

LEICESTER CITY HEALTH AND WELLBEING BOARD

8TH OCTOBER 2013

Subject:	Update on the Progress of the Joint Health and Wellbeing Strategy
Presented to the Health and Wellbeing Board by:	Deb Watson
Author:	Adam Archer

EXECUTIVE SUMMARY:

This report presents information on progress in delivering the Joint Health and Wellbeing Strategy: 'Closing the Gap'.

Responsibility for ensuring effective delivery of the strategy has been devolved to the Leicester City Joint Integrated Commissioning Board (JICB). This is the first bi-annual progress report to the Health and Wellbeing Board. It serves two related purposes: providing assurance that actions identified in the strategy are being delivered and/or flagging up any potential risks to delivery; and, reporting on the performance indicators set out in Annex B of the strategy.

The approach adopted is to provide relatively high level monitoring of the strategy, acknowledging that both the actions and performance indicators in the strategy are subject to separate monitoring and reporting through the governance arrangements of those partner organisations coming together through the Health and Wellbeing Board.

It is clearly too early to form any judgement as to whether the delivery of the strategy is making an impact on the health and wellbeing of the city's residents, but there are no major causes for concern identified in this report.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- (i) Note progress on the delivery of the Joint Health and Wellbeing Strategy;
- (ii) Identify any areas of concern that require further reporting or remedial action from the JICB;
- (iii) Comment on the style and content of this report, identifying any improvements that could be made to future reports from the JICB.

Update on the Progress of the Joint Health and Wellbeing Strategy

Report on behalf of the Leicester City Joint Integrated Commissioning Board

1. Introduction

This reports presents information on progress in delivering the Joint Health and Wellbeing Strategy: 'Closing the Gap'.

The strategy, adopted in April 2013 and covering the period 2013 to 2016, is based on the Joint Strategic Needs Assessment (JSNA). Its overall aim is to reduce health inequalities, and it has five strategic priorities:

- Improving outcomes for children and young people
- Reducing premature mortality
- Supporting independence for older people, people with dementia, long term conditions and carers
- Improving mental health and emotional resilience
- Addressing the wider determinants of health through effective use of resources, partnership and community working

For each priority a number of focus areas are identified, and the strategy includes key performance indicators to measure progress.

This is the first bi-annual progress report to the Board. It serves two related purposes: providing assurance that actions identified in the strategy are being delivered and/or flagging up any potential risks to delivery; and, reporting on the key performance indicators set out in Annex B of the strategy.

The approach adopted is to provide relatively high level monitoring of the strategy, acknowledging that both the actions and key performance indicators in the strategy are subject to separate monitoring and reporting through the governance arrangements of those partner organisations coming together through the Health and Wellbeing Board.

2. Progress on implementing the actions in the Health and Wellbeing Strategy

The overall approach we have taken to monitoring progress against the actions set out on the strategy has been 'light touch' – in order to give a board overview of progress, and in keeping with the high level and extensive scope of the strategy itself.

Each of the five strategic priorities of the strategy consists of a number of sub-sections. Strategic priorities 1 to 4 contain 15 sub sections in all, and we have asked key contacts for those sub sections to provide a progress statement

and RAG rating on each one. For Strategic Priority 5: *Focus on the Wider Determinants of Health*, there is just one statement for the priority as a whole, to reflect the more enabling and cross-cutting nature of this priority.

In total therefore there are 16 statements of progress, together with RAG ratings, set out at **Appendix 1**.

To produce each statement, a contact person was identified for each of the areas. That person was asked to liaise with key colleagues to:

- refer to the text of the Joint Health and Wellbeing Strategy for their sub-section;
- report on progress with taking forward the actions in that section, as at September 2013, particularly referring to the bullet points listed under *What we plan to do*;
- make the progress statement short and succinct;
- focus particularly on any key achievements in the context of the strategy or any areas that are on significantly at risk of not being delivered (ie red rated); and
- provide a RAG rating for progress on work in that sub-section.

Overall, the RAG ratings that contact people gave to the 16 areas were:

Green	Good progress is being made and there are no significant problems	10
Amber	Some risk that actions may not be delivered but this risk will be managed	6
Red	Serious risk of one or more actions not being delivered	0

3. Monitoring the key performance indicators in the Health and Wellbeing Strategy

The majority of performance indicators in the strategy are outcome measures. They are designed to provide evidence that the actions identified in the strategy (and indeed the wider efforts of partners under the Board's "call to action") are having the desired impact, or not, as the case may be.

The indicators do not have specific targets, but rather reflect the ambition of the strategy to improve on the current positions for all our priorities.




At this early stage in the delivery of the strategy there is limited information available on which to make a judgement as to whether this improvement is happening.

Of the 24 indicators, 2 are reported biennially, 11 annually, 9 quarterly, 1 has no fixed reporting pattern and 1 is a placeholder (not yet being collected). Of the biennial and annual indicators, there has been no data published since the adoption of the strategy. However, in some cases we now have more up-to-date data than the baseline (“most recent position”) published in the strategy. For 6 of the quarterly indicators data has been published for Quarter 1 of 2012/13.

Over time more data will be available and it will be possible to provide more meaningful reports with increasingly useful trend analysis. For some indicators benchmark data will be available which can be incorporated in future reports if the Board would find this helpful.

A table showing the current position

Given these caveats, a summary of the current position on the 24* indicators in the strategy is (the full report on the indicators is set out in **Appendix 2** of this report):

	Performance has improved from the baseline in the strategy	8
	Performance is the same as the baseline in the strategy, no data has been published since the baseline, or there are data quality issues	11
	Performance has worsened from the baseline in the strategy	6

* Although there are 24 indicators, ‘obesity in children’ has sub-indicators for ‘reception’ and ‘year six’, hence the ratings in the above table total 25.

Implementing the actions in Closing the Gap: Leicester’s Joint Health and Wellbeing Strategy 2013-16

Progress: September 2013

Strategic Priority 1: Improve outcomes for children and young people

Sub section	1.1 Reduce Infant Mortality
Key contacts	Jo Atkinson, Public Health Consultant, LCC
<p>Leicester’s current rate of infant mortality (6.4/1000) is significantly higher than the national rate (4.4/1000). The rate has reduced from a previous 3 year average of 7/1000. This is encouraging, however, the numbers are small therefore the reduction is not statistically significant.</p> <p>A “Health in Infancy” event was held in October 2012 aiming to harness the capacity of a range of staff and volunteers to tackle infant mortality. A small grant was allocated to each neighbourhood area to fund small projects aimed at reducing infant mortality. “Health in Infancy” champions were appointed and have worked with their Neighbourhood Area Boards to develop and deliver on action plans. A further event is planned for December to showcase projects, share good practice and discuss next steps.</p> <p>On a wider city level, a range of initiatives and services are in place and being further developed to tackle the risk factors for infant mortality. The infant feeding strategy is being revised, the key aim of which is to improve breastfeeding rates. Hospital and community based staff (including health visitors and children’s centres) have received comprehensive training in supporting women to breastfeed. UHL and LPT are near to the completion of stage 2 of the UNICEF baby friendly programme (assessment November). A maternal obesity pathway has been developed to support women with weight management during pregnancy, which is being operationalized in October. A social marketing campaign is currently running locally aiming to increase the proportion of women booking for pregnancy before 12 weeks.</p>	
RAG: Green	Good progress is being made and there are no significant problems.

Sub section	1.2 Reduce Teenage Pregnancy
Key contacts	Jasmine Murphy, Consultant in Public Health, Leicester City Council
	Liz Rodrigo, Public Health Principal, Leicester City Council
	David Thrussell, Head of Young Peoples Service, Leicester City Council
<p>1. Coordination – Discussions are currently taking place between public health and youth services about the function of the coordinator and its synergy with the Early Help offer.</p> <p>2. Access to contraception – All young people’s services will be maintained with plans for further improvement in the recently commissioned Integrated Sexual Health Service which will be commencing 1st Jan 2014</p> <p>3. Relationship and Sex Education – Review of position to take place for Q3</p> <p>4. Educational attainment and Raising Aspirations – Leicester is continuing to perform well</p>	

with attainment. There are some concerns about NEET and under 18 conception data rising which is being investigated.

RAG: Amber Some risk that actions may not be delivered but this risk will be managed.

Sub section	1.3 Improve readiness for school at age five
Key contacts	Nicola Bassindale, Early Prevention Service, Leicester City Council
<p>Progress on the planned actions for this priority is as follows:</p> <p>Action: Improving data systems to enable us to identify children at risk of achieving poor outcomes and who have delayed development at an early age, enabling us to target learning support to those who need it most.</p> <p>Work has progressed to ensure that the data held by DataNet is accessed directly by Children’s Centre Teachers to pick up trends and identify children at risk of poorer outcomes at Foundation Stage, enabling them to target work with individual children and families and make contact through schools who have a greater proportion of children falling into the bottom 20%. Children’s Centre staff provide individual support to children and promote and enable parents to get involved in their child’s learning. Learning plans are developed and progress is tracked to evidence the impact of targeted support towards improving outcomes. The percentage of children achieving the ‘expected’ or ‘exceeding’ level of development across the 3 prime areas of learning at Foundation Stage (Leicester’s measure of ‘ready for school’) has increased from 64% in 2012 to 65.7% in 2013.</p> <p>Action: Improving our partnership working to improve the quality, quantity and take up of family orientated preventative health and wellbeing initiatives for children living in our most deprived areas.</p> <p>The integrated model of services delivered through Children’s Centres (located in the most deprived areas of the city) enables LCC and Health services to work closely together through formal liaison meetings and day to day working to identify families that may benefit from specific interventions aimed at improving learning and health outcomes. The two year old development check is now carried out jointly by Health Visitors and Children’s Centre staff, enabling issues to be identified earlier and actions planned to address emerging learning or health concerns. Staff working directly with families also pick up on health-related issues and work with partners to develop and target preventative health and wellbeing initiatives to families, focusing on areas such as reducing obesity through healthy eating and ‘grow your own’ projects, improving health and reducing infant mortality through supporting breast feeding and reducing smoking in pregnancy, etc.</p>	
RAG: Green	Good progress is being made and there are no significant problems.

Sub section	1.4 Promote healthy weight and lifestyles in children and young people
Key contacts	Jo Atkinson, Consultant in Public Health, LCC Steph Dunkley, Public Health Principal, LCC
<ul style="list-style-type: none"> • The National Child Measurement Programme provisional results for 2012/13 are expected in December 2013. Uptake of the programme has been very high this year. • The review of the obesity strategy and Leicester Sports Partnership Trust’s action plan are currently taking place. There are plans for consultation with stakeholders and the public regarding the revision of the obesity strategy late 2013/early 2014. A revised strategy 	

will be published in 2014.

- Active Travel initiatives continue to be supported. In 2012/13, over 1000 pupils were trained in Scootability and active travel to school continues to be promoted in city schools. The programme of neighbourhood cycling events, led-rides and Sky ride all contribute towards increasing levels of cycling in both adults and children.
- As of March 2013, 73 schools have engaged with the Healthy Schools programme and received training and support. 27 have identified a priority area - the chosen priorities are healthy weight (17), emotional health (15), teenage pregnancy/RSE (3) and smoking (3).
- The Food Routes programme continues to run in primary schools encouraging a whole school approach to healthy eating, including cooking skills courses for children and their families.
- The "Playing for health" programme continues to run in the majority of primary schools this academic year led by the professional sports clubs. This offers whole classes a 5 week multi-skills programme led by sports coaches in curriculum time.
- Child weight management programmes are due to start running in October until end March. This service is currently out to tender with a start date of 1st April 2014 for provision of the new service.

RAG: Amber Some risk that actions may not be delivered but this risk will be managed.

Strategic Priority 2: Reduce premature mortality

Sub section	2.1 Reduce smoking and tobacco use
Key contacts	Rod Moore, Public Health, Leicester City Council
<p>The Tobacco Control Coordination Group has completed the CleaR self-assessment audit to help strengthen leadership and influence for the tobacco control agenda. This includes the continued Step Right Out Campaign to reduce exposure to second hand smoke in homes and cars, where a recent independent evaluation has shown that among the sample consulted the Step Right Out campaign is achievable for those signing up and motivates the majority of individuals who previously allowed smoking in their home and car, to stick to the pledge to keep them smokefree.</p> <p>Work has also continued to promote smoking cessation with communities, hospitals, primary care, maternity services and others. The achievement of quits at 4 weeks is lower than in previous years and is thought to reflect a change in approach to quitting brought about by e-cigarettes which is being experienced nationwide.</p> <p>A recovery plan is in place and the issue of e-cigarettes will be further considered by commissioners. The service continues to make smoking cessation available to young smokers, though the service is finding it less easy to engage with schools on prevention than in previous years which will be addressed in the coming months. Leicester is hosting a national event looking at the issues of Shisha smoking on 17 October 2013.</p>	
RAG: Amber	Some risk that actions may not be delivered but this risk will be managed.

Sub section	2.2 Increase physical activity and healthy weight
Key contacts	Jo Atkinson, Consultant in Public Health, LCC Steph Dunkley, Public Health Principal, LCC Leicester City Council
<ul style="list-style-type: none"> • The review of the obesity strategy and Leicester Sports Partnership Trust’s action plan are currently taking place. There are plans for consultation with stakeholders and the public regarding the revision of the obesity strategy late 2013/early 2014. A revised strategy will be published in 2014. • Active Travel initiatives continue to be supported including cycle training, neighbourhood events, led-rides and the work –based cycle challenge. The Walking for Health Programme waits confirmed funding to appoint a co-ordinator and redevelop the local scheme which is currently very limited. • The Lifestyle Referral hub has been piloted in 14 GP practices, a roll-out across all practices in the city is planned for 2014. • Adult weight management services continue to be provided across the city, particularly targeting those areas and groups with the highest level of need. Consultation on weight management services will take place as part of the revision of the obesity strategy. • The Active Lifestyle Scheme has seen a dramatic increase in demand and is overachieving targets following the introduction of scheme becoming free of charge. • The “have one on us” campaign has been running across the city with the initial focus being diet and physical activity. A full social marketing programme is in the process of being developed. • The health trainer service (one to one lifestyle advice) continues to operate in the most disadvantaged areas of the city. An evaluation of the service has been undertaken with very positive results in terms of outcomes and value for money. Re-procurement of the service will commence late 2013. 	
RAG: Amber	Some risk that actions may not be delivered but this risk will be managed.

Sub section	2.3 Reduce Harmful Alcohol Consumption
Key contacts	Julie O’Boyle, Consultant in Public Health LCC Mike Broster, Licensing LCC Chief Inspector Donna Tobin-Davies, Leicestershire Police Karly Thompson, Divisional Director East Midlands Ambulance Service Paul Hebborn, Leicestershire Fire and Rescue Service Priti Raichura, Public Health Principal LCC Justine Denton, LCC Trading standards
<p>The Alcohol Harm Reduction Delivery Group is a multi-agency partnership group focused on reducing harm related to alcohol. This group of partners are in the process of launching a new alcohol harm reduction strategy for the city. The strategy focuses on five main themes:</p> <ul style="list-style-type: none"> • Promoting a culture of responsible drinking • Protection of children young people and families from alcohol related harm • Improved health and wellbeing through early identification and recovery focussed treatment • Promoting responsible selling of alcohol • Reducing alcohol related crime disorder and anti-social behaviour 	

<p>Activities undertaken include:</p> <p>Co-ordinated alcohol awareness campaigns involving all partners including;</p> <ul style="list-style-type: none"> • Freshers week (both universities) • Alcohol awareness week • Dry January <p>Training of 1,000 front line staff to deliver alcohol brief interventions.</p> <p>Targeted social marketing campaign aimed at the 7 wards with the highest rates of alcohol related harms.</p>	
RAG: Green	Good progress is being made and there are no significant problems.

Sub section	2.4 Improve the identification and clinical management of cardiovascular disease, respiratory disease and cancer
Key contacts	Sarah Prema, Leicester City Clinical Commissioning Group
<ul style="list-style-type: none"> • Between April and August 2013 11,140 NHS Health Checks have been undertaken against an Area Team target of 12,400 (by 31st March 2014) and a local target of 31,725 (by the end of March 2014). Of the 11,140, 1,917 patients have had conditions detected and a management plan put in place. • General Practice staff have received training and development in the management of Diabetes through the EDEN project. • Public Health is currently finalising proposals to expand the lifestyle referral hub which will give health professionals a one stop-shop for patients who need lifestyle interventions such as exercise and diet advice. • New national campaign “blood in your pee” is due to be launched in the Autumn. • New service to be implemented in October 2013 to case find patients who have COPD, it is anticipated that this will identified over 600 new patients by the 31st March 2014. • Telehealth and health coaching is supporting 50 patients to manage their conditions better and reduce emergency admissions to hospital. This pilot is due to be increase to 100 patients over the next few months. 	
RAG: Green	Good progress is being made and there are no significant problems.

Strategic Priority 3: Support independence

Sub section	3.1 People with long term conditions
Key contacts	Sarah Prema, Leicester City Clinical Commissioning Group
<ul style="list-style-type: none"> • Work is commencing in the Autumn to further develop co-ordinated health and social care services. • New service, Intensive Community Support Service, commencing in October 2013 to support people coming out of hospital in their own home. • Plans are being developed to inform the plan for utilisation of the health transformation budgets, this will include prevention services. 	
RAG: Green	Good progress is being made and there are no significant problems.

Sub section	3.2 Older People
Key contacts	Bev White, LCC
<ul style="list-style-type: none"> • Work is progressing on developing reablement and enablement pathways which will support older people to maintain or regain their independence. • Work has begun to develop a Strategy for Older People which will take a holistic approach to the coordination and delivery of culturally appropriate high quality services across health, social care, housing and other relevant organisations. This will also consider how we can increase the participation of older people in neighbourhoods to increase social inclusion and general wellbeing. 	
RAG: Green	Good progress is being made and there are no significant problems.

Sub section	3.3 People with Dementia
Key contacts	Bev White LCC
	Wendy Pearson – LC CCG
<p>The Joint LLR Dementia Strategy continues to be implemented with many of the actions moving into a delivery stage:</p> <ul style="list-style-type: none"> • A memory assessment pathway has been developed and a shared care protocol is being finalised • An integrated crisis response service has been developed and its success is being monitored • A suite of information for carers, people with dementia and professionals has been developed and is about to be published • The implementation of carers’ assessments is a priority in the carer’s strategy • Work continues to ensure that re-ablement and intermediate care pathways are appropriate for people with dementia and facilitate early discharge back into the community. • The provision of appropriate, high quality support services and assistive technology continue to be rolled out • Awareness of dementia and the availability of services within specific communities continues to be promoted via Memory Cafes and Dementia Friends sessions • Dementia champions have been recruited, trained and a network developed to ensure that the care delivered in hospitals is of the highest quality; a similar programme for residential and nursing homes is in development. 	
RAG: Green	Good progress is being made and there are no significant problems.

Sub section	3.4 Carers
Key contacts	Mercy Lett-Charnock, LCC
<ul style="list-style-type: none"> • A Carers Joint Specific Strategic Needs Assessment, “The Needs of Carers in Leicester” has been produced. This will be reviewed over time but already identifies issues for carers in the City that support services can focus on in order to improve outcomes for carers. This information will inform future developments. • The numbers of carers assessments undertaken has increased from 1,233 in 2011/12 to 	

1,810 in 2012/13.

- In 2012/13 824 carers were provided with a carers personal budget (this is approximately 45% of those receiving a carers assessment) and the opportunity continues to be promoted in order to enable carers to access personalised support that best meets their needs.
- A carers break scheme is in development with the voluntary sector already delivering additional breaks as part of a pilot exercise to inform the longer term work.
- A significant commitment has been given to helping to identify carers and to support them through the provision of information and advice during the last year and in addition to the voluntary sector services provision, a new information leaflet to help early identification of carers has been produced with and for carers.
- Carers have also been involved in the development of the LCC carers website. Specific information including a carers personal budget leaflet has been developed in response to carer feedback and a newsletter is produced specifically for carers to help them access relevant training and services.
- A carer training programme has been developed within the City Council which has delivered training to an additional 123 people during the last year, to help them undertake their role.
- An interagency pilot has been undertaken to improve the pathways into services for young carers, to ensure they are identified and are able to fulfil their potential in terms of education and leisure.
- GP's have been involved in carer awareness along with practice manager staff to ensure an improved service for carers and better identification.

RAG: Green

Good progress is being made and there are no significant problems.

Strategic Priority 4: Improve mental health and emotional resilience

Sub section	4.1 Promote the emotional wellbeing of children and young people
Key contacts	Jasmine Murphy, Consultant Public Health, Leicester City Council
	Mark Wheatley, Public Health Principal, Leicester City Council
<p>The approach currently being developed in Public Health focuses on the following areas:</p> <ul style="list-style-type: none"> • Healthy Schools • School Nursing Service • CAMHS chapter in the forthcoming Joint Specific Needs Assessment on Mental Health in Leicester • Collaboration with the CCG in providing public health information and advice <p>The CCG with the local authority commissions Child Mental Health Training for staff delivering Tier 1 CAMHS services (universal services). The training service offers a wide range of courses, using experienced and practising professionals & clinicians, to deliver relevant content with a specific focus on children and adolescents. A two day event on 'Working Together in Child Mental Health and Promoting Mental Health' offers training for Tier 1/Primary care staff and managers for the statutory and voluntary sectors who come into contact or work with children and young people as part of their role. In addition to the 2 day course, more specialised one-day events on different types of child mental health problems/disorders are organised, incorporating a multi-agency approach similar to the 2</p>	

day courses. Topics include Attachment, Anger, Anxiety, Self-Harm, Depression, Attention Deficit-Hyperactivity Disorder, Eating Problems and Autism.	
RAG: Amber	Some risk that actions may not be delivered but this risk will be managed.

Sub section	4.2 Address common mental health problems in adults and mitigate the risks of mental health problems in groups who are particularly vulnerable.
Key contacts	Yasmin Surti, Lead commissioner Mental Health LCC
	Julie O’Boyle, Consultant in Public Health LCC
	Mark Wheatley, Public Health Principal LCC
<p>We aim to improve self-reported wellbeing in Leicester, focusing on the following areas:</p> <p>Suicide</p> <ul style="list-style-type: none"> • We have worked with strategic partners across Leicestershire to develop and launch a suicide prevention strategy. • We have worked to raise awareness of the issue of suicide and available support services with the public through an interagency event to mark world suicide prevention day • We have commissioned training for front line staff aimed at raising awareness and reducing stigma associated with suicide <p>Mental Health Needs Assessment</p> <ul style="list-style-type: none"> • We are working with key stakeholders, including service commissioners and mental health service providers to produce a specific needs assessment on mental health in Leicester City Council • The findings from the needs assessment will be reported via the JSNA project board to the Health and Wellbeing Board • The findings of the needs assessment will inform the refresh of the Joint Commissioning Strategy for Mental Health in the City <p>Mental Health Promotion</p> <ul style="list-style-type: none"> • We have worked with key partners to develop a Mental Health Promotion Strategy • We aim to use the strategy to coordinate an approach to improve the mental and emotional wellbeing of people in Leicester • We will raise awareness of the 5 Ways to Wellbeing; embedding them across City Council Departments, encouraging wider engagement and participation in them among individuals, families, communities and organisations as a means improving mental health and wellbeing in Leicester • We have established a Mental Health Partnership Board whose representation includes service users, carers and key statutory and third sector partners in order to raise the awareness of the issues and good practice and to influence local developments <p>Self-reported wellbeing has not been routinely measured, but will be included in the next Citizen’s survey.</p>	
RAG: Green	Good progress is being made and there are no significant problems.





Sub section	4.3 Support people with severe and enduring mental health needs
Key contacts	Sarah Prema, Leicester City Clinical Commissioning Group
The CCG is currently undertaking a scoping exercise of mental health services to inform future commissioning intentions.	
RAG: Green	Good progress is being made and there are no significant problems.



Strategic Priority 5: Focus on the wider determinants of health




Key contacts	Sue Cavill, Public Health, LCC
<p>A programme of activity has begun to revisit the council's partnership boards to share with them the agreed Joint Health and Wellbeing Strategy and explore how this can be incorporated into their planning.</p> <p>Additionally, there is a programme of visits back to the community and seldom heard groups who were consulted during the development of the strategy. Again, the strategy is being shared with them and their feedback invited about how they can be involved in taking forward the objectives.</p> <p>The Deputy City Mayor is leading work on further plans to help improve community engagement in implementing the strategy and assessing the equality impacts of decisions.</p>	
RAG: Amber	Some risk that actions may not be delivered but this risk will be managed.








‘Closing the Gap’: Leicester’s Health and Wellbeing Strategy – 2013/16 Indicators

Improve outcomes for children and young people





Indicator	Reporting frequency	Baseline as published in strategy	Latest data as at September 2013	Direction of travel	Notes
Readiness for school at age 5	Annual	11/12 – 64%	12/13 – 66%		
Breastfeeding at 6-8 weeks	Quarterly	11/12 – 54.9%	12/13 – 55.1% 13/14 Q1 – 57.9%		Q1 based on local figures
Smoking in pregnancy	Quarterly	11/12 – 12.7%	12/13 - 14.2%		Performance may be affected by change in data collection methodology in 12/13. Publication of 13/14 Q1 data delayed.
Conception rate in under 18 year old girls	Annual	2011 – 30.0	-		2012 data due to be published in Feb 2014




Reduce obesity in children under 11 (bring down levels of overweight and obesity to 2000 levels, by 2020)	Annual	Reception: 10/11 – 10.6%	Reception: 11/12 – 11.1%		
		Year 6: 10/11 – 20.6%	Year 6: 11/12- 20.5%		

Reduce premature mortality					
Indicator	Reporting frequency	Baseline	Latest data	Direction of travel	Notes
Number of people having NHS Checks	Quarterly	11/12 – 8,238	12/13 – 24,048 13/14 Q1 – 7,089		
Smoking cessation: 4 week quit rates	Quarterly	11/12 – 2,806 (1,153 per 100,000 adult pop.)	12/13 – 2,763 13/14 Q1 - 604		
Reduce smoking prevalence	No regular pattern	2010 – 26% (Lifestyle survey) 10/11 – 23.4% (Household survey)	-		Lifestyle survey may be undertaken in 2014



Adults participating in recommended levels of physical activity	Annual	Oct 10/Oct 11 – 27.8%	Oct 11/Oct 12 – 32.7% Apr 12/Apr 13 – 31.7%		
Alcohol-related harm	Quarterly	11/12 – 6,283 (1,992 per 100,000 pop.)	12/13 – 6,404 (2,038 per 100,000 pop.)		
Uptake of bowel cancer screening in men and women	Annual	11/12 – 43%	-		No further data currently available
Coverage of cervical screening in women	Annual	11/12 – 74.7%	-		12/13 data published on 24 th October 2013
Diabetes: management of blood sugar levels	Annual	11/12 – 62%	-		12/13 data published on 29 th October 2013
CHD: management of blood pressure	Annual	11/12 – 88.3%	-		12/13 data published on 29 th October 2013
COPD: Flu vaccination	Annual	11/12 – 92.3%	-		12/13 data published on 29 th October 2013

Support independence

Indicator	Reporting frequency	Baseline	Latest data	Direction of travel	Notes
People with Long Term Conditions in control of their condition	Annual	11/12 – 81.24%	-		12/13 data available, but trying to resolve technical problems
Carers receiving needs assessment or review and a specific carers service or advice and information	Quarterly	11/12 – 18.8%	12/13 – 26.5% 13/14 Q1 – 7.6%		
Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services	Quarterly	11/12 – 77.2%	12/13 – 83.8% 13/14 – 89.5%		
Older people, aged 65 and over, admitted on a permanent basis in the year to residential or nursing care per 100,000 population	Quarterly (cumulative)	11/12 – 608.9	12/13 – 735.27 13/14 Q1 – 141.8		Performance dipped in 12/13 however Q1 data for 13/14 shows improvement

Dementia - Effectiveness of post-diagnosis care in sustaining independence and improving quality of life	N/A	N/A	-		Placeholder measure in ASCOF, planned to be effective from 14/15 onwards
Carer-reported quality of life	Biennial	9/10 – 8.7	12/13 – 7.1		Next survey 14/15
The proportion of carers who report that they have been included or consulted in discussion about the person they care for.	Biennial	9/10 – 70%	12/13 – 63.5%		

Improve mental health and emotional resilience

Indicator	Reporting frequency	Baseline	Latest data	Direction of travel	Notes
Self-reported well-being - people with a high anxiety score	Annual	11/12 – 41.2%	-		Sub-national analysis of 12/13 data will be published in October 2013
Proportion of adults in contact with secondary mental health services living independently with or without support	Quarterly	11/12 – 68.1%	12/13 – 32.2% 13/14 Q1 -41.5%		Data quality issues with this indicator are being explored – not possible to make a judgement on direction of travel

