

Appendix A Health & Wellbeing Board Outcomes Framework: Prevention - Living well

What this will mean to Doncaster Residents

How we will know we have succeeded (the outcomes we want to deliver)

Take a whole system approach to reducing smoking, alcohol consumption and obesity as the key causes of preventable ill health and early death

More people make healthy lifestyle choices relating to;

- Smoking
- Alcohol consumption
- Healthy weight
- Diabetes

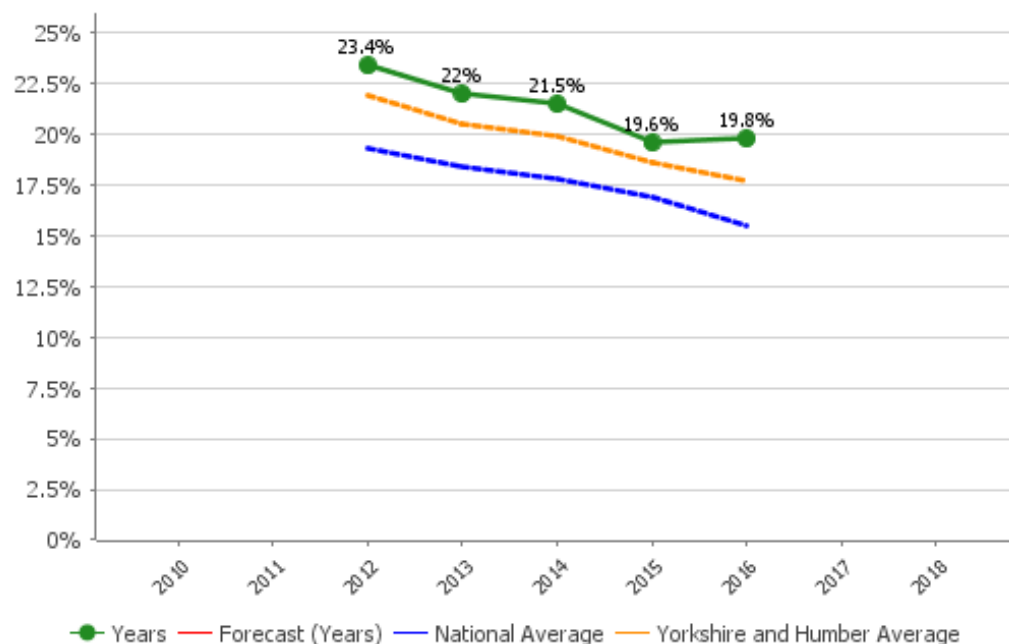
Table 2: How we will know we have succeeded (the outcomes we want to deliver)

	All ages	Starting Well (Delivered by Children and Families Executive board)	Living Well	Ageing Well
Wellbeing	<ul style="list-style-type: none"> • Healthy Life Expectancy increases • People's quality of life is good • There are more homes built and fewer people are homeless or in unsuitable accommodation 	<ul style="list-style-type: none"> • More children and young people are healthy, have a sense of wellbeing and are resilient • More children have the best start in life 	<ul style="list-style-type: none"> • More people are in Sustained work 	<ul style="list-style-type: none"> • More people remain healthy and independent for longer with fewer people socially isolated
Prevention	<ul style="list-style-type: none"> • More people will be physically active • Fewer people will die early from causes considered preventable 	<ul style="list-style-type: none"> • More children and young people's development is underpinned through a healthy lifestyle • More children have access to the right services at the earliest opportunity 	<ul style="list-style-type: none"> • More people make healthy lifestyle choices relating to; <ul style="list-style-type: none"> • smoking • alcohol consumption • healthy weight • Diabetes 	<ul style="list-style-type: none"> • Fewer older people will have serious falls that require them to go to hospital • More people over 65 will access a flu vaccine
Care (Delivered by ACP)	<ul style="list-style-type: none"> • Fewer people require health and social care services and vulnerable people are safe • People are satisfied with their care • Fewer people are delayed from leaving hospital 	<ul style="list-style-type: none"> • More children and young people are healthy, have a sense of wellbeing and are resilient 	<ul style="list-style-type: none"> • Fewer people die from Cancer, liver disease, diabetes and heart disease. 	<ul style="list-style-type: none"> • Fewer older people require health and social care services and vulnerable people are safe
Support (Delivered by ACP)	<ul style="list-style-type: none"> • Carers have as much social contact as they would like • Suitable advice and support is available to Carers • Families who need support can access it 	<ul style="list-style-type: none"> • No child suffers significant harm as a result of neglect 	<ul style="list-style-type: none"> • People with Learning disabilities and people who access Mental health services live in stable accommodation 	<ul style="list-style-type: none"> • More people are diagnosed with dementia • More people in end of life care are supported along with their families to die in a place of their choosing

OUTCOME INDICATOR 1

Smoking Prevalence - The number of persons aged 18 + who are self-reported smokers

[Significantly Worse than National Average]



Story Behind the baseline

Smoking prevalence in Doncaster remains one of the biggest public health challenges with prevalence rates significantly higher than both national and regional levels for Yorkshire and the Humber. Over the last 10 years the rates have been steady declining but more could be done to accelerate this decline. The rise noted in 2016 is not an indication that the decline has ceased as it is within the 95% confidence interval (17.5% to 22.2%).

A combination of factors contribute to the decline in smoking prevalence, including communication and marketing, legislation around smoke free public places, effective Stop Smoking Service, and enforcement of under-age sale and illicit tobacco among others. Locally focus has been on reducing smoking prevalence in women at time of delivery (now 13% 2016/17) through additional investment from Doncaster Council.

What is happening next

- Implementation of the London Clinical Senate model in acute hospitals as part of the South Yorkshire and Bassetlaw Integrated Care System approach to health lives
- Implement smoke free sites in public places as per legislation, including smoke free hospitals
- Continue to ensure effective delivery of existing Stop Smoking Service
- Partners re-commit to Tobacco Declaration (Doncaster Council signed up to the Tobacco Declaration in 2015)
- Enforcement of under-age sale and control of illegal tobacco
- Promotion of Smoke free homes, parks, and play grounds (including stadia)
- Implementation of incentive scheme (CQUIN – Commissioning for quality and innovation) on smoking by Doncaster & Bassetlaw Hospital Trust (DBHT) and Rotherham, Doncaster and South Humber Mental Health Trust (RDaSH)
- Roll out of Making Every Contact Count training the trainer approach for all staff to adopt Ask, Advise and Act model
- Monitor actions by partner organisations through Tobacco Control Alliance

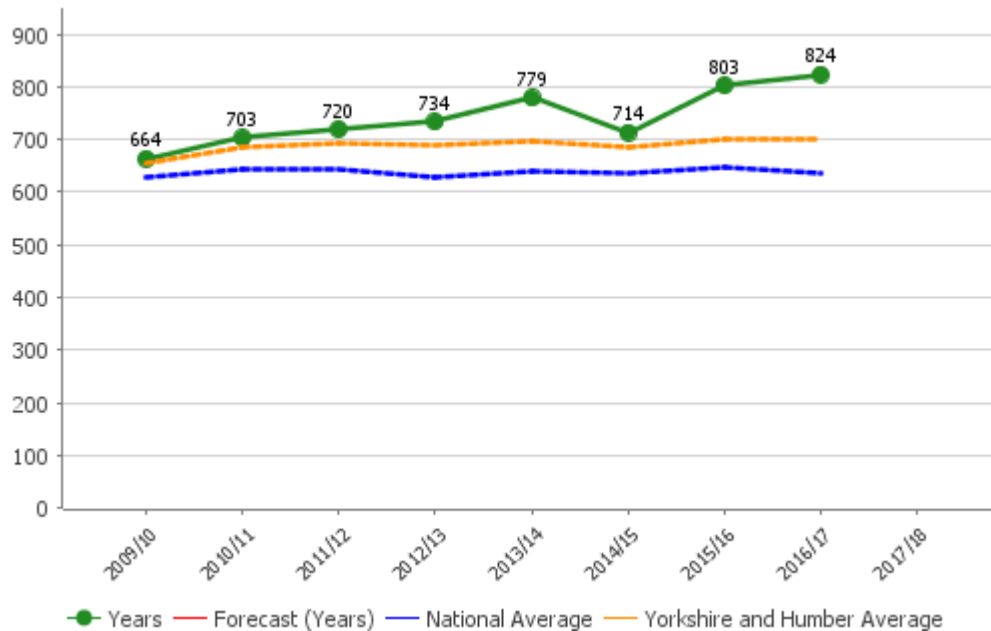
How can Health and Wellbeing Board help

- Commitment by partner organisations to re-committing to the Tobacco Declaration – actions to reduce smoking prevalence in Doncaster.
- Support the activities undertaken under Tobacco Control Alliance.

OUTCOME INDICATOR 2

Hospital admissions for alcohol-related conditions all ages, directly age standardised rate per 100,000 population

[Significantly Worse than National Average]



Story Behind the baseline

Hospital admissions for alcohol related admissions are increasing and are higher than the national average, with largest impacts on older people. The background prevalence of alcohol dependent, harmful and hazardous drinking is high

What other local measures tell us;

- 21% of adults presenting to structured alcohol treatment are living with children under the age of 18 (Hidden Harm)
- The rate of successful completions for adults in structured treatment is better than the national average
- Low referral rate from primary care into structured treatment
- Cohort of revolving door clients bypassing structured treatment services despite local work with Alcohol concern 'blue light' initiative

What is happening next

- Home Office Local Alcohol Action Area includes reduce the strength scheme (30 off licences not selling strong beers and cider), Best Bar None scheme, Public Health input into licencing decisions with Cumulative Impact Zone in town centre
- Aspire outreach working within hospital with revolving door clients
- CCG commissioned specialist nurse working within hospital
- Redesign work with GP alcohol screening LES, as referrals not generated
- Hospital CQUIN for alcohol being implemented
- Profiling work of patient's needs who are admitted

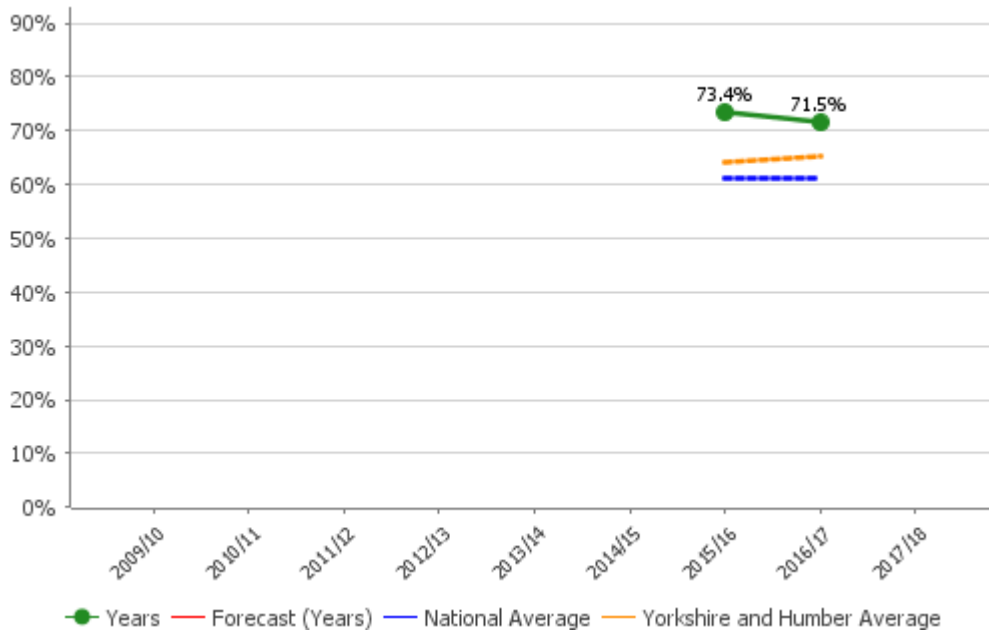
How can the Health and Wellbeing Board help

- To support health as a consideration in local planning and licencing
- A Multi-Disciplinary Team approach to 'blue light' treatment resistant patients, best placed with DRI - not yet operational
- Court ordered numbers of Alcohol Treatment Requirements are low
- Improve representation of CRC/National Probation Service at Substance Misuse Theme Group

OUTCOME INDICATOR 3

Percentage of adults (aged 18+) classified as overweight or obese

[Significantly Worse than National Average]



Story Behind the baseline

The levels of obesity and overweight in adults (18+) in Doncaster have been a cause for concern for some time. Against the England average, Doncaster is significantly worse than the national average at 71.5% and the following data from Active Lives (2016-17) provides the most up to date breakdown of overweight/obesity and excess weight levels in Doncaster between 2016-17:

- 27.6% of residents in Doncaster are considered to be a healthy weight compared to the England national average of 37.6%
- 36.6% of residents in Doncaster are overweight (not including the obese) compared to the England national average of 38%
- 34.8% of residents in Doncaster are obese (including severe obesity) compared to the England national average of 23.3%
- 5.8% of residents in Doncaster are severely obese compared to the England national average of 2.4%
- 71.5% have excess weight compared to the England national average of 61.3%
- 0.9% are underweight compared to the England national average of 1.1%

The data demonstrates that there is still a lot of work to do in Doncaster to bring these levels down but this can only be achieved if a number of approaches and interventions are in place which support a whole system approach to obesity. Nationally the number of obesity related hospital admissions attributable to obesity is 69% and the majority of patients were aged between 35 and 64 years. This data is not currently available at a local level.

Prevalence of obesity by gender at a national level was 40% overweight in men, 30% overweight in women and 26% obese in men and 27% obese in women. This data is not currently available locally.

Obesity prevalence varies with age for both males and females with the highest levels from 45 to 74 for men and 45 to 84 for women nationally. Again this data is not currently available locally.

What is happening next?

The Healthy Doncaster Framework was adopted in January 2018 and is a whole system approach to obesity in Doncaster. A number of areas were identified as key work streams and updates are provided below:

Key Actions

- Health being established as a planning consideration in the Local Plan

including hot food takeaway policy

- Get Doncaster Moving launched as one of the key Transformation programmes within Doncaster Growing Together. 5 distinct projects including cycling, walking, dance, sports participation and parks and open spaces. Within this hosting of the Tour de Yorkshire, Active Travel Alliance the daily mile in schools and new walking strategy. This will be supplemented by the Sport England Local Delivery pilot approach
- Proposal to adopt the Healthy Weight Declaration by Autumn 2018
- Established Good Food Doncaster Partnership – and registered Doncaster as the 50th sustainable food city. Addressing food poverty and food safety.
- Launch of Healthy Learning Health Lives approach in schools and early years settings
- New health visiting service in place with enhanced focus on nutrition, breastfeeding and oral health
- Making Every Contact Count (MECC) implementation and evaluation
- New Healthy Workplace award being piloted
- Deciding on the future of Tier 3 weight management service and wider prevention offer through joint commissioning

How can the Health and Wellbeing Board help

- Support the development of the Healthy Weight Declaration
- Prioritise prevention and resources for effective weight management services
- Support the MECC approach and ensuring its reach and impact across organisations
- Support the workplace charter development and implementation
- Support the development of a food strategy for Doncaster
- Get Doncaster Moving! Be a positive role model!