Doncaster
Metropolitan Borough Council

Agenda Item No: 7
Date: 02.11.17

To the Chair and Members of the Health and Wellbeing Board

HEALTH AND WELLBEING BOARD OUTCOMES FRAMEWORK & AREAS FOCUS UPDATE

EXECUTIVE SUMMARY

1. This paper gives an update on the potential Outcomes Framework for the Health and Wellbeing Board, specifically updating the board on the board workshop held on 05.10.17. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on key information identified as important for the board.
2. There is also an interim update on the key areas of focus as identified in the Health and Wellbeing Strategy.

EXEMPT REPORT

3. N/A

RECOMMENDATIONS

4. The Board is asked to:-

   a) Note the write up to the workshop and changes to the Outcomes Framework
   b) Note the progress statements for each of the areas of focus.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Good Performance Management arrangements of the priorities set out in the Health and Wellbeing Strategy will help ensure services improve and people's experience of the health and wellbeing system is positive.

BACKGROUND

6. Regular performance reporting has outlined the position for the areas of focus identified in the Health and Wellbeing Strategy (HWS). This has given the board a good sense of progress in these areas over the previous 3 years but has not provided a good enough link across the areas of focus nor towards the rest of the priorities identified in the HWS.

7. The performance report for Q3 2016-17 prompted a discussion by the board on the value of monitoring progress towards a wider set of outcomes across

the health and care system allowing the Board to have a strategic understanding of current performance.

8. Furthermore there are some clear areas of responsibility that can be covered by multiple theme boards i.e. the Children and Families Executive Group will cover young people's health issues. Having a co-ordinated response to ensure we maximise the Board's focus on the issues that matter most will become increasingly important.

9. The Health and Wellbeing Board workshop (05.10.17) considered the required content and the presentation of any future Outcomes Framework at the board.

Workshop Write Up: Session 1

10. The task in the first session was to comment on the draft outcomes and indicators against two criteria so a matrix can be formed. Firstly against a life course categorisation and secondly against a segmentation of care. The life course categorisation would align outcomes to;

- Starting well (ages 0-18),
- Living well (ages 19-64),
- Ageing well (ages 65+)
- An all age category.

11. The Care Categorisation would align outcomes to;

- Well-Being
- Prevention
- Care
- Support and Dying Well

12. Participants worked in groups to discuss and comment on each of these areas feeding back by placing post it notes onto relevant parts of the matrix. The full write up of this can be found in **Appendix A[1].**

13. The general themes that emerged were;

- Are the categories right as it feels like the 'Dying Well' categorisation is an 'add on' and perhaps merits its own space in the matrix or better placed within the 'care category'
- Some outcomes feel really big and perhaps could be more focussed.
- The issue of health inequalities was raised in all areas and we may need to report on these measures throughout the matrix
- What is our approach to geographic inequalities?

Workshop Write Up: Session 2

14. The task on the second session was to discuss the characteristics of good

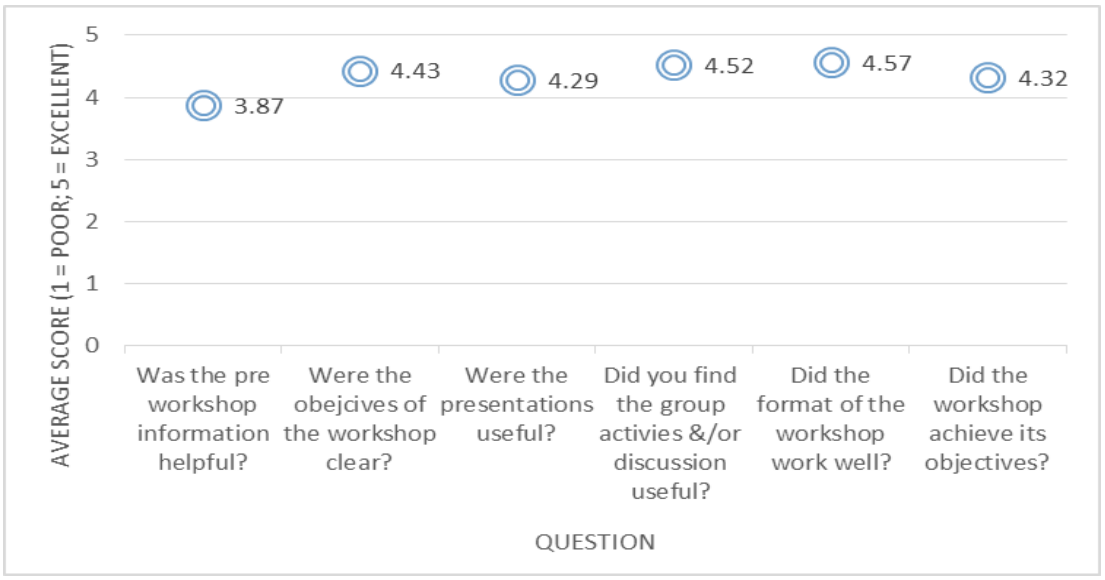
[1] Multiple comments and questions were put forward and this has been summarised for ease of access. A full picture of evidence can be seen if needed. The Starting Well category has not been summarised as there is a direct relationship with the Children and Families Exec Board that have agreed an outcomes framework linked to the Children and Young People's Plan.

performance reporting. Attendees were asked to describe what is useful and what should feature as part of any future reporting arrangements to the board. The key points are summarised below;

- Report should include a high level trends and comparisons for our key measures on a graph.
- There should be some analysis that tells us what it means – WHY not what. We have far too much descriptive analysis and not enough meaningful insight
- We should know our baseline so we understand distance travelled
- It should be based around exception reporting – why? – what's worked? Where are the concerns?
- HWB needs to ask "so what" – what is it doing, what is the outcome we want, when will it happen.
- We need to understand and focus on health inequalities and big issues only
- We need to hold board members to account for delivery
- We need to make sure there is synergy with other reporting specifically for the place plan
- Infographics are easy to digest so let's use them
- Qualitative info as well as quantitative – real life surveys and technical appendix to combine to give a well-rounded picture
- The report should not be presented for information but for action
- Could the steering group take some ownership on actions between board meetings?

Workshop Write Up: Evaluation & Next Steps

15. The workshop evaluation sheet was filled in by attendees at the end of the workshop. The average scores for the questions are shown below.



16. The next steps to follow on from the workshop will be to use the feedback gathered to construct a new version of the matrix and distribute to the Board

and steering group for comment. Finally to present a fully populated outcomes framework back to the HWB Steering Group on 14th December and the Board early in 2018.

Areas of Focus Update

17. As an interim measure the Health and Wellbeing Steering group thought a simple update from each area of focus would be a useful addition to this report answering four questions;

- What is going well?
- What needs development?
- What is being done about it?
- What needs escalating to the Board?

18. The full response from each area is contained in Appendix B.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

19.

	Outcomes	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	Reduce Obesity. Reduce Substance Misuse Dementia Mental Health
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	Stronger Families Programme
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

20. NA

LEGAL IMPLICATIONS

21. No Legal Implications have been sought for this update paper.

FINANCIAL IMPLICATIONS

22. No Financial Implications have been sought for this update paper.

HUMAN RESOURCES IMPLICATIONS

23. No HR Implications have been sought for this update paper.

TECHNOLOGY IMPLICATIONS

24. No Technological Implications have been sought for this update paper.

EQUALITY IMPLICATIONS

25. The theme of health inequalities was raised throughout the workshop session and has been identified as a key theme in the development of an outcomes framework for the board. Understanding inequalities in health and care outcomes and how we can measure that as part of the Outcomes Framework is a vital part of our success. As we develop the framework there may be a need to establish new flows of data and information to support a more sophisticated view of health inequalities in Doncaster.

    The health inequalities working group has been developing a health inequalities dashboard and this will be considered alongside the development of the Outcomes Framework.

CONSULTATION

26. Identified previously in the paper as part of the workshop write up (Para 10-16)

BACKGROUND PAPERS

27. NA

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APPENDIX Ai: OUTCOMES MATRIX FEEDBACK

OUTCOMES	All Age	Starting Well	Living Well	Ageing Well
Well-Being	Healthy Life Expectancy increases* People's quality of life is good and we reduce social isolation* More people are physically active* **Feedback:** • **What about the 5 ways to well Being Focus (Be Active/ Take Notice / Give / Learn / connect)** • **Housing / homelessness/ Needs to be More Prevalent** • **Employment needs to be more prevalent** • **Community Capacity** • **Is quality of life the same as happiness?**	Children have the best start in life** Children and young people are healthy and have a sense of wellbeing** Fewer children living in poverty** Children and young people's development is underpinned through a healthy lifestyle**	More people make healthy lifestyle choices relating to smoking, alcohol consumption and achieve a healthy weight	More people are independent for longer* People's quality of life is good and we reduce social isolation* **Feedback:** • **Split the Outcome on Quality of life into two – Quality of life and Social Isolation.** • **Include 'improve uptake of primary care screening programmes'.** • **More people with Dementia living well**

Prevention	Domestic abuse practice is transformed across Doncaster*** Fewer people experience Domestic Abuse* Preventable Deaths Reduce* Improved Air Quality All people get the vaccinations at the right time **Feedback** • **What are we trying to prevent?** • **Greater Access to Health Services (especially from BME populations)** • **Community Support/ Capacity** • **Uptake of Health Checks from all people**	Children have access to the right services at the earliest opportunity** Keeping teenagers and young people safe** Ensure no child suffers significant harm from neglect**	Improve the detection and response to the major causes of preventable deaths; -Cancer -Heart Disease -Diabetes **Feedback** • **Access to good food and nutrition** • **Need to include sexual Health** • **Include Liver Disease**	The right homes are available that meet people's needs - allowing them to safely stay in their home for longer. Fewer older people have serious falls that require them to go to hospital **Feedback** • **Need a better understanding of customer journey through health and social care systems.**

Care	Fewer people require health and social care services* **Feedback** • **People are satisfied with their car**e • **Identification and effective management of people who frequently access emergency care** • **Uptake on Self Care i.e. Telehealth** • **Services are provided in the community where appropriate – Dermatology?**	Children and young people have access to quality mental health services	Mental Health care is on an equal footing to Physical care **Feedback** • **Less People are admitted to hospital from care homes** • **There are less frequent users of emergency health care linked to substance misuse** • **Learning disability care is on an equal footing to physical care**	Fewer people are delayed from leaving hospital* **Feedback** • **Care homes provide good quality care**
Support & Dying Well	Improved understanding of the needs of carers and ensuring we have the appropriate support available Reduced social isolation **Feedback** • **National Dying Well strategy includes being pain free, with dignity, in place of you own**	Young Carers	Continue to enhance the options and support available for people who care for people	Continue to enhance the options and support available for people who care for older people, particularly people with dementia

choosing and access to psychological support.

- **Doncaster Caring Strategy Outcomes**
- **What is our end of life strategy in Doncaster?**

ANNEX Aii: DRAFT INDICATORS MATRIX FEEDBACK

INDICATORS	All Age	Starting Well	Living Well	Ageing Well
Well-Being	Healthy Life Expectancy at birth (years) for Females Healthy Life Expectancy at birth (years) for Males Quality of Life Measure % of population that achieve 150 mins Physical activity per week **Feedback** • **Suicide Rates** • **Crime Rates**	Monitored by Children and Families Executive Board	Smoking prevalence in adults Alcohol related admissions to hospital Excess weight in adults **Feedback** • **Number of People with LD living at home with friends and family** • **Number of People with LD admitted to Residential Care**	Quality of Life Measure Social Isolation Measure (General) Rate of permanent admissions to Residential Care per 100,000 (65+) **Feedback** • **Number of People with Dementia living in Care homes**

Prevention	Rate of Domestic Abuse Incidents (Crimed) per 1000 pop Fraction of mortality attributable to particulate air pollution Preventable deaths in local population **Feedback** • **Primary Care Screening Rates** • **Repeat domestic abuse victims**	Monitored by Children and Families Executive Board	Mortality from all cardiovascular diseases in persons less than 75 years of age per 100,000 population Mortality from all cancers in persons less than 75 years of age per 100,000 population **Feedback** • **Mortality Rate – Liver Disease** • **Repeat episodes of Drug and Alcohol treatments** • **Uptake of Health Checks**	% of eligible adults aged 65+ who have received the flu vaccine Rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population **Feedback** • **% of people over 65 living in their own home**
Care	Proportion of Children in Need per 10,000 population Requests for Support for Adult Social Care per 10,000 population **Feedback** • **Referral to treatment times (all)**	Monitored by Children and Families Executive Board	Excess under 75 mortality rate in adults with serious mental illness **Feedback** • **IAPT Recovery rate**	Delayed Transfers of Care from hospital Emergency Hospital Admissions per 100,000 (65+) **Feedback** • **People still living at home 91 days after discharge from**

	• **% of people accessing online primary care** • **Patient Satisfaction**		**hospital** • **% of care homes and home care providers achieving a CQC rating of good or above**
Support & Dying Well	Social isolation percentage of adult carers who have as much social contact as they would like. **Feedback** • **All people who have a terminal diagnosis have an EOL plan.** • **Deaths in Hospital Rate** • **Advice and Support provided to Carers** • **Proportion of carers who receive respite support**	Monitored by Children and Families Executive Board	Prevalence of Dementia **Feedback** • **Less people with dementia dying in hospital**

Appendix B: Areas of Focus interim Update

Obesity

a) What is going Well

- A strategic group, Healthy Doncaster was established in September 2016 and consisted of representation from physical activity/leisure (DMBC leads), workplace health, planning, transport, licensing, early years, communications, Strategic Performance unit, the Doncaster Commissioning group and the Local Medical Committee. This is based on an approach to develop a whole system approach as obesity is everyone's business not just one organisation or one directorate
- The group have co-ordinated a number of work streams around physical activity, food (Delicious Doncaster), environment, workplace health and planning. A high level plan is currently being developed to co-ordinate this work plan and will be shared with the HWBB in due course
- The Delicious Doncaster Food Hack event was held in June and the subsequent Doncaster Food Partnership Board has evolved as part of this group and an internal food group for DMBC officers has been established
- The public health team have developed a Healthy Learning Healthy Lives website with local schools which is currently being planned for launch in January 2018. The daily mile is also currently being developed in local schools
- The Health visiting service has been re-commissioned and an oral health strategy is currently being developed and nutrition training in development for specific settings
- Work place is a local priority and plans are in place to review our local offer and to promote the workplace charter to a wider number of local businesses; a cross organisational group of workplace leads from DMBC, DCCG, DBTH , Rdash, SY Fire service and St Leger Homes are meeting to look at working together across common themes such as communications and delivering joint key health campaigns
- Get Doncaster Moving has become a pillar in the Growing Together strategy and there have been further developments around physical activity including:

    - Review and re-launch of the physical activity strategy – consultation is taking place currently
    - Work with Town and Country Planning Association to look at the environment and planning
    - An active travel alliance is established and reviewing active travel plans
    - Work is taking place around usage of parks
    - Doncaster Dance Activator programme for older people has been approved and the first phase has commenced
    - Sport England bid has been submitted to the second wave and a decision should be made in November 2017

- The current Tier 3 weight management service for adults is currently under review with a view to a possible 12 month extension in 2018/19

b) Areas for Development

- Plans to incorporate health implications in all corporate reports is underway
- The Food Partnership Board is currently developing an action plan and applying to register for sustainable food cities status as well as bidding for external funding in partnership with local food providers and the voluntary and community sector
- The Food partnership Board and network is in development
- The local workplace offer is currently under review
- Healthy Learning, Healthy Lives website to be launched and the daily mile across local schools
- MECC on line package and wider dissemination currently in development
- LGA Design bid approved using customer insights, MECC and self-management approaches

c) What are we doing about it

- The high level plan is being developed and will be shared at the HWBB
- Current work streams are picking up all key areas including physical activity, planning, food, workplace health , childhood obesity, active travel and the environment

d) What needs escalating to the Boards attention

- If it's a whole system approach to obesity it needs buy in from everyone – would the Board be willing to consider a Healthy weight charter as seen in other parts of the country? Lancashire (Blackpool has a good model).
- The issue needs to be a cross organisational objective not just one organisation…
- In some areas a sugar tax has been implemented – is this a consideration for Doncaster?

<u>Substance Misuse</u>

a) What is going Well

- Treatment effectiveness: Doncaster is ranked 9th out of 147 local authorities for successful treatment exits for alcohol, and non- opiates

b) Areas for Development

- 'Blue Light' treatment resistant drinkers: there is a need to developed a co-ordinated multi- disciplinary approach to treatment resistant drinkers who have a high impact on acute services
- Seeking to introduce urine testing for fentanyl in the Aspire and Project 3 services and provision of take home kits for service users to test their drugs for presence of fentanyl

c) What are we doing about it

- Seeking data and information from DBTH to define and profile features of blue light drinkers presenting at Doncaster hospital, to identify if there is

overlap with clients presenting at CCG vulnerable people's panel and DMBC's complex lives initiative
- Seeking endorsement form the HWBB for the introduction of fentanyl testing

d) What needs escalating to the Boards attention.

- DBTH high intensity user group for 'frequent fliers' has identified some of the treatment resistant cohort but lacks a mechanism to deliver effective multi-disciplinary working
- We request that the Board endorses the decision to introduce fentanyl testing
- Challenges implementing Hidden Harm work – recommendation for the strategy to sit within / under the neglect agenda and be overseen by DCST.

Families (Stronger Families)

a) What is going Well

- We have exceeded the number of families we need to have identified and engaged in the programme under the TF definitions to ensure we retain our Attachment funding. We have also been influential in working with DCLG to look at the future of the national programme and subsequent changes. We continue to see positive results with families. The Stronger Families Principles are being used to develop the Complex Lives work under the DGT framework. We have recently undertaken a partnership Maturity review with the Place Plan T&F group and will develop an action plan from this work. This is a requirement of DCLG as part of the programme.

b) Areas for Development

- Our claim rates are still very low which has two implications; firstly this means we as Doncaster partners are missing out on large amounts for reward funds which could be ploughed into supporting transformation changes across partners inc Place Plan initiatives and secondly means the Government see Doncaster as not being able to deliver and this has a reputational impact and increases the pressure as time progresses.

c) What are we doing about it

- We have reviewed our cohort figures and where we see the issues are seated. We have begun a focussed piece of work with DCST PAFS teams to increase their focus on SF requirements so we can increase claims from their work. This includes identifying SF Champions in each team, providing workshops and extra support to help unblock the problems. We have discussed with health colleagues how we work with them and they agree to increase the number of families on EHM so we can track and monitor their progress. This is x currently very low and so there are very few families from health colleagues we are able to claim for. We have recently funded 4 Parent engagement officers to work in the Family hubs to work with families who meet the SF criteria and help deliver outcomes and claims. We are currently reviewing funding and seeking to provide extra step down support for families who have been worked with but have some residual issues that take time to resolve and track through to claims. We are applying for more upfront funds to help commission this extra resource to help us quickly improve our figures.

d) What needs escalating to the Boards attention

- The low numbers of claims and the push for **ALL** partners to engage with the programme to seek to draw out claims form the work they do with families especially health colleagues.

Mental Health

a) What is going Well

- Number of work streams established across the ACS including Perinatal Mental Health, Acute Liaison and IAPT. Each of these areas have developed business cases for bidding in the next 6-12 month as well as looking at enhancing the care across Long Term condition pathways.

b) Areas for Development

- There is currently no lead for MH within Doncaster CCG due to staff illness and work streams are continuing but not at a pace that would be preferable to the CCG. Further work also needs to be established for SMI and improvements to Physical activity within Mental Health which has not currently developed.

c) What are we doing about it

- Continuing to work closely with our partners to ensure bids are successful, developing future commission strategies and feeding into regional ACS plans

d) What needs escalating to the Boards attention.

- Lack of resource has meant plans are continuing but not at the pace we would have liked.

Dementia

a) What is going Well

- 95% of referrals to RDASH for dementia diagnosis are diagnosed within 10 weeks. Commissioners are working with providers to achieve 6 weeks from referral to diagnosis by 2020

b) Areas for Development

- The current service model for the post diagnostic service has been extended following a paper to JCCC for a further two years until March 2020 (subject to a business case to BCF panel). The current contracts in place will be lead by CCG contracting. The extension will allow time for development of the model and work will have progressed with the Place Plan.

c) What are we doing about it

- All partners have been informed and will meet mid-November to form an Alliance and progress with the model.

d) What needs escalating to the Boards attention.

- To ensure the Board are aware of the extension and the new contracting arrangements