Doncaster Health & Well Being Board

Performance Report

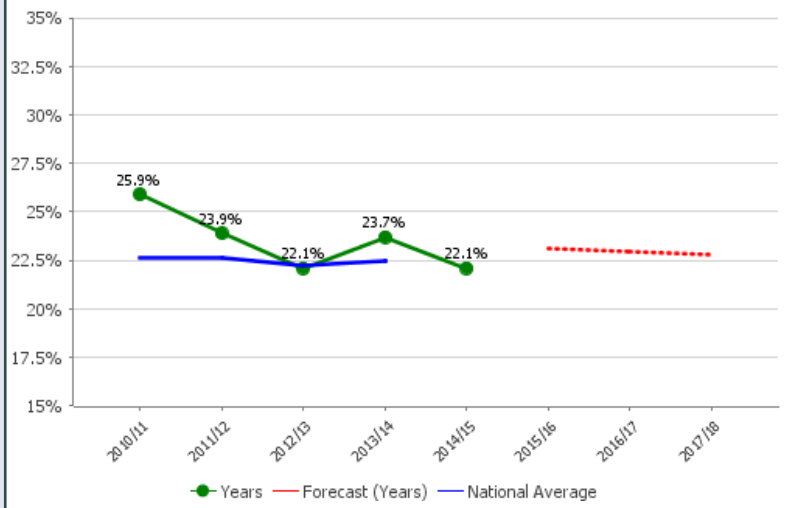
Q3 2015-16

Appendix A

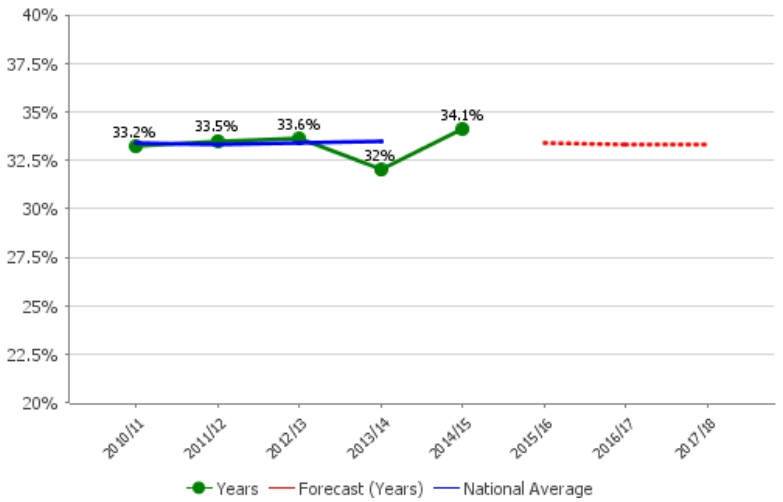
Values below 5 have been rounded to 0 or 5

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

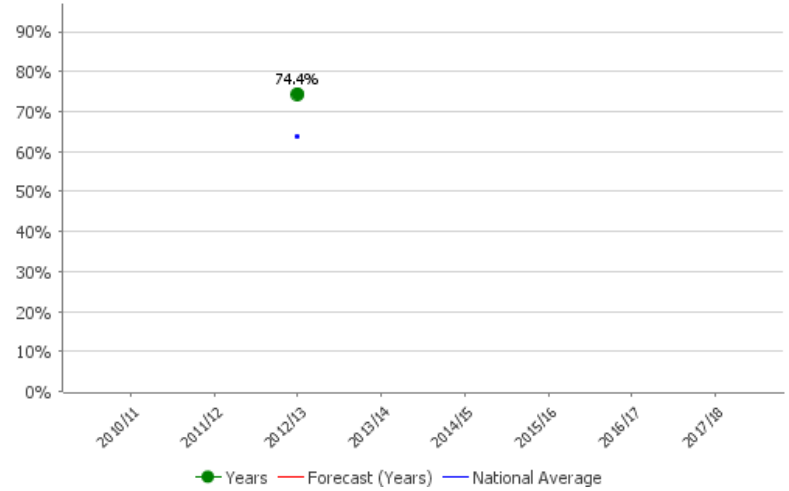
a) % of Children that are classified as overweight or Obese (Aged 4/5)



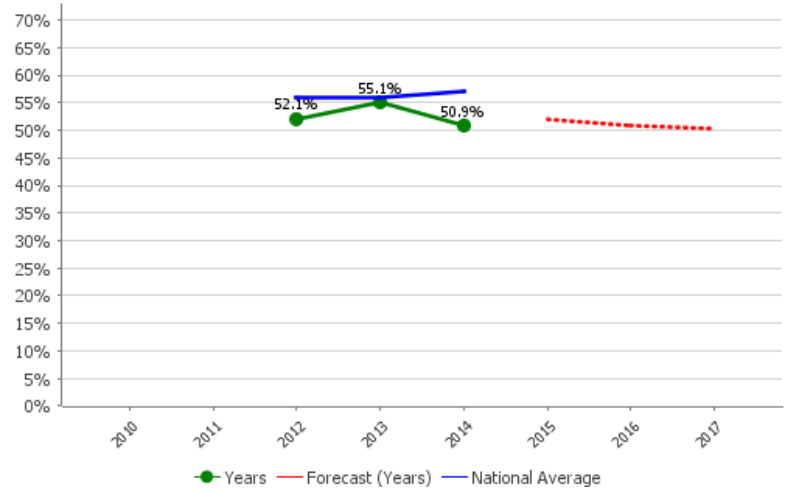
b) % of Children that are classified as overweight or Obese (Aged 10/11)



c) % of Adults Overweight or Obese



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



<table>
<tr><td>STORY BEHIND THE BASELINE</td><td colspan="2">Our Reception and Year 6 overweight and obesity figures are similar to the Regional and National prevalence. Obesity figures for Year 6 (17.1%) were 2% lower than the Regional and National prevalence (19.1/19.2%). In previous years we have been in line with National trends; however this reduction may be a natural fluctuation rather than a sustained downward trend.

Childhood obesity remains a high priority – by improving the National Child Measurement Programme (NCMP) systems and sharing data with partners we can better target prevention and management services in high priority schools and utilise more opportunities to proactively engage with families. An NCMP plan has been developed for school year 15/16 covering sharing of data, pro-active feedback, and engagement of primary care, pro-active engagement of schools and Governors and improvements to the referral pathways.

Current weight management services for children have been seriously underperforming over the last 18months and, as a result of the CSR and cuts to the Public Health grant, the current service will cease from 31st March 2016. Other options are currently being explored in relation to taking a local whole systems approach to obesity, especially in children, and those children who are currently still within the current service will be offered support until they have completed the programme.

In Doncaster, Public Health has re-commissioned a physical activity service for residents aged 50+ years to contribute to the prevalence in falls. This contract is initially for 3yrs starting on the 1st April 2016. The review of the system for physical activity and sport is ongoing.</td></tr>
<tr><td rowspan="2">ACTION PLAN</td><td>What we will achieve in 2015-16</td><td>What we will do next period</td></tr>
<tr><td>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.</td><td>1. Work with DBH Nutrition & Dietetics Dept. to implement tapered weight management services from 1/4/16 for both children and adults to support those already within the current services, which are under review to be stopped as a result of the CSR & PH budget cuts.
2. Work with DBH Nutrition & Dietetics Dept. to develop a service that will provide a weight management programme for those people who are waiting for bariatric surgery.
3. Complete series of workshops relating to the Child Obesity Prioritisation Tool pilot and develop a plan to take the findings forwards.
4. Investigate better partnership working with school nurses and NCMP programmes to be co-beneficial
5. Complete the Doncaster Food Plan – now known as Doncaster Healthy Eating Guidance – and disseminate website link to partners.
6. Support the Decent Helpings research project (currently awaiting ethics approval)
7. Complete development of MECC e-learning tool.
8. Review OBA template in relation to changes to service provision and prioritisation of work areas in relation to overall aims.
9. Maintain links with Whole Systems Approach project through Leeds Beckett to learn from work being carried out.</td></tr>
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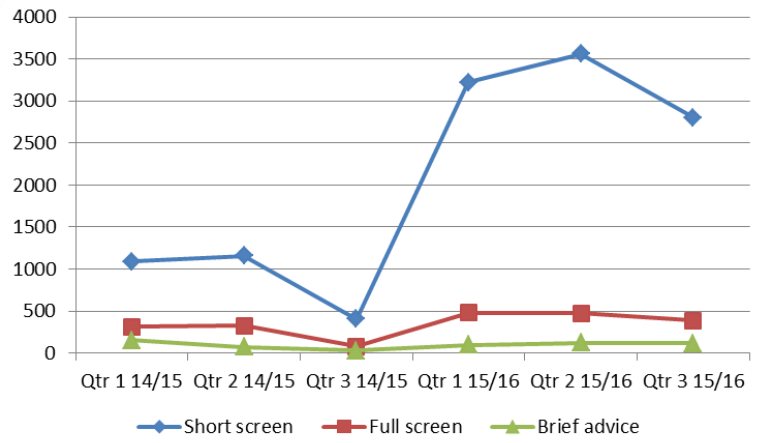
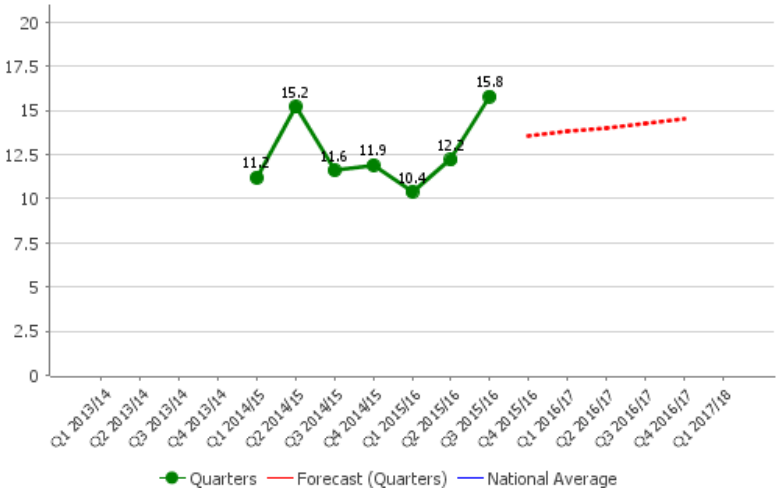
OUTCOME	All people in Doncaster who use alcohol do so within safe limits

INDICATORS

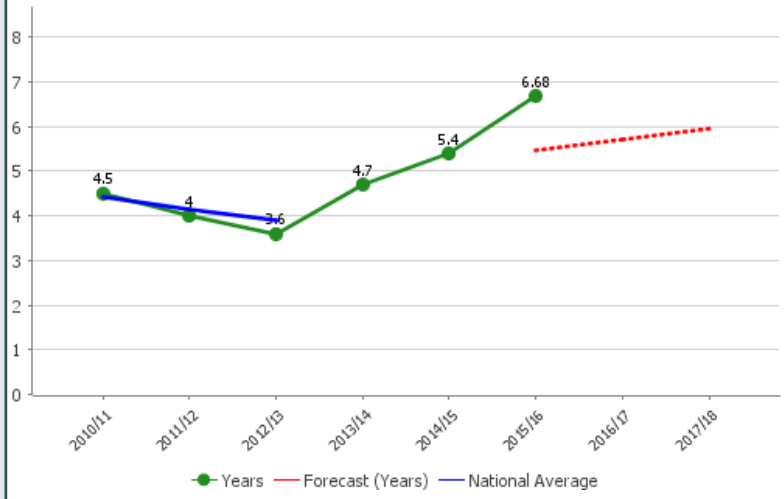
a)Numbers of people being screened for alcohol use and, where appropriate, receiving brief advice



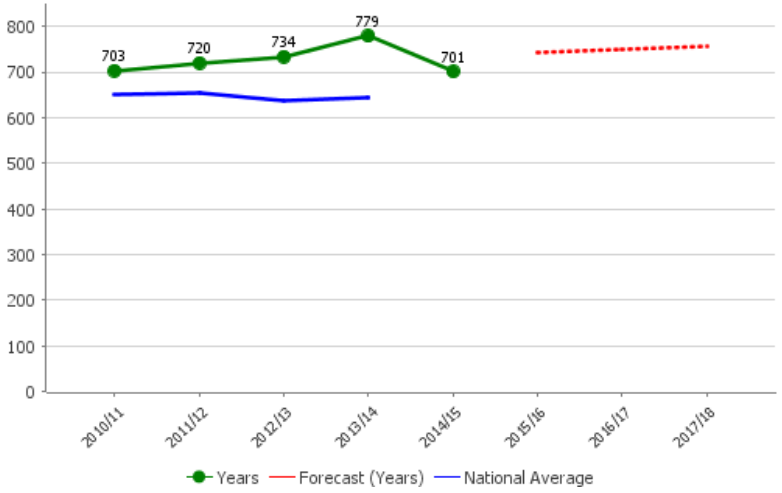
b) Alcohol-related attendance at A&E (per 1000 pop)



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



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

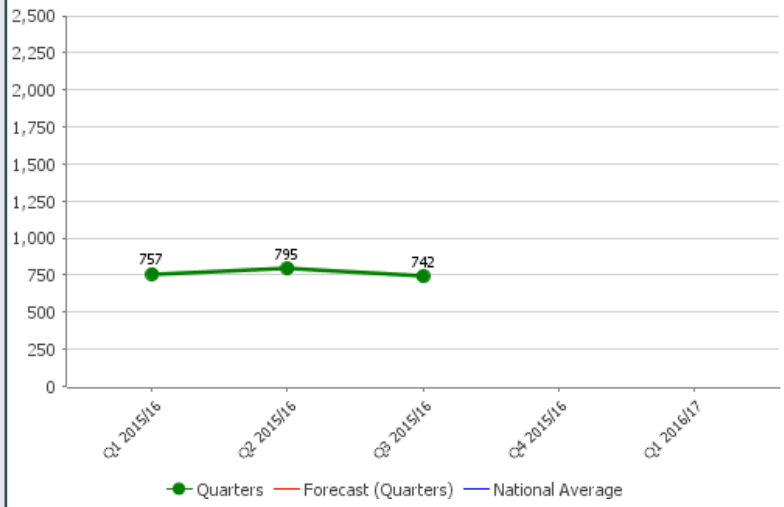


STORY BEHIND THE BASELINE	The short form of alcohol screening has approximately trebled from last year to this and the ratios then receiving a full screen and brief advice mirror the evidence base (i.e. 5:1 at each stage). This suggests screening and advice is being targeted at suitable patient groups. From Q1 16/17 this service will be subcontracted via RDASH as lead provider. 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/behavioural disorders. 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 discrepancies in the recording process.	
ACTION PLAN	**What we will achieve in 2015-16**	**What we will do next period**
	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.	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. The model was expanded to Conisbrough and Denaby in November 2015. CAP 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 and cancer, 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

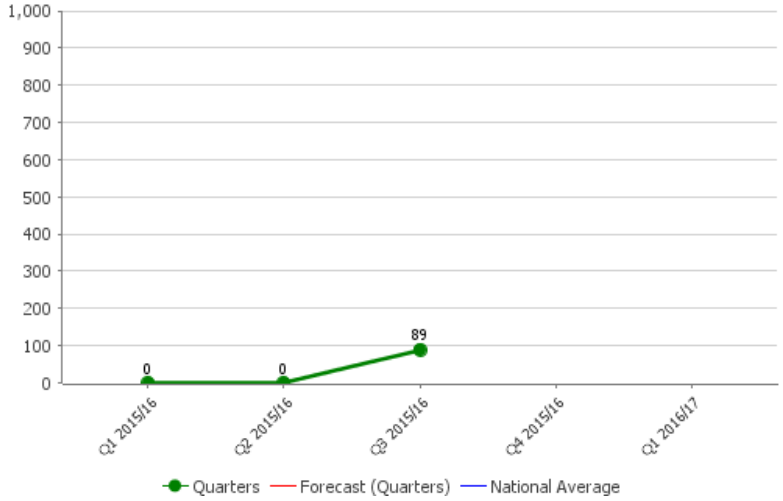
		support. Similarly there are vulnerable people, including alcohol misusers, who revolve through the Criminal Justice System. The Criminal Justice Liaison and Diversion Scheme launched in April 2015 and Public Health will work with partners to embed substance misuse within the model. 5. Increase public and professional awareness re alcohol and older people through partnership with services which work with older people such as AgeUK, DIAL and Rdash. A leaflet and poster campaign will be produced and distributed across Doncaster highlighting the increasing issue. The pathway between dementia services and alcohol services will be looked at and discussed at a Alcohol Related Brain Injury seminar at DRI on the 24th of May.

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	

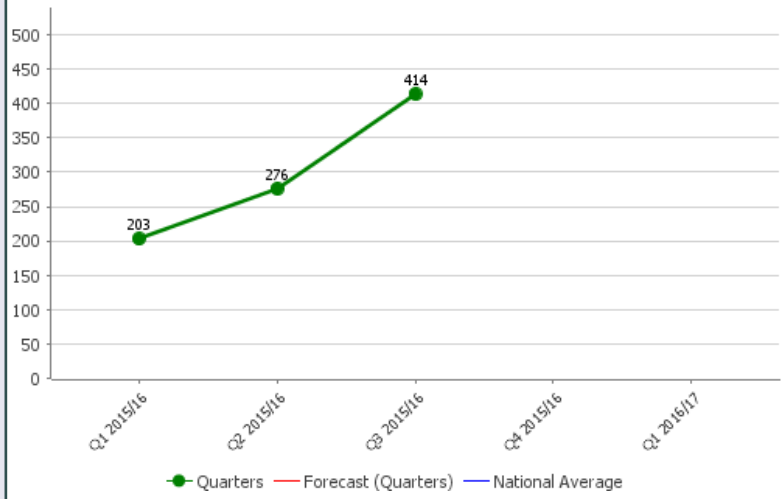
a) Number of Families Identified as part of the Phase 2 Stronger Families Programme



b) Number of families achieving positive outcomes through the Stronger Families Programme

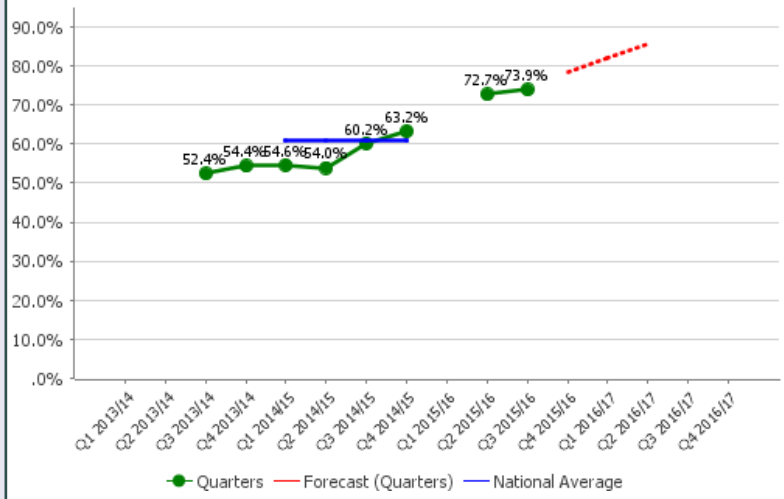
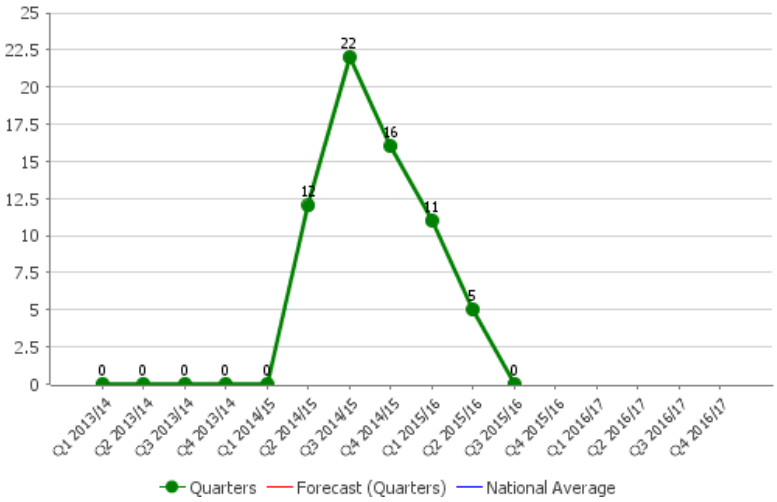
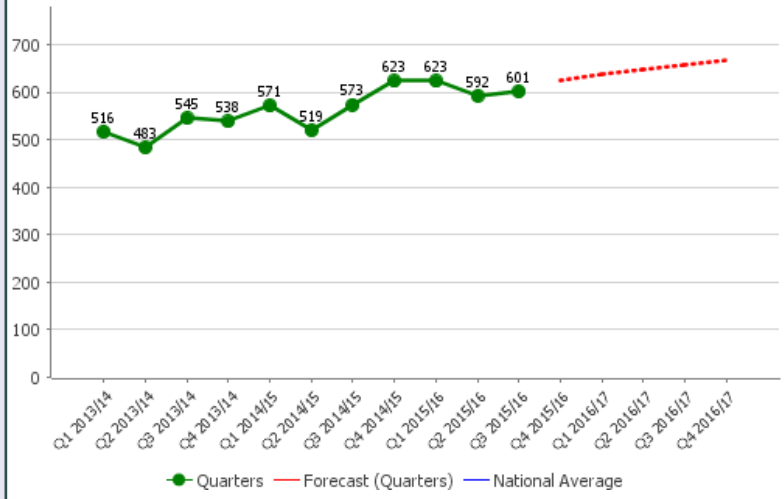
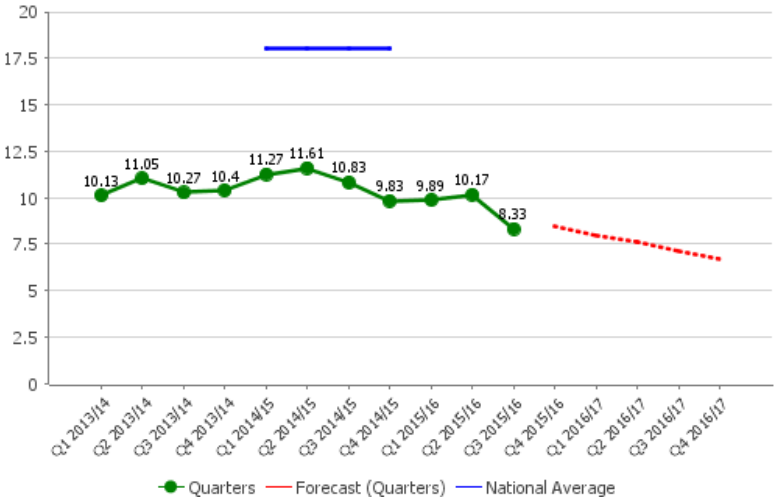


c) **Number of Families Engaged in the Expanded Stronger Families Programme**

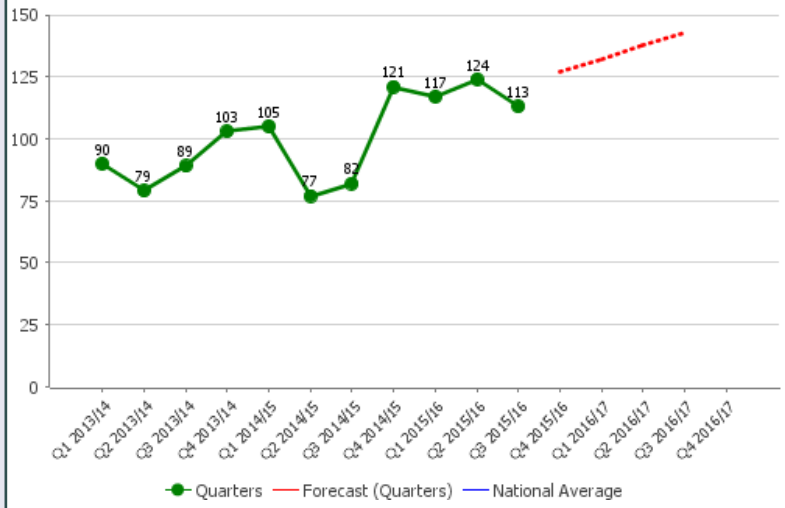


STORY BEHIND THE BASELINE	The Expanded Stronger Families Programme continues to develop at a good pace and Doncaster continues to show that it is able to deliver. Identification processes are working well and we are increasing the number of families identified as eligible by other professionals, however there is still much more work to do. During Q3 the Chancellor of the Exchequer announced the continuation of the Expanded Troubled Families Programme in his spending review speech late last year. Although we do not as yet know the details of our agreement, the budgets and numbers remain unchanged nationally. We expect to hear in February the details of our funding for the next four years. The delay is in part due to a redistribution of the funds through a renewed methodology. Our current total of identified and validated families is 742 at this point. The difference between figures for Q2 and Q3 is due families moving out of the Doncaster area or family group changes resulting in no longer eligible. Our planned additional identification is now scheduled to take place during Quarter 4, however we are on track to meet the targets for Year 1 of the expanded programme. The targeted number of families for year 1 of the expanded programme has been agreed to be increased from 491 to 550 following agreement with the Chief Executive and DCLG. Therefore the target has been re-profiled. The number of families engaged with is on target, taking into account this increase. The target is to claim for 20 families in our first claim due in January 2016 (roughly in line with first claims from early adopter areas). We are on target for this number; validated numbers will be reported in Quarter 4. Activity has been ongoing throughout Quarter 3 to gather progress information that also informs our claims. While Claims may only be made for sustained and significant progress against all outcomes, or, continuous employment, progress against individual outcomes has been made. The provisional progress is: Outcome 1 (Crime & ASB): 35 Outcome 2 (Children Attending School): 5 Outcome 3 (Children Needing Help): 13 Outcome 4 (Worklessness & Financial Exclusion): 20 Outcome 5 (Domestic Violence): 11 Outcome 6 (Health): 5

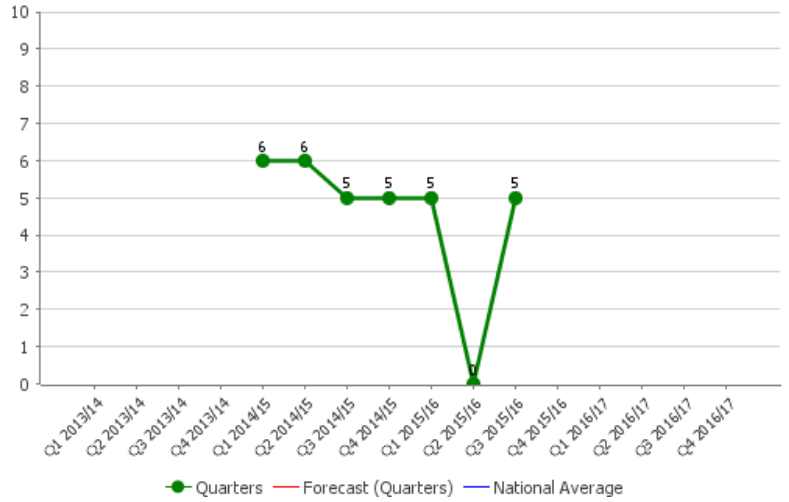
	What we will achieve in 2015-16	**What we will do next period**
ACTION PLAN	1. To identify as many families who meet the criteria as we can 2. Implement the case management system to allow for easier case management , tracking and progress reporting 3. Commission services needed by families following evaluation of the first SF programme. 4. Train multi-agency staff in working with families, 'early help' assessment and case management system inputting.	1. Implement Go live of EHM system 2. Finalise January claims 3. Train staff in Signs if Safety processes 4. 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)** 

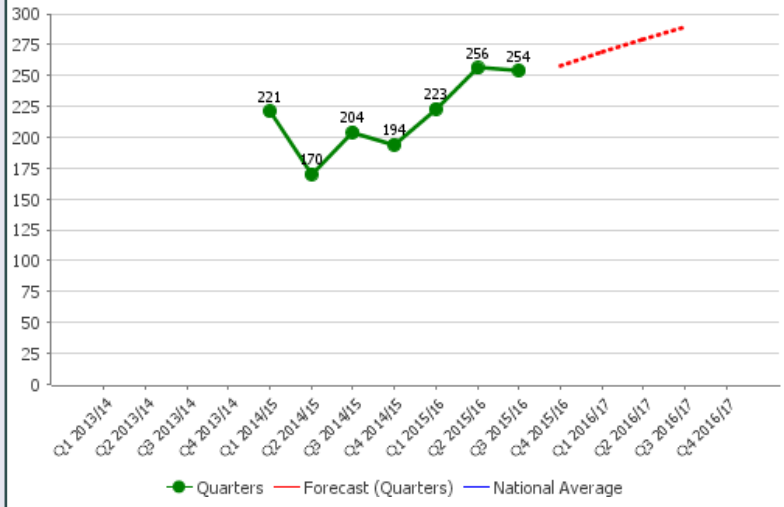
e) Hospital re-admissions within 30 days (DRI) for people with Dementia



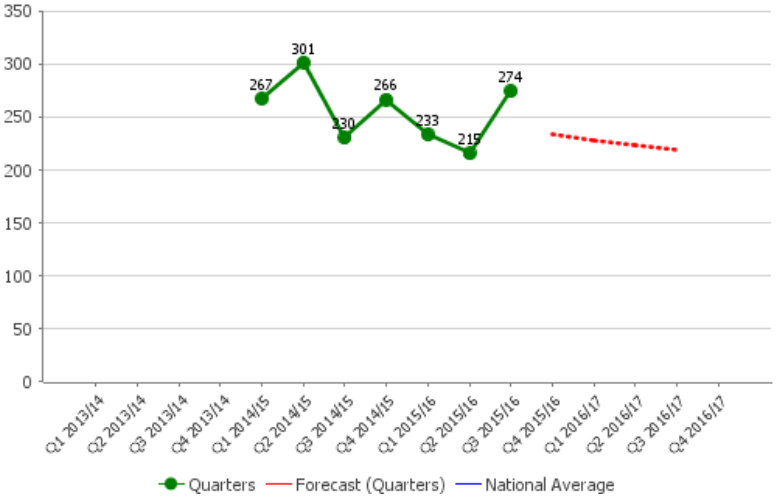
f) Number of patients having any delayed discharges encountered at RDaSH



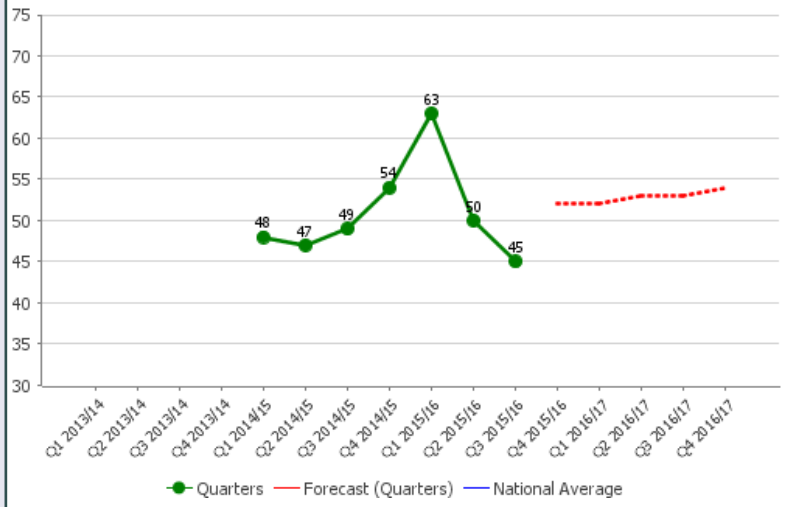
g) Attendances at A&E for people with dementia



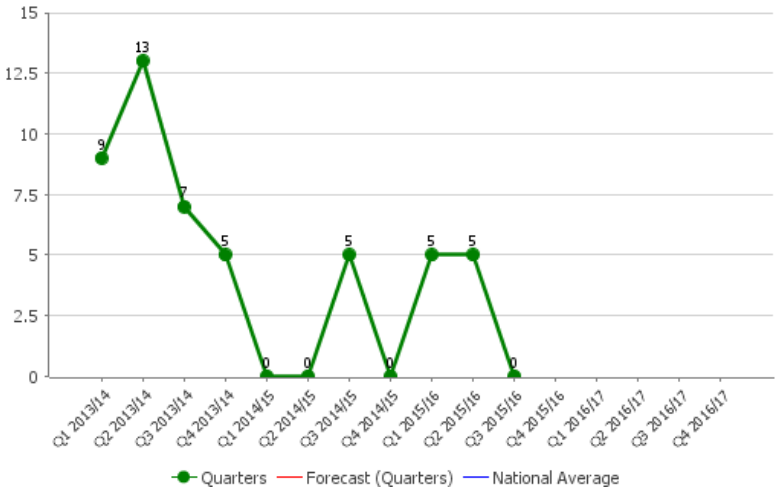
h) Number of people with dementia being admitted from care homes to DRI



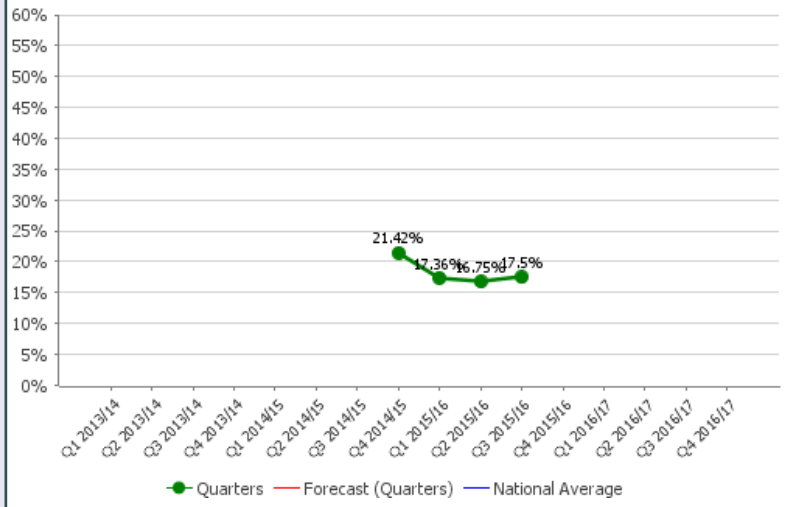
i) Number of Hospital deaths for patients with dementia



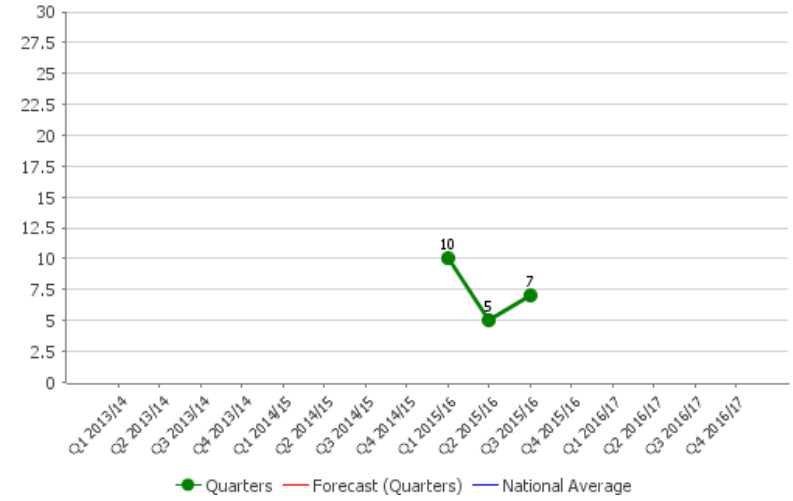
j) Unplanned episodes of Respite for people with Dementia



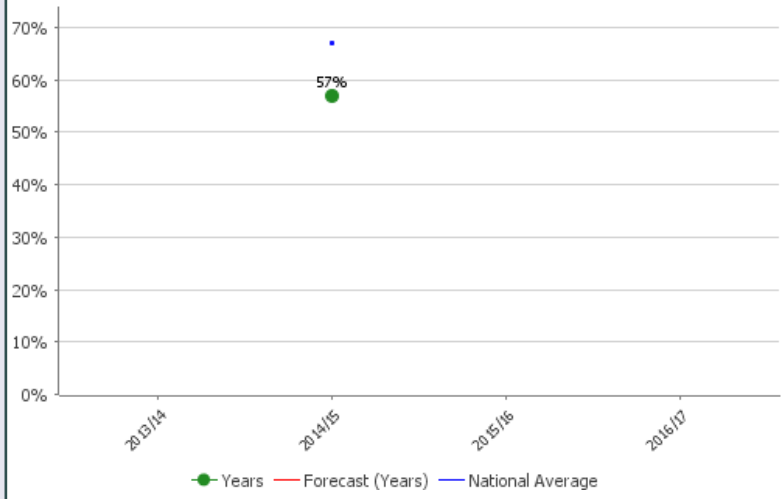
k) Proportion of referrals for Assistive Technology that are for people with Dementia (Q3 Provisional)



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



M) Proportion of People with dementia living at home



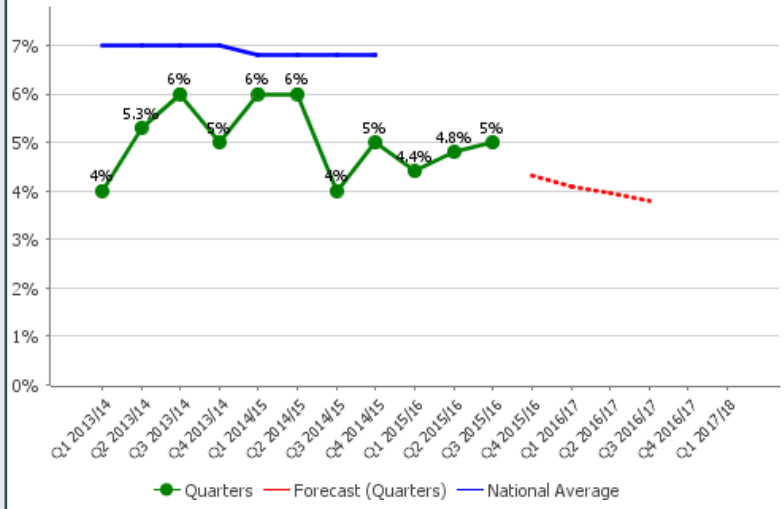
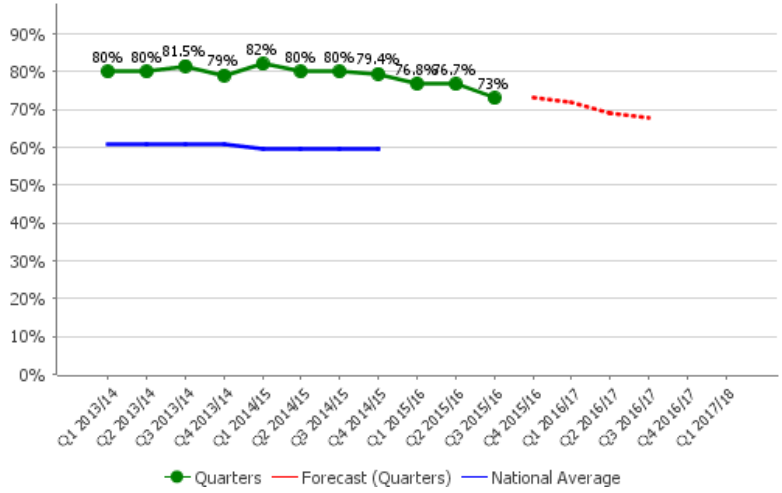
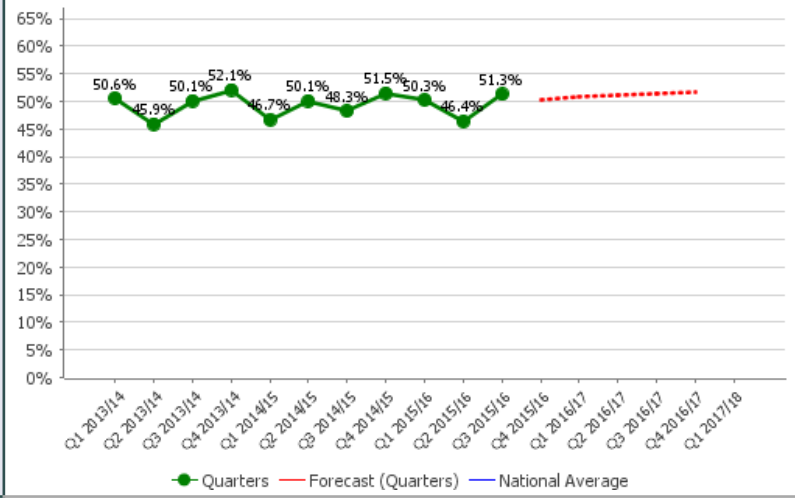
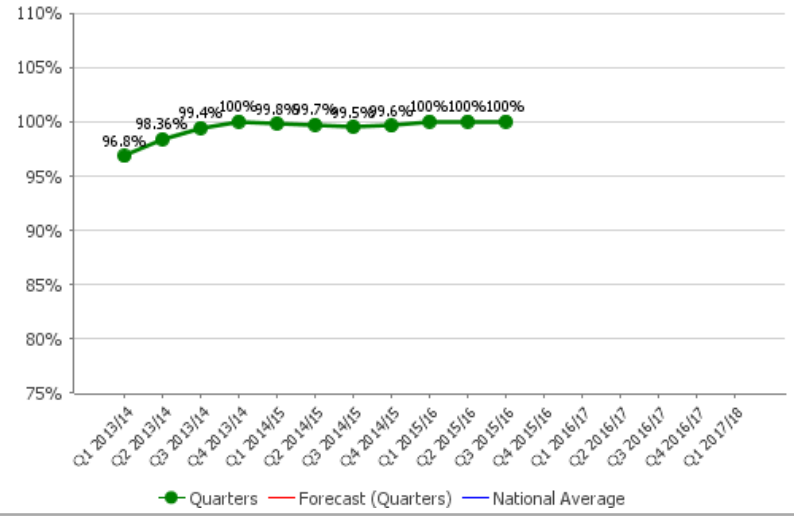
STORY BEHIND THE BASELINE

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 73.9% leaves an unknown gap of around 900-950. 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 Q3, 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
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: • Raising Awareness and reducing stigma – Information, Advice and Signposting, • Assessment and Treatment, • Peri and Post Diagnostic Support, • Care Homes • End of Life. 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 1. to access reliable and consistent dementia information and support in a timely manner;	1. The "Doncaster Admiral Service" went live February 1st 2016 and will commence accepting referrals from February 29th. This will be a 14 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. This pilot will be independently evaluated. Formal launch of the service will be 16th March invites will be forwarded.

	2. there will be reduced variance in assessment and treatment pathways ensuring every referral receives an equal, 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 ; 4. when people with dementia need residential care they receive high quality care locally 5. 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	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. The Paid employment measure is below the national and regional averages and has been so for some time. The proportion of people completing treatment and moving to recovery has increased 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.	
ACTION PLAN	**What we will achieve in 2015-16**	**What we will do next period**
	1. 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) 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 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	1. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health & Wellbeing Board 2. 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 3. 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 4. 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. 5. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.