LEICESTER CITY HEALTH AND WELLBEING BOARD

9th OCTOBER 2014

Subject:	**Update on the Progress of the Joint Health and Wellbeing Strategy**
Presented to the Health and Wellbeing Board by:	**Dr Simon Freeman**
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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 third 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 23 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.

To ensure that delivery of the Strategy is given the required focus and drive the JICB have instigated a rolling programme of detailed assessments of progress across priority actions. The first such assessment, looking at alcohol related harm is included as appendix 1b of this report.

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.	8
Green	Good progress is being made and there are no significant problems.	8

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:

Youth services: A remodelled Youth Service is providing a more integrated youth offer including improved access to contraception and sexual health services.

Healthy lifestyles for children: The new child weight management service - FLiC (Family Lifestyle Clubs) commenced delivery on 1st April 2014, provided by Leicestershire Nutrition and Dietetics Service within LPT

Physical activity and healthy weight: The Healthy Lifestyles Hub is being rolled out across GP practices in the city, in conjunction with the CCG, by end March 2015 over half of GP practices will be referring into the hub and by October 2015 the hub will be city-wide.

Diabetes: A new Diabetes pathway has been introduced across the city which sees more patients managed in general practice rather than acute settings. "Walking Away from Diabetes" groups are now running in the city aiming using walking as a means of preventing type 2 diabetes.

Carers: Carers are receiving additional support and training. Training has been delivered to 300 more carers during last year. Voluntary sector providers have delivered an additional 360 carer's breaks.

Mental Health: A series of Mental Health Summits have been held in Leicester, raising awareness of mental illness and influencing local service commissioners. The Leicester City Mental Health Partnership Board has been established and will aim to improve mental health care, tackle stigma and reduce inequalities.

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 April 2014. Overall the position remains broadly similar to that reported in April.

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:

Health checks – Numbers receiving checks continue to rise, latest outturn 25,886 and 3,536 patients subsequently have a management plan put in place.

Care's receiving needs assessment - Improving trend continues, with 28.4% being the latest outturn

Reablement - Older people supported to live at home following discharge from hospital 91.2% at home after 91 days in the last quarter.

For the first time in this report we have included benchmarking data, where it is available, to help us understand our performance and rate of improvement (or decline) in relation to other similar local authorities. Rather than use the CIPFA Nearest Neighbour Model for all measures (as previously proposed), we have used the most appropriate benchmarking group for each measure (e.g. National Foundation for Educational Research benchmarking group for children's and young people's measures).

Given the increased levels of data available for this third progress report, we have also been able to include trend analysis in graph form for most of our measures. This information is set out in appendix 2b.

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.

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	7
	Performance has worsened from the baseline in the strategy	5
	No data has been published since the baseline, or there are data quality issues	3

Appendix 1(a)

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

Progress: September 2014

Strategic Priority 1: Improve outcomes for children and young people

Section	**1.1 Reduce Infant Mortality**
Contact(s)	Jo Atkinson, Public Health Consultant, Leicester City Council

Leicester's current rate of infant mortality (7/1000) is significantly higher than the national rate (4.3/ 1000), although similar to our comparator cities such as Wolverhampton, Birmingham and Nottingham. It is, however, of concern that rates of infant mortality have not reduced in the city over the past decade, but have remained relatively stable.

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 and due to be completed by early 2015, the key aim of which is to improve breastfeeding rates. In November 2013 we achieved Stage 2 of the UNICEF Baby Friendly Initiative and in February 2015 will be assessed for stage 3, the final stage. An action plan has been developed and is monitored by the infant feeding board to ensure that providers are prepared for stage 3. A peer support programme targeted at areas of the city with the lowest breastfeeding rates is currently being commissioned, which will be operational by early 2015.

A maternal obesity service is now operating across the city, all women with a BMI of over 35 at booking receive a phone call from a dietician and advice and motivational support is provided. Women are also offered place on a 6 week programme running in 4 venues across the city involving advice and support from both a midwife and dietician along with a physical activity session e.g. aquanatal or pilates. A refocus on encouraging women to book early for antenatal care is taking place as although an increase in the proportion booking before 12 weeks was demonstrated earlier in the year, this proportion has recently reduced again.

Due to the importance of the issue and the fact that infant mortality rates have not reduced over the past 10 years, it is proposed that a group be brought together to determine whether more focus needs to be given to infant mortality. Discussion will take place regarding whether there is anything more that the local authority, health and other agencies should be doing to impact on this more significantly and whether an infant mortality strategy should be developed locally.

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

Section	1.2 Reduce Teenage Pregnancy
Contact(s)	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

Teenage pregnancy is monitored on the rate of conceptions per 1,000 females aged 15 to 17. In Leicester, this has risen to 32.9 per 1,000 girls in 2012 from 30.0 per 1,000 girls in 2011. Although there has been a 2.9 increase in the rate of teenage pregnancy for Leicester between 2011 and 2012, it should be noted that this rise is not statistically significant. Furthermore, there has been a 49.1% decrease in teenage pregnancy locally from the 1998 baseline.

Access to contraception
The new integrated sexual health service commenced on 1st January 2014. The service has reviewed its young people's provision and has extended delivery. A new city centre accommodation is still required for a dedicated young people's sexual health service following the planned relocation of the Connexions Information, Advice and Guidance Service and appropriate alternative city centre premises need to be identified.

Community Based Public Health Services for Young People covering emergency hormonal contraception, chlamydia screening and long-acting reversible contraception is currently being re-procured. Additionally, a new C-Card (Condom Card) scheme for young people is also being piloted by the integrated sexual health service. C-Card schemes are confidential community based services which provide free condoms, sexual health advice and support to young people. The scheme aims aim to make condoms more accessible to young people, whilst providing them with support and information about sexual health and how to use them correctly. By bringing C-Card schemes to young people, they aim to encourage good longer-term sexual health awareness and behaviour and better use of further services.

Children's Services have completed their transformation programme that has secured better integration with locality early help services. This has transformed services ensuring 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 remodelled Youth Service is also providing a more integrated youth offer including improved access to contraception and sexual health services. Workforce training for both city council and commissioned youth service providers includes targeting vulnerable young people including those at risk of underage conception or poor health outcomes.

Phase 2 of the THINK Family Programme will support additional targeting of young people and families at risk of poor health outcomes including both mental and physical health. This will build upon the success of the current programme focussed on improving school attendance, ETE engagement, and reduction in crime and anti-social behaviour.

Relationship & Sex Education (RSE)
A revised RSE Strategy is required for the City.

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

Section	1.3 Improve readiness for school at age five
Contact(s)	Julia Pilsbury, Early Help Targeted Services, Leicester City Council

Action 1: 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.

Early Help Targeted services continue to develop the use of e-start to register families and analysis attendance data. We have also developed a list of children vulnerable to poor outcomes i.e. Children in Need, Children subject to Child Protection Plans, children subject to a CAF, or where a member of the family has a CAF or is part of the Think Family work, also siblings of children who fell into the lowest 20% for the LA. Children's Centres then use this data working with colleagues in the field to identify those families not accessing services and/or there is concern. The Children's Centre then target these families for activities and invite and/or home visit. Children's Centres are also using DWP data to target those families identified as eligible for two year nursery education and inform and support attendance.

As of August 2014 health are now sharing data which will enable Children's Centres to cross reference information and support the identification referred to above.
Children's Centre Teachers continue to access data net 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 who 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.

Action 2: 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.

The integrated model of services delivered through Children's Centres (located in the most deprived areas of the city) continues to support the following: LCC and Health services working 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. This enables Children's Centres to include local information to data thus providing more informed data. The two year old development check continue 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. The majority of Children's Centre staff are trained in baby friendly breast feeding that enables them to promote the benefits of breast feeding and skin to skin contact. Some staff are also trained in healthy eating initiatives which enables them to provide informed information for parents' and some groups activity which promotes this. They work with midwifery to promote breast feeding and early learning activities during ante natal groups. They work with other health partners to develop and target preventative health and wellbeing initiatives to families, focusing on areas such as reducing obesity, improving health and reducing infant mortality through supporting breast feeding, reducing smoking in pregnancy, and promoting good oral hygiene. Children's Centre teachers' work with local schools to identify and support transition to school and ongoing support for children previously identified as vulnerable to poor outcomes.

Children's Centres work with the library service to promote library use, all Children's Centres have the galaxy system installed so that they can issue books form the centres and to deliver stay and play type activity in libraries and the Governments' Book Start initiative.	
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Section	**1.4 Promote healthy weight and lifestyles in children and young people**
Contact(s)	Jo Atkinson, Consultant in Public Health, Leicester City Council Steph Dunkley, Public Health Principal, Leicester City Council

The city has significantly high rates of childhood obesity in the city in both reception year and year 6 compared to the national rates.

A healthy weight needs assessment has been completed and the Healthy Weight Strategy is being revised but due to capacity issues has been delayed and will be finalised early/mid 2015.

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 service is being re-commissioned on a larger scale to also include secondary schools and the development of food growing skills. The new service will commence on 1st April 2015

A healthy eating initiative in children's centres and other early years settings including community-based "Cook and Eat" programmes is being commissioned currently. The service will commence delivery in early 2015.

Investment is being made in the delivery and co-ordination of physical activity interventions in primary schools, delivery will start in late 2014.

The new child weight management service - FLiC (Family Lifestyle Clubs) commenced delivery on 1st April 2014, provided by Leicestershire Nutrition and Dietetics Service within 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
Contact(s)	Rod Moore, Public Health, Leicester City Council

The full year results for 2013/14 show that the smoking cessation service in Leicester achieved 98.6% of its expected 4 week quitters in a year that was marked by changes in smoker's behaviour due to the further impact of e-cigarettes.

The service continues to be among the best at attracting smokers to the service and helping them to quit. The number of people setting a quit date per 100,000 population aged 16+has declined over the past 5 years, this pattern is mirrored at national and regional level, however, the number of people setting a quit date in Leicester still remains above national and regional levels and Leicester has the 3rd highest number of people setting a quit date (per 100,000 population 16+) in comparison to its ONS comparators in 2013/14. Leicester is also performing well in terms of quitters - the percentage successfully quitting in 2013/14 (57%) is 4 percentage points higher compared to 2012/13 (53% and Leicester has the highest number of people successfully quitting smoking (per 100,000 population) in comparison to its ONS comparators in 2013/14. 72.4% of all quits were validated by CO monitoring (which measures the level of carbon monoxide in the bloodstream), significantly higher than the average for England (70.1%) and for the East Midlands (59.7%) and 4th among comparator authorities but significantly higher than the average for those authorities (65%).

The challenging conditions continue and in q1 of 2014/15 the service has reported that it is 36% below target for the quarter and campaigns are planned for the autumn/winter, including Stoptober as part of recovery plan. Work has also continued to promote and support smoking cessation with communities, hospitals, primary care, maternity services and other settings. The CCG has funded some additional work in strengthening smoking cessation efforts in UHL. The service continues to make smoking cessation available to younger smokers. The Step Right Out Campaign to reduce exposure to second hand smoke in homes and cars continues and is part of a number of promotional campaigns planned for the autumn and winter.

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
Contact(s)	Jo Atkinson, Consultant in Public Health, Leicester City Council Steph Dunkley, Public Health Principal, Leicester City Council

The Healthy Lifestyles Hub is being rolled out across GP practices in the city, in conjunction with the CCG, by end March 2015 over half of GP practices will be referring into the hub and by October 2015 the hub will be city-wide. The health trainer service (one to one lifestyle advice) continues to operate in the most disadvantaged areas of the city and is performing well against targets. The combined hub and health trainer service is currently being re-procured with the new service starting on 1st April 2015.

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 took place during May/ June 2014 and the results fed into the re-procurement. New adult weight management services will start to deliver from 1st April 2015. "Walking Away from Diabetes" groups are now running in the city aiming using walking as a means of preventing type 2 diabetes. This scheme will be expanded during 2015 with a focus on increasing the number of referrals into the programme particularly from GPs. The Active Lifestyle Scheme continues to see a high level of demand and now has a waiting list. The service is currently being reviewed and re-designed and the new service will launch in early 2015 giving people a wider range of physical activity opportunities to access. The healthy weight needs assessment has been completed, however, the revised Healthy Weight Strategy has been delayed due to capacity issues but will be finalised by mid-2015. A detailed action plan will also be developed. Consultation events will take place during 2015 in order to engage with key stakeholders. The strategic healthy weight group will be re-launched in late 2014 and will have a key role in leading on the development and implementation of the strategy and action plan during 2015.	
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Section	**2.3 Reduce Harmful Alcohol Consumption**
Contact(s)	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
This priority action was subject to a more detailed assessment by the Joint Integrated Commissioning Board at its meeting in August 2014. The report presented to that meeting is attached as appendix 1b of this report.	
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**
Contact(s)	Sarah Prema, Leicester City Clinical Commissioning Group (CCG)
One of the key clinical workstreams for the Better Care Together Programme is Long Term Conditions, including CVD, respiratory disease and cancer. Between April and August 2014, 6213 NHS health checks have been completed. No actual target has been set for this year, with practices being asked to target all remaining eligible patients on their lists. Of the 6213 patients, 556 have had conditions detected and a management plan put in place. This compares with the performance for 2013/14,	

with 31,725 patients receiving health checks, and 3536 patients subsequently having a management plan put in place. New Diabetes pathway has been introduced across the city which sees more patients managed in general practice, rather than in acute hospital settings. Lifestyle referral hub has been established, which gives health professionals a one stop-shop for patients who need lifestyle interventions such as exercise and diet advice. Telehealth and health coaching is supporting 70 patients to manage their conditions better and reduce emergency admissions to hospital. Evaluation of a COPD case finding project which ran from November 2013 to April 2014 is currently under way to determine future commissioning intentions. A pilot service for potential smoking quitters is currently underway in the acute hospital and run by the local Smoking Cessation Service. Practices are using risk stratification tools to identify those patients most at risk and undertaking the appropriate interventions to support patients to better manage their condition and stay as independent as possible for as long as possible. This may include medicines review; care planning; and referral onto appropriate services.

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**
Contact(s)	Sarah Prema, Leicester City Clinical Commissioning Group
See 2.4 above	
RATING Green	Good progress is being made and there are no significant problems.

Section	**3.2 Older People**
Contact(s)	Bev White, Leicester City Council

Work continues to develop reablement and enablement pathways which will support older people to maintain or regain their independence.

LCC is very involved in a Big Lottery bid with VCS partner organisation Vista which will bring almost £5m of investment into Leicester form April 2015. This investment will tackle loneliness and isolation amongst those communities particularly at risk in Leicester. This workstream is known as Leicester Ageing Together.

Locally, the Royal Voluntary Service has been successful in bidding to a national investment fund through the Cabinet Office to support older people in hospital to return home safely at the earliest possible opportunity. The scheme offers a range of practical solutions such as home safety checks, provision of food, transport and can go onto to

support the person with on-going good neighbour type relationships.

The Assistant City Mayor with responsibility for Adult Social Care and Health, Cllr Rita Patel, has set up an Adult Social Care Commission which will receive evidence from older people and key stakeholders about the services that they receive which impact positively or negatively upon their health and well-being. The Commission will report in late 2015.

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 is being scoped. This will also consider how we can increase the participation of older people in neighbourhoods to increase social inclusion and general wellbeing. The scope of the Strategy will dovetail with the Adult Social Care Commission.

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 Alison Brooks LCCCG

The work on the local Better Care Together Strategy has highlighted Dementia as one of its priority areas and a summary of achievements of the LLR Strategy is being put together as part of a local strategy for delivering the Better Care Together Dementia workstream.

The priority areas are:

1. Develop Dementia care Coordinators
2. Support Integration of skills and services
3. Universal care planning
4. Increase capacity to deliver psychiatric care
5. Increase support for carers
6. Increase awareness of services available
7. Deliver high quality care in care homes
8. Increase awareness of dementia and care pathways amongst the public
9. Align currently available resources to localities

The outputs set out in the Joint LLR Dementia Strategy continue to be implemented:

- 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, GP's 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.

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

Section	**3.4 Carers**
Contacts	Mercy Lett-Charnock, Leicester City Council

The number of carers assessments is increasing year on year with 1,972 having been completed in 2013/14.

Carers personal budgets are being widely promoted in order to enable carers to access personalised support that meets their needs. Uptake is increasing and additional funding has been allocated to support this.

Five voluntary sector providers were awarded monies by the City Council to deliver additional carers breaks and support. It is anticipated approximately 360 additional breaks will be delivered during the year.

A carer training programme has been developed within the City Council which has delivered training to an additional 300 carers during the last year, to help them undertake their role. In response to specific carer requests training has been delivered on welfare rights in English and Gujarati, the Personal Independence Payment (PIP) and Looking after someone with Mental Ill health amongst others.

Thirty additional front line staff members have received carer assessment training during the year to help increase the number of assessments done as well as improving understanding of carer issues.

An event for Carers Week organised in Town Hall Square was well supported by partners and well attended by the public. The event aimed to increase the number of carers identified and highlight 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

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. All services involved in the support of children are expected to promote mental wellbeing for children, pertinent to the level of care offered; from signposting through to specialist care.

With regard to local authority led services Children and Family Centres and Early Help services will support children and families in terms of managing behaviour, child development and building self-esteem.

More broadly there is a need to ensure that universal and specialist services are more joined up, with better use of available resources including Health visitors, School Nurses, GPs, Educational Psychologists, schools, community paediatricians as well as specialist services. Public Health is currently working with the Educational Psychology Department to develop an emotional wellbeing and support programme for children which is likely to include information about self-harm, bullying, social media and physical activity.

The CCG is the commissioner of specialist 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.

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

Public Health has raised awareness of the importance of protecting wellbeing to all Heads of Service at Leicester City Council; supporting the improvement of the mental health and wellbeing of councillors and our own staff and workplaces so that they are able to engage and listen to people about what they need for better mental health.

We have worked to reduce inequalities in mental health in the community by delivering a Joint Specific Needs Assessment on mental health in Leicester and by working with local NHS organisations to Improve Access to Psychological Therapy to all disadvantaged communities. Open Mind IAPT delivers 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.

Adult Social Care and Public Health have supported a series of Mental Health Summits in Leicester, raising awareness of mental illness and influencing local service commissioners to integrate health and social care. The Leicester City Mental Health Partnership Board emerged from these summits and is chaired by Councillor Rita Patel. This is a forum in which individual service users and carers, local voluntary and community groups and statutory organisations meet to work together to reduce inequalities in mental health in our community, improve mental health care and tackle the stigma associated with mental illness.

In the last year more than 200 people across the community, and City Council staff have attended Suicide Awareness and Partnership Training. We have encouraged positive mental health in our schools and colleges, with Educational Psychologists producing anti-bullying guidance and working with commissioners to take account of the effects of mental health and mental illness across the life course.

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 Concordat which sets out the expected response of mental health services when a person has been taken to a place of safety. Partners are currently working up plans on how expectations within the concordat will be delivered. This local 'crisis declaration' is expected to be launched in early October 2014.

A key element of the work across LLR under the 5 year Better Care Together Strategy 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. The programme has identified the need to increased resilience in the population, provide earlier and more effective intervention, integrated local care delivery and proactive timely response to crisis, and to maintain demand for secondary care services. It has been agreed that LA, NHS and 3rd sector partners will work together and contribute to the development of a more effective network. Three work streams to develop and redesign interventions have been identified: prevention, including children; strengthening primary care; and, the acute mental health pathway.

Commissioners are scoping the potential for other developments, such as a crisis house, as a way of improving mental health crisis care. And in addition to the Better Care Together strategy we will also be refreshing the Joint Health and Social Care Leicester City MH strategy in the next few months in order to ensure the needs of our diverse communities are properly considered in planning and service development.

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

Section	**4.3 Support people with severe and enduring mental health needs**
Contacts	Sarah Prema, Leicester City Clinical Commissioning Group

- A review of the crisis pathway for mental health services is currently underway and there has been early implementation of services to support patients who are experiencing deterioration in their mental health. This includes the development

of a crisis house which is due to be operational in January 2015. • The Better Care Together programme has mental health as one of its priority workstreams and is in the process of developing proposals to improve services across all tiers of provision. • Additional IAPT provision has been put in place which focuses on older people. • A pilot scheme has been approved to increase awareness of mental health issues and the services available to support people amongst faith leaders in the city.	
RATING Green	Good progress is being made and there are no significant problems

Strategic Priority 5: Focus on the wider determinants of health

Contacts	Sue Cavill, Public Health, Leicester City Council
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. From October onwards, Health and Wellbeing Board meetings will include updates from council departments about how they are contributing to the aims of the Health and Wellbeing Strategy in terms of the wider determinants of health. At a recent Health and Wellbeing Board development session it was also agreed that individual Board members would also act as champions for each Health and Wellbeing Strategy priority, and they will help to take this forward.	
RATING Amber	Some risk that actions may not be delivered but this risk will be managed.

Appendix 1(b)

Joint Integrated Commissioning Board
21st August 2014

Title of report:	Reducing Harmful Alcohol Use A review of a priority in the Closing the Gap Strategy
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Presenter:	Sally Vallance and Julie O'Boyle

Purpose of report:

To provide an update on the prevalence of harmful alcohol use in Leicester, the strategy in place to address the issue and progress against the action plan.

This paper forms the first of a set of reviews of work occurring to support the delivery of priorities within the 'Closing the Gap Strategy' and provides an opportunity for JICB to review activity and plans, to assess progress and to take action if necessary to drive improvement.

Key points to note:

Leicester's strategy covering this work is the Leicester Alcohol Harm Reduction Strategy 2012 to 2017. It is overseen by the Safer Leicester Partnership and developed by the Leicester Alcohol Harm Reduction Delivery Group (a sub-group of the SLP).

Leicester has significantly higher rates of alcohol specific deaths for men than regional and national figures and has significantly higher rates of alcohol related hospital admissions.

An action plan addressing the key priorities in the strategy has been developed and is frequently updated. The current strategy being overseen by the Alcohol Harm Reduction Delivery Group is in place until 2017. The current action plan is attached as appendix A.

Actions required by JICB members:

1. JICB are asked to note the current strategy in place covering this work.
2. JICB are asked to consider whether the current action plan is likely to bring about the impact required and intended through the Closing the Gap Strategy. If not, the JICB are asked to propose revisions to these or to request further work.
3. JICB are asked to continue support given to LAHRDG through officer attendance and through attendance at the October summit.

What do we know about harmful alcohol use in Leicester?

1.1 There are some broad headlines about alcohol use in Leicester that help to provide an overview of the issue:

- Leicester has significantly higher levels of alcohol specific deaths for men in comparison to national and regional levels with men in Leicester twice as likely to die from an alcohol specific condition, such as liver disease, than the England or East Midland average.
- Alcohol related hospital admissions in Leicester are significantly high (above national and regional) although they are starting to fall
- Alcohol related crime in Leicester is higher than national and regional although this is on a downward trend
- Leicester has high levels of abstinence from drinking. The fact that hospital admissions are death rates for the City are still high would suggest that those that do drink do so at particularly harmful levels.
- A Total Place review for Leicester and Leicestershire carried out in 2010 put an estimate of the 'true' public service cost of alcohol in the region of £89m taking both health and crime costs into account.

1.2 The Director of Public Health Annual Report 2013/14 provides a summary of the latest data and trends in relation to alcohol consumption, links to this can be found at the end of this report.

Why do we think harmful alcohol use is an issue in Leicester (i.e. what are the causes?)

1.3 There are a range of issues leading to people drinking in the first place and then, for some, leading to this becoming harmful. Reasons can include:

- Cultural issues which can be wide ranging from the culture of student populations and common links to drinking (fresher's week etc.) to a culture of drinking as part of family and social contact. There can also be cultural and religious reasons for abstaining from drinking.
- Means of 'coping' with complex issues e.g. MH, drug use, homelessness, experience of abuse and other traumatic events
- Experimental use of alcohol as part of growing up
- Availability and affordability of alcohol, more so than other substances and widespread throughout the country
- Dependency where 'regular' drinking can start for many of the reasons stated above but can then lead to a dependency and harmful levels of drinking
- Late engagement with treatment services which can lead to increased harm to the individual as a result

What services are commissioned in Leicester to address this?

1.4 A range of services are commissioned including:

- Public Health (PH) campaigns to prevent harmful alcohol use in the population overall, commissioned by PH

- Brief interventions (a structured talk with a primary care practitioner such as a GP, paid for through the PH budget) in primary care where high levels of alcohol consumption are identified
- Alcohol liaison nurse services working with patients admitted to hospital or attending A&E with alcohol related health issues. This service delivers brief and extended interventions, refers into specialist services and supports patients undergoing unplanned detox. Commissioned by public health LCC.
- Alcohol engagement workers, working in GP surgeries to deliver brief interventions and provide advice and awareness relating to alcohol, commissioned by LCCCG
- Alcohol treatment services including community based services, community detox services, in-patient services and residential rehabilitation commissioned through PH and ASC
- Specialist end to end criminal justice based treatment services spanning low level ASB arrest and through sentencing both within the community and custodial provision commissioned through PH and ASC.

What strategies are in place to co-ordinate this work?

1.5 The main strategy underpinning work in this area is the Leicester City Alcohol Harm Reduction Strategy. The strategy was approved by the Safer Leicester Partnership (SLP) in 2013 and runs to 2017. The strategy builds on knowledge of needs and harm resulting from alcohol use, as captured in the 2012 JSpNA on alcohol use. It is the second Alcohol Harm Reduction Strategy to be produced in the City. The strategy contains a set of actions which are designed to bring about positive impact on the five priority themes namely:

- 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

1.6 The strategy was developed by the Leicester Alcohol Harm Reduction Delivery Group (LAHRDG) on behalf of SLP and it is the LAHRDG that monitors progress against the actions and the impact on performance indicators linked to this work. The SLP then receives regular summaries of progress.

What actions have been agreed?

1.7 Appendix A contains the latest version of the action plan for reducing harmful alcohol use which was first published as part of the Alcohol Harm Reduction Strategy. This document is reviewed and added to as an on-going piece of work through the LAHRDG.

1.8 A reducing harmful alcohol use summit is planned for October, bringing together a range of key agencies to look at the pattern of harmful alcohol use in Leicester, the key issues faced in the City and to discuss ways forward in tackling the problem.

How is success measured?

1.9 There are limited measures of harmful alcohol use available and so the extent of this problem remains difficult to assess. Broadly speaking, there are measures available (with risks associated) for:

- hospital admissions due to specific alcohol related conditions (over a year's lag in data availability)
- alcohol specific and linked mortality (over a year's lag in data availability)
- alcohol related crime
- numbers of people receiving brief interventions in primary care (with varying levels of take-up and application within settings)
- numbers engaging with alcohol liaison nurse team linked to secondary care
- numbers attending treatment for alcohol dependency
- successful completions of treatment for alcohol dependency

1.10 There are not generally reliable measures available for levels of alcohol consumption in the population overall. This means that it is difficult to measure any increase or decrease in the issue other than assessing the number of cases that are already causing a health or criminal problem.

What are the barriers to progress?

1.11 Work in this area is complex with a range of agencies and services either commissioned to deal with the issue or finding themselves impacted upon as a result of harmful consumption. Commissioning arrangements are also complex with PH & ASC, the CCG, NHS England and the Police all holding significant roles. Whilst there are great opportunities for joint commissioning that come with this, the complexity of co-ordinating a common approach remains a struggle. This co-ordination comes largely through the LAHRDG and the drug and alcohol strategic commissioning group and it is therefore key to ensure that partners continue to engage in these groups.

What can JICB do to support progress against this priority?

1.12 JICB support is requested in the form of continued engagement from relevant officers with the LAHRDG and the drug and alcohol strategic commissioning group. Attendance and engagement from JICB members at the October summit is also appreciated.

How is the strategy and work delivered ensuring the effective deployment of resources?

1.13 The strategy helps to co-ordinate a multi-agency approach to this complex issue. Harmful alcohol use can affect all age groups, can sit as a sole issue or form part of a complex mix of problems faced by individuals, families and communities. By working together to deliver this strategy, it helps to ensure a joined up and therefore more effective focus for agencies and their workforce.

What work is taking place in communities to support the delivery of this priority?

1.14 A variety of community based work is taking place, co-ordinated through the latest action plan attached as appendix A. Examples of community based work can be found within the plan.

Further information

1.15 The Director of Public Health Annual Report 2013/14 containing the latest data for the City on harmful alcohol use can be found at http://www.cabinet.leicester.gov.uk/mgConvert2PDF.aspx?ID=64402. The Governments alcohol strategy 2012 is available at https://www.gov.uk/government/publications/alcohol-strategy

APPENDIX A Leicester City Alcohol Harm Reduction Strategy Action Plan

Priority Area: Promote a Culture of Responsible Drinking			
Recommendation	**Action**	**Lead**	**Comment / Update**
Challenge the normalisation of a heavy drinking culture	Targeted culturally appropriate effective campaigns based on social marketing principles 1. Social Marketing insight South Asian Drinkers 2. targeted campaign aimed at young men engaged with local football leagues 3. Student focused initiatives	Public Health Paul Conneally DMU	Bid currently being pulled together Priti Raichura leading Bid submitted
Raise general awareness of alcohol units, safer drinking levels and the impact of excessive alcohol	Localisation of national campaigns and initiatives 1. AAW 2. Drink Driving Campaign 3. Dry January 4. campaign linked to world cup consider joint campaign with DV delivery group	LCC Comms/Public Health Police Public Health Public Health	WB 17th November 2014 December 2014 January 2015
Strengthen relationships with stakeholders to ensure consistent and coherent alcohol advice and harm reduction messages	Set up a providers forum Front line Street Drinking forum Tier 1 providers forum	Drug and alcohol commissioners Tim Blewitt CCG	Tier 2 and 3 provider's forum has been established and has had two meetings. An event is planned to coincide with national recovery week in September 2014 The forum has been re-established and is meeting on a monthly basis. This is in the process of being established

Priority Area: Protect Children Young People and Families from Alcohol Related Harm			
Recommendation	**Action**	**Lead**	**Comment/update**
Improve our understanding of the prevalence of alcohol misuse amongst children and young people in Leicester; including how much they are drinking, what they are drinking, where they are drinking and where they are obtaining their alcohol.	Undertake a project to investigate attitudes of CYP to alcohol Consider commissioning Health and Wellbeing Survey	Public Health (Caroline McClusky) Public Health (Rod Moore)	Initial scoping paper completed. Work to be taken forward when new registrar comes into post in August 2014 Approval received from exec to go ahead. Specification being drawn up
Work in partnership with colleagues in education, youth services and the youth offending services, to provide comprehensive alcohol awareness education	PHSE is well developed in local schools and includes content relating to alcohol alcohol awareness education is embedded in Healthy Schools programme (and any successor to this)	Public Health/Jasmine Murphy	Paper re successor to Healthy Schools has been produced
Develop effective alcohol harm reduction messages specifically targeted at under 18's	Social marketing insight project	Public Health	
Work with specialist services (think Family) to ensure appropriate support and interventions for parents and children affected by alcohol are in place and accessible			
Ensure that the children and young people's workforce are trained to deliver alcohol identification and brief advice (IBA), recognise signs of hidden harms of alcohol, and refer where appropriate, to relevant services.	Develop a suitable programme and apply to LETB for funding to run course Support for children and young people affected by alcohol misuse, and referral where appropriate , is embedded in the school nursing service specification	Paul Conneally/Julie O'Boyle Public Health (Jasmine Murphy)	
We will review the current service framework and identify the most effective model for young people's substance misuse services in time for new contracts in July 2014	Develop New model for services Commission New Services	Substance misuse commissioners	New services procured and contract awarded to life line. Contract starts July 1st 2014

Recommendation	Action	Lead	Comment / Update
Increase the identification of young people with alcohol related issues, and the availability of brief and more intensive interventions with positive outcomes,	Set targets within contracts Appropriate service specifications in place	Substance misuse commissioners	Specifications completed. New contracts in place
Make appropriate use of all available powers and legal interventions to address illegal selling of alcohol to children and young people including proxy selling.	Advice visits Trading Standards Test Purchases/enforcement Police	Trading Standards Police	100 advice visits re age restricted sales and challenge 21 due to be undertaken Test purchases being undertaken by police
Work with local universities and colleges to deliver awareness campaigns promoting safer drinking messages targeted at students	Broker closer working relationships between university welfare staff, partners and providers to deliver a comprehensive alcohol awareness campaign	Universities and providers	University Rep attends AHDRG Alcohol awareness campaigns have been delivered at University of Leicester and DMU Fire service engaged in events at universities Student engagement at DMU and peer mentors trained
Tackle the link between alcohol and sexual risk taking behaviour by providing brief alcohol advice in sexual health services	Include alcohol brief advice within new integrated sexual health services Develop suitable training course for these staff and apply to LETB for funding	Public Health (Liz Rodrigo) Public Health and Inclusion Healthcare	New services launched 1st Jan 2014 alcohol IBA included in specification Bid in development

Priority Area: Improve Health and Wellbeing through Education, Prevention and Effective Recovery Focused Treatment			
Recommendation	**Action**	**Lead**	**Comment/update**
Provide information and resources for individuals, to enable them to understand the role of alcohol in their lives so they can develop skills to change behaviours	Liaise with managers in publicly accessible areas to display alcohol awareness literature. E.g GP surgeries Libraries Leisure centres Cinemas	Public health/comms (Priti Raichura)	
Continue to commission and upscale the provision of screening and brief intervention training for a range of front line staff including primary care staff, dentists, pharmacists, community health and social care staff, housing and welfare staff, criminal justice teams, university and college staff etc.	Evaluate current IBA training Commission service specific training Roll out IBA training to student peer mentors at universities	Public Health/Priti Raichura	Evaluation paper to lead member briefing June 2014
Reduce unplanned alcohol related emergency department attendance and hospital admissions by increasing capacity for early interventions in primary care settings.	Alcohol Liaison workers UHL re-commissioned Alcohol engagement initiative re-commissioned	Public Health CCG	Evaluation of service underway. Process for re-commissioning approved. Re-commissioning will commence October 2014 with new services in place by April 2015 Underway
Implement, monitor and performance manage the new substance misuse service specification to ensure compliance with all relevant clinical guidelines and best practice.	Contract and performance management processes.	Substance misuse commissioning board	Contracts in place and being monitored.
Work with primary care and providers across the whole treatment pathway to ensure that service users experience a seamless transition across and between services	Review pathways to ensure seamless transition	CCG/Lead Commissioners	Jeremy Bennett to convene meeting to take this forward
Increase the number of people accessing appropriate and effective recovery focussed alcohol treatment	Monitor treatment data	Substance misuse commissioning board	Contracts in place and being monitored

Recommendation	Action	Lead	Comment / Update
Increase the proportion of clients exiting services who have successfully completed treatment (i.e. no longer require structured alcohol treatment).	Monitor treatment data	Substance misuse commissioning board	Contracts in place and being monitored
Ensure commissioned services support recovery and address the wider factors that reinforce dependency, including housing and social care needs, family support, domestic violence etc.	Monitor treatment data	Substance misuse commissioning board	Contracts in place and being monitored
Reduce alcohol related hospital admissions and reduce the number of alcohol related deaths	LAPE Profile	PH England	April 2014 new data released.
undertake a review of tier four (inpatient detoxification and rehabilitation) provision across the city to identify the most appropriate model to meet the needs of our population	Health Needs assessment Re-procure services	PH/ David Pearce SM commissioners	Needs assessment complete Re-procurement underway
Host a local network for front-line alcohol and related professionals to raise awareness of the range of services within the city and to promote and share best practice	Set up and host local alcohol network	SM commissioners	Network in place
Review provision to ensure that the needs of service users with a dual diagnosis (alcohol and mental health issues) are appropriately catered for		Public Health/SM commissioners	

Priority Area: Promote Responsible Selling of Alcohol			
Recommendation	**Action**	**Lead**	**Comment/update**
We shall raise public awareness of the benefits of using licensed premises that have signed up to such schemes.		Licensing	Best Bar none scheme not running this year due to lack of capacity. Lack of capacity is also impacting on ability to undertake any promotional work
Responsible authorities will ensure that licensed premises have a ready access to information and advice about their legal responsibilities and of best practice in the sale of alcohol.		Licensing	ongoing
Responsible authorities will make appropriate representations regarding applications for licenses to sell alcohol, to ensure premises are suitably located, operated and controlled.		Responsible authorities	Police and local authority engaged in this. need to have more overt input from public health
We shall promote the Challenge 21 age verification scheme.	Advice visits	Trading standards	100 advice visits planned for 2014/15
We shall maintain a focus on underage drinking in licensed premises and on sales in off-licences to ensure that young people do not obtain alcohol illegally.	Test purchases	Police	Test purchases underway
We shall focus enforcement action on licensed premises that adopt irresponsible drinks promotions that encourage people to drink more than they might ordinarily do or in a manner that carries a risk to people's health.	Licensing visits	Licensing/Police	
We shall work with HM Revenue & Customs to tackle the supply of illicit, smuggled and counterfeit alcohol, the low price of which presents a significant risk of excessive consumption.			
Enforcement authorities will ensure that their activities will be intelligence-led and based upon improved information collection and sharing by responsible authorities and local communities.			
We shall make appropriate use of all the available powers and legal interventions to address any illegal or irresponsible sales of alcohol by licensed premises, in particular the use of Licensing Act review powers.			

Priority Area: Reduce Alcohol Related Crime, Disorder and Anti-social Behaviour			
Recommendation	**Action**	**Lead**	**Comment/update**
Monitor the new provisions within the integrated criminal justice substance misuse service for offenders to assess effectiveness of the pathway out of criminal justice and into community treatment.		SM Commissioning board	
Maintain and take forward a co-ordinated approach to ensure an effective response to the street drinking issue in Leicester City Centre.	Apply to PCC for funding to pilot an extended alcohol outreach project Pilot extended outreach project Continue outreach provision Repeat project in summer months Produce an educational leaflet targeting less entrenched street drinkers Extension of anchor centre opening hours Promote anchor centre	PH Laura Devlin (Homelessness outreach) Public Health Homeless outreach team PH/Homeless outreach/Anchor centre Commissioners/inclusion healthcare Street drinking forum/inclusion health care/ partners	Funding approved September 13 Project commenced Nov 13 Project completed and report submitted Further funding (£35k) secured from PCC. New worker in post
Continue to monitor and evaluate the effectiveness of the restrictive conditions of selling high alcohol content beers and lagers within specified areas of the city centre	Consider a voluntary city wide ban on selling super strength beers lager and ciders	SLP	

Work with partners including police, health and the voluntary sector to map incidence of alcohol fuelled violent crime including domestic and sexual violence.	Expand current data sharing between police and A&E to include data relating to street drinking	A&E data group and street drinking management group	
Continue to work with licensing and others to ensure alcohol harm is reduced through effective use of licensing powers.	City wide DPPO	SLP	Public consultation re DPPO underway
Support initiatives to increase positive perceptions of Leicester City's night time economy through initiatives such as Purple Flag Accreditation.	Apply for purple flag accreditation	NTE delivery group/City centre director	
Widen and Increase engagement and membership to City Watch.	Increase the % of establishments engaging with the city watch initiative	Night Time Economy Strategic Group	On going Improved communication amongst the night time economy
Promote and train venues and security companies to use the City Watch radio more routinely.	Audit of use of city watch radio Incorporate radio training in door supervisors course	Night Time Economy Strategic Group	More effective communication in night time economy
continue to manage alcohol related disorder in our town centre through high visibility policing		Police	
Investigate the feasibility of a city wide DPPO to reduce the impact of antisocial behaviour linked to irresponsible drinking in public spaces		Community Safety	Paper has gone to exec public consultation underway

Appendix 2(a)

‘Closing the Gap’: Leicester’s Health and Wellbeing Strategy – 2013/16 Indicators							
Improve outcomes for children and young people							
Indicator (For information on activity in support of each measure please see these sections of Appendix 1)	Reporting frequency	**Baseline as published in strategy**	**Latest data as at September 2014**	Direction of travel vs last report	**Direction of travel vs Baseline**	Benchmark group	Rank within the group
Readiness for school at age 5 (Section 1.3)	Annual	11/12 – 64%	**12/13 – 27.7%**			NFER	11/11
Breastfeeding at 6-8 weeks (Section 1.1)	Quarterly	11/12 – 54.9%	12/13 – 55.1% **13/14 - 56.7%**			NFER	(Not ranked – data quality issues)
Smoking in pregnancy (Section 2.1)	Quarterly	11/12 – 12.7%	12/13 - 14.2% **13/14 – 13.1%**			ONS	7/11

Conception rate in under 18 year old girls (per 1000) Section 1.2	Annual	2011 – 30.0	2012 - 32.9			NFER	5/11
Reduce obesity in children under 11 (bring down levels of overweight and obesity to 2000 levels, by 2020) (Section 1.4)	Annual	Reception: 10/11 – 10.6%	Reception: 11/12 – 11.1% 12/13 – 10.4%			NFER	5/11
	Annual	Year 6: 10/11 – 20.6%	Year 6: 11/12- 20.5% 12/13- 21.1%			NFER	6/11

Reduce premature mortality							
Indicator (For information on activity in support of this measure please see these sections of Appendix 1)	Reporting frequency	**Baseline**	**Latest data as at September 2014**	Direction of travel vs last report	**Direction of travel vs Baseline**	Benchmark group	Rank within the group
Number of people having NHS Checks (Section 2.4)	Quarterly (cumulative)	11/12 – 8,238	12/13 – 24,048 **13/14 -25,886** **Q1 14/15 - 3517**			This measure is unsuitable for ranking, however a benchmarkable proxy measure is included in appendix 2b	

Smoking cessation: 4 week quit rates (Section 2.1)	Quarterly	11/12 – 2,806 (1,153 per 100,000 adult pop.)	12/13 – 2,763 **13/14 – 2,551**			ONS	3/7
Reduce smoking prevalence (Section 2.1)	No regular pattern (Next Survey 2014)	2010 – 26% (Lifestyle survey) 10/11 – 23.4% (Household survey)	Lifestyle survey to be undertaken during autumn/winter 2014			N/A	N/A
Adults participating in recommended levels of physical activity (Section 2.2)	Annual	Oct 10/Oct 11 – 27.8%	Apr 12/Apr 13 – 31.7% **Apr 13 / Apr 14 – 31.1%**			ONS	3/7
Alcohol-related harm Please see appendix 2c for technical note (Section 2.3)	Annual	11/12 – 6,283 (1,992 per 100,000 pop.) 11/12 (narrow definition) **719.1**	12/13 – 6,404 (2,038 per 100,000 pop.) Original definition 2012/13 (narrow definition) **717.2**			ONS	3/7

Uptake of bowel cancer screening in men and women (Sections 2.4 & 3.1)	Annual	11/12 – 43%	12/13 – 46.6%			To follow	
Coverage of cervical screening in women (Sections 2.4 & 3.1)	Annual	11/12 – 74.7%	12/13 - 73.9%			ONS	7/10
Diabetes: management of blood sugar levels (Sections 2.4 & 3.1)	Annual	11/12 – 62%	12/13 - 61.8%			ONS	7/10
CHD: management of blood pressure (Section 2.4)	Annual	11/12 – 88.3%	12/13 - 89.1%			ONS	6/10
COPD: Flu vaccination (Section 2.4)	Annual	11/12 – 92.3%	12/13 - 91.5%			ONS	5/10

Support independence							
Indicator **(For information on activity in support of this measure please see these sections of Appendix 1)**	Reporting frequency	**Baseline**	**Latest data as at September 2014**	Direction of travel vs last report	**Direction of travel vs Baseline**	Benchmark Group	Rank within the group
People with Long Term Conditions in control of their condition Please see Appendix 2c for technical note (Section 3.1)	Annual	11/12 – 60.8% *Revised baseline*	12/13 – 61.3% **13/14 – 62%**			ONS	7/10
Carers receiving needs assessment or review and a specific carers service or advice and information (Section 3.4)	Quarterly (cumulative)	11/12 – 18.8%	12/13 – 26.5% **13/14 - 28.40%** **Q1 14/15 7.1%**			CIPFA	13/16

Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (Section 3.2)	Quarterly	11/12 – 77.2%	12/13 – 83.8% **13/14 – 86.9%** **14/15 Q1 – 91.2%**			CIPFA	8/16
Older people, aged 65 and over, admitted on a permanent basis in the year to residential or nursing care per 100,000 population (Section 3.2)	Quarterly (cumulative)	11/12 – 763.20 - revised Feb 2014	12/13 – 735.27 **13/14 - 764.4** **14/15 Q1 - 197.8**			CIPFA	10/16
Dementia - Effectiveness of post-diagnosis care in sustaining independence and improving quality of life Please see Appendix 2c for technical note Section 3.3	N/A	N/A	No Data			N/A	N/A

Carer-reported quality of life Section 3.4	Biennial (Next survey 14/15)	9/10 – 8.7	12/13 – 7.1			CIPFA	15/16
The proportion of carers who report that they have been included or consulted in discussion about the person they care for. Section 3.4	Biennial (Next survey 14/15)	9/10 – 70%	12/13 – 63.5%			CIPFA	16/16

Improve mental health and emotional resilience							
Indicator **(For information on activity in support of this measure please see these sections of Appendix 1)**	Reporting frequency	**Baseline**	**Latest data as at September 2014**	Direction of travel vs last report	**Direction of travel vs Baseline**	Benchmark Group	Rank within the group
Self-reported well-being - people with a high anxiety score (Section 4.2)	Annual	11/12 – 41.99%	12/13 – 41.2%			ONS	6/7

Proportion of adults in contact with secondary mental health services living independently with or without support Please see Appendix 2c for technical note (Section 4.3)	Quarterly	11/12 – 68.1%	12/13 – 32.2% **13/14 - 34.1%** **14/15 Q1 – 41.8%**			CIPFA	12/16

Appendix 2(b)

Performance Trends and Benchmarking

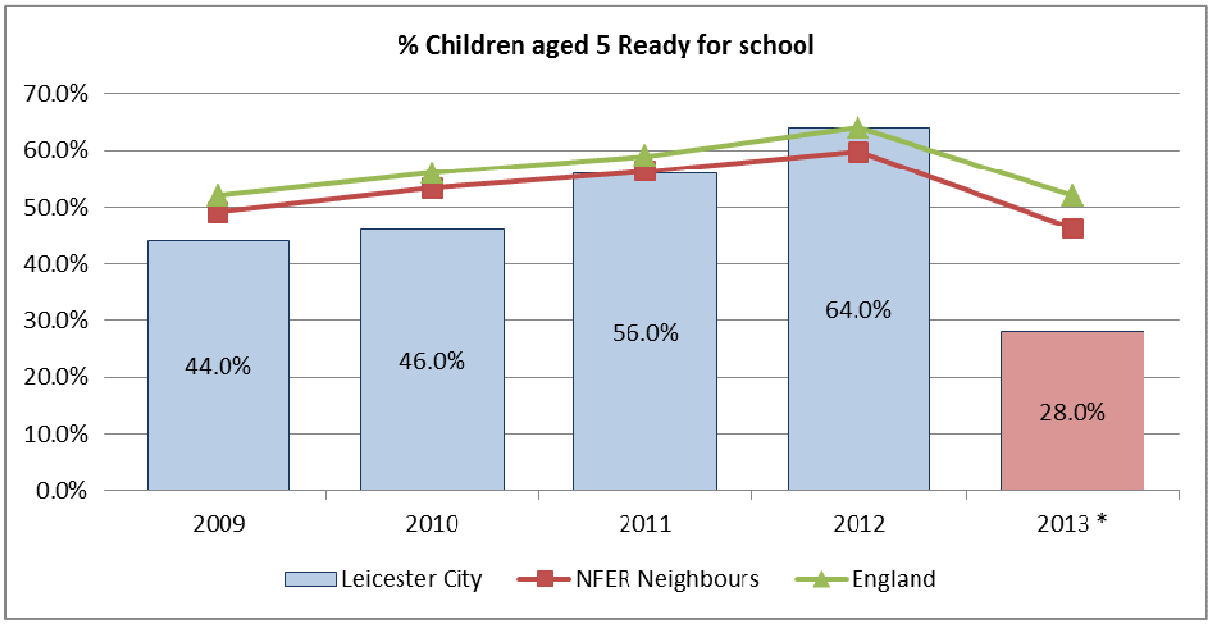
Key for Graphs

NFER Neighbours = National Foundation for Educational Research Statistical Neighbour Group
ONS = Office for National Statistics Neighbour Group
CIPFA = Chartered Institute for Public Finance and Accountancy Statistical Neighbour Group

Historical data from before the baseline point	Data published from strategy baseline onwards

<u>Priority 1: Improve outcomes for children and young people</u>

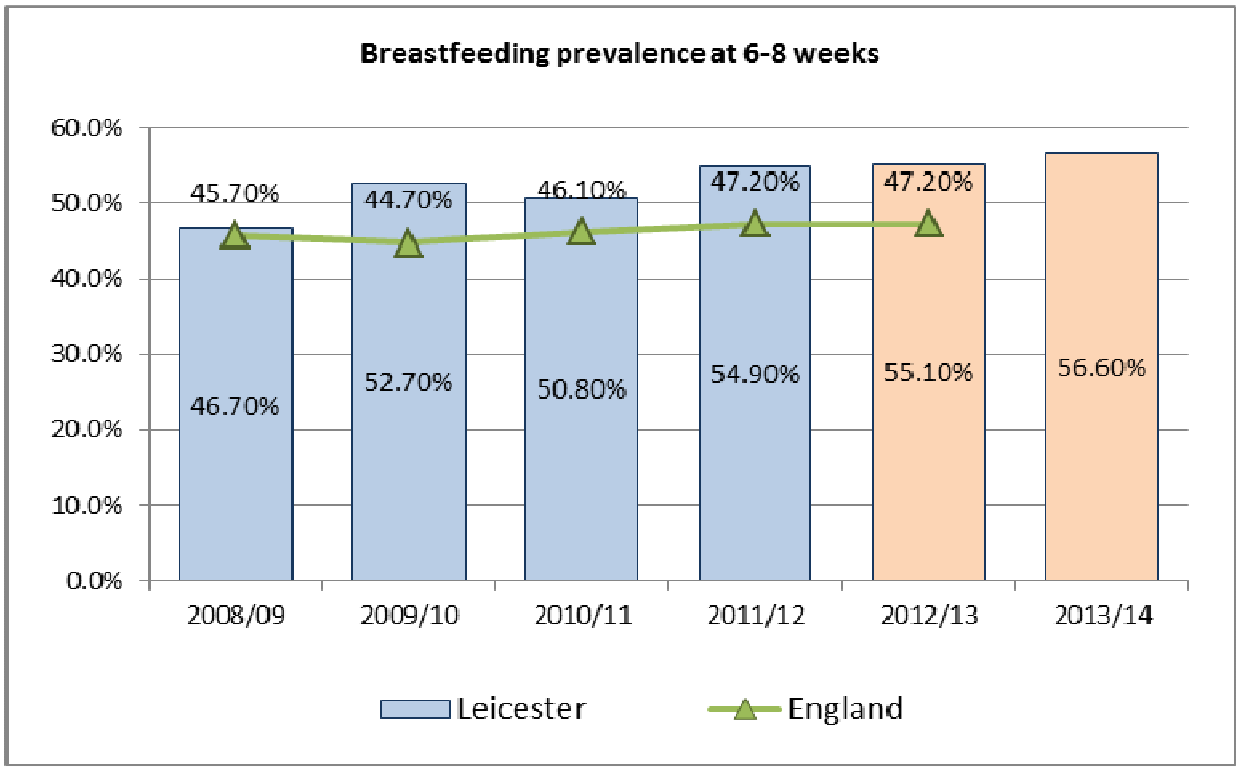
Readiness for school at age 5



High is good

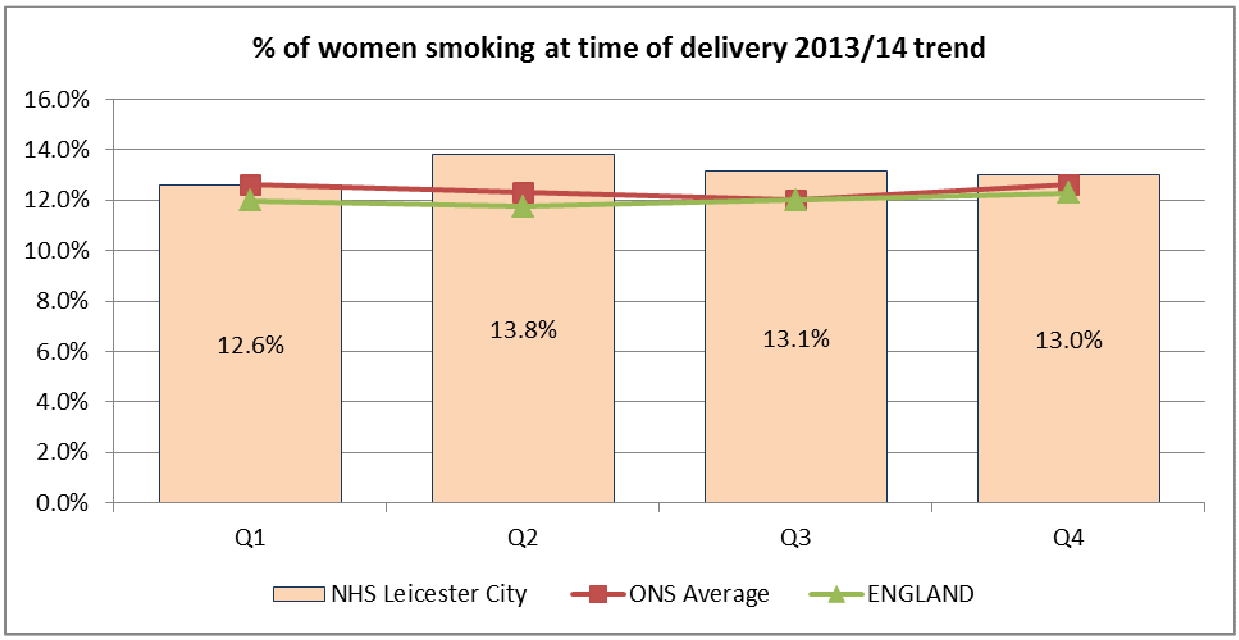
* N.B. trend graph shows historical trend for the old measure of "Achieving a good level of development at Early Years Foundation Stage for 2009-2012, 2013 was the first year of results for the new Foundation Stage Profile.

Breastfeeding at 6-8 weeks



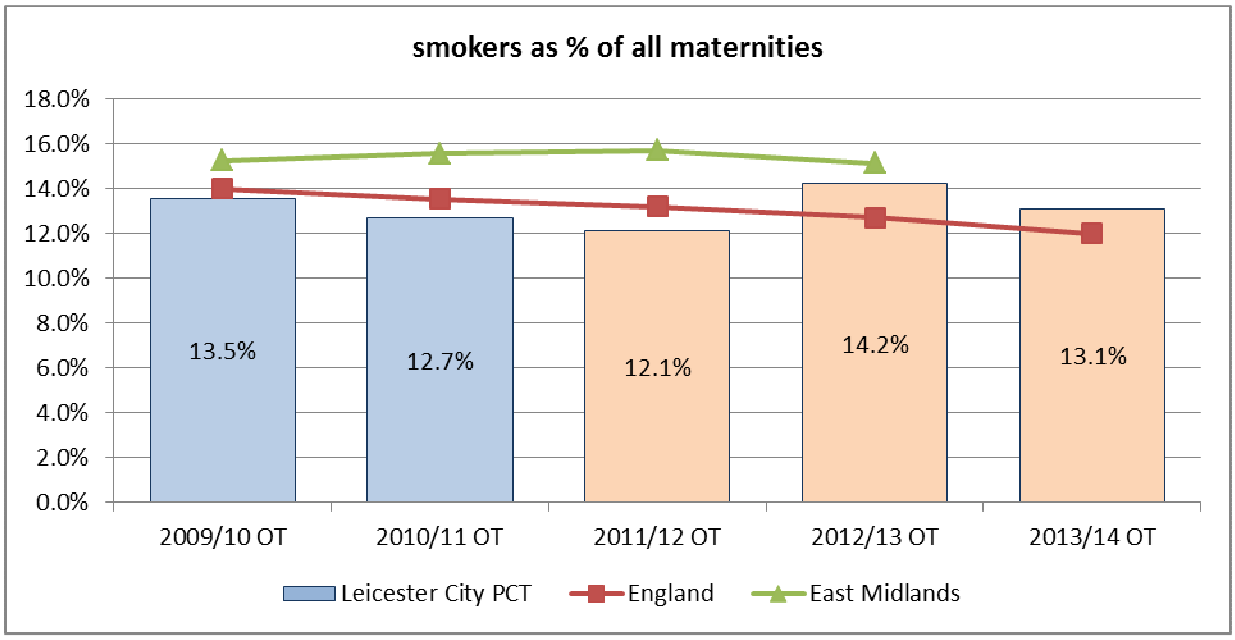
High is good

Smoking in pregnancy - Latest trend



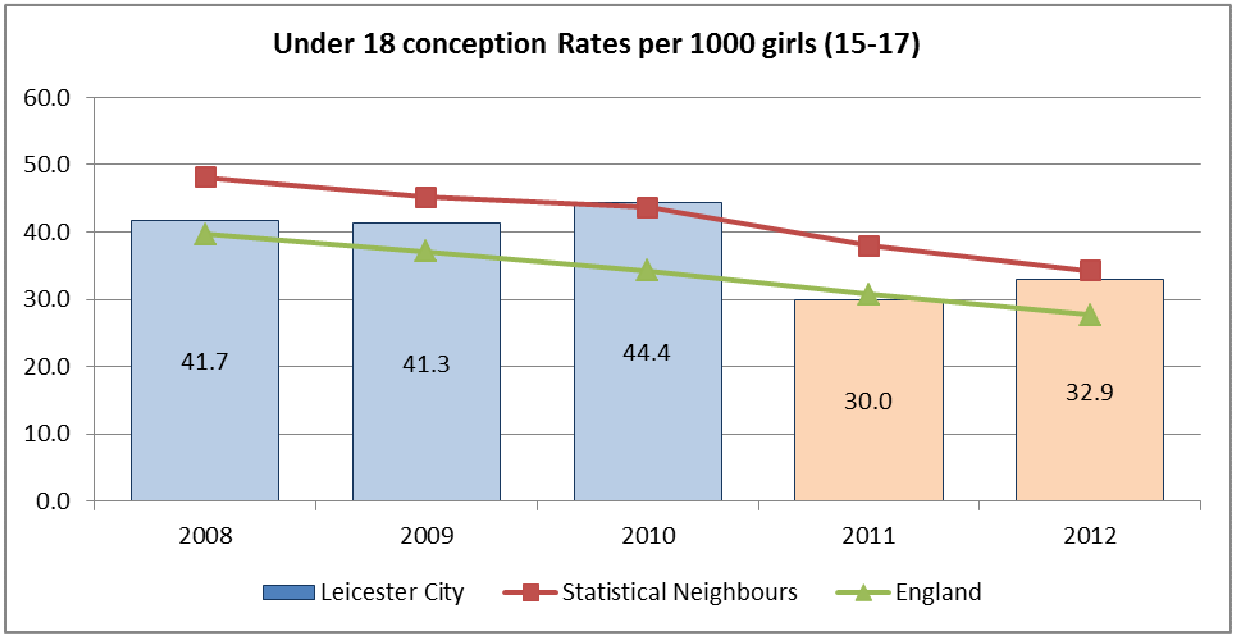
Low is good

Smoking in pregnancy - Long term trend



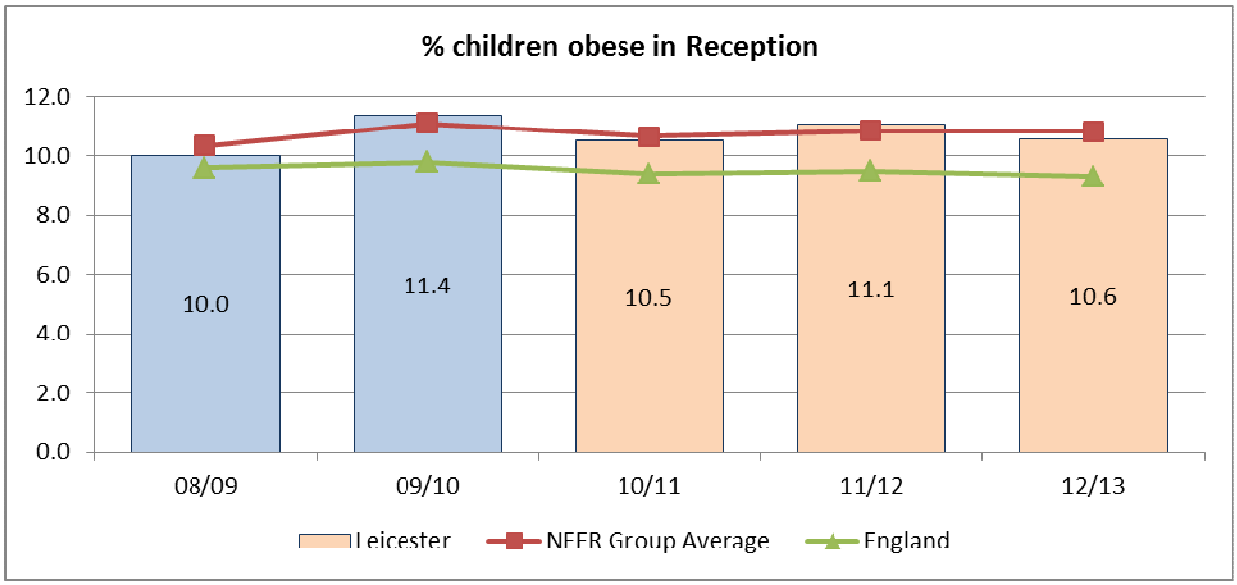
Low is good

Under 18 conception Rates per 1000 girls (15-17)



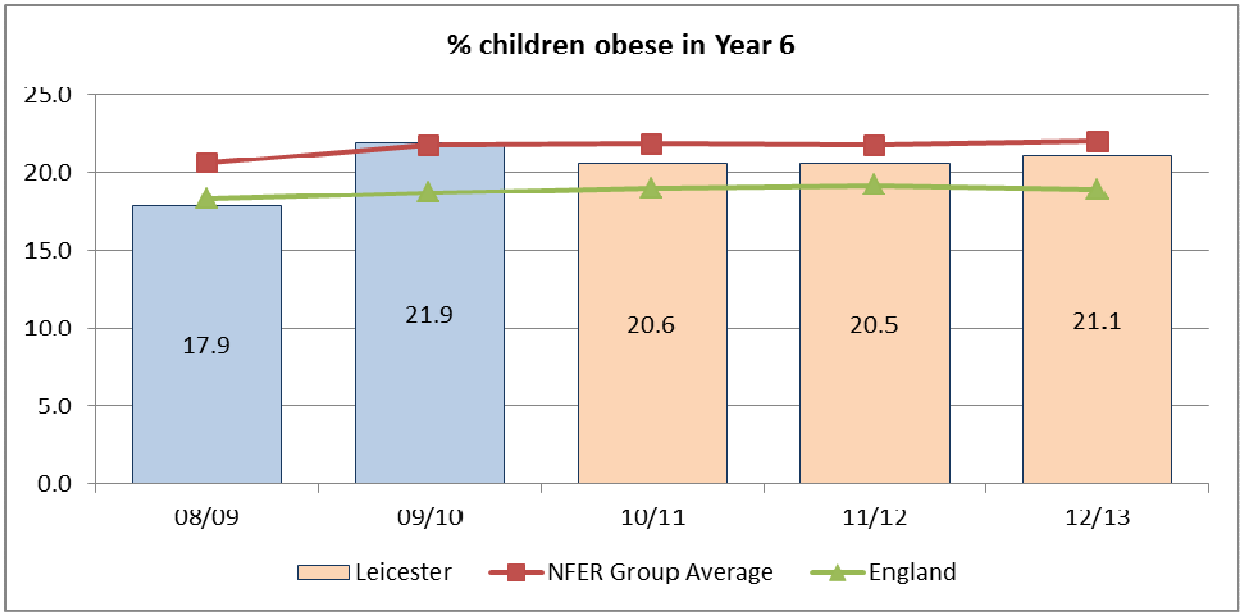
Low is good

% children obese in Reception



Low is good

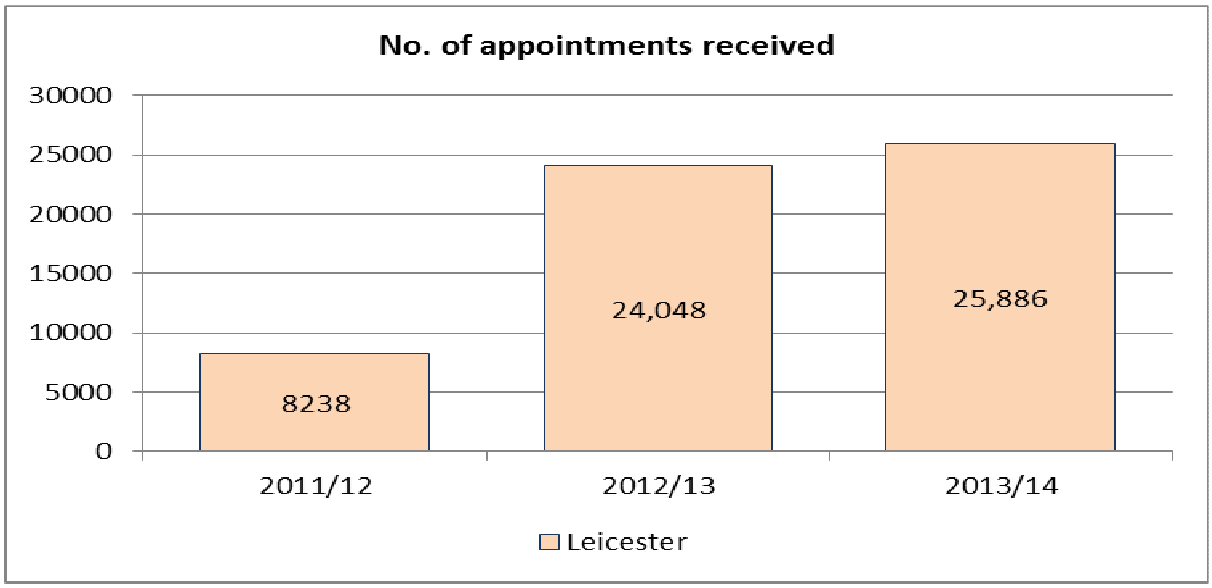
% children obese in Year 6



Low is good

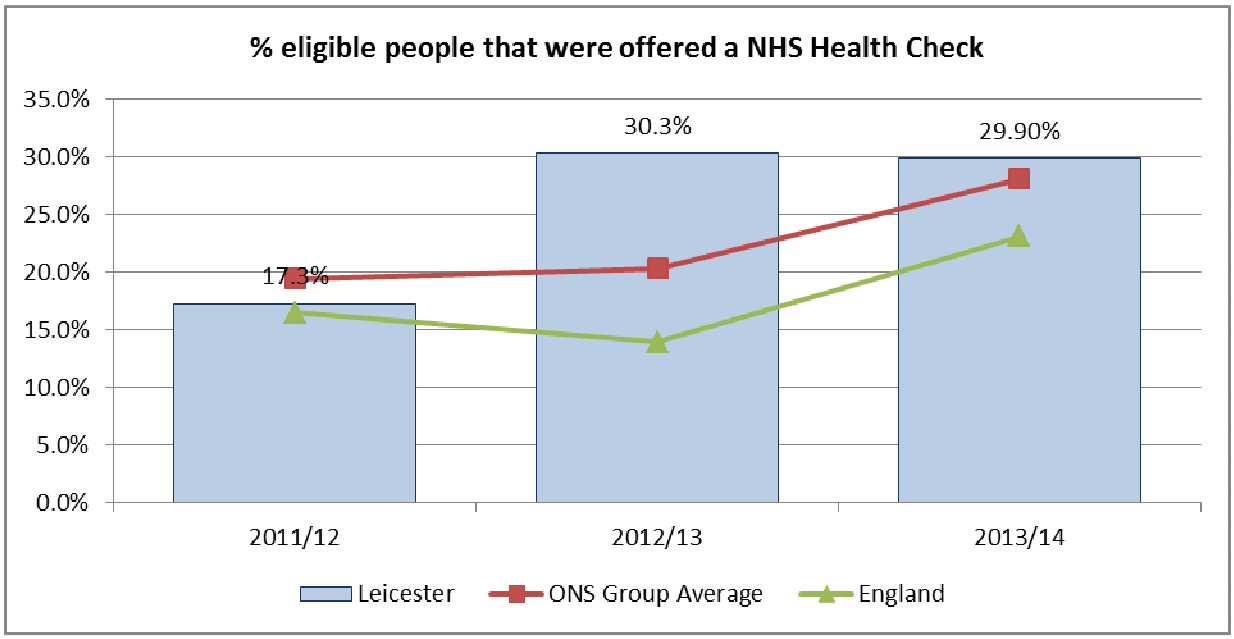
Priority 2: Reduce premature mortality

Number of people having NHS Checks



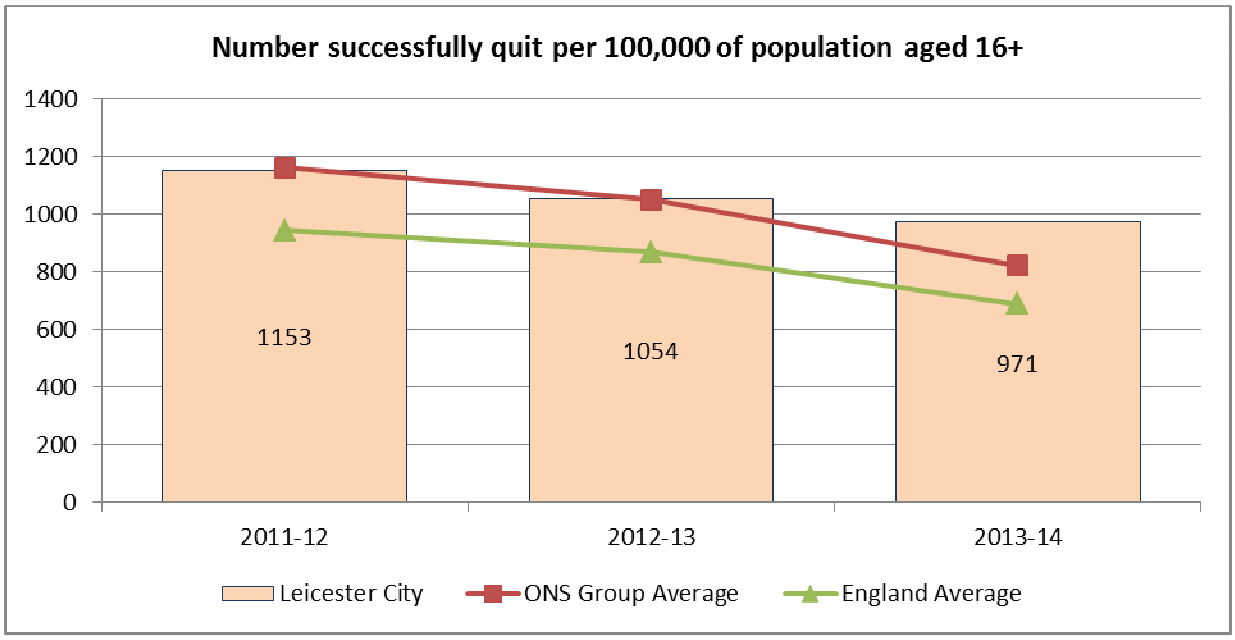
High is good

Proxy measure: % eligible people that were offered a NHS Health Check (used because it enables meaningful comparisons between different sized areas)



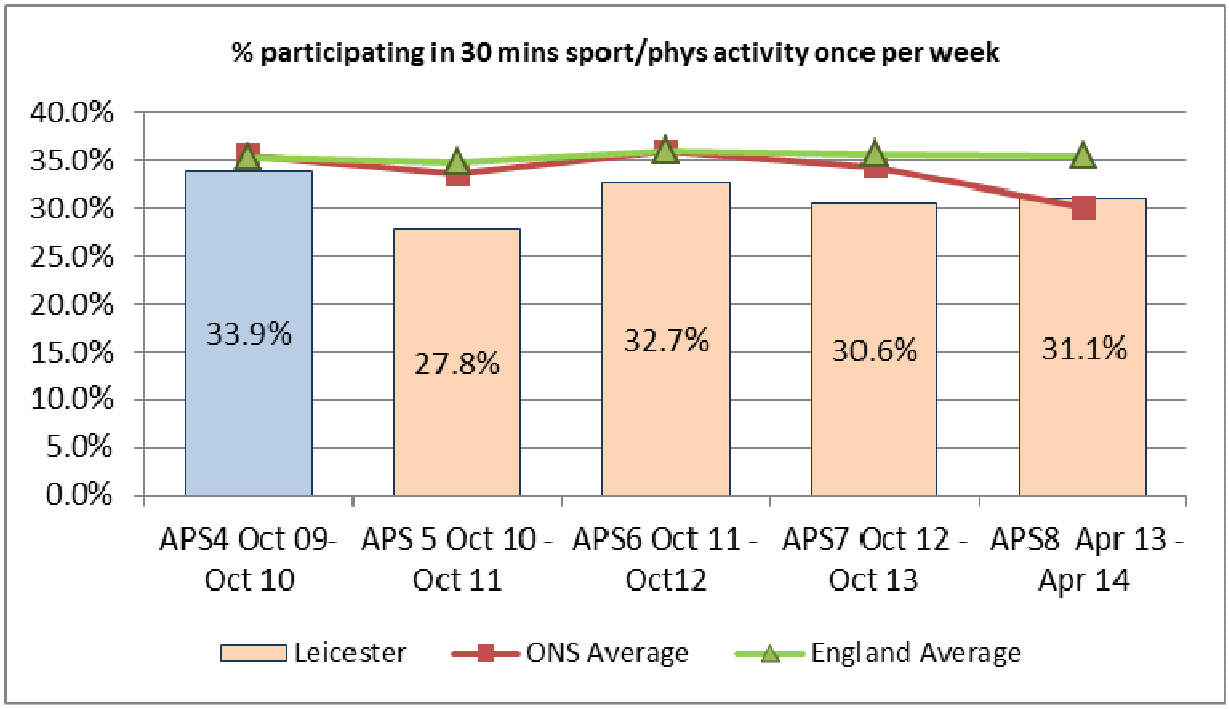
High is good

Number successfully quit (self-report) per 100,000 of population aged 16 and over



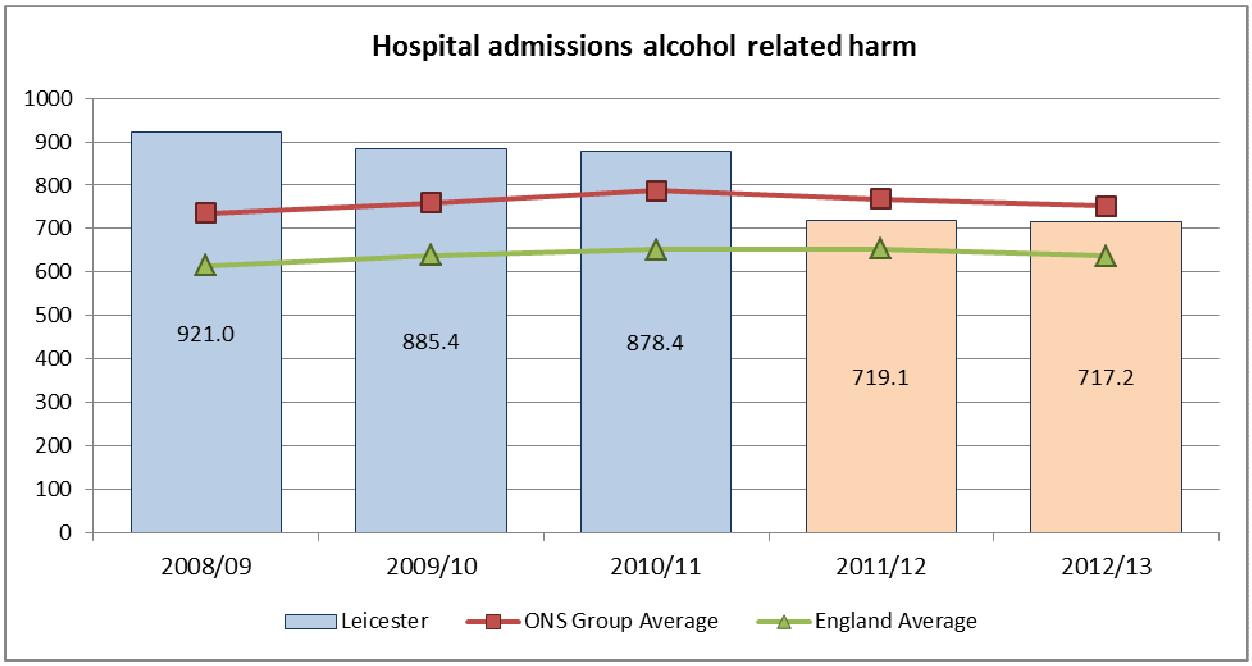
High is good

% participating in 30 minutes of sport/physical activity per week



High is good

Hospital admissions for alcohol related harm, new narrow definition measure

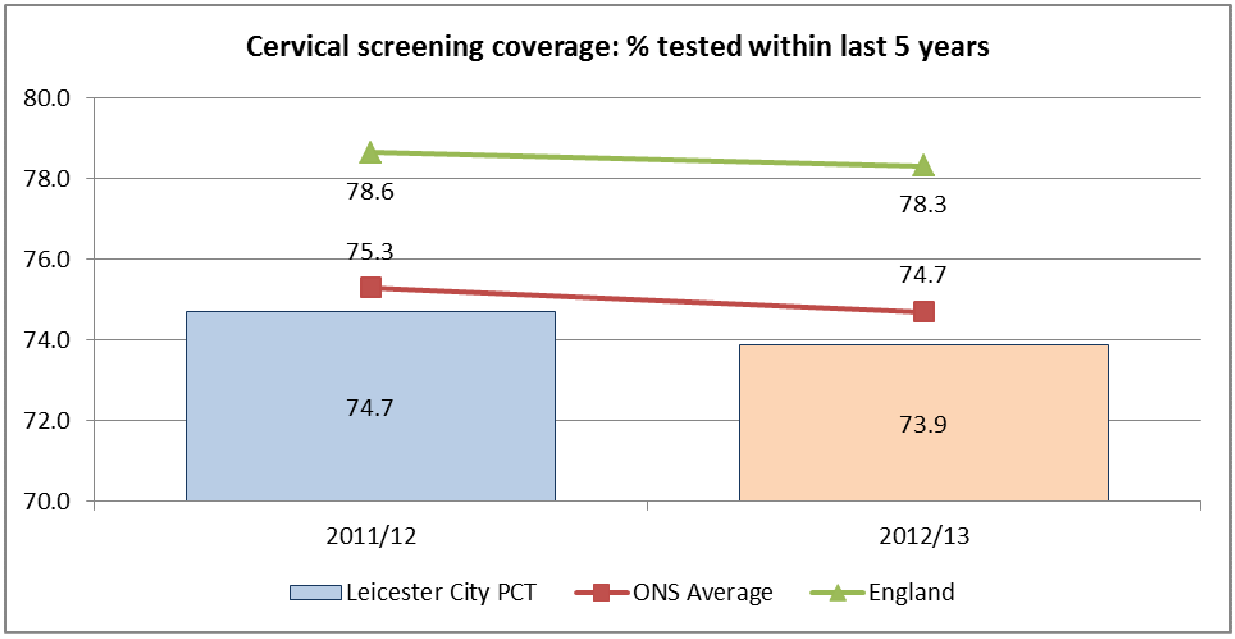


Low is good

Reducing smoking prevalence:

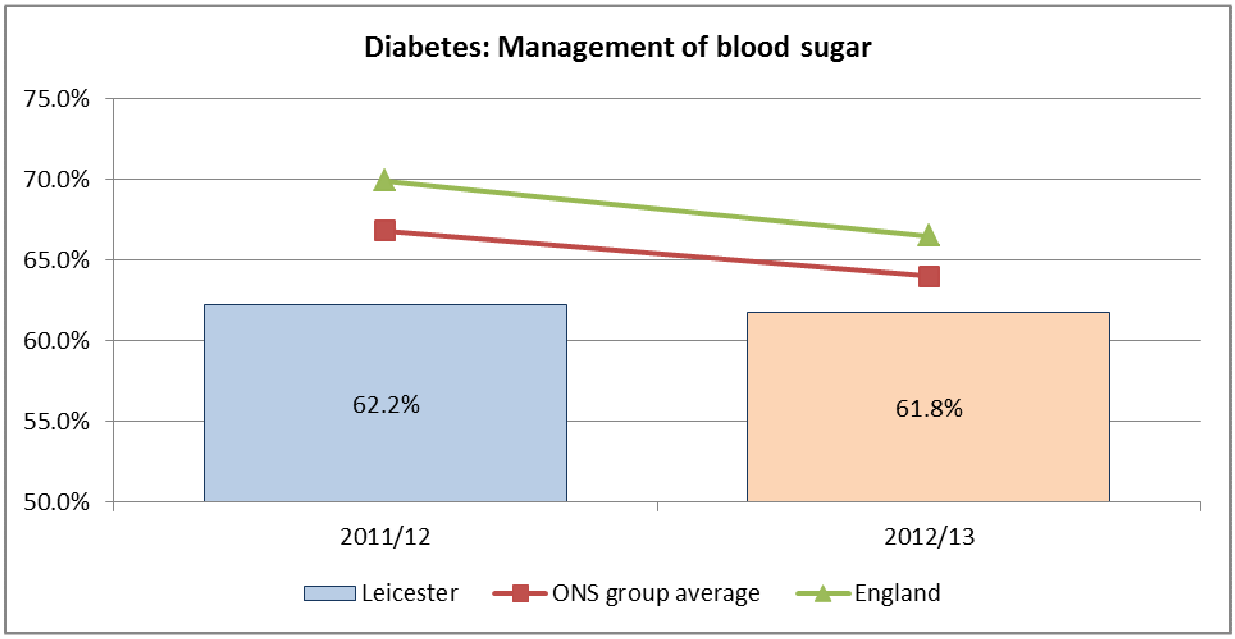
No benchmarking possible. There is no regular pattern for this measure, survey to be undertaken in Autumn/winter 2014

Cervical screening coverage



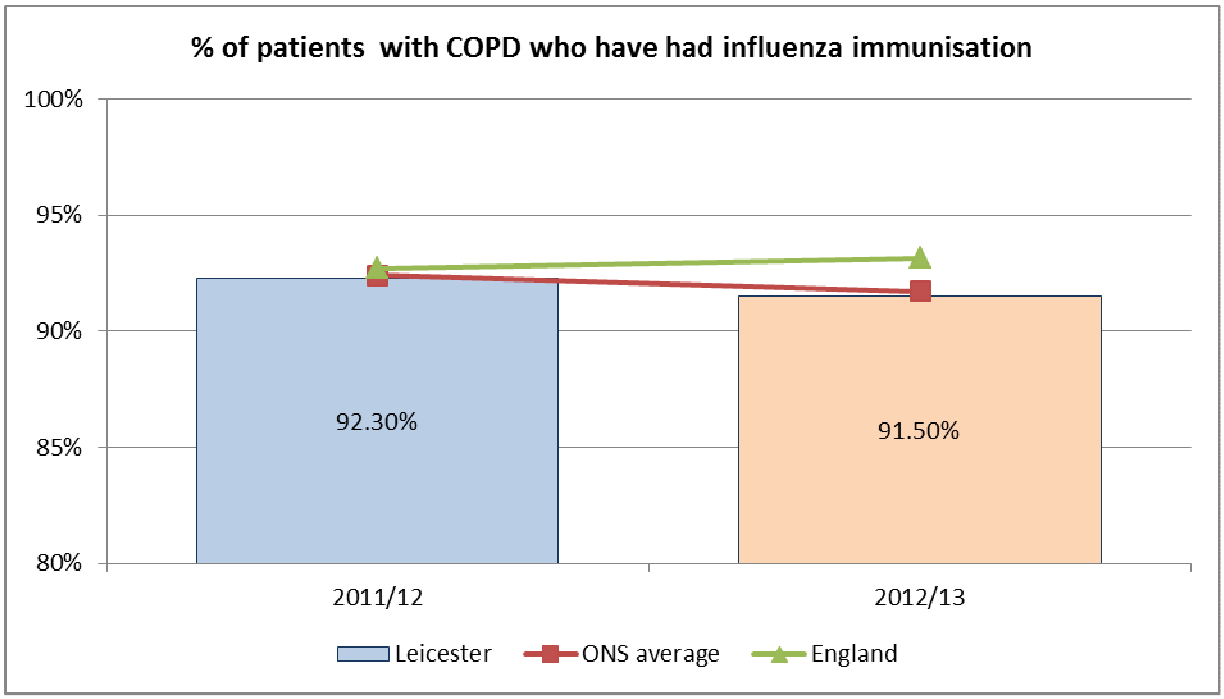
High is good

Diabetes: The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol in the preceding 15 months.



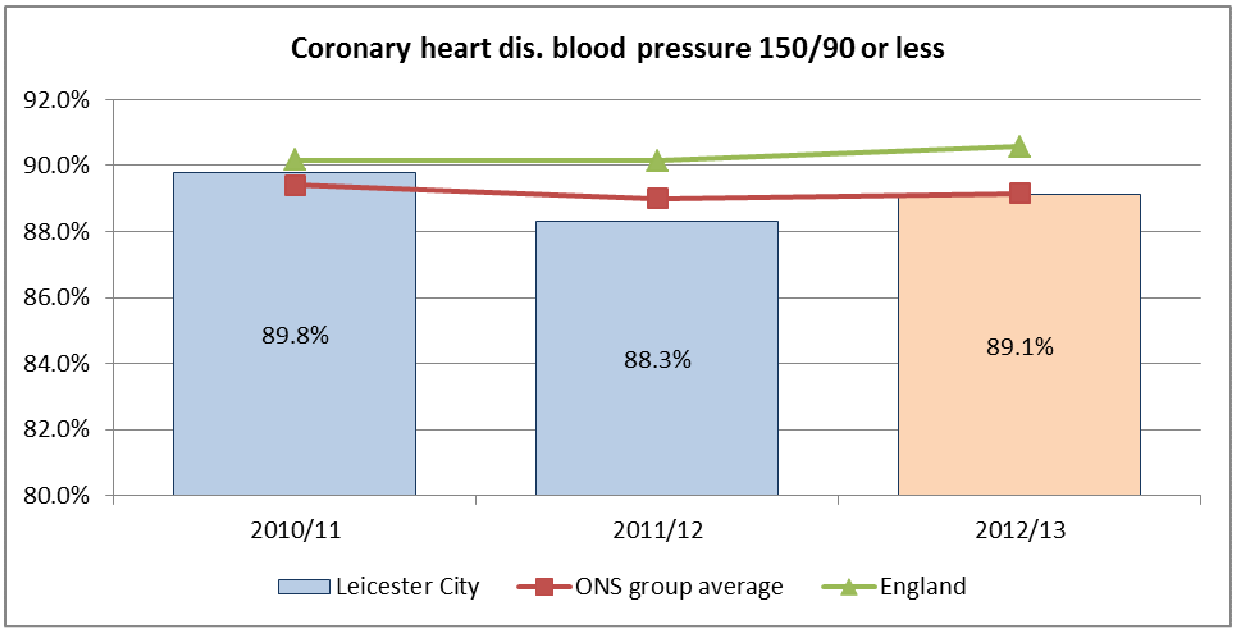
High is good

Chronic Obstructive Pulmonary Disease: percentage of patients with COPD who have had influenza immunisation



High is good

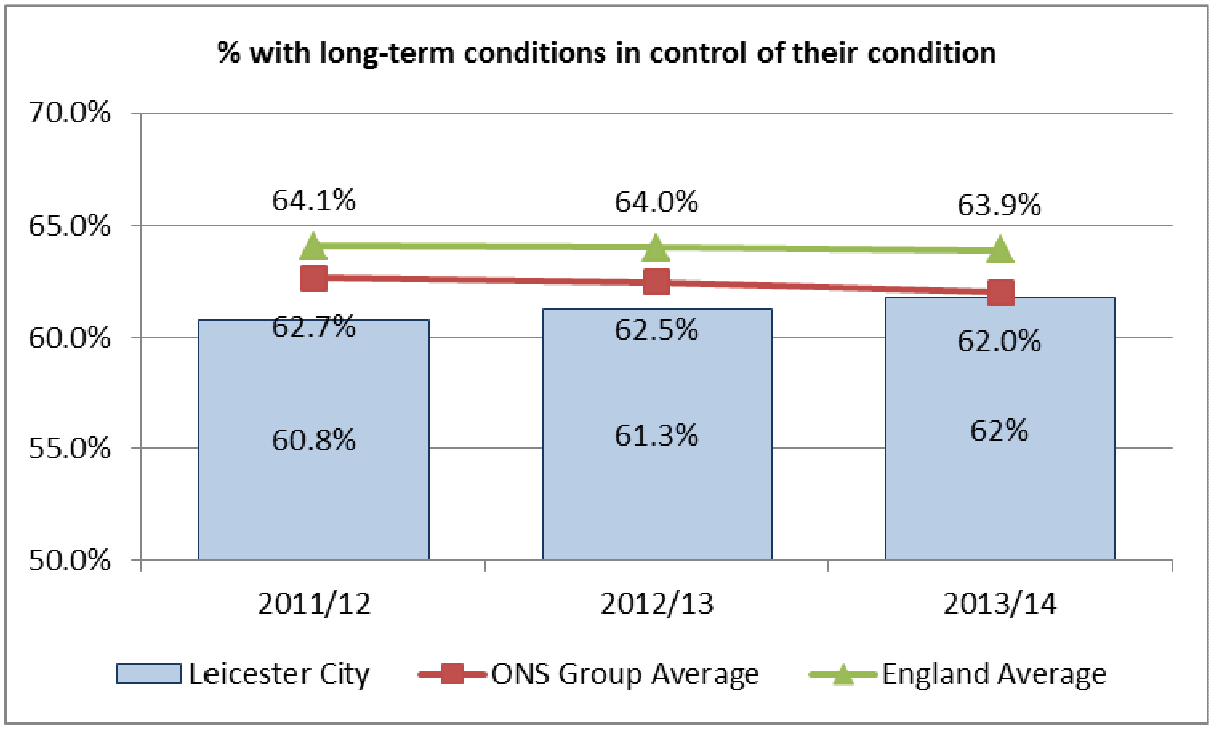
Coronary Heart Disease: The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less



High is good

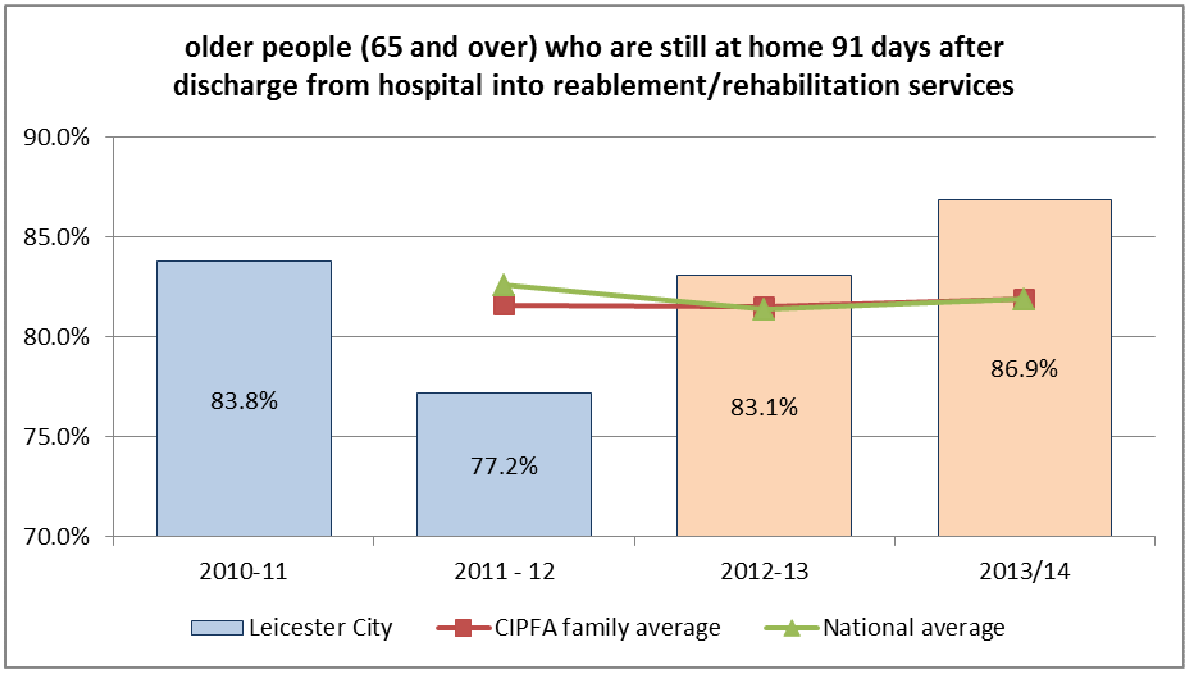
Priority 3: Promoting Independence

Long term conditions: People with Long Term Conditions in control of their condition



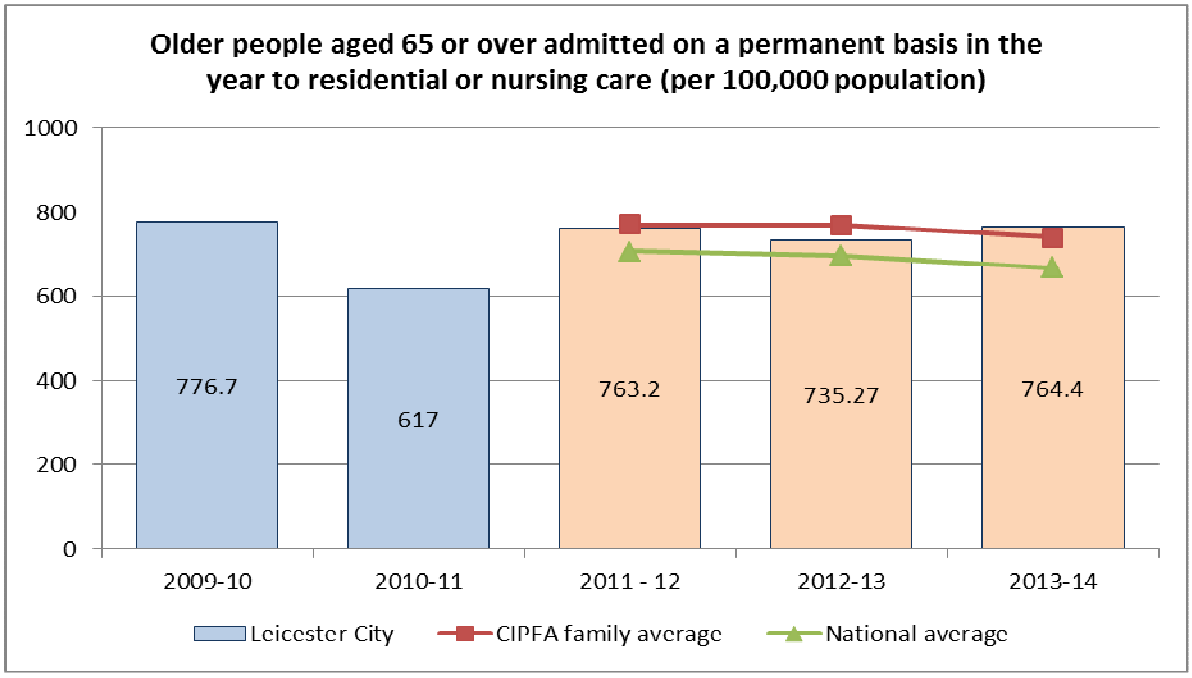
High is good

Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services



High is good

Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care (per 100,000 population)

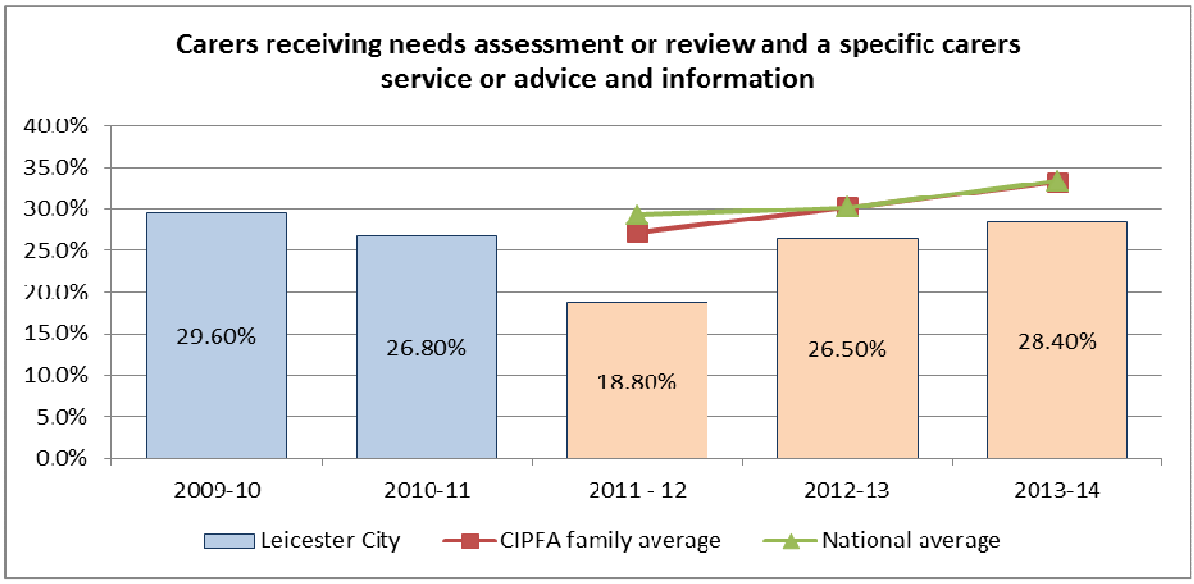


Low is good

Dementia effectiveness – post dementia care:

This measure has yet to have any data produced

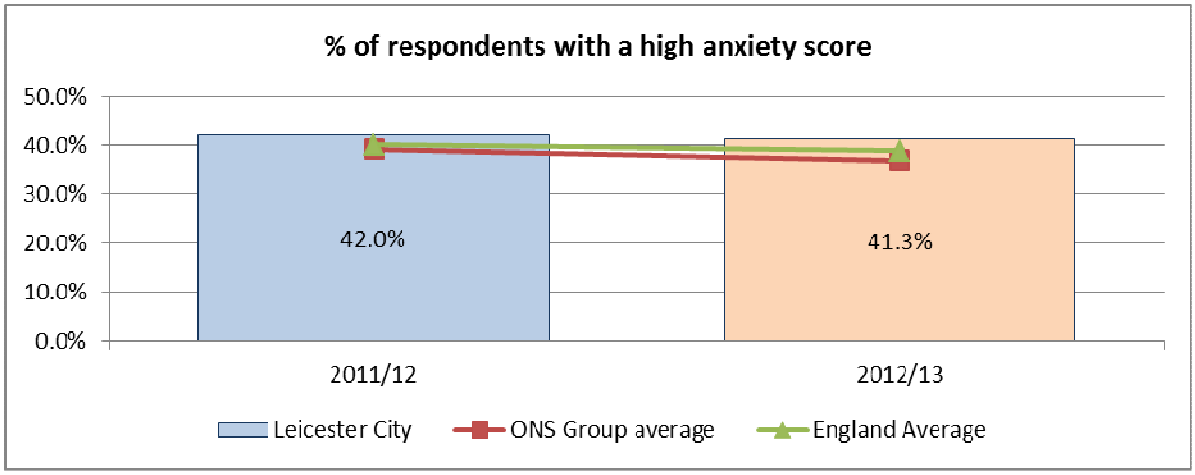
Carers receiving needs assessment or review and a specific carers service or advice/info



High is good

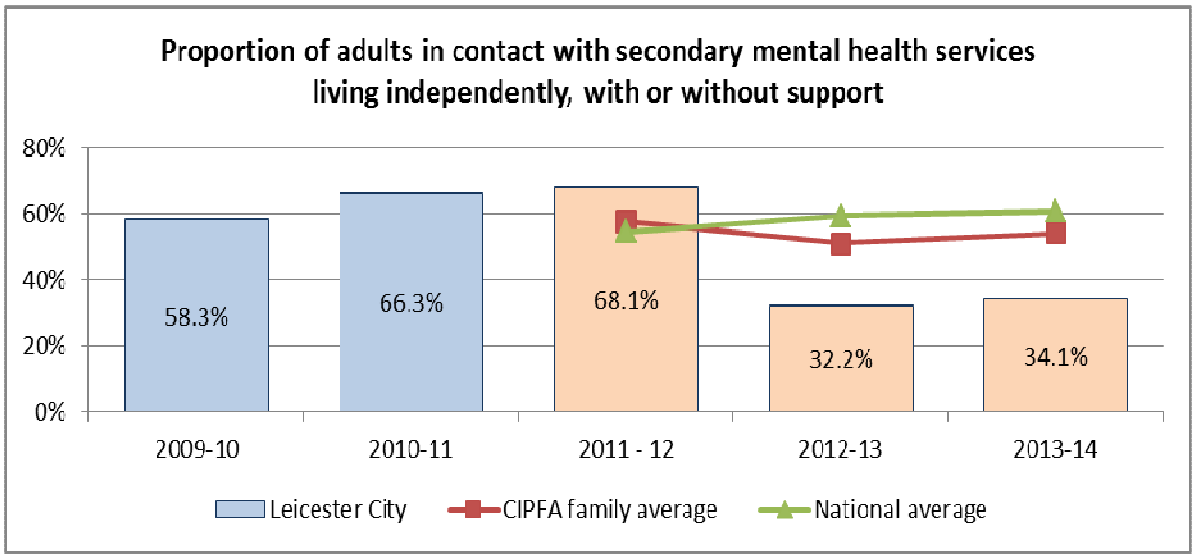
<u>Priority 4: Improve mental health and emotional resilience</u>

Self-reported wellbeing: % of respondents with a high anxiety score:



Low is good

Adults in contact with secondary mental health services living independently



High is good

Appendix 2(c)

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 indictors:

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
Alcohol related harm	The definition of the alcohol-related hospital admissions measure has changed. The narrow definition indicator has been adopted for this report, roughly equating to alcohol specific admissions. This is not directly comparable with the previous NI39 data as there have been changes to the health conditions and fractions following new epidemiological evidence.
People with Long Term Conditions in control of their condition	Data is based on weighted survey results from GP Access Survey. Data quality issues have been resolved, the original baseline was incorrect and has subsequently been amended
Dementia - Effectiveness of post-diagnosis care in sustaining independence and improving quality of life	This measure was originally it was planned to be introduced from 14/15 onwards, however, it remains a placeholder in the 14/15 ASCOF framework. The complimentary measure in the NHS Outcome Framework has an estimated implementation date of 2016/17.
Proportion of adults in contact with secondary mental health services living	Data quality issues with this indicator persist, as such we are not confident to make a judgement on direction of travel

Indicator	Notes
independently with or without support	

Benchmarking:

This report includes benchmarking against relevant comparator authorities, where possible. The comparator groups used to benchmark different measures are shown below.

Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours Model	**National Foundation for Educational Research (NFER) benchmarking group**	**Office for National Statistics (ONS) benchmarking group**
Luton Wolverhampton Nottingham Coventry Sandwell Bradford Peterborough Blackburn with Darwen Kingston upon Hull Derby Middlesbrough Liverpool Oldham Newcastle upon Tyne Slough **Leicester**	Wolverhampton Hounslow Sandwell Blackburn with Darwen Slough Coventry Hillingdon Walsall Birmingham Southampton **Leicester**	**Manchester** NHS Central Manchester CCG NHS South Manchester CCG NHS North Manchester CCG **Barking And Dagenham** NHS Barking And Dagenham CCG **Nottingham** NHS Nottingham City CCG **Birmingham** NHS Birmingham Crosscity CCG NHS Birmingham South And Central CCG **Sandwell** NHS Sandwell And West Birmingham CCG **Wolverhampton** NHS Wolverhampton CCG **Leicester** NHS Leicester City CCG