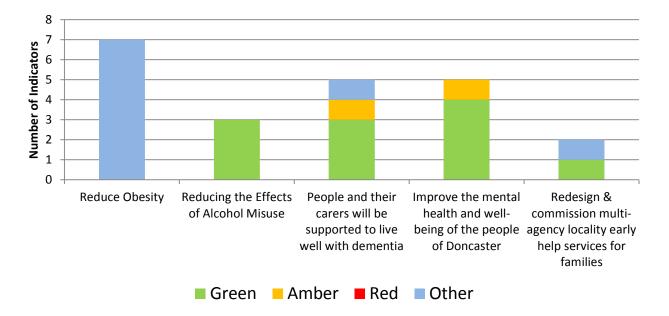
Health and Well Being Board Performance Report - Q3 2013-14

- 1.1 This paper sets out the current performance against the agreed priorities¹ 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 ²
Reduce Obesity	②				7
Reducing the Effects of Alcohol Misuse	Ø	3			
People and their carers will be supported to live well with dementia	Δ	3	1		1
Improve the mental health and well-being of the people of Doncaster		4	1		
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. A comprehensive OBA training programme is planned in early April for officers responsible and associated with these priorities which will help to build a consistent approach to performance manage the priorities of the board.

¹ Personal Responsibility has been moved from a priority to a principal that will be part of the remaining priorities.

² Other is defined as an indicator that has no target (either deliberately as management information or not been set).

Reduce Obesity

1.4 Doncaster has similar levels of 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. Recent information published suggested that nearly 75% of adults in Doncaster were overweight or Obese (as measured by the BMI Calculation) which is statistically higher than the national and regional averages illustrating the scale of the issue.

Reducing the Effects of Alcohol Misuse

1.5 Current performance for this objective is positive 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 19% compared to a South Yorkshire average of 12.9%. Some interesting projects including being chosen as a Local Alcohol Action Area (LAAA) by the home office will be ongoing in 2014/15.

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

1.6 The current diagnosis rate for Doncaster for 2012/13 is 55.75% and the target for 2013/14 is 59.9%. This data will be available in May 2014. This will be achieved through sustained and comprehensive awareness raising campaigns, training and education within the community. There is a commitment by all partners to work towards a Dementia Friendly Community. In addition through the implementation of the Dementia Directed Enhanced Service, which 95% of practices have signed up to, it will ensure more people are identified and diagnosed earlier. People with Dementia who receive their diagnosis earlier enables them to receive the right support early on reducing crisis episodes.

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

1.6 More work is planned to blend the health related outcomes associated to this priority with other areas. The proportion of people accessing and recovering from the Improving Access to Psychological Therapies programme is above target and performing well.

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

1.7 There have now been over 600 families identified through the stronger families programme and 214 claims made where families have achieved good outcomes as set out by central government. There are still challenges to face including the introduction of a new case management system, re-focus of some of the governance arrangements and to embed the work in existing systems making the programme sustainable.

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

Area of Focus	Reduce Obesity	Ø
		·

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.		22.1%	Data Only	1	•	22.2%	2012/13
Proportion of children aged 10-11 classified as overweight or obese.		33.6%	Data Only	1	•	33.3%	2012/13
Low birth weight of term babies		4.1%	Data Only	-	-	2.8%	2011
Breastfeeding initiation		65.2%	Data Only	1	•	73.9%	2012/13
Breastfeeding prevalence at 6-8 weeks after birth		28.1%	Data Only	•	•	47.2%	2012/13
Excess weight in adults		74.4%	Data Only	-	-	63.8%	Jan 12 - Jan 13
Proportion of physically active and inactive adults	-	*	*	3	?	*	*

Some key work has taken place in Q3 which will support improvements in active lives and a reduction in Obesity levels although this remains a long term goal of which improvements will be made over a longer period;

Marketing and publicity

A local Change 4 Life (C4L) Campaign started in January and will run up to March, to link to the national C4L Swap it campaign. The campaign is targeting children and families in 10 Doncaster schools with highest levels of obesity. The data relating to sign up from this campaign should be available in Qtr. 4. There have been 7943 local people who have signed up to the C4L since the programme began in January 2009 (data up to Nov 13), 2994 of these were in 2013.

Development of a food and health plan for Doncaster

Performance & Progress Update

The plan is currently being developed and will be based on the latest guidance and offer simple and easy to use toolkits to early year's settings, schools, workplaces and health care settings.

Social Return On Investment (SROI) project

An SROI Project has been carried out to identify the impact of locally led nutrition initiatives and the report is almost complete. Sheffield Hallam University is interested in the initial findings and have submitted a research bid to further investigate the impact of the programme on the workers and their families.

Weight management services re-commissioned.

Following a recent evaluation our Tier 3 weight management service has been re-commissioned to start in April 2014. This weight management service will be made up of 2 elements developed for both children and adults with a particular focus on a family based approach. Tier 3 will be a Multi-Disciplinary Team (MDT) with clinical leadership for complex cases and will be made up of a team of dieticians and professionals who will address physical activity and psychological elements of the service. The multicomponent service will be a group based education programme incorporating physical activity and healthy eating and focusing on behaviour change and made up of tailored 1:1 and group based programmes.

Reducing the Effects of Alcohol Misuse



Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Alcohol related A & E Admissions	②	1,937 ³	2,151	-	-	Local Only	2013/14 (Q3 13-14)
The numbers accessing alcohol treatment services	Ø	742	675	-	-	Local Only	2013/14 (Q3 13-14)
The numbers leaving alcohol treatment services successfully	Ø	19.8%	15%	-	-	12.9% (S.Yorks)	2013/14 (Q3 13-14)

From the 3rd of Feb 2014 16 GP practices in the borough have started screening and treating for alcohol misuse.

Performance & Progress Update

As of 1st December 2013 accident and emergency department have started screening, referring and recording alcohol related incidences/assaults and domestic violence. This data is shared with partners to aid prevention.

Doncaster is 1 of only 20 areas that has been chosen to be an LAAA (Local Alcohol Action Area) by the home office.

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³ Data does not include November 2013

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



Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Readmissions to Hospital for people with dementia	②	262	350	1	•	Local Only	Q3 2013/14
Average length of stay in Hospital (Days)	<u> </u>	10.27	9.56	•	•	Local Only	Q3 2013/14
Dementia admissions to Hospital	②	1523	1,662	1	•	Local Only	Q3 2013/14
Number of episodes of crisis for people with dementia	②	0	3	-	-	Local Only	Q2 2013/14
Dementia prevalence		2,235	Data Only	1	•	Local Only	2013/14

There were no instances of people within Clusters 18-21 (proxy for those diagnosed with dementia) who experienced an episode of crisis during Quarter 2.

A further part of this indicator relating to episodes of crisis for older people within normal working hours is under development by RDASH within their Service Development and Improvement Plan. This is expected during Quarter 4 following some IT issues in identifying the correct data. RDASH are currently reconfiguring their data system and formatting of the reports which has delayed Q3 figures; these should be available in March 2014.

There have been 167 fewer admissions as at Q3 than for the same period in 2012/13. The current understanding is that this is largely in response to the work the older people's liaison team is doing in partnership between DBHFT and RDaSH.

The average length of stay in Quarter 3 2013/14 rose by 1.43 days over the comparable Quarter last year. It is likely that the overall rise in average length of stay is as result of the reduction in hospital admissions, whereby more of the patients admitted are appropriate, but as a consequence may require a longer length of stay. This will continue to be closely monitored as it is still relatively early days in the change seen.

Readmissions during Quarter 1 have risen slightly since Quarter 1 in 2012/13 (by 7) however there has been a reduction in Quarter 2 and cumulatively for the year so far there are fewer readmissions.

Performance & Progress Update

The current diagnosis rate for Doncaster for 2012/13 is 55.75% and the target for 2013/14 is 59.9%. This data will be available in May 2014. This will be achieved through sustained and comprehensive awareness raising campaigns, training and education within the community. There is a commitment by all partners to work towards a Dementia Friendly Community. In addition through the implementation of the Dementia Directed Enhanced Service, which 95% of practices have signed up to, it will ensure more people are identified and diagnosed earlier. People with Dementia who receive their diagnosis earlier enables them to receive the right support early on reducing crisis episodes.

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 the acute sector. Extensive training is delivered to Care Home staff to enhance their skills in Caring for people with dementia to reduce hospital admissions.

The implementation of the enhanced Older People's Psychiatric Liaison Service will ensure that if people are admitted they have a reduced length of stay (LOS) and are discharged appropriately. In cases where there is increased length of stay this is potentially due to the fact that there had been less inappropriate admissions, but the people who are appropriately admitted have higher need, therefore require a longer LOS.

The commissioning of appropriate dementia support services and the redesign of the dementia pathways are supporting people with dementia and their carers so respite is planned appropriately therefore reducing emergency respite care. This is evidence that people are therefore been supported to live well with dementia and have a good quality of life whilst maintaining their independence for as long as possible. This is measured through providers Quality of Life questionnaires.

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



Measure	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
% of adults in employment	②	6%	6%	-	•	7.7%	Q3 2013/14
% of adults in settled accommodation	Ø	86%	75%	1	•	59.3%	Q3 2013/14
IAPT - % entering treatment (Improving Access to Psychological Therapies)	②	9.64%	9.5%	•	-	Local Only	Q3 2013/14
IAPT - Recovery rate (%) (Improving Access to Psychological Therapies)	Ø	50.1%	50%	•	•	Local Only	Q3 2013/14
Patients are assessed and will be placed in appropriate care cluster	_	97.37%	100%	-	-	Local Only	Q2 2013/14

A comprehensive review of all manual data has taken place and a move to electronic data collection is now in place. As a result of this change the data has been refreshed and shows a significant reduction to previously reported figures (was 6.17% at Q1). A data coordinator has been appointed by RDASH to ensure accuracy in the data going forwards. Following a data quality review, RDaSH has submitted a revised figure for Quarter 1. DNA rates for this service are still an issue and this is being addressed with the trust.

Patients assessed and placed in appropriate clusters are underachieving at Quarter 2 with 97.37% of patients being placed. Work is progressing around the analysis of monthly data to ensure this becomes part of the performance regime for 2014/15. It is expected 100% will be maintained by the end of the year.

The MHSA have a new work plan that is in line with national policy and guidance. Although there is a health stream, the main focus of the action plan is to support recovery in community, self-management including support for housing/accommodation and employment, education and training. The Alliance has a strong service user focus, where there are reps from a number of service user groups and is vice-chaired by a service user.

Public Engagement

Performance & Progress Update

The CCG launched a survey to support the work undertaken by Public Health on World MH Day in 2013. The survey was to test public understanding of mental health conditions and to look at stigma. The results were surprising in that there was a good level of understanding of mental illness however, there is still stigma associated with presenting with symptom to the GP etc. The work plan for the Mental Strategic Alliance and the CCG Delivery plan for mental health are centred on raising awareness, working with service users to develop peer support and the development of a communication strategy with Public Health to reduce stigma and dispel concerns around mental ill health. The survey will be repeated in 2014.

Peer Support

DMBC and Doncaster CCG have been working together to develop a peer support model for the community. This project will be funded through the Better Care Fund, and an innovative approach has been taken to develop the service specification. Service providers were invited to a soft marketing event in January 2014 to contribute to the specification vision and outcomes. The spec will be going to tender at the end of February with a proposed award and service start date for March 2014.

Access to Psychological Therapies

Doncaster is currently delivering good recovery outcomes for people who need support for common mental health problems (anxiety and depression). Against a target of 50% of people entering the service meeting recovery, the current performance is 50.1%.

Redesign and commission multiagency locality early help services for families



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	②	81.9%	75.0%	1	•	Local Only	Q3 2013/14
(P3 Obj 1) Number of family claims made to CLG through the Stronger Families Programme		214	Data Only	1	•	Local Only	Q3 2013/14

In February this year we made our third claim to DCLG for our payment by results. We claimed for 129 families reaching the following outcomes:

•	Number of families	129
•	Number meeting Education & Crime	74
•	Number meeting Work Programme	64
•	Number in Work	8
•	Number in Work (previously claimed £700)	1

This claim has resulted in a reward of £54,400 for Doncaster.

This means we have now claimed for a total of 214 families 'turned around'. This equates to over 25% of our cohort; so while we are making progress there is no room for complacency. The capacity to work with families on the programme has received a welcome boost with the development of the Family Support Teams in IFSS. Although they are not exclusively working with Stronger Families cohort they will work with a significant amount. We now have our 5 IFSW posts, 3 YWCA posts and the new IFSS teams to work with our more complex families. All have been trained in Child and Family Assessment, a systemic model of assessment taking a whole family approach. .

Performance & Progress Update

A review of governance and delivery has been undertaken with the original steering group and working groups being dissolved. A smaller focussed steering group will be established and a new programme plan is being developed to provide greater focus and drive on key elements of the programme; this will begin being implemented from April 1st 2014 for the final year of phase 1 of the programme.

We are still without a case management system and this is a critical element of development now. A task and finish group has been working to develop a model on the new early help module of the Liquid Logic system. Pathways have been developed and forms are now being designed. A recent implication has been the review and establishment of the Single Assessment Framework which will sit alongside the family assessment. This is based on a risk and resilience model and where possible we will try to emulate the model and forms for ease and simplicity.

Phase 2 of the Troubled Families programme will commence in April 2015, we are awaiting news from the Troubled Families Unit but early indications are that this will focus on early help models. The funding is likely to be much reduced but the number of families to be worked with is likely to be three times as many as the current cohort, in the region of 2500 families.

	PI Status
	Alert
Δ	Warning
0	ОК
	Data Only

Long Term Trends				
•	Improving			
-	No Change			
Getting Worse				

Short Term Trends				
	Improving			
	No Change			
4	Getting Worse			