

Doncaster Health & Well Being Board

# Performance Report

Q4 2016-17

Appendix A

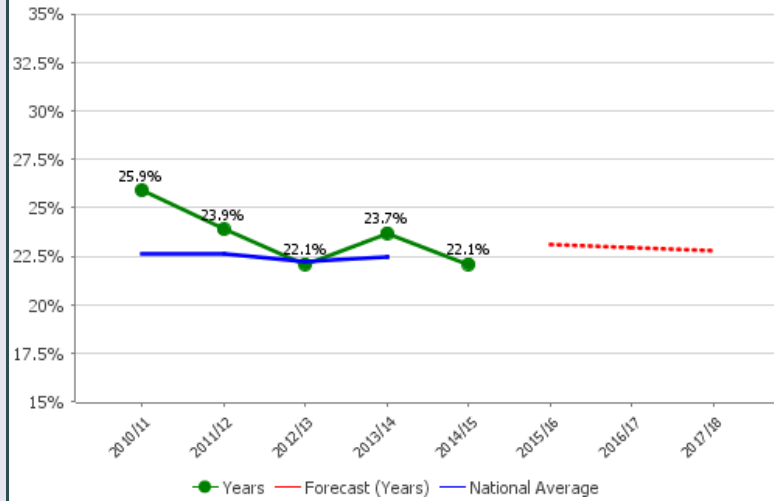
Values below 5 have been rounded to 0 or 5

OUTCOME

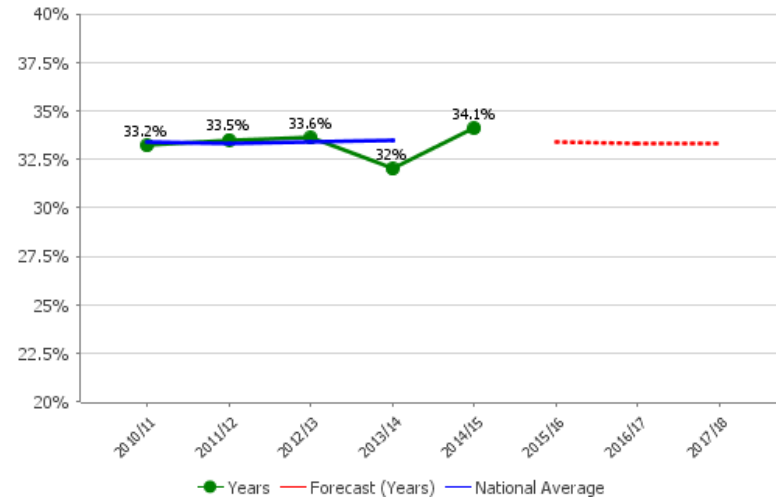
All Doncaster residents to have the opportunity to be a healthy weight

INDICATORS

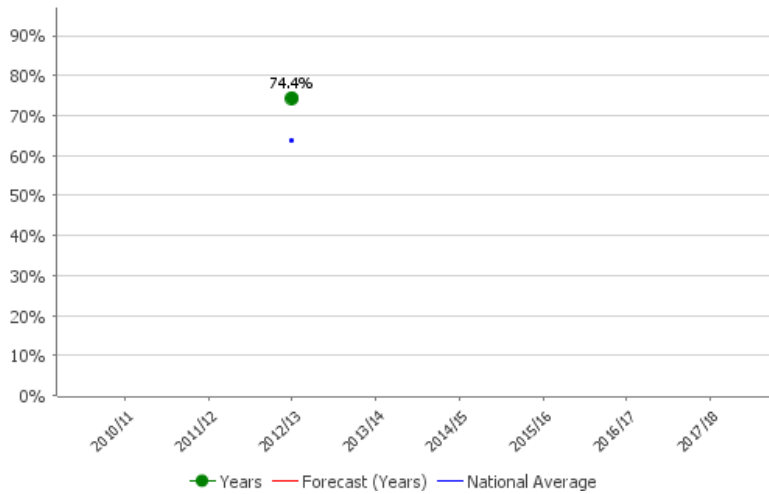
a) % of Children that are classified as overweight or Obese (Aged 4/5)



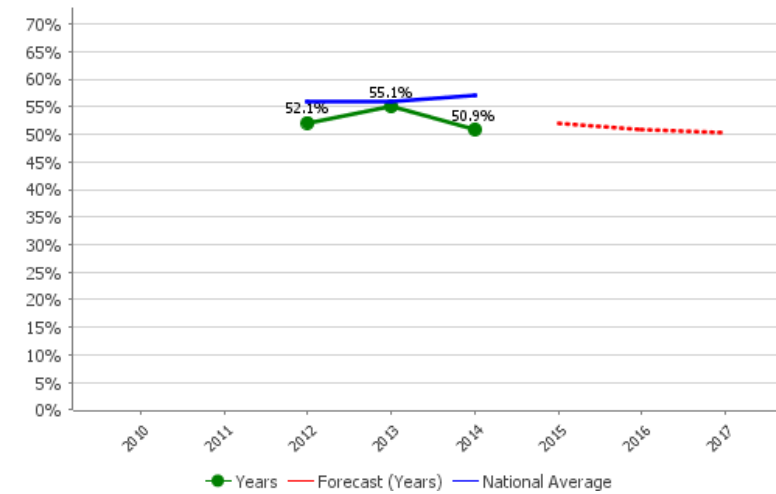
b) % of Children that are classified as overweight or Obese (Aged 10/11)



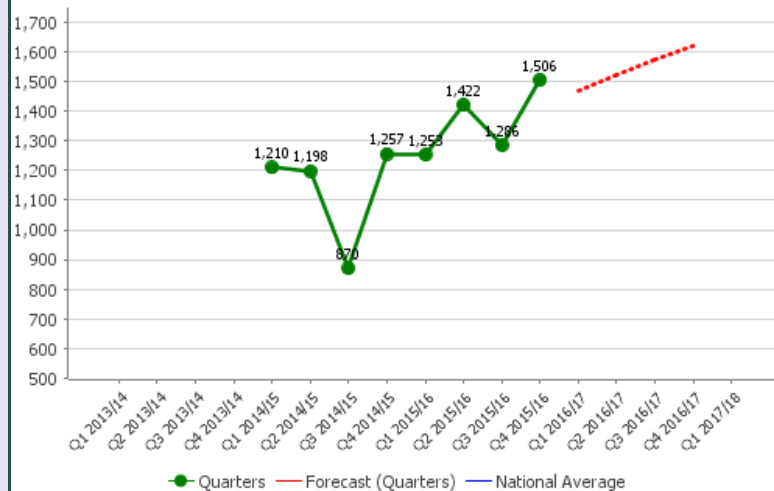
c) % of Adults Overweight or Obese



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



e) Number of people participating at DCLT Leisure Centres per 1000 population (includes multiple visits)



**STORY  
BEHIND THE  
BASELINE**

The Reception and Year 6 overweight and obesity figures will be available nationally (and locally) by September 2016. The data will be collected at the end of the school year. In the meantime over the summer months, public health will be undertaking a descriptive epidemiology of childhood obesity in the city using data from the National Child Measurement Programme (NCMP). There are 124 primary schools in Doncaster and 9 years of NCMP data which identifies the weight status of all children in reception (age 4-5) and year 6 (age 10-11) for the years 2006/7 to 2014/15. Data is coded to schools. There are measurements for 50,307 children in that time period, of which 24,155 pertain to year 6 children and 26,152 to reception children. Initially the data, by school, will be sorted according to IMD deprivation score. Schools will then be grouped into deciles based on deprivation. This data will be analysed to identify what pattern of obesity is emerging locally to highlight obesity rates (growth or reduction) over time. Uptake of school meals and physical activity in schools will also be analysed to identify whether there is any correlation between these variables and local childhood obesity rates.

This work will help to identify priority local areas of focus and also whether local school policy can be further informed to help address childhood obesity. The report will be available mid-September and will be fed back in the Q3 Performance report. A series of 3 childhood obesity workshops have been held in Q4 which included a self-assessment exercise with key stakeholders, a mapping of activity across a wide range of partners and a prioritisation exercise to identify future priorities around childhood obesity. The tool used was a prioritisation tool from the Shared Intelligence Unit. The findings of these workshops will inform the future childhood obesity work plan using a whole family and whole system approach. A Childhood Obesity Alliance will be set up in Q2 to start work on these priorities. The national childhood obesity strategy is due to be released over the summer period which will support and inform these developments. The Shared Intelligence work was piloting a national tool ahead of the dissemination of the national Childhood obesity strategy.

There is ongoing work to find a number of proxy indicators around the obesity data and a proposal will be brought back in a future performance report. Active kids data and participation at local leisure facilities is already collated and available.

Public Health have contributed to the planning policies that will be within the revised Local Plan. This aims to provide a whole system approach to planning a healthy weight environment. In particular it has been proposed to limit the concentration of hot food takeaways and restrict opening hours and proximity near schools, improved infrastructure for cycling and protect green space. Health Impact assessments will also be requested for certain types/size of developments to help build on any opportunities to create a place where healthy choices are easy choices.

	<p>The Tier 2 Weight Management service was ceased in March 2016 (Q4) and was subject to a Corporate decision process. At the same time the Tier 3 Weight Management service was reviewed and a contract variation has been issued and a revised exit plan and pathway agreed between the commissioner and the provider. The Tier 3 children's pathway weight management service will be tapered by 30<sup>th</sup> September 2016 and the Tier3 Adults weight management service will operate as a pre-bariatric surgery pathway until 31<sup>st</sup> March 2017. Contract meetings are about to re-commence in Q1. Communications have been circulated to key stakeholders and a signposting package is in development including links to the Health checks programme.</p>	
<b>ACTION PLAN</b>	<b>What we will achieve in 2015-16</b>	<b>What we will do next period</b>
	<ol style="list-style-type: none"> <li>1. Public Health are working in collaboration to address healthy food options – the food plan is completed and undergoing final checks before dissemination by Q2; the work around proximity of takeaways and healthy food choices is underway and results will be provided when available. Two research studies are being undertaken around food takeaways and food banks and will be completed by Q2.</li> <li>2. Physical activity proxy measures through discount promotions are being explored.</li> <li>3. The One You Campaign has been launched and a walking campaign is to be launched in September 2016.</li> <li>4. The MECC e learning package has been developed and is undergoing final review and a communications plan will be developed by Q2.</li> <li>5. Ongoing work around the development of health policies into the local plan by Q2.</li> <li>6. The Decent Helpings research in Edlington will help to inform future developments about what works in an area.</li> <li>7. The outcomes of the 3 childhood obesity workshops will inform the priorities for the next year and will enable the development of a Childhood obesity Alliance using a whole systems approach.</li> </ol>	<ol style="list-style-type: none"> <li>1. Tier 3 weight management service – we will continue to monitor this service and work with DBH Nutrition and Dietetics service to ensure a safe tapering of the Tier 3 children's weight management service and a smooth transition for the Adults service into the revised pre-bariatric surgery pathway through regular contract meetings and activity monitoring. We will look at signposting information pathways for GPs and stakeholders in the community and increasing awareness of other services available.</li> <li>2. We will establish a Childhood Obesity Alliance and develop a multi -faceted work plan by Q2 which encompasses a whole system approach and builds on the foundations identified in the 3 childhood obesity workshops held in Q4. A Champion for childhood obesity will be sought. We will be seeking partners from key organisations to support the alliance..</li> <li>3. We will complete the analysis of previous NCMP data identifying hotspot areas with trends towards highest overweight and obesity rates in the last few years. The use of school plans to identify current priorities will also be used as well the uptake of school meals and physical activity in local communities. The 2015/16 NCMP data will be analysed when available in Q2 and will inform future priorities.</li> <li>4. The Doncaster food plan will be completed and a communications plan will be developed.</li> <li>5. The Decent Helpings research in one Doncaster locality (Edlington) will be looked at to identify if there are any common denominators around behaviour in one locality and links to lower obesity levels. This will also be looked at across other areas (exploration through the Leeds Beckett pilots) and other countries to find out what works elsewhere. Lessons from the Well Denaby project could also be applied in terms of an assets based approach. A whole family approach has been recommended for this work by the stakeholders.</li> <li>6. The MECC e learning package will be completed and a communications plan developed.</li> <li>7. The obesity OBA will be reviewed in light of recent staff changes and developments to ensure it maintains its focus and direction of travel. Meeting to take place with regional schools meals lead (Let's Get Cooking) to discuss school meals and possible developments in Q1.</li> <li>8. The Workplace Weight Watchers pilot in Public Health will be evaluated and success stories will be promoted. Feedback to date has been very positive and weight loss has already been identified.</li> <li>9. The Healthy schools programme model is being reviewed and an event will be held in Q1 to explore a new Healthy schools model which will include criteria around healthy eating and physical</li> </ol>

activity monitoring. Links to the School sports premium are also being explored.

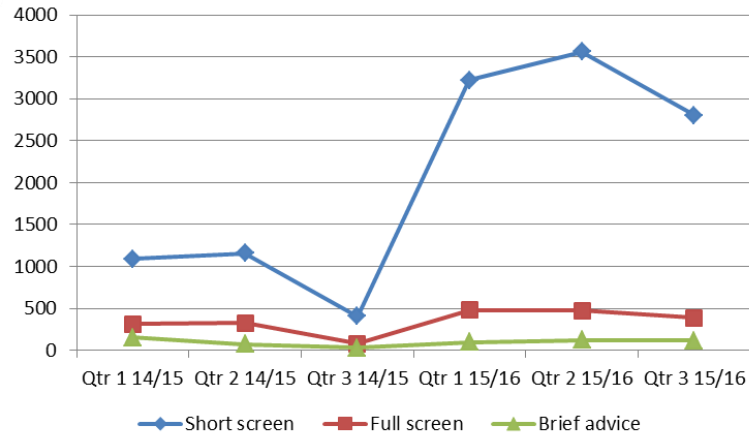
10. There will be further exploration around other proxy indicators to measure physical activity and healthy eating behaviours over the next 6 months.

11. Public Health are supporting 2 university students with research around household food insecurity in Doncaster – interviews and focus groups will be conducted at local food banks and children's centres to further determine experiences of families in Doncaster and another research project will explore food consumption behaviour and patterns around food takeaways particularly in areas of deprivation. The results of these research projects will be available by Q3.

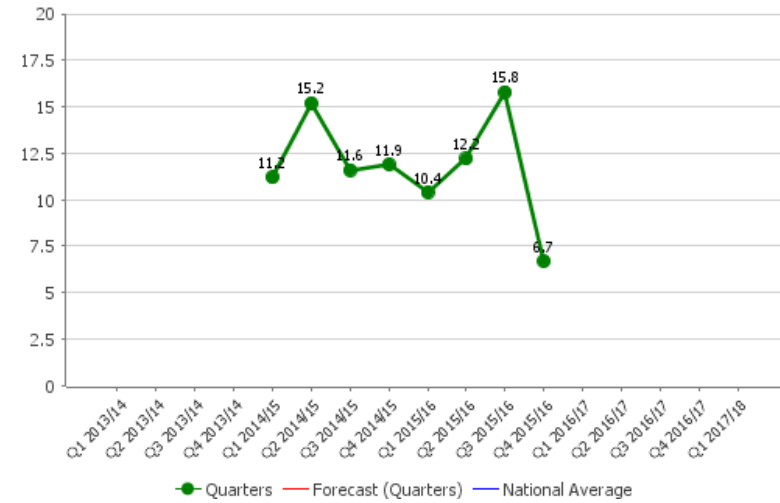
**OUTCOME**

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

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

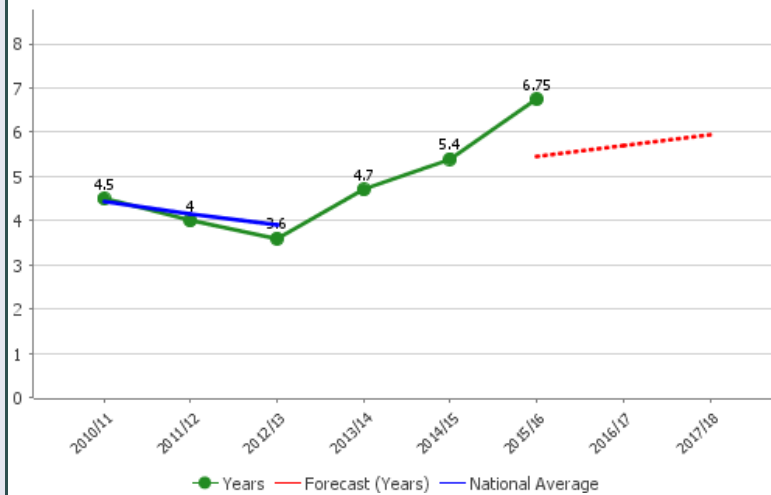


**b) Alcohol-related attendance at A&E (per 1000 pop)**

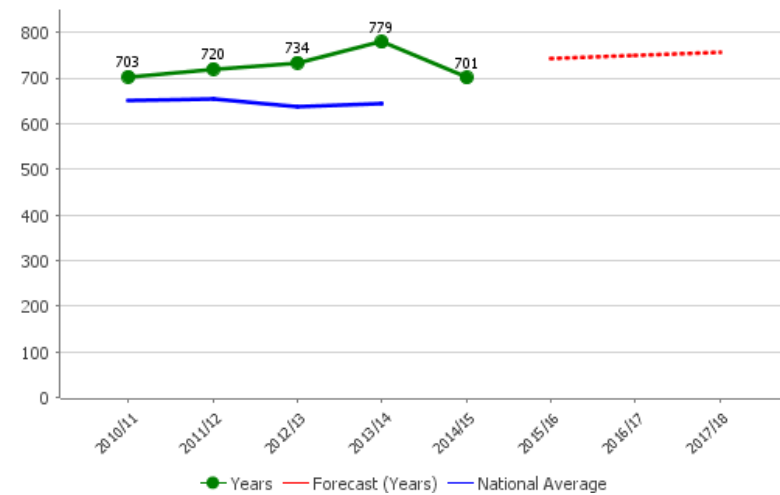


**INDICATORS**

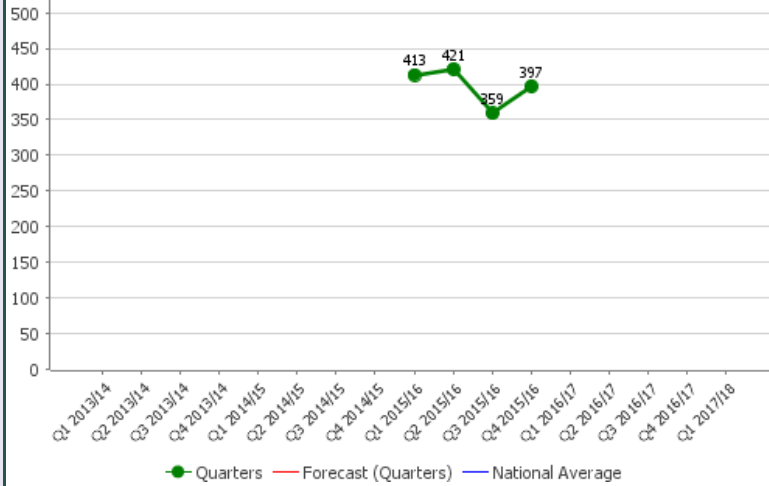
**c) Alcohol-related violent crime per 1000 pop (2015/16 YTD Only)**



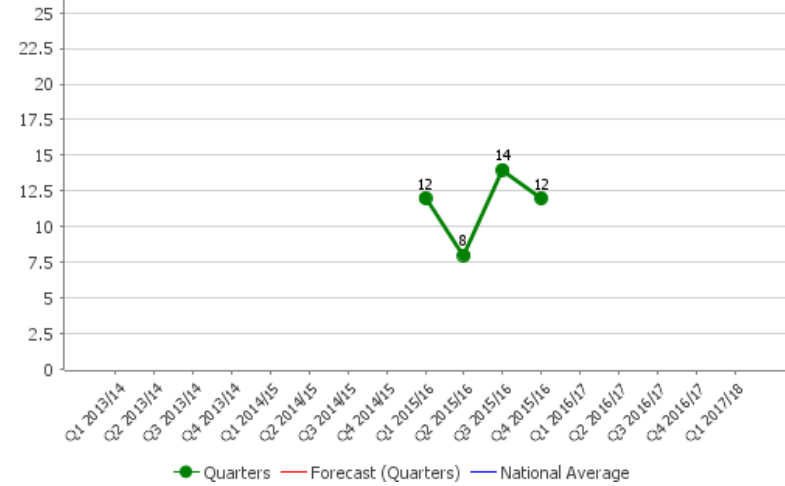
**d) Alcohol related admissions to hospital (14/15 data provisional)**



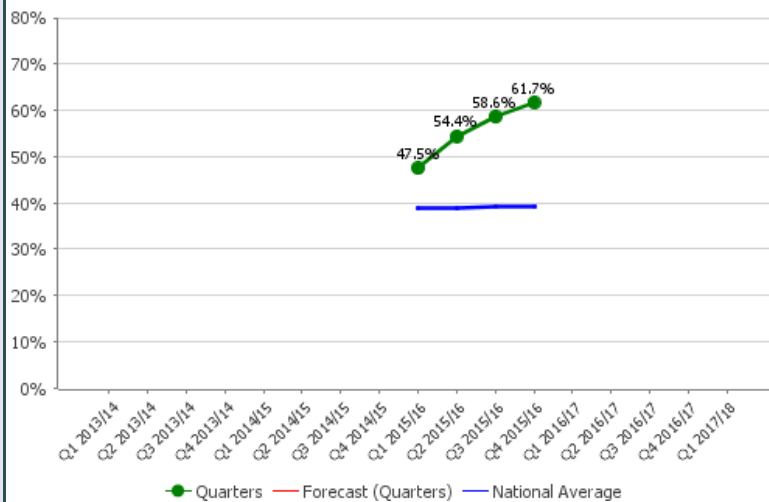
e) Number of people in specialist alcohol treatment



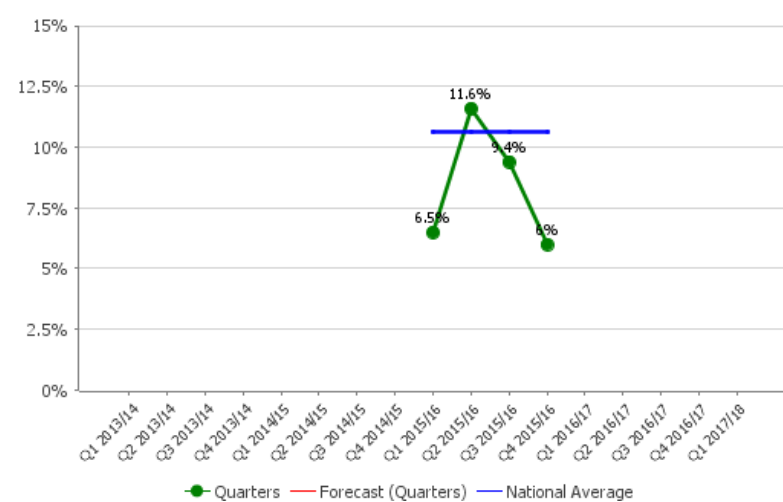
f) Number of people in specialist alcohol treatment entering via the CJS



g) Successful exits for people in specialist treatment



h) Representations for people in specialist treatment



**STORY BEHIND THE BASELINE**

The number of people being screened for alcohol abuse has not been updated from Q3 due to processing of invoices. 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.

	<p>There is a significant difference in data reported for alcohol related A&amp;E attendances due to change in data source, Q4 data received from the CCG instead of directly from DRI, this is being investigated. 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.</p> <p>The numbers in specialist treatment have remained relatively stable over the year. There are estimated to be over 5,000 dependent drinkers in Doncaster therefore the aim is to increase the number of people accessing services. However numbers entering via the criminal justice system are low and the aim is to increase the numbers entering via this pathway (as a benchmark the Probation Service historically targeted 80 service users per year). This decrease may be a result of changes in the CJS, reducing the number of Alcohol Treatment Requirements (ATRs) issued by Magistrates (e.g. less use of alcohol conditional cautions, the reorganisation of probation into the National Probation Service and Community Rehabilitation Companies).</p> <p>Successful exits stood at 61.7% in March 2016, which is above the local target (36%) and above the national rate for England (39%). The aim is to maintain this performance through the mobilisation of the new service. Re-presentations (people who exit successfully but return to services within 6 months) stood at 6% in March 2016, which is above the national figure of 10.6%. Re-presentations were declining prior to the gap in data linked to the national system. The aim is to maintain this performance through mobilisation of the new system. When interpreting the data, it is important to bear in mind that some people may relapse and do not represent to the service.</p>					
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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.</p> <p>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.</p> <p>4. Improve the referral pathway between hospitals and the treatment system and enhance the identification and support to people repeatedly attending A&amp;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> </td> </tr> </tbody> </table>	<b>What we will achieve in 2015-16</b>	<p>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).</p> <p>2. 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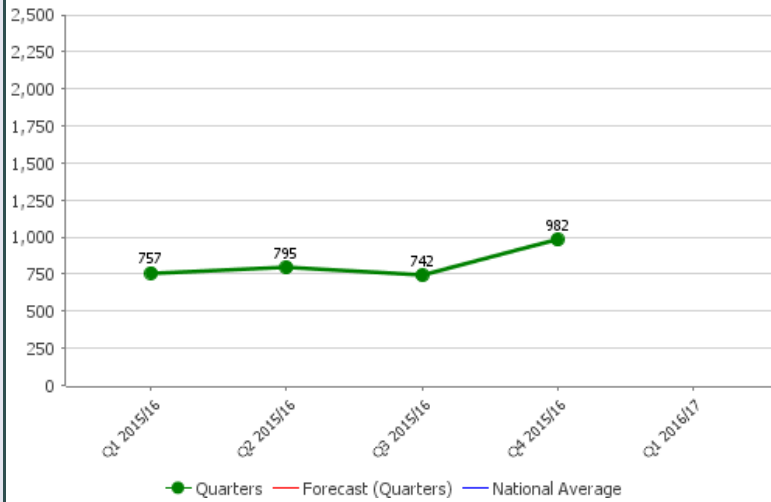


**OUTCOME**

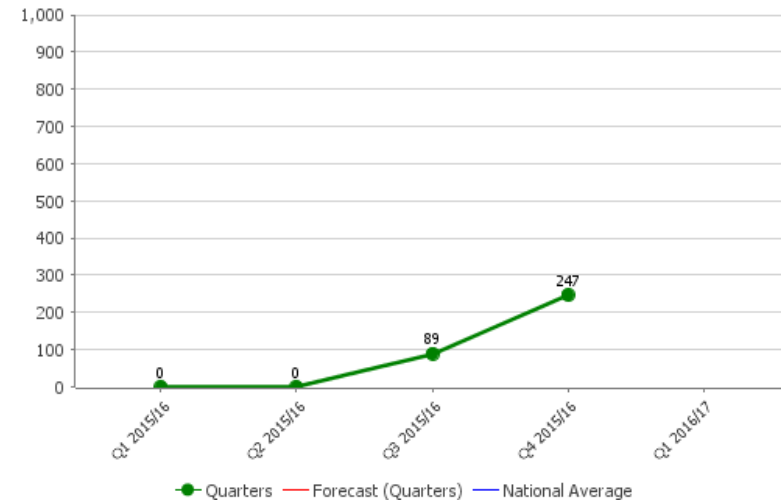
**Families who are identified as meeting the eligibility criteria in the expanded Stronger families programme see significant and sustained improvement across all identified issues.**

**INDICATORS**

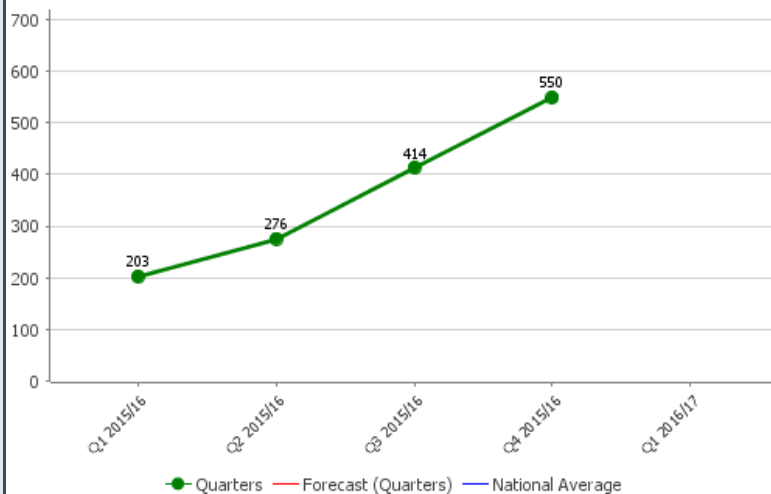
**a) Number of Families Identified as part of the Phase 2 Stronger Families Programme**



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



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



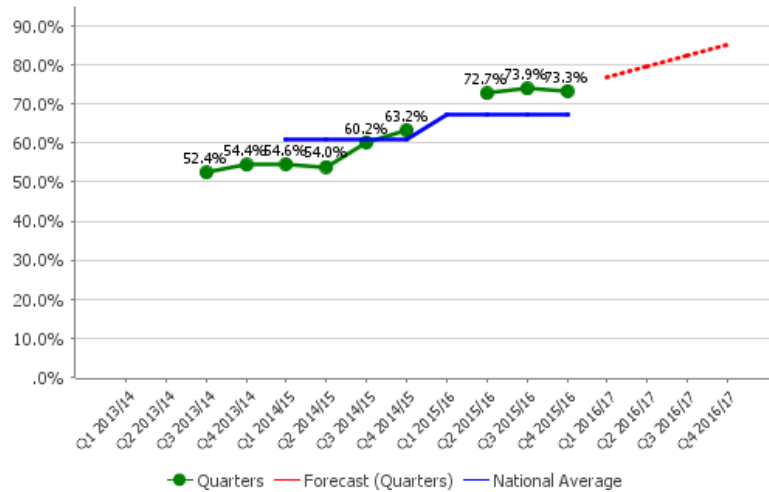
<p><b>STORY BEHIND THE BASELINE</b></p>	<p>The Expanded Stronger Families Programme continues to develop at a good pace and Doncaster continues to show that it is able to deliver. Identification processes are working well and we are increasing the number of families identified as eligible by other professionals, however there is still much more work to do.</p> <p>Our current total of identified and validated families is 982 at this point which is on track to meet the expectations for Year 1 of the expanded programme. The targeted number of families engaged in the expanded programme for year 1 has been agreed to be increased from 491 to 550 following approval with the Chief Executive and DCLG. In Q4 550 families were actively engaged with the programme as planned.</p> <p>The next claim is in September 2016 and results will be reported in Quarter 2 2016/17. While Claims may only be made for sustained and significant progress against all assessed outcomes, or, continuous employment; progress against individual outcomes has been made by many families. The latest progress on positive outcomes is:</p> <p>Outcome 1 (Crime &amp; ASB): 69  Outcome 2 (Children Attending School): 26  Outcome 3 (Children Needing Help): 58  Outcome 4 (Worklessness &amp; Financial Exclusion): 68  Outcome 5 (Domestic Violence): 16  Outcome 6 (Health): 10</p>	
<p><b>ACTION PLAN</b></p>	<p style="text-align: center;"><b>What we will achieve in 2015-16</b></p> <ol style="list-style-type: none"> <li>1. To identify as many families who meet the criteria as we can</li> <li>2. Implement the case management system to allow for easier case management , tracking and progress reporting</li> <li>3. Commission services needed by families following evaluation of the first SF programme.</li> <li>4. Train multi-agency staff in working with families, 'early help' assessment and case management system inputting.</li> </ol>	<p style="text-align: center;"><b>What we will do next period</b></p> <ol style="list-style-type: none"> <li>1. Implement 'Go live' of EHM system</li> <li>2. Prepare for September 2016 claims</li> <li>3. Train staff in Signs if Safety processes</li> <li>4. Review areas to be commissioned / where there are gaps.</li> </ol>

**OUTCOME**

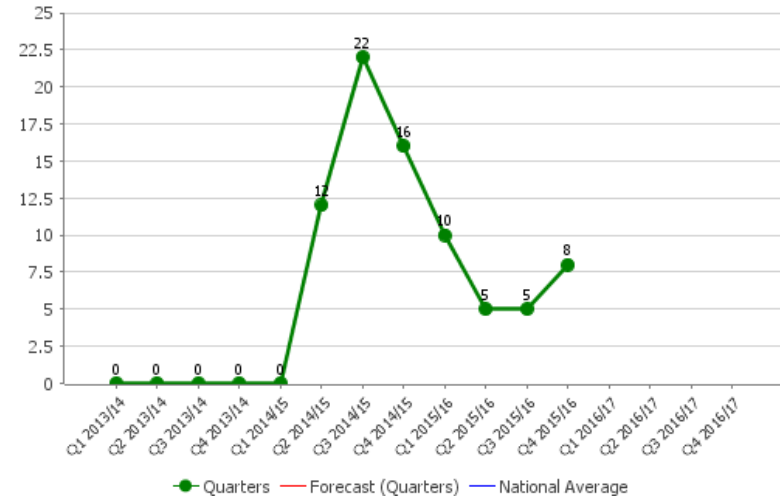
**People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis**

**INDICATORS**

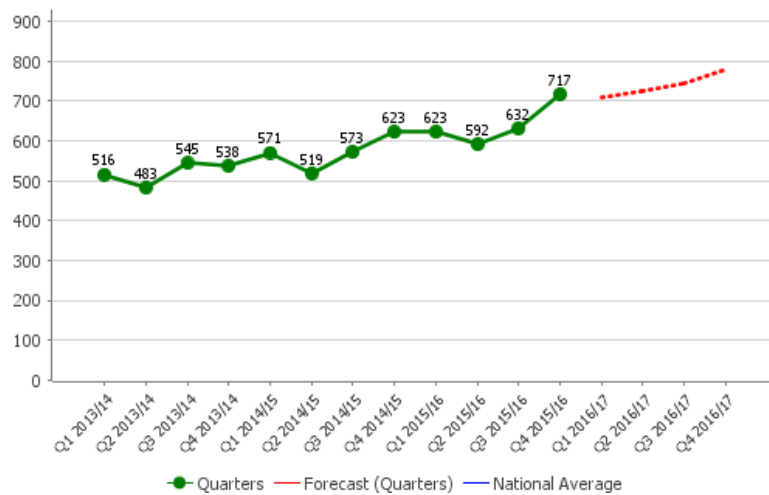
**a) Dementia Diagnosis Rate (%)**



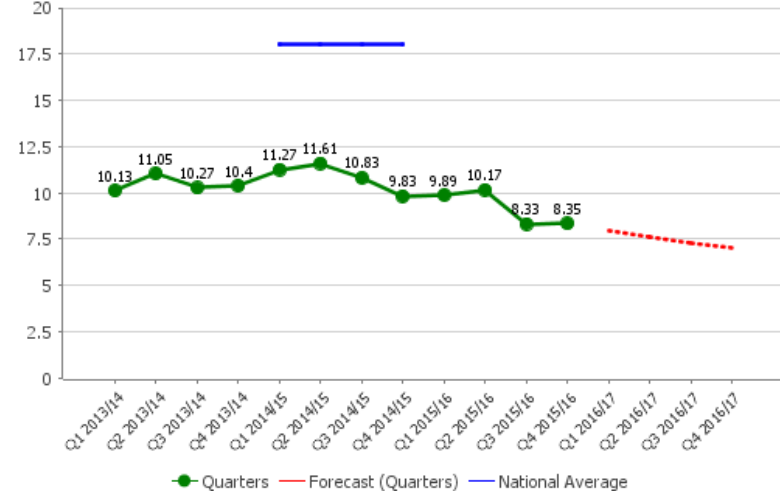
**b) Number of 4hr RDaSH Emergency responses for people with dementia**



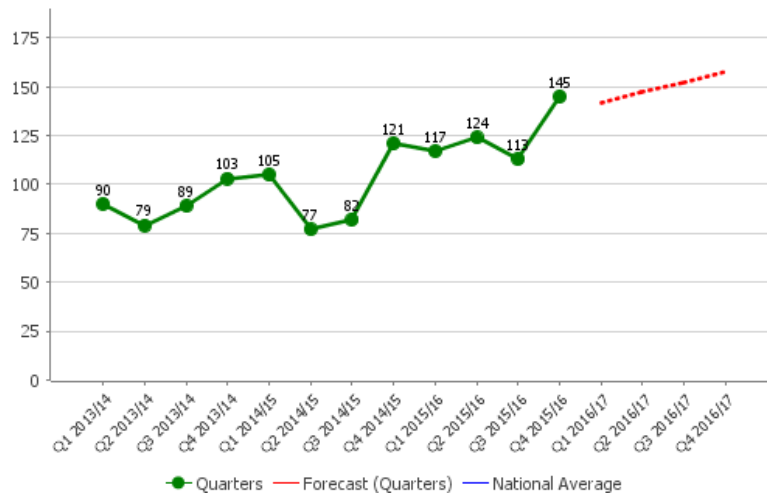
**c) Reduce the number of Hospital Admissions (DRI) for people with dementia [Q4 SIGNIFICANT DEVIATION ABOVE CONTROL LIMIT]**



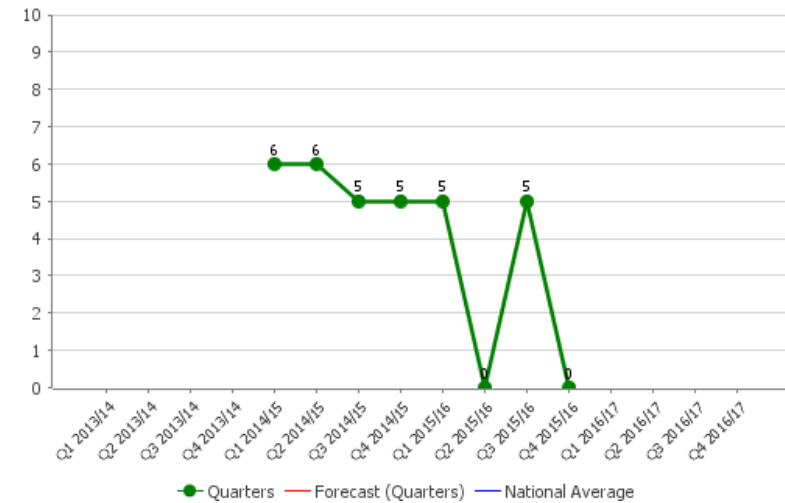
**d) Length of stay of people with Dementia in an acute setting (average days) [Q3 + Q4 SIGNIFICANT DEVIATION BELOW CONTROL LIMIT]**



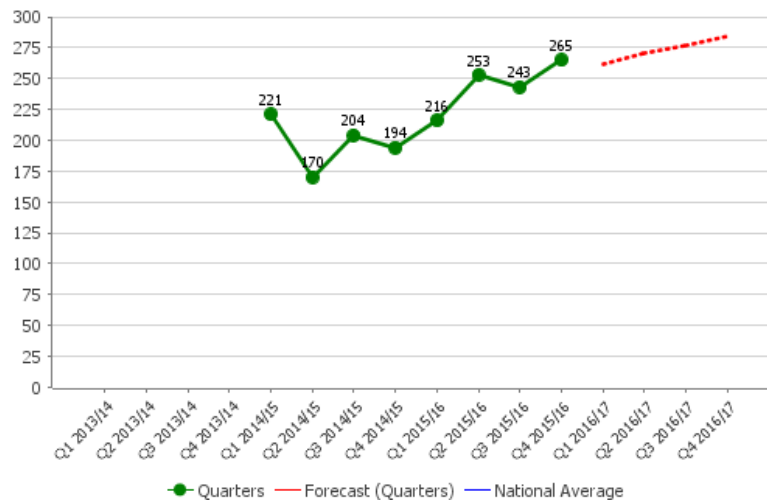
**e) Hospital re-admissions within 30 days (DRI) for people with Dementia**  
**[Q4 SIGNIFICANT DEVIATION ABOVE CONTROL LIMIT]**



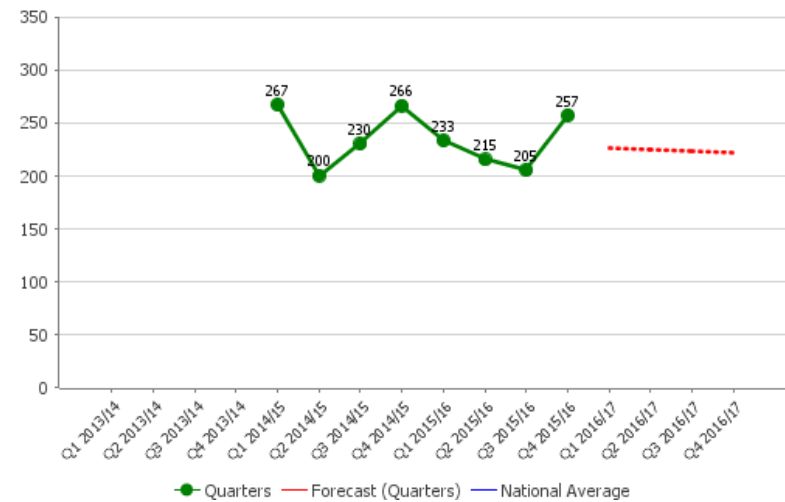
**f) Number of patients having any delayed discharges encountered at RDaSH**



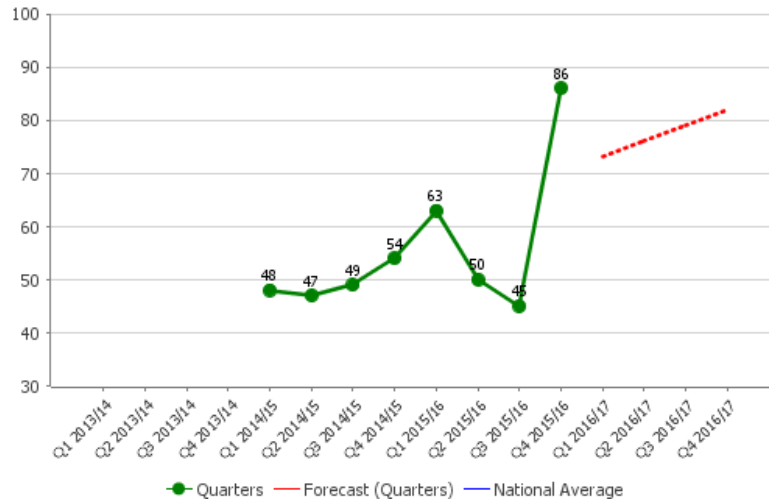
**g) Attendances at A&E for people with dementia**



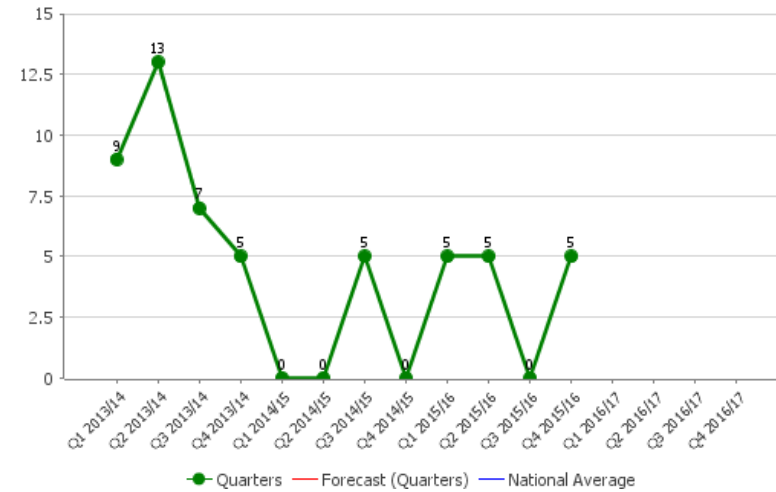
**h) Number of people with dementia being admitted from care homes to DRI**



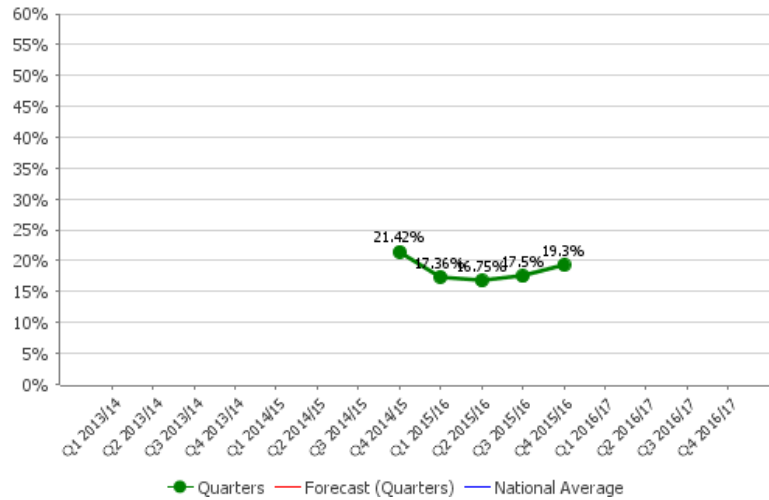
**i) Number of Hospital deaths for patients with dementia**  
**[Q4 SIGNIFICANT DEVIATION ABOVE CONTROL LIMIT]**



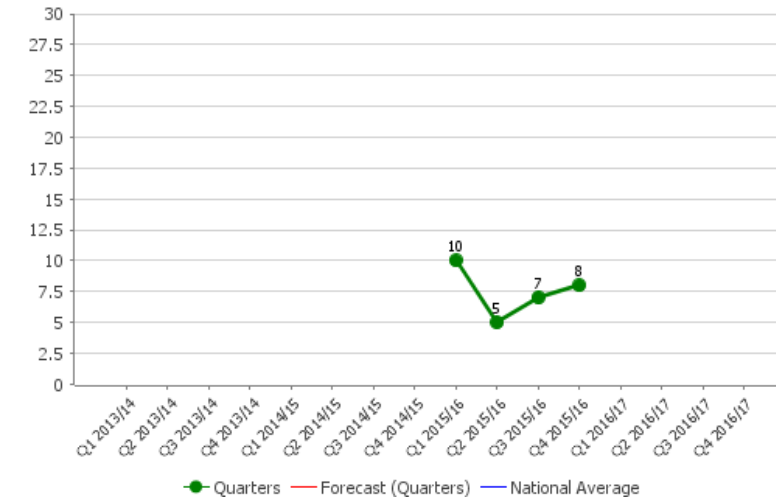
**j) Unplanned episodes of Respite for people with Dementia**



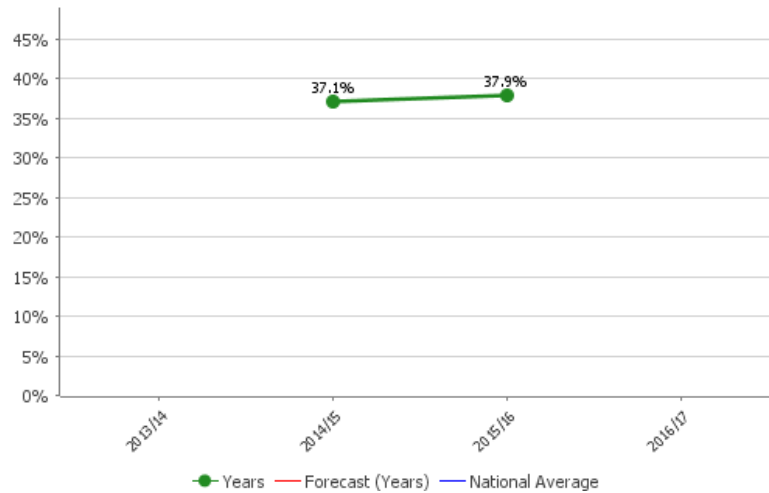
**k) Proportion of referrals for Assistive Technology that are for people with Dementia**



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



**M) Proportion of People who access social care services and have a PSR of Memory Support & cognition 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 73.3% 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 Q4, 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**

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

**What we will do next period**

1. The "Doncaster Admiral Service" went live February 1<sup>st</sup> 2016 and will commence accepting referrals from February 29<sup>th</sup>. 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

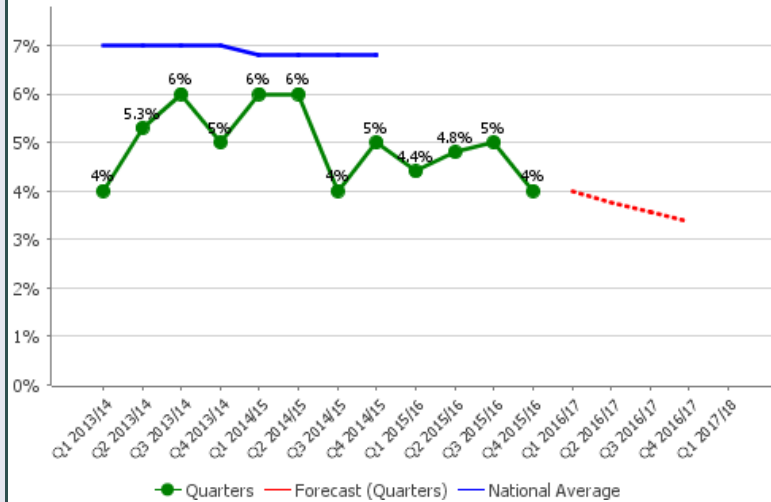
	<p>areas for improvement. This year the people of Doncaster will be able</p> <ol style="list-style-type: none"><li>1. to access reliable and consistent dementia information and support in a timely manner;</li><li>2. there will be reduced variance in assessment and treatment pathways ensuring every referral receives an equal, timely and effective response;</li><li>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 ;</li><li>4. when people with dementia need residential care they receive high quality care locally</li><li>5. people with dementia will die with dignity and in a place of choice through planned empowerment.</li></ol>	<p>be 16<sup>th</sup> March invites will be forwarded.</p>
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**OUTCOME**

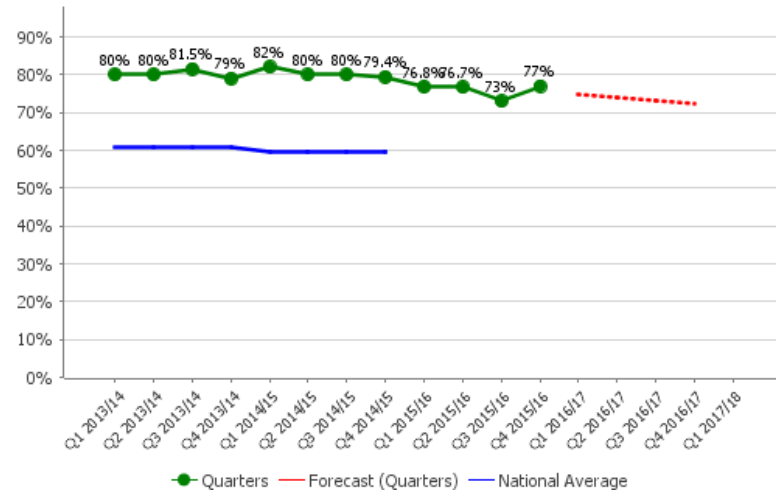
**Improve the mental health and well-being of the people of Doncaster ensures a focus is put on preventive services and the promotion of well-being for people of all age's access to effective services and promote sustained recovery.**

**INDICATORS**

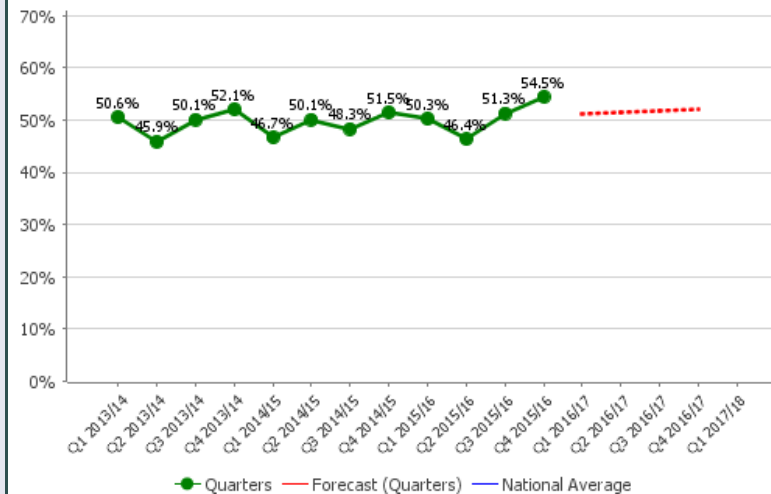
**a) Proportion of adults in contact with secondary mental health services in paid employment**



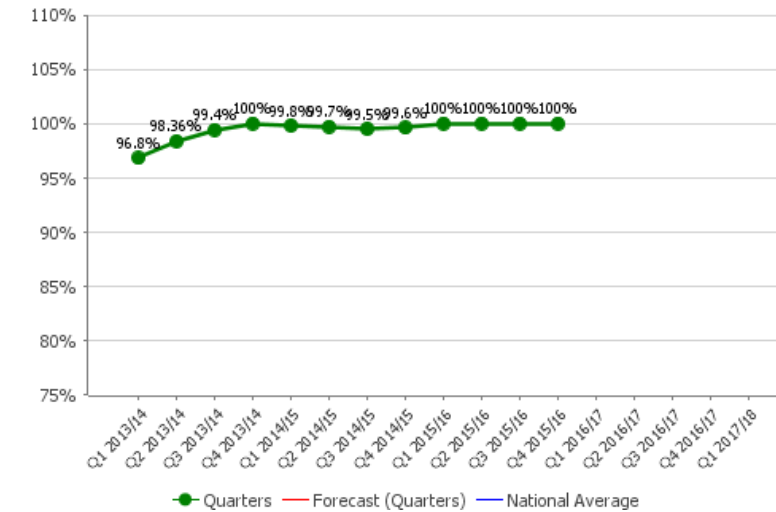
**b) Proportion of adults in contact with secondary mental health services living independently, with or without support**



**c) Proportion of People Completing Treatment and Moving to Recovery**



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





<b>STORY BEHIND THE BASELINE</b>	<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. 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 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.</p>	
<b>ACTION PLAN</b>	<p style="text-align: center;"><b>What we will achieve in 2015-16</b></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 &amp; 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 &amp; Wellbeing Board</p>	<p style="text-align: center;"><b>What we will do next period</b></p> <ol style="list-style-type: none"> <li>1. Present the Summary Progress Report on the Doncaster Crisis Care Concordat Action Plan to the Health &amp; Wellbeing Board</li> <li>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</li> <li>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</li> <li>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.</li> <li>5. Support the development of a Psychiatric Liaison Service between RDASH and DBHFT.</li> </ol>