

Doncaster Health and Wellbeing Strategy 2016-2021



Doncaster
Metropolitan Borough Council

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Foreword

The Doncaster Health and Wellbeing Board have been in a full board function now for 3 years. It is good to see so many partners on the Board giving their time to assist in the health and wellbeing of Doncaster residents. Our areas of focus are still strong and real progress is being made.

We have made changes to our performance measures and have taken the route of Outcomes Based Accountability (OBA) where clearer outcomes are defined and the measures actually show whether the outcome is achieved or not.

The specific areas of focus will be challenging due to on-going Government cuts to Public Health budgets but the health and wellbeing of our Doncaster residents is still paramount in our work and will remain a top priority in the work streams of the Board.



Pat Knight
Councillor Pat Knight
Cabinet Member for Public Health & Wellbeing
Chair Doncaster Health and Wellbeing Board



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Doncaster's Health and Wellbeing Strategy

The production of Doncaster's Health and Wellbeing Strategy has been led by the Doncaster Health and Wellbeing Board in consultation with members of the public and key partners. It is aligned with [Doncaster's Borough Strategy Refresh 2014](#) and is an opportunity to take stock and look at what has been achieved since the last Strategy, assess and review our priorities and identify where we need to go in the next five years. It takes into consideration the Team Doncaster self-assessment and Peer Review in 2014, the [Partnership Summit](#) in the same year and all key strategic plans including the Corporate Plan and is aligned to the Mayoral priorities. Like the Borough Strategy, it is a high level document underpinned by a number of technical plans and delivery mechanisms. The Strategy will only be successful if all key partners and residents are involved.

The Doncaster Health and Wellbeing Strategy has three key aims:

1. This Strategy presents a high level vision for health and wellbeing in Doncaster and describes the locally adopted model for health and wellbeing
2. The Strategy outlines the roles and ways of working for key partners to play in ensuring the effective delivery and implementation of the Health and Social Care Transformation Fund which will focus on developing early interventions and lower level wellbeing support in communities
3. The Strategy has identified 4 key themes for development to improve health and wellbeing outcomes in Doncaster:

- Wellbeing
- Health and Social Care Transformation
- Five Areas of Focus
- Reducing Health Inequalities

Taken together these three aims form the work plan of the Health and Wellbeing Board, which will continue to be the key partnership for health and wellbeing in Doncaster and is part of the wider [Team Doncaster Strategic Partnership](#).



Highfields Country Park

How the Health and Wellbeing Strategy has been developed

Since its formal establishment in April 2013 (following the Health and Social Care Act in 2012) the Health and Wellbeing Board has been working to develop the Health and Wellbeing Strategy. It has done this by using a number of existing priorities and plans and by holding several workshops and consultations. This work is shaping the way forward to improve health and wellbeing in Doncaster.

The Journey So Far - Events and Consultations: 2012-2015

In 2011/12 an extensive public consultation took place regarding the first Health and Wellbeing Strategy in Doncaster which consisted of:

- Telephone research with over 400 residents
- A Voluntary and Community sector workshop
- Online and wider public consultations

Following this, the Strategy was reviewed by the then Shadow Board and later endorsed by the Doncaster Health and Wellbeing Board in June 2013.

In December 2013, following an external Peer Review, it was recommended that the Health and Wellbeing Strategy was revisited in view of the changing membership of the Board and the changing health and social care landscape.

Therefore, during 2014 a series of workshops were held to review the Health and Wellbeing Strategy alongside the Joint Strategic Needs Assessment (JSNA). These workshops included a borough-wide stakeholder event held in June which explored the wellbeing themes and looked at updating the Strategy priorities. A further workshop was held in October with Board members to revisit the strategic priorities and to set the parameters for the Strategy refresh.

In November 2014 the Doncaster Borough Strategy Review was finalised through a wider Partnership Summit event. The journey then began to refresh the Health and Wellbeing Strategy for Doncaster to reflect the outcomes from the earlier workshops. A more detailed description of these outcomes is included on page nine of this document.

Following the Corporate Peer Review in 2014 and as part of the Communities restructure, further emphasis was made around an Early Help Wellbeing Model combined with recommendations for development and expansion of the current Wellbeing Service in Communities.

As part of the on-going work of the Health and Wellbeing Board a Health Improvement Framework was approved and a series of 'conversations' took place during the first part of 2015. The aim of the conversations was to further enhance work streams and inform an action plan that will sit under the Strategy as a living document.

In July 2015 a public consultation was launched over a 12 week period to test out the draft Strategy with both stakeholders and the wider community and the results have informed this final version of the Health and Wellbeing Strategy. A Consultation Summary and a Due Regard Statement were completed in October 2015 and are available on the council website.

Health and Wellbeing in Doncaster: Key Achievements

Since the last Health and Wellbeing Strategy was launched there have been a number of key achievements in the last 12-18 months:

- The Health and Wellbeing Board has continued to make progress on reducing the harmful impact of alcohol, obesity, addressing dementia and mental health and improving the lives of families
- A successful bid to the Better Care Fund was approved which engages all the key partners and will enhance joined up health and social care across the borough
- A refresh of the Joint Strategic Needs Assessment (JSNA) has been undertaken and we are revising our Health and Wellbeing Strategy
- The Health and Wellbeing Board has agreed a protocol on how to work with the Safeguarding Boards
- The Health and Wellbeing Board has signed up to the Local Government Declaration on Tobacco Control and the Mental Health Crisis Concordat
- The Health and Wellbeing Board lobbied for a stricter approach to gambling advertisements locally, regionally and nationally (Partnership Summit, 2014)

Where are we now?

Health has been improving in Doncaster for both men and women. In 2012-14 Male life expectancy at birth was 77.5 years, this is an improvement of almost 5 years since 1991-93 when it was 72.8 years. For women there have been similar improvements from 78.1 years to a current life expectancy of 81.6 years. Unfortunately life expectancy in the country as a whole has been improving faster.

Since the early 1990's the gap between Doncaster and England has widened from about a year to around 2 years in men and from around a year to 1.6 years in women.

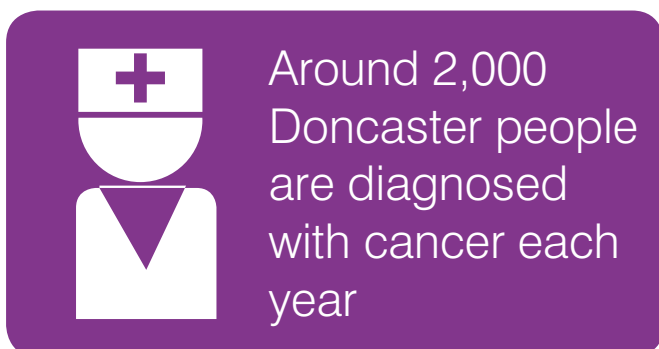


It should also be noted that since 2009-11 life expectancy at birth has not improved at all in men and women in Doncaster.

As well as living longer people should be living longer in good health. Recent data published by the Office for National Statistics (ONS) shows that in England men's Disability Free Life Expectancy (DFLE), that is the number of years on average that men can expect to live without a 'long standing illness or infirmity' is 64.1 years. In Doncaster the DFLE is 60.1 years. For women the story is similar, in England as a whole DFLE is 65 years and in Doncaster 61.8 years.



Premature mortality rates (deaths under the age of 75) have been falling in Doncaster. Premature deaths now account for around 35% of all deaths. Most premature deaths are caused by cancer, circulatory disease, respiratory disease and liver disease. Premature mortality rates from cancer have not improved since 2008-10, and while recently there has been a narrowing in the gap between premature deaths from liver disease in Doncaster and the national rate, Doncaster still has a statistically significant high mortality rate.



However, it's not all bad news, there is some good news to report around Cancer:

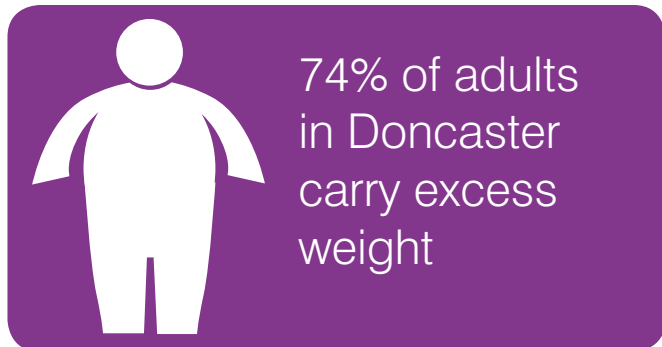
Due to action taken to increase work around cancer awareness, early identification and treatment, over the past 2 years we have seen:

- A 30% reduction in emergency admissions relating to cancer
- A 38% increase in referrals from GPs for suspected cancer with no deterioration in the conversion rate (which equates to 2,703 additional referrals)
- Over 500 more people have had their 1st treatment for cancer
- For patients receiving their first treatment in the latest 4 quarters (compared to the baseline year) we have seen an increase in the proportion of Doncaster patients receiving their 1st treatment by 12% compared to an average of 2.5% increase across the rest of South Yorkshire and an average 0.5% increase across 3 comparator CCG areas
- Early staging data suggests that patients are experiencing their first treatment at an earlier stage in their diagnosis therefore survival rates are increasing
- It is estimated that 10,473 people in Doncaster are currently living with and beyond cancer and this is expected to increase to over 20,000 by 2030. The one year cancer survival rate is currently 67% compared to a national average of 68% and the five year survival rate is around 46% across the South Yorkshire area comparable again to the national average of 48%. A co-production approach has been successfully implemented in Doncaster over the last 2 years working with current survivors around improving services, pathways and engagement. With these improvements in services and joined up working, cancer survival rates are clearly improving in Doncaster
- In Doncaster we have a peer support scheme called [Cancer Buddies](#) for people affected by Cancer which has received local, regional and national recognition and is being shared in other areas

Alcohol prevalence in Doncaster is approximately 40,000 harmful, 14,000 hazardous and 5,600 dependent drinkers. The Local Alcohol Profiles for England show a relatively high rate of alcohol related morbidity and mortality across a range of indicators. Opiate/crack use prevalence is approximately 3000 in Doncaster. However fewer young people are presenting to treatment with opiate/crack use, and the treatment population is ageing, with more complex health needs.

Each year there are around 3,700 live births in Doncaster, while infant mortality rates have generally been falling the numbers of underweight births has been increasing in Doncaster. One of the causes of low weight births is smoking in pregnancy. In Doncaster around 20% of women were smoking

at the time of delivery. This figure has fallen slightly recently but remains almost double the national rate. Smoking in the adult population is also significantly higher than the national rate and is around 2 % points higher than areas with a similar level of deprivation.



Obesity represents a significant challenge in Doncaster. The Sport England sponsored Active People Survey found that Doncaster was one of the areas with the highest prevalence of adults who were overweight or obese. The survey found that almost $\frac{3}{4}$ of the population was in this category compared to around 64% in England as a whole. Amongst children excess weight has remained at around 32% in 10-11 year olds and 23% in 4-5 year olds.

Evidence from the National Adult Psychiatric Morbidity Survey shows that around 23% of adults have experienced at least one psychiatric disorder, and more than 7% have had two or more. In Doncaster the prevalence of mental health problems is more difficult to discern.

If the national figures are applied to the Doncaster population then almost 55,000 people living in the borough have experienced some form of mental health problem. There is some tentative evidence that, for at least some mental health conditions, prevalence might be higher than the national rate in Doncaster. Several national surveys have found that Doncaster has slightly higher rates of depression than England.

Doncaster, in common with most areas of the country, has an ageing population. On average over the next 15 years the number of people aged 65+ is forecast to increase by 1,200 each year, and the number of people aged over 90 will have doubled by 2030. The implications of these changes are difficult to predict. However, it is possible that the numbers of people in the borough aged over 64 and living with dementia could increase from around 3,900 to almost 6,000 by 2030

Because people are living longer the Doncaster population is ageing and the more the population grows and ages the more people will develop dementia. Dementia remains a priority for Doncaster and some key outcomes have already been achieved:

- Diagnosis rates are now beyond the national ambition of 67% (currently 73.4%)
- Over 3500 people live with dementia in Doncaster but we now have over 5000 Dementia Friends
- Less people with dementia are being admitted to hospital and in the main, if they are, their lengths of stay are shorter and they are not being re-admitted Outcomes are improving and satisfaction is increasing

Children, Young People and Families

- We have refreshed the Children and Young People's Plan to reflect Borough Health and Wellbeing priorities.
- Our Stronger Families practitioners have successfully completed phase 1 of the National Programme and are working with families in phase 2.
- We have successfully launched the Early Help Strategy across the Team Doncaster Partnership and established an Early Help Hub.
- Ofsted recognised improvements in services for children in need of safeguarding, looked after children and care leavers, including 'Good' services for looked after children.

Mission Statement

The mission of the Health and Wellbeing Board is to

“Prevent disease, disability and harm, sustain health and wellbeing through a world class health and care system”

To achieve this, the Health and Wellbeing Board will:

- Lead on the production of the statutory Joint Strategic Needs Assessment
- Develop a refresh of the original Joint Health and Wellbeing Strategy
- Monitor the Health and Social Care Transformation programme outcomes and progress which promotes integration and joined up commissioning across the NHS, Local Authority, Public Health and key stakeholders supporting joint commissioning and pooled budget arrangements. Early identification and early help are key themes.

The Vision for Health and Wellbeing

The Doncaster Health and Wellbeing Board’s vision for Health and Wellbeing is that:

The vision for the Borough is:

A strong local economy, Progressive, healthy, safe and vibrant communities.

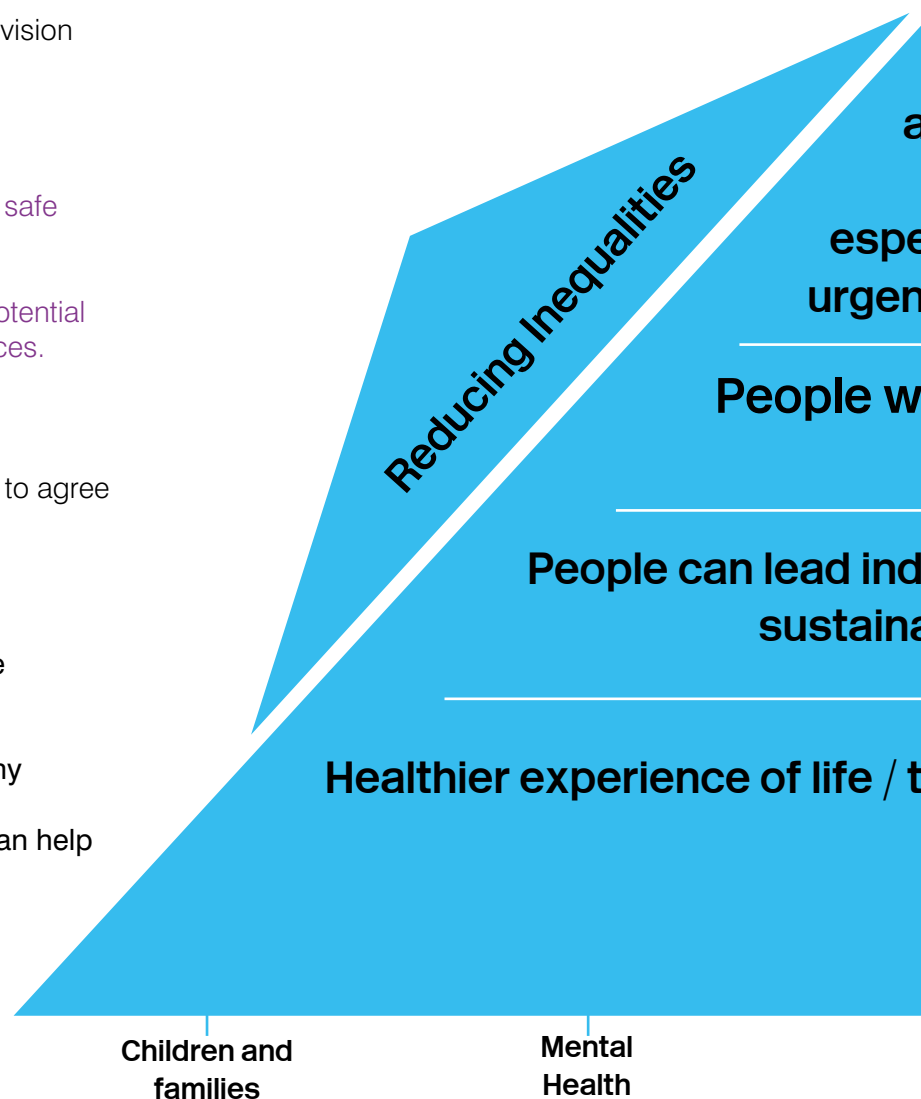
All residents will be able to achieve their full potential in employment, education, care and life chances.

‘All residents to be proud of Doncaster’

The Board’s ambition is for Doncaster people to agree with the following ‘I’ statements.

- I’m able to enjoy life
- I feel part of a community and want to give something back
- I know what I can do to keep myself healthy
- I know how to help myself and who else can help me

- I am supported to maintain my independence for as long as possible
- I understand my health so I can make good decisions
- I am in control of my care and support
- I get the treatment and care which are best for me and my life
- I am treated with dignity and respect
- I am happy with the quality of my care and support
- Those around me are supported well
- I want to live and die with dignity and respect



Our Strategic Priorities

Since the development of the last Health and Wellbeing Strategy in 2013, Team Doncaster has become the overall umbrella for partnership development across Doncaster and the Health and Wellbeing Board is one of the 4 theme boards within that [partnership structure](#). A number of approaches have been taken to ensure consistency in approach across the theme boards including the following:

- An overarching Borough Strategy which highlights the work of all the theme boards
- Corporate plan and Mayoral priorities incorporated in all plans
- Inclusion of all partners including the public, private, voluntary, community and faith sector
- A culture of co-production and personal responsibility to create independence and reduce dependency on public services

Performance Measures

The Health and Wellbeing Board uses Outcomes Based Accountability (OBA) templates to measure its performance against its strategic priorities (further information about OBA's can be found on the [David Burnby & Associates' website](#)). This approach was endorsed by Team Doncaster in 2014 and is being adopted by all the theme boards.

The aim of the Outcomes Based Accountability process is to:

- Have a clear defined outcome for each area of focus/priority
- Define what indicators need to be measured to show whether the outcome is achieved or not
- Identify who is involved i.e. which partners
- Tell the story about what is being measured and why

This approach has been used for all the strategic priorities in this Strategy.

Health and Wellbeing Board Strategic Priorities

In 2014 the Board reviewed its strategic priorities which are now grouped into 4 themes as follows

- Wellbeing
- Health and Social Care Transformation
- Areas of Focus
- Reducing Health Inequalities



Action around the Strategic Priorities (4 themes)

The delivery of the Board's strategic priorities will be undertaken through a number of themed groups and partnerships which are grouped under the following four themes:

Theme 1 - Wellbeing

Wellbeing is a complex idea, but it can be divided into two aspects: feeling good and functioning well. The New Economics Foundation (NEF) describes it as follows:

'Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for well-being is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing.'

The Office for National Statistics (ONS) has developed a national programme of work to produce 'accepted and trusted measures of the wellbeing of the nation'. This programme breaks down wellbeing into 10 areas that are being used to measure individual wellbeing. These are:

- Personal wellbeing
- Our relationships
- Health
- What we do
- Where we live
- Personal finance
- Economy
- Education and skills
- Governance
- Natural environment

The New Economic Foundation has also identified an approach to wellbeing which adopts Five ways to wellbeing:

New Economic Foundation – Five ways to wellbeing:

- Connect
- Take notice
- Give
- Be active
- Keep learning

This approach will be adapted at a local level as part of the wellbeing programmes.

In 2014 Doncaster Public Health team commissioned a film called High5 which focuses on how the 5 Ways to Wellbeing can enhance recovery of substance misuse.

<https://www.youtube.com/watch?v=KLsVSIjhtTc>

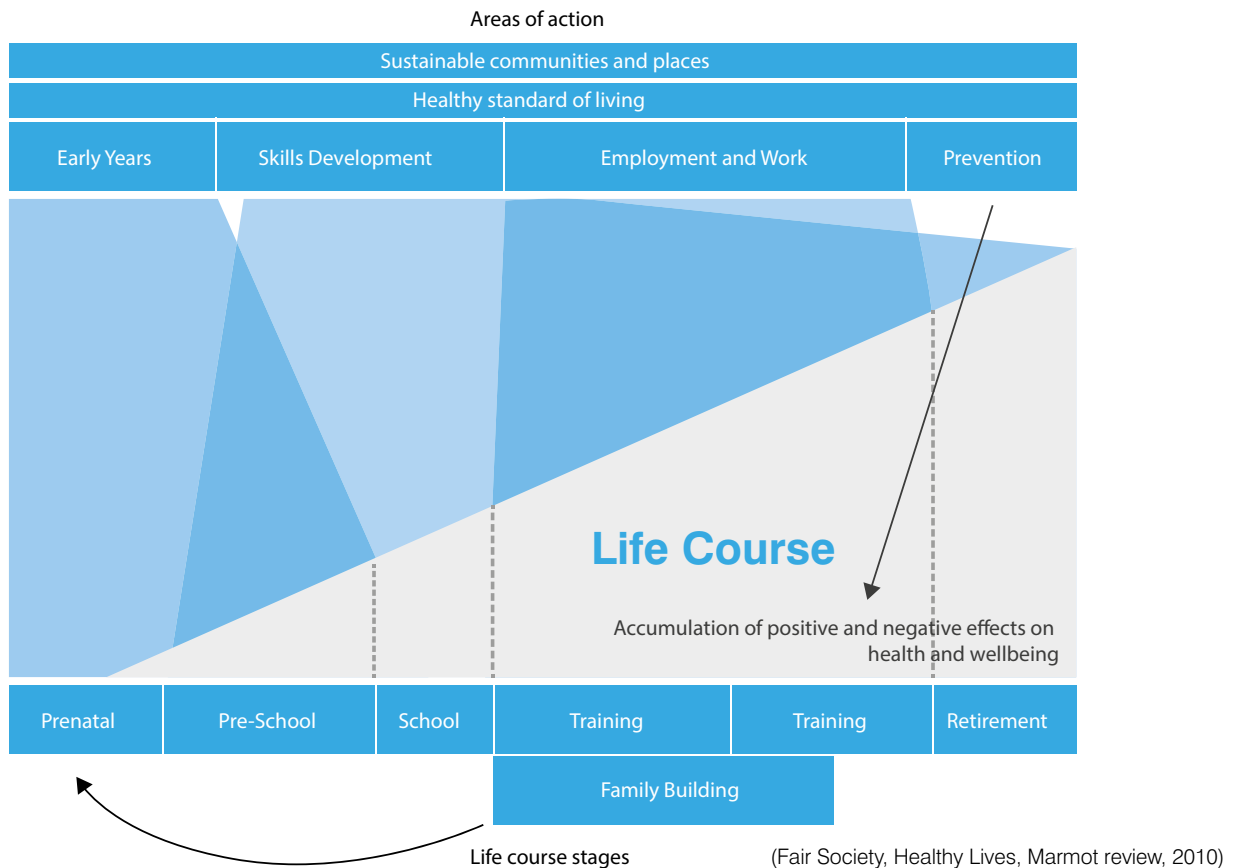
Locally, the Health and Wellbeing Board has created the model below which depicts five themes that encompass the measures opposite.



Doncaster's five domains of wellbeing

How can we improve Wellbeing?

There is much evidence to demonstrate the different factors that impact on individual wellbeing and there are key moments in people's lives when we are motivated to make lifestyle changes that will improve our wellbeing as well as our health. Marmot calls this the Life Course approach.



Of course, all lifelines are unique to an individual but there are certain common episodes, as illustrated in the diagram above that provide opportunities for significant positive behaviour and lifestyle changes. Having the right choices, support and interventions in place at the right time in life means individuals will have every opportunity to improve their health and wellbeing.

To achieve this all partners have a commitment to work collectively to identify the best times to intervene using the most effective interventions at that stage of life.

The Health Improvement Framework is a tool that the Board is using to gather information about the services and support that are available to support the people of Doncaster at these critical times in their lives. This piece of work is on-going and will run alongside this Strategy.

What is happening locally around Wellbeing?

In June 2014 a stakeholder event was held to explore a Wellbeing Model to inform the Strategy refresh. Five wellbeing themes were identified:

- Social and emotional wellbeing
- Physical health and mental wellbeing

- Environmental wellbeing
- Educational wellbeing
- Economic wellbeing

Priorities for each of these areas were collated and fed back to the appropriate boards. The full evaluation report for the event can be accessed [here](#)

The Health and Wellbeing Strategy will explore all of the 5 Wellbeing Themes over the next 12-18 months and focus on the wider determinants of health. The following key priorities will need to be considered:

Housing – affordable, safe and quality housing/ places to live

Environment – green spaces, planning, transport, access to services, asset based community development and community safety

Education – lifelong learning, work readiness, family support

Economy – business support, money management, living wage/fairer working conditions, apprenticeships/ employment opportunities and financial planning

Social and emotional wellbeing – self-worth/ esteem; relationships; leisure opportunities and youth engagement; cultural and spiritual factors

Physical and mental health – personal responsibility; physical activity, lifestyle choices, reducing stigma.

(Health and Wellbeing Workshop Report, June 2014)

How will Wellbeing be delivered in Doncaster?

The Health and Wellbeing Board will be looking at how it can improve loneliness and social isolation for all age groups across the life course (not just older people) and this will become a cross cutting thread in view of a growing and ageing population in Doncaster.

In particular it will work with the Safeguarding Boards and partners to address domestic violence and sexual exploitation.

The provision of access to quality housing is a vital step towards empowering people to be able to live independently in their own homes for as long as possible.

The Board will continue to provide a combination of services to support residents to live in safe, healthy and supported communities (Borough Strategy, 2014)

The Way Forward, our Health Improvement Framework

To complement the Health and Wellbeing Strategy a series of 'conversations' have been held with a wide range of stakeholders to begin to develop a Health Improvement Framework for Doncaster.

This piece of work highlights work that is already in place to reduce barriers to good health and wellbeing and will underpin the delivery of the strategic priorities over the next five years.

The Framework is a living document of action that Board members and stakeholders sign up to.

Alongside this, following the Peer Review in 2014 the Adults, Health and Wellbeing Directorate has committed to the further development of the Wellbeing Service across the borough which will also compliment the implementation of the Health Improvement Framework and other delivery plans.



Meeting of local Gurkhas at a community centre



Theme 2 - Health and Social Care Transformation Programme

The Health and Social Care Transformation programme is the Doncaster approach to embedding person-centred integrated care. It is led by the Health and Social Care Partnership. The Health and Social Care Transformation OBA template seeks to capture data in relation to three outcomes:

Outcome 1: People can lead independent lives in strong and sustainable communities

The key success markers will include:

- The number of people needing intensive support from health and social care services is reduced
- People say they find it easy to access information and advice
- There are more people in long term employment, education and training
- People report an improvement in their overall quality of life
- The gap in inequalities is improved
- People are feeling safer and more involved in their communities

Outcome 2: People will have choice and control

Key success markers for this will include:

- People spending less time living in long term care settings
- There are more carers feeling supported and enabled to care
- More people choose to have a personal budget/ personal health budget

Outcome 3: People are healthy and safe, especially when in urgent need or crisis

- Reduce unnecessary non-elective admissions to general and acute services
- Increase number of anticipatory care plans for people at risk of crisis
- Increase people who are re-abled enough to stay at home and be independent post crisis
- Reduce people's length of stay in acute and crisis services

Theme 3 - Areas of Focus

The Doncaster Health and Wellbeing Board has agreed 5 Areas of Focus that will act as a catalyst to change across the borough. These Areas of Focus were developed in the original Strategy in 2013 following a series of workshops and consultations and remain strategic priorities (with the exception of personal responsibility which is now a cross cutting theme) for the refresh strategy in 2015 as identified below:

Alcohol with the addition of drugs (Substance Misuse) is now 1 of the 5 areas of focus due to recent feedback from the public consultation.

- Substance Misuse (Drugs and Alcohol)
- Obesity
- Families
- Dementia
- Mental Health

Here are our progress updates and plans for the Areas of Focus priorities since the last Strategy:

Substance Misuse

Alcohol

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

What has happened since the last Strategy?

Alcohol was chosen as a priority in 2011/12 because alcohol-related hospital admissions and deaths from preventable liver disease were significantly above the rates for England.

Alcohol was also chosen because of its detrimental effect on mental health, domestic violence and family cohesion, community safety, sickness absence and economic wellbeing. Since 2011/12 the rates of alcohol-related admissions have increased further while the national rate has decreased, meaning the gap has widened further. The reasons are complex and largely driven by the low price and high availability of alcohol added to social and economic determinants.

There have been changes in the local system since 2011/12. Separate treatment services for drugs and alcohol have now been integrated and made more



Doncaster High Five



Doncaster Cycling Festival 2014

accessible; removing the ring-fence on drug treatment has opened more resource to alcohol clients and there are now more alcohol clients in treatment. There is a greater focus on recovery than in recent years; clients access education, training and employment and there is more provision for mentoring, volunteering and family support (rather than a successful treatment exit being the end point).

The treatment service is being tendered in 2015/16 which will further integration through a lead provider model, enhance the recovery agenda and provide greater emphasis on social models of support.

What are we measuring?

This refresh of the [Alcohol OBA template](#) seeks to broaden the information to cover preventive work, acute health harms, wider social impacts and community engagement.

Therefore the system indicators detail primary care screening, A&E attendance, hospital admissions and community safety. The performance measures for individual stakeholders detail primary care screening, specialist treatment and recovery / quality of life measures.

The data development agenda includes plans to incorporate alcohol use by young people, work to support children and families and the public health influence on licensing.

Next Steps

Reducing alcohol-related harm requires a focus on prevention and early intervention alongside conventional treatment. The top priorities to reduce alcohol harm over the next year are to:

- Expand and improve primary care screening and interventions. Also deliver screening and very brief interventions in non-primary care and non-health settings
- Evaluate the Community Alcohol Partnership in Askern, Campsall and Norton and expand the model to other areas if appropriate. Utilising communities and addressing underage consumption will be key in the future
- Make greater use of campaigns to raise public awareness and influence peoples' attitudes to alcohol, and work with business to help foster an ethos of responsibility
- Improve the referral pathway between the hospitals and the treatment system and do more to identify and support vulnerable people who repeatedly attend A&E or are admitted to wards. Similarly, working to embed substance misuse within the Liaison and Diversion Scheme within the criminal justice system

Drugs

Population Outcome: Reduce illicit/other harmful substance use

Background

Drug treatment in England continues to head in the right direction. Though demand is generally declining in most areas, services remain open to anybody who needs them and they are helping more and more people to make a full recovery from their addiction.

The original pool of dependent heroin and crack users in England is shrinking and because far fewer young people are using heroin or crack, it is not being topped up. This is reflected in a shifting treatment population profile: there are now fewer younger users of opiates and crack cocaine. Older clients, who have been using for many years and who have had several previous experiences of treatment have complex needs. It is also important that we respond to changing patterns of drug use (Novel



Psychoactive Substance or so called 'Legal Highs') by adopting a preventative approach and providing early intervention, this increases knowledge of the harms of substance misuse and prevents longer term 'drift' into maintenance.

Client characteristics, previous experience of, and progress in treatment all give valuable insight into treatment outcomes.

For example, analysis shows that:

- Opiate and non-opiate clients in treatment have a different profile and experience significantly different treatment outcomes
- Length of time in treatment and drug using career
- Starting treatment for the first time or having previous experience
- Client complexity of needs
- Extent of their recovery capital
- Treatment of naïve clients (those new to the treatment system) and those abstinent from their main problem drug during treatment are more likely to complete treatment successfully
- The more complex, and those with previous experience of treatment, are often in treatment for much longer periods
- Clients that have been in treatment long term (over four years), or those with long drug using and treatment careers, are most likely to remain there

A client's likelihood of completing treatment in a successful way can be influenced by their housing needs and access to training, education, employment and mutual aid. Drug users can be prone to relapse, however, by adopting a recovery focused treatment system re-presentations can be minimised.

Beyond supporting parents to reduce their substance misuse, drug and alcohol services can play an important role in delivering enhanced outcomes relating to child safeguarding and families; by providing treatment and supporting recovery for parents, they play a part in supporting the wellbeing of Children & Young People. In recent years, separate drug and alcohol services were integrated; this has benefited clients by giving them access to more holistic pathways. This integration will continue next year as Public Health has tendered a whole system approach, to start in April 2016, encompassing screening, assessment, treatment and recovery.

What are we measuring?

The refresh of the drug OBA aims to measure those that are leaving specialist treatment in a successful

way recovery and quality of life measures. This is in line with national priorities about 'recovery' rather than maintaining people in treatment indefinitely.

Next Steps

Reducing illicit and other harmful substance use requires a focus on prevention and early intervention alongside conventional treatment. The top priorities to reduce drug related harm over the next year are to:

- Make greater use of campaigns and prevention work to raise public awareness and influence attitude to drug and alcohol in the population
- Direct services to be more flexible to meet the needs of the ever changing patterns and trends of usage and vulnerabilities

Obesity

Population Outcome: For all Doncaster residents to have the opportunity to be a healthy weight

What has happened since the last Strategy?

Obesity was chosen as a priority area because it is widespread, prevalence is rising and the consequences are costly. The prevalence of overweight and obesity across Doncaster is considerably higher than the England average. Although there is a marginal decrease in recent National Child Measurement Programme (NCMP) results, this may be more to do with a fluctuation in data, rather than a levelling off or part of a long term downward trend.

Unhealthy diets, inactivity and the availability of high energy foods are major factors in the rise of obesity across the UK. Obesity is a complex issue and we know it is not solely affected by individual behaviours, but influenced by a number of social and environmental issues.

Since the last Strategy the focus has been on developing a range of both prevention and weight management interventions to promote good health and prevent ill health in the Doncaster population, specifically targeting groups where we know obesity is more common, such as people from deprived communities, people with disabilities, older age groups and some black and minority ethnic groups.

The priorities of this OBA are around developing a whole systems approach to obesity which promotes and positively contributes to creating a healthy



Highfields Country Park

and equitable living environment; by providing access to healthy, affordable locally produced food, opportunities to be physically active and, where appropriate, by restricting opportunities for unhealthy eating.

What are we measuring?

The Obesity OBA template focuses on capturing data around creating a healthier environment and creating the skills and opportunities to provide individuals with support and advice. One of the challenges of this OBA template is demonstrating short term impact as a result of policy changes and prevention initiatives. For this reason we will be incorporating a qualitative element, with the use of case studies.

Some of the indicators which will be used will be around the quality and availability of healthier food, access to physical activity opportunities and an increase in the opportunity to offer advice and support.

Next Steps

Although the objectives of this OBA are long term, over the next year, the aim is to strengthen partnership and collaborative work to tackle issues which influence excess weight.

The top priorities for 2015/16 are:

- 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)
- Work with academic partners to explore the feasibility of a toolkit to improve the food environment in Doncaster communities
- Active promotion of physical activity opportunities (promotion of discount cards)
- Development and rollout of a Making Every Contact Count (MECC) training package
- Continued work with planning teams to ensure access to healthier food and physical activity opportunities are incorporated into the Local Development Plan

Children and Families

Population Outcome: The Expanded Stronger Families programme is delivered. Families who are identified as meeting the eligibility criteria see significant and sustained improvement across all identified issues.

What has happened since the last Strategy?

- Doncaster successfully delivered the first phase of the national Troubled Families Programme (locally known as Stronger Families)
- In February Doncaster posted a claim to take us past 100% of the agreed number of families we had to 'turn around' by the end of the programme (March 2015). Doncaster was one of only 56 of the 152 Local Authorities across the country to do this
- On top of this Doncaster is also Number 1 in the country for people accessing progress to work under the programme
- Due to our success Doncaster has been formally invited to participate in the Expanded Troubled Families programme which commenced 1st April 2015
- We have developed a Stronger Families Outcomes Plan in line with the programme requirements and we are identifying families who meet the criteria

What are we measuring?

The Stronger Families OBA template focuses on capturing data around what has been achieved to deliver the national Troubled Families Programme in Doncaster.

- At the highest level we are measuring the number of families identified as meeting the criteria and being 'worked with' along with the number of families who make significant and sustained progress on the issues they face in order to make a Payment by Results (PbR) claim to Government
- We also need to measure cost savings via a cost savings calculator and wider family impacts via two Government processes

Next Steps

- To continue to refine the Outcomes Plan and to continue to identify families who meet the criteria. We also need to develop our reporting for cost benefit analysis and wider impact
- We need to ensure agencies are identifying families, assessing them holistically, monitoring progress against identified needs, working with whole families and implementing the 5 family intervention principles through a lead professional model

Dementia

Population 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



Street Play at the Homestead, Bentley

aware of the benefits of an early diagnosis

What has happened since the last Strategy?

Much of the work since the last Health & Wellbeing Strategy has focused on raising awareness and reducing stigma, improving diagnosis rates and developing services that support people with dementia and their carers to live well with dementia.

Doncaster has seen significant improvements as follows:

- Doncaster's diagnosis rate of 72.7% is now better than the national ambition of 67% (estimated 3514 people with dementia, 2555 have a formal diagnosis)
- Doncaster now has a substantial Dementia Needs Assessment supported by timely, continuous and robust stakeholder feedback
- Doncaster is becoming dementia friendly demonstrated by: 72 members of the Doncaster Action Alliance (national average for membership of local action alliance is 16), 5429 dementia friends and 52 dementia friends' champions
- Less people are being admitted and re-admitted to hospital with dementia and more are being supported effectively at home. If people with dementia are admitted to hospital their experience and outcomes have improved with on average shorter length of stays and less complaints

(figures correct at the time of this report).

Dementia still remains a priority for Doncaster. The launch of the "Getting There" Doncaster Dementia Strategy 2015-2017 sets out the vision "to add years to life and life to years for people with dementia and their carers living in Doncaster".



What are we measuring?

This refresh of the Dementia OBA template seeks to expand on previous success by focusing on prevention, living well and reducing and managing crisis.

We will measure activity to ensure crisis is prevented or reduced for both the person with dementia and the carer. The performance measures will include reduction in referrals requiring 4hr response, increase in number of carers taking up carers offer, reduction in delayed discharges, hospital admissions, re-admissions from care homes, reduced length of stay for people in residential care, increase in people accessing direct payments, usage or take up of assistive technology and increase in the number of people with an advanced care plan.



Doncaster Dementia Cafe

Next Steps

The number of people with dementia is predicted to hit 850,000 in 2015 and 1 million by 2025 in the UK. The more the population grows and ages the more people will develop dementia. Dementia has a huge impact on a person's whole life, as well as their families, carers and the community. In addition to the substantial personal cost of the condition, dementia costs the UK economy an estimated £26 billion per year. Dementia was chosen as a priority in 2012 to address just some of these issues.

The top priorities over the next two years are:

- Improved public, community and workforce awareness and understanding of dementia, working towards a dementia friendly community, including how people can reduce the risks associated with dementia so they can live life well
- Wherever people with dementia and their carers live in Doncaster, whatever age they are or ethnicity / faith or gender they may be, they have equal access to assessment and treatment services and that their outcomes and experience are the best they can possibly be. This includes all primary care and specialist services such as memory services
- People who may present with symptoms of dementia, as well as those with a diagnosis of any type of dementia (e.g. vascular or Alzheimer's), receive the right, timely care and support (pre and post diagnosis) from people with the right knowledge and skills
- People with dementia live at home for as long and as independently as possible. If they should require a care home that care home provides the care and support that ensures a quality of life we would expect for our own loved ones
- People with dementia and their carers' and families will be supported to plan life and the end of life to ensure it is the best it can possibly be

Mental Health

Population Outcome: 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), access to effective services and promote sustained recovery

What has happened since the last Strategy?

Since the Government set out its intention for improvement to mental health services as outlined in 'No Health without Mental Health' published in 2011, there have been a number of mental health policies and initiatives, all of which, call for more inclusive and responsive mental health services. More recently, the tone of the mental health policy has changed from encouragement to expectation and mandate. The service improvements outlined in these initiatives are not just an aspiration but more of a quality requirement. All of these documents are clearly linked and are a call to action to health and social care communities to demonstrate how they will respond to the standards and challenges laid down and more importantly set the intent to closely monitor CCGs, Local Authorities and providers about how care is commissioned and provided for people with mental health issues.

The scope of the documents include standards for children and young people, with particular emphasis on transition from CAMHS (Children's and Adolescents) to Adult Mental Health Services, support for children and young people with specialist educational needs and a call to action for strengthened partnership and commissioning arrangements between local authorities and health.

- In 2015 the Government launched the 'Future in Mind' document which set out expectations for transformation of local CAMHS services. This was followed by the directive for each CCG to complete a 'Local Transformation Plan' by October 2015. Successful completion of this plan resulted in Doncaster CCG receiving a Transformation Grant from the Department of Health to restructure local CAMHS services leading to a seamless service which prioritises early help and intervention and also keeping young people out of acute Psychiatric services by offering a highly specialised community based service. The plan is publicised on the CCG web-site and the Local Offer on the DMBC web-site.

The documents are also clear that partnerships should commission and provide ageless services and the emphasis is that we will not discriminate on the basis of age i.e. people should not experience separated care pathways due to their age i.e. Adult Mental Health and Older People Mental Health service provision should be seamless.

The National Mental Health Strategy sets the scene for service transformation that addresses the issues of

the separation between mental and physical health. It clearly defines 6 key objectives which will demonstrate that our service improvements are delivering outcomes:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience avoidable harm
- Fewer people will experience stigma and discrimination

It also contains a number of 'I' statements developed by services users and MIND that outlines advanced expectations when experiencing a mental health crisis. These include:

- I expect urgent help to avert a crisis 24 hours/7 days per week, and for people to trust my judgement and take me seriously
- I feel safe and I'm treated kindly with respect at all times and in accordance with my legal rights
- I am given information about and referrals to services that support my process in recovery

Doncaster Health & Wellbeing Board has identified mental health as one of its areas of focus and will seek to continue to deliver the national objectives and has been working in partnership with agencies to do so. In particular, Doncaster has been working to deliver the recommendations of a Mental Health Review which took place at the beginning of 2014 to enhance mental health crisis response services and ensuring that people in crisis get the right care at the right time.

- In response to the National Crisis Care Concordat, Doncaster submitted the Crisis Care Concordat Action Plan to the national team which was delivered by 31 March 2015 deadline
- Completion of the modernisation of the Crisis Care Pathway redesign which will deliver an ageless crisis response service for Children & Young People, Adults and older Adults by October 2015
- Where other areas have seen cuts in budgets for mental health, Doncaster has invested development monies
- Doncaster Health & Social Care Community are working alongside Public Health to develop responsive services that meet the needs of people who are in emotional distress due to life impacts such as access to debt management, housing support, job coaching and support

- Development of a perinatal mental health service which provides joint services between mental health and antenatal service for women who have a history of mental illness ensuring that the right care is provided in the most suitable setting

What are we measuring?

The [Mental Health OBA template](#) focuses on capturing data around:

- The numbers of people accessing Psychological Therapies within 4 weeks of referral and achieving recovery
- The numbers of people who are supported to live in their own home and are receiving support to maintain their tenancy
- The numbers of people accessing employment opportunities and supported to remain in work
- Mental health in-patient admissions for young people
- The number of young people being signposted for emotional health and wellbeing services via the Early Help Hub.

Next Steps

- Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda
- Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year one)
- Crisis and acute care pathway
- Secondary Care & Community Teams
 - Personality Disorder
 - Perinatal Mental Health
 - Eating Disorders
 - Attention Deficit Hyperactivity Disorder
- Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing
- Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health & Wellbeing Board
- implementation of the local transformation Plan for CAMHS

Theme 4 - Reducing Health Inequalities

Together we are working hard to improve wellbeing and quality of life for everyone. In recent years, there

have been significant improvements in the health of Doncaster people. However, despite this progress, these improvements have not been seen in equal measures across the Borough. The fact is, many people still experience poor health and many die too young with illnesses that are preventable.

Everyone has the right to be treated fairly and have the opportunity to achieve their aims in life. Unfortunately some people still do not get equal access to, for example, job opportunities, health outcomes, skills development or educational attainment. As a Council, we are committed to taking positive action to tackle discrimination and spread equality of opportunity. The [Council's Equality and Inclusion Plan 2014-2017](#) aims to do just that. Ultimately, its success will be determined by whether we are able to demonstrate improved outcomes for local people.

Population Outcome: All Doncaster people are able to make informed choices to enjoy a good quality and healthy life

What has happened since the last Strategy?

Since the last Health and Wellbeing Strategy positive steps have been made to look at where there are areas to develop including the development of Asset Based Community Development (ABCD) approaches and mapping across the borough. The Well North project is currently being developed which is embryonic and also in development are the early intervention models of wellbeing.

What are our ambitions?

Health inequalities are unjust differences in health outcomes between individuals and groups. They are driven by differences in social and economic conditions that influence peoples behaviours and lifestyle choices, their risk of illness and any actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and are therefore considered avoidable and unfair. The causes are complex, but are linked to an individual's social, economic or geographic status. There have been many studies undertaken throughout the UK to investigate the problem of health inequalities over the years. These confirm people who live in more deprived areas have a shorter life expectancy than those who live in less deprived areas.

Inequalities exist in a number of areas:

- Socio-economic e.g. income and education
- Lifestyle and health-related behaviours e.g. smoking, diet and physical activity
- Access to services e.g. access to maternity care or screening
- Health outcomes e.g. life expectancy and rates of death or disease

As a result of the strategy consultation a number of approaches will now be explored over the next five years with number of groups including the veterans, minority ethnic groups, disabilities ,sex workers and other at risk communities.

A comprehensive needs assessment has been developed for the veterans community and the main recommendation from this is that although the delivery of priority psychological and mental health support for veterans and their families is working well, a review of the veteran pathway to primary health provision is required to form compliance with NHS armed forces commissioning legislation and community covenant to identify and remove disadvantage.

A number of issues have been raised from asylum seekers and refugees as part of this consultation which will also be explored as well as improving access to services for all minority groups through dedicated workstreams as part of the delivery plan.

There are also personal factors which can contribute to health inequalities, such as gender, ethnic background, disability and other equality characteristics. There is nothing that can be done to change these factors, but inequalities can also result from lifestyle choices, such as smoking, drinking too much alcohol, drug misuse, poor diet or lack of physical activity etc.

Smoking

Smoking is the single biggest cause of premature deaths and widening health inequalities in Doncaster. Over 1,900 people died due to smoke-related causes between the years 2011-13. It impacts across the four strategic priorities of Doncaster Health and Wellbeing Board. Estimates indicate that smoking costs the area £88 million each year, and this is spread across social care, lost productivity (smoking breaks, and sick days), cost to the NHS, and the environment in terms of cigarette waste. Some actions are being done by individual agencies locally to tackle smoking so as to reduce the local prevalence. Current services include commissioning of social marketing campaigns on smoking, Stop Smoking Service, smoking in pregnancy, enforcement and education. However, more needs to be done by adopting integrated system-wide approach interventions on smoking, for example Making Every Contact Count (behaviour change) at industrial scale in Doncaster.

(ASH Ready Reckoner, 2014)



What is our Outcome for Doncaster?

Our aim is Doncaster people are able to make informed choices to enjoy a good quality and healthy life. The Marmot Review, "Fair Society, Healthy Lives", focuses on reducing health inequalities through six key policy objectives, and provides areas of policy action across the Life Course approach mentioned on page 11. By taking a life course approach the Marmot Review is emphasising the fact that disadvantage starts before birth and accumulates throughout life.

What are we measuring?

The Reducing Health Inequalities in Doncaster OBA template focuses on capturing data around:

- Smoking in pregnancy rates; teenage conception rates and childhood /adult obesity rates/mortality rates
- Feedback through our Local Account data (Baseline 2014/2015 and 2016)
- Feedback from Healthwatch Doncaster data – views of our residents around services including complaints
- Well North – a pilot is being developed identifying hotspot areas of inequality across the borough and area based approaches to improving health outcomes are currently being developed

Next Steps

The Health and Wellbeing Board is committed to taking a strategic approach and will work in partnership to promote equality of opportunity and tackle health inequalities. This is not straightforward, so in some instances we will deliver targeted asset based actions in geographical areas where the inequalities gap is greatest for example through the Well North Initiative. This is because it is important to ensure that health and wellbeing of people who live in the most deprived areas 'catches up' with those who live in less deprived areas. However, some initiatives will be focused on individuals, specific groups or on the population as a whole.

For our residents to make more informed choices we need to get better at:

- Communication and awareness raising to all groups
- Clearly signposting what is available and connectivity to services internally and externally
- Using social media to reach those individuals and groups who do not engage with services
- Building on good practice: celebrating success of positive information campaigns
- Increasing awareness of what is available to our frontline staff through training and cascading information
- Developing pilot services the Well Doncaster arm of Well North
- Building on an asset based approach
- Team Doncaster Partnership Theme Boards consider how the Health and Wellbeing priorities link to their particular strategies and work plans

What Happens Next?

Following twelve weeks of consultation on the draft Strategy, where we sought views from stakeholders and the wider community we have made some changes to the Strategy based on the feedback and:

- We will further develop our action plans around the priorities and keep the information up to date and available on our website
- We will review our priorities as a Board and look at our own strategic development
- We will continually review our plans to reduce health inequalities and update our Due Regard statement
- We will provide an Annual Report on our performance and progress to date which will be available through our website
- We will develop a delivery plan to implement this strategy.



Glossary of Terms

DCST Doncaster Children Services Trust
JSNA Joint Strategic Needs Assessment
LGA Local Government Association
MECC Making Every Contact Count
OBA Outcomes Based Accountability (Performance tool)
ONS Office of National Statistics

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