

LEICESTER CITY HEALTH AND WELLBEING BOARD

3rd APRIL 2014

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 this strategy has been devolved to the Leicester City Joint Integrated Commissioning Board (JICB).

This is the second 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 2 of the strategy.

This is a high level monitoring report, it acknowledges 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.

Progress can be seen in each priority area and there are positive performance trends for at least some of the measures tracking progress in every area. While improvements can be seen against specific measures, it is still very early to judge where the desired impact on the health and wellbeing of the city's residents is being made overall.

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;

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

The strategy aims to reduce health inequalities, delivering against the 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. More data is now available to show progress, with direction of travel indications for 22 of the 25 measures now available.

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 broad 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, and we have asked 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.

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

Red	Action is at serious risk of not being delivered.	0
Amber	Some risk that actions may not be delivered but this risk will be managed.	6
Green	Good progress is being made and there are no significant problems.	10

The 16 statements of progress, together with RAG ratings are set out at Appendix 1.

Some of the main achievements to support delivery of the outcomes include:

Teenage pregnancy: The new integrated sexual health service commenced on 1st January 2014. The service is currently reviewing its young people's provision with the intention to extend delivery.

Alcohol: A wide range of work has been done to reduce harmful alcohol consumption, including alcohol awareness week, anti-drink-driving campaigns and dry January. There was improved access to drug and alcohol treatment services and a reduction in alcohol related crime.

Cardiovascular disease, respiratory disease and cancer: The target for NHS health checks has been exceeded, and as a result of these checks 2,892 people were identified as having cardiovascular disease, respiratory disease or cancer and a management plan was put in place for them.

Dementia: A wide range of initiatives to support people with dementia continues to be put in place, including a memory assessment pathway and an integrated crisis support service. A hospital based network of dementia champions is being recruited and trained.

Carers: Carers in the city are receiving more support, with more receiving personal budgets, information, training and carer's breaks. A Carer's Charter was launched on National Carer's Rights Day, setting out commitments to carers, and the city council introduced a Carer's Employee Group and Carer's Passport to support employees who are carers.

Mental health: In recognition of the problems that people with mental health problems can face in accessing services, the mental health pathway is being re-assessed and the CCG is working with providers to transform the pathway to best meet the needs of patients.

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.

The baseline position for each indicator is given at Appendix 2, alongside an indication of the direction of travel of performance relative to this baseline. Where possible, a separate indication is given showing direction of travel since the previous update report. More data is available than at the time of the previous update in October 2013. Overall the position remains broadly similar to that reported in October.

As highlighted above, many of these are outcome measures and will show improvement only after the successful completion of actions currently planned and/or being implemented. While improvements can be seen against some specific measures, it is still very early to judge whether the desired improvement "across the piece" is happening.

Measures showing particular improvement relative to the baseline in the Joint Health and Wellbeing Strategy include those monitoring:

Sustaining breastfeeding – Above baseline, up 3.5% in latest quarter

Bowel cancer screening – Up 3.5% on baseline

Older people, aged 65+ admitted on a permanently to residential or nursing care – Rate and number of admissions show continued drop from baseline.

Reablement - Older people supported to live at home following discharge from hospital – Up over 11% on baseline





Over time more data will be available and it will be possible to provide more meaningful reports with increasingly useful trend analysis. In future reports, we intended to add benchmarking of Leicester's position relative to comparable local authorities, where this is possible.

Benchmarking will be against the 15 closest comparator councils from the CIPFA Nearest Neighbours Model. This benchmarking group is used in the Public Health Outcomes Framework and by HSCIC. The membership of the group is shown in Appendix 3.





A summary of the current position on the 25 indicators in the strategy is shown below. The full report on the indicators is set out in **Appendix 2** of this report, referencing what action is being taken to address performance against indicators yet to show the desired progress.

Direction of Travel Summary

Part 1: Direction of travel against baselines in the strategy

	Performance has improved from the baseline in the strategy	10
	Performance is similar to the baseline in the strategy	6
	Performance has worsened from the baseline in the strategy	5
	No data has been published since the baseline, or there are data quality issues	4

Part 2: Direction of travel against position in the last update report (October 2013)

	Performance has improved from the position in the last update report	6
	Performance is similar to the position in the last update report	11
	Performance has worsened from the position in the last update report	2
	No data has been published since the previous update report, or there are data quality issues	6

Appendix 1

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

Progress: March 2014

Strategic Priority 1: Improve outcomes for children and young people

Section	1.1 Reduce Infant Mortality
Contacts	Jo Atkinson, Public Health Consultant, Leicester City Council
<p>Leicester's current rate of infant mortality (7/1000) is significantly higher than the national rate.</p> <p>Infant mortality roadshows ran in all 8 neighbourhood areas in 2011/12 aiming to harness the capacity of a range of staff and volunteers to tackle infant mortality. A follow-up event was held in December 2013 with around 60 attendees to showcase projects, share good practice and discuss next steps.</p> <p>On a wider city level, a range of initiatives/ 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. In November 2013 we achieved Stage 2 of the UNICEF Baby Friendly Initiative which involved interviewing and assessing a wide range of UHL, LPT and children's centre staff about breastfeeding. A maternal obesity service is now operating at a number of venues across the city to support women to minimise excessive weight gain during pregnancy. A social marketing campaign has been running locally aiming to encourage pregnant women to book with a midwife before 12 weeks, an increase in the proportion booking before 12 weeks has been demonstrated</p>	
RATING Green	Good progress is being made and there are no significant problems.

Section	1.2 Reduce Teenage Pregnancy
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>There has been a small, but not statistically significant rise in under-18 conception rate from 30.0 per 1000 15-19 year olds (2011) to 32.9 per 1000 15-19 year olds in 2012. It is recommended that there is renewed co-ordination of partnership working to rekindle the previous successful approach.</p> <p>Access to contraception</p> <p>The new integrated sexual health service commenced on 1st January 2014. The service is currently reviewing its young people's provision with the intention to extend delivery. An additional young people's site has already opened in South Wigston which is serving Leicester students attending colleges in that area. New city centre accommodation is still required for a dedicated young people's sexual health service following the planned relocation in May 2014 of the Connexions Information, Advice and Guidance Service.</p> <p>The Education and Children's Department are completing a transformation programme that involves the redesigning of statutory services for children and young people in</p>	

Leicester based on the child's journey, whilst securing better integration with locality early help services. This is an opportunity for transforming statutory services around the journey children, young people and their families take and will ensure that the child's voice is central to service delivery; whilst leading to improvements in the quality of practice and ultimately outcomes for children, young people and families.

A key intended outcome is to ensure that services are delivered at the right time and place to children and young people through an integrated early help offer to prevent escalation into more complex statutory services. The current remodelling of the Youth Service is providing more targeted support to vulnerable young people; and its closer integration with the Connexions Information, Advice and Guidance Service, aligned with the Troubled Families Programme, will provide a more integrated youth offer including improved access to contraception and sexual health services.

Relationship & Sex Education

The Healthy Schools programme is currently being reviewed and includes RSE.

Educational attainment and raising aspirations.

The educational attainment of young people in Leicester continues to improve.

RATING Amber	Some risk that actions may not be delivered but this risk will be managed.
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Section	1.3 Improve readiness for school at age five
Contacts	Nicola Bassindale, Early Prevention Service, Leicester City Council
<p>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 continued to progress to improve the quality of data being held on DataNet. This data is readily available for Children's Centre Teachers to access directly in order 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 that have a greater proportion of children falling into the bottom 20%. Children's Centre staff continue to 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.</p> <p>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 Leicester City Council 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 continues to be 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, improving health and reducing infant mortality through supporting breast feeding and reducing smoking in pregnancy, etc.</p>	
RATING Green	Good progress is being made and there are no significant problems.

Section	1.4 Promote healthy weight and lifestyles in children and young people
Contacts	Jo Atkinson, Consultant in Public Health, Leicester City Council Steph Dunkley, Public Health Principal, Leicester City Council
<ul style="list-style-type: none"> • The National Child Measurement Programme published in December 2013 showed significantly high rates of childhood obesity in the city in both reception year and year 6 compared to the national rates. • The revised Healthy Weight Strategy will be finalised by the end of 2014. Consultation events are planned with stakeholders and service users during spring 2014. • 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. • “Cook and eat” programmes to be delivered in early years settings, schools and the wider community will be commissioned during 2014 • 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 classes a 5 week multi-skills programme led by sports coaches in curriculum time. • A new child weight management service - FLiC (Family Lifestyle Clubs) will start to deliver on 1st April 2014, provided by LPT. 	
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Strategic Priority 2: Reduce premature mortality

Section	2.1 Reduce smoking and tobacco use
Contacts	Rod Moore, Public Health, Leicester City Council
<p>Work has also continued to promote smoking cessation with communities, hospitals, primary care, maternity services and other settings. The achievement of quits at 4 weeks is lower than in previous years and a plan is in place to address this. It is thought to reflect a change in approach to quitting brought about by e-cigarettes which is being experienced nationwide. The CCG has recently funded some additional work in strengthening smoking cessation efforts in UHL, which should yield greater numbers of smokers quitting next year. The service continues to make smoking cessation available to younger smokers, though it is finding it less easy to engage with schools on prevention than in previous years. The Step Right Out Campaign to reduce exposure to second hand smoke in homes and cars continues. The 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 smoke free. The STOP service as a whole will be reviewed in 2014/15.</p>	
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Section	2.2 Increase physical activity and healthy weight
Contacts	Jo Atkinson, Consultant in Public Health, Leicester City Council Steph Dunkley, Public Health Principal, Leicester City Council
	<ul style="list-style-type: none"> The revised Healthy Weight Strategy will be finalised by the end of 2014. Consultation events are planned with stakeholders and service users during spring 2014. The Healthy Lifestyles Hub continues in 14 GP practices, a roll-out across all practices in the city is planned during 2014/15, in conjunction with the CCG. 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 Healthy Weight Strategy. The service will be re-commissioned during 2014. “Walking Away from Diabetes” groups are now running in the city aiming using walking as a means of preventing type 2 diabetes. The Active Lifestyle Scheme continues to see a high level of demand and now has a waiting list. The service will be reviewed during 2014 in order to manage this demand in the most appropriate way. The health trainer service (one to one lifestyle advice) continues to operate in the most disadvantaged areas of the city. The service is being re-commissioned in conjunction with the Healthy Lifestyles Hub during 2014.
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Section	2.3 Reduce Harmful Alcohol Consumption
Contacts	Julie O’Boyle, Consultant in Public Health Chief Inspector Donna Tobin-Davies, Leicestershire Police Karly Thompson, Divisional Director East Midlands Ambulance Service Paul Hebborn, Leicestershire Fire and Rescue Service Justine Denton, Leicester City Council Trading Standards Mike Broster, Head of Licensing Leicester City Council Rachna Vyas, Head of Strategy and Planning, Leicester City CCG
	<ul style="list-style-type: none"> Alcohol awareness campaigns have taken place across the city linked to alcohol awareness week, drink driving and dry January. A social marketing campaign in the wards with the highest rates of alcohol related harm asked people “what are you doing tonight” the campaign promoted alternative activities not involving alcohol and encouraged people to consider the number of units they were consuming. New recovery focussed drug and alcohol treatment services are providing improved access to treatment for people affected by alcohol misuse. Secondary care alcohol liaison workers and primary care alcohol engagement workers are working to reduce the levels of emergency department repeat attendance and hospital admissions. Trading standards continue to work to reduce underage sales of alcohol Police led initiatives have resulted in a decrease in alcohol related crime including injury due to assault associated with the night time economy.
RATING Green	Good progress is being made and there are no significant problems.

Section	2.4 Improve the identification and clinical management of cardiovascular disease, respiratory disease and cancer
Contacts	Sarah Prema, Leicester City Clinical Commissioning Group (CCG)
	<ul style="list-style-type: none"> Cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD) strategy events were held in November 2013 to identify priorities for the CCG Commissioning Intentions. CVD and COPD continue to be strategic objective areas for the CCG. The 5 year strategy across Leicester, Leicestershire and Rutland has also selected CVD, Respiratory and Cancer as priority workstreams. Transformative programmes of work to improve services in these areas will commence in April 2014 covering prevention, treatment and living well with such conditions. Between April 2013 and January 2014, 18,985 NHS Health Checks have been undertaken against an Area Team target of 12,400 (by 31st March 2014). Of these 2,892 patients have had conditions detected and a management plan put in place. 216 General Practice staff have now received training and development in the management of diabetes through the EDEN project. The CCG and Public Health have worked together to upscale 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. CCG funding has been committed. COPD case finding service launched in October 2013 across General Practice and in the community services, with prevalence rates increasing as a result. 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.
RATING Green	Good progress is being made and there are no significant problems.

Strategic Priority 3: Support independence

Section	3.1 People with long term conditions
Contacts	Sarah Prema, Leicester City Clinical Commissioning Group
	<ul style="list-style-type: none"> 24 'virtual beds' are now live, known as the Intensive Community Support Service to support people coming out of hospital to stay in their own home. The CCG has put into place a renewed focus on care planning to enable patients with long term conditions to maintain their condition effectively. This involves care plans for specific groups of patients, such as those identified as high risk of hospital admissions, older people, those with dementia and for those at the end of life. Our focus on our strategic priority areas (Cardiovascular/Mental Health/Reparatory) continues with projects to detect and manage a range of long term conditions.
RATING Green	Good progress is being made and there are no significant problems.

Section	3.2 Older People
Contacts	Bev White, Leicester City Council
<p>Work is progressing on developing reablement and enablement pathways which will support older people to maintain or regain their independence.</p> <p>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.</p>	
RATING Green	Good progress is being made and there are no significant problems.

Section	3.3 People with Dementia
Contacts	Bev White Leicester City Council
<p>The Joint LLR Dementia Strategy moves into its final year. Achievements include:</p> <ul style="list-style-type: none"> • A memory assessment pathway has been finalised. • An integrated crisis response service has been developed and is demonstrating considerable success. • A suite of information for carers, people with dementia and professionals has been developed and is about to be distributed. • An information booklet 'Top Tips for diagnosing, supporting and managing the needs of People with Dementia in General Practice' has been distributed to every GP. • The implementation of carers' assessments continues to be a priority. • Work continues to ensure that re-ablement and intermediate care pathways are appropriate for people with dementia and facilitate early discharge. • 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 is promoted via Memory Cafes and Dementia Friends sessions. • Dementia champions have been recruited, trained and a network developed to ensure that hospital care is of the highest quality; a similar programme for residential and nursing homes is in development. • An event for residential and nursing care providers was held to explore good practice in dementia design and care – 200 delegates attended. • 6 local residential homes are piloting the DoH's Dementia Environment initiative. • Leicester city CCG's diagnosis rate for dementia has increased to almost 56% - target is 66% by 2015 • 49 of 63 GP practices have signed up to the new DES (Directly Enhanced Service) for early diagnosis. • A specialist Discharge to Assess nurse post in UHL is being piloted. • The Quality Assessment Framework for residential care is operational. • Work has begun with housing colleagues to identify pilot projects to improve the support received by people who live in Housing association properties. <p>From 2014, dementia will be a priority in the new NHS 5 Year Strategy and this will be the vehicle for continuing the work.</p>	
RATING Green	Good progress is being made and there are no significant problems.

Section	3.4 Carers
Contacts	Mercy Lett-Charnock, Leicester City Council
	<ul style="list-style-type: none"> • Carers personal budgets are being widely promoted in order to enable carers to access personalised support that meets their needs and 483 additional carers received a personal budget during the year. • Five voluntary sector providers were awarded monies by the City Council to deliver additional carers breaks and support. Final project reports are due shortly but it is anticipated approximately 450 additional breaks will have been delivered during the year. • The carers newsletter produced by the City Council has been expanded to reach an additional 850 people during the year. The 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 200 carers during the last year, to help them undertake their role. In response to specific carer requests training has been delivered on welfare benefit changes, challenging behaviour, direct payments, carers assessments, the decision support tool and autistic spectrum disorder amongst others. We have engaged Gujarati speaking trainers to deliver benefits training as it is a complex area that benefits from a native speaker rather than being translated and carers have welcomed this. • The City Council and Clinical Commissioning Group launched a Carers Charter on National Carers Rights day, developed by carers from the City, setting out commitments to carers. Displaying of the charters around prominent locations should contribute to raised awareness. • ASC is working with the National Institute of Adult Continuing Education (NIACE) to look at barriers to older young carers (16-24) accessing education and training opportunities • The development of a Leicester City Council carer employee group and “carer passport” has been a positive step in supporting our own staff and promoting good practice • Fifty front line staff have received carer assessment training during the year to help increase the number of assessments done as well as improving understanding of carer issues. • University Hospitals Leicester has employed a carer champion to improve access to services for carers on discharge from hospital. • Adult Social Care is part of a newly formed Special Interest Group for carers. Based at De Montfort University, the group is collating existing research around carers and looking into developing research projects based on carer issues, in partnership with practitioners to inform future good practice with an aim to improve services. • Events for both Carers Week and National Carers Rights Day have been supported by partners and aimed to increase the number of carers identified and of the support available to them.
RATING Green	Good progress is being made and there are no significant problems.

Strategic Priority 4: Improve mental health and emotional resilience

Section	4.1 Promote the emotional wellbeing of children and young people
Contacts	Jasmine Murphy, Consultant Public Health, Leicester City Council Mark Wheatley, Public Health Principal, Leicester City Council
<p>The Public Health approach continues to focus on strengthening emotional wellbeing in schools and working with specialist services to ensure that there is mental health care provision for children and families in need. Delivering the key message that good emotional, psychological and social health can protect young people. For instance, as key public health and primary care practitioners, school nurses have an important role to play in improving health and tackling the inequalities which underpin the emotional wellbeing of children and young people.</p> <p>The CCG commissions a range of Child and Adolescent Mental Health Services (CAMHS), such as the Children and Families Support Team, primary mental health services, the Leicester City Child Behaviour Intervention Initiative and is currently developing children's IAPT services. CAMHS has a Tiered approach, so that children and young people should be able to gain timely access to the services that they require. There are additional specialist services for issues such as Attention Deficit-Hyperactivity Disorder, Eating Problems and Autism.</p> <p>Leicester City Council has a number Children and Family Centres, which provide services to support families where a child is assessed as being in need as defined by the Children Act 1989. These services include care for children below five years of age on a daily or sessional basis, support for parents on behaviour management, child development and help to build self-esteem.</p>	
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Section	4.2 Address common mental health problems in adults and mitigate the risks of mental health problems in groups who are particularly vulnerable.
Contacts	Yasmin Surti, Lead commissioner Mental Health, Leicester City Council Julie O'Boyle, Consultant in Public Health, Leicester City Council Mark Wheatley, Public Health Principal, Leicester City Council
<p>Leicester City Council has signed up to the Time For Change Mental Health Charter and nominated a member champion, Councillor Michael Cooke, but the Mental Health Challenge means that all councillors will seek to influence the full range of services and activities available to improve mental health in Leicester.</p> <p>In Leicester, the Open Mind IAPT (Improving Access to Psychological Therapy) Service is a positive development, delivering psychological therapies where they are needed, in collaboration with local voluntary sector organisations, such as Adhar, Trade and the LGBT centre, to address the stigma of mental health problems in different communities.</p> <p>There have been important local initiatives, such as the Triage Car, in which the Police and Leicestershire Partnership Trust collaborate to provide alternative care and support for someone with a mental health problem. In addition, there is a national Crisis Care</p>	

Concordat which sets out the expected response of mental health services when a person has been taken to a place of safety.

Commissioners are scoping the potential for well-being centres to be developed in the city as a way of improving mental health crisis care.

A key element of the work across LLR under the Better Care Together Strategy development is to develop parity of esteem between mental and physical health problems. People with mental illness are more at risk of premature mortality than the population generally. It is important that mental and physical health care is integrated at every level, with commissioners working to improve standards of physical health care within mental health facilities and primary care, to ensure earlier diagnosis of illnesses.

As a local council championing mental health, Leicester City Council is reflecting a desire for change for those with mental illness and those who support them.

By signing up to the Mental Health Challenge Leicester City Council will support an integrated approach to mental health care, ensuring that mental wellbeing underpins traditional universal services and encouraging the delivery of a broad spectrum of services across the city and where necessary across Leicester, Leicestershire and Rutland and across the region. In doing this Leicester City Council aims to listen to the concerns of people with mental illness and their carers; protect the mental health of children and young people; collaborate in the prevention of mental illness; promote early intervention in mental health and develop personalisation and social care services for people with mental illness.

RATING Green	Good progress is being made and there are no significant problems.
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Section	4.3 Support people with severe and enduring mental health needs
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Contacts	Sarah Prema, Leicester City Clinical Commissioning Group
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- The CCG has completed a scoping exercise of mental health services and is currently using this to inform our commissioning intentions.
- The CCG has recognised the requirement to re-assess the mental health pathway and is currently working with our providers to transform this pathway to best suit the needs of our patients. Healthwatch is involved in this piece of work. This will involve specifically looking at services in the areas of the unscheduled acute care mental health pathway, Planned care pathways, complex care, rehabilitation and other specific care pathways.





RATING Green	Good progress is being made and there are no significant problems.
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Strategic Priority 5: Focus on the wider determinants of health







Contacts	Sue Cavill, Public Health, Leicester City Council
<p>A presentation has been made to the Children's Trust and the Sports Partnership Board to share with them the agreed Joint Health and Wellbeing Strategy and explore how this can be incorporated into their planning.</p> <p>Additionally, presentations have been made to a number of community groups, including the Forum for Older People, the Deaf and Hard of Hearing Community Feedback Session, a local African-Caribbean group, a Chinese community group and the Zimbabwe Action in Solidarity Leicester Drop-in Centre. These were supported by Healthwatch Leicester. As a result of requests at the Deaf and Hard of Hearing group, Healthwatch organised a follow up session on stopping smoking.</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>	
RATING 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	<u>Baseline as published in strategy</u>	Latest data as at March 2014	Direction of travel vs last report	<u>Direction of travel vs Baseline</u>	Activity supporting performance improvement For information on activity in support of this measure please see these sections of Appendix 1
Readiness for school at age 5	Annual	11/12 – 64%	12/13 – 27.7% Please see Appendix 3 for technical note			Having investigated the reasons for the significant drop in performance in 2013 we have concluded that an important factor was lack of familiarity with the new assessments used in 2013, and the way moderation was applied. Having reviewed the first year, we have reached a shared view with schools that assessments and moderation probably erred on the side of being overly rigorous, for example, expecting children to demonstrate repeatedly





						<p>secure achievement on all or nearly all criteria, rather than a best fit approach.</p> <p>The discussions and work with schools have resulted in a different partnership approach, in which we will work on the assessment process throughout the year. This will help in developing consistency and agreement about interpretation of assessment evidence.</p> <p>Section 1.3</p>
Breastfeeding at 6-8 weeks	Quarterly	11/12 – 54.9%	12/13 – 55.1% 13/14 Q1 – 57.9% Q2 – 53.1% Q3 – 56.5%			Section 1.1
Smoking in pregnancy Please see Appendix 3 for technical note	Quarterly	11/12 – 12.7%	12/13 - 14.2% 13/14 Q1 – 12.6% 13/14 Q2 – 13.8%			Section 2.1
Conception rate in under 18 year old girls (per 1000 girls under 18)	Annual	2011 – 30.0	32.9			Section 1.2











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% 12/13 – 10.4%			Section 1.4
	Annual	Year 6: 10/11 – 20.6%	Year 6: 11/12- 20.5% 11/12- 21.1%			





	Reduce premature mortality					
Indicator	Reporting frequency	<u>Baseline</u>	Latest data	Direction of travel vs last report	<u>Direction of travel vs Baseline</u>	Activity supporting performance improvement For information on activity in support of this measure please see these sections of Appendix 1
Number of people having NHS Checks Please see Appendix 3 for technical note	Quarterly	11/12 – 8,238	12/13 – 24,048 13/14 Q1 – 7,089 13/14 Q2 – 13,329 13/14 Q3 – 17,865			Section 2.4
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 – 642 13/14 Q2 – 1240 13/14 Q3 – 1776			Work has 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 in part by e-cigarettes which is being experienced nationwide. A plan is in place to regain momentum. Section 2.1
Reduce smoking prevalence	No regular pattern (Next Survey 2014)	2010 – 26% (Lifestyle survey) 10/11 – 23.4% (Household survey)	-			Section 2.1
Adults participating in recommended levels of physical activity Please see Appendix 3 for technical note	Annual	Oct 10/Oct 11 – 27.8%	Oct 11/Oct 12 – 32.7% Apr 12/Apr 13 – 31.7% Oct 12/Oct 13 – 30.6%			Section 2.2
Alcohol-related harm	Annual	11/12 – 6,283 (1,992 per 100,000 pop.)	12/13 – 6,404 (2,038 per 100,000 pop.)			Section 2.3

Uptake of bowel cancer screening in men and women	Annual	11/12 – 43%	12/13 – 46.6%			Sections 2.4 & 3.1
Coverage of cervical screening in women	Annual	11/12 – 74.7%	12/13 73.9%			Sections 2.4 & 3.1
Diabetes: management of blood sugar levels	Annual	11/12 – 62%	12/13 latest 61.8%			Sections 2.4 & 3.1
CHD: management of blood pressure	Annual	11/12 – 88.3%	12/13 - 89.1%			Section 2.4
COPD: Flu vaccination	Annual	11/12 – 92.3%	12/13 - 91.5%			Section 2.4

	Support independence					
Indicator	Reporting frequency	<u>Baseline</u>	Latest data	Direction of travel vs last report	<u>Direction of travel vs Baseline</u>	Activity supporting performance improvement For information on activity in support of this measure please see these sections of Appendix 1
People with Long Term Conditions in control of their condition	Annual	11/12 – 81.24%	12/13 – 61.3% Please see Appendix 3 for technical note			New data (2012/13) from the GP Access Survey is available but technical problems persist insofar as we cannot verify the baseline data using the prescribed formula. Section 3.1
Carers receiving needs assessment or review and a specific carers service or advice and information (fmr NI135)	Quarterly	11/12 – 18.8%	12/13 – 26.5% 13/14 Q1 7.6% 13/14 Q2 17.3% 13/14 Q3 25.4%			Section 3.4

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 Q1 – 89.5% 13/14 Q2 – 88.8% 13/14 Q3 – 88.6%			Section 3.2
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 – 763.20 - revised Feb 2014	12/13 – 735.27 13/14 Q1 141.8 13/14 Q2 354.5 13/14 Q3 514.7			Section 3.2
Dementia - Effectiveness of post-diagnosis care in sustaining independence and improving quality of life	N/A	N/A	No Data Please see Appendix 3 for technical note			Section 3.3
Carer-reported quality of life	Biennial (Next survey 14/15)	9/10 – 8.7	12/13 – 7.1			Section 3.4
The proportion of carers who report that they have been included or consulted in discussion about the person they care for.	Biennial (Next survey 14/15)	9/10 – 70%	12/13 – 63.5%			Section 3.4

	Improve mental health and emotional resilience					
Indicator	Reporting frequency	Baseline	Latest data	Direction of travel	Direction of travel vs Baseline	Activity supporting performance improvement For information on activity in support of this measure please see these sections of Appendix 1
Self-reported well-being - people with a high anxiety score	Annual	11/12 – 41.99%	12/13 – 41.2%			Section 4.2
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% 13/14 Q2 -39.3% 13/14 Q3 -40.9% Please see Appendix 3 for technical note			Section 4.3

Appendix 3 Technical Notes

Production of progress statements for 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.

Reporting frequency for Appendix 2 indicators:

Of the 25 indicators, 2 are reported biennially, 13 annually, 8 quarterly, 1 has no fixed reporting pattern and 1 is a placeholder (not yet being collected). For the biennial and no fixed pattern indicators, there has been no data published since the adoption of the strategy.

Data quality issues and other technical notes on performance indicators

Indicator	Notes
Readiness for school at age 5	<p>A new assessment framework was introduced in 2013. The criteria for reaching a good level of development have changed, and are more demanding. Children have a good level of development if they reach the expected level in all strands of Personal and Social Development, Communication and Language, Physical Development, Literacy and Mathematics. There are now 12 criteria compared to 8.</p> <p>In 2013 only 28% of children in Leicester achieved this measure. However the drop should not be automatically interpreted as a significant difference in the actual level of development reached by the cohorts of 5 year olds.</p> <p>Details of the new assessment process and expectations of moderation were issued late to the LA and schools and settings. This limited the time available for preparatory 'agreement trialling'. Through agreement trialling teachers and others involved in making assessments can debate and reach judgements on best fit assessment levels, especially when trying to assess against a range of criteria and evidence. This is a useful process in training for new assessment systems, and supporting consistent judgements.</p>
Smoking in pregnancy	Performance may be affected by change in data collection methodology in 12/13.
Number of people having NHS Checks	Number of health checks increasing and well ahead of baseline. However rate of increase suggests we are unlikely to improve on 12/13 outturn.

Indicator	Notes
Adults participating in recommended levels of physical activity	Latest results from Active People Survey 7. This figure is for 16 year olds and above and is comparable with previous years.
People with Long Term Conditions in control of their condition	12/13 data based on weighted survey results from GP Access Survey, Dec 2013. <i>% of respondents to the survey answering either "yes definitely" or "yes to some extent" when asked if they had (In last 6 months), had enough support from local services or organisations to help manage long-term health condition(s)?</i>
Dementia - Effectiveness of post-diagnosis care in sustaining independence and improving quality of life	Placeholder measure in ASCOF, planned to be effective from 14/15 onwards
Proportion of adults in contact with secondary mental health services living independently with or without support	Data quality issues with this indicator remain outstanding – not possible to make a judgement on direction of travel

Benchmarking:

In future reports it is proposed to include benchmarking against the 15 closest comparator councils from the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours Model. These authorities are:

CIPFA Family authorities group:

E06000032	Luton UA
E08000031	Wolverhampton
E06000018	Nottingham UA
E08000026	Coventry
E08000028	Sandwell
E08000032	Bradford
E06000031	Peterborough UA
E06000008	Blackburn with Darwen UA
E06000010	Kingston upon Hull UA
E06000015	Derby UA
E06000002	Middlesbrough UA
E08000012	Liverpool
E08000004	Oldham
E08000021	Newcastle upon Tyne
E06000039	Slough UA
E06000016	Leicester UA