Doncaster Health & Well Being Board

Performance Report

Q1 2016-17

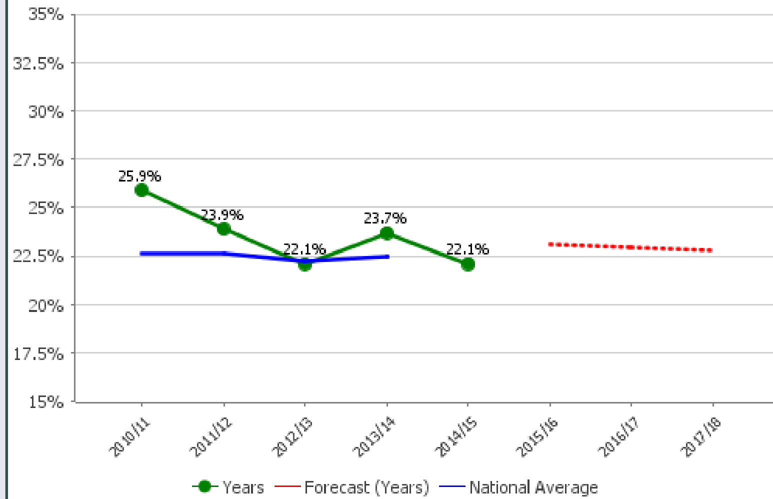
Appendix A

*Values below 5 have been rounded to 0 or 5
** If performance is outside of a control limit the text [Beyond Control Limit Q1 2016-17] will be used.

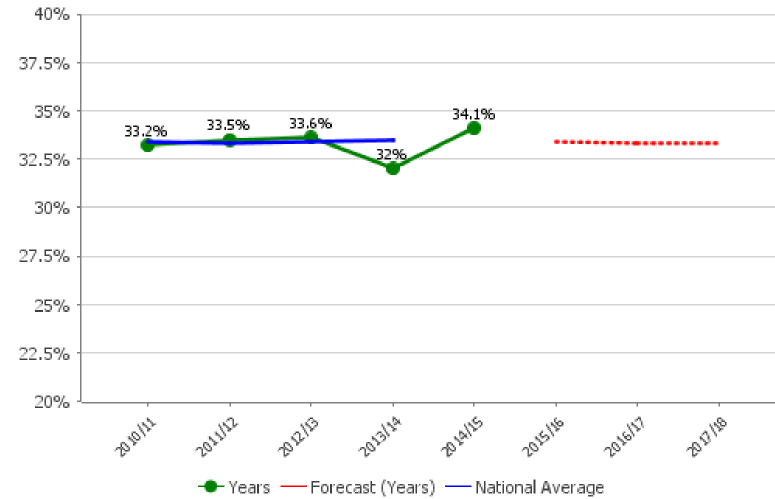
OUTCOME 1	All Doncaster residents to have the opportunity to be a healthy weight

INDICATORS

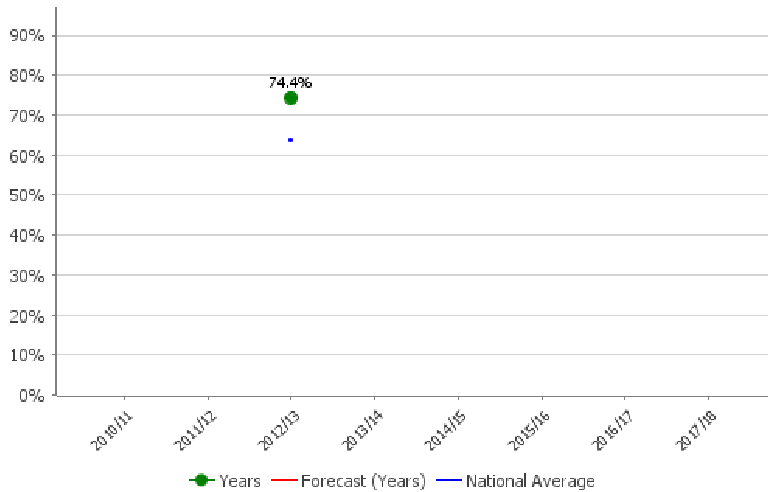
a) % of Children that are classified as overweight or Obese (Aged 4/5)



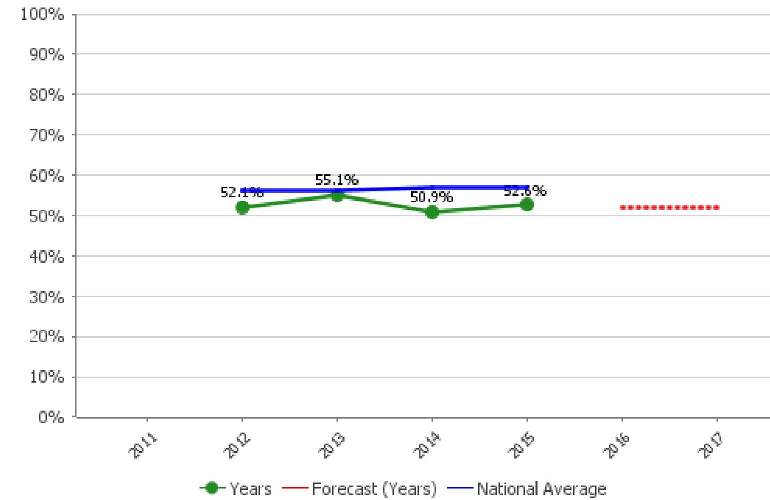
b) % of Children that are classified as overweight or Obese (Aged 10/11)



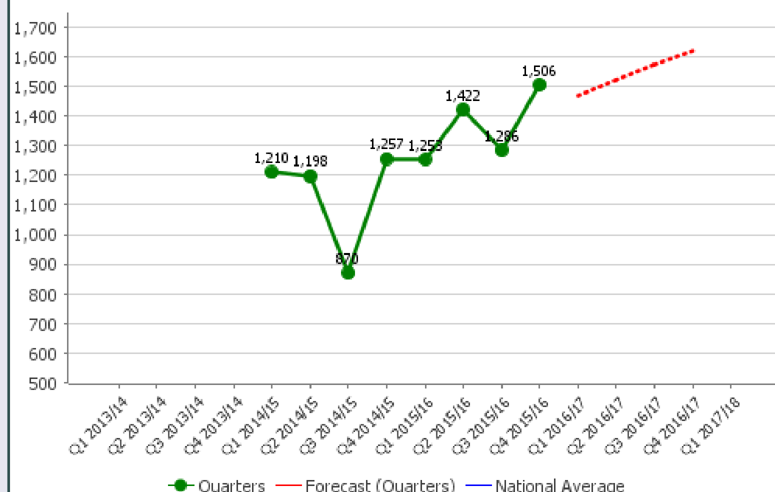
c) % of Adults Overweight or Obese



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

National Child Measurement Programme (NCMP) data will be available in November (Q3) hence there is no update around the NCMP for this quarter. Research is currently being undertaken around trends in NCMP data and a hotspot analysis is being undertaken and will be available in Q3. Letters from PHE were distributed to schools in Q2 indicating average rates of overweight and obesity in reception and Year 6 children across Doncaster schools. These results have been collated in a spreadsheet for the hotspot analysis alongside mapping of childhood obesity activity from the childhood obesity workshops held in Q1. The Tier 3 weight management service has been reviewed and a new pathway has commenced with a focus on pre-bariatric service. Contract meetings have commenced and the provider has produced a Q1 report indicating current uptake in the service.

NCMP Breakdown 2014/15: Proportion of cohort in each category (may not add up to due to rounding)

	Reception (aged 4-5)		Year 6 (aged 10-11)	
	National	Doncaster	National	Doncaster
Underweight (%)	0.96	0.8	1.42	1.22
Healthy Weight (%)	77.2	77	65.3	64.8
Overweight (%)	12.8	12.7	14.2	14
Obese (%)	9.1	9.5	19.1	20

Research is currently underway around the areas of food insecurity and takeaways and will be available in Q3. An Obesity Alliance is currently being established and a draft work plan is also in development. Feedback will be available in Q3. Obesity 'map' in development. Ongoing work with planning/environment and Local plan looking at health policy and a whole system approach. Physical activity initiatives are ongoing including 'Let's Get Active/Move More Doncaster' etc. Review of healthy schools model taking place and links made with Let's get Cooking project in Q2. Further food policy conversations in the pipeline learning from good practice elsewhere e.g. London/Hertfordshire. A local food plan has been developed and will be distributed by Q3.

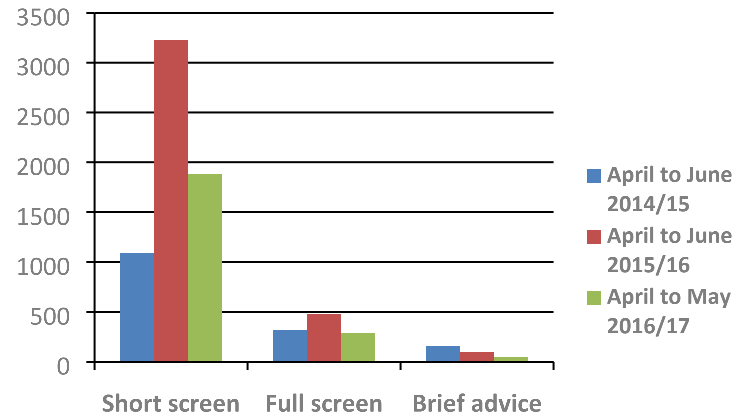
	Interim figures from the Active People Survey for a related target of 1 x 30mins of sport per week have shown a slight decrease in participation of 2.6%. However the interim results do not take into account the seasonality of sport and the potential uplift from summer activity when the full results are released in November /December. The 1 x 30mins indicator does not pick up activity such as walking and recreational cycling. The newly commissioned Move More Doncaster service for adults aged over 50 years began on the 1st April and has launched a Facebook page, website and had 36 residents accessing services. The Discover Lakeside Trail was launched on the 9th July. It uses QR code trails to help residents discover more about the area around the lake, giving a different way to enjoy the outdoors and local scenery. Residents can walk, explore, read and even answer questions that will help unlock fun and interesting facts. Systematic review of physical activity, leisure and sport has commenced entailing a review of Doncaster Active Partnerships and specialist adviser interviewing key decision makers and stakeholders to provide recommendations for the future. Two presentations to GPs on the benefits of physical activity delivered by Dr Chris Garnett on behalf of Public Health England and Clare Henry, Public Health

	What we will achieve in 2016-17	**What we will do next period**
ACTION PLAN	1. Public Health are working in collaboration to address healthy food options; 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. 2. Physical activity proxy measures through discount promotions are being explored. 3. The One You Campaign has been launched and a walking campaign is to be launched in September 2016. 4. NCMP Hotspot analysis. 5. Ongoing work around the development of health policies into the local plan. 6. The outcomes of the 3 childhood obesity workshops will inform the priorities and will enable the development of a Childhood obesity Alliance using a whole systems approach.	1. Obesity Alliance and work plan in place by Q3 2. Findings from NCMP hotspots analysis and food insecurity research available by Q3 3. NCMP data available in Q3 4. Food plan distributed by Q3 to key stakeholders 5. Ongoing work around local plan, food policy and PA initiatives 6. Whole Systems Approach to Physical Activity, Leisure and Sport Stakeholder Event 16th September. 7. Pre-site assessments for open spaces utilising 106 agreement money 8. Physical activity element of Healthy Schools Standards/Awards 9. One You campaign launched locally 10. Policies on active travel, green spaces, community facilities, urban design included in the Local Plan

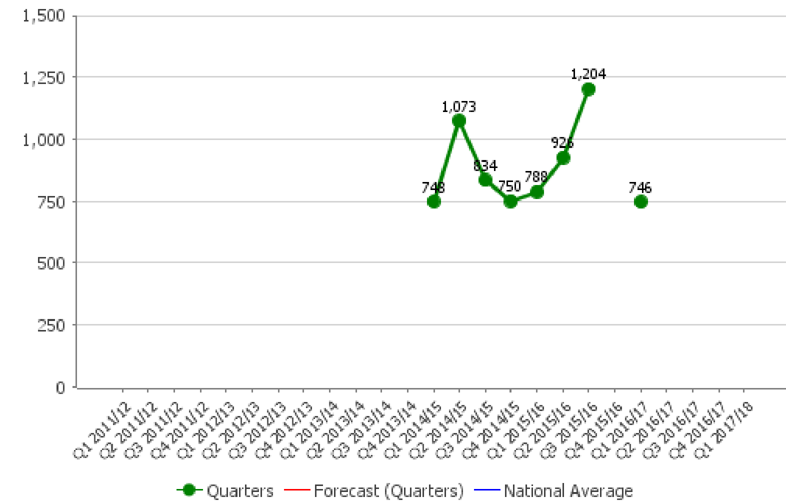
OUTCOME 2	All people in Doncaster who use alcohol do so within safe limits

INDICATORS

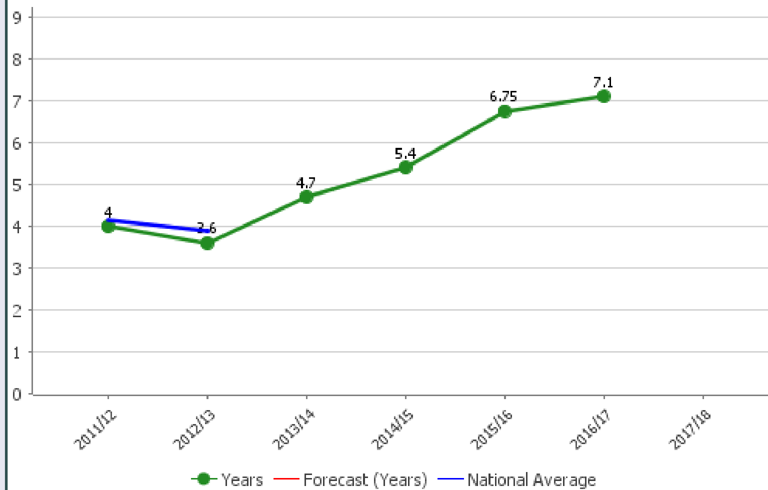
a)Numbers of people being screened for alcohol use and, where appropriate, receiving brief advice



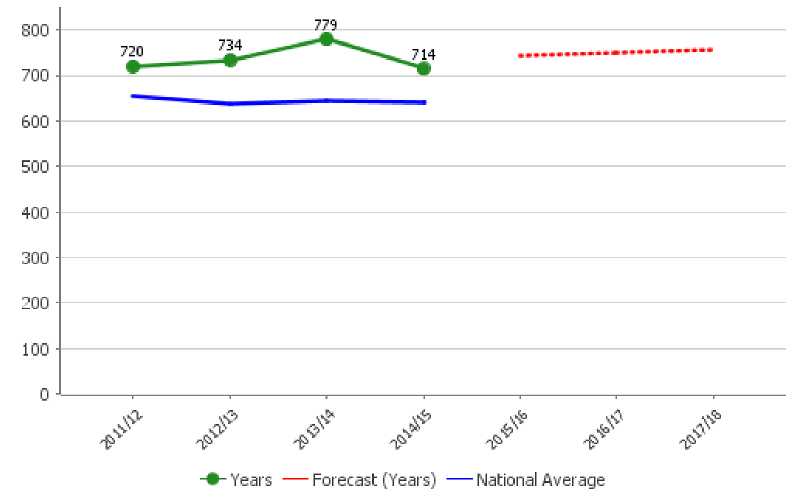
b) Alcohol-related attendance at A&E (Doncaster Residents)



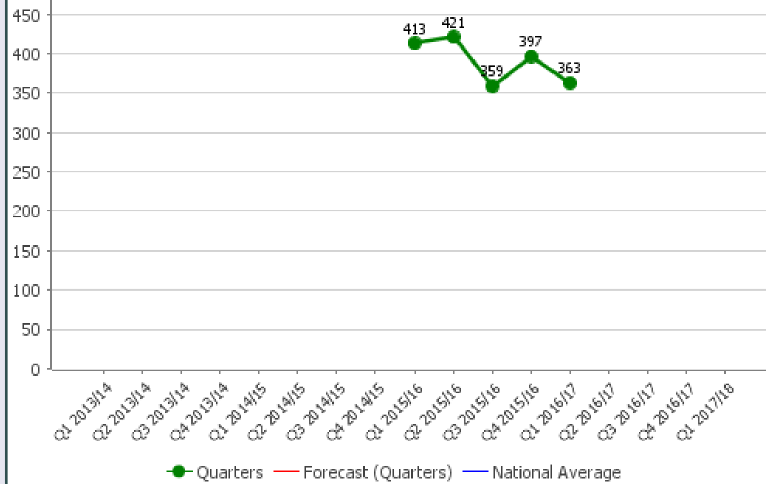
c) Alcohol-related violent crime per 1000 pop (2016/17 YTD Only) **[Beyond Control Limit Q1 2016-17]**



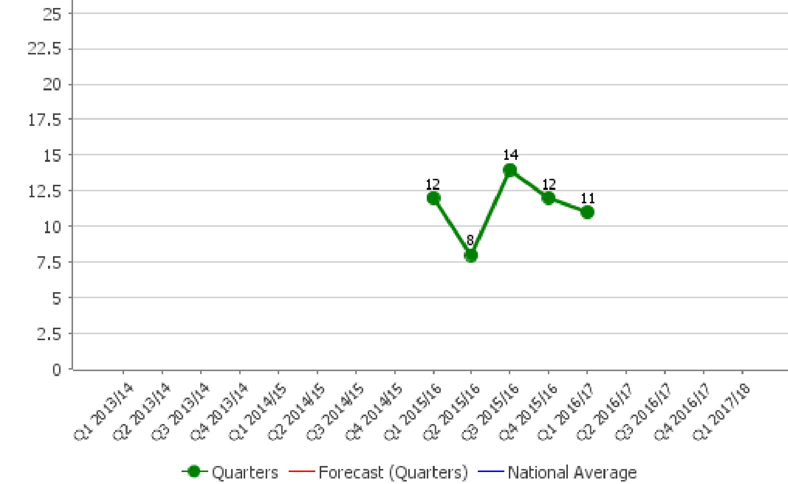
d) Alcohol related admissions to hospital



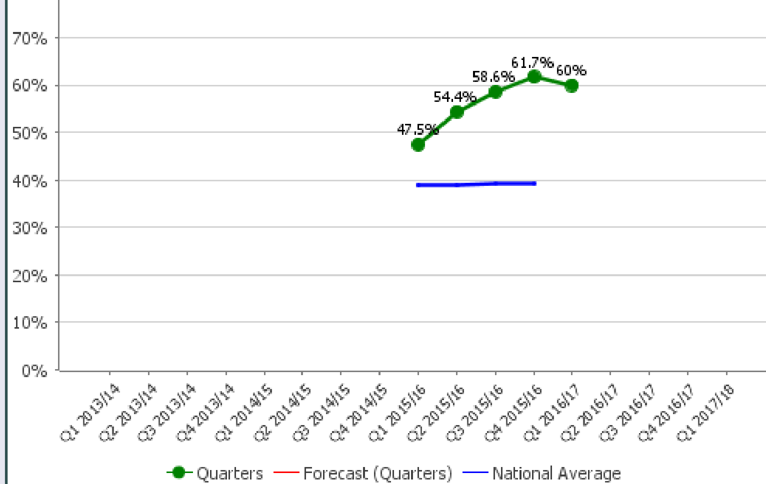
e) Number of people in specialist alcohol treatment (Apr-May Only)



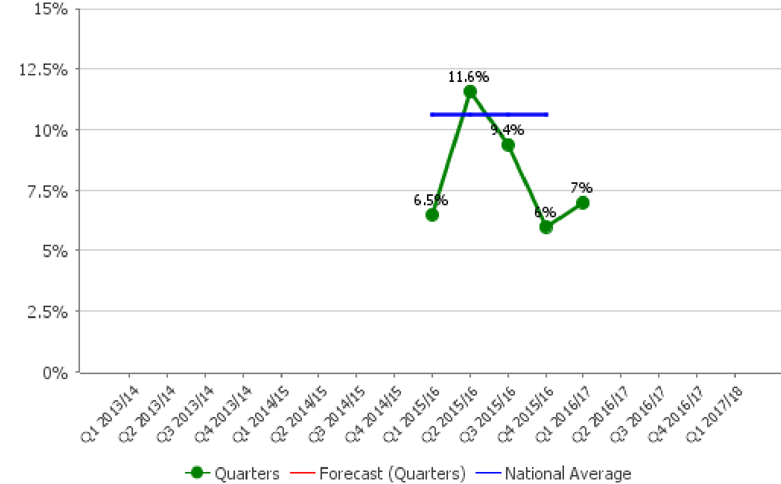
f) Number of people in specialist alcohol treatment entering via the CJS (Apr-May only)



g) Successful exits for people in specialist treatment (Apr-May Only)



h) Representations for people in specialist treatment (Apr-May only)



STORY BEHIND THE BASELINE

The number of people being screened for alcohol use is provided by ASPIRE (April & May data only) who are now managing the contracts directly and although some decrease in activity, it is planned that through liaison with the LMC more practices will sign up. The Latest data available for Alcohol-related admissions shows increases up to 2013/14 and consistently above the England average. The rate for 2014/15 has decreased much quicker than what has occurred nationally and there is a narrowing of the gap but Doncaster is still significantly worse than the national average. These admissions are primarily

<table>
<tr><td></td><td colspan="2">linked to cancer, unintentional injuries and mental/behavioural disorders. At present, there is no definition of alcohol-related violence within the National Crime Recording Standard (NCRS) or Home Office Counting Rules (HOCR), although there is guidance within the National Standard for Incident Recording (NSIR). (Latest available data) Alcohol-related crime has increased significantly from a low in 2012/13 and continues to do so.

The number of attendances at A&E related to Alcohol is broadly similar in Q1 16-17 as it has been in the same period for the previous two years. The numbers in specialist treatment have remained relatively stable over the past 12 months. There are estimated to be approximately 5,600 dependent drinkers in Doncaster therefore the aim is to increase the number of people accessing services. The Numbers entering via the criminal justice system (CJS) 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).</td></tr>
<tr><td rowspan="2">ACTION PLAN</td><td>What we will achieve in 2016-17</td><td>What we will do next period</td></tr>
<tr><td>1. Work with GP practices to expand and improve screening and interventions from this year to next, delivered via RDASH/Aspire subcontract.

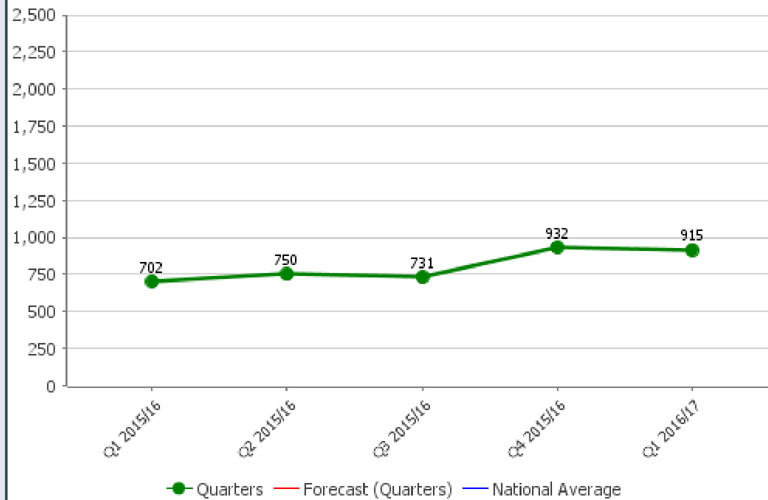
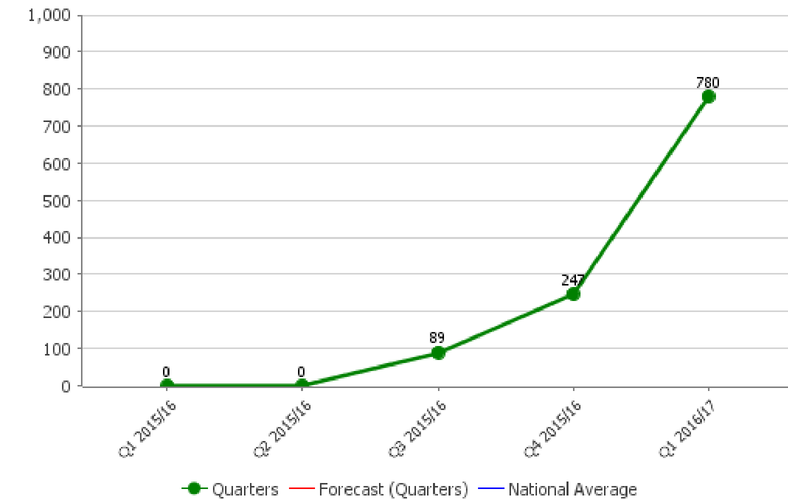
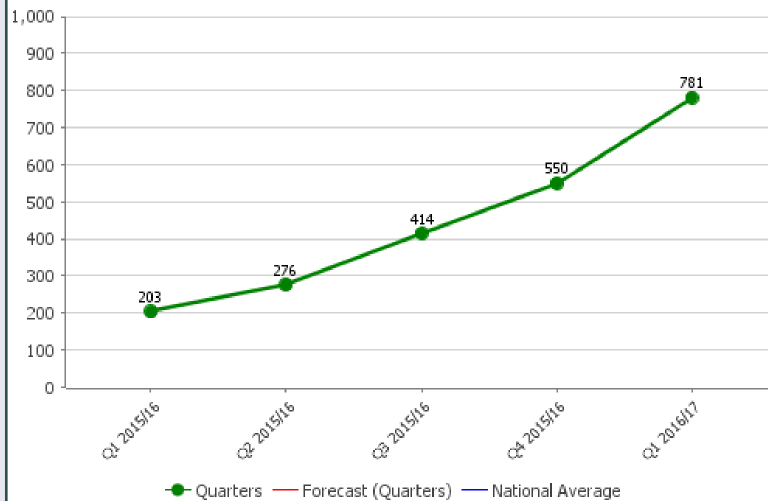
2. Learn from the evaluation of the Community Alcohol Partnership (CAP) in Askern, Campsall and Norton. The model was expanded to Conisbrough and Denaby in November 2015. CAP is a partnership approach to address underage sales and antisocial behaviour. Utilising communities and addressing underage consumption 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.

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.

5. Increase public and professional awareness re alcohol and older people through partnership with services which work with older people. A leaflet and poster campaign has been produced and distributed across Doncaster highlighting the increasing issue. The pathway between dementia services and alcohol services will be looked at following on from an Alcohol Related Brain Injury seminar at DRI held on the 24th of May. Subsequent meeting has been arranged for September for commissioners and clinicians and service managers to look at more joint working and pathway.

6. Continue to look at the feasibility of a ‘safe haven’ via the development of a business case and potential piloting of the intitiative.</td><td>1. Monthly monitoring of exits and representations.
2. Mobilising the new recovery system around the lead provider (RDASH) from 1April 2016
3. Continuing to monitor and screening and brief interventions through GP practices contracted via RDASH from 1April
4. Delivering public awareness campaigns and planning for the year.
5. Promotion of ‘age well drink wiser’ highlighting alcohol and older people
6. Meeting with commissioners and clinicians in September following on from Alcohol Related Brain Injury seminar to look at pathway and closer working together
7. A leaflet specifically for dependent drinkers called ‘Dying for a drink’ has been produced and distributed to A&E and DRI, custody suite and other areas
8. Discussions with management at A&E re appropriate referral pathway into services
9. Look at the feasibility of a ‘Safe Haven’ in Doncaster Town Centre on Saturday nights to ‘treat’ people with alcohol related issues/harm to alleviate pressure on emergency services and DRI
10. Launch a film and promotional campaign highlighting alcohol and fire safety in the home across the South Yorkshire area
11. Assisting the Town Centre Management and the Mayor with working to address the homelessness, begging and ASB</td></tr>
</table>

OUTCOME 3	**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** 

<table>
<tr><td rowspan="1">STORY BEHIND THE BASELINE</td><td colspan="2">Our current total of identified and validated families is 915. During Quarter 1 a full review has taken place to verify the baseline assessment against the eligibility criteria for every family. When families are first identified (either from data sources or via referral from services) initially not all families issues may be known and therefore following a whole family assessment the baseline criteria becomes the basis for which progress and resulting claims are measured against. During this review exercise it was noted that some families previously on the cohort did not in fact meet 2 or more of the required criteria, therefore resulting in them being removed from the Stronger Families list also as anticipated families moving out of the area or not constituting a family unit as expressed in the Financial Framework, were also removed. This has impacted on the previously reported figures which have been retrospectively adjusted following this verification back to the start of the Expanded programme (Quarter 1 2015/16). The current outturn of 915 families as being identified as being eligible is slightly below the Quarter 1 target however from the annual identification process there are approximately 250 additional families to be allocated to teams, if the additional identified families were taken into account they would have taken us over the profiled target for this quarter. Plus as part of the ongoing service transformation and families being identified via the Early Help Hub evidence suggests that this will provide further families

We are currently engaged and working with 781 families who meet 2 or more of the eligibility criteria which is on target. We expect the target for the remainder of the year to be met by existing eligible families who are yet to be engaged with, a cohort identified through the data match process plus the families that are currently been identified and assessed through the Early Help Hub.

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. This total represents counts of individual progress against outcomes and not individual families. Therefore a family can be counted under more than one outcome so this does not relate to 780 individual families. The latest progress is:

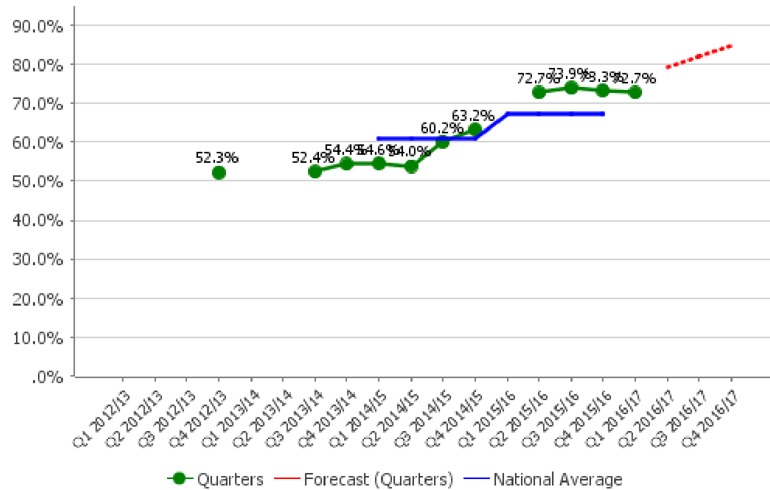
Outcome 1 (Crime & ASB): 214
Outcome 2 (Children Attending School): 94
Outcome 3 (Children Needing Help): 148
Outcome 4 (Worklessness & Financial Exclusion): 201
Outcome 5 (Domestic Violence): 56
Outcome 6 (Health): 67</td></tr>
<tr><td rowspan="2">ACTION PLAN</td><td>What we will achieve in 2015-16</td><td>What we will do next period</td></tr>
<tr><td>1. 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 SF programme.
4. Train multi-agency staff in working with families, ‘early help’ assessment and case management system inputting.</td><td>1. Implement ‘Go live’ of EHM system
2. Prepare for September 2016 claims
3. Train staff in Signs if Safety processes
4. Review areas to be commissioned / where there are gaps.</td></tr>
</table>

OUTCOME 4

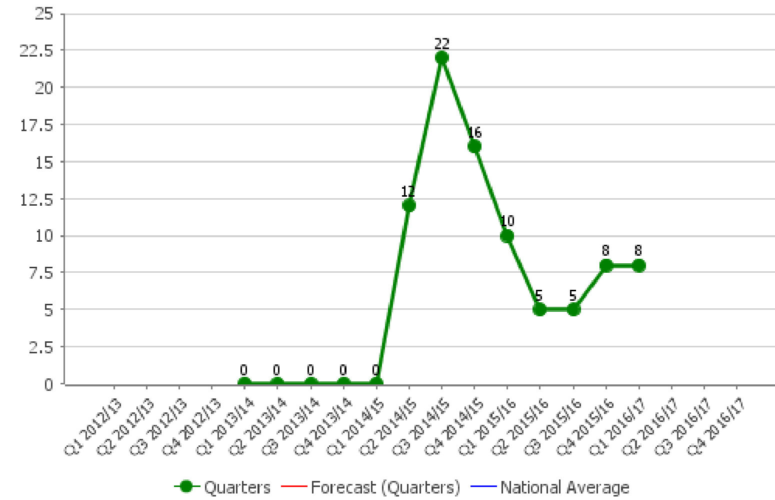
People in Doncaster with dementia and their carers will be supported to live well. Doncaster people understand how they can reduce the risks associated with dementia and are aware of the benefits of an early diagnosis

INDICATORS

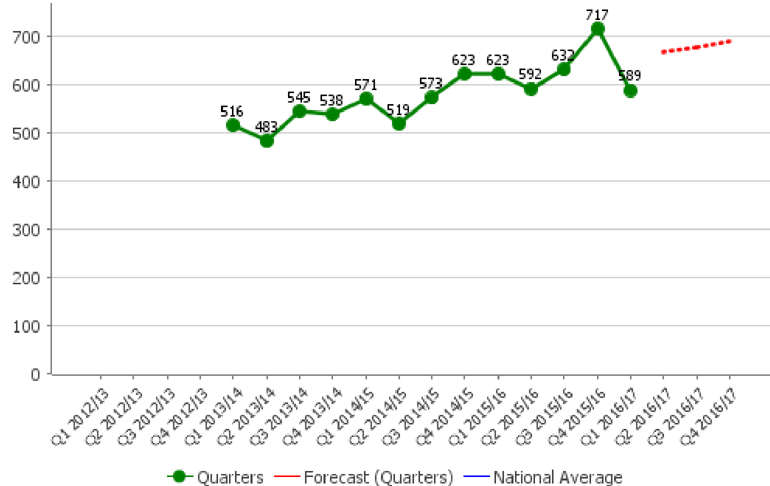
a) Dementia Diagnosis Rate (%)



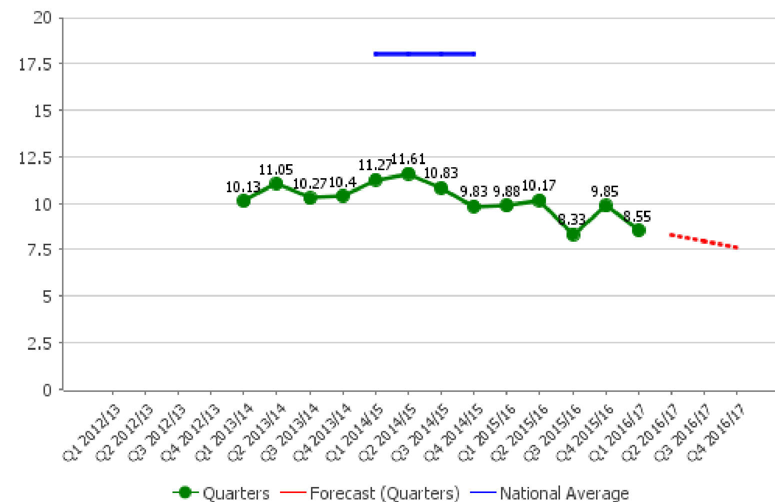
b) Number of 4hr RDaSH Emergency responses for people with dementia



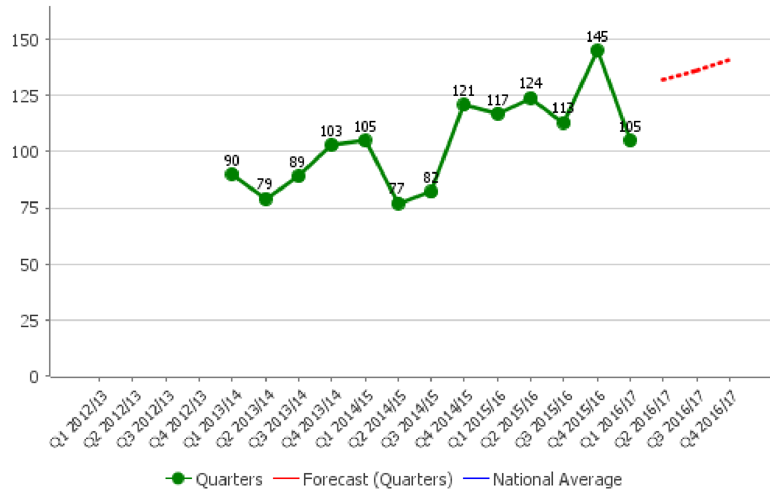
c) Reduce the number of Hospital Admissions (DRI) for people with dementia



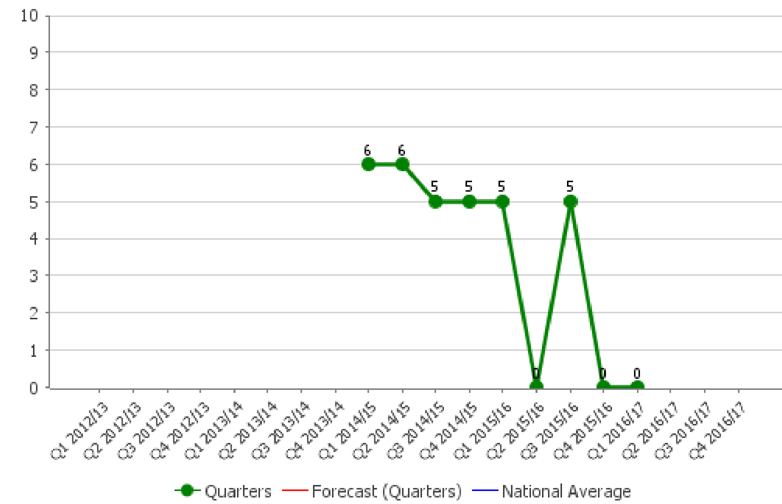
d) Length of stay of people with Dementia in an acute setting (average days)



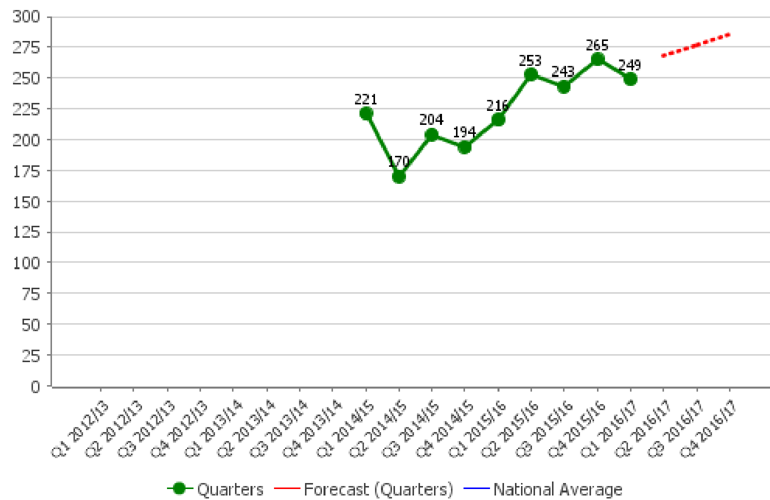
e) Hospital re-admissions within 30 days (DRI) for people with Dementia



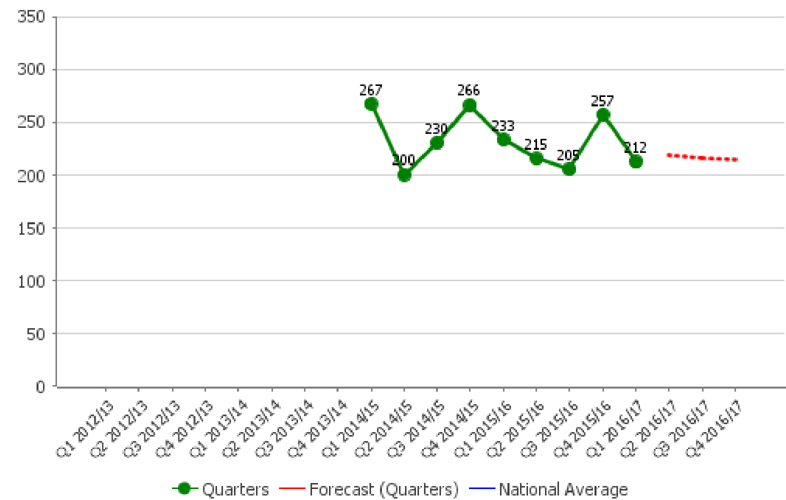
f) Number of patients having any delayed discharges at RDaSH



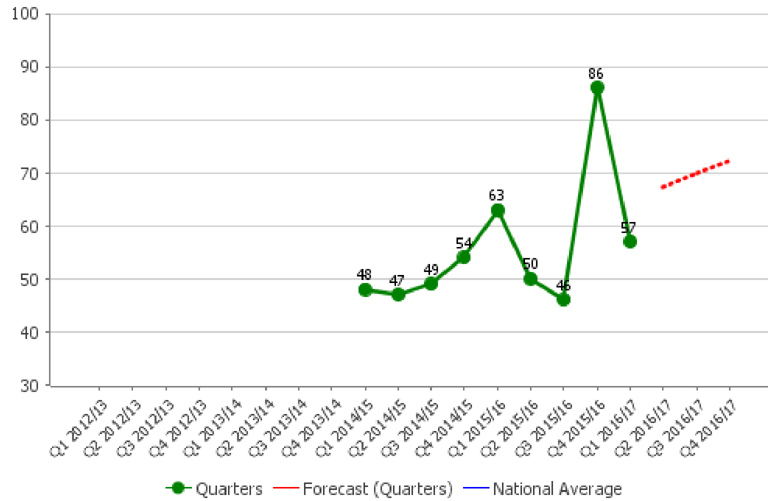
g) Attendances at A&E for people with dementia



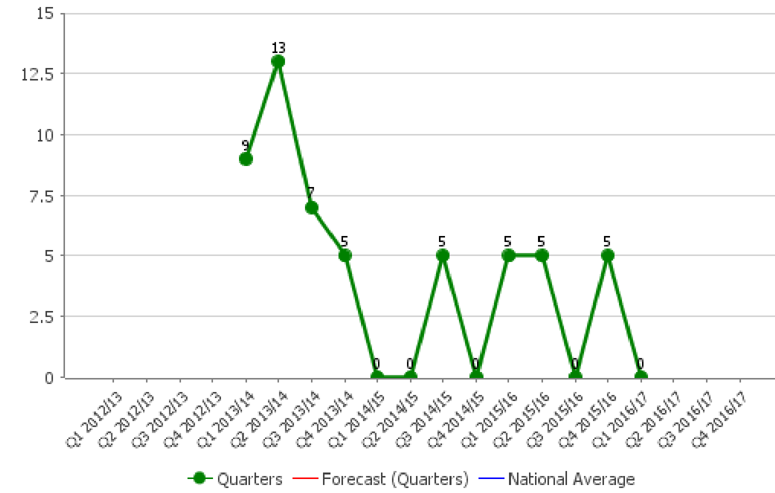
h) Number of people with dementia being admitted from care homes to DRI



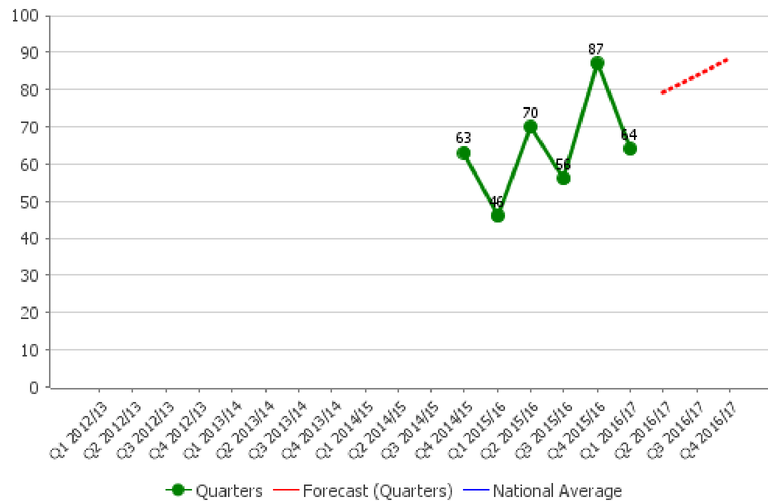
i) Number of Hospital deaths for patients with dementia



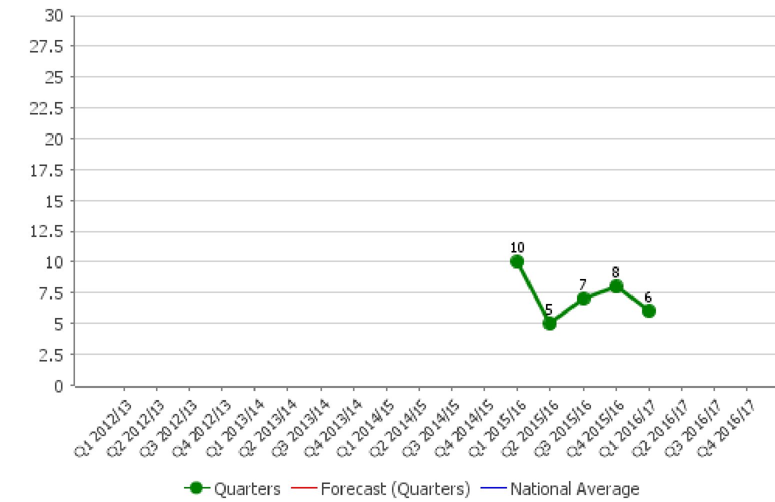
j) Unplanned episodes of Respite for people with Dementia

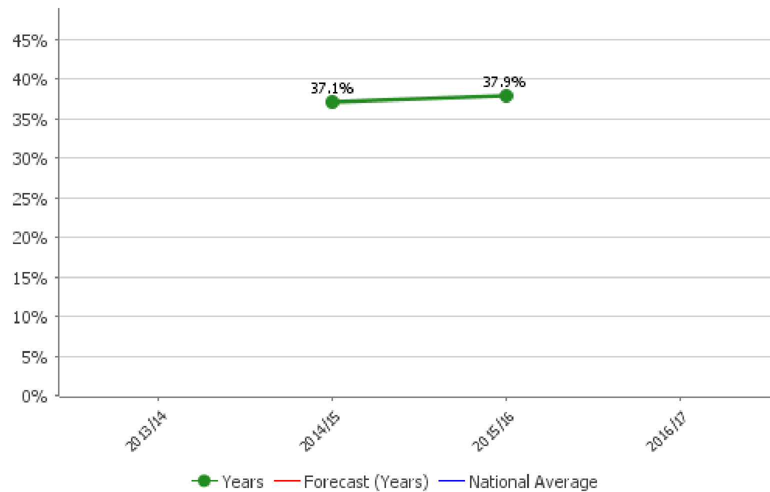


k) Number of installations for Assistive Technology that are for people with Dementia



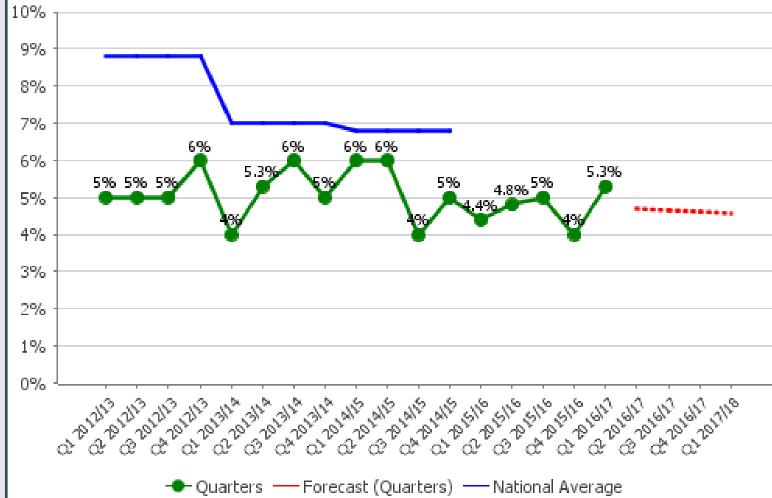
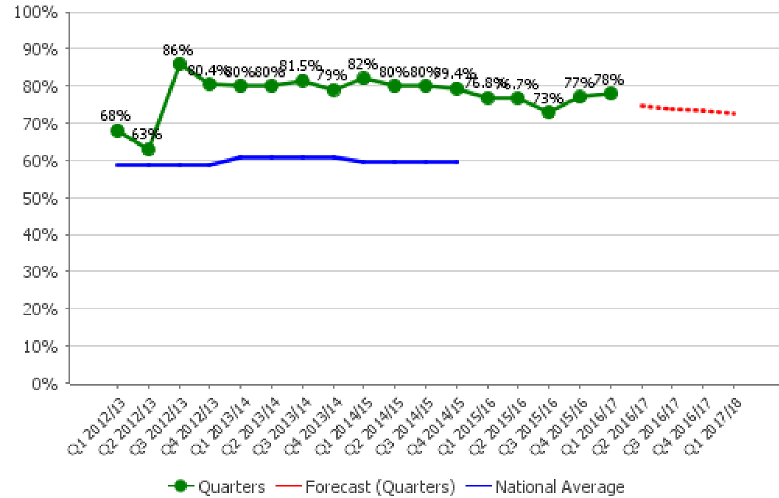
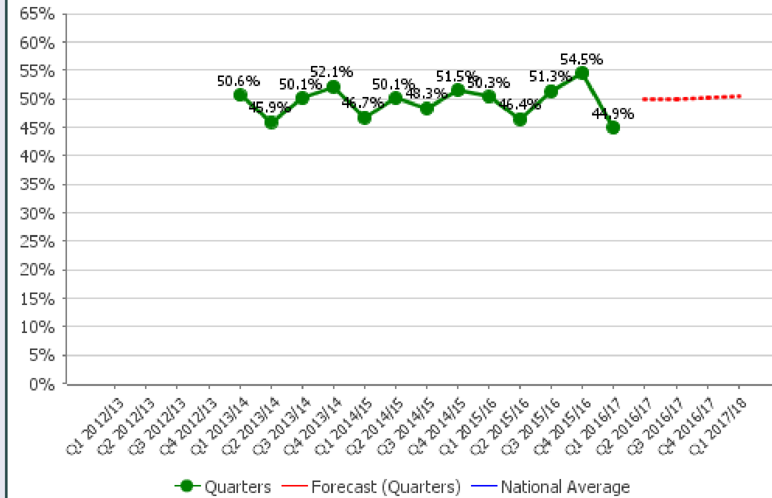
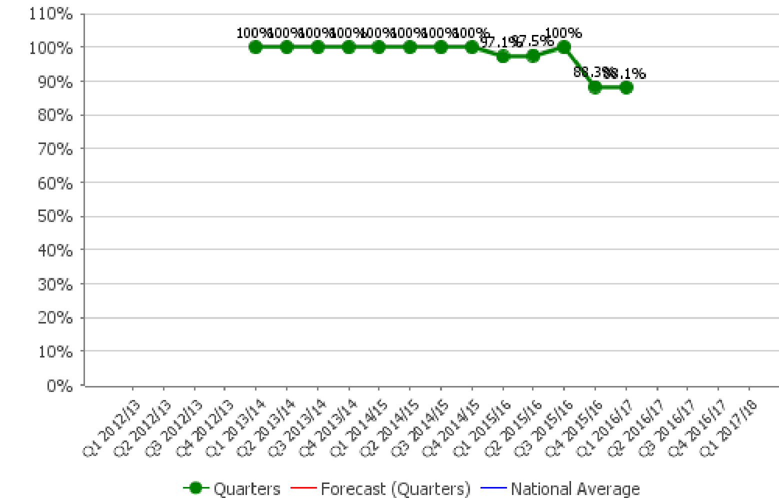
l) Number of safeguarding referrals involving people with a PSR of Memory & Cognition



	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 earlier and 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. Doncaster's dementia diagnosis rate is now well over the national ambition of 67% and above the National and Regional average. Doncastrer's diagnostic rate is 72.7% for people aged 65 + leaves an unknown gap of 1108 (All ages) 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. The measures that saw a spike in Q4 have mostly returned to levels seen during the rest of 2015-16, in particular the amount of admissions for people with dementia has reduced in Quarter 1 by 128 in comparison to the previous quarter. Of the 589 admissions 523 were non elective, with 13 of the patients also having a diagnosis of Parkinson's Disease. The number of assistive technology installations is down on the Q4 figure but generally the trend is increasing.

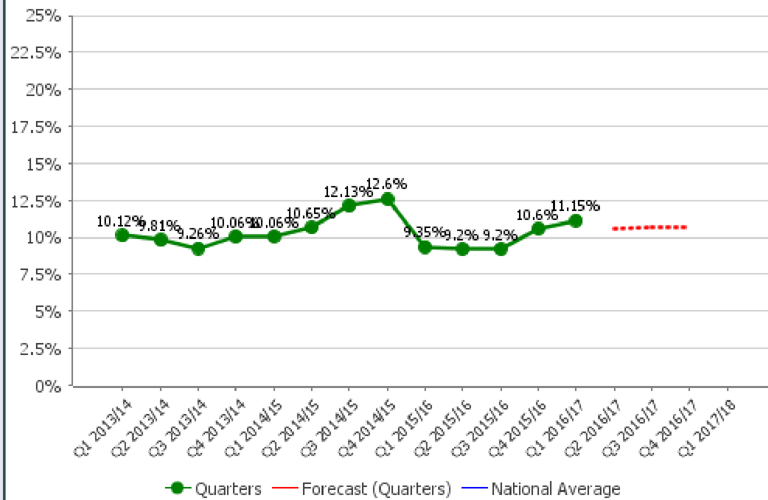
	What we will achieve in 2016-17	**What we will do next period**
ACTION PLAN	For 2016/17 the action plan will address the 5 Key Areas of Focus as presented in Dementia Strategy for Doncaster, Getting There, launched in March 2015. These are: • Raising Awareness and reducing stigma – Information, Advice and Signposting, • Assessment and Treatment, • Peri and Post Diagnostic Support, • Care Homes • End of Life.	1. Continue with the post diagnostic support pilot the 'The Doncaster Admiral Service. 2. Launch and promote "Dementia Prevention" leaflet. 3. Commence research project using technology with people with dementia. 4. Pilot a standard set of Outcome Tools for the dementia pathway with providers. 5. Commence HEE Tier 2 workforce training across relevant sectors (DBH, RDaSH & Care Homes)

	This will ensure we build on the success of 2015/16 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; 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.	

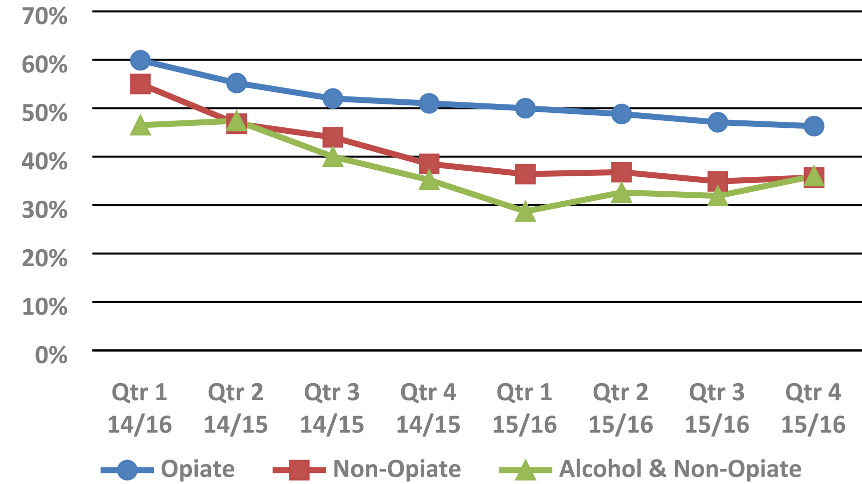
OUTCOME 5	Improve the mental health and well-being of the people of Doncaster ensures a focus is put on preventive services and the promotion of well-being for people of all age's access to effective services and promote sustained recovery.
INDICATORS	a)Proportion of adults in contact with secondary 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) CAMHS: % of referrals starting a treatment plan within 8 weeks 

STORY BEHIND THE BASELINE	Indicator A: The initial indicator provided us with information to understand how people were accessing employment and/or training opportunities. We need to expand this to include an audit to understand how providers are supporting people to access employment activities that may not be paid but builds resilience and confidence. Indicator C: Although we are below our 50% target at Q1, supportive measures such as reliable improvement are around 65% which is above England average. This demonstrates how the service is overall working with clients to achieve personal outcomes and working towards recovery. The CCG and RDASH are working on an action to monitor the activity and work to make improvements to the service as required. Indicator D: Performance is being reviewed around this area to identify the reasons for breaches, underperformance and any potential actions which could be implemented. Quarterly meetings are held between the provider (RDASH) and the CCG to discuss all the services provided by CAMHS and any issues arising	
ACTION PLAN	**What we will achieve in 2016-17**	**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 – 5 Year Forward View for Mental Health Continue the development and implementation of the Mental Health Development. Programme and pathway redesigns – 3 year development programme (currently in year two) a. Delivery of the Crisis Care Pathway b. Review in-patient care and community teams to ensure capacity to meet the needs, including collaboration with substance misuse service commissioning c. Refresh of the Suicide Prevention Action, Building Emotional Resilience 6. 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 and response to the 5 Year Forward View for Mental Health (DoH 2016) 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. 6. Develop IAPT services to support people with enduring mental health issues (IAPT Plus)

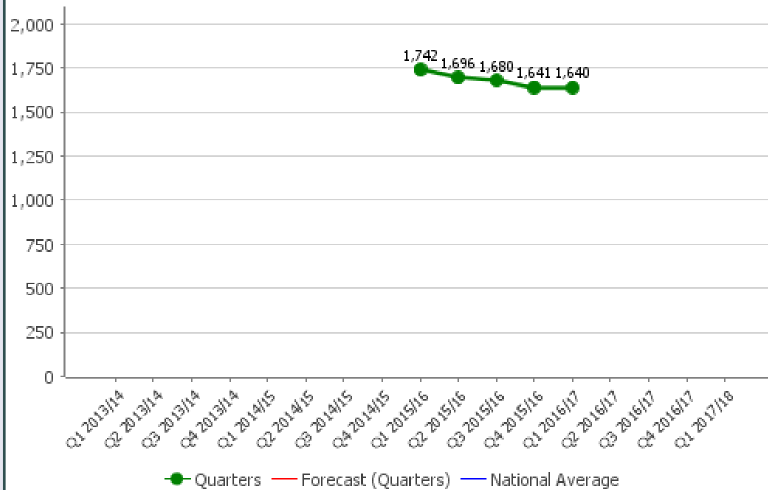
OUTCOME 6	Reduce the harmful impact of drug misuse on individuals, families and communities.
INDICATORS	a) Proportion of all in treatment, who successfully completed drug treatment and did not re-present within 6 months (Opiate & Non Opiate)



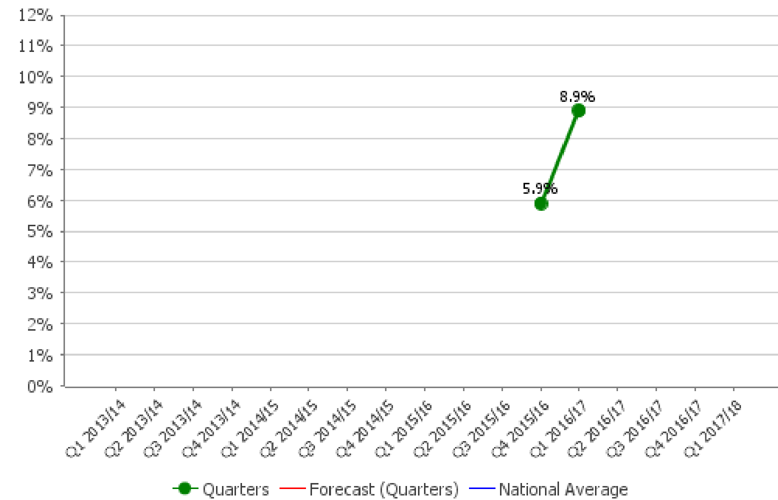
b) The proportion of clients in treatment who live with children



c) Number of People in Treatment (Opiate and Non Opiate)



d) Re-presentations to drug Treatment



<table>
<tr><td>STORY BEHIND THE BASELINE</td><td colspan="2">There has been an improvement in the performance of people who successfully completed drug treatment and did not re-present within 6 months since Q4 15/16. Performance is slowly improving for the non-opiate group, but opiate users have not improved performance. Some of the reasons why this is, may be due to lack of recovery capital and complex needs of this client group such as aging opiate users who are somewhat ‘stuck’ in the treatment system. An action plan with number of opiate user discharges needed at a keyworker level has been developed and agreed with the provider. This indicator is linked to 2.5% of the annual contract value (top quartile performance to be achieved). The 14% target is an average of performance for Opiate and Non-Opiate and currently stands at 11.15%. Non-Opiates are performing in the Top quartile range at 50.7% whereas the Opiate group is performing at 1.3% below the Top quartile range.

It could be argued that a decrease in number of clients in treatment who live with children is preferable. However, due to the protective nature of treatment and support, an increase in number of clients in treatment is still a positive outcome for the families affected. Latest available data is Q4 15/16.

We are aiming to increase the proportion of non-opiate users into the treatment system relative to the number of opiate users over the 4 year period of the whole system contract. There is national evidence that numbers of younger (i.e. under 25 years) opiate users is falling, and new drug trends are emerging (New Psychoactive Substance, club drugs, Image and Performance Enhancing Drugs, Over The Counter medication). There is an ageing population of opiate users in the treatment system that has complex health needs that need to be met. Representations of people in drug treatment continue to perform better than target, although there has been an increase from Q4 15/16.

We are working on a measure on drug related crime and offending which should be available in future performance reports.</td></tr>
<tr><td rowspan="2">ACTION PLAN</td><td>What we will achieve in 2016-17</td><td>What we will do next period</td></tr>
<tr><td>1. Mobilisation of new whole system model delivered by Aspire from
2. A Hidden Harm Strategy is being developed for Doncaster jointly owned by key strategic partners, overseen by the H&WBB with an action plan due to be delivered in 2016/17.
3. Targeted awareness/prevention/education campaign is being devised across Doncaster
4. A new specialist needle/syringe exchange provision has opened across the Aspire service, including phased implementation at community hubs</td><td>1. Mobilisation of new whole system model delivered by Aspire from 1st April 2016. Monthly operational group meetings are taking place in order to monitor the developing service.
2. A Hidden Harm Strategy is being developed for Doncaster jointly owned by key strategic partners, overseen by the H&WBB with an action plan due to be delivered in 2016/17.
3. A targeted IPED awareness/prevention/education campaign is being devised targeting gyms across Doncaster
4. A new specialist needle/syringe exchange provision has opened across the Aspire service, including phased implementation at community hubs</td></tr>
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