

Health and Well Being Board Performance Report – Q4 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. Recent training took place for officers and board members on OBA methodology and application which is included in this report but is won't be fully embedded until the 2014/15 performance reports. OBA suggests clear distinction between 'indicators' and 'performance measures' and this distinction is prominent in this report and will become more so in future performance reports. Indicators are high level information about a whole population i.e. the proportion of people who are overweight or obese. A Performance measure is something we control specific to a service we provide either through quantity (How much did we do?) or through quality (How well did we do it) and was anyone better off as a result? ***Performance measures will contribute to the overall indicators we are trying to change.***

Reduce Obesity	Current Value	Short Term Trend	Reducing the Effects of Alcohol Misuse	Current Value	Short Term Trend
Proportion of children aged 4-5 classified as overweight or obese.	22.11%	↑	Increase the numbers accessing treatment	79	↓
Proportion of children aged 10-11 classified as overweight or obese.	33.6%	▬	Increase the numbers successfully being treated	195	↑
Low birth weight of term babies (%)	4.1%	↓	Reduce the numbers accessing A&E for alcohol related issues	29.2%	↑
Excess weight in adults	74.4%	▬	Reduce the incidence of foetal alcohol syndrome	*	*
People and their carers will be supported to live well with dementia	Current Value	Short Term Trend	Improve the mental health and well-being of the people of Doncaster	Current Value	Short Term Trend
Proportion of adults in contact with secondary mental health services in settled accommodation.	85%	▬	Doncaster will have increased awareness of Dementia and there will be a reduction in stigma.	*	*
Proportion of adults in contact with secondary mental health services in employment	5%	↓	People will receive a diagnosis of Dementia (diagnosis rate).	*	*
IAPT: The number of people completing treatment and moving to recovery	53.1%	↓	More people with Dementia will live independently	*	*
People with severe mental illness who have received a list of physical checks	*	*			
CAMHS - % of patients with agreed care pathway and treatment plan	100%	▬			
Redesign multi-agency locality early help services for families				Current Value	Short Term Trend
Claim for outcomes relating to national TF criteria.				218	▬
No of Families who meet the reduction in ASB / crime & school attendance criteria				156	▬
No of families who meet the pathway to employment criterion				78	▬
No of families who meet the continuous work criterion.				11	▬

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

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

Area of Focus	Reduce Obesity
Defined Population & Outcome	Whole population of Doncaster

Indicators	2010/11	2011/12	2012/13	Short Trend	Long Trend	National Ave	Last Update
Proportion of children aged 4-5 classified as overweight or obese.	25.8%	23.85%	22.11%			22.2%	2012/13
Proportion of children aged 10-11 classified as overweight or obese.	33.2%	33.5%	33.6%			33.3%	2012/13
Low birth weight of term babies	3.28 (2009)	3.65 (2010)	4.1% (2011)			2.8%	2011
Excess weight in adults	*	*	74.4% (Jan12- Jan13)			63.8%	Jan 12 - Jan 13
Performance Measures	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Breastfeeding initiation	*	65.17%	*			73.9%	2012/13
Breastfeeding prevalence at 6-8 weeks after birth	*	28.1%	*			47.2%	2012/13

Performance Progress and Story behind the Baseline	<p>Maternal obesity In the UK, around one fifth of pregnant women are obese (52% in Doncaster) and over two thirds of obese women gain excessive weight during pregnancy. Maternal obesity and excessive gestational weight gain are demonstrated to increase the risk to both mother and baby. Pregnancy poses an ideal opportunity for us to engage with women and families, there have been some key pieces of work have been carried out in Doncaster :</p> <ul style="list-style-type: none"> • A maternal obesity plan has been developed to ensure support and services are in place for pregnant women and their families. This includes the development of brief intervention training for those working with pregnant women. • A Doncaster Maternal obesity conference was held for health professionals working with pregnant women. It outlined the challenge of addressing the complex issue of maternal obesity and covered both practical and policy issues and drew on evidence from the Doncaster Talking Health research project. • The Healthy Pregnancy, Healthy Baby Strategy has been reviewed and as a result a nutrition and obesity forward action plan has been developed for 14/15 - to include key actions around, breastfeeding, infant feeding, weight management and parenting skills. <p>Nutrition services - an evidence based review is currently underway. As a part of this, dissemination workshops have been carried out to share the findings from the local Social Return on Investment project looking at the wider impact of community cook and eat programmes. The final report will be complete in May 2014. A procurement timetable has been developed for the nutrition services to be re- commissioned in April 2015.</p>
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Marketing and Campaigns

In Doncaster, there were 2411 (figures for January and February 2014) families who signed up to January's Change4Life Smart Swap campaign this was a 20% increase on the same period last year. A programme of prevention (focusing on both physical activity and nutrition) campaigns for 14/15 is currently being developed and will include campaigns which build on key events such as the Tour de France and the World Cup.

Area of Focus	Reducing the Effects of Alcohol Misuse
Defined Population & Outcome	Those whose drinking behaviour is having a negative impact on themselves and those around them.

Indicators	Q2 13/14	Q3 13/14	Q4 13/14	Short Trend	Long Trend	National Ave	Last Update
Indicator 1: Increase the numbers accessing treatment	280	230	79 (Jan & Feb Only)	↓	↓	Local Only	2013/14
Indicator 2: Increase the numbers successfully being treated	22.1%	20.6%	29.2% (Jan & Feb Only)	↑	↑	12.9% (S.Yorks)	2013/14
Indicator 3: Reduce the numbers accessing accident and emergency for alcohol related issues	829	390 (Not Inc. Nov)	195 (Jan & Feb Only)	↑	↑	Local Only	2013/14
Indicator 4: Reduce the incidence of foetal alcohol syndrome	*	*	*	*	*	*	*
Performance Measures	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Numbers accessing GP Alcohol Service (LES)	*	239		▬	▬	Local Only	Feb 14

Performance Progress and Story behind the Baseline	<p>STORY BEHIND THE BASELINE</p> <p>Increasing the numbers in treatment involves health promotion and targeted interventions at a wide range of individuals. NICE states that to have 1 extra individual in treatment requires 77 individuals to be targeted. Increasing treatment outcomes for patients increases the numbers being free from alcohol as a dependency. Therefore increasing life expectancy as well as productivity. Alcohol related A&E admissions are a crude way to measure the negative impact of alcohol on a given population. Working with stakeholders and partners to reduce this figure will have a positive impact on the direct harms related to alcohol. By adopting a preventative approach in arenas such as schools, colleges, workplace, as well as to those who are unemployed and highlighting the harms of alcohol misuse and the financial costs attached to the individual the targets above can be achieved.</p>
	<p>ACTIONS TO MAKE IT BETTER</p> <ul style="list-style-type: none"> Alcohol services are accessible but by including outreach to areas on the outskirts of the borough will result in increased numbers accessing services. Local knowledge where excess drinking is an issue needs to be shared by stakeholders to inform further escalation and prevention. The local alcohol diversion scheme that is conducted in partnership with the police and Doncaster alcohol services is currently being evaluated and lessons learnt will be shared with the monthly steering group. Mapping what currently happens in schools around alcohol awareness needs to be conducted to enable a baseline to further promotion. Adopt a community development approach in promoting safe drinking Information and data pathway between the hospital and GP's/Services needs to be in place to enable individuals to be followed up with an appointment – this exists for adults but not children and young people. Data needs to be shared by the hospital with wider stakeholders to help identify areas of concern.












Area of Focus	People with Dementia and their carers living in Doncaster will live well.
Defined Population & Outcome	There are estimated to be 3,697 people with Dementia in Doncaster. By 2015 this may increase to 4,034 as the population ages. There is thought to be 1,353 new cases of Dementia each year in Doncaster. There are currently 2,022 people diagnosed with Dementia in Doncaster as at March 2013. It is estimated there are approximately a further 1700 people who have Dementia who do not have a diagnosis.







Indicators	Previous Value	Previous Value	Current Value	Short Trend	Long Trend	National Ave	Last Update
Doncaster will have increased awareness of Dementia and there will be a reduction in stigma.	*	*	*	*	*	*	*
People will receive a diagnosis of Dementia (diagnosis rate).	*	*	*	*	*	*	*
More people with Dementia will live independently	*	*	*	*	*	*	*
Performance Measures	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Number of Dementia friends in Doncaster	*	*	*	*	*	*	*
Survey results relating to 1 of the key areas of focus for Dementia Friendly Communities	*	*	*	*	*	*	*
Number of members to the Doncaster Action Alliance	*	*	*	*	*	*	*
Number of people diagnosed with Dementia	*	*	*	*	*	*	*
People with Dementia have fewer crises	*	*	*	*	*	*	*
Number of episodes of crisis for people with dementia: 4hr RDASH emergency response	*	*	*	*	*	*	*
Number of episodes of crisis for people with dementia: A& E attendances	*	*	*	*	*	*	*
Number of episodes of crisis for people with dementia: people accessing adult social care contact team out of hours	*	*	*	*	*	*	*

Proportion of people receiving social care with Dementia living in care homes	*	66.6%	*	*	*	*	*
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Performance Progress and Story behind the Baseline	<p>STORY BEHIND THE BASELINE</p> <p>With an ageing population, Dementia is soon to become the biggest burden on healthcare systems around the world. In 2010, the global cost of Dementia was around £400 billion and this figure will continue to rise as more people are diagnosed each year. Alzheimer's Disease International estimates that about 135 million people will be living with Dementia by 2050.</p> <p>The development of the strategy and pathways for mental health has been developed in line with national policy documents.</p>
	<p>ACTIONS TO MAKE IT BETTER</p> <p>Services are currently commissioned and monitored to manage the health components of Dementia and the supporting health initiatives. Targets will be met through the CCG delivery plan.</p> <p>The following will help to ensure the needs and expectations for Dementia can be met across the spectrum of responsibility within the partnership, and that these are aligned to the local authority and Mayoral priority areas:</p> <ol style="list-style-type: none"> 1. Creating a strong, connected and inclusive economy 2. Developing stronger communities 3. Improving health and support for independent lives 4. Creating and maintaining strong partnership working with appropriate stakeholders including private businesses, police, fire and rescue, housing, and transport to develop Dementia Friendly communities. <p>The framework for ensuring Doncaster is working towards a Dementia Friendly Community is based on the "Four Cornerstones model":</p> <p>People – <i>how do carers, families, friends, neighbours, health and social care professionals and the wider community respond to and support people with Dementia.</i></p> <p>Places – <i>how does the physical environment, housing, neighbourhood and transport support people with Dementia.</i></p> <p>Resources – <i>are there sufficient facilities for people with Dementia and are these appropriate for their needs and supportive of their capabilities.</i></p> <p>Networks – <i>do those who support people with Dementia communicate, collaborate and plan together sufficiently well to provide the best support and to use people's own assets' well.</i></p> <p>It is recognised we must do better with putting Service Users, carers, the public and the community at large at the centre of everything we do. Effective involvement, engagement and empowerment are vital if we are to deliver better services.</p>















Area of Focus	Improve the mental health and well-being of the people of Doncaster
Defined Population & Outcome	<p>One in four British adults (18-64) experiences at least one diagnosable MH problem in any one year, and one in six experiences this at any given time (The Office for National Statistics Psychiatric Morbidity report, 2001). Applying this prevalence to Doncaster would mean 60,000 adults per year have a diagnosable MH with 40,000 at any given time. It is believed that 25% of people over the age of 65 living in the community have symptoms of depression serious enough to warrant intervention (Age Uk). We know from our activity data from commissioned services, that we do not have this many people accessing our services*, therefore further work is required to ensure that our mental health promotion/social wellbeing services are provided without age boundaries and are attractive to the community of all ages, gender and ethnicity. Rotherham Doncaster and South Humber (RDaSH) NHS Trust provides Doncaster's Acute MH care and currently has 2700 people (adults) within its services.</p> <p>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. 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. The local Child and Adolescent Mental Health Service (CAMHS) currently has 823 children and young people on its caseload.</p>

Indicators	Q2 13/14	Q3 13/14	Q4 13/14	Short Trend	Long Trend	National Ave	Last Update
Proportion of adults in contact with secondary mental health services in settled accommodation.	87%	85%	85% (Feb 14)			57.8%	2013/14
Proportion of adults in contact with secondary mental health services in employment	6%	6%	5% (Feb 14)			8.0%	2013/14
IAPT: The number of people completing treatment and moving to recovery	44.2%	59%	53.1% (Feb 14)			Local Only	2013/14
People with severe mental illness who have received a list of physical checks	*	*	*	*	*	*	*
CAMHS - % of patients with agreed care pathway and treatment plan	97.5%	100%	100% (Feb 14)			Local Only	2013/14
Performance Measures	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
CAMHS - Percentage of referrals starting a treatment plan within 8 weeks		100%	95%			Local Only	Feb 14

CAMHS - Percentage of non-urgent referrals assessed within 4 weeks		90.9%	95%			Local Only	Feb 14
CAMHS - Percentage of referrals via A&E assessed within 24 hours		100%	90%			Local Only	Feb 14

Performance Progress and Story behind the Baseline	<p>STORY BEHIND THE BASELINE</p> <p>The development of the strategy and pathways for mental health have been developed in line with national policy documents.</p> <p>The Future Vision for Mental Health document advocated that:</p> <ul style="list-style-type: none"> • People of all ages, backgrounds and social groups receive support to attain good mental health and to build their resilience in tough times. Those who are most vulnerable, because of their life circumstances, should receive additional help to prevent mental ill health, while children and families get early support when problems emerge • People experiencing mental health difficulties are supported to make their lives better on their own terms. Those seeking work are supported into appropriate employment or other meaningful occupation and, once there, are offered ongoing support for as long as needed. • People with mental health problems are enabled to take control of their own healthcare. A range of care and support services are offered, from which individuals can choose to enhance their quality of life and achieve their goals. <p>About half of people with common MH problems are no longer affected after eighteen months, but poorer people, the long-term sick and unemployed people are more likely to be still affected than the general population, (Better Or Worse: A Longitudinal Study Of The Mental Health Of Adults In Great Britain, National Statistics, 2003).</p> <p>Although MH disorders are widespread, serious cases are concentrated among a relatively small proportion of people who usually experience more than one mental health problem (this is known as 'co-morbidity').</p> <p>It will be the responsibility therefore of the partnership in Doncaster, under the direction of the Health & Wellbeing Board, to ensure that a co-ordinated, combined health and community strategy is delivered and meets the different levels of need across our community.</p> <p>ACTIONS TO MAKE IT BETTER</p> <p>Services are currently being commissioned and monitored to manage the health and social care components of mental health. To deliver we need to ensure MH is seen as a Community issue; the following (Local Authority & Mayoral Priorities) will help to ensure we do better in addressing MH needs as a community:</p> <p>Creating a strong, connected and inclusive economy</p> <ul style="list-style-type: none"> • Developing an holistic approach to improving mental health ensuring stronger and safer communities • Increasing and improving access to housing and supporting people with mental ill health to maintain their tenancy • Protecting and improving all our children's lives • Promoting and enabling personal responsibility by improving health and support to ensure independent living • To truly work as a partnership in tackling crime and anti-social behaviour <p>It is recognised we must do better with putting Service Users, carers, the public and the community at large at the centre of everything we do. Effective involvement, engagement and empowerment is vital if we are to deliver better. It is also recognised MH will be a cross cutting theme of the other 4 HWB priorities and joint and integrated working will be essential to deliver better</p>

Area of Focus	Redesign and commission multi-agency locality early help services for families
Defined Population & Outcome	All families and children in Doncaster





Indicators	2011/12	2012/13	2013/14	Short Trend	Long Trend	National Ave	Last Update
Claim for outcomes relating to national TF criteria.	*	*	218			Local Only	2013/14
No of Families who meet the reduction in ASB / crime & school attendance criteria	*	*	156			Local Only	2013/14
No of families who meet the pathway to employment criterion	*	*	78			Local Only	2013/14
No of families who meet the continuous work criterion.	*	*	11			Local Only	2013/14
Performance Measures	Current Status	Current Value	Current Target	Short Trend	Long Trend	National Ave	Last Update
Deliver train the trainer programme for Combined DV, mental health and substance misuse impact on families.	*	*	*			Local Only	2013/14
Number of Families Supported by Communities Service	*	600	*			Local Only	2013/14
Deliver Child & Family Assessment training	*	*	*			Local Only	2013/14




Performance Progress and Story behind the Baseline	<p>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:</p> <ul style="list-style-type: none"> • 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
	<p>This claim has resulted in a reward of £54,400 for Doncaster.</p>
	<p>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. .</p> <p>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</p>




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
	Warning
	OK
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse