Doncaster Health & Well Being Board

Performance Report

Q2 2016-17

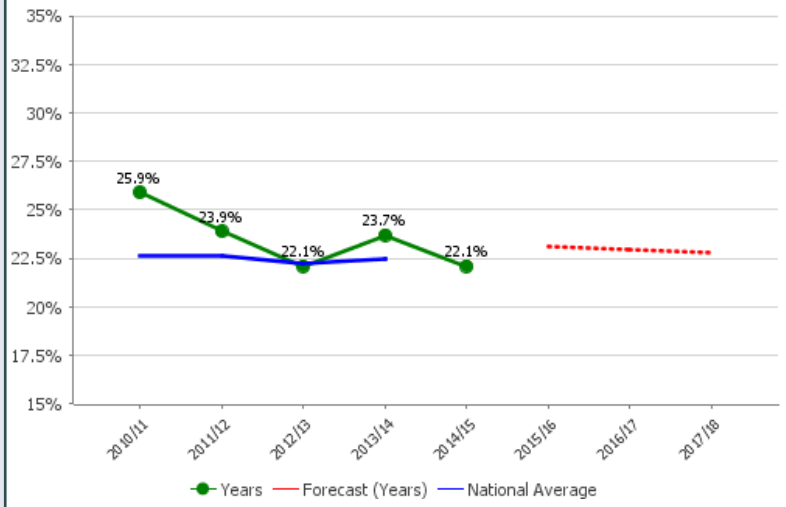
Appendix A

*Values below 5 have been rounded to 0 or 5
** If performance is outside of a control limit the text [Beyond Control Limit Q2 2016-17] will be used.

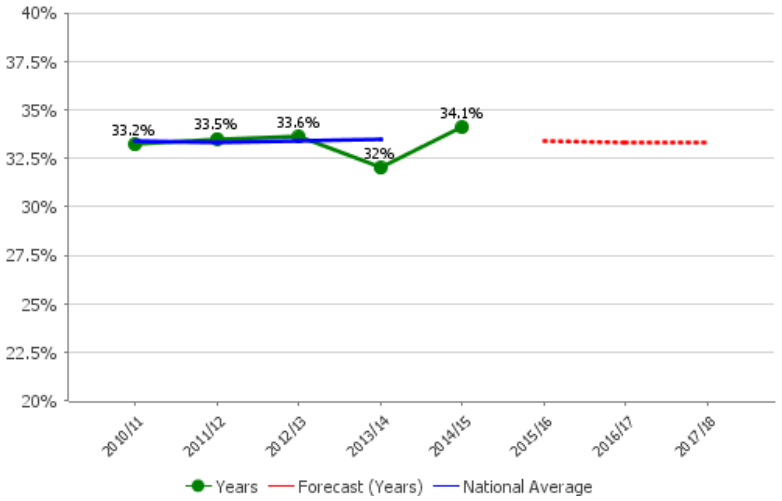
OUTCOME 1	All Doncaster residents to have the opportunity to be a healthy weight

INDICATORS

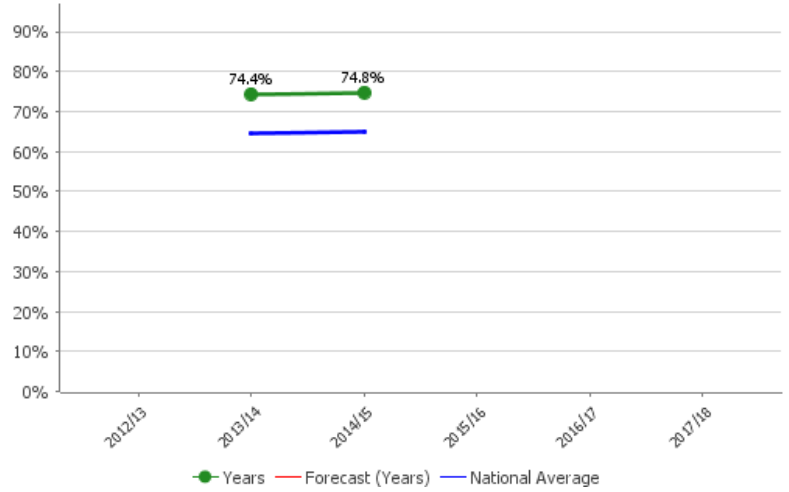
a) % of Children that are classified as overweight or Obese (Aged 4/5)



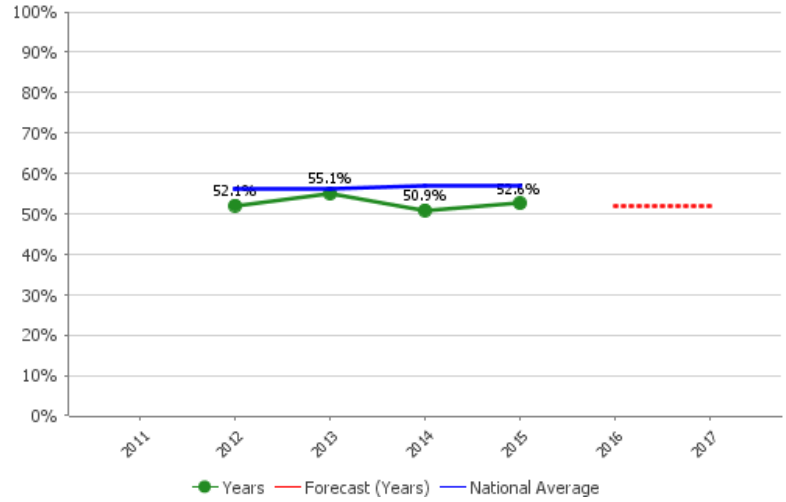
b) % of Children that are classified as overweight or Obese (Aged 10/11)



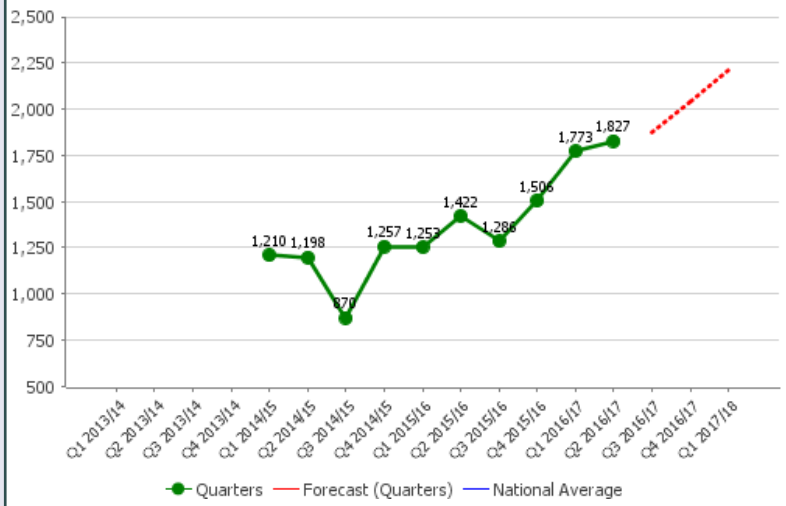
c) % of Adults Overweight or Obese



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

NCMP data for 2015/16 is now available. For Doncaster we have seen a slight increase in overweight and obese children at reception from 22.2% in 2104/15 to 23.9% in 2015/16. There was a slight decrease in overweight and obese children at Year 6, a drop from 34% in 2014/15 to 33.7% in 2015/16. The local research study conducted by a PH Registrar around NCMP trends over the last 9 years is now completed and the findings are available. Key findings indicate a significant increase in overweight and obese children between reception and year 6 suggesting primary school aged children should be targeted for obesity intervention initiatives. Findings also demonstrate children from more deprived areas to be more likely to be overweight and obese as is reflected in nationally reported data.

A new accreditation scheme has been developed for educational settings based on the previously DH led Healthy Schools criteria. Settings will be required to produce evidence of positive steps taken towards supporting and promoting the health and wellbeing of pupils to gain accreditation. Specific sections on healthy eating and physical activity are included. The scheme will be open to all settings accepting children from ages 2 and up. The scheme is currently being piloted with settings and will be launched in the New Year.

Tier 3 Weight management service for children has now ended (Sept) and is being effectively managed by the provider. Signposting information is being developed to provide alternative options within the wider community for the public via health professionals.

The Food plan was disseminated to key professionals and stakeholders as an online resource.

The first meeting of an **Obesity Alliance t**ook place in Q2 and the following work streams were agreed for further consideration and which would have the greatest impact: **Food/Families/Physical activity and social media.** A whole system and family approach was agreed as a priority. Social media and good news stories would be key to a social movement and culture change around weight management.

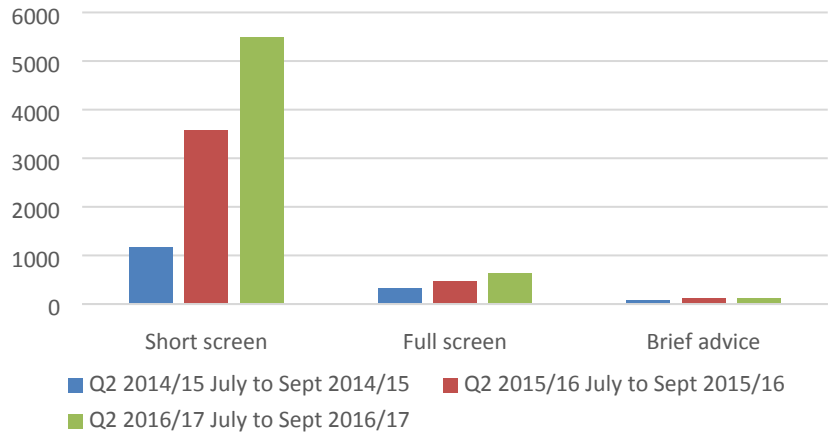
Actions agreed included: reviewing local data compared to national data ; health and well-being of workforce; asset mapping and stock take of current activity including childhood obesity; collective stories and mapping on food (Top 10 tips), physical activity (usage of parks and green spaces) and weight management;

	reviewing membership in terms of planning and Communications representation. The next meeting will take place in Q3 and a work plan will be produced. Local research undertaken by Masters students around **food banks and food takeaways** are now completed. Policy briefs and recommendations are now available on request. The findings from these studies will be incorporated into the Healthy Weight plan and recommendations will be fed back to the Obesity Alliance. Physical activity Whole System Approach event completed on 16th September and report will be available shortly. The second quarter of 2016/17 sees Total visits to all DCLT facilities was 548,075 compared to the same period in 2015 this represents up 19% increase. Health and Fitness membership sales continue to be strong and every venue under the portfolio has achieved the sales and retention targets for the quarter. Total members are 16'657 which is 76% of target. Aquatic sales are also strong with current occupancy levels across the portfolio at 91%, translating to 6,753 young people attending swimming lessons.	
ACTION PLAN	**What we will achieve in 2016-17**	**What we will do next period**
	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 data analysis. 5. Ongoing work around the development of health policies into the local plan.	1. Look at the findings of the NCMP data - 2015/16 data to identify any key trends and feed into the Children Young People and Families operational plan and Healthy Doncaster group Launch new healthy educational settings accreditation criteria including sections on healthy eating and physical activity 2. Embark on research project to rate implementation of obesity prevention guidance in junior schools 3. Review and refresh Doncaster Infant Feeding Guidelines 4. 5. Provide signposting information to GPs and allied professionals 6. Develop a Healthy Weight plan for Doncaster and an obesity map 7. Incorporate findings and recommendations from the food research studies 8. Look at models elsewhere including Sustainable food cities and research around the food environment 9. Build on the work already established with the local plan, food policy and PA initiatives 10. Input at Healthy Weight regional meetings including obesity pathway indicators and whole system approaches; part of CLARHC and Leeds Beckett Park studies around Whole system approaches

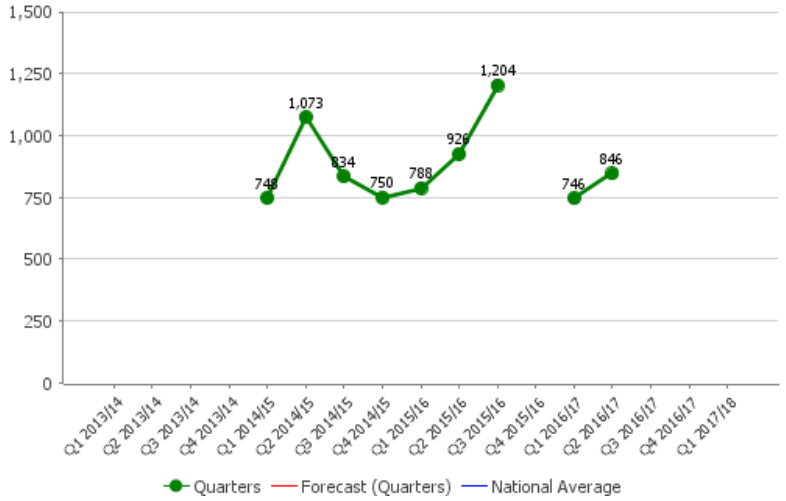
OUTCOME 2	All people in Doncaster who use alcohol do so within safe limits

INDICATORS

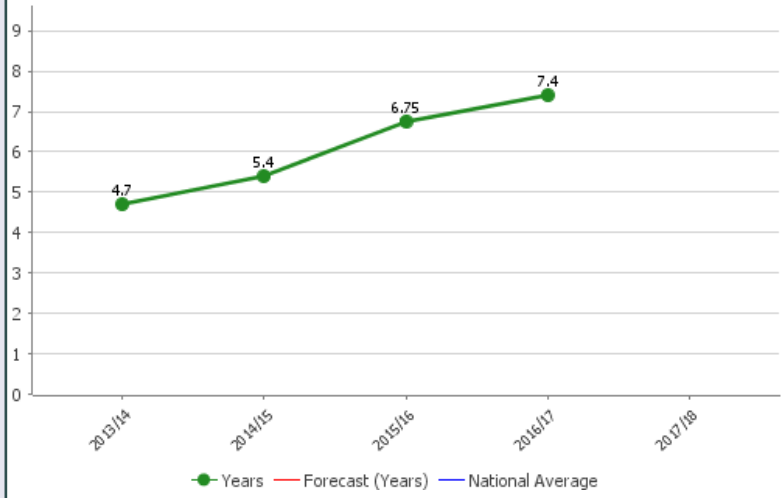
a)Numbers of people being screened for alcohol use and, where appropriate, receiving brief advice



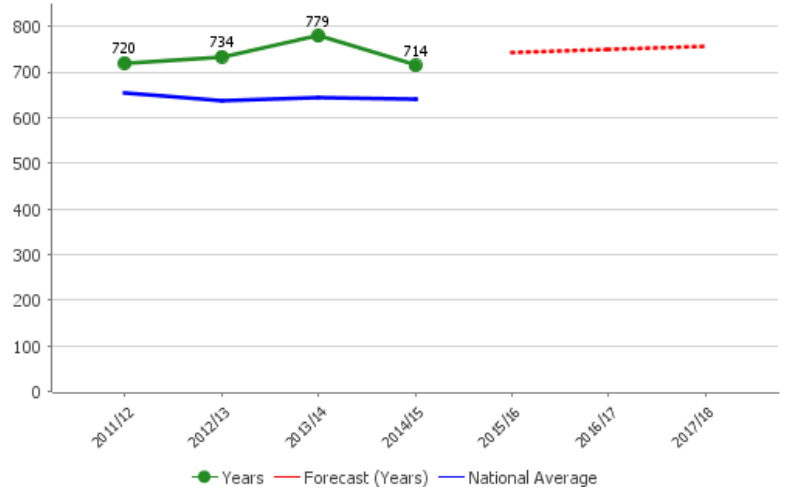
b) Alcohol-related attendance at A&E (Doncaster Residents)



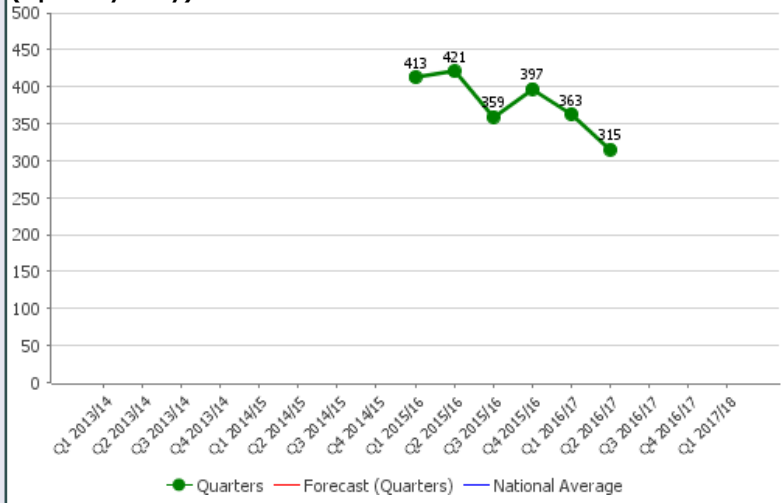
c) Alcohol-related violent crime per 1000 pop (2016/17 YTD Only)
[Beyond Control Limit Q2 2016-17]



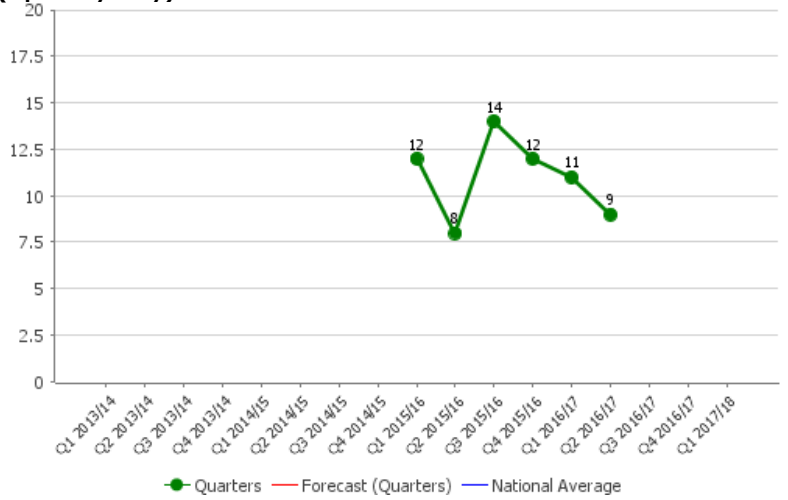
d) Alcohol related admissions to hospital



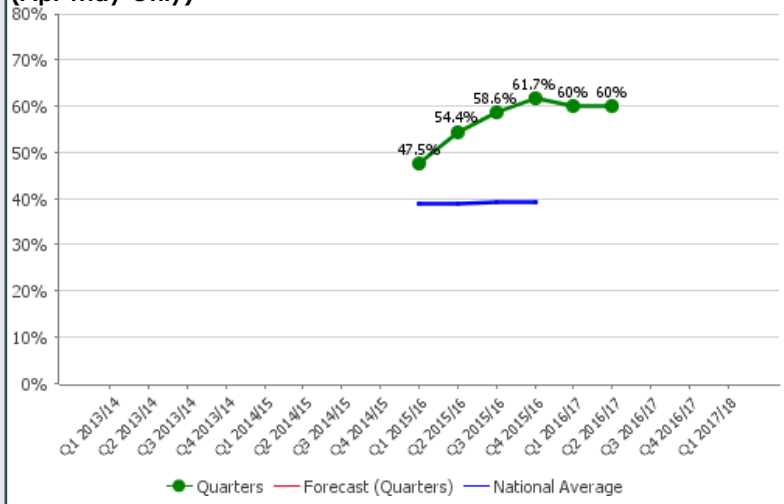
e) Number of people in specialist alcohol treatment (Apr-May Only)



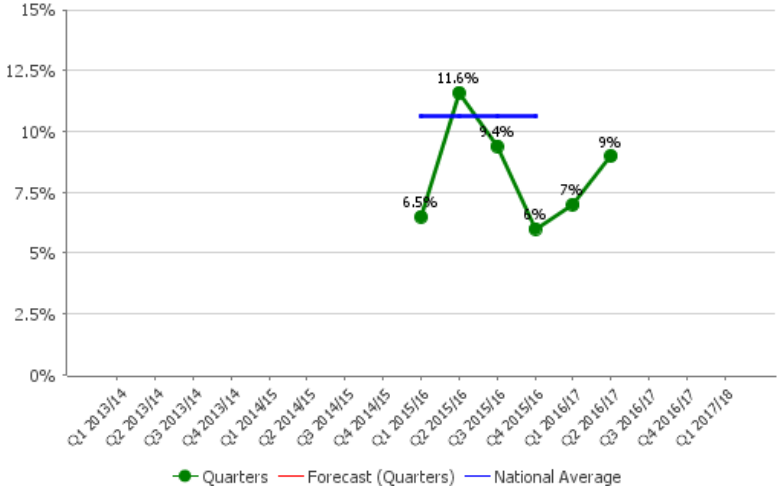
f) Number of people in specialist alcohol treatment entering via the CJS (Apr-May only)



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



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



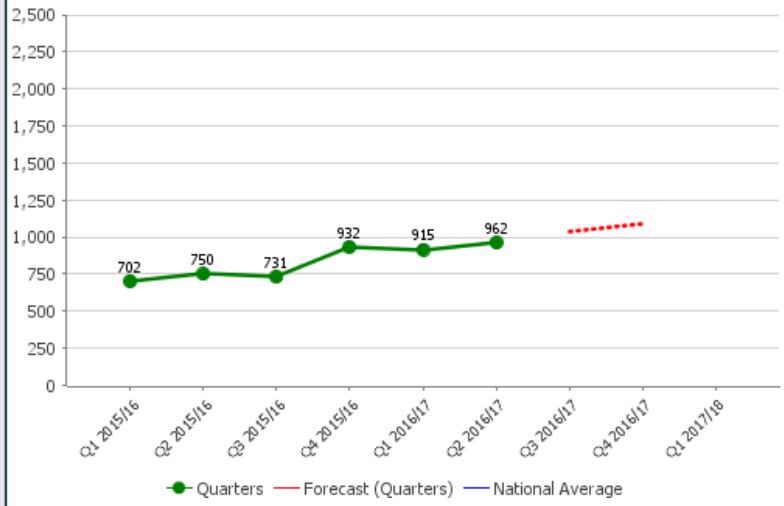
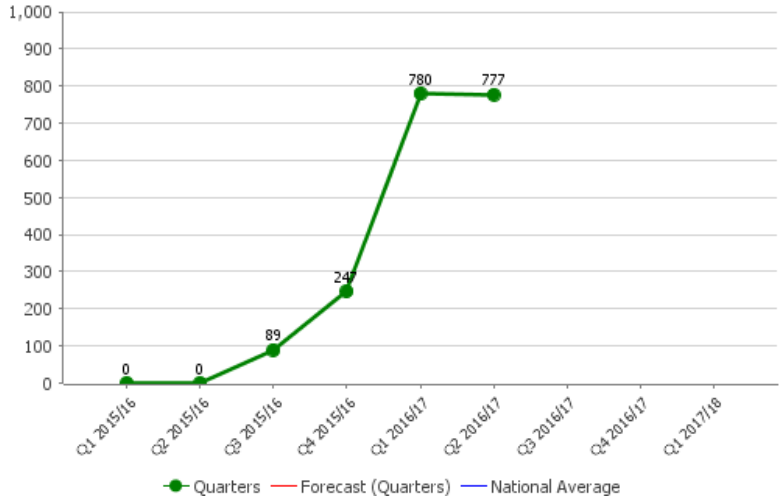
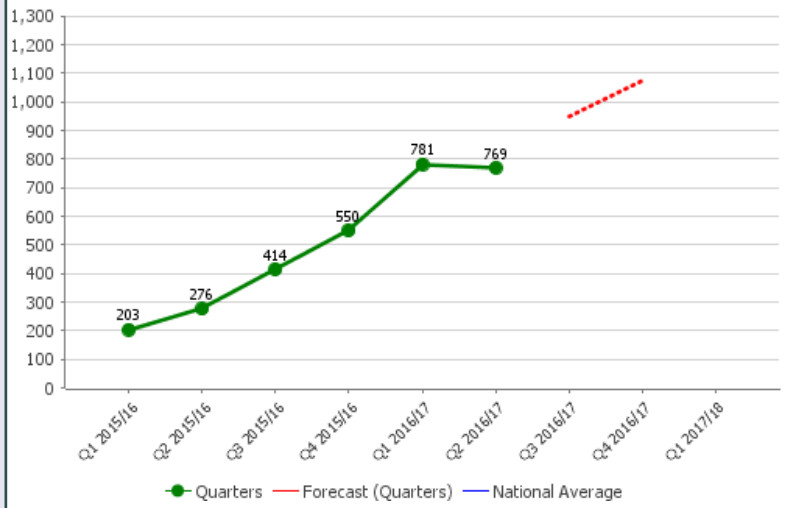
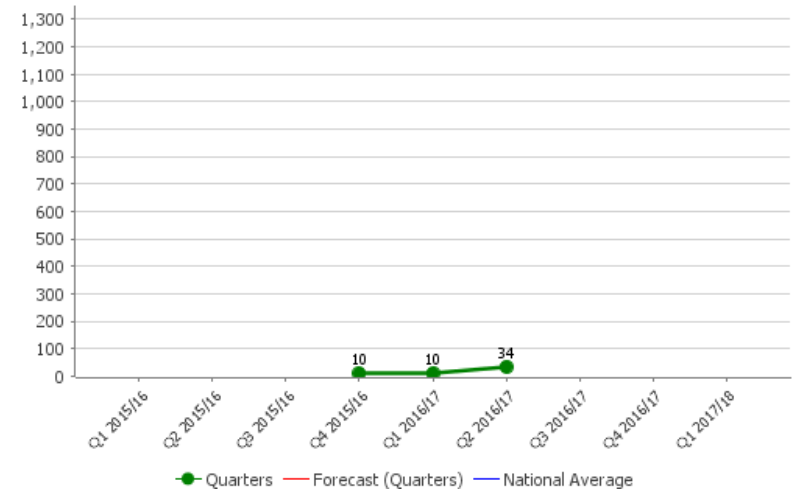
STORY BEHIND THE BASELINE

Indicator a – Information Provided by ASPIRE July to September data only. Aspire is now managing the contracts directly and there has been an increase in activity. It is planned that through liaison with the LMC more practices will sign up.

Indicator b – Latest data available. 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

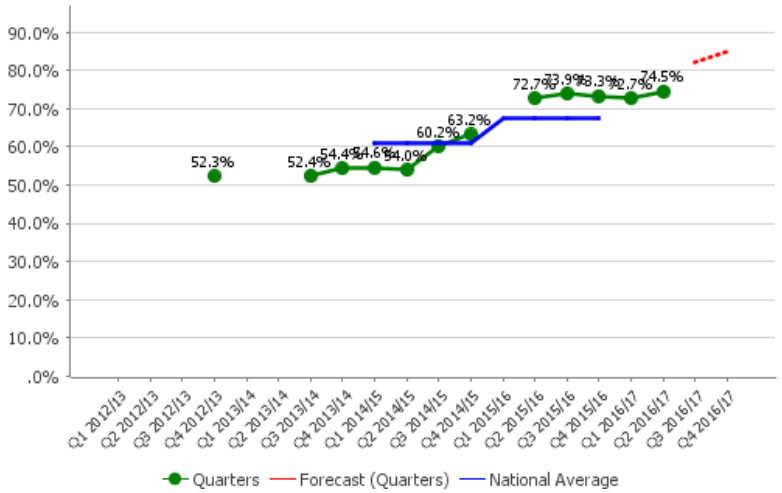
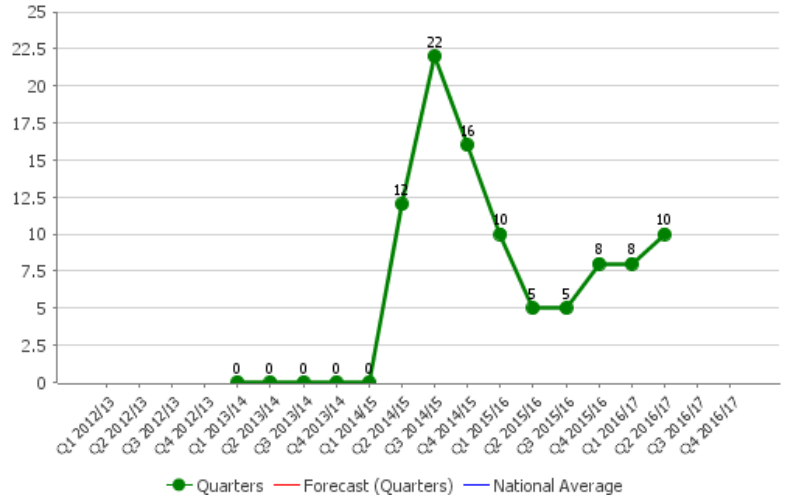
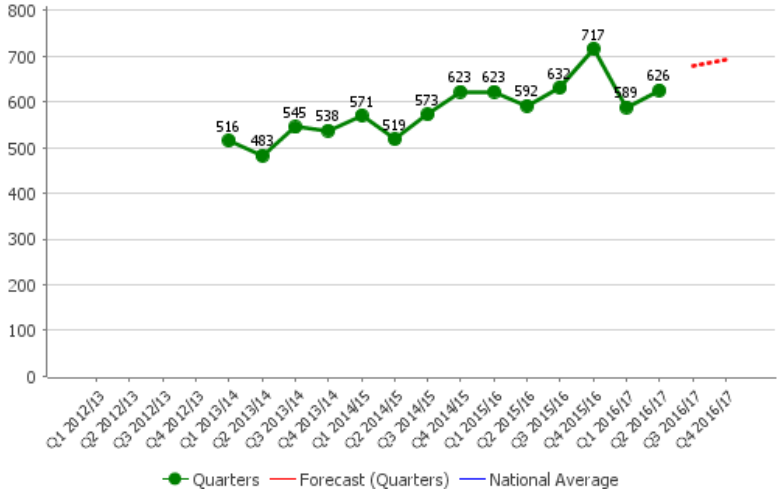
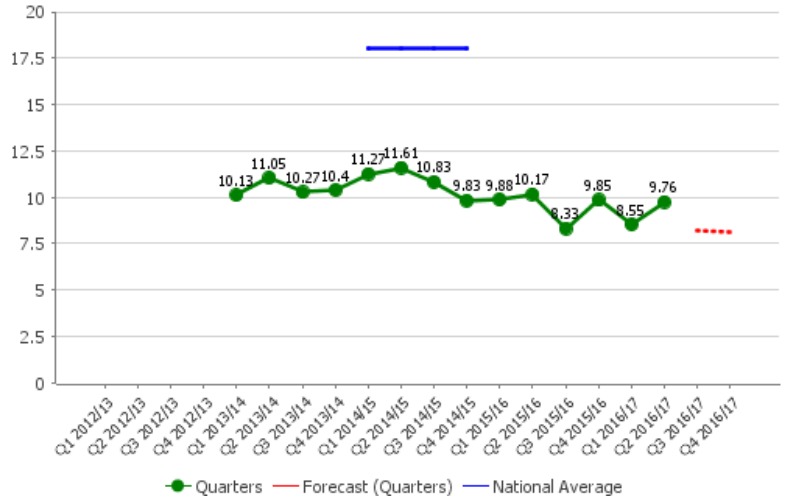
	disorders. Doncaster is significantly worse than Englands average **Indicator c** –At present, there is no definition of alcohol-related violence within the National Crime Recording Standard (NCRS) or Home Office Counting Rules (HOCR), although there is guidance within the National Standard for Incident Recording (NSIR). (Latest available data) Alcohol-related crime has increased significantly from a low in 2012/13. 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. **Indicator d** –Significant difference in data reported due to change in data source. Q2 16/17 data received from CCG instead of directly from DRI **Measure e** –Numbers in specialist treatment have reduced by approx. 60 people since April 2016. There are estimated to be approx 5,600 dependent drinkers in Doncaster therefore the aim is to increase the number of people accessing services. Aspire have been alerted to this apparent decrease. **Measure f** –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). **Measure g** - successful exits stood at 60% in September 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. **Measure h** - re-presentations (people who exit successfully but return to services within 6 months) stood at 9% in September 2016, which is better performance than the national figure of 10.6%. Re-presentations were declining prior to the gap in data linked to the national system, however the aim is to improve this performance. When interpreting the data, it is important to bear in mind that some people may relapse and do not represent to the service.

	What we will achieve in 2016-17	**What we will do next period**
ACTION PLAN	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 the Community Alcohol Partnership (CAP) in Askern, Campsall and Norton. The model was expanded to Conisbrough and Denaby in November 2015. 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.. 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. 6. Deliver a 'safe haven' piloted for a year between December 2016 through to end of September 2017	1. Monthly monitoring of exits and representations. 2. Mobilising the new recovery system around the lead provider (RDASH) from 1 April 2016 with monthly operational meetings. 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. 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 7. Public Health leading on 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 and vulnerability to crime to be in operation on the 10th of December and subsequent Fridays 16th and 23rd. 8. Assisting the Town Centre Management and the Mayor with working to address the homelessness, begging and ASB

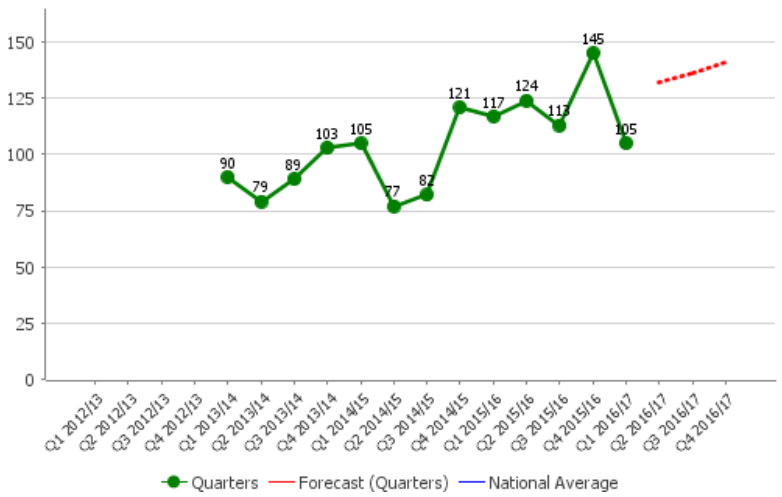
OUTCOME 3	**Families who are identified as meeting the eligibility criteria in the expanded Stronger families programme see significant and sustained improvement across all identified issues.**
INDICATORS	**a) Number of Families Identified as part of the Phase 2 Stronger Families Programme**  **b) Number of families achieving positive outcomes through the Stronger Families Programme**  **c) Number of Families Engaged in the Expanded Stronger Families Programme**  **d) Number of family claims made to DCLG through the Expanded Stronger Families Programme** 

STORY BEHIND THE BASELINE	Our current total of identified and validated families is 962. During Quarter 2 our focus has been on strengthening the process of identifying families via the Early Help Hub. As a result, as expected whilst are number of eligible families has increased it has not met the Q2 target. During Q2 we have also been horizon scanning as part of the ongoing service transformation activity for the programme which has highlighted further work to gather families who are eligible from across the team Doncaster partnership. We have now defined what needs to take place to gather details of eligible families which will have an impact on our outturn and we expect that this activity will continue throughout Q3 and the resulting performance results at the end of that period. We are not planning to do another identification process at the moment as we are consolidating the current families we have. The next claim is in January 2017 and results will be reported in Quarter 4 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 777 individual families. The latest progress is: Outcome 1 (Crime & ASB): 213 Outcome 2 (Children Attending School): 93 Outcome 3 (Children Needing Help): 147 Outcome 4 (Worklessness & Financial Exclusion): 198 Outcome 5 (Domestic Violence): 58 Outcome 6 (Health): 68 As part of the September 2016 claim, 24 families were found to have met the significant & sustained improvements required within the financial framework for all of their assessed or maintained employment for 6 months or more. Moved off benefits into work 18 Sustained and Significant Improvement 6 While the payment by results numbers were below target (but similar to some other areas), our process for validating our results has been strengthened and remains robust to ensure that all claims processed would stand up to scrutiny as part of the DCLG enhanced spot check. We have identified where improvements can be made and these are being actioned and should impact on the results of our next claim. Meeting the criteria where claims can be processed remains challenging as part of the programmes financial framework and whilst we can evidence from our family progress results that families are making significant changes to achieve claimable results all family members must evidence improvements against all outcomes for a minimum of 6 months for the sustained and significant result. A further challenge to maximise the results remains as the engagement across all services who then nominate claims and provide appropriate evidence/data. This is further exacerbated by the lack of a Case Management System.

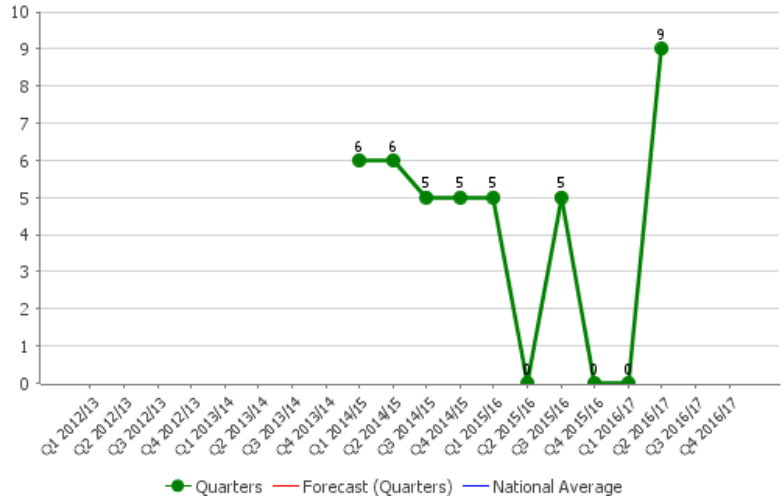
	What we will achieve in 2015-16	**What we will do next period**
ACTION PLAN	1. To identify as many families who meet the criteria as we can 2. Implement the case management system to allow for easier case management , tracking and progress reporting 3. Commission services needed by families following evaluation of the 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. Prepare for January 2017 claims 3. Train staff in Signs if Safety processes 4. Review areas to be commissioned / where there are gaps.

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)** 

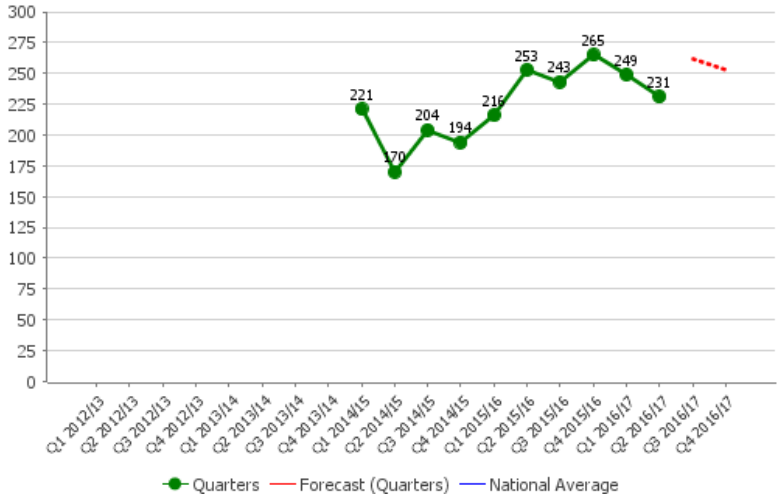
e) Hospital re-admissions within 30 days (DRI) for people with Dementia



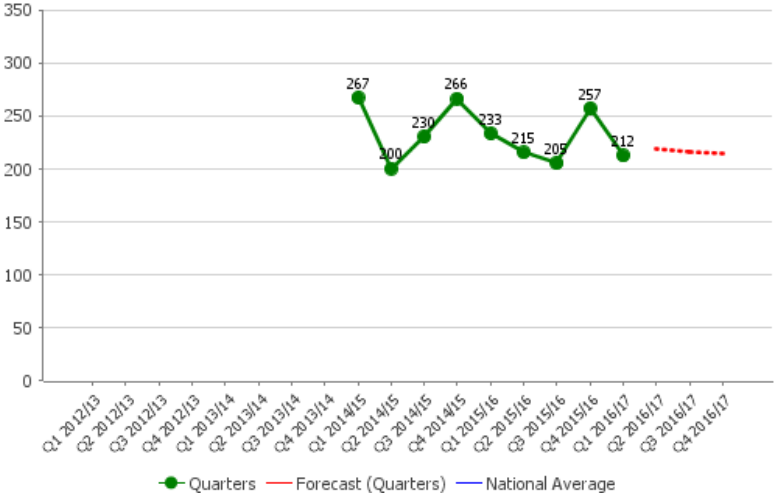
f) Number of patients having any delayed discharges at RDaSH



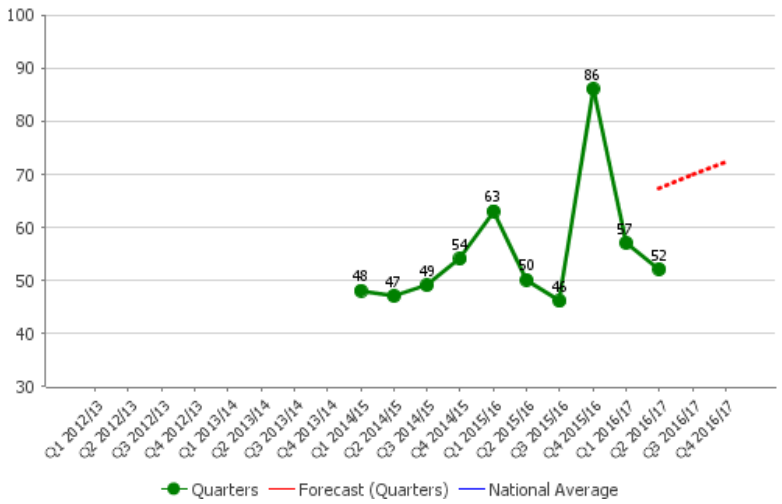
g) Attendances at A&E for people with dementia



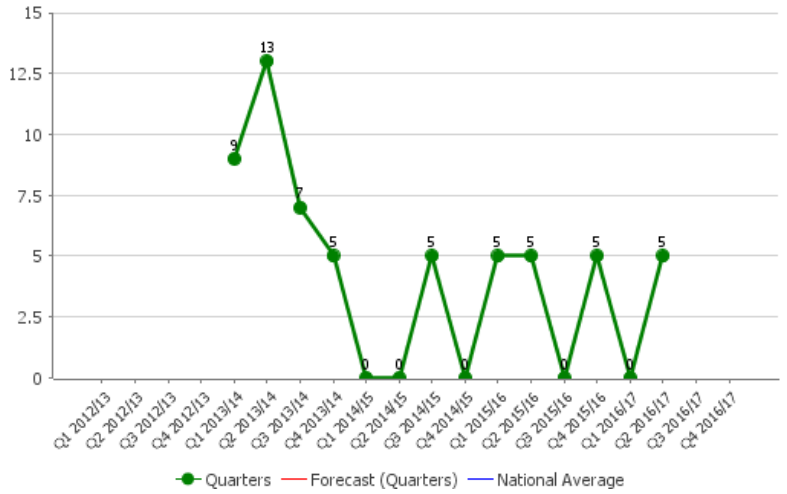
h) Number of people with dementia being admitted from care homes to DRI



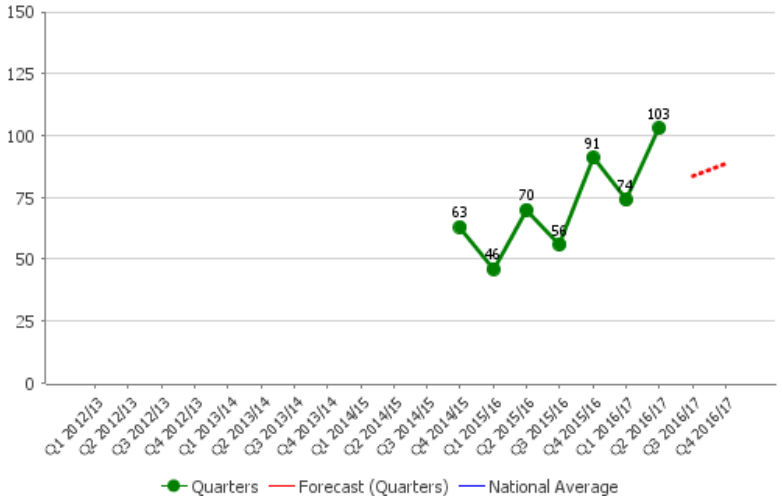
i) Number of Hospital deaths for patients with dementia



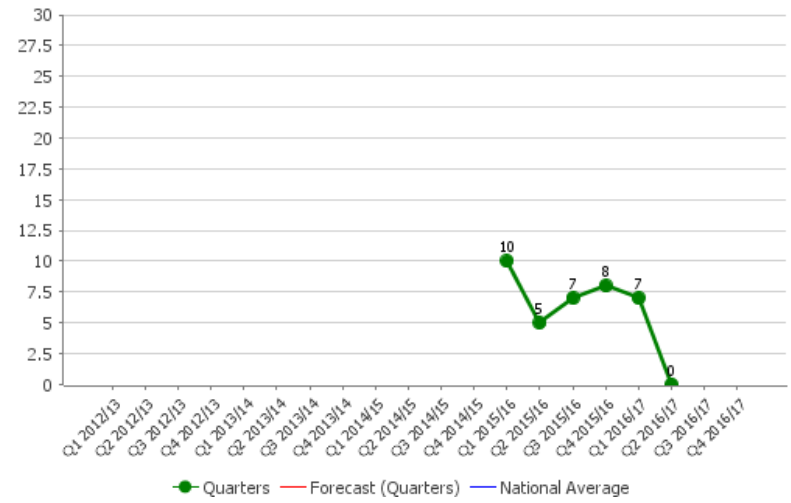
j) Unplanned episodes of Respite for people with Dementia



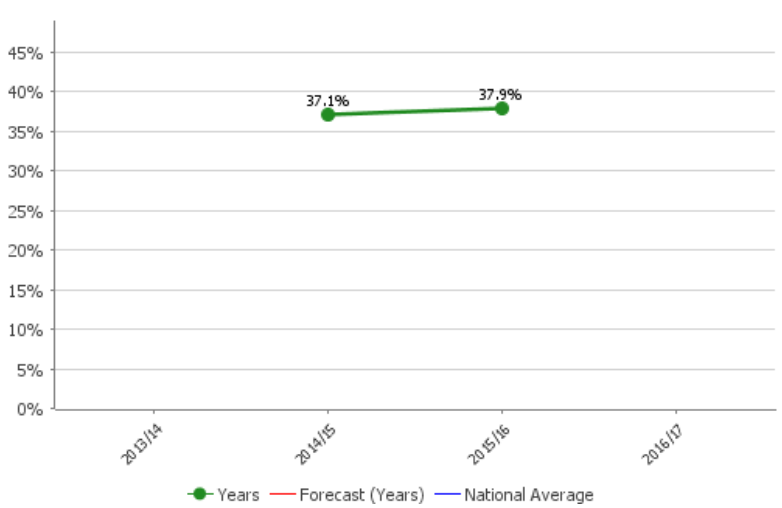
k) Number of installations for Assistive Technology that are for people with Dementia



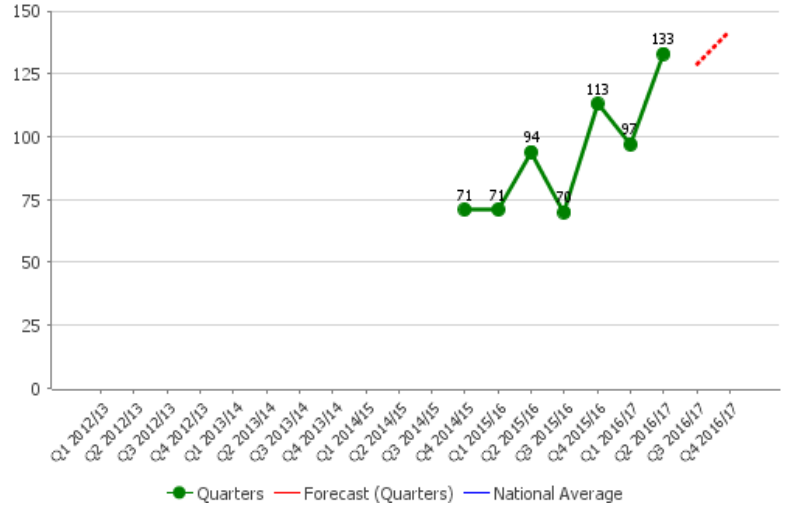
l) Number of safeguarding referrals involving people with a PSR of Memory & Cognition



M) Proportion of People who access social care services and have a PSR of Memory Support & cognition living at home



N) The number of Assistive Technology referrals (telecare) that are for people with Dementia



STORY BEHIND THE BASELINE

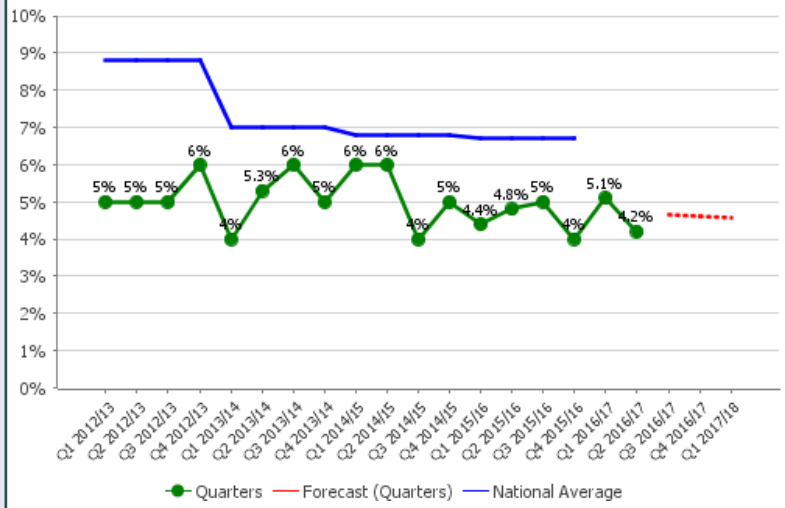
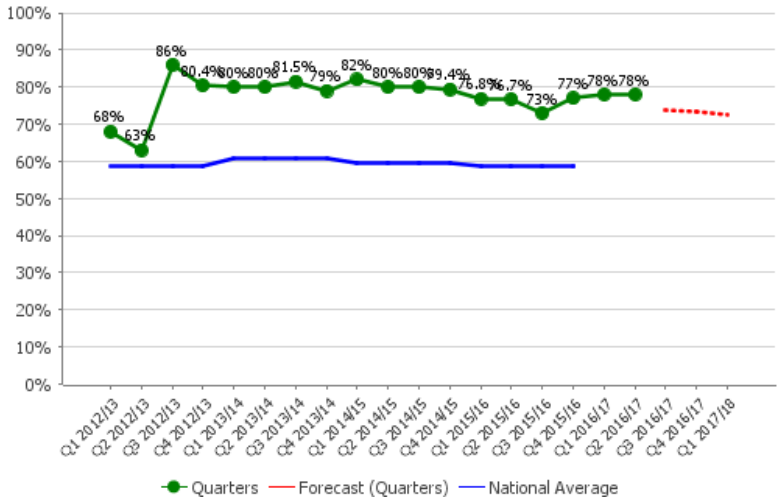
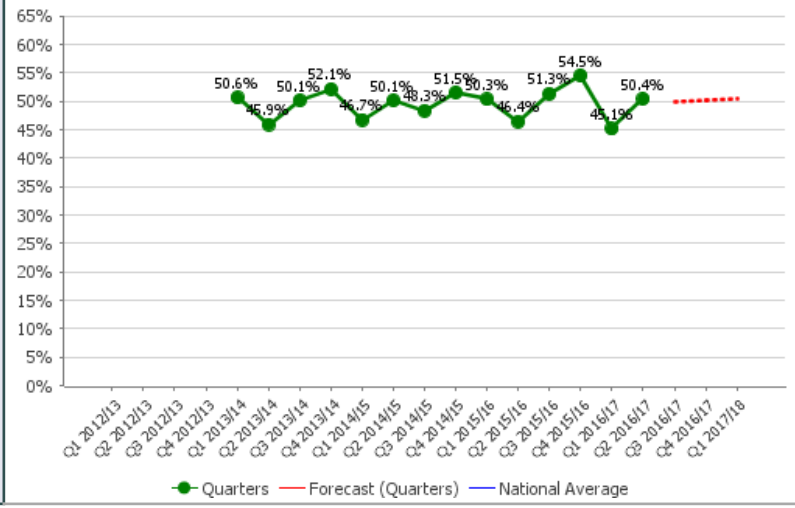
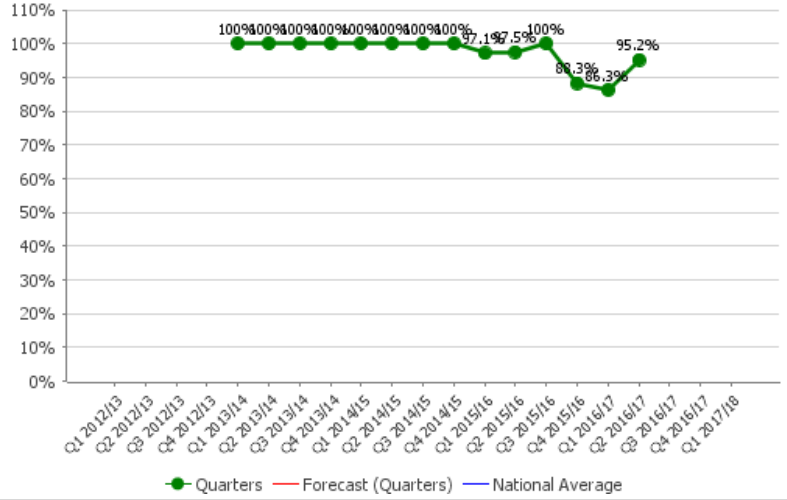
The measures capture the strategic direction of improving diagnosis rates, reducing inequalities and supporting people to live well with dementia by preventing crisis and helping people to be in control of their lives. Doncaster's dementia diagnosis rate is now well over the national ambition of 67%. Having a diagnostic rate of 74.5% (Oct 2016) leaves an unknown gap of around 914 people over the age of 65 and around 1040 people in total. 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.

ACTION PLAN

What we will achieve in 2016-17	What we will do next period
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	1. Continue with the post diagnostic support pilot the 'Admiral Service. This is a 14 month pilot completing March 2014 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. This pilot is being independently evaluated by Sheffield Hallam University. 2. Promote new "Preventing Dementia" leaflet and raising awareness through performances at Doncaster College

	• End of Life. 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** 

<table>
<tr><td>STORY BEHIND THE BASELINE</td><td colspan="2">There is a slight upward 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 living independently is consistently better than the national average.

The proportion of people completing treatment and moving to recovery has decreased this quarter and the lowest recorded in the past two years but this is not statistically significant this period.

I propose for this time: RDASH, the main provider, are currently completing an audit of care plans around the advice given to patients in connection with employment. This will allow a greater quality marker on the support provided and also opportunities for work experience/unpaid work. The results of this should be available during Q3 to the early part of Q4.

The proportion of people living independently is consistently better than the national average.

In regards the IAPT recovery rate measure a meeting with the provider, lead Commissioner and Performance Team was held in August and an action plan developed. One of the main reasons for under performance has been identified as increasingly complex patients being referred into the service, some of whom would be more appropriately treated in other settings. Further meetings have been held monthly to review these actions and their impacts. This measure has now seen improvements for 3 consecutive months and is meeting target for Q2.

The measure for non-urgent CAMHS referrals has been affected by the capacity of the service in 2016/17 and also increased referrals. The service is now working to resolve this issue through increased staffing.</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>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 two) and deliver the principles of the 5 Year Forward View for Mental Health and the National Suicide Prevention Strategy

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

1. Collaborate with Public Health to ensure that the Joint Strategic Needs Assessment has a strong focus on mental health and physical wellbeing.
2. Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health & Wellbeing Board</td><td>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.</td></tr>
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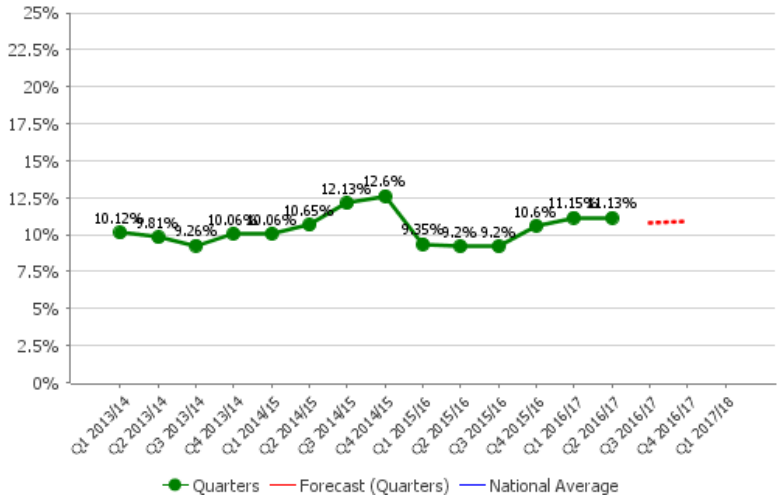
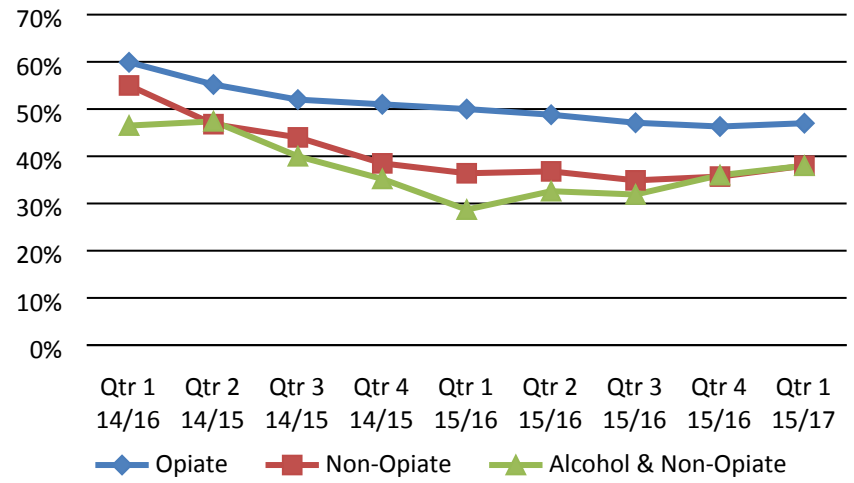
OUTCOME 6	Reduce the harmful impact of drug misuse on individuals, families and communities.

INDICATORS

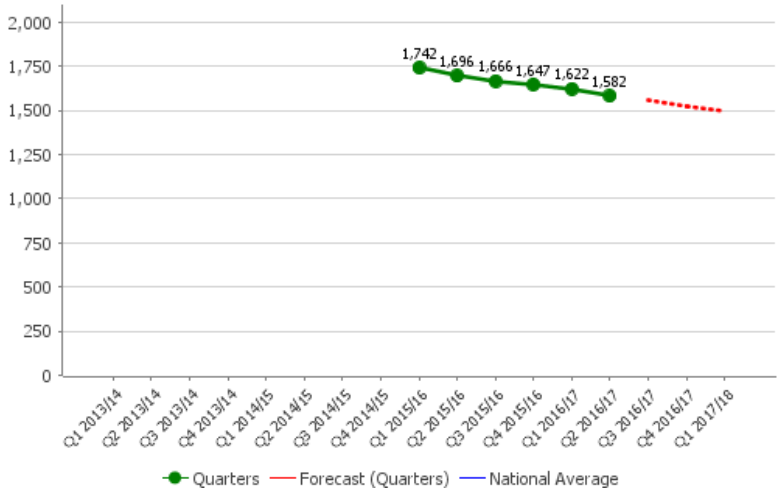
a) Proportion of all in treatment, who successfully completed drug treatment and did not re-present within 6 months (Opiate & Non Opiate)



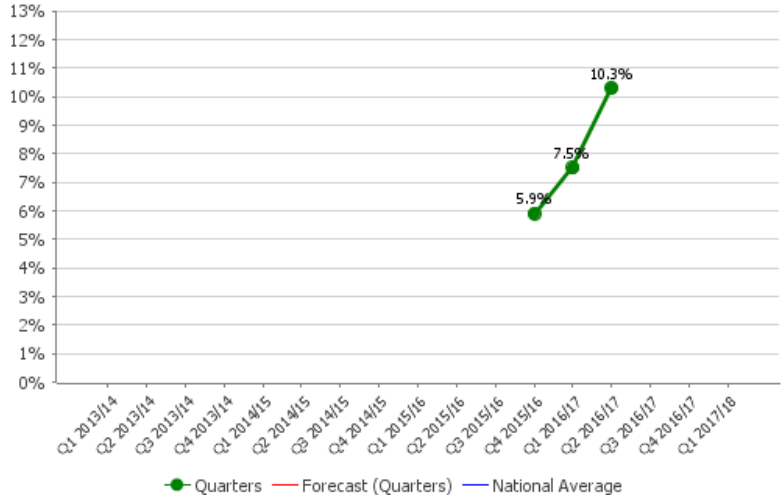
b) The proportion of clients in treatment who live with children



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



d) Re-presentations to drug Treatment



STORY BEHIND THE BASELINE	Indicator a: Performance remains good 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 to be measured at 31st December 2016 (top quartile performance to be achieved) Indicator 3: It could be argued that a decrease in number of clients in treatment 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.. Measure c: 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 have complex health needs that need to be met. Measure 4: Representations continue to perform better than target (14%). This means that for at least 6 months people are not coming back into treatment.	
ACTION PLAN	**What we will achieve in 2016-17**	**What we will do next period**
	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	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 developed for Doncaster jointly owned by key strategic partners, agreed by the H&WBB with an action plan, is due to be amended to include domestic abuse factors. 3. A targeted IPED awareness/prevention/education campaign is being devised targeting gyms across Doncaster and training for gym owners and fitness professionals to be delivered in January 2017 4. A new specialist needle/syringe exchange provision has opened across the Aspire service, including phased implementation at community hubs