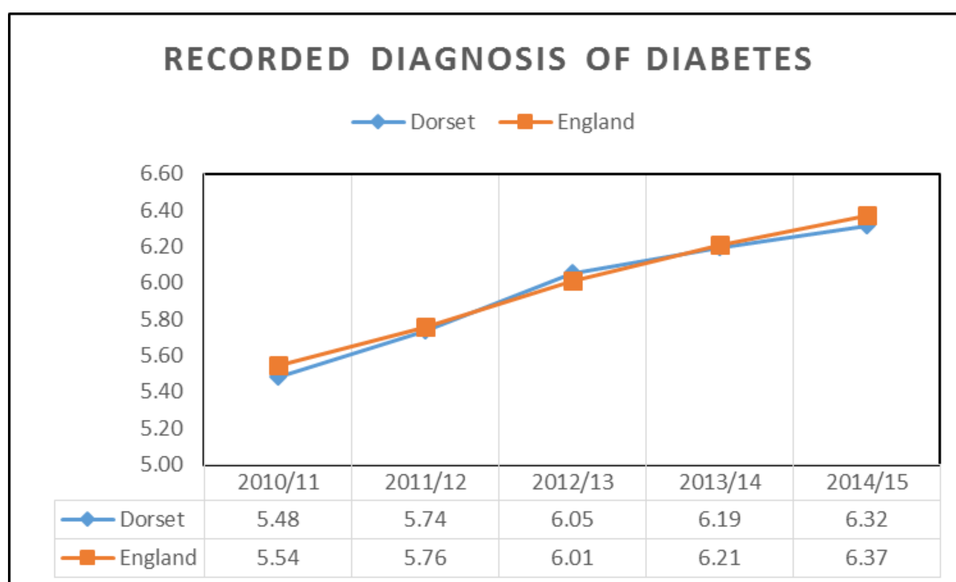
3. Reducing the harms caused by road traffic collisions



Road injury and deaths (rate per 100,000 population – 3-year rolling average) (PHOF)

The number of individuals killed or seriously injured (KSI) on Dorset's roads has been higher than the average for England for some years, and continues to be so.

4. Reducing the harms caused by diabetes

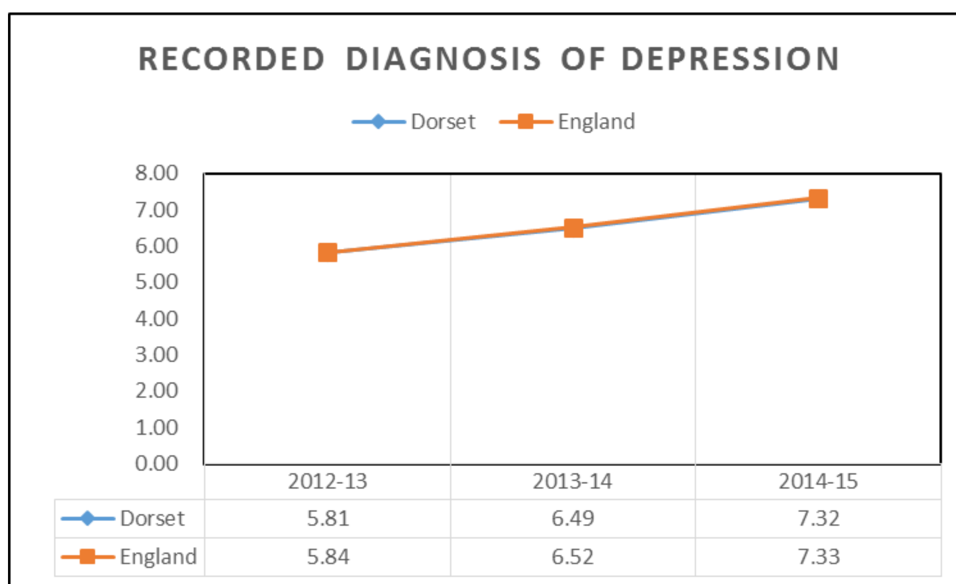


	2010/11	2011/12	2012/13	2013/14	2014/15
Dorset	5.48	5.74	6.05	6.19	6.32
England	5.54	5.76	6.01	6.21	6.37

Percentage of people on GP registers with a recorded diagnosis of diabetes (PHOF)

The rate of recorded diagnosis of diabetes continues to be similar to that seen across England, and has risen in recent years but not at a statistically significant level.

5. Reducing anxiety and depression



Percentage of adults (aged 18 and over) with a recorded diagnosis of depression (QOF data)

The rate of recorded diagnosis of depression in Dorset also continues to be very similar to that seen across England, and has risen in recent years at a statistically significant level.

6. Improving care for people with dementia

A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia is not currently available.

1.5 Overall, in terms of priority areas within the 2013 to 2016 JHWS, the data indicates that:

- Dorset has improved, but is still worse than England with regard to deaths and serious injuries as a result of road traffic collisions;
- For circulatory disease and smoking the County performs relatively well;
- For diabetes the picture is similar to that in England as a whole;
- For depression the picture is also similar to that in England as a whole;
- A suitable measure for an improvement in care for people with dementia is not available, but with an estimated 8,630 people suffering the condition currently this presents an on-going challenge for individuals, carers and services.

1.6 Data from the Dorset Joint Strategic Needs Assessment (JSNA) further suggests that health needs in Dorset have remained fairly stable since 2007, and in general individuals enjoy a long life and good health. Changes over time mostly mirror the national picture, with mortality and rates of smoking falling, but obesity rates and problems with alcohol increasing. There is however variation within Dorset, with a 6 year gap in life expectancy between the best and worst performing areas.

Appendix 2

Dorset Joint Health and Wellbeing Strategy 2013 to 2016 – Work by the Dorset Health and Wellbeing Board to address the priorities

1 Thematic reviews

1.1 In September 2014 the HWB agreed to devote the second part of each Board meeting to thematic reports on topics linked to the priorities identified within the Joint Health and Wellbeing Strategy.

1.2 By the end of 2015 five of the priorities had been reviewed within four thematic reports: Reducing circulatory disease, reducing the harms caused by road traffic collisions, reducing the harms caused by diabetes, reducing anxiety and depression and improving care for people with dementia. The sixth priority, reducing the harms caused by smoking has not been reviewed directly by the HWB, although it was referenced within the report on cardiovascular disease.

1.3 The reports were considered in the context of the following key principles:

- The identified need and equity of need;
- The effectiveness of what is being done about that need;
- The impact and outcomes resulting from what is being done; and
- The efficiency surrounding the use of resources.

1.4 In addition to presenting information and data to set the context in Dorset regarding the identified needs and responses to those needs, stakeholder feedback was gathered via three workshops. All reviews and workshops were conducted by multi-agency groups, including members of the Health and Wellbeing Board, as appropriate.

2 Outcomes from thematic reviews

2.1 **Reducing circulatory disease – 12 November 2014:** Dorset HWB Report - Cardiovascular Disease, November 2014

The first thematic review, focussing on the priority to reduce circulatory disease, highlighted the scale of the issue for Dorset, the (often) preventable nature of the disease, the variation in rates across localities and the importance of risk management. Members resolved to share the findings widely, particularly with the Children's Trust Board, and to ensure that the data informed work of the Clinical Commissioning Group's Clinical Services Review.

2.2 **Reducing anxiety and depression and improving care for people with dementia – 4 March 2015:**
Dorset HWB Report - Mental Health throughout life, March 2015

The second thematic review concerned the two priorities linked with mental health: reducing anxiety and depression and improving care for people with dementia. To inform the report a workshop was held, attracting more than 60 individuals who were able to contribute their views of current services and gaps in provision. A wide range of actions and recommendations were proposed as a result of the review, and the value of early intervention and work with schools was emphasised.

2.3 **Reducing the harms caused by diabetes – 10 June 2015:**
Dorset HWB Report - Healthy eating, Obesity and Diabetes, June 2015

The third thematic review was linked to the priority to reduce the harms caused by diabetes, but was widened to encompass healthy eating (including sustainable food) and obesity. Again a workshop was held, enabling engagement with individuals, statutory and community based organisations with diverse perspectives. Prevention and early intervention, including links with physical activity, schools and general practitioners, were felt to be key to tackling the issues presented.

2.4 **Reducing the harms caused by road traffic collisions – 9 September 2015:**
Dorset HWB Report - Reducing the harms from RTCs, September 2015

The fourth thematic review looked at reducing the harms caused by road traffic collisions and was undertaken in partnership with Bournemouth Borough Council and the Borough of Poole. In addition, the review and associated workshop was coordinated by a multi-agency group which included Dorset Police, Dorset Fire and Rescue Service and the Environment and Economy Directorate within Dorset County Council. The review highlighted the most frequent causes of road traffic collisions and subsequent discussion identified a number of actions for members and partner organisations. Education of children, young people and adults to raise awareness of the risks was widely recognised and the need to invest in more detailed data analysis was proposed, to better understand the circumstances and outcomes of collisions.

3 Actions following thematic reviews

3.1 The overall message emerging from the thematic reviews and associated workshops was that there is a need for a greater focus on early intervention, education and prevention across all areas of work.

3.2 In January 2016 audit work began to establish the extent to which organisations, including the Health and Wellbeing Board itself, had followed up recommendations and actions arising from thematic reviews. The results of this audit will be reported to the Board and will help to identify areas of progress and areas for further development.

Appendix 3

Dorset Joint Health and Wellbeing Strategy Draft Consultation Approach, 9 March 2016 to 20 April 2016

Stakeholders	Method of consultation	Date	Lead
Statutory and internal partners: **Health** **Adult and Community Services** **Children's Services** **Environment and Economy** **Public Health** **Fire and Rescue Services** **Police/PCC** **District and Borough Councils** **Town and Parish Councils** **Housing Associations**	Information regarding the start of the 6 week consultation to be developed and sent via key contacts	By 9 March 2016	Ann Harris
	Key representatives to be invited to workshop on 5 April	5 April 2016	Ann Harris
Other key partners: **Dorset Local Nature Partnership** **Dorset Safeguarding Adults Board** **Dorset Safeguarding Children Board** **Community Safety Partnership** **Children's Trust Board** **Care Quality Commission** **Dorset MPs**	Information regarding the start of the 6 week consultation to be developed and sent via key contacts	By 9 March 2016	Ann Harris
	Key representatives to be invited to workshop on 5 April	5 April 2016	Ann Harris
Elected members	Information regarding the start of the 6 week consultation to be developed and sent via Democratic Services	By 9 March 2016	Ann Harris / Lee Gallagher
	Members briefing	Before 20 April 2016	TBC

Dorset Health Scrutiny Committee	Information regarding the start of the 6 week consultation to be developed and sent via Democratic Services	By 9 March 2016	Ann Harris / Denise Hunt
	Information re Draft Strategy to be presented as Briefing at Committee on 8 March 2016	8 March 2016	Ann Harris
	Members to be invited to workshop on 5 April	5 April 2016	Ann Harris
Voluntary and Community sector including: **POPP / Dorset Age Partnership** **Dorset Community Action** **Healthwatch** **Dorset MH Forum** **People First Dorset** **Dementia Care Partnership** **Carers Partnership** **Dorset Race Equality Council** **Clinical Commissioning Group Patient (Carer) and Public Engagement Group**	Information regarding the start of the 6 week consultation to be developed and sent via key networks, including POPP, DCA and Healthwatch	By 9 March 2016	Ann Harris
	Key representatives to be invited to workshop on 5 April	5 April 2016	Ann Harris
General public	Information regarding the start of the 6 week consultation to be developed and distributed via networks	By 9 March 2016	Ann Harris
	Information to be uploaded to Consultation Tracker	9 March to 20 April 2016	Ann Harris
	Press release and other comms to be developed	By 9 March 2016	Paul Compton

Ann Harris, Health Partnerships Officer, March 2016