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Executive Summary

This strategy has been developed by Leicestershire’s Health and Wellbeing Board. It is our overarching plan to improve the health and wellbeing of children and adults in the county and to reduce health inequalities.

The strategy is driven by our joint strategic needs assessment, the overarching assessment of the health and wellbeing needs of our population across the wider health and social care economy.

Over the next three years Leicestershire’s Health and Wellbeing Board, in partnership with local stakeholders, aims to “add quality and years to life” by improving health throughout people’s lives, reducing health inequalities and focusing on the needs of the local population.

To do this we have identified a number of priorities across the lifecourse and cross cutting themes in support of these objectives:

- Getting it right from childhood.
  - We will support positive outcomes for children and families through:
    - early years support,
    - early intervention and prevention,
    - continuing health programmes to develop well,
    - early identification of families in need of support.
  - We will improve health and educational outcomes in looked after children through high quality health and social care support.
  - We will enable children to have the best start in life through provision of high quality maternity services including pre and post natal support.
  - We will ensure a good transition between child and adult services for children with complex physical and mental health needs.
• Managing the shift to early intervention and prevention.
  o We will maintain or increase the number of children and adults who are a healthy weight through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating.
  o We will reduce the harm caused by alcohol and drugs.
  o We will improve sexual health services for the Leicestershire population.
  o We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking.
  o We will reduce the number of people who die prematurely from cancer.

• Supporting the ageing population.
  o We will plan for an ageing population, particularly an increase in the frail elderly population, by providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes.
  o We will maximise independence in older people by improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions.
  o We will seek to improve the management of long term conditions.
  o We will ensure care homes adhere to the highest standards of dignity and quality and make sure carer training in organisations is improved.
  o We will improve the provision of end of life care and support for people who wish to die at home and support for their carers.

• Improving mental health and wellbeing.
  o We will promote positive mental health promotion.
  o We will ensure the earlier detection and treatment of mental health problems in children.
  o We will continue to improve the early detection and management of people with common and severe and enduring mental health needs.
  o We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers.

• Tackling the wider determinants of health by influencing other Boards.
  o We will seek to reduce levels of child poverty within Leicestershire.
The publication of further guidance from the Department of Health on the requirements of the Public Health Outcomes Framework and the Health Premium will enable us to set specific targets for our priorities in due course.
1 Foreword

I am delighted to present the Leicestershire Health and Wellbeing Board’s Health and Wellbeing Strategy for 2013-2016. The Government has set out a new vision for the leadership and delivery of health and social care services with health and wellbeing boards being the focal point for decision making about how best to improve health and wellbeing.

Over the next 3 years, Leicestershire’s Health and Wellbeing Board, in partnership with local stakeholders, aims to “add quality and years to life” by improving health throughout people’s lives, reducing health inequalities and focusing on the needs of the local population.

I believe we can support Leicestershire to become one of the healthiest places in the United Kingdom (UK) and intend to reach this vision by targeting our focus on the priority areas identified in this strategy. Leicestershire is a rural and affluent area that can aspire to be one of the healthiest places in England, yet I feel this is not challenging the area sufficiently and that we should be looking towards international comparisons and benchmarks to drive our health outcomes to be the best in the world.

Partnership working on health and wellbeing isn’t new; however the Health and Social Care Act 2012 gives the Health and Wellbeing Board for Leicestershire new responsibilities and flexibilities to improve the health of local people. The Board will bring together representatives from the County Council, District Councils, Clinical Commissioning Groups and Healthwatch to steer services to meet the needs of Leicestershire. We believe that this new partnership approach to working across health and social care issues will have a powerful affect on services and will also effect how local people support their own quality of life.

Cllr Ernie White
Lead Member for Health Leicestershire County Council and Chair of Leicestershire Health and Wellbeing Board
2 Our Mission, Vision and Goals

2.1 Our Mission, vision and goals

All aspects of our everyday life have an impact on our health. This means that working to improve population health is everybody’s business. This strategy sets out to improve the health and well being of children and adults in Leicestershire and to reduce health inequalities in the county.

The Health and Wellbeing Strategy for Leicestershire identifies local priorities for promoting health and wellbeing, within which ‘top priorities’ exist where we feel progress is required immediately.

This strategy is driven by the joint strategic needs assessment (JSNA), an overarching assessment of the health and wellbeing needs of our population across the wider health and social care economy (undertaken jointly by the local National Health Service and County Council).

The strategic objective for the Health and Wellbeing Board is to “add quality and years to life” by improving health throughout people’s lives, reducing health inequalities and focusing on the needs of the local population. The key priorities identified across the life course from the 2012 JSNA are:

**Outcome 1: Getting it right from childhood**

- We will support positive outcomes for children and families through:
  - early years support,
  - early intervention/prevention,
  - continuing health programmes to develop well,
  - early identification of families in need of support.
- We will improve health and educational outcomes in looked after children through high quality health and social care support.
• We will enable children to have the best start in life through the provision of high
quality maternity services including pre and post natal support.
• We will ensure a good transition between child and adult services for children
with complex physical and mental health needs.

Outcome 2: Managing the shift to early intervention and prevention

• We will maintain or increase the number of children and adults who are a healthy
weight, through the provision of a range of healthy weight interventions and the
promotion of physical activity and healthy eating.
• We will reduce the (acute and chronic) harm caused by alcohol and drugs.
• We will improve sexual health services for the Leicestershire population.
• We will further reduce smoking prevalence by preventing people from starting to
smoke and helping people to stop smoking.
• We will reduce the number of people who die prematurely from cancer.

Outcome 3: Supporting the ageing population

• We will plan for an ageing population, particularly an increase in the frail elderly
population, by providing appropriate housing and adaptations to enable the frail
elderly to live longer in their own homes.
• We will maximise independence in older people by improving stroke care and
rehabilitation services, preventing falls and reducing preventable hospital
admissions.
• We will seek to improve the management of long term conditions.
• We will ensure care homes adhere to the highest standards of dignity and quality
and make sure carer training in organisations is improved.
• We will improve the provision of end of life care and support for people who wish
to die at home and support for their carers.

Outcome 4: Improving mental health and wellbeing

• We will promote positive mental health promotion.
• We will ensure the earlier detection and treatment of mental health problems in children.
• We will continue to improve the early detection and management of people with common and severe and enduring mental health needs.
• We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers.

Cross cutting theme: Tackling the wider determinants of health by influencing other Boards

• We will seek to reduce levels of child poverty within Leicestershire.

2.2 Our top priorities for action

We recognise that this is a long list of priorities but we feel it important we recognize the breadth of areas on which we need to make progress. We will oversee and direct efforts to address these priorities. From the list we have selected 6 priorities for accelerated progress in the shorter term.

These are:
• We will ensure a positive start to life for children and families through:
  o early years support,
  o early intervention/prevention,
  o continuing health programmes to develop well,
  o early identification of families in need of support.
• We will maintain or increase the number of children and adults who are a healthy weight through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating.
• We will improve sexual health services for the Leicestershire population.
• We will plan for an ageing population, particularly an increase in the frail elderly population, by providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes.
- We will promote positive mental health promotion and the early detection of mental health problems across the age ranges.
- We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers.

Leicestershire Health and Wellbeing Priorities 2013-2016

Figure 1: The strategy on a page
2.3 Working with others

To improve health and wellbeing and focus our actions on those groups with relatively poorer health we will need to think about the whole picture and how we can shape the services and support we provide to meet the needs of the different communities.

The County Council and local NHS will work closely with partner organisations in District Councils, the Police Service, the Criminal Justice system, the voluntary sector, the private sector, local community groups, and programmes of work such as the Supporting Leicestershire Families initiative. We recognise that provider organisations such as University Hospitals of Leicester NHS trust also have a major part to play in achieving our goals.

Addressing the needs of Leicestershire communities can only be done in partnership with the other commissioning hubs of Leicestershire Together. “Influencing other Boards” has been identified as a key priority to ensure that the Health and Wellbeing Board delivers improved health outcomes over the life course. Our cross cutting theme ‘tackling the wider determinants of health by influencing other Boards’ outlines where we see opportunities for joint commissioning and work with the other themed partnerships of Leicestershire Together. Working in partnership will be at the heart of our actions.

We also recognise that different age groups and communities will have different needs for information, prevention of ill health, and health and social care. This strategy recognises the importance of using local solutions and we will encourage individuals and communities to take responsibility for making healthy choices and identifying the services they need. We will work with voluntary sector organizations, communities and individuals to, build on existing community strengths and resources.

We will continue to engage and involve all partners and the local community in decision making and strive for open, honest conversations. We aim to maximize effective health networks to ensure effective communication.
2.4 Working differently

This strategy is being developed during a period of public sector constraint. To make a difference we will need to change the way we use resources and re-think how we commission and deliver services across health and social care and other relevant services, in order to achieve better outcomes and effectively meet increasing levels of need. We aim to find new ways of working with aligned or shared budgets and by using our combined resources more effectively to get best value across the local public sector.

When considering the commissioning of services where possible we will enter into joint funding arrangements with those statutory agencies already providing funding to add value and avoid duplication of provision, monitoring and reporting.

2.5 Why these areas of focus?

We are not developing this strategy in isolation. It is built on strong foundations of an existing evidence base, including the JSNA and other key documents and data sources.

Our priorities have been selected as areas where focused work will result in meaningful and measurable improvements in health and wellbeing, contributing to our overarching vision.

The JSNA steering board agreed a set of criteria to use as the basis for determining the JSNA priorities. These were:

- number of people that are affected,
- effect on people’s health and wellbeing,
- projected future position if no action taken,
- scope for improvement,
- resource impact,
- contribution to inequalities,
- local views,
• triangulation with priorities from key commissioners, including clinical commissioning groups and Leicestershire Together commissioning hubs.

3 Context

3.1 Our population

In 2009, the Joint Strategic Needs Assessment highlighted the challenges posed by the ageing population of Leicestershire. In the 2012 JSNA adapting service provision to the needs of the growing population, and in particular the growing older population, was highlighted as our most pressing commissioning challenge.

The health of people in Leicestershire is generally better than the England average. Life expectancy in Leicestershire is 79.7 years for males and 83.4 for females. Life expectancy of men and women in Leicestershire is in the highest 20% for upper tier local authorities in the country. In the past 10 years there have been significant improvements in people’s health with substantial reductions in premature mortality rates from major killers. However, cardiovascular disease, cancer and respiratory diseases remain the major cause of ill health and premature mortality, driven by the major risk factors of smoking, obesity and alcohol misuse.

In the last 10 years the population of Leicestershire has increased by over seven percent and is predicted to grow by a further 11% by 2026. By 2026 over 22% of the population will be over 65 compared to 16% in 2011. By 2026, the number of very old people (90+) is predicted to increase by 125%, from just over 5,000 people to around 11,500, the number of 70-74 year olds by a third (from 27,500 to 36,500) and the number of 65-69 year olds by almost a fifth (from 35,700 to 42,300). This poses challenges for the demand on our health and social care services and the complexity of the services they provide.

Leicestershire is a rural and affluent area that aspires to be one of the healthiest places in England. However, this is not challenging the area sufficiently and we should be
looking towards international comparisons and benchmarks to drive our health outcomes to be the best in the world.

3.2 National context

The coalition government has introduced new policy and legislation that will have a fundamental impact on the way in which public health, health services and social care are to be delivered. The major changes include:

- Shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning Board.
- Giving groups of GP practices and other professionals (Clinical Commissioning Groups abbreviated to CCG’s) responsibility for the majority of NHS commissioning.
- Transferring responsibility for public health from the NHS to upper tier local authorities and Public Health England.
- Giving local authorities, through Health and Wellbeing Boards (HWBs), a new role in encouraging joined-up commissioning across the NHS, social care, public health and other local partners.
- Moving all NHS trusts to foundation trust status.

Health and Wellbeing Boards (HWBs) were given legislative effect by the Health and Social Care Act 2012. The responsible local authority and each of its partner clinical commissioning groups is responsible for:

- Assessing the health and wellbeing needs of the local population (adults, children and young people), including the wider determinants of inequalities, and bringing this analysis together in a JSNA.
- Preparing a joint health and wellbeing strategy (JHWS) reflecting needs identified in the JSNA, prioritizing actions and underpinning commissioning in the short, medium and long term.
- Promoting integration and partnership working at the local level by joining up commissioning plans across the NHS, social care and public health and by considering the extent to which needs could be met more effectively by making
use of the flexibilities of section 75 of the National Health Service Act 2006 (lead commissioner, integrated provision, pooled budgets, etc).

Additional national context is provided by the NHS Constitution which sets out the purpose, principles and values of the NHS. The constitution is designed to ensure that the commissioning intentions of the NHS are driven by consultation and joint decision making with patients, stakeholders and staff.

3.3 Local context

Health and Wellbeing Boards

Leicestershire is a formal ‘early implementer’ of the Health & Wellbeing Board structure. The shadow board was established in April 2011 with a membership of:

- Cabinet Lead Members for:
  - Health (chair)
  - Adults and Communities
  - Children and Young People
- 2 representatives of each of the clinical commissioning groups covering Leicestershire and Rutland
- Directors of:
  - Public Health
  - Adults and Communities
  - Children and Young People
- 2 LiNK representatives (Local Health Watch when established)
- Chief Executive of NHS LC/LCR Cluster (NHS Commissioning Board when established)
- 2 district council representatives
- Police representative

The Shadow Health and Wellbeing Board already meets the nationally proposed membership. Its primary purpose is to promote integration and partnership working
between the NHS, Social Care, Public Health and other local services and to improve local democratic accountability.

The Shadow Health and Wellbeing Board has an established sub-structure which consists of:

- Staying Healthy Board,
- Integrated Commissioning Board,
- Substance Misuse Board,
- JSNA and Joint Health and Well Being Steering Board,
- Health Protection Board.

Local priorities will be shaped by a number of cross cutting projects underway in Leicestershire such as:

**Communities in Charge**

Underpinning the ‘Big Society’ activity in Leicestershire is the County Councils ambition to put our ‘communities in charge’. This project will explore how best to move to a position where communities increasingly take charge of their own destiny, become more involved in decisions about the future of their community, and play a direct role in service delivery. ‘Communities in Charge’ is an essential component of our intention to manage demand by investing in early intervention and prevention, developing alternative markets and supporting communities in running services and helping the most vulnerable within their communities.

**Supporting Leicestershire Families**

Supporting Leicestershire Families is how Leicestershire is responding to the coalition governments challenge to turn around the fortunes of the countries most troubled families. From Autumn of 2012, a locality based Family Support Worker Unit will bring together Family Support Workers that provide support to families referred to it by the County Council and partner services and a broader ‘Team around the Family’ to support
those families in Leicestershire identified as being in need of more intensive support. The key change from current practice is that family support is generally provided by workers located across a number of different services and operating to different systems. By integrating this approach into a single consistent methodology the new service will provide a streamlined, more efficient service for both the families involved and the public purse.

4 Leicestershire Health and Wellbeing Outcomes and Priorities

4.1 Our approach to health and wellbeing

Stakeholders from health and social care organisations, County and District councils and local voluntary organisations agreed a number of principles that will help us shape our commissioning decisions in the next three years and will inform how we work together and develop actions to achieve our priorities. These principles are:

- **Reducing inequalities and focusing our work on improving the health of those with relatively poorer health**
  We will focus our work on improving the health of those areas associated with high levels of socio-economic deprivation. Supporting vulnerable populations will be at the heart of everything we do.

- **Using evidence based practice and responding to local information**
  We will use public health evidence alongside local information and views to make sure that we focus on significant health and wellbeing needs to provide the best possible services and support - building on what works and stopping what isn’t working.

- **Developing cost effective solutions and improving efficiency**
  We will aim to use solutions which have the greatest impact for the most people, at the appropriate cost, taking account of the available resources and constraints on public finances. We will try new approaches or ideas where there is a limited evidence base and support robust evaluation of services and programmes.
• **Focusing on prevention**
  Where ever possible we will take action to support the prevention of poor health and wellbeing outcomes. This may be by encouraging healthy communities and lifestyle in general while respecting people’s personal choices or by supporting people with long term conditions to prevent their health from worsening.

• **Sustainability**
  We will ensure that our services are sustainable and adaptable to protect our environment and resources ensuring that changes are made which will create long term positive change, taking into account long term challenges.

• **Dignity**
  We will ensure that, by working with partners and stakeholders, people using our services are treated fairly and with dignity and respect, are able to easily get the support and protection they need, are protected when they need to be and are kept safe and able to protect themselves from abuse and neglect.

### 4.2 Outcome 1: Getting it right from childhood

While the overall health of children in Leicestershire is generally similar to (or better than) the average for England, there is still room to improve both the overall outcomes and the outcomes for children in communities where health outcomes are poorer. This may be achieved through universal programmes to improve health for all and through targeted programmes in areas of greatest risk. Leicestershire needs to continue to give young people the best possible start to life.

One of the most significant challenges to the health of the population is caused by the intergenerational cycle of health inequalities. Targeting families with the greatest overall needs (as per the “Supporting Leicestershire Families” initiative that has been developed in locally) is key to ensuring that the most vulnerable children have the best opportunity for good health and wellbeing throughout their lives.
We want all children to realise their full potential by helping them to prepare from an early age to be self-sufficient, with a network of support to enable them to live independent and healthy lives. Using the growing national and international evidence of effective programmes of prevention and early intervention, we will review and build on our services, focussing particularly but not exclusively, from conception to age 3 to improve outcomes by age 5 as part of our statutory responsibility to deliver the Sure Start agenda. We want targeted programmes of support for children, especially the most vulnerable, to have a lasting impact in order to prepare for the responsibilities of adulthood and build up resilience for the future.

The responsibility for delivering the identified outcomes within this strategy rests with the Children and Young People’s (CYPS) Commissioning Board. We will work closely with the CYPS Board to ensure that Leicestershire delivers on this priority:

**Priority 1: We will support positive outcomes for children and families through:**
- early years support
- early intervention/prevention
- continuing health programmes to develop well
- early identification of families in need of support

Giving every child the best start in life was highlighted in The Marmot Review of Health Inequalities Fair Society, Healthy Lives as the highest priority recommendation for reducing health inequalities; it called for ‘a second revolution in early years’. Pregnancy and the first years of life are critical and this is a time when parents are particularly receptive to learning and making changes. Prevention and early intervention in the first years of a child’s life has a significant positive impact on a child’s health outcomes in later life. It can help prevent emotional and behavioural difficulties, under-attainment at school, truancy and exclusion, criminal behaviour, drug and alcohol misuse, teenage pregnancy and the need for statutory social care. Prevention and early identification can also break the links between early disadvantage and poor outcomes in adult life.

As well as intervening at an early age, it is also important that preventative and early intervention activities are provided early in the life of an issue, to improve the life
chances of children and young people. In all our work, the continuing importance of safeguarding in protecting the vulnerable in our society is paramount.

We through, and with, the CYPS Commissioning Board will:

- Continue to commission strong universal public health and early education programmes together with targeted interventions for disadvantaged families and children at most risk of poor health outcomes as part of our statutory duty to deliver the Sure Start agenda (including children in care and those leaving care).
- Commission services that enable children and young people to develop well, make healthy lifestyle choices and help with transition into adult life and services.
- Secure appropriate services and support for all disabled children and young people, those with complex needs, and/or those with Special Educational Needs (SEN).

Additionally:
- Continue to support the multi-agency Teenage Pregnancy Strategy to reduce teenage conceptions and supporting young parents.
- Continue to support the Sure Start approach to reducing obesity, increasing breastfeeding and improving parenting through integrated working across a range of agencies working from common children’s centre bases.

Priority 2: We will improve health and educational outcomes in looked after children through high quality health and social care support

Looked after children are five times more likely than their peers to have a mental health disorder and two-thirds will have at least one physical health problem. This is, in part, due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect and also often results in poorer educational attainment on average than their peers. Furthermore, looked after children are four times more likely to smoke, regularly drink alcohol and to use drugs, and are also more likely to be involved in risky sexual behaviour and abusive or exploitative relationships.

We will:
• Ensure high quality services are available that enable children and young people to develop well, make healthy lifestyle choices and help with transition into adult life and services.

Priority 3: We will enable children to start well through provision of high quality maternity services including pre and post natal support

All women should access maternity services in order to receive a full maternity care assessment, including an review of healthcare needs and risks, and the provision of information on care choices by 12 weeks and 6 days of their pregnancy to give them the full benefit of personalised maternity care. This will improve outcomes and experience for mother and baby.

Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and excluded groups (as part of the Sure Start agenda) will provide a focus on reducing health inequalities whilst also guaranteeing choice to all pregnant women.

We will:
• Improve liaison between GPs, midwives, health visitors and the wider children's workforce to ensure the best possible start for babies.
• Ensure that we have the right services in place to support pregnant mothers to make healthy choices with regards to smoking, healthy eating, physical activity and substance misuse.
• Agree systems to share data across agencies to join up service approaches as part of the Sure Start Programme

Priority 4: We will ensure a good transition between child and adult services for children with complex physical and mental health needs

We will:
• Secure appropriate services and support for all disabled children and young people, those with complex needs, and/or those with Special Educational Needs (SEN) through local specialist provision to avoid the disruption and expense of out of county placements.
Working together on outcome 1

In addition to the key partners outlined in section 2.2 achieving success on the priorities under outcome 1 will be dependent on close working with other boards and groups including the Children and Young People’s Board, the Supporting Families Board, Locality Partnership Groups (e.g. Sure Start Children Centre Programme) and the Substance Misuse Board. Responsibility for achieving outcomes 1-4 will rest with the CYPS Commissioning Board.

4.3  Outcome 2: Managing the shift to early intervention and prevention

Thanks to the efforts of local and national partners we can demonstrate progress on a number of lifestyle behaviours. The rate of smoking in the county is at an all time low (19%) and is below the national average, whilst childhood obesity shows a welcome fall over the last two years. However, the challenges posed by obesity in adults and children and the impact on health and community safety of alcohol and substance misuse remain priorities for action.

Lifestyle behaviour change, coupled with the impact of NHS services and broader societal changes, have enabled us to make good progress in tackling deaths from coronary heart disease. To ensure this progress is maintained work will continue into the future.

Deaths from cancer have not decreased to the same extent as heart disease; however between 1993-95 and 2007-09 under 75 mortality rates from cancer have fallen in NHS Leicestershire County and Rutland from 132 per 100,000 population to 99 deaths per 100,000 population. Ensuring that patients and health professionals alike are able to recognise symptoms and make early diagnosis will be essential in reducing the death rates from cancer.

With increasing pressure on health and social care services, preventative approaches are essential. By improving health and wellbeing we will avoid hospital admissions, support individuals to recover and support carers to continue caring. Provision of
accurate, timely information and advice and signposting to appropriate community services will also contribute to a reduction in the need for social support.

Priority 5: We will maintain or increase the number of children and adults who are a healthy weight through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating

Maintaining a healthy weight throughout life is important for health. Obesity is linked to a range of physical and mental health problems including some of the leading causes of death and ill health in Leicestershire, such as circulatory diseases, type 2 diabetes, some cancers, and depression. Overweight and obese children are more likely to go on to become obese adults, and to suffer associated health problems. Whilst being underweight is less common than being overweight, it is also associated with increased risks of poor health.

Recommended levels of physical activity are for adults to undertake at least 150 minutes of moderate intensity exercise per week. Adults who are physically active reduce their risk of early death by 20-30% and the risk of developing major long term conditions such as heart disease, stroke, diabetes and cancers by up to 50%. Physical activity also benefits mental health and wellbeing.

We will:
- Maintain a focus on targeted approaches to reduce obesity and maintain a healthy weight through an integrated and multilayered programme of weight management, physical activity and healthy eating, as well as reducing the obesogenic environment, in order to address the underlying social causes of obesity.

Priority 6: We will reduce the harm caused by alcohol and drugs

The majority of people in Leicestershire are either low drinkers (who drink within the recommended limits) or are non-drinkers; however across Leicestershire and Rutland there are approximately 94,304 binge drinkers, 107,672 hazardous drinkers and 21,910 harmful drinkers.
The long-term harm caused by hazardous alcohol consumption will increase the prevalence of hypertension and cardiovascular disease in the population. Targeting people whose health is affected by alcohol will have a direct impact on life expectancy and health inequalities locally.

We will:

- Increase provision of alcohol-related advice, screening, simple brief interventions and referral.
- Expand provision within community based alcohol assessment and treatment services.
- Shift the emphasis away from treatment programmes to the promotion of safe drinking and changing of cultural attitudes towards alcohol.
- Continue the multi-agency plan to reduce the harm caused by alcohol, including building on the success of primary care interventions (such as the GP locally enhanced service).
- Further improve pathways of care for substance misuse, e.g. by having a more explicit emphasis on housing/settled accommodation as part of recovery (Housing Services Partnership and Supporting Leicestershire’s Families Board).

Priority 7: We will improve sexual health services for the Leicestershire population

Good sexual health is an important part of physical and mental health and wellbeing. Essential elements of good sexual health are equitable relationships and sexual fulfillment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

The key issue facing Leicestershire is the wide geographical area that Leicestershire covers. The landscape of rural areas with market towns surrounding the large urban centre of Leicester makes delivery of comprehensive and equitable sexual health services problematic. This is further complicated by an incomplete knowledge of the sexual health needs across the patch to enable the design and development of services in the areas of greatest need.
We will:

- Design and procure a new integrated sexual health service for Leicester, Leicestershire and Rutland to address the above issues. This will be in place for January 2014.

Priority 8: We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking

Smoking remains the single greatest cause of preventable illness and premature death in England, killing around 80,000 people in 2008. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. Since smoking is the major cause of coronary heart disease, lung cancer, other cancers and respiratory diseases, reducing the prevalence of smoking is a key strand in tackling these inequalities. Across Leicestershire, approximately 115,000 smokers remain exposed to the significant health risks from smoking, concentrated in our more deprived communities.

We will:

- Decrease the number of young people who currently smoke and reduce the number who start.
- Encourage and assist smokers in Leicestershire to quit.
- Support pregnant women who smoke to quit.
- Enforce regulation of tobacco products; focusing on illegal and underage sales.
- Work to increase the accessibility of smokefree environments.

Priority 9: Reducing the number of people who die prematurely from cancer

In England, approximately one person in three develops cancer at some point in their life. More than one in four die from cancer, making it the most common cause of premature mortality after circulatory diseases.

Cancer services have improved for everyone in recent years; yet the progress made in achieving better cancer outcomes has been uneven. We know that inequalities between different groups of people persist in relation to incidence, access to services and
treatment, patient experience and outcomes. Prevention, early diagnosis and detection and treatment are areas that all need focused attention if we are to reduce the rate at which people die from cancer and help those sections of population with most need to improve at an increased rate.

For many of the more common cancers, international benchmarking data shows that England has poorer survival rates than in comparable developed countries. A major cause of our lower survival rates is later diagnosis. We know that there is significant variation in public awareness of cancer symptoms and inequalities in practices' referral rates for suspected cancer cases. We also know that early presentation, screening and prevention have the largest potential for reducing premature cancer deaths, especially in more deprived areas.

We need greater focus on earlier diagnosis of symptomatic cancer through better public awareness of symptoms and by reducing barriers to onward referral for investigation and specialist treatment for patients suspected of having cancer.

Commissioners can now access a broad range of cancer performance data covering risk factors, screening uptake, patient referral patterns, secondary and tertiary care data, and outcome data reporting survival and patient experience. This data is available at GP practice and local authority levels. If commissioners are to make a significant impact on the burden of cancer in Leicestershire and in particular reduce its impact on our most deprived and needy patients, they must be timely and vigorous in examining and understanding which cancers are killing local people disproportionately, and how well people with cancer are being treated in terms of outcomes and patient experience.

We will:

- Monitor and influence cancer outcomes across the entire cancer pathway from primary prevention to end of life care.
- Ensure that resources are targeted proportionally (i) across the whole cancer pathway and (ii) in areas of greatest need and particularly in our most vulnerable populations.
- Facilitate, promote and increase public awareness of cancer symptoms and ensure timely onward referral for people identified as potentially having cancer.
**Working together on outcome 2**

Making progress on this outcome will require close working with all partnership boards and the Leicestershire & Rutland Sports Partnership, Housing Services Partnership, Supporting Families Board and Local Sports Alliances as well as recognising the role played by partners outlined in section 2.2. Responsibility for delivering priorities 5, 7, 8 and 9 rests with the Staying Healthy Board and priority 6 with the Substance Misuse Board.

**4.4 Outcome 3: Supporting the ageing population**

The increasing population will lead to a growing number of people with long term health conditions such as diabetes, chronic obstructive pulmonary disease, cardiovascular disease and neurological conditions. For instance the number of people living with diabetes is estimated to increase by 29% between 2010 and 2020. Our services will need to evolve to meet increasing demand and the changing nature of care needed as people survive longer with such conditions.

The number of people aged 65 and over providing unpaid care to a partner, family member or other person is expected to increase by 18% between 2010 to 2015, from 13,200 to 15,700. By 2030, the number is expected to reach 20,300. It is predicted that the numbers of people suffering from dementia will almost double in Leicestershire between 2011 and 2030 from approximately 8,000 to 16,000.

The care and support of frail or vulnerable older people remains the top priority for system transformation. Older people’s care pathways need to change, initially being coordinated at system level to enable a shift in resource from acute to community settings (e.g. via reduced re/admissions).

The JSNA identifies a need for more extra care provision for older people, including those with mental health needs. More provision for people with learning disabilities and people with mental health needs is also required in addition to more support services.
There are times in everyone’s life when they need help and support. Some people need support because they have ill health or a disability. Often friends or family provide that help and support. However, sometimes support is needed from agencies such as the council, health services, the voluntary sector and/or the independent sector. The Census shows that people providing unpaid care for 50 hours a week or more are twice as likely to be in poor health as those not caring, with the 18-25 age group three times as likely to be in not good health as people of that age group not providing care.

**Priority 10: We will plan for an ageing population, particularly an increase in the frail elderly population, by providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes**

The housing market will see growing numbers of single pensioner households many living in larger family homes. Households headed by someone aged 65 and over are set to increase by 51,000 by 2033. This will both increase demand for smaller single person properties and reduce the supply of larger family homes. Keeping warm in large, hard to heat homes will require coordinated action on fuel poverty.

We will:

- Implement the faster application of social care allocation funding to top priorities across health and social care such as reablement, dementia, equipment, telecare, etc.
- Understand in depth the local supply, demand, quality and costs of care and support - in the home and in care homes - both for those who are eligible for funded packages and self funders.

**Priority 11: Maximise independence in older people by improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions**

Supporting older people to live independently in their own homes, and to return to independent living following illness or injury, is important in reducing emergency hospital admissions and the need to move into long-term care. Strokes and falls are leading cause of hospital admissions, significant morbidity and the need for long term care in
older people. Effective prevention and rehabilitation services can reduce these demands and improve outcomes.

We will:

- Continue and extend plans to radically change pathways of care across acute and community settings.
- Ensure the falls programme is fit for the future.
- Contribute to the joint readmissions reduction programme with impact assessment/modelling – where partnership with UHL is critical to this change.

Priority 12: We will seek to improve the management of long term conditions

The increasing number of people living with long term conditions (such as diabetes) presents a major challenge for health, social care, community and voluntary sector partners. Better awareness of their long term conditions helps people understand their symptoms and experiences and improves their long term health and wellbeing. The role of the care professional is to encourage self confidence and the capacity for self management and to support people to have more control of their conditions and their lives.

We will:

- Enable better access to information, advice and support.
- Empower people to have more control and choice.
- Support carers in their role.
- Train staff to enable people to manage their conditions.

Priority 13: We will ensure care homes adhere to the highest standards of dignity and quality and ensure carer training in organisations is improved

We will:

- Jointly ensure the quality and safety of provision of care in the home and care homes.
• Improve choice and information for local people through approaches such as the deployment of personal budgets in social care and health and targeted market development activities.

Priority 14: We will improve the provision of end of life care and support for people who wish to die at home and support for their carers.

End of life care must be compassionate, appropriate and person-centred. The national end of life care programme aims to increase individuals choice and control over where they live at the end of lives and where they die. This requires organisations to work together in partnership with the individuals and their families and carers.

We will:
• Put greater emphasis on end of life care planning and support for those who choose to die at home.

Working together on outcome 3

Achieving success on priorities 10-14 will be the responsibility of the Integrated Commissioning Board. It will also depend on close working with the Housing Services Partnership, the Housing, Planning & Infrastructure Partnership, the Voluntary and Community Sector Strategy Group, the Stronger Communities Board, the Environment Board and partners across Leicestershire.

4.5 Outcome 4: Improving mental health and wellbeing

Mental health is a significant public health issue. No other health condition matches mental illness in the combined extent of its prevalence, persistence and breadth of impact. At least one in four people will experience a mental health problem at some point in their life and at any one time, one in six adults have a mental health problem.

Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. People with mental health disorders are less likely to be in employment, education or training with
children being more likely to fall behind in their educational and social development. Maternal mental health is one of the key factors determining life chances for children. Mental health disorders frequently coexist with physical health problems and people with mental health disorders are more likely to smoke, drink alcohol regularly and to have used drugs.

Mental health problems among older adults constitute a huge and growing burden on NHS and social care services. Dementia, in particular, is associated with high service costs, but importantly depression is even more prevalent and highly disabling for older people.

**Priority 15: We will promote positive mental health promotion**

Mental health is more than the absence of mental illness. The World Health Organisation defines mental health as: “A state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community”. In this positive sense, mental health is the foundation for individual wellbeing and the effective functioning of a community. In addition there is a clear link between mental health promotion, wellbeing and emotional and physical resilience.

Mental health promotion is about building on the existing strengths, assets, skills, resources, networks, social and community supports, and relationships that enhance our sense of competence and belonging. It is about giving people opportunities to experience personal mastery through activities that lead to increased self-esteem, quality of life, and social connectedness.

We will:

- Promote and support evidence based population approaches to mental health promotion across the life course, targeted at:
  - Children and Young People,
  - Adults and Communities,
  - Older people.
• Ensure that health promotion activities include both protective factors for mental health as well as interventions targeted at those most at risk of developing mental illness.

**Priority 16: We will improve early detection and management of mental health problems in children**

The emotional and mental health of children and young people is fundamentally important. One in ten children aged between five and 16 years of age has a mental health problem, and many continue to have mental health problems into adulthood. It has also been reported that half of lifelong mental health problems have developed by the age of 14.

Research tells us that a good level of mental health and emotional wellbeing for children and young people acts as a strong protector, enabling them to thrive and to achieve, throughout childhood and into adulthood. Children and young people who develop emotional resilience are better able to overcome adversity and to make positive life choices.

Children who have experienced negative parenting or poor quality relationships are more at risk of mental health problems and more at risk of other negative outcomes. Services for these children need to be sensitive enough to help them to achieve their full potential as a quarter to a half of mental illness is thought to be preventable through interventions during early years.

We will:

• Increase mental health promotion and prevention in early years to increase resilience and reduce risks.

• Strengthen collaborative working on children and young people’s mental health through the Children and Young People’s Board and ensure that multi agency services work together to provide support at the right level.

• Ensure early identification of problems so that children and young people can access appropriate services at the level they need.
• Deliver targeted services that are appropriate to the diverse needs of children and young people in Leicestershire.
• Improve access to specialist services for children and young people with complex mental health needs.
• Improve/increase access to psychological therapies in line with the NHS Operating Framework 2011/12 and National Mental Health Strategy 2011.

Priority 17: We will continue to improve the early detection and management of people with common and severe and enduring mental health needs

In 2008, 66,000 people in Leicestershire were estimated to have a neurotic disorder and 18,000 people to have a personality disorder.

Having mental health problems can be distressing to individuals, their families, friends and carers, and affects local communities. Mental health impacts on all areas of people’s lives. People with mental health problems often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes, are more likely to be homeless or insecurely housed, and are more likely to live in areas of high social deprivation - our most deprived communities have the poorest mental and physical health and wellbeing.

People with severe mental illnesses die on average 20 years earlier than the general population and is related to an increased likelihood of poor physical health in general. This is due in part to higher rates of health risk behaviours such as smoking and alcohol and substance misuse. Some people with mental health problems have poor diets, may not be physically active and may be overweight, though the reasons for this are complex.

We will:
• Implement the findings and recommendations of No Health without Mental Health, particularly in relation to achieving parity of esteem between mental and physical health services.
• Improve awareness of mental health and mental illness in our communities.
• Reduce levels of stigma associated with mental illness thereby promoting earlier help seeking behaviour.
• Improve choice and cost effectiveness of mental health community based services such as talking therapies.
• Expand access to psychological therapies to include patients with long term conditions and those with medically unexplained symptoms.
• Improve local pathways for dual diagnosis and psychosis.
• Ensure that more people with mental health problems experience good physical health.
• Ensure that more people with mental health problems recover and have a good quality of life, including a greater ability to manage their own lives, stronger social relationships and a greater sense of purpose.

Priority 18: We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers

As people get older the likelihood of developing dementia increases. By the age of 90, around 30% of people will be living with dementia. The huge increase in this age group over the next twenty years and beyond, linked to this prevalence rate, is what is often referred to as the ‘dementia timebomb’.

Dementia patients are disproportionately represented in acute and residential care settings. One in four adult hospital beds is occupied by a patient with dementia. Two-thirds of all people living in care homes have a form of dementia. Of those diagnosed, most people with dementia live at home supported by neighbours, communities and mainstream services. Two thirds of people with dementia live in the community.

Whilst dementia is not curable, it is estimated that about half of all cases have a vascular component (i.e. vascular dementia or mixed dementia) so there is an opportunity to minimise the effects of dementia or prevent it altogether through health promotion messages on diet and lifestyle. Potential risk factors for dementia include hypertension, heavy alcohol use, smoking and a poor diet. Reducing the prevalence rates of obesity and depression among older people and increasing physical and intellectual activity may also be protective.
Evidence suggests that early provision of support at home can significantly decrease institutionalisation and the costs associated with dementia, even in complex cases. Early diagnosis and intervention improves quality of life for people with dementia and early intervention has positive effects on the quality of life of family carers. Evidence clearly shows that dementia is under-diagnosed nationally in the UK and we believe that to be the case in Leicestershire - indicating a gap between the level of need in the population and the number of people currently receiving services.

We will:

- Implement the Joint LLR Dementia Strategy (2011-14) in line with NHS Operating Framework - specifically this will incorporate:
  - Increased early diagnosis and access to evidence based interventions including NICE recommended medications for people with dementia.
  - Improved experience of general hospital care and management of the physical health needs of people living with dementia.
  - Improved quality of care in residential/care homes for people with dementia.

Greater levels of full personalised care and more people living well with dementia in the community.

**Working together on outcome 4**

Achieving success on priorities 15-18 will be the responsibility of a number of groups within Leicestershire such as the mental health and learning disability clinical commissioning sub-groups, the LLR mental health promotion group, suicide prevention and audit group and the Leicestershire Learning Disabilities Board. It will also depend on close working with Leicester Partnership Trust (LPT) and partners across Leicestershire including a large number of voluntary sector groups and agencies.

**4.6 Cross cutting theme: Tackling the wider determinants of health by influencing other boards**
The long standing challenges posed by deprivation remain. There is a strong link between deprivation and health and wellbeing. North West Leicestershire remains the most deprived district of Leicestershire while Harborough remains the least deprived. The areas of lowest household income are clustered around parts of Loughborough, Coalville, Melton and South Wigston.

Many factors affect people’s health and wellbeing. For example where you live, the surrounding environment, economic circumstances, how you interact with your local communities and the lifestyle choices you make all influence your health and wellbeing. Other factors include how safe your local area is and whether you have access to things such as shops and transport.

Broader targeted programmes of work addressing the determinants of health coupled with specific action on groups at greatest risk of ill health are essential. Growing the economy of Leicestershire, improving infrastructure to make Leicestershire an attractive place to invest in and focusing on growth in new high value economies are a priority.

We recognise that making progress on all our priorities will involve close joint working with the other themed boards of Leicestershire Together. Under Outcome 1 we have acknowledged the key role of the Children’s Commissioning Board. We will seek to work with the Leicester and Leicestershire Enterprise Partnership (LLEP) to maximize the health gain associated with new employment opportunities in Leicestershire. In return we will ensure that the actions we take to make Leicestershire healthier will influence companies to invest in the local area. Clearly, the role of the Environment Board will have a direct impact on some programmes of work and we will continue to develop action on physical activity and obesity in partnership with the Environment Board.

Through close working with the Stronger Communities Board we will explore joint approaches to harnessing the strength and resilience of communities to take control of their health and develop their own solutions to long standing community health concerns.
These approaches highlight the importance of tackling childhood poverty as a key weapon in addressing the inter-generational nature of health inequalities.

As part of our making a difference section we will develop a clear set of actions with other boards. This will include development sessions with other boards seeking to enter into joint work or joint commissioning designed to maximize the health improving resource those boards have.

**Priority 19: We will seek to reduce levels of child poverty within Leicestershire**

Poverty in childhood permeates every part of children’s lives, from economic and material disadvantage, to impacting negatively on their health and their education, through to the personal and more hidden aspects of poverty associated with shame, sadness and the fear of difference and stigma.

According to 2009 figures, there are approximately 16,165 children living in poverty in Leicestershire (11.66% of all the county’s children). This is a rising figure and proportion having stood at 14,495 (10.5%) in 2008. This issue is likely to rise further given recent reforms and subsequent reductions to benefits.

In February 2012 the proportion of 16-19 year olds not in education, employment or training (NEET) stood at 3.6%. The job market locally remains strong but we need to continue our work on NEETs and maximise opportunities for young people to join the labour market.

The Leicestershire Family Poverty Strategy seeks to address the many factors which cause and reinforce poverty and proposes means of helping families tackle these factors, building their capacity to achieve a lasting exit from poverty enabled by better coordinated support from across the public, private and voluntary sectors.

We will:
- Develop integrated public and voluntary sector family focused services designed around a single Leicestershire Family Model.
• Work with businesses, schools and colleges to ensure people in Leicestershire have the right employment skills to fulfil job opportunities that arise in Leicestershire.

5 Making a difference

Following the publication of this strategy the Health and Well Being Board will work with its sub-groups, the other Leicestershire Together commissioning hubs and other partners to put in place detailed action plans. These will set out the detail of what will be commissioned and when, against the priorities set out within this strategy. The Health and Wellbeing Board will oversee the delivery of these action plans.

A key requirement of these action plans will be the need to engage, and co-produce, with communities and groups in Leicestershire. This should include groups representing those with protected characteristics to ensure that our actions do not adversely the health of those in protect characteristics groups. The Health and Wellbeing board will act as both a supporter to these action plans but also provide a peer-challenge function, challenging each other that we have committed to actions in keeping with our priorities and principles.

The National Public Health Outcomes Framework will enable us to set measures and establish data sources that will enable the Health and Wellbeing Board to track progress towards to improving the health of the population. Regular monitoring of the priorities will be reported to the Board and it’s sub-group structure. We will also seek to include other data to tell us how we are doing such as patient satisfaction data.

Further guidance is expected towards the end of the year from central government that will help us understand how the Health Premium payment structure will work. This will tell us what level of ambition, and in which specific areas, we need to match our work to enable Leicestershire to meet the targets set as part of the Health Premium.

The Health and Wellbeing Board will regularly review its progress and challenge itself to prove that the commissioning flexibilities granted under the Health and Social Care Act are being exploited in Leicestershire to the benefit of patients and public. The voice of
the public is key to understanding our success and we will proactively seek feedback from Healthwatch and other mechanisms on the public view of our commissioning progress.