

Doncaster Health & Well Being Board

Performance Report

Q2 2015-16

Appendix A

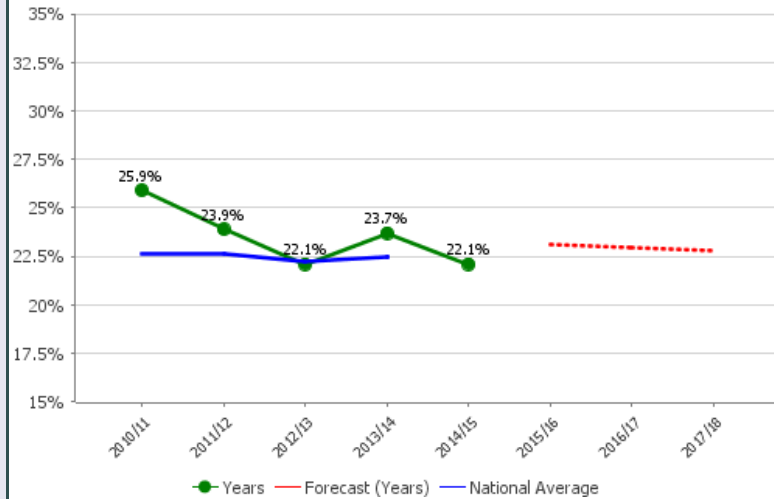
Values below 5 have been rounded to 0 or 5

OUTCOME

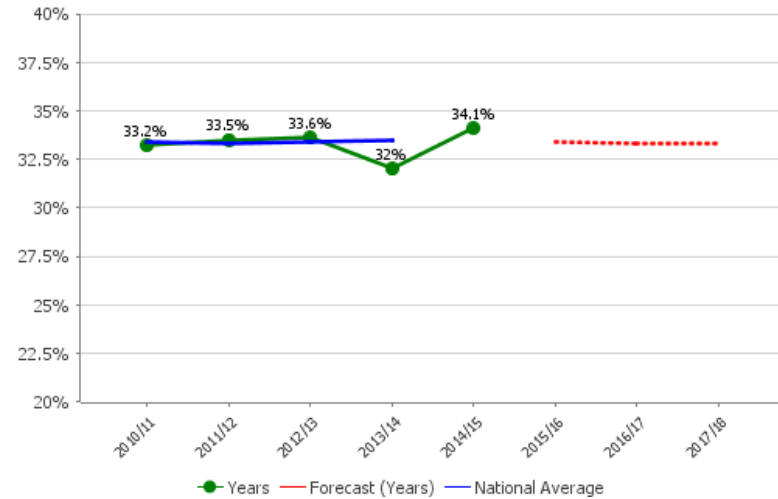
All Doncaster residents to have the opportunity to be a healthy weight

INDICATORS

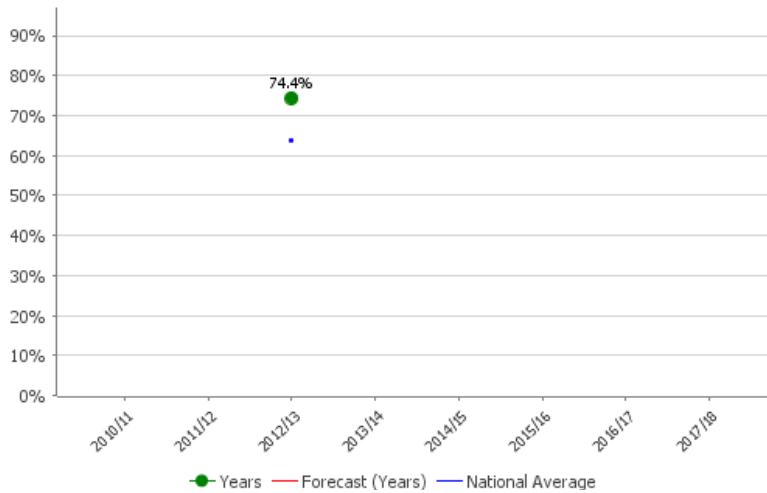
a) % of Children that are classified as overweight or Obese (Aged 4/5)



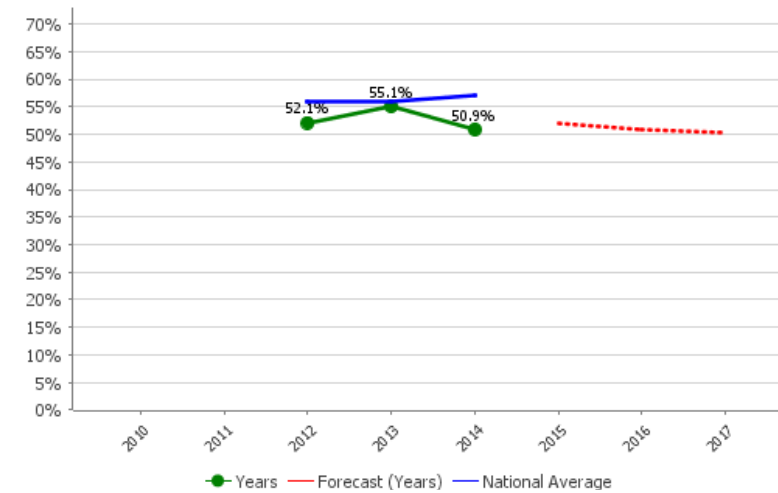
b) % of Children that are classified as overweight or Obese (Aged 10/11)



c) % of Adults Overweight or Obese



d) % of adults achieving at least 150 minutes of physical activity per week



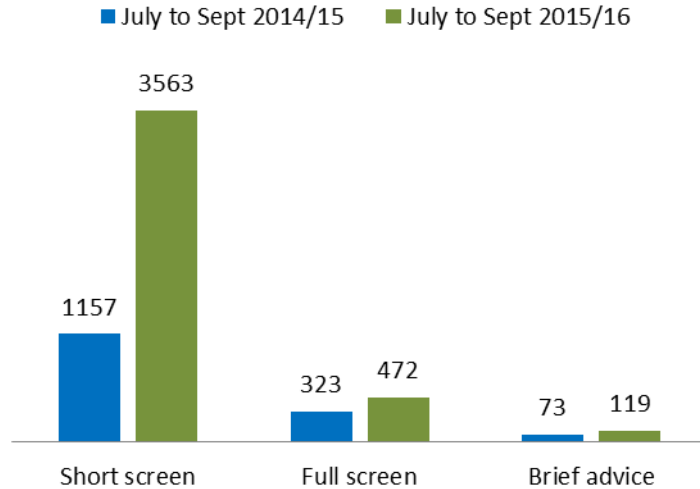
<p>STORY BEHIND THE BASELINE</p>	<p>Due to the secondment of the programme Lead in August, less progress has been made this quarter. Team members have been trained to use the OBA database and reporting mechanism and are currently populating the database with the work they have completed to date. Team members have engaged with a number of local organisations with a view to improving access to healthier food and are beginning to implement changes. For example, working with the local Asda to tailor their community activities to the areas with highest obesity and to support them to deliver healthy eating sessions and host "supermarket tours" to encourage healthy shopping habits; and engaging with the Café manager at Denaby Children's Centre to create a healthier café, including menu adaptations, new recipes and work around promoting healthier options through price and placement. Keepmoat stadium are trialling a new healthier conference menu currently and will feed back later this year regarding uptake/success. Work has also commenced to with a local housing/support project to support in the development of diet/weight related training packages and interventions. Consultation with stakeholders on the Doncaster Food plan is now near completion. Feedback will be incorporated into the plan which will be completed for 1st Dec and then disseminated, which is slightly later than anticipated. The plan will continue to be updated and improved in line with feedback from stakeholders as it is put into use.</p>	
	<p>The Nutrition & Dietetics team at DRI have been delivering training workshops in schools to encourage them to incorporate healthy food and cooking into the curriculum. Further work needs to be carried out as to how we collect schools meals uptake data from schools catering and this will be looked at in Q3. The "Decent helpings" work with academic partners has been approved and is now in the project mobilisation stage; this research will involve understanding why a particular community in Doncaster is currently performing better in childhood obesity rates than would be predicted by indicators such as deprivation. Consultation on the E-Learning module for the Making Every Contact Count (MECC) programme has been carried out during Q2. This module will help people understand when and how to deliver appropriate lifestyle information on five key public health areas; stopping smoking, diet, physical activity, alcohol and mental wellbeing. A regional workshop is planned for October to discuss other e-learning around MECC, along with other aspects of rolling out the MECC initiative. Further development of a face-to-face module will be completed in Q3 with a view to the programme being ready for delivery into 2016.</p>	
	<p>The Change 4 Life, Disney 10 minute shake up campaign, which ran from July to September 2015 and was targeted at children aged 5 to 11 years and their families, received 2182 sign-ups across the borough. Most were in DN4 (378), DN5 (279) and DN3 (221) and the least sign-ups were in S66 (4) and DN10 (10). Work will continue with the schools involved over the coming months to continue promoting the sugar swap messages and the campaign will be re-visited nationally from March 2016 so planning will begin in Q3-4.</p>	
	<p>The Tier2 Weight Management service is currently out for tender and will be awarded in Q3. The reporting issues around the Tier 3 contract remain a concern and will be addressed in Q3. The NHS Health Checks service has now been running for 6 months. Q2 has seen good improvements after a slow start in Q1 but is still under-performing and this will be monitored closely during Q3 & 4. Planning and preparation has taken place for the Health & Wellbeing Board Obesity workshop on 1st Oct and this will be reported on in Q3.</p>	
<p>ACTION PLAN</p>	<p>What we will achieve in 2015-16</p>	<p>What we will do next period</p>
	<ol style="list-style-type: none"> 1. The development of a plan to address access to healthier food (to incorporate Doncaster food plan, food procurement, school meals, workplace health award environmental health plan). 2. Work with academic partners to explore the feasibility of a toolkit to improve the food environment in Doncaster communities 3. Active promotion of physical activity opportunities (promotion of discount cards). 4. Development and rollout of a Making Every Contact Count (MECC) training package. 5. Continued work with planning teams to ensure access to healthier food and physical activity opportunities are incorporated into the Local Development Plan. 	<ol style="list-style-type: none"> 1. Evaluation of tenders for the Tier 2 service will be completed and contract will be awarded 2. Close contract management of Tier 3 & Health Checks services 3. Investigate better partnership working with school nurses, Tier 3 and NCMP programmes to be co-beneficial 4. Dissemination of the completed Doncaster Food Plan 5. Commence the Decent Helpings research 6. Continue work with Nutrition & Dietetics to deliver training session to improve school food and get cooking on the curriculum and plan evaluation of the effectiveness of the intervention 7. Complete development of MECC e-learning tool and work on a face-face version 8. Develop a Communications plan to launch MECC 9. Collection and collation of indicator data for the OBA, work with organisations so that resulting changes can be monitored and evaluated

OUTCOME

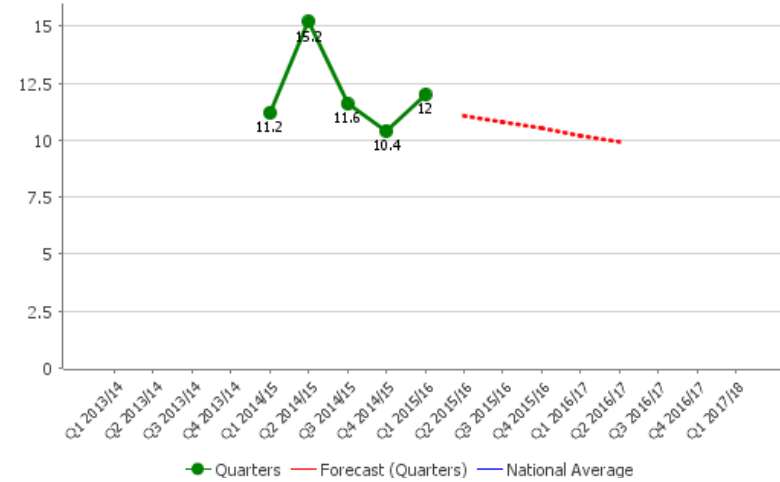
All people in Doncaster who use alcohol do so within safe limits

INDICATORS

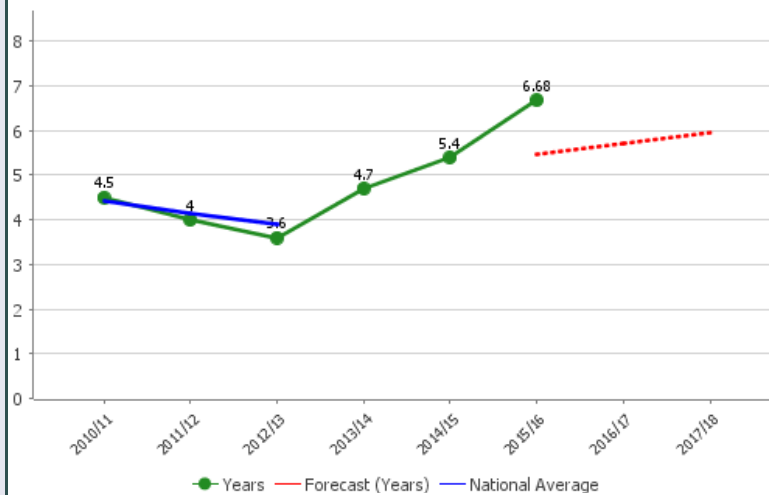
a) Numbers of people being screened for alcohol use and, where appropriate, receiving brief advice



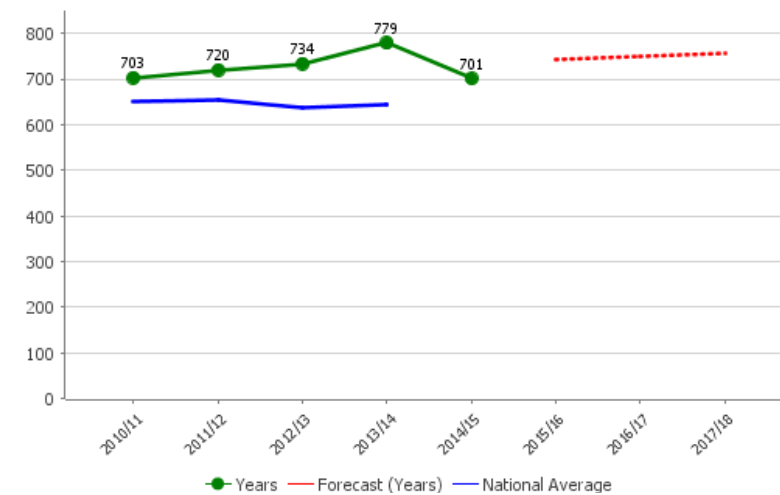
b) Alcohol-related attendance at A&E (per 1000 pop)



c) Alcohol-related violent crime per 1000 pop (2015/16 YTD Only)



d) Alcohol related admissions to hospital (14/15 data provisional)



<p>STORY BEHIND THE BASELINE</p>	<p>The short form of alcohol screening has trebled from last year to this and the ratios then receiving a full screen and brief advice mirror the evidence base (i.e. 5:1 at each stage). This suggests screening and advice is being targeted at suitable patient groups. Alcohol-related admissions increased up to 2013/14 and were consistently above England. The rate for 2014/15 appears to decrease sharply though this requires further investigation. These admissions are primarily linked to cancer, unintentional injuries and mental and behavioural disorders linked to alcohol. Alcohol-related A&E attendances fluctuate over time but there are no significant trends. Attendance peaks sharply between 21-25 years but over half of attendances occur in people aged 26 to 60, cutting across age groups. Reviewing the presenting condition, it appears three quarters of attendances are linked to minor injuries and accidents rather than assaults. Alcohol-related crime has increased significantly from a low in 2012/13. The Joint Strategic Intelligence Assessment notes this increase citing increases in Town Centre violence and recorded domestic abuse, but also changes in the recording process.</p>	
<p>ACTION PLAN</p>	<p style="text-align: center;">What we will achieve in 2015-16</p> <ol style="list-style-type: none"> 1. Work with GP practices to expand and improve screening and interventions from this year to next. There is also scope to deliver screening and very brief interventions in non-primary care settings such as pharmacies, hospitals, criminal justice, housing providers and social care (the evidence base outside primary care is mixed so investment would be carefully considered). 2. Evaluate the Community Alcohol Partnership (CAP) in Askern, Campsall and Norton and expand the model to other areas if appropriate. The CAP was launched in November 2014 and is a partnership approach to address underage sales and antisocial behaviour. This is a collaboration between the community, schools, retailers, the Local Authority, Police and St Leger Homes. Utilising communities and addressing underage consumption will be key in the future. 3. Make greater use of campaigns to raise public awareness and influence attitudes to alcohol in the population. Fixed national dates include Alcohol Awareness Week and Dry January while local campaigns will likely include topics such as alcohol in pregnancy, alcohol and older people and the link between alcohol and house fires. Public Health will work on campaigns aimed specifically at businesses to help foster an ethos of responsible retailers, for instance working with Pub Watch organisations and delivering a 'Reduce the Strength' campaign to limit the availability of very strong alcohol. 4. Improve the referral pathway between hospitals and the treatment system and enhance the identification and support to people repeatedly attending A&E or admitted to wards. Alcohol Concern defines these as 'Blue Light' clients - people who become vulnerable and isolated so that emergency services are their only source of support. Similarly there are vulnerable people, including alcohol misusers, who revolve through the Criminal Justice System. The Criminal Justice Liaison and Diversion Scheme launched in April 2015 and Public Health will work with partners to embed substance misuse within the model. 	<p style="text-align: center;">What we will do next period</p> <ol style="list-style-type: none"> 1. Mobilising the new recovery system around the lead provider following the outcome of tendering. 2. Continuing to monitor screening and brief interventions through GP practices 3. Delivering public awareness campaigns, alcohol awareness week (Nov 2015). 4. Promote custody testing and ATRs within the Liaison and Diversion Scheme. 5. Monthly monitoring of exits and representations.

OUTCOME	Families who are identified as meeting the eligibility criteria in the expanded Stronger families programme see significant and sustained improvement across all identified issues.																									
INDICATORS	<p>a) Number of Families Identified as part of the Phase 2 Stronger Families Programme</p>  <table border="1" data-bbox="327 284 1093 770"> <thead> <tr> <th>Quarter</th> <th>Number of Families Identified</th> </tr> </thead> <tbody> <tr> <td>Q1 2015/16</td> <td>757</td> </tr> <tr> <td>Q2 2015/16</td> <td>795</td> </tr> <tr> <td>Q3 2015/16</td> <td>-</td> </tr> <tr> <td>Q4 2015/16</td> <td>-</td> </tr> <tr> <td>Q1 2016/17</td> <td>-</td> </tr> </tbody> </table>	Quarter	Number of Families Identified	Q1 2015/16	757	Q2 2015/16	795	Q3 2015/16	-	Q4 2015/16	-	Q1 2016/17	-	<p>b) Number of families achieving positive outcomes through the Stronger Families Programme</p>  <table border="1" data-bbox="1171 284 1977 770"> <thead> <tr> <th>Quarter</th> <th>Number of Families Achieving Positive Outcomes</th> </tr> </thead> <tbody> <tr> <td>Q1 2015/16</td> <td>0</td> </tr> <tr> <td>Q2 2015/16</td> <td>0</td> </tr> <tr> <td>Q3 2015/16</td> <td>-</td> </tr> <tr> <td>Q4 2015/16</td> <td>-</td> </tr> <tr> <td>Q1 2016/17</td> <td>-</td> </tr> </tbody> </table>	Quarter	Number of Families Achieving Positive Outcomes	Q1 2015/16	0	Q2 2015/16	0	Q3 2015/16	-	Q4 2015/16	-	Q1 2016/17	-
Quarter	Number of Families Identified																									
Q1 2015/16	757																									
Q2 2015/16	795																									
Q3 2015/16	-																									
Q4 2015/16	-																									
Q1 2016/17	-																									
Quarter	Number of Families Achieving Positive Outcomes																									
Q1 2015/16	0																									
Q2 2015/16	0																									
Q3 2015/16	-																									
Q4 2015/16	-																									
Q1 2016/17	-																									
STORY BEHIND THE BASELINE	<p>The initial family identification process is complete and this has identified the following families:</p> <ul style="list-style-type: none"> • 400 families who are eligible for the programme and have been validated • 400 families who are eligible for the programme and validation is taking place • 1700 families who meet one criteria after initial 'trawl' • Further families are also being identified as eligible on an ongoing basis as services work with them. <p>Our current total of identified and validated families is 795. We have started to work with 276 families (families who are being worked with) We are still awaiting the formal announcement of the programme extending to March 2020 (expected late November). We foresee no problems with meeting our engaged with target for the end of this financial year. Unlike Phase 1 we are not able to back date any work with families past April 1 2015. We submitted zero claims in the September claim period as this ended prior to the 6 month minimum period required on the majority of indicators so leaving us un able to claim (only early starter areas made claims). This was expected and is normal for the developing programme. We have forecast low numbers in January also for similar reasons.</p> <p>In June we submitted our National Impact Study (NIS) data for 203 families, we subsequently received a call from DCLG to tell us we were one of 7 areas who submitted a good enough return to be included in the national report which will outline fiscal benefits of the programme. We are still awaiting this report from the Government which is expected during Quarter 3. Further detailed data is being prepared as part of our next FPD return and we are looking at where we have data gaps and trying to fill them. This will then provide cost savings analysis. The main weakness in the Outcomes Plan is the health indicators and surrounding data. Whilst it is acknowledged that this is not just a local issue, data relating to alcohol, none-prescription drugs, obesity and mental health issues has not been available in order to help identify families and furthermore in assessing family needs this intelligence has been based on self-referral or practitioner knowledge. (The case management system was near to go live and despite detailed specification and testing we have hit a disastrous technical error that requires the developer (liquid Logic) to repair which may take some time. Therefore the planned go live date of 23rd October is not possible. Given this we are making arrangements for operating into the new year without the system for the purposes of PbR, returns to DCLG and other performance/analysis. This is</p>																									

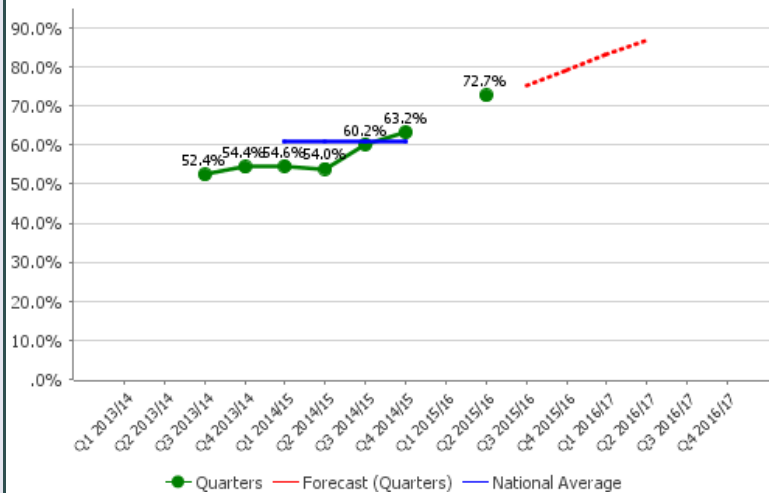
	<p>very time consuming and is additional manual work compounded with the complexity of the expanded programme, however contingency planning is taking place to minimise any impact to resources and risks. In the meantime we are taking the extended time frame to enable training of staff to take place to allow them to upload the minimum demographic information of our families to make a 'dent' in the workload expected when the system finally goes live. We have worked with our SY LA neighbours and SY Police to develop a consistent process for gathering and analysing SYP data that is required for identification and progress. This new process has been used successfully for the completion of the FPD. This working group continues to discuss and develop the process. A similar process is taking place with the new Community Rehabilitation Companies (ex-probation).</p> <p>We hosted a data group for the region in September and this was well attended. One of the issues raised was poor health data access across all programmes. One potential solution was to approach the Health and Social Care Institute in Leeds. Colleagues in York have started the process of specifying the needs and agreed to lead on the discussion with contributions from the regional data group, we await an update.</p> <p>The Outcome plan has been to Overview and Scrutiny and Executive Board in the Council and been endorsed. It is no longer Draft although it is still subject to change as the programme progresses.</p>	
ACTION PLAN	What we will achieve in 2015-16	What we will do next period
	<ol style="list-style-type: none"> 1. To identify as many families who meet the criteria as we can 2. Implement the case management system to allow for easier case management , tracking and progress reporting 3. Commission services needed by families following evaluation of the first SF programme. 4. Train multi-agency staff in working with families, 'early help' assessment and case management system inputting. 	<ol style="list-style-type: none"> 1. Implement Go live of EHM system 2. Prepare for January claim 3. Prepare for FPD submission 4. Train staff in Signs if Safety processes 5. Review areas to be commissioned / where there are gaps.

OUTCOME

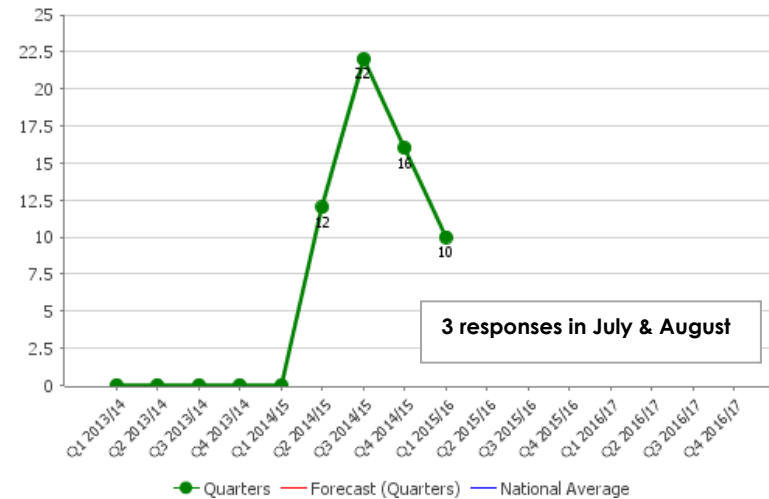
People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis

INDICATORS

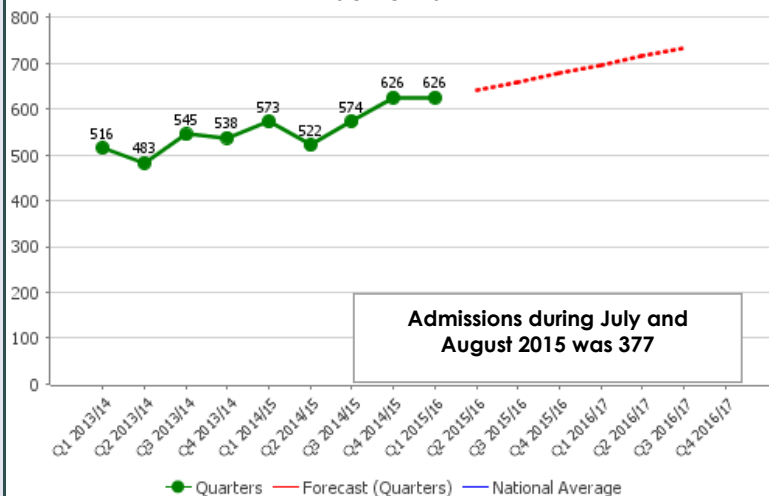
a) Dementia Diagnosis Rate (%)



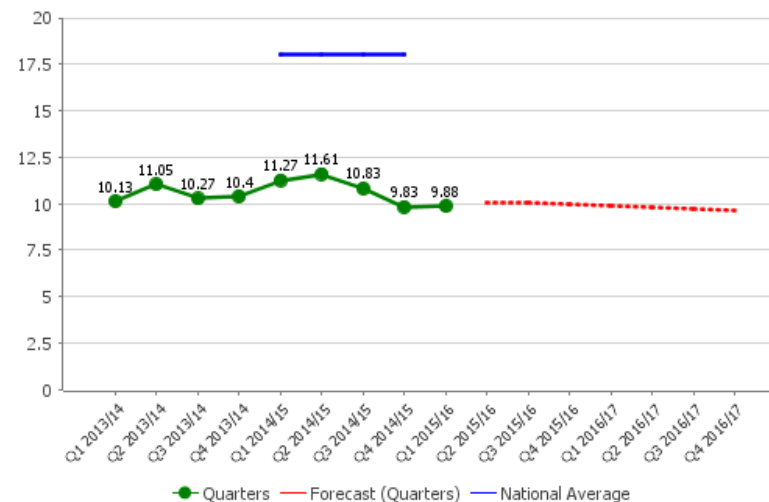
b) Number of 4hr RDaSH Emergency responses for people with dementia



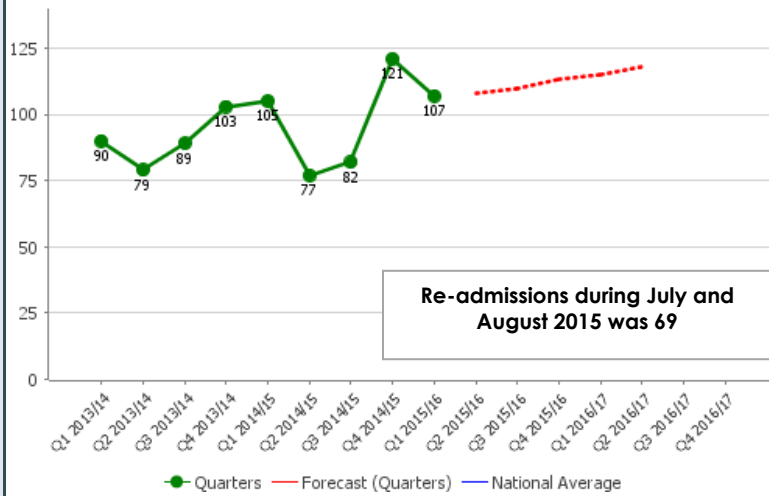
c) Reduce the number of Hospital Admissions (DRI) for people with dementia



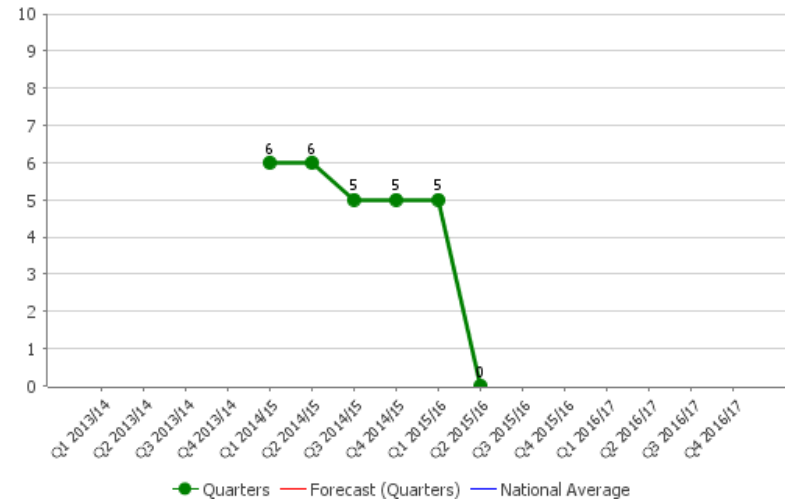
d) Length of stay of people with Dementia in an acute setting (average days)



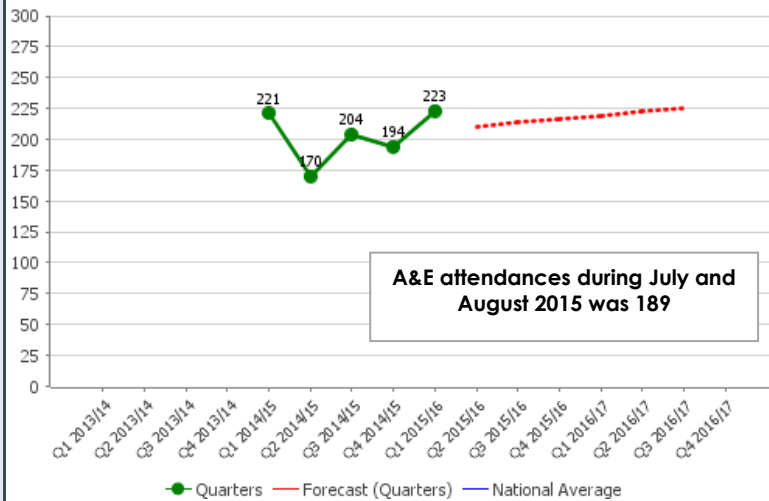
e) Hospital re-admissions within 30 days (DRI) for people with Dementia



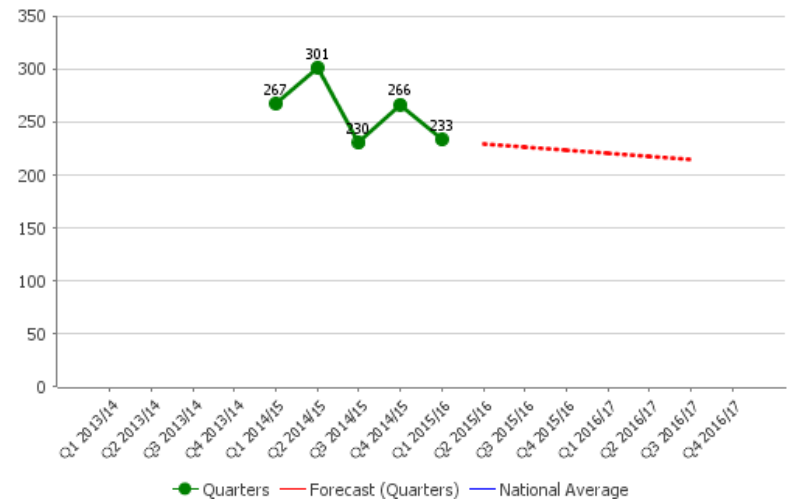
f) Number of patients having any delayed discharges encountered at RDaSH



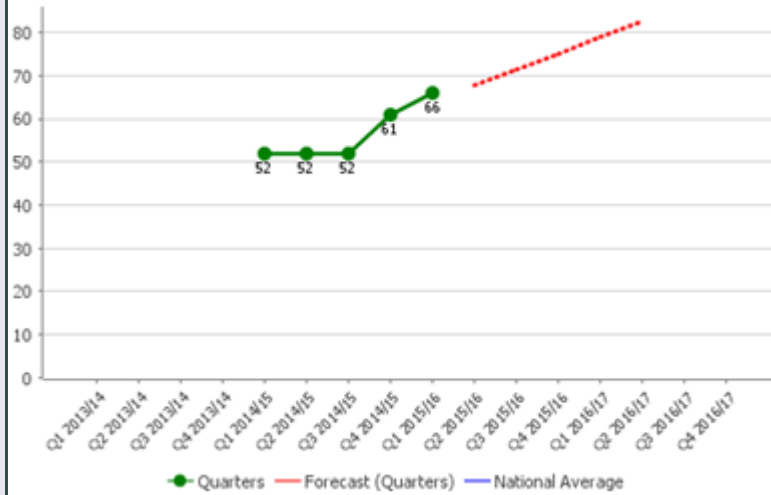
g) Attendances at A&E for people with dementia



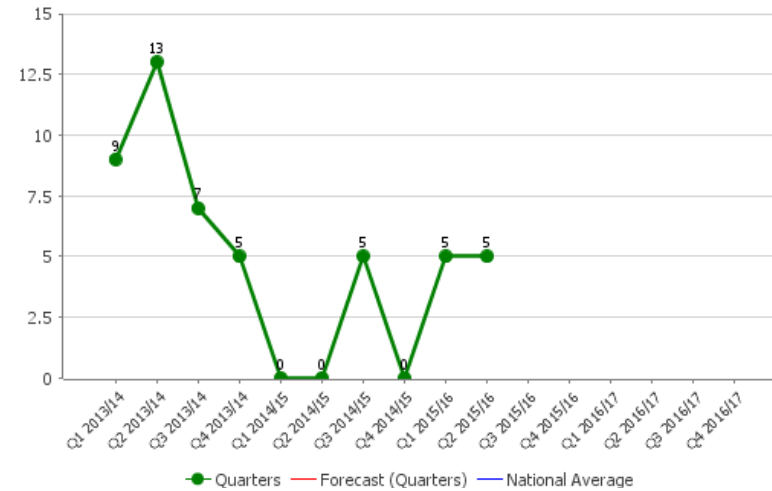
h) Number of people with dementia being admitted from care homes to DRI



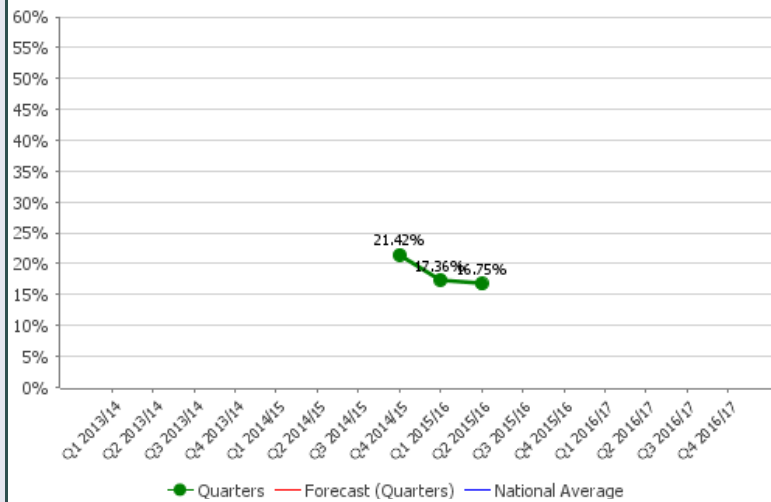
i) Number of Hospital deaths for patients with dementia



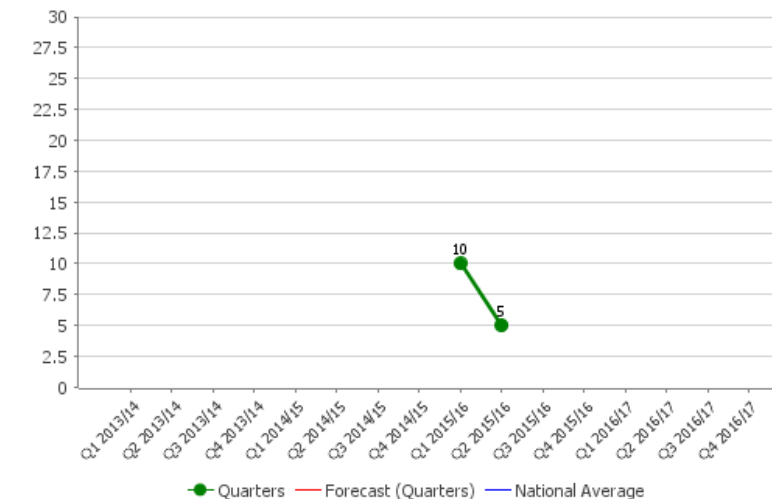
j) Unplanned episodes of Respite for people with Dementia



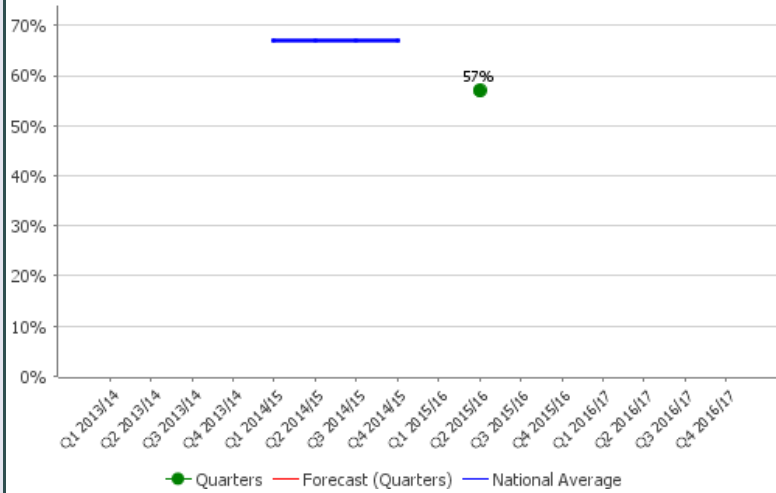
k) Proportion of referrals for Assistive Technology that are for people with Dementia



l) Number of safeguarding referrals involving people with a PSR of Memory & Cognition



M) Proportion of People with dementia living at home



STORY BEHIND THE BASELINE

Although most of the data captures the position at month 2 of Q2, there are some significant highlights and some areas to note for future monitoring.

The measures capture the strategic direction of improving diagnosis rates, reducing inequalities and supporting people to live well with dementia by preventing crisis and helping people to be in control of their lives. The key significant highlight is that Doncaster's dementia diagnosis rate is now well over the national ambition of 67%. Having a diagnostic rate of over 72% leaves an unknown gap of around 950. By being able to identify people with dementia results in 2 key outcomes; firstly it enables people with dementia and their carers to access the right services and support and secondly assists commissioners to identify more accurately activity in the health and social care system so improvements can be made. This maybe a contributory factor for the increase in acute activity (referrals and A&E) in Q2, but again this is a measure to note and monitor. Supporting carers is also a key ambition and measures show we are having some success.

ACTION PLAN

What we will achieve in 2015-16	What we will do next period
<p>For 2015/16 the action plan will address the 5 Key Areas of Focus as presented in Dementia Strategy for Doncaster, Getting There, launched in March 2015. These are Information,</p> <ul style="list-style-type: none"> • Advice and Signposting, • Assessment and Treatment, • Peri and Post Diagnostic Support, • Care Homes • End of Life. <p>This will ensure we build on the success of 2014/15 but also address identified gaps and areas for improvement. This year the people of Doncaster will be able</p>	<ol style="list-style-type: none"> 1. Launch of a "Doncaster Admiral Service". This will be a 12 month pilot, where partners working together, will ensure everyone with a diagnosis of dementia living in Doncaster will have adequate support with a point of contact following diagnosis and discharge from acute services. The expectation here will be that the service has a significant impact on preventing acute activity and improving quality of life. 2. Investigate and report information on carers of people with dementia for Q3 reporting cycle.

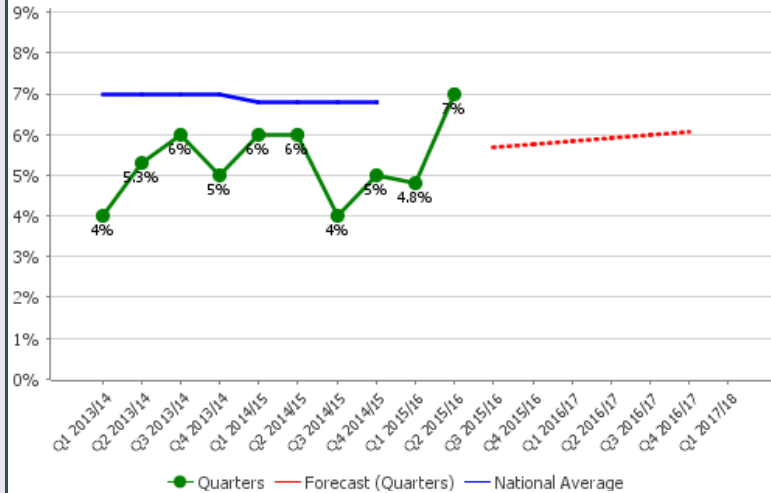
- | | | |
|--|--|--|
| | <ol style="list-style-type: none">1. to access reliable and consistent dementia information and support in a timely manner;2. there will be reduced variance in assessment and treatment pathways ensuring every referral receives a timely and effective response;3. there will be an integrated and co-ordinated support pathway/service for people with dementia and their carers/families before and after diagnosis; more people will live at home with dementia and be in control of their life/care delaying the need for possible residential care and people;4. when people with dementia need residential care they receive high quality care locally5. people with dementia will die with dignity and in a place of choice through planned empowerment. | |
|--|--|--|

OUTCOME

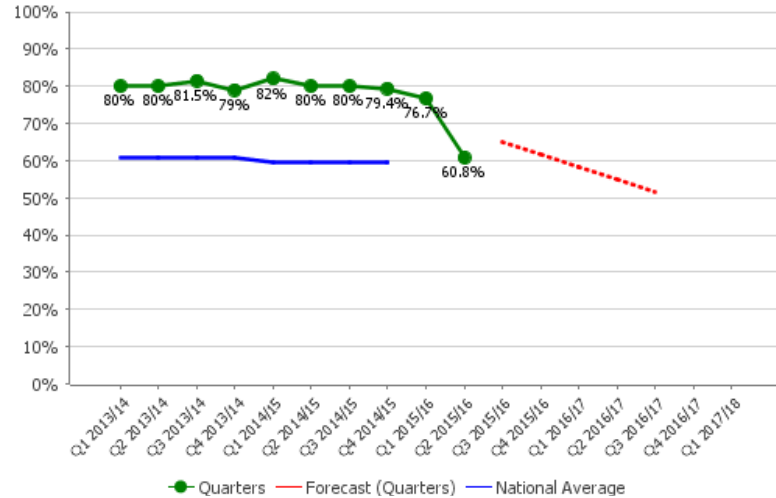
Improve the mental health and well-being of the people of Doncaster ensures a focus is put on preventive services and the promotion of well-being for people of all age's access to effective services and promote sustained recovery.

INDICATORS

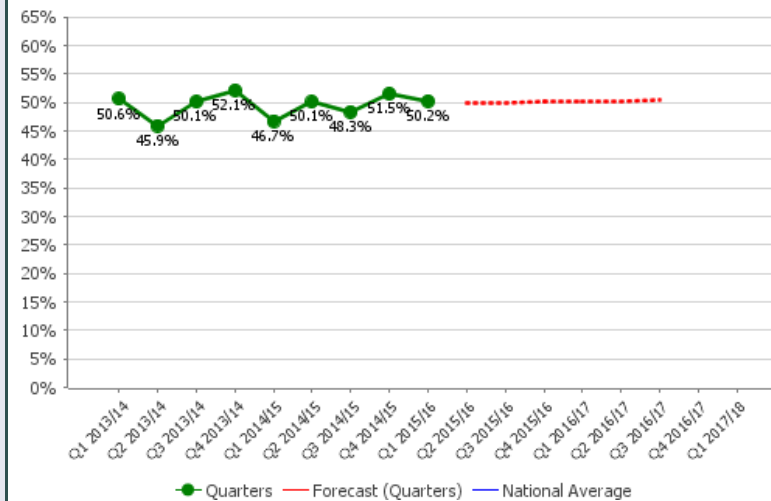
a) Proportion of adults in contact with secondary mental health services in paid employment



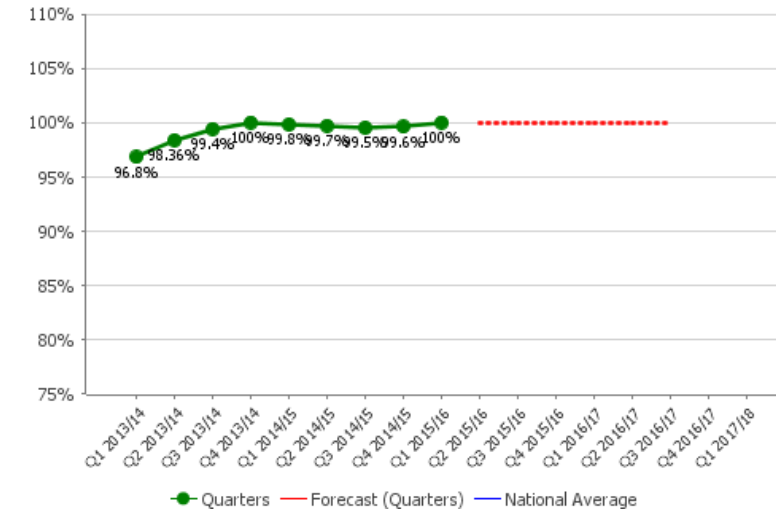
b) Proportion of adults in contact with secondary mental health services living independently, with or without support



c) Proportion of People Completing Treatment and Moving to Recovery



d) % of patients with agreed care pathway & treatment plans



STORY BEHIND THE BASELINE	<p>There is a slight downward trend for both the proportion of adults in secondary mental health accessing paid employment and also the proportion living independently, with or without support. However the Paid employment measure is below the national and regional averages and has been so for some time.</p> <p>The proportion of people completing treatment and moving to recovery has decreased this quarter. Each CCG nationally has received a sum of £11,000 which will be used to support CCGs in an IAPT waiting list initiative to achieve fully validated waiting lists and good operational processes in all IAPT services. CCGs have also been invited to apply for further funding of £6 million nationally, due to significant regional variations in services as evidenced by the waiting list clearance times. NHS Doncaster has submitted a bid along with proposals for improvements.</p>	
ACTION PLAN	<p style="text-align: center;">What we will achieve in 2015-16</p> <p>1. Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda:</p> <p>Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year one)</p> <p>a. Crisis and acute care pathway b. Secondary Care & Community Teams i. Personality Disorder ii. Perinatal Mental Health iii. Eating Disorders iv. Attention Deficit Hyperactivity Disorder</p> <p>2. Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing 3. Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health & Wellbeing Board</p>	<p style="text-align: center;">What we will do next period</p> <ol style="list-style-type: none"> 1. Launch the new Crisis Hub at the end of September, providing a single point of contact for people in crisis. This will also include support for Children & Young People experiencing mental health crisis out of hours and for older age adults 2. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health & Wellbeing Board 3. Redesign of the Eating Disorders pathway which will be combined with the new children's planning guidance for improving access for young adults to rapidly access Eating Disorder services locally 4. Redesign of the Attention Deficit Disorder pathway for young people in transition to adult secondary care services and support general practice to manage people in the community who have ADHD 5. The National Guidance for improved Access to Early Intervention in Psychosis has been published and Doncaster CCG will be working with RDASH to improve access response to 2 weeks from referral. 6. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.