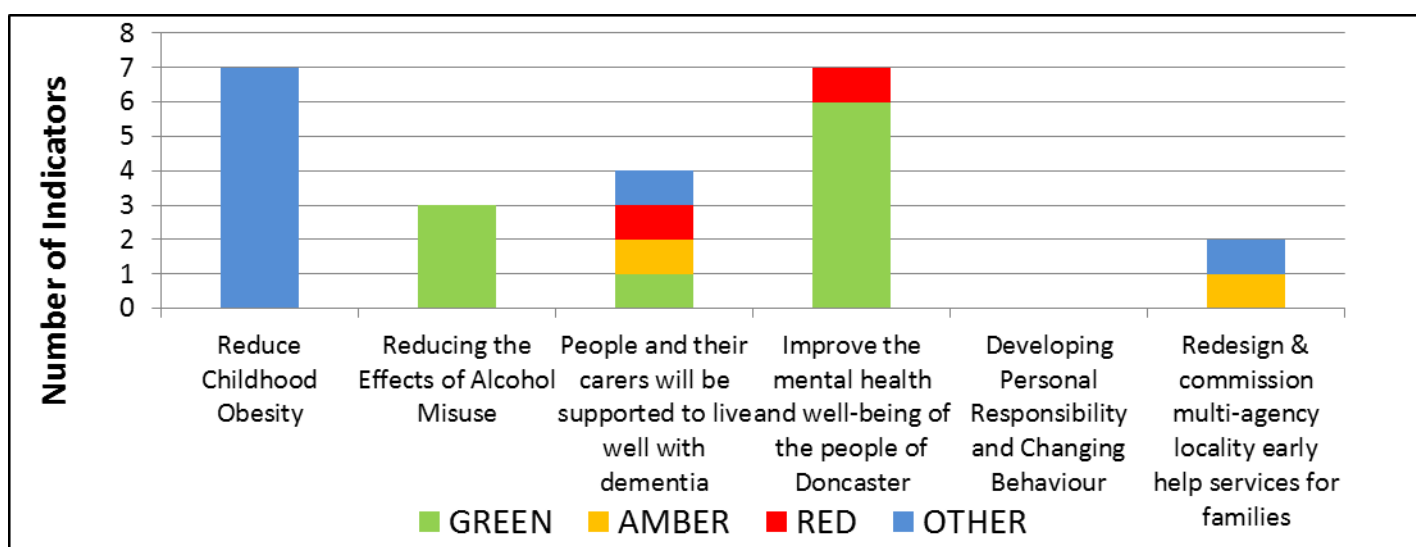


Health and Well Being Board Performance Report – Q2 2013-14

- 1.1 This paper sets out the current performance against the agreed priorities set out in the Health and well-being strategy agreed by the board in June 2013. A summary is provided with further detail on each of the five priorities provided in *Appendix A*.
- 1.2 The priorities identified by the Health and Well-being strategy process all completed an Outcomes Based Accountability (OBA) template with the view to improving performance linked to these priorities. A Summary of current performance is shown below;

Priority	Current Status	Green	Amber	Red	Other ¹
Reduce Childhood Obesity	✓				7
Reducing the Effects of Alcohol Misuse	✓	3			
People and their carers will be supported to live well with dementia	⚠	1	1	1	1
Improve the mental health and well-being of the people of Doncaster	⚠	6		1	
Developing Personal Responsibility and Changing Behaviour	⚠				
Redesign & commission multi-agency locality early help services for families	⚠		1		1



- 1.3 Careful consideration is needed on the balance of performance metrics provided to the board, in some cases these metrics will not change for a number of years (i.e. Obesity) so in a number of cases there is a need (that has been acknowledged) to define what short term success looks like and what will help contribute to the longer term objective. Once defined this contribution should feature in the performance report.
- 1.4 There seems to be two types of risk to performance improvement, firstly is the **performance of well-defined existing indicators is not adequate** and secondly that **appropriate measurement is not in place to assess progress** and therefore assuring the board is difficult.

¹ Other is defined as an indicator that has no target (either deliberately as management information or not been set).

Reduce Childhood Obesity

- 1.5 Doncaster has higher Childhood Obesity than the national average but many of the indicators assigned to this priority are longer term outcome measures that are not going to change in year and are more likely to change significantly over a longer term period. However a re-tendering exercise for weight management services has been undertaken for services beginning in April 2014 which will allow further data to be gathered

Reducing the Effects of Alcohol Misuse

- 1.6 Current performance for this objective is good with individuals accessing treatment above target with a concerted effort in identifying and delivering alcohol awareness in communities. The proportion of people successfully exiting treatment currently performing over 15% compared to a South Yorkshire average of 12.9%.

People and their carers will be supported to live well with dementia

- 1.7 In Doncaster, the prevalence of Dementia is approximately 3700 with only 2100 accessing existing services. It is crucial therefore that the 1600 undiagnosed cases are uncovered to ensure that people with dementia and their carers are supported to live well with dementia. The average length of stay in Hospital is longer than targeted for but some further description is needed to explain why this is and what can be done to improve performance.

Improve the mental health and well-being of the people of Doncaster

- 1.8 Programme budget data demonstrates that Doncaster spends more on mental health than any other area but has poorer outcomes. The strategic vision to “Improve the mental health and well-being of the people of Doncaster” ensures a focus is put on preventive services and the promotion of well-being for people of all ages (children & young people to older adult). A recent report ‘Commissioning for Value Insight Pack’ suggested that Mental Health is a key area for quality related improvements in Doncaster which suggested key measures many of which are included and some which will be considered for Q3 reporting.

Developing Personal Responsibility and Changing Behaviour






















- 1.9 Further work is now needed to refine the vision, scope, delivery mechanisms, performance indicators and timescales for the personal responsibility programme and ensure agreement to and engagement in the programme across the health and social care community.

Redesign & commission multi-agency locality early help services for families


- 1.10 YWCA has been commissioned to provide extra capacity for our more complex families through an extension of our Supporting people contract. They are now working with Area Managers to take on suitable families. However capacity to deliver remains low and this is our main issue; a decision has to be made quickly as to whether we build this internally across partners or we commission it externally. A refreshed programme plan is being developed to provide greater focus and drive on key elements of the programme; this should be in place by the end of November.










APPENDIX A: HWB 13-16 Health and Well Being Board Priorities

Area of Focus	Reduce Childhood Obesity	
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Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Proportion of children aged 4-5 classified as overweight or obese.		23.9%	Data Only			22.6%	2011/12
Proportion of children aged 10-11 classified as overweight or obese.		33.5%	Data Only			33.9%	2011/12
Low birth weight of term babies		3.65%	Data Only			2.85%	2010
Breastfeeding initiation		66.1%	Data Only			74.0%	2011/12
Breastfeeding prevalence at 6-8 weeks after birth		30.3%	Data Only			47.2%	2011/12
Excess weight in adults		Not Currently Available				*	*
Proportion of physically active and inactive adults		Not Currently Available				*	*













Performance & Progress Update	<p>Demonstrating an impact on the PH outcome indicators above is a long term goal. Part of the focus of this piece of work will be to establish effective systems to capture interim/proxy measures do demonstrate we are travelling in the right direction. This data will be available for some of the structured prevention programmes where it is incorporated into service outcome indicators; some are currently being developed (i.e. through social return on investment programme). A dashboard will be developed to capture the information below: Evidence of behaviour change through Improvements in dietary intake and changes in sedentary behaviour. (food frequency, fruit and veg uptake, physical activity). Improvements in knowledge of nutrition, physical activity and obesity related issues. Families sign up to Change 4 life -working with national team to identify a baseline for Doncaster to allow us to track changes to uptake. (This will allow us to demonstrate impact of campaigns, community and school based initiative as well as information on NCMP letters) Partners signed up to C4L - working with national team to identify a baseline for Doncaster to allow us to track changes to uptake. (This will allow us to demonstrate impact of workplace and community based initiatives.) Number of families engaged in programmes. Number of referrals to families engaged with weight management programmes as a result of prevention initiatives.</p> <p>The prevalence of overweight and obesity across Doncaster is considerably higher than the England average; our long term aim is to halt the continued rise in unhealthy weight prevalence in children and adults and aim for a sustained downward trend. We aim to deliver a range of evidence based interventions driven by local need and incorporating best practice in order to achieve this ambition. The Doncaster obesity pathway is a 4 tiered approach to prevention and treatment interventions and aims to ensure services are commissioned in an integrated way. The tier 3 weight management contracts end on the 31st March 2014, an evaluation has been undertaken using the Standard Evaluation Framework (SEF) for Weight Management (2009) to inform the future commissioning of weight management services. The services are currently being re-commissioned through an open tender process. The new service specification now incorporates evidence from the local the weight management services, as well as from NICE guidance (CG43, PH42) and guidance from the Complex and Specialised Obesity Surgery Policy (April 2013). Contract to be awarded on the 31st Dec for a service commencement date of 1st April 2014.</p> <p>A programme of campaigns are being developed for the next 12 months, the first is a Change 4 Life (C4L) Campaign will take place in January to link to the national C4L Swap it campaign. The campaign will target children and families in 10 Doncaster schools with highest levels of obesity. Talking Health through pregnancy project, aims to develop, test and evaluate a training resource for staff working with pregnant women to enable them to deliver health and lifestyle information effectively, sensitively and in a timely manner to the women, their partners and families. There are 3 phases to the project:</p> <ul style="list-style-type: none"> · Phase 1 - Establish and explore the need · Phase 2 - design/adaptation of a training resource · Phase 3 -roll out <p>Phase 1 is almost complete and Phase 2 should begin 2014.</p>
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Area of Focus	Reducing the Effects of Alcohol Misuse	
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Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Alcohol related A & E Admissions		1,188	1,195			Local Only	2013/14 (Aug 13)
The numbers accessing alcohol treatment services		412	375			Local Only	2013/14 (Aug 13)
The numbers leaving alcohol treatment services successfully		15.16%	15%			12.9% (S.Yorks)	2013/14 (Aug 13)






















Performance & Progress Update	<p>Current performance for individuals accessing treatment is good as there has been a concerted effort in identifying and delivering alcohol awareness in communities. This will further increase once the alcohol contract with primary care has been agreed.</p> <p>Successful discharges/exits have seen an improvement and with drugs and alcohol services integrating we envisage this increasing to around 20%.</p> <p>We are working with DBH to set up an alcohol recording and referral service. This will enable us to gather intelligence on the source of the emergency visit. This intelligence will aid prevention on a partnership level and contribute to reducing alcohol related accident and emergency admissions. There is a meeting booked for October 2013 to initiate the recording/referral service.</p> <p>An alcohol contract which enables GP's to screen and treat at risk patients has been wrote and requires sign off from the LMC. This will contribute in an increase in individuals accessing treatment as well as contributing to successful discharges.</p>
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Area of Focus	People and their carers will be supported to live well with dementia	
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Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Readmissions to Hospital for people with dementia		201	211			Local Only	Q2 2013/14
Average length of stay in Hospital (Days)		9.75	8.3			Local Only	Q2 2013/14
Dementia admissions to Hospital		921	1,026			Local Only	Q2 2013/14
Dementia prevalence		2,235	Data Only			Local Only	2013/14

Performance & Progress Update	<p>In Doncaster, the prevalence of Dementia is approximately 3700 with only 2100 accessing existing services. It is crucial therefore that the 1600 undiagnosed cases are uncovered to ensure that people with dementia and their carers are supported to live well with dementia. The data informs us that people do not seek a diagnosis due to a considerable lack of knowledge, awareness and understanding of dementia and people who do receive a diagnosis have poor outcomes and poor experience of some dementia services. However, programme budgeting data has demonstrated that Doncaster spends more per head population on mental health (including dementia) and has poorer outcomes as compared with our comparative neighbours.</p> <p>Both the Health and Wellbeing Board OBAT and the DCCG delivery plan focus upon three key outcomes including increasing awareness, increasing dementia diagnostic rates and living well with dementia. A structure is in place and task groups for each of these areas have been established to ensure delivery of these outcomes.</p> <p>The success indicators detailed below have been identified to ensure improvements are being made in these areas during 2013/14.</p> <p>The number of people diagnosed early in dementia will increase. This will be achieved through sustained and comprehensive awareness raising campaigns within the community, a commitment by all key stakeholders to work towards a Dementia Friendly Community and through the implementation of a Dementia Directed Enhanced Service which 95% of GP practices have now signed up to. The recruitment of a Primary care Liaison Nurse will also ensure that the redesigned dementia pathway is effective and fit for purpose.</p> <p>People with dementia will have less hospital admissions and re-admissions. This will be achieved through the commissioning of appropriate services ensuring people with dementia and their carers are supported within the community effectively therefore reducing admissions and re-admissions to acute services. It should be noted, however, in Q1 of 2013/14 there was a slight increase in re-admissions compared to Q1 in 2012/13 when the enhanced acute liaison service was implemented. This is not a significant increase and does not raise concern but is perceived as a natural variance. Numbers do, however, decrease in Q2 and cumulatively for the year are down in comparison to the same period in 2012/13. It is expected that both admissions and re-admissions will remain broadly the same, or reduce from the 2012/13 baseline.</p> <p>The implementation of an enhanced Acute and Care Home Liaison Service will ensure that if people are admitted they have a reduced length of stay (LOS) and are discharged appropriately. It should be noted that in Q2 the LOS has increased slightly, this could be due to admissions and re-admissions decreasing in Q2 so the rise in LOS may reflect the appropriateness of admission of patients who have higher needs, therefore, require a longer LOS.</p> <p>Also, with the commissioning of appropriate dementia support services and the redesign of dementia pathways, people with dementia will have fewer episodes of crisis and Carers of people with dementia will have fewer crises of emergency respite against 12/13 outturn. This will evidence that people with dementia and their carers are being supported to live well and have a good quality of life whilst maintaining their independence for as long as possible.</p>
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Area of Focus	Improve the mental health and well-being of the people of Doncaster	
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Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
% Assessed within 4 weeks		88%	95%			Local Only	August 2013
% of adults in employment		6%	6%			7.7%	July 2013
% of adults in settled accommodation		89%	75%			59.3%	August 2013
% Triage within 24 hours		100%	98%			Local Only	August 2013
% Treatment plan within 8 weeks		100%	95%			Local Only	August 2013
IAPT - % entering treatment (Improving Access to Psychological Therapies)		6.2%	3.5%			Local Only	Q1 2013/14
IAPT - Recovery rate (%) (Improving Access to Psychological Therapies)		55.1%	50%			Local Only	Q1 2013/14







Performance & Progress Update	<p>Programme budget data demonstrates that Doncaster spends more on mental health than any other area but has poorer outcomes.</p> <p>Between one in every 12 and one in 15 children and young people deliberately self-harm and around 25,000 are admitted to hospital every year due to the severity of their injuries. More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time. 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society</p> <p>Rotherham Doncaster and South Humber (RDaSH) NHS Trust provides Doncaster's Acute MH care and currently has 2700 people (adults) within its services. One in ten children and young people aged 5-16yrs suffer from a diagnosable mental health disorder that is around three children in every class and equates to approx. 74,584 in Doncaster. The local Child and Adolescent Mental Health Service (CAMHS) currently have 823 children and young people on its caseload.</p> <p>The strategic vision to "Improve the mental health and well-being of the people of Doncaster" ensures a focus is put on preventive services and the promotion of well-being for people of all ages (children & young people to older adult) The overarching commissioning principles will be to ensure that services are Fair, Personalised, Effective and Safe. The Local Delivery Plan for the CCG, in support to the Health & Wellbeing Board, outlines some key areas of focus to ensure that people are accessing the right services at the right time and receiving good quality care. The Health & Social Care Community are therefore focusing on some key indicators to demonstrate the achievements of the Mental Health Strategic Action Plan:</p> <ul style="list-style-type: none"> • Improving access and recovery for people engaging in Talking Therapies Services • Rapid support for people in crisis and supporting recovery • Ensuring that people with mental ill health have access to physical health checks • Ensuring people are maintained in their accommodation • Access to education, training and employment activities • Locally responsive CAMHS services for children in need • Holistic support for families to manage crisis
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Area of Focus	Developing Personal Responsibility and Changing Behaviour - Striking the balance between state and individual responsibility in Social Care and Health	
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Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
No Measures Assigned to this Priority.							




Performance & Progress Update	<p>'An initial report to H&WWB board in June provided a starting point for:- Developing a shared understanding of what we mean by personal responsibility Providing information about the range of policy drivers that seek to strike the right balance regarding the division of responsibilities between the state and the individual Identifying how policy drivers can and are being used as levers to influence the level of personal responsibility being taken amongst Doncaster citizens Considering how we might assure ourselves of any shift in responsibility</p> <p>Since June there have been a number of opportunities to articulate at a strategic level our intention to make a shift in the division of responsibilities away from the state and more toward communities and individuals at local level. For example:- Doncaster's pioneer bid for integrated health and social care Health and Wellbeing Board Workshop (3rd Oct) – Health and Social Care Integration – establishing a vision for the future The development of 'Building the Road to Independence' A Strategy for Modernising Adult Social Care and Support in Doncaster (Scheduled to be submitted to cabinet on the 6th of November) Doncaster's Adults and Communities Directorate Prevention Strategy Doncaster 2017 – A council looking to the future – The Budget Conversation</p> <p>Delivery mechanisms for change currently include The social care rescript, associated culture change programme and work to increase the uptake of personal budgets and direct payments (in both health and social care) The employment of behaviour change approaches to support Adults and Communities modernisation work and Tobacco Control Implementation of the Supporting and Maintaining Independence Programme Work associated with the Obesity, Alcohol and Stronger families OBA's</p> <p>Further work is now needed to refine the vision, scope, delivery mechanisms, performance indicators and timescales for the personal responsibility programme and ensure agreement to and engagement in the programme across the health and social care community.'</p>
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Area of Focus	Redesign and commission multi-agency locality early help services for families	
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Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
(P3 Obj 1) Percentage of stronger family cohort that has received services		71.2%	75.0%			Local Only	Q2 2013/14
(P3 Obj 1) Number of family claims made to CLG through the Stronger Families Programme		57	Data Only			Local Only	Q2 2013/14

Performance & Progress Update	<p>In July this year we made our first claim to DCLG for our payment by results. We claimed for 57 families reaching the following outcomes:</p> <p>52 met the ASB/crime/School attendance criteria 11 met the pathway to work criteria 3 met the continuous employment criteria This claim has resulted in a reward of £33000.00 for Doncaster.</p> <p>To put this claim in perspective, out of 152 areas we were 70th, in our 'statistical neighbours' (IE the areas with a cohort number of between 800 and 1000 families, we have 870) we are 10th out of 24. So we are doing OK but there is great room for improvement we cannot be complacent and we will not settle for mediocre. We have recently commissioned YWCA to provide extra capacity for our more complex families through an extension of our Supporting people contract. They are now working with Area Managers to take on suitable families.</p> <p>Capacity to deliver remains low and this is our main issue; a decision has to be made quickly as to whether we build this internally across partners or we commission it externally. A refreshed programme plan is being developed to provide greater focus and drive on key elements of the programme; this should be in place by the end of November.</p> <p>We are still without a case management system and this is a crucial element of development now. We have agreed to take on a Liquid Logic based system and have a session planned with Cheshire West and Chester who already run a similar system to take us through the process and reporting elements of this. If it proves to be what we require we will proceed with them in developing our own system. Key performance indicators will fall out of the programme plan but the main criteria set by the national Troubled Families programme of ASB/ Crime reduction, School attendance improvement and move off out of work benefits are still our main driving force.</p> <p>The Deep Dive continues to be developed to increase the amount of interventions we can accurately cost and a second cohort will provide a broader but less deep study on the main interventions being used. This in turn will help the proposed future joint investment work in order to develop a sustainable model.</p>
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PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse