APPENDIX 1

Leicestershire County Council

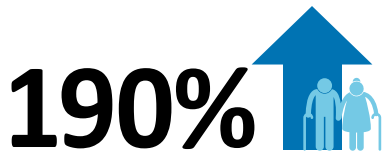
Annual Report of the Director of Public Health 2015

Leicestershire

The role of communities in improving the health and wellbeing of the population

Foreword

In my last annual report, I set out the case for focusing on the social and economic factors which underpin health for everyone in Leicestershire. These include healthy housing, access to quality lifelong education, fair and secure employment and a supportive social circle. Last year's report also set out the roles public health can play: to be a leader in areas where we have a direct influence; to be a partner working alongside others in joint initiatives; and to be an advocate or champion for health in wider spheres.



growth in people aged 85 years and over

This year's report seeks to build on this work by looking at how public health and our partners across the health system can strengthen and enhance the impact that communities have on people's health and wellbeing.

As the opening section of the report sets out, people in Leicestershire are living ever longer lives, meaning that there are increasing numbers of older people living with long-term conditions and disabilities. It is therefore essential that we redouble our focus on preventing ill health, so that people not only live longer lives but also remain healthier for longer. At the same time we have to recognise that more people will need support and help with their health and care needs.

I have attached the 2015 JSNA Executive Summary as an appendix to this report. This describes the changing demography across Leicestershire over the next 25 years and highlights:

- there will be an estimated 56% growth in people aged 65-84 years and 190% growth in people aged 85 years and over;
- this will be accompanied by a 2% reduction in the number of working age adults (people aged 25-64 years);
- the increase in older people will mean that across Leicestershire there will be more people living for longer with long term conditions and age related disabilities;
- life expectancy across Leicestershire is better than the England average, 80.1 years in 2010-12 for males and 84.0 years for females;
- healthy life expectancy, is much lower for males and females at 64.9 years and 66.7 years respectively.

This highlights the need to work together across the wider health and wellbeing economy, to focus on how we support people to become healthy older people.

Communities have a valuable role to play in tackling these pressing concerns, through empowering people to help themselves and providing extra support where it's needed. Equally importantly, being part of a strong and supportive community that works together on local issues can in itself provide an enormous boost to people's health and wellbeing. It is important that the County Council, district councils and local health organisations work together in a coordinated approach to build community capacity.

The pages of this report contain some outstanding examples of work to develop healthier communities across Leicestershire, and my thanks go not only to everyone who has played a part in these projects, but of course to everyone who has contributed to bringing this report together.

I look forward to working with you – whether as a partner organisation or as a member of our communities – to build on this good work over the coming year.

Mike Sandys
Director of Public Health

Mike Sandys
Director of Public Health

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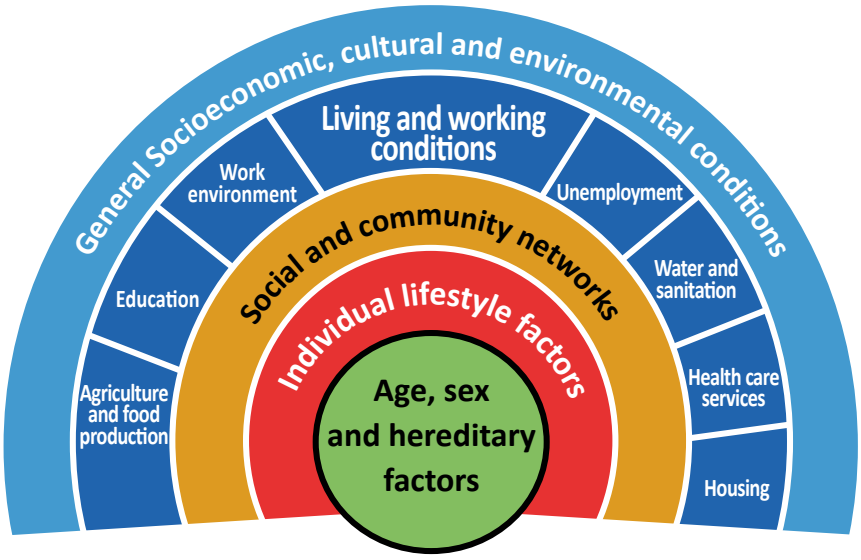
Introduction

Each year the Director of Public Health publishes an independent report on the health and wellbeing of our local population. This report is a statutory duty and intended to inform local strategies, policy and practice across a wide range of organisations and interests. The purpose of the report is to highlight opportunities to improve the health and wellbeing of people in Leicestershire.

Last year the report focused on wider determinants of health and the social and economic factors that drive health and wellbeing needs for the population, using the 1991 Dahlgren and Whitehead model of the main influences on health and wellbeing (Figure 1).[1] The basis of the model is the concept that some of the factors that influence health are fixed and others can be changed. The factors that can be influenced are known as the wider determinants of health.

Figure 1: The Determinants of Health



Source: Dahlgren and Whitehead 1992

This report focuses on the role that social and community networks have in improving the overall health and wellbeing of the population of Leicestershire. Social and community networks include our family, friends and the wider social circles around us, and they have a protective factor in terms of our health.

The report explores the role that communities (both place-based and where people share a common identity or affinity) can have in improving the health and wellbeing of individuals, communities and populations. By doing this it is possible to identify the ways that communities can work together to address the factors that will cause people's health and wellbeing to deteriorate. Confident and connected communities provide the social infrastructure that is necessary for people to flourish. Individual and community empowerment are core components to improving the population's health and reducing health inequalities. At an individual level, joining social activities, connecting to others and taking part in local decisions help keep us healthy and well.

"Confident and connected communities provide the social infrastructure that is necessary for people to flourish"

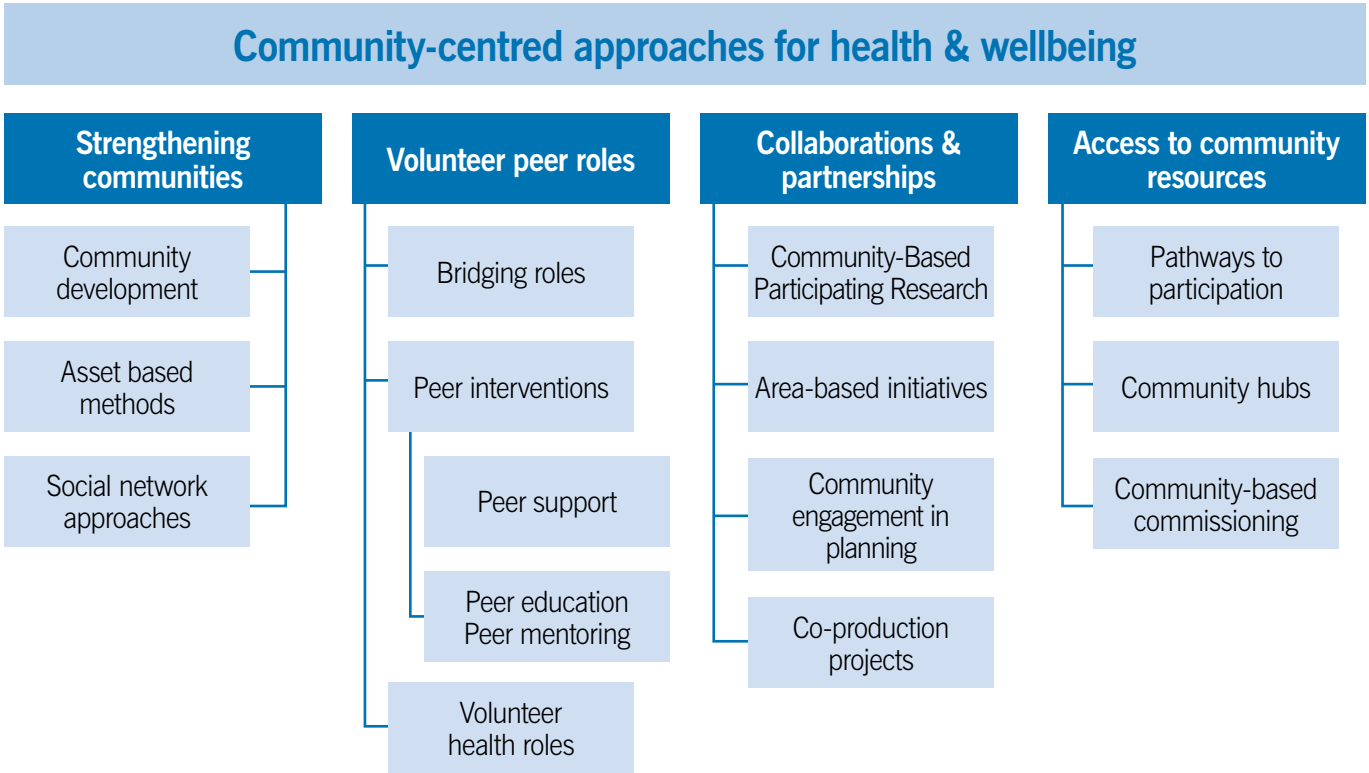
The role that communities have in supporting health and wellbeing will become increasingly important over the next few years. All public services across Leicestershire will face a very difficult financial challenge. For example, Leicestershire County Council has to save at least £110 million (or a third of its budget) over the next four years. Demand for services is growing. People are living longer, which means that when they need services they need them for longer, and people are working for a smaller proportion of their lives. However, this also means that there may be more people who can volunteer and support people in communities.

National Drivers:

In 2015, Public Health England and NHS England published **"A guide to community-centred approaches for health and wellbeing"**.[2] This guide summarises recent research and learning on community centred approaches for health and wellbeing, based on the premise that the assets within communities (such as skills and knowledge, social networks and community organisations) are the building blocks for good health and can help to increase people's control over their health and lives. The report groups a new 'family of community-centred approaches' under four different strands (Figure 2):[2]

1. **strengthening communities –** building on community capacities to take action together on health and the social determinants of health;
2. **volunteer and peer roles –** enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities;
3. **collaborations and partnerships –** communities and local services working together at any stage of the planning cycle, from identifying needs through to implementation and evaluation; and
4. **access to community resources –** connecting people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

Figure 2: The family of community-centred approaches for health and wellbeing[2]



The family of community-centred approaches for health and wellbeing (South, 2014)[2]

Local Drivers:

The **2015 Leicestershire Joint Strategic Need Assessment Executive Summary** (Appendix A) describes the changing demography across Leicestershire over the next 25 years and highlights:

- there will be an estimated 56% growth in people aged 65-84 years;[3]
- there will be a 190% growth in people aged 85 years and over;[3]
- this will be accompanied by a 2% reduction in the number of working age adults (people aged 25-64 years);[3]
- the increase in older people will mean that across Leicestershire there will be more people living for longer with long term conditions and age related disabilities;
- life expectancy across Leicestershire continues to increase. For males it was 77.8 years in 2000-02 and 80.1 years in 2010-12. For females it was 81.8 years in 2000-02 and 84.0 years in 2010-12. This is an increase of 2.3 years for males and 2.2 years for females;[4]
- healthy life expectancy, is much lower for males and females at 64.9 years and 66.7 years respectively;[4] and
- there is a need to work together collectively, across the wider health and wellbeing economy, to focus on how we support people to become healthy older people.

The JSNA highlights the importance of prevention at all stages of a persons life, but particularly in working age adults, with an aspiration to increase healthy life expectancy for Leicestershire residents. Supporting people and communities to thrive in healthy environments and to manage their own health and wellbeing is absolutely essential to having a sustainable health and care economy in the future.

In the **Leicestershire County Council's Prevention Target Operating Model 2015,** the Council has reviewed it's approach to prevention across the whole authority and developed a framework, or target operating model, for prevention. This framework identifies four tiers in the council's approach to prevention, illustrated in Figure 3.

Healthy life expectancy

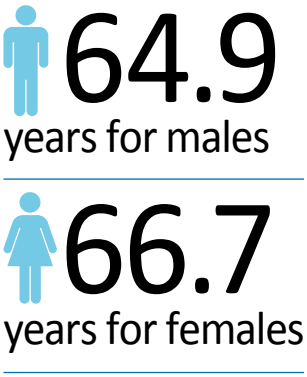
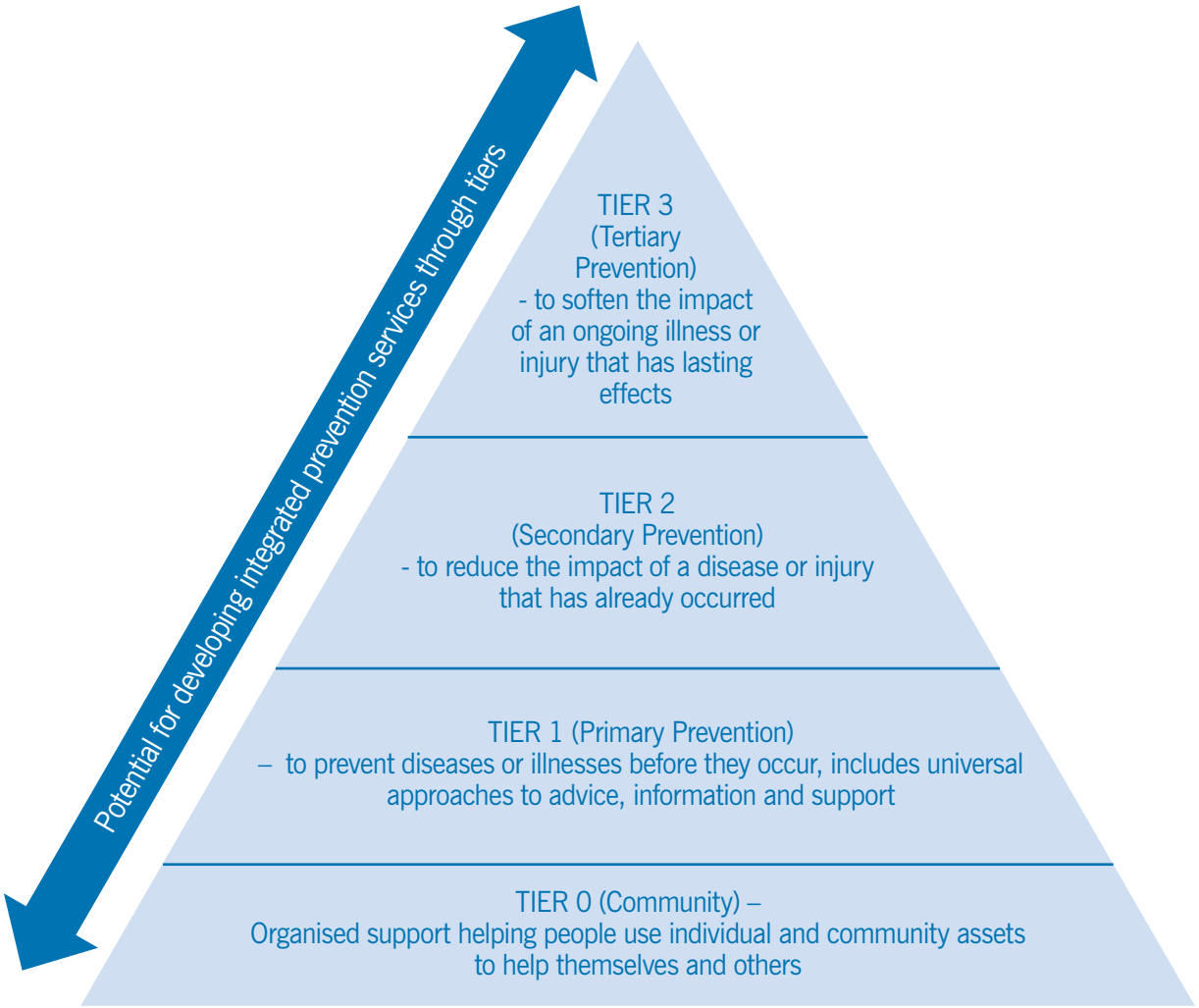


Figure 3: Prevention Target Operating Model



Ambition = manage/keep people lower down the triangle

Successful prevention depends on well constructed programmes with element of all levels

Leicestershire Communities Strategy sets out the Council's approach to working with local communities and partners for the benefit of everyone:[5]

- by supporting and protecting the most vulnerable people and communities; and
- by enabling and supporting communities, individuals and families.

The strategy is key to the delivery of community interventions set out in the prevention model outlined in Figure 3. The Communities Strategy sets out three priorities which focus on preventing people from developing poor health and preventing people with established conditions from deteriorating and needing services. These include:

- unlocking the capacity of communities to support themselves and vulnerable individuals and families, therefore reducing the demand on public services;
- supporting communities to work in partnership with Leicestershire County Council to design and deliver services, including those currently delivered by the council; and
- developing voluntary and community sector (VCS) organisations in Leicestershire as effective providers in a diverse market which supports delivery of the council's priorities.

"The Communities Strategy sets out three priorities which focus on preventing people from developing poor health and preventing people with established conditions from deteriorating and needing services"

Key findings and recommendations

Leicestershire County Council's recently approved Communities Strategy sets out a framework for developing community based approaches. The central philosophy of the Communities Strategy is prevention and this should be the driving force behind community led models.

"The central philosophy of the Communities Strategy is prevention"

This report sets out a framework for developing community based approaches that can improve the health and wellbeing of the population, and provides examples of some of the initiatives that are already happening across Leicestershire. The report also identifies areas where the researchers found less evidence of local schemes. It is demonstrated that the framework is an effective approach for providing communities with opportunities to improve health and wellbeing. However, the very nature of community led approaches means that these are not being systematically applied across Leicestershire, and to be most effective each community will need to be able to develop the community interventions that are most suitable for their needs. Joined up working between the Public Health Department and the Policy and Communities Team within the Chief Executives Department will help to ensure an effective and co-ordinated approach to prevention. Community approaches will be central to this and to the delivery of the Communities Strategy.

Outcomes are often connected to one another with community-centred approaches. For example, mental health improvements may include lifestyle change. People involved in providing support through community-centred approaches are as likely to benefit from their involvement as the people that are accessing the support. This is very effectively illustrated in the case studies that have been used throughout this report. These links are reinforced where an intervention has worked well. The range of outcomes from each of the community-centred approaches is shown in Table 1.

The case studies presented in the report show many positive outcomes from working with communities. However, not all community-centred approaches will deliver measurable improvements in outcomes for people. Many schemes will not have sufficient evidence to draw firm conclusions or will report mixed results.

Table 1: The range of outcomes from community centred approaches

Individual	Community level	Community process	Organisational
Health literacy – increased knowledge, awareness, skills, capabilities **Behaviour change –** healthy lifestyles, reduction of risky behaviours **Self-efficacy, self-esteem, confidence** **Self-management** **Social relationships –** social support, reduction of social isolation Wellbeing – quality of life, subjective and objective wellbeing Health status physical and mental **Personal development –** life skills, employment, education	**Social capital –** social networks, community cohesion, sense of belonging, trust **Community resilience** **Changes in physical, social and economic environment** **Increased community resources –** including funding	**Community leadership –** collaborative working, community mobilisation/ coalitions **Representation and advocacy** **Civic engagement –** volunteering, voting, civic associations, participation of groups at risk of exclusion	**Public health intelligence** **Changes in policy** **Re-designed services** **Service use –** reach, uptake of screening and preventive services **Improved access to health and care services, appropriate use of services, culturally relevant services**

It makes economic sense to build on the capacity of communities. Using 2011 British Household Panel Survey (BHPS) figures the cabinet office calculated the monetary value of volunteering to the wellbeing of the volunteers as £13,500 per person per year.[6] Time banking can have a net value of £667 per person rising to £1,312 if quality of life is improved.[7] Social return on investment analysis of community development in local authorities has indicated a return of £2.16 for every pound invested,[8] with a value to volunteers of £6 for every pound invested.[8] There is definite potential to offer significant return on investment. However, poor retention of volunteers, high turnover and low levels of ownership can push costs up.

"It makes economic sense to build on the capacity of communities".

Throughout the report, case studies have been presented that cross many sectors of the community. This work is led by the different organisations that work together across Leicestershire to improve health and wellbeing. These organisations are collectively represented on Leicestershire's Health and Wellbeing Board. Raising awareness across this partnership of the value and importance of community based approaches will be a significant step towards identifying opportunities to work together more effectively to build community capacity. There are some really good examples of local community schemes that are delivering real benefits for local people. However, there are gaps in what is being delivered and opportunities to do more. In particular, community based participatory research, community-based commissioning and co-production projects are approaches where this research found a limited number of case studies and examples of good local practice.

For community based approaches to have the maximum impact for local people there needs to be good local leadership of this agenda. This will ensure that all communities are able to make best use of the opportunities to build their own local capacity. From a council perspective, there is a need for the Public Health Department and the Policy and Communities part of the Chief Executive's Department to work together to increase capacity within the local communities. There is also a need for the council to work with partners in health, the districts, social care and the voluntary sector to ensure that the opportunities for developing communities are available to all of the people that would benefit from them.

There are a number of other implications from this report for the council to consider. For example:

- the Communities Strategy should be embedded within all council departments and within Public Health. It should inform service co-design processes, commissioning processes and delivery on the ground;
- the five ways to wellbeing (connect, be active, take notice, keep learning, give) should be used to assess, commission and evaluate community led interventions;
- co-production models should be adopted as part of the commissioning process to enable those at risk of exclusion to be involved in the design and delivery of services; and
- community approaches should be developed using the best available evidence. The council should advocate for partners to use this evidence to determine which approach will be most effective for the community being targeted.

Communities are vital building blocks for health and wellbeing. At an individual level, joining social activities, connecting to others and taking part in local decisions help to keep people healthy and well. At a collective level, confident and connected communities provide the social fabric that is necessary for people to flourish. An equitable health system involves people in determining the big questions about health and care and actively removes barriers to social inclusion. That is why individual and community empowerment have to be core to efforts to improve the population's health and reduce health inequalities.

"Joining social activities, connecting to others and taking part in local decisions help to keep people healthy and well"

Recommendations

Building on last year's report, the recommendations have been developed along the three key roles for public health as defined by the World Health Organisation, which include public health as a leader; public health as a partner; and public health as an advocate.[9] The recommendations are set out below:

"Health should be integral to all of the Council's policies"

A Leader – The council should lead on programmes of work and support initiatives that increase place and asset-based community led interventions. The council should do this by providing opportunities for community capacity building through the allocation of grants, by including community-based approaches in service commissioning and by disseminating and sharing of good practice. The Public Health Department should redevelop its physical activity strategy as an exemplar programme to trial these approaches.

A Partner - District and borough councils in Leicestershire deliver a wide range services that can improve and protect residents health and wellbeing such as, leisure, housing, planning and environmental health. The Public Health Department should work in partnership with district and borough councils to use a community participatory approach to assess the health impact of their services and policies to enable them to promote the positive impacts and mitigate the negative.

An Advocate - The Public Health Department should continue to advocate that health is integral to all of the Council's policies. It should also develop robust community engagement that will feed into a Social Value Framework, which will subsequently apply to all higher value procurements across the authority. This will ensure all major procurements take into account community views and knowledge to improve and protect health and wellbeing.

These three recommendations (especially working in partnership with local communities) should be further developed to support and empower communities to take steps to improve their overall health and wellbeing.

Community centred approaches to health and wellbeing in Leicestershire

This report uses the family of approaches outlined in Figure 2, as a framework to review the evidence for community based working and provides examples of where these approaches are being used across Leicestershire. The report highlights the opportunities to further develop these approaches in Leicestershire and makes recommendations on ways that partners across the health and wellbeing system can work together to improve health and wellbeing.

1. Strengthening Communities

This group of approaches involves building community capacity to enable community action that will improve health and the social determinants of health.[2] There are a wide variety of community capacity building approaches and evidence has shown initiatives are more effective if they are shaped according to the needs and characteristics of a particular community. Taking this into account, such approaches have been shown to increase social cohesion, creating communities that feel more connected with each other and the wider services in their community.[10 11] Benefits include the development of skills and knowledge and the building of a more united local voice with an increased sense of being able to rely on friends or relatives for support.[12] Benefits extend beyond the community group involved to the wider community as a whole.[13] Overall, community capacity building has been shown to deliver a net economic benefit.[2]

"Building community capacity to enable community action that will improve health and the social determinants of health"

1.1 Community development

"A long term value-based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion".[14]

A community-led approach to health improvement is concerned with supporting communities to identify and define what is important to them about their health and wellbeing; the factors that impact on their wellbeing and take the lead in identifying and implementing solutions.[15] This results in interventions which aim to bring together a group of people, who often share a common experience or characteristic, for support.[16]

"LAC is focused on helping isolated, excluded and vulnerable people, and communities to stay strong and in control"

Across Leicestershire, local area co-ordination (LAC) is being developed as a key community development approach. LAC is focused on helping isolated, excluded and vulnerable people, and communities to stay strong and in control. The aim is to divert people from formal services through sustainable, local individual and community solutions. LAC builds the resources, networks and resilience of those who need help before they hit crisis, and helps to foster an inclusive, friendly and supportive community around them.

LAC is an asset based community development (ABCD) approach that starts by identifying the resources and assets within a community which can help to make the community more self-sufficient. Community assets can be anything from existing sources of support (e.g. from voluntary and community sector (VCS) agencies, community centres, faith groups/ places of worship) to the support which can be offered by individuals (e.g. families, neighbours and friends). It can include any of the following and more:

- informal support and friendship;
- cooking;
- domestic, gardening or DIY chores; and
- driving or accompanying people to appointments and shopping trips.

Case study – Local Area Co-ordination (LAC) Leicestershire County Council

Local Area Co-ordination is about supporting people and their families to have a good life as part of their local community. The Leicestershire LAC programme is being piloted in 10 areas. Each pilot area uses local "co-ordinators" based in the community who act as a point of contact for vulnerable people. They develop relationships with individuals, families and communities offering interventions before they reach the point where they need health and social care and other services. Each co-ordinator supports around 60 individuals and families in their local communities, across age groups and service types, including older people, those with mental health needs, disabilities or health challenges. They normally work from a community base such as a library, community centre, GP surgery or VCS agency. They aim to:

- support the development of effective networks to enhance social interaction and grow supportive relationships;
- spend time to understand the person's strengths and aspirations;
- help people to plan, choose and control their own life;
- identify a range of community assets and resources which people can access;
- link people to sources of informal support;
- help people to access other relevant services where required; and
- help people to understand progress against their goals and vision.

The intended outcomes from the programme include:

- improved health and wellbeing – feeling and staying well and happy;
- better quality of life;
- improved confidence and independence;
- stronger individuals, families and communities;
- improved confidence and independence;
- greater community cohesion, capacity and resilience;
- positive use of community assets and resources;
- increased numbers of people engaging in volunteering, training or employment; and
- fewer hospital/emergency admissions and visits to GPs.

> Local Area Co-ordination is being piloted in 10 communities in Leicestershire – Asfordby, Melton Mowbray Town, Hastings ward in Charnwood, Thorpe Acre in Charnwood, Barwell, Desford, Newbold Verdon, Enderby, Braunstone Town and Thorpe Astley.

1.2. Asset based methods

> "In an asset based approach, the glass is half-full rather than half empty".[17]

The ethos of this approach is to value and accentuate the positive capabilities of communities, starting with strengths and focusing on local capacity, skills, knowledge, connections and potential. The focus is on building networks, promoting resilience, self-esteem and coping abilities of individuals and communities, eventually leading to less dependency on professional services.[18] The aim is to build up community groups and voluntary organisations; their informal associations and networks, their collaborative relationships, their shared knowledge and therefore their social power to make positive changes.

Case study – The Storehouse (http://www.storehousemelton.org.uk/)

The Storehouse is a not for profit charity, run by approximately 40 volunteers, serving Melton and the surrounding villages. It was established in 2008 by Melton Vineyard Church, initially responding to local need by providing emergency food bags. It has expanded and is now run from a former disused pub which volunteers refurbished in 2013 with help from local scouts, businesses and the community.

The Storehouse aims to tackle social exclusion and improve the lives of the vulnerable and disadvantaged within the community including those experiencing poverty, social exclusion, loneliness, family breakdown, physical and mental health difficulties, and ex-offenders. The holistic approach deals with the whole person and supports them within an informal, safe and secure environment. The sustainability of the project is strongly underpinned by extensive partnership working with Melton Borough Council and approximately 20 local agencies. This includes a referral system, supporters who donate both goods and time, and work experience placements.

Over the last 18 months, The Storehouse has helped over 500 individuals and served over 1500 nutritious meals. In a focus group of users

99% stated they have made new friends, felt more included in their community and less isolated. The project has created a community hub where vulnerable people are supported, empowered and inspired to help themselves and others. Users also form their own social networks and provide peer support to each other, with some going on to become volunteers themselves.

> "I'm so incredibly grateful to Storehouse. I think it's amazing what they do here and I'd be lost without them. The staff here are so friendly and helpful, they've literally saved me." (Storehouse user)

1.3. Social network approaches

> "Outcomes include more cohesive and stronger communities, improved self-esteem and people who feel more in control of the decisions that affect them."[19, 20]

These approaches include community organised activities which strengthen social support between members. Interventions both enhance existing networks and create new ones to improve the social links between people. There are health and non-health benefits including reduced illness and premature deaths, improved mental health and resilience, reduced crime and delinquency, and positive impacts on employment.[21] The results are more confident and active communities, including increased social engagement, support and more extensive networks.[2]

Case study – Time banking Leicestershire County Council (http://timebankleicestershire.co.uk/)

Time banking is a skills exchange network enabling local people to help each other and build social relationships. For every hour of help a member gives (for example, a guitar lesson) they receive one time credit which they can then spend on receiving help from another member, with all hours valued equally. Time banking is available for anyone in Leicestershire, but focuses particularly on those using, or who may be at risk of using, adult health and social care services, including older people, people with disabilities and carers.

Improved outcomes gained from the project include increased community support, social interaction, and peer support. Individuals who participate gain positive social and practical experiences as well as improved health, wellbeing and mental health. As of 1 April 2015 there were 172 members who have carried out 1,335 hours of transactions. Had these been provided by adult social care costs would have been approximately £13,439 highlighting the potential to generate longer term cost savings for the health and social care system. Economic modelling suggests benefits per time bank member could exceed £1,300 from an average cost of less than £450 per year.[22]

"There were 172 members of the time banking scheme in April 2015, who have provided 1,335 hours of transactions"

1.4. Summary

These case studies reinforce the importance of the underpinning principles of the "strengthening communities" approaches. They demonstrate the value of building networks and capacity to enable more connected and resilient communities, which can then continue to support each other.

There are many excellent projects being supported throughout the county. However, much of the available evidence of outcomes is based on small scale case studies. There is a need for a holistic approach to the development and evaluation of these approaches across different geographical areas, communities and partner service providers in the area. There is a gap in the evidence of the benefits of the strengthening communities approaches, both in terms of health and wellbeing outcomes and financially in terms of cost benefits and return on investment to service providers.

It is essential that more innovative approaches to the evaluation of community led approaches are developed and implemented to provide robust evidence of the benefits of these approaches.

2. Volunteer and Peer Roles

This group of approaches focuses on an individual's capacity and competence to provide advice, information and support including organising activities around health and wellbeing in communities. Volunteers or peer supporters are mainly drawn from their local neighbourhood, and receive training to enable them to undertake a health promoting role within their community. Most volunteers are unpaid and deliver this role on a voluntary basis.

There is a long history of volunteering within the UK, with research studies showing participation in volunteering is strongly associated with better health, lower premature death, better functioning, life satisfaction and decreases in the occurrence of depression.[23] Giving to others is one of the five steps to mental wellbeing with volunteering identified as one of the ways to do this.[24] Volunteers are seen as 'active citizens' and there have been a number of examples of highly successful public health volunteer projects ranging from access to contraception in the early 20th century to campaigns on disability rights.[25]

In addition to personal mental and physical health benefits, volunteers gain both formal and informal skills which can, over time increase their employability[26] as well as their confidence and self-esteem.[27] The use of peer educators or community volunteers in health improvement activities can be effective in changing certain health behaviours.[28] Involvement of volunteer led activities requires investment and funding but has been shown to have a positive return on investment.[2]

"Participation in volunteering is strongly associated with better health, lower premature death, better functioning, life satisfaction and decreases in the occurrence of depression"

2.1. Bridging roles

These are usually carried out by volunteers (rather than 'peers') who formally signpost people to services and information, supporting them to improve their health and wellbeing.[29]

Case study – Smokescreen Promotor Leicestershire County Council

The Tobacco Free Schools Project is developed and funded by the council's Public Health Department. It is a comprehensive school-based programme to prevent the uptake of smoking by young people in Leicestershire and Rutland.

Part of the Tobacco Free Schools project is the role of the peer mentor/ youth advocate/ 'SmokeScreen' promoter. The roles vary depending on whether they are developed within primary or secondary schools, and include:

- supporting and advocating for smoke free environments, particularly in homes and cars;
- helping to 'diffuse' the social norms message to other students in the school via the creation of posters that will be placed around the school or college and entered into an annual poster competition; and
- a number of SmokeScreen Promoters are given the opportunity to volunteer to support trading standards in conducting test purchases in areas identified as having a high prevalence of under-age sales of tobacco.

The overall outcomes of the project include:

- an increase the number of young people who seek assistance to quit smoking;
- a reduction in the number of young people taking up smoking and using tobacco; and
- a reduction in overall smoking prevalence for the population of Leicestershire.

2.2. Peer based interventions

These interventions aim to capitalise on the social influence of people who share similar experiences or characteristics by recruiting and training people from within the community of interest. This approach develops the capacity of volunteers or peers to become 'agents of change'.

Case study – Breastfeeding peer support service (North West Leicestershire and Hinckley and Bosworth)

Children's centres across Leicestershire lead the breastfeeding peer support programme and provide support for breastfeeding cafes. The peer supporters are mothers who have breastfed their babies, or are currently breastfeeding, and are trained to provide other mothers with support via telephone, social media or home visits. Peer supporters also attend breastfeeding cafes.

This project focuses on mothers in North West Leicestershire and Hinckley and Bosworth the two areas in Leicestershire where breastfeeding rates are lowest. The aim of the project is to contribute to increasing breast feeding rates at initiation and 6-8 week duration focusing especially on women from disadvantaged groups to reduce inequalities.

This project is co-commissioned by Leicestershire County Council's Public Health Department and West Leicestershire Clinical Commissioning Group.

The project aims to have a minimum of 30 active breast feeding peer supporters at any time with a target of 15 in each district. It will contribute to an increase in the proportion of mothers breastfeeding in each district.

At least one of the peer supporters has secured paid employment in a children's centre to organise and coordinate breast feeding cafes.

"The project aims to have a minimum of 30 active breast feeding peer supporters at any time with a target of 15 in each district"

2.3. Volunteer health roles

These are more 'formal' volunteer health roles which are often focused on reducing health inequalities. Volunteers usually receive training to undertake the role and professional support is provided.

Case study – Carers Health Champions

The Community Health and Learning Foundation is recruiting volunteers across Leicestershire who are carers or former carers. Leicestershire County Council has funded specific events to recruit, train and support carers to become a carers health champion. The champions use the insight, knowledge and skills that they developed as a carer to help other carers take care of themselves and to know where they can go if they need additional support in looking after their own health. This programme is in the early stages of development with two cohorts being trained – one in Loughborough and one in Coalville. Recruitment for two more courses is underway.

The training is free and will provide carers with the opportunity to:

- meet other carers;
- share experiences;
- gain insight into the challenges faced by other carers;
- consider how carers can develop coping strategies;
- learn key health improvement messages; and
- reflect on how to present those messages to carers.

After receiving training the carers health champions will go on to provide other carers with practical and emotional peer support in order to help them look after their own health and wellbeing as well as that of the person they are caring for.

This programme is being funded by the Council's innovation fund and will be evaluated for impact, with the results of the evaluation being available in 2016.

2.4. Summary

These local case studies support the evidence on the positive impact of taking part in volunteering. The evidence highlights the positive impact of volunteering for the volunteer or peer supporter, as well as for the target group or recipient of the support.

Using 2011 BHPS figures, the Cabinet Office calculated the monetary value of volunteering to the wellbeing of the volunteers as £13,500 per person per year.[6] An analysis of the value of volunteers running activities

"The Cabinet Office calculated the monetary value of volunteering to the wellbeing of the volunteers as £13,500 per person per year"

was £6 to £1 invested to employ a community development worker.[8] This demonstrates a potential for a significant return on investment.

Volunteering delivers a whole range of benefits, which include:

- having a positive impact on the community and increasing the connections within that community;
- supporting individuals to make new friends and contacts;
- increasing social and relationship skills;
- improving mental and physical health; and
- improving job skills or providing career experience.

These benefits are in addition to the support that is being provided within the local community through the specific and targeted volunteer and peer roles.

"Volunteering supports individuals to make new friends and contacts"

3. Collaboration and partnerships

A key strand of community centred approaches is to engage and work with communities to improve planning and decision making, ensuring a greater focus on 'done with rather than done to'. Collaborative approaches that involve communities and local services working together can range from a one-off consultation to longer term participation in planning and service delivery. Partnerships with communities may include jointly identifying need, agreeing priorities and actions and planning, implementing and evaluating results.[2] There is good evidence that involving communities in the processes of planning, design, decision-making and delivery can improve health and well-being and make policy initiatives more sustainable.[28] Whilst no particular model of community engagement is thought to be more effective than any other,[30] engagement is seen to work best where it is an ongoing cumulative process enabling relationships and trust to build and strengthen over time.[31]

Community collaborations and partnerships can help to address a sense of powerlessness on the part of the community leading to a more resilient, inclusive approach and a more positive view on the way a community feel about their local area.[10, 32] In some areas of work such as social housing, communities that have owned and managed the work have performed better than local authority owned social housing.[33] Community coalitions

can contribute to the effectiveness of certain community health improving behaviour change, particularly if they have been involved in the planning of the initiative.[28]

3.1. Community-based participatory research

This is where a partnership between communities, services and researchers work together to identify the needs of the community and develop programmes to meet those needs.

Case study – Wymeswold Participatory Questionnaire

In May 2014 the Wymeswold Parish Council appointed the Rural Community Council's (RCC) to produce and analyse a parish sustainability questionnaire. The aim was to give the parish council a better understanding of where people work and shop, which schools and medical practices residents use, and how they get there.

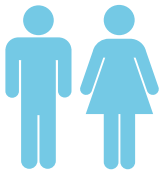
The questionnaire was available online on the RCC website and a paper copy was distributed door to door by the parish council. 166 replies were received which equates to a return rate of 31% of households.

The questionnaire identified that:

- 93.5% of respondents use their car to get to their place of work;
- 40.4% of respondents use the Barrow upon Soar GP Surgery, 55.4% are registered in East Leake; and
- 94% use their car to get to the GP and dentist, with others using their bicycles or motorbikes, asking for lifts or using 'dial a ride'.

When asked to 'name the three things you most like about living in Wymeswold', common themes included: the village being seen as friendly with a good community spirit; its rural setting; and good facilities including shops, pubs and restaurant. A lot of people like the village's central location with good connections to large cities, major road networks and the airport.

The overwhelming 'dislike' was the volume and speed of traffic using the A6006. Others were concerned about potential development and its consequences, the inability to use public transport to get to the doctors and dentists, inconsiderate parking, maintenance of grassed areas and dog fouling.



93.5%

of respondents use their car to get to their place of work

3.2. Area based initiatives

This refers to community based initiatives that are targeted in a particular geographical neighbourhood. This allows plans to be focused on the issues that affect a particular geographical community and to tackle multiple matters that are affecting the area in a holistic way.

Case study – Increasing credit unions in Hinckley and Bosworth

People living on low incomes in the borough were frequently using small, short-term cash loans as a way of getting by. Since banks and building societies do not offer loans on this basis, some people on low incomes were turning to doorstep lenders – or 'loan sharks' – for their credit needs.

The project aimed to work closely with an established credit union, Clockwise, to provide a community-based credit union that was active in providing money advice, affordable credit and repayment schedules to those on the lowest incomes in our community, tackling hardship and protecting the most vulnerable. Hinckley and Bosworth District Council helped to encourage volunteers from the local community to come forward and find appropriate locations within the community to host surgeries.

As a result of the partnership affordable loans, savings accounts and advice were made available in two priority local neighbourhoods. Since the launch the credit union debt advice services have been provided on demand and are continuing to increase in popularity.

3.3. Community engagement in planning

This is an approach that aims to involve local communities in planning and decision making with local government and the NHS. It brings in the insights of the local communities on the issues that are affecting their lives and also means that the local community has a greater sense of ownership of the plans that are developed.

Case study – The Big Plan for Broughton Astley

Broughton Astley Parish Council used The Localism Act 2011 to give the residents the chance to develop their own neighbourhood plan. The aim of this was to solve their long standing infrastructure problems within a reasonable and realistic time frame. Funding from a "Front Runners" grant from the Government was used to develop 'The Big Plan' and to pay for the local referendum required to ensure the community agreed with the final content of the plan.

"Broughton Astley residents developed their own neighbourhood plan"

The neighbourhood plan was produced by the Broughton Astley Neighbourhood Plan Steering Group, led by the parish council using the views of local people gathered using a variety of difference consultation approaches. This included a stall at a local carnival, evening meetings, interactive road shows and a village-wide paper survey. A wide range of stakeholders were invited to participate in an event aimed specifically to gather their views and concerns. Local businesses were also asked to complete either a paper-based survey or respond on-line. The Neighbourhood Plan Referendum took place on 16 January 2014. 2,747 votes were cast, (38% of residents on the Electoral Register); of these, 2,451 supported the neighbourhood plan, 89% of votes. For a neighbourhood plan to be formally adopted at least 50% of all those who vote must support the plan.

Consultation identified that local infrastructure was a key issue and that the plan needed to cover local housing development, shopping facilities, employment, transport, leisure and wellbeing, and environmental issues such as access to green open spaces and renewable energy.

Following the referendum, a Neighbourhood Plan Delivery and Monitoring Group was established by the parish council and a strategy was developed (2014 -19).

Four key objectives were identified:

- to build a community and leisure facility;
- to improve and locate centrally the healthcare centre;
- to improve the range of shopping facilities; and
- to protect existing open spaces and heritage of the village and provide additional open spaces.

3.4. Co-production projects

These are projects that seek to develop equal partnerships between professionals and those using health and care services. This approach is similar to many of the other approaches but is focussed on people with established care needs.

Case study – Health for Kids – Health for Teens

School nurses at Leicestershire Partnership Trust wanted to enable children and young people to 'help themselves' to health in a format of their choice and to provide an extension to their school nursing services. They developed a Health for Kids website: www.healthforkids.co.uk and a Health for Teens website: www.healthforteens.co.uk. Children and young people were actively involved in co-designing the websites and the websites ensure that children and young people have access to good, sound, safe and accurate information.

Several separate groups of children and young people were involved in focus groups to develop the ideas and topics to be included and in particular shape how they wanted to receive the information. The children designed the characters and games used for the Health for Kids website. In its first year of the Health for Kids website there have been more than 126,000 page views and the first week of a new campaign' Move it Boom!' has seen 27,000 page hits and 700 children have signed up to participate and record their activities. School teachers are using the site in lessons and have particularly welcomed the emotions section as an excellent learning tool.

Six and a half thousand individuals have visited The Health for Teens website in its first 5 months, with 24,000 individual page views. The Health for Teens twitter feed has 466 followers which is growing steadily. Young people have continued to be involved in its development and as a result a range of additional topics, apps, videos and vlogging (video blogging) facilities are being added to the website. An editorial team of young people is being established and consultations will continue on an ongoing basis to ensure the websites stay fresh and meets the needs of children and young people and that the content and style is always driven by what children and young people want to know about. The children and young people have expressed their pleasure at seeing their ideas and views taken on board as can be seen in the video they prepared for the E-Health Insider (EHI) awards for which this project has been shortlisted.

In its first year of the Health for Kids website there have been

126,000+

page views

3.4. Summary

These collaboration and partnership approaches can lead to more positive health and wellbeing outcomes and have been shown to improve a sense of belonging to a community (social capital) and to improve a sense of wellbeing. The chance to co-produce services can increase confidence and self-esteem. Using people's local knowledge and experience to design or improve services can ensure they are more appropriate, effective, cost effective and sustainable. They can encourage health enhancing attitudes and behaviours. Individuals and communities can gain a sense of increased control over decisions affecting their lives.[34] There is good evidence of the benefits of working in partnership with communities to enable better planning, decision making and delivery. For these opportunities to be used more widely and effectively statutory organisations and professional need to be committed to sharing power and decision making and support the development of staff to have the skills, knowledge and values to work in this way.[34]

"The assets within communities, such as its skills and knowledge, social networks and community organisations, are building blocks for good health"

4. Access to community resources

The assets within communities, such as its skills and knowledge, social networks and community organisations, are building blocks for good health. It is important that we enable people and communities to participate, contribute and also access these assets in order to be able to improve their health and wellbeing.

Resources can include anything that may be community based, for example, parks and green spaces or community pharmacies. Parks and green spaces can help to address issues such as obesity, cardiovascular disease, mental ill health or antisocial behaviour.[35] There is evidence that community pharmacies can have an impact upon smoking cessation activities, cardiovascular disease prevention and management of diabetes.[36]

Access to assets can be helped through the provision of local information and services, support groups and organisations which both signpost to support or assist people in getting access to support. Examples include "community hubs" such as children's centres, community libraries and citizens advice centres.

Using an asset based community development approach starts with the process of locating the assets, skills and capacities of residents, citizens associations and local institutions. This builds up community groups and voluntary organisations; their informal associations and networks, their collaborative relationships, their shared knowledge and therefore their social power to make positive changes.

4.1. Pathways to participation

This covers the many routes that are being developed locally to help people to access interventions that will improve their health and wellbeing. These all build on the assets that already exist within the community – be it the physical assets in the form of parks, green spaces or community centres or the assets that exist in the people that live within these communities through their own experiences and expertise and time. Local examples include "social prescribing" to activities outside of the traditional health sector, which links people up to activities in the community that they might benefit from. For example referral to green gyms or walking schemes for physical activity, food banks and welfare and debt advice.

Case study – Fitt Buddies Scheme (Hinckley and Bosworth)

In 2014 the Hinckley and Bosworth Active Together team started to work with local partners to set up a one to one physical activity scheme called Fitt Buddies that would support people living with mental ill-health on a one to one basis with their own personal Fitt Buddy.

In 2014, a service user called Steve was referred to the Fitt Buddies scheme by MIND. Steve has been a wheelchair user since he was involved in a serious car accident 10 years ago. Steve was in a coma for three months, further hospitalised for six months and living in care for two years before returning to his home. Steve went through a divorce throughout his years in care and now lives alone rarely seeing his son. He needs 24 hour carer support. Before the accident Steve was a dedicated boxer and was keen to choose a Fitt Buddy that specialised in boxing. His instructor Kelton started a 12 week course of seated boxercise in Desford Village Hall.

As the programme came to the end of the 12 weeks, Steve had made so much progress he had started to use the left side of his body again. Steve's

support worker and brother both agreed that Steve was a different person since meeting Kelton. Steve chose to continue the scheme and uses his own personal budget to pay Kelton on a weekly basis for one hour.

In six months of working with his Fitt Buddies instructor the changes have been remarkable. Steve now has full mobility and strength on his left side, can box with his left arm, and hold a right leg up with leg weights on. Steve enjoys the banter and has responded fantastically to the challenge.

Steve can now stand up with only a little support. He communicates better, his speech has improved and his general body language is better. Steve can hold a cup in his left hand and has even been out shopping for a new wardrobe. We can't get the smile off his face and other service members from MIND and Richmond Fellowship say how calm he is now.

4.2. Community hubs

These are community centres or organisations focussed on health and wellbeing that can provide multiple activities to address health or the wider determinants of health.

Case study – Seated exercise and laughter yoga sessions for over 55s at Wigston Library

The programme set out to engage with the older community and to provide an opportunity for participants to gain a wider understanding of exercises they can do in their home, as an addition to attending a regular class. The sessions were held in the local community library in Wigston to provide a convenient social hub for the weekly activity. There is continuous signposting to other sessions, including Active Ageing Week. The aim is to also take this type of exercise opportunity out to nursing homes and day centres.

The programme has made a real difference to many of the participant's lives from a health, social and emotional point of view as the following quotes from users demonstrate.

> Female aged, 73 - "As I suffer from COPD this has a huge impact on my life. I have found my symptoms to improve from attending the class as it improves my mobility and I have learnt breathing techniques."

"The programme has made a real difference to many of the participant's lives from a health, social and emotional point of view"

Female aged, 49 - "I was diagnosed with breast cancer a year ago and have been coming to the class regularly even through my treatment. I was very active before I became poorly so this class is currently the right intensity level for my needs. As the cancer has spread to my lymph nodes I am not able to lift any weight so the exercises have helped my mobility and decreased inflammation in my arms."

4.3. Community based commissioning

This refers to a process by which local communities are involved in the commissioning cycle includes community engagement to understand community needs, and commissioning services through third sector providers.

Case study – Leicestershire County Young Parents Forum

Leicestershire County Young Parents Forum is a group of volunteer young parents who meet on a regular basis to inform and support the County's Teenage Pregnancy Strategy.

The forum was developed to ensure that service users remain at the forefront of the Teenage Pregnancy Strategy. The forum is run and managed by the Supporting Parents Under 20 project (commissioned by the Public Health Department).

The forum has been involved in the production of a range of resources to support their peers; deliver training to schools and professionals around the realities of young parenthood; contribute to content for the www.parentsunder20.co.uk website; support the development of the pilot Baby Box project; and have been involved in the development of the Quality Framework for learning providers.

The outcomes from the project include:

- engagement of young parents in the development of the teenage pregnancy strategy;
- skills development, volunteering opportunity as peer supporters and as trainers for the forum volunteers;

- peer support for the young parent (to-be) cohort (through a face book page and parents under 20 website);
- resources widely accessed by the young parent cohort across Leicestershire and beyond; and
- improved information available around the support that is available.

4.4 Summary

Improving access to community resources has a number of health and wellbeing benefits. Using community assets innovatively increases the awareness of the assets and will generate further use. As people get the benefits of different facilities and services they will start to use treatment and support services more appropriately and to manage their non-clinical needs more effectively. The case studies presented in this section demonstrate significant benefit to people accessing community resources, both as a user of the service and as a citizen contributing to the community based approach.

"Using community assets innovatively increases the awareness of the assets and will generate further use"

Feedback from recommendations for 2014

In this section we highlight some of the initiatives that have taken place in the past year that are linked to the recommendations from the 2014 report.

The best start in life

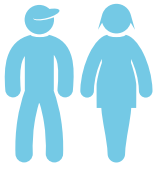
1 Over the last year, 30 additional early year settings are now participating in the Leicestershire Healthy Tots Programme and the majority of settings with existing Healthy Tots status have renewed their status this year.

2 A Free Early Education Entitlement Social Marketing Project has been commissioned to identify ways to increase the uptake of free early education for 2 year olds to improve 'School Readiness' across the County.

3 A multi-agency integrated antenatal, perinatal and post natal pathway is being implemented to ensure a holistic approach to all of these services in line with the '1001 Critical Days' cross party manifesto – the goal of which is for every baby to receive sensitive and responsive care from their main caregivers in the first year of life.

Healthy schools and pupils

4 The 'End of Year Report' for the Leicestershire Healthy Schools Programme (July 2015) highlighted that 99.3% of schools are participating in the Leicestershire Healthy Schools Programme. This means that 92,600 children and young people benefit from attending a healthy school in Leicestershire. In addition, over 35% of schools in Leicestershire have achieved enhanced healthy school status by achieving meaningful outcomes regarding a public health priority area including sexual health, teenage pregnancy, substance misuse, healthy weight, and emotional health and wellbeing.



92,600

children and young people benefit from attending a healthy school in Leicestershire

5 The Public Health Department in partnership with Leicestershire and Rutland Sport have commissioned the delivery of a 'Fundamental Movement Skills' Pilot project in one primary school in each of the seven districts. The aim of the project is to improve basic movement skills in primary aged children.

6 The Public Health Department via the Leicestershire Healthy Schools Programme has advocated that schools adopt the Personal, Social and Health Education (PSHE) Association's PSHE programme of study, and that they utilise the new Leicestershire PSHE Toolkit:

'PSHE: Better than Good Enough.'

Economy and employment

7 A healthy workplace strategy for Leicestershire County Council is being developed, co-lead by Public Health along with Corporate Resources. Workplace health champions have been chosen from all departments across the council and the emerging strategy will focus particularly on healthy lifestyles, mental health and emotional resilience.

8 The Public Health Department commissions the Healthy Workplace service which continues to provide support to small and medium enterprises in Leicestershire by delivering a prevention programme to help local businesses to identify and prioritise where and how they can provide health improvement interventions that make it easy for employees to lead healthy lifestyles in work.

9 The Public Health Department continues to work with partners in the NHS, police, fire service, district councils, the Fit for Work team, the education sector and voluntary sectors to develop sustainable healthy workplace solutions e.g. through mental health first aid training, introduction of mindfulness sessions in the workplace and through promotion of 'five ways to wellbeing'.

10 The Public Health Department plays a key leadership role in tackling inequalities in both local authority and in the NHS through our membership of the Leicestershire County Council Equalities Board and through supporting our local CCGs to address the health needs of our most vulnerable populations at both strategic and operational levels.

Strong communities, wellbeing and resilience

11 Local Area Co-ordination (LAC) is an approach to support people and their families to have a good life as part of their local community. All eight local area co-ordinators are now in post and are developing links with hospital discharge teams and GPs to ensure LAC is utilised to support vulnerable people in the 10 identified LAC locations.

12 The Public Health Department continues to work closely with the policy, economy and communities team in the Chief Executives Department to support the approach taken in the Communities' Strategy. The cross-cutting review of prevention within Leicestershire County Council has placed working with communities as a central plank of prevention in Leicestershire. The NHS England/ Public Health England 'a guide to community-centred approaches' document has been used by Public Health and the Chief Executives Department to inform what we do, and need to do, to maximise the role of communities in health improvement.[2]

13 Local area co-ordination has given public health a base from which to promote community development across partners. A jointly developed 'asset based community development' community of practice is being developed with Leicestershire Partnership Trust to share good practice and information.

Active and Safe Travel

14 The Public Health Department have trained staff in comprehensive Health Impact Assessments (HIA) and undertaken a desk based HIA on the Lubbesthorpe Development Design and Movement Codes. Recommendations are being considered by the Lubbesthorpe Project Executive.

15 The Public Health Department is working in partnership with Environment and Transport Department to develop a needs assessment on the links between active school travel and perceptions of road safety.

"The cross-cutting review of prevention within LCC has placed working with communities as a central plank of prevention in Leicestershire"

16 Plans are developing to hold a joint summit on the links between transport, planning and health hosted jointly by the Environment and Transport and Public Health Departments to engage district and borough councils and wider partners in the delivery of this agenda.

Access to green and open spaces and the role of leisure services

17 The Public Health Department continues to develop strategic plans which integrate the use of green spaces and highlight the importance of these community assets in improving public health and well-being. The effective utilisation of green space assets will be an important part on the county council's physical activity transformation project, which began in 2015, which will review the way physical activity is commissioned and delivered in Leicestershire.

18 Members of the Leicestershire County Council Green infrastructure team are now part of the Sport and Physical Activity commissioning group which oversees strategic commissioning of physical activity programmes. As a result, use of green spaces will become an essential requirement when districts submit their annual commissioning plans to deliver physical activity programmes in their locality.

19 The Public Health Department led Health Impact Assessment on the new Lubbesthorpe development made a number of recommendations relating to use of green space including increasing community allotments and orchards and improving active transport links to green spaces. These are now being considered by the Lubbesthorpe Executive Group (see point 14).

Warmer and safer homes

20 The Public Health Department successfully procured the Warm Homes Healthy Homes project – a partnership between Papworth Trust and NEA (national fuel poverty charity). The project commenced in April 2015 and a project co-ordinator has just been appointed. NEA are currently undertaking a health needs assessment for excess winter morbidity and mortality, and the project has already begun training and awareness raising sessions as well as undertaking advice casework.

"The Public Health Department successfully procured the Warm Homes Healthy Homes project"

21 The Public Health Department is a partner in the prevention of falls in older people Better Care Fund work. Funding has been received to implement and evaluate an exercise falls prevention programme in all districts and Public Health is leading the evaluation of the better care fund work around falls prevention. An injury needs assessment is being undertaken, focusing on road injuries and a home injury needs assessment will follow this.

22 The Public Health Department is a key partner in the Lightbulb project and local area co-ordination, which are aimed at helping people to stay in their own homes for longer.

Public Protection and Regulatory Services

23 The Public Health Department commissions several long term programmes to encourage healthy food choices. Over 120 Leicestershire schools are actively engaged in the Food for Life Partnership. For the wider community, the 'Master Gardeners' programme has trained 45 Master Gardener Volunteers who are supporting community groups and individuals to take up growing their own fruit and vegetables.

24 The Public Health Department has extended its work with Trading Standards bringing together the alcohol and tobacco illicit and underage enforcement activity. In future this will be reviewed to ensure the most effective and focussed activity takes place.

25 In the last year, over 120 schools in Leicestershire have actively engaged in the Food for Life Partnership (FFLP). The FFLP seeks to 'transform food culture' – making healthy, tasty and sustainable meals the norm, reconnecting people with where their food comes from, teaching them how it's grown and cooked, and championing the importance of well-sourced ingredients. In addition 19 Leicestershire schools across all seven Leicestershire districts were recognised for outstanding work with school meals and food education as they received their Food for Life Awards and 'Enhanced Healthy School Status'.

"Public health is a partner in the prevention of falls in older people better care fund work"

List of abbreviations

BCF	Better Care Fund
CCG	Clinical Commissioning Group
COPD	Chronic obstructive pulmonary disease
DIY	Do it Yourself
EHI	E-Health Insider
FFLP	Food For Life Partnership
GP	General Practice or General Practitioner
HIA	Health Impact Assessment
JSNA	Joint Strategic Needs Assessment
LAC	Local Area Coordination
LCC	Leicestershire County Council
LPT	Leicestershire Partnership Trust
NEA	National Energy Action
NHS	National Health Service
PHSE	Personal Health and Social Education
UK	United Kingdom
VCS	Voluntary and Community Services

N.B.

Use of the term 'Public Health' refers to the Public Health Department of Leicestershire County Council

Use of the term 'Chief Executives' refers to the Chief Executives Department of Leicestershire County Council

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Appendix 1

Joint Strategic Needs Assessment

Executive Summary 2015

Leicestershire

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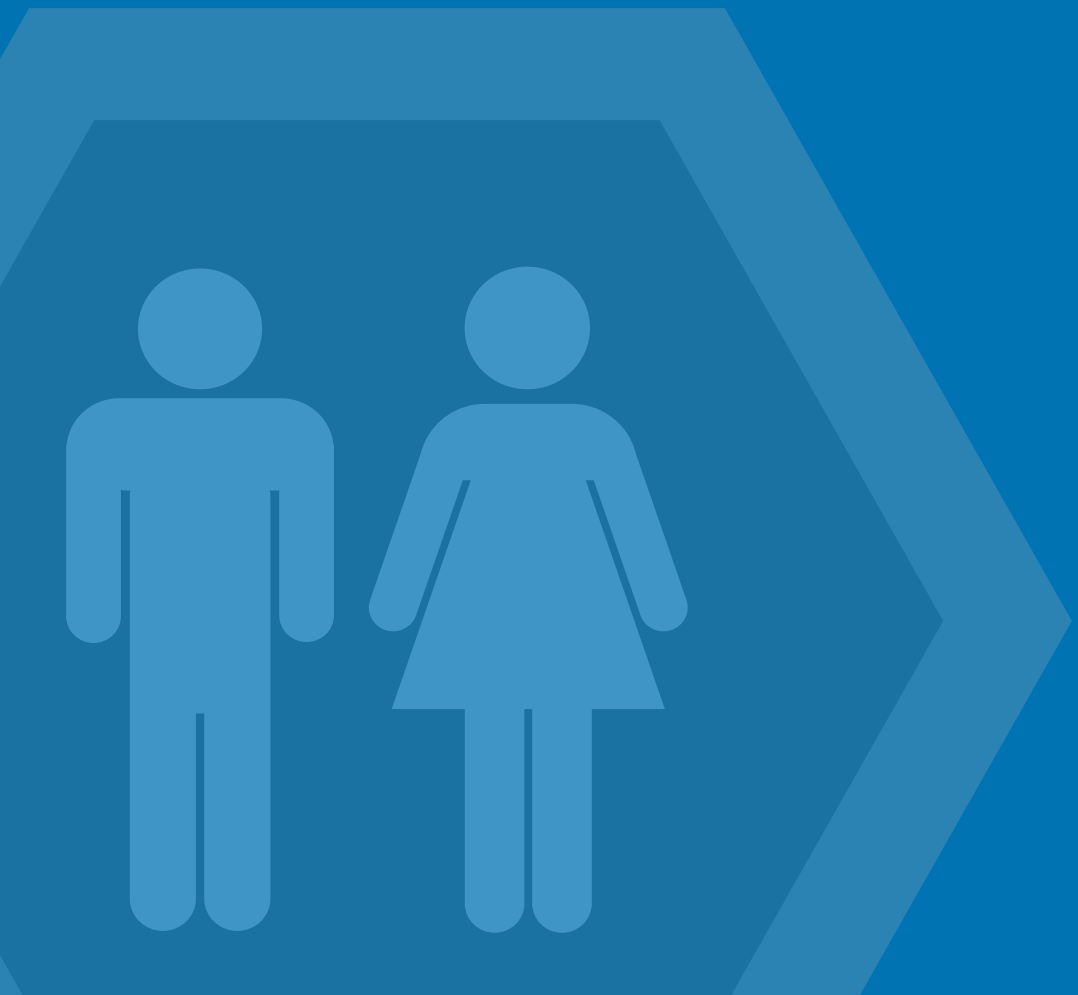


Background

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas.

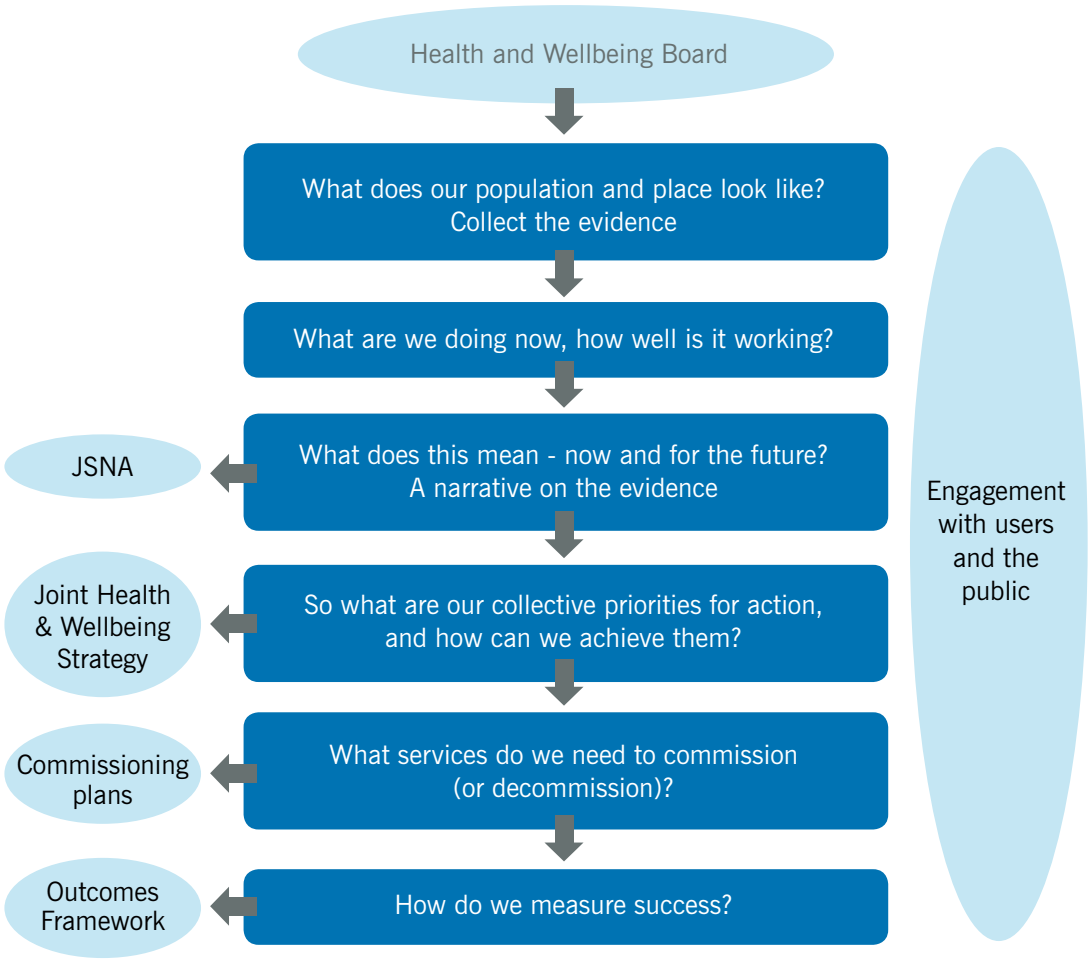
The JSNA underpins the Joint Health and Wellbeing Strategy (JHWS) and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities and to act as the overarching evidence base for health and wellbeing boards to decide on key local health and social care priorities.

Within the JSNA we are using the term health in its widest sense, as defined by the World Health Organisation:[1]

> "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."

Leicestershire's JSNA is overseen by the JSNA/JHWS Steering Board. This is a sub-committee of the Health and Wellbeing Board and their Terms of Reference and membership are available from the JSNA webpages.

Figure 1: The JSNA in the context of the Health and Wellbeing Board



The JSNA has been developed from a detailed evidence base that is available in a number of data dashboards accessible from our JSNA website.

http://www.lsr-online.org/leicestershire-2015-jsna.html

These dashboards have been described in a more detailed report that looks at our population health needs and what we are doing to meet these needs. The report also looks at the key issues facing our population in the future. The key themes have been summarised in this executive summary.

The 2012 JSNA

Our JSNA in 2012 is illustrated in Figure 2 which demonstrates that the key health issues for Leicestershire were: giving children the best start in life, managing the shift to early intervention and prevention and supporting the ageing population. Mental health and targeting the communities with the greatest needs were identified as key themes running across the whole life course. This led us to develop our Joint Health and Wellbeing Strategy to underpin our central themes of:

- adding quality and years to life;
- addressing needs effectively through the life course;
- targeting communities with the greatest needs; and
- a specific focus on mental health needs.

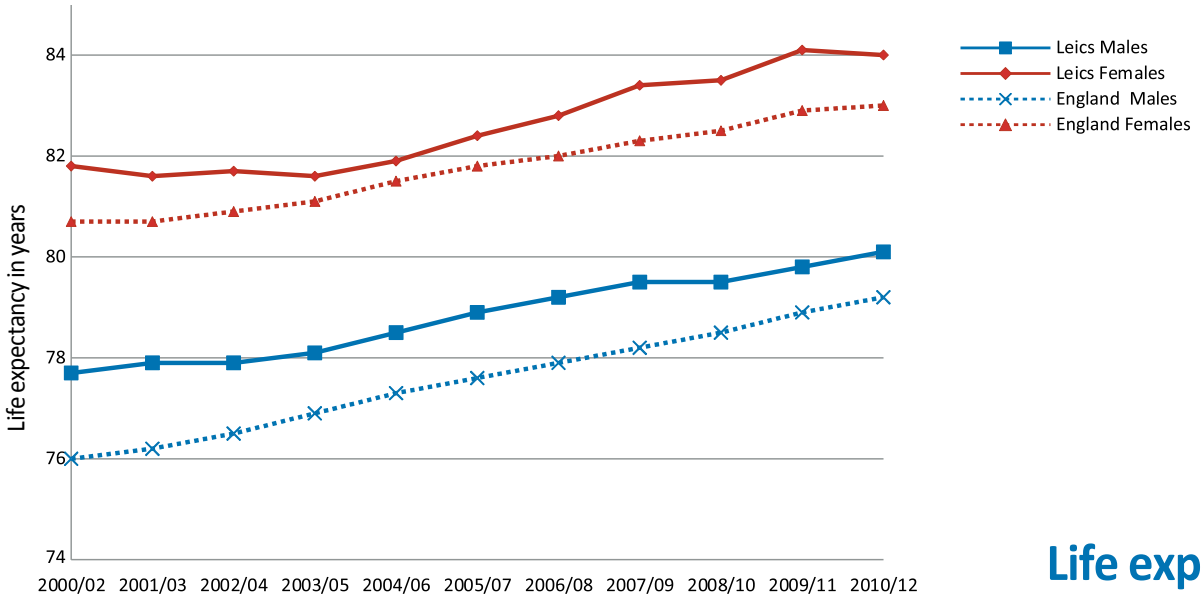
Figure 2: 2012 JSNA

Children and Young People Commissioning Board
The Leicester and Leicestershire Enterprise Partnership Environment Board
Safer Communities Commissioning Board
Stronger Communities Board
Housing Services Partnership
Housing Planning Infrastructure Group
Leicestershire Rural Partnership
Community Budget Programme Board
Voluntary and Community Sector Strategy Group

In February 2015, the Health and Wellbeing Board agreed to include learning disabilities as an additional strategic priority. This is detailed in the report, "Update of Joint Health and Wellbeing Strategy 2013/16."[2] The detail of the priority is included in Leicestershire's Health and Wellbeing Board Annual report 2014 which identifies a number of key priorities for learning disabilities, to ensure we understand this population and have effective support available to keep this vulnerable population safe.[3]

The 2015 JSNA shows us that we have made really effective progress in improving the overall health of our populations. The infographics on pages 22 to 27 highlight the key health indicators for our populations and include an indication of whether we are improving in these key areas.

Figure 3: Life Expectancy at Birth



Source: Public Health Outcomes Framework, Public Health England © Crown Copyright 2014

With regards to our overarching goals to "add quality and years to life", life expectancy continues to improve year on year and in the 10 year period from 2000/2002 to 2010/2012 there has been an increase in life expectancy of 2.4 years for men and 2.2 years for women, an increase of about 2 months per year. Life expectancy in Leicestershire is significantly better than the England average for both males and females at 80.1 years and 84.0 years respectively.

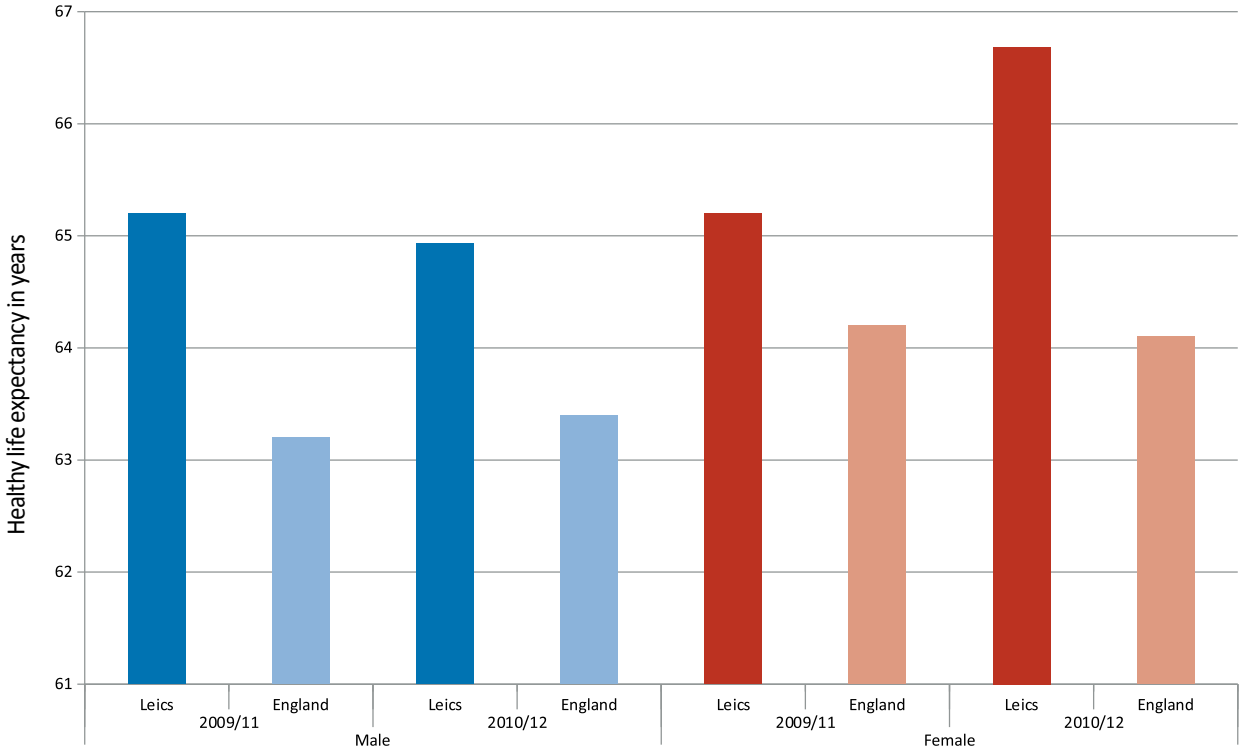
Life expectancy

80.1 years for males

84.0 years for females

Healthy life expectancy is illustrated in Figure 4. Healthy life expectancy is 64.9 years for males and 66.7 years for females. For both males and females, a significant proportion of the population will already be affected by poor health before they reach retirement age.

Figure 4: Healthy Life Expectancy



Source: Public Health Outcomes Framework, Public Health England © Crown Copyright 2014

Across the Leicester, Leicestershire and Rutland health and social care economy we have set out our plans to work together to improve the immediate challenges and needs facing our populations over the next five years in the Better Care Together (BCT) Strategy.[4] The data from the 2012 JSNA underpinned and informed the development of this strategy and the 2015 JSNA brings this evidence more up to date. The key themes that we have identified from the 2015 JSNA are focused on longer term planning – the ageing population is continuing to increase and we need to do more across the wider health and social care partnership to prevent adults from developing preventable long term conditions to ensure that we give everybody the greatest opportunity for a healthy older age.

Healthy life expectancy

64.9 years for males

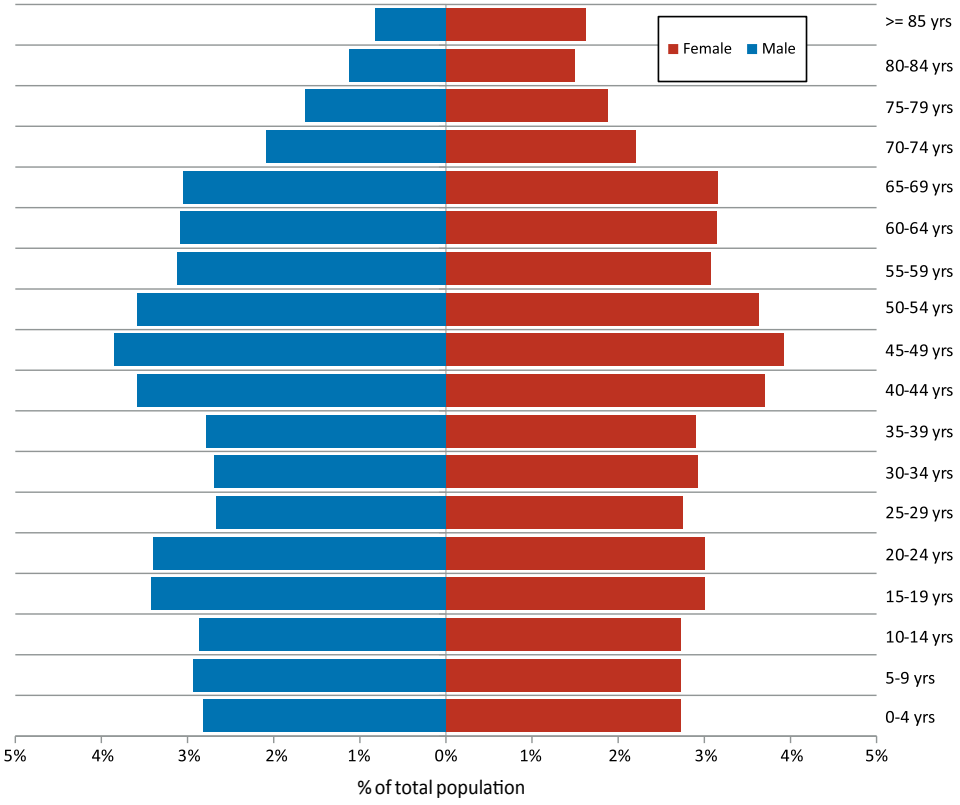
66.7 years for females

The 2015 JSNA Priorities

The most significant driver of health needs for the Leicestershire population is the growing older population.

In 2013, the total population for Leicestershire were an estimated 661,600 people. 126,100 people were estimated to be 65 years and over, and 33,400 were 85 years and over. 153,200 of the Leicestershire population were under 20 years of age.

Figure 5: Mid 2013 Population Estimates for Leicestershire



2013 population – 661,600 people

Over 85 years – 33,400

Over 65 years – 126,100

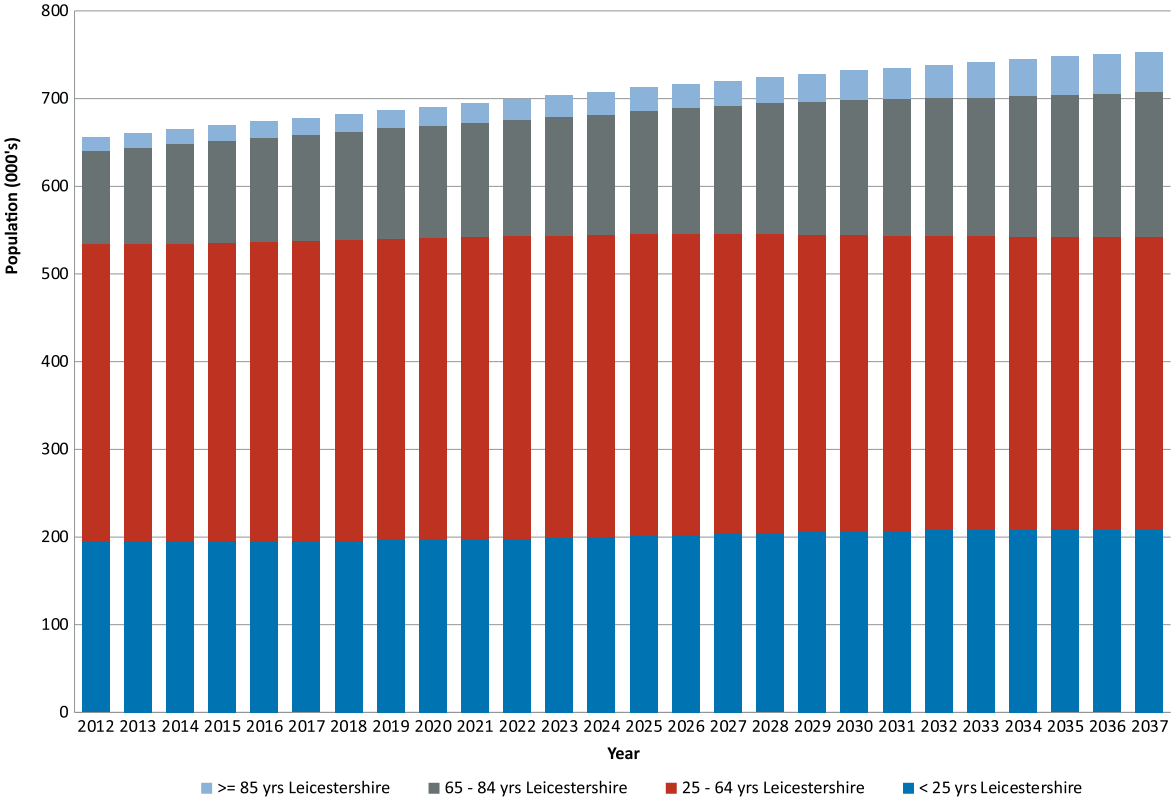
0-19 years – 153,200

Source: Office of National Statistics © Crown Copyright 2014

The population of Leicestershire is growing – between 2012 and 2037 (25 years) it has been projected that the total population of Leicestershire will grow by 15% to over 750,000. However, this growth is not uniform across the age groups with a projected increase of:

- 190% increase in people aged 85 years and over;
- 56% increase in people aged 65-84 years;
- 7% increase in children and young people aged 0-24 years; and
- A 2% decrease in the working age population (25-64 years).

Figure 6: 2012 Based Sub National Population Projections - 2012-2037 (ONS)



Source: Population Projections Unit, Office of National Statistics © Crown Copyright

The 25 year time frame that we are looking at is important. The Better Care Together (BCT) Strategy 2014-19, published in June 2014, is a five year strategic plan for Leicester, Leicestershire and Rutland.[4] The BCT Strategy covers eight overarching service models - each reflecting the current situation and desired outcomes in five years' time, identifying how change will be made. These are:

- urgent care;
- frail and older people;
- long term conditions;
- planned care;
- maternity and new born services;
- children's services;
- mental health; and
- learning disabilities.

Through the Better Care Together five year strategy we have identified the changes that we need to make for the health and social care system to work more effectively in the immediate future. However, there is a need

The total population is predicted to grow by 15%.

85 years + growth 190%, 15,900 to 45,600 people.

65-84 growth 56%, 106,000 to 164,900 people.

0-24 growth 7%, 194,800 to 208,800 people.

Adult population 25-64 reduce by 2% From 339,900 to 333,900 people.

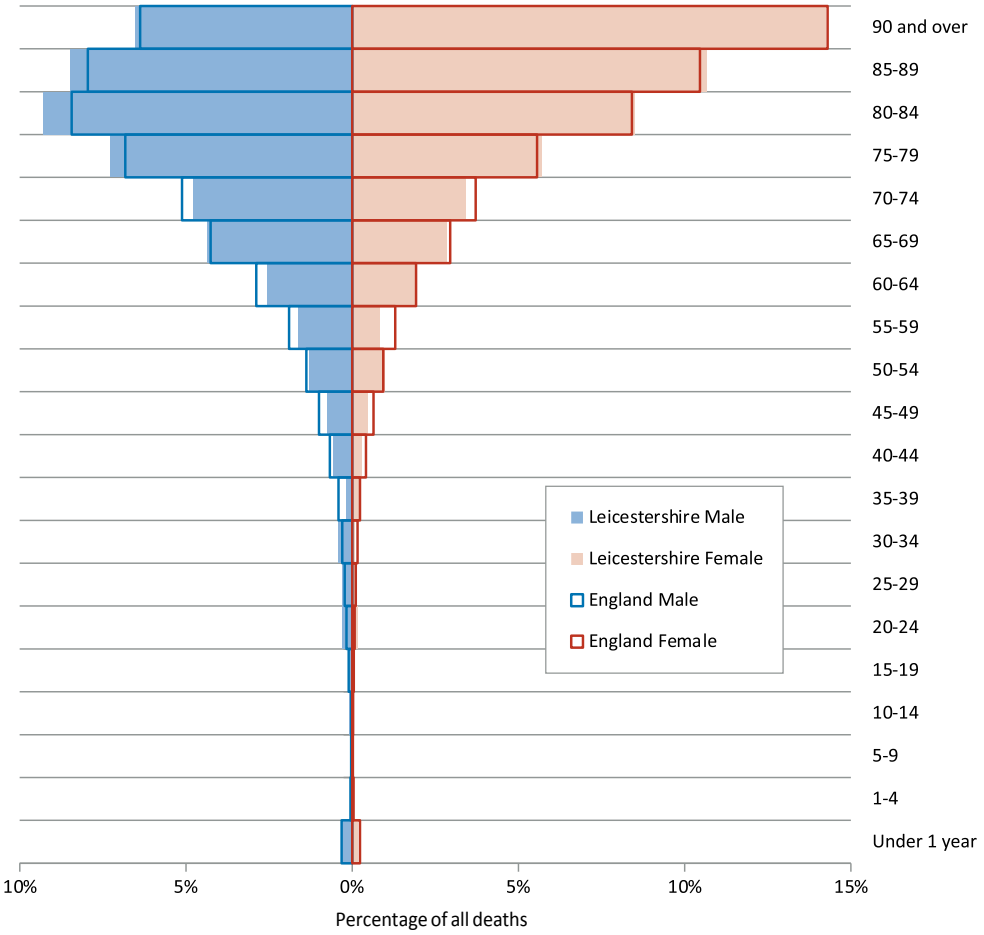
to consider the longer term care needs for our populations. With our ageing population, we need to consider the plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on reducing preventable ill health, particularly in working age adults.

Our population is living longer than ever before. For males, the most frequent age of death in Leicestershire is 80-84 years, with 19% of male deaths occurring in this age group. Overall, 64% of deaths in males are to people over 75 years of age and 83% are to people aged over 65 years of age. For females, the most frequent age of death in Leicestershire is over 90 years of age with 28% of female deaths occurring in this age group. 77% of female deaths occur at over 75 years of age and 89% of female deaths occur at over 65 years of age.

56%

projected increase in people aged 65-84 years

Figure 7: Deaths by Age Group in Leicestershire and England 2013



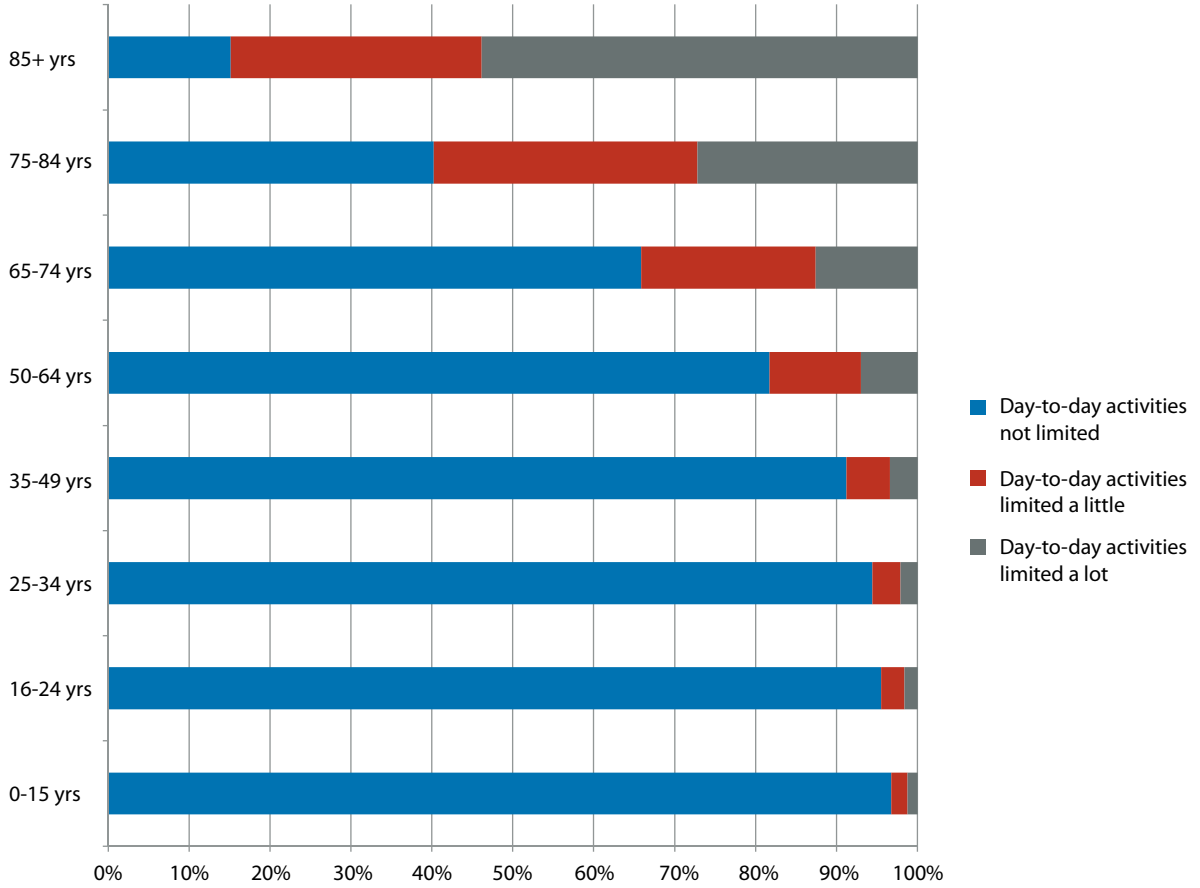
Source: Population Projections Unit, Office of National Statistics © Crown Copyright

Health needs increase with age. The 2011 Census data for Leicestershire shows us that for people aged 85 years and over, only 15% of the population do not have their activities of daily living limited (ADL) by a long term health problem or disability. Nearly a third of this age group have their ADL limited a little and over a half have their ADL limited a lot. There is a clear correlation with age and as people become older their care needs linked to ADL increase. In terms of absolute numbers, the population with the highest number of people with ADL limited either a little or a lot is the population aged 55-64 years, affecting over 23,000 people. Understanding the population that have health and care needs linked to ADL is a useful way to target our preventative services to reduce longer term dependency on services.

85%

aged 85 years and over have their activities of daily living limited by a long term health condition or disability

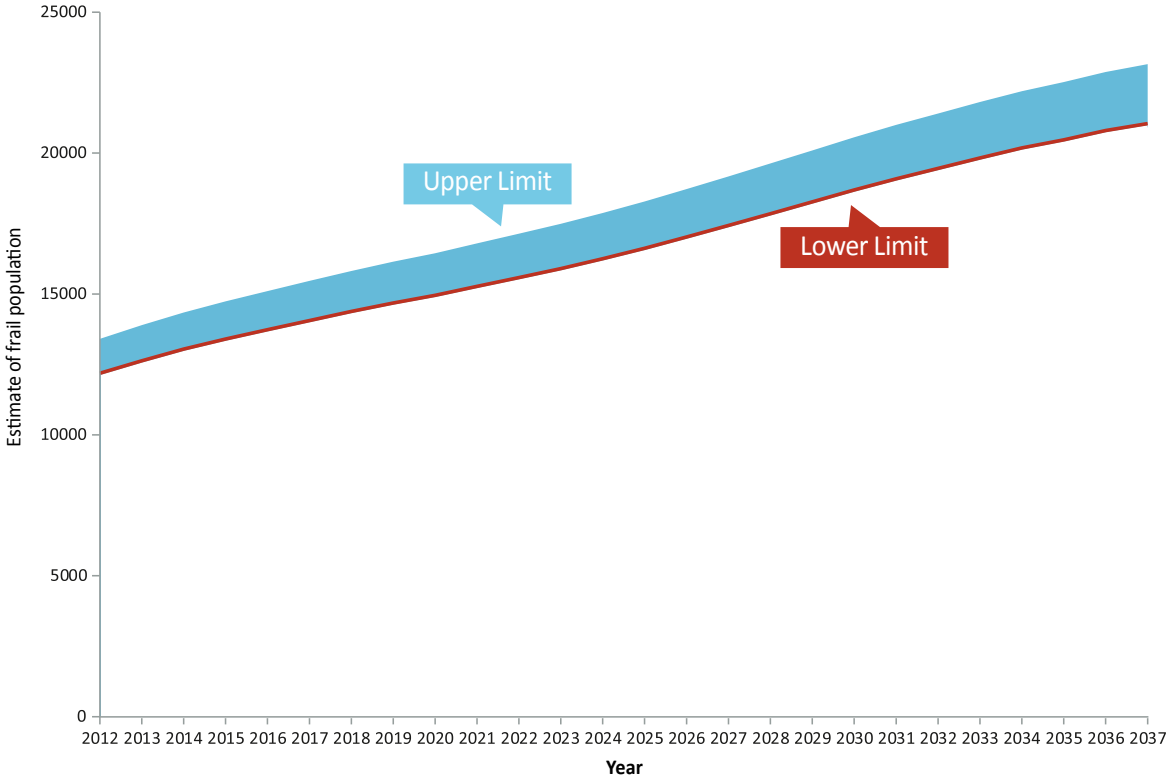
Figure 8: Long term health problem or disability by age for Leicestershire, 2011



Source: 2011 Census, Office of National Statistics, © Crown Copyright 2013

The increasing older population will drive an increase in the number of people affected by frailty. This is illustrated in Figure 9 which applies an estimate of between 10-11% of the population aged 65 years and over affected by frailty, estimating the number of people in Leicestershire that are affected by frailty as between 12,200 and 13,400 in 2012 and between 21,100 and 23,200 people in 2037.

Figure 9: Estimates of Frailty in Leicestershire People aged 65 years and over



Source: NHS England's Action for End of Life Care 2014-16, Population Projections Unit, Office of National Statistics © Crown Copyright

The population growth patterns have implications for the provision of services for older people. There will be more older people with complex care needs who will require input from all parts of the health and social care system. This will need to be supported by people providing unpaid care through informal caring arrangements. However, the reduction in working age adults suggests that, as well as planning for the increased needs for services, there is a long term need to consider the infrastructure needed locally to support people. Carers will become increasingly significant to the wider health and care system and we will need to ensure that their health and wellbeing needs are addressed. This will be essential to maintaining independence and to support people to manage their own health and care needs with a shrinking network of informal care and support. It is also recognised locally, that supporting people to live independently through appropriate housing provision is a key enabler for the future sustainability of health and social care.

The real challenges facing the health and social care community are linked to planning for this future population growth and a need to really start to focus on longer term planning and prevention of ill health in this growing older population. The NHS forward plan states:[5]

> "if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness."

The Health and Wellbeing Board need to adopt a model of preventing, reducing and delaying need across the whole life course. This starts with building community capacity to empower people and communities to manage their own health and wellbeing needs across the life course and ends with having the right care and support in place to meet people's treatment and longer term care needs.

Figure 10: Prevent, reduce, delay

Prevent need – this is primary prevention of ill health and disability in people who do not currently have care or support needs. This is providing universal services to ensure that people have access to good information and advice, are able to live healthy and active lives, live in safe neighbourhoods and have good social networks to help to support them.

Reduce need – this is a tier of secondary prevention or early interventions. Providing targeted interventions to individuals with increased risk of developing a need for services and where service provision may prevent people from deteriorating and needing to use services.

Delay need – this is a tier of tertiary prevention, which is aimed at minimising the effect of disability or deterioration for people with established health conditions.

Offer the right support – as well as people that fall into the categories of need where interventions can prevent, reduce or delay the need for support services or treatment, there will also be a cohort of patients where

these strategies will not be effective who will need long term services and support. This cohort of people may still benefit from preventative approaches including universal services, and opportunities to minimise use of long term services and support should continue to be utilised.

Implementation of the prevent/ reduce/ delay model will ensure that we start to make the changes that we need across the life course to deliver a fundamental shift in services that we provide for our population from treatment services to prevention services.

The wider determinants of health

Health inequalities reflect the inequalities that exist across the whole of society. Between 2010 and 2012, the gap in life expectancy between the most deprived areas and the least deprived areas in Leicestershire was 6.1 years for males and 5.2 years for females.

An individual's health and wellbeing is influenced by a wide range of social, economic and environmental factors such as good housing, a good education, a fulfilling job and the personal relationships that people have. This means that the opportunities to improve the health for everybody in Leicestershire will come from the collective efforts of all parts of society.

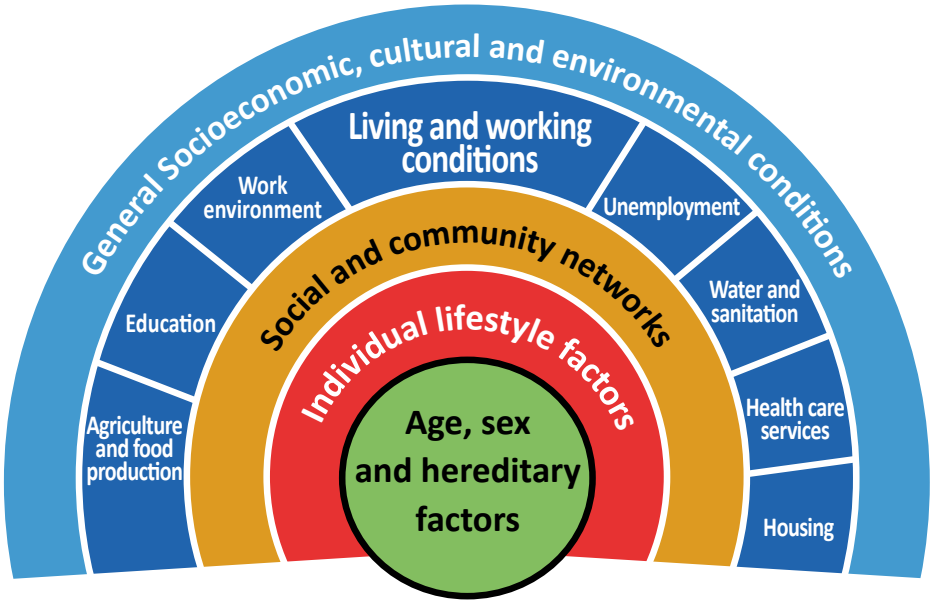
In 1991, Dahlgren and Whitehead published a model of the main influences on health and wellbeing (Figure 11).[6] The basis of the model is the concept that some of the factors that influence health are fixed and others can be influenced. Personal characteristics, such as age, sex and ethnicity, are highly significant for health but cannot be influenced, and therefore sit at the core of the model.

Healthy life expectancy

64.9
years for males

66.7
years for females

Figure 11: The Determinants of Health



Source: Dahlgren and Whitehead 1992

Individual lifestyle factors are behaviours such as smoking, alcohol and other substance misuse, poor diet or lack of physical activity. These have a significant impact on an individual's health. Influencing this section of the model is key to a long term, sustainable health and wellbeing economy.

Social and community networks are our family, friends and the wider social circles around us. Social and community networks are a protective factor in terms of health.

Living and working conditions include access to education, training and employment, health, welfare services, housing, public transport and amenities. It also includes facilities like running water and sanitation, and having access to essential goods like food, clothing and fuel.

General socio-economic, cultural and environmental conditions include social, cultural, economic and environmental factors that impact on health and wellbeing such as wages, disposable income and availability of work.

The 2015 Director of Public Health's Annual Report reviewed the wider influences on health and is accessible from LSR-Online.[7]

The JSNA Priorities

The evidence identifies a need to focus on increasing healthy life expectancy. The emphasis must be to prevent the development of long term conditions and disabilities in working age adults – those adults who are 40-50 years old now but who will be 60-85 years old in 25 years time. The vision developed for the Joint Health and Wellbeing Strategy 2013-15 remains the focus for our population.

Vision

We will add quality and years to life by improving health throughout people's lives, reducing inequalities and focussing on the needs of the local population.

We need to make the most of opportunities to identify and intervene early with population groups at risk, through strong partnership working and community involvement.

The JSNA priorities are underpinned by the core principles of:

- reducing inequalities;
- focussing on prevention;
- using evidence;
- sustainability; and
- dignity.

Improving health and wellbeing through the life course

Getting it right from childhood:

- investing in improving the health and wellbeing of children gives greatest overall return across the life course;
- addressing the wider determinants of health with a focus on educational attainment;
- development of the healthy child programme for 0-19s;
- meeting the needs of vulnerable children, including children at risk of child sexual exploitation;
- supporting children with Special Educational Needs and Disabilities;
- addressing mental health needs of children; and
- support for young carers.

Supporting young people as they transition to adulthood:

- vulnerable children and children with health and social care needs are particularly vulnerable when they become adults;
- consistent support needs to be in place for the young person and their family as they move into adult services;
- 16-24 year olds are particularly vulnerable to risky lifestyle behaviours such as sexual health, substance misuse and smoking; and
- addressing the wider determinants of health including young people who are not in education, employment or training and young offenders.

Improving the health and wellbeing of working age adults:

- prevention in this population is essential for a healthy older population;
- continue to reduce premature mortality from the major causes of ill health;
- reduce inequalities in health across the social gradient;
- reduce the preventable risks to health through people's lifestyle choices; and
- maximising independence for those with long term and/ or complex needs.

Supporting the ageing population:

- early identification and support for people who are at risk of developing health and social care needs;
- more development of the evidence base around prevention for older people;
- supporting older carers;
- supporting people at the end of their life;
- supporting more people to look after themselves after illness or injury through reablement services; and
- planning for the future, including future housing needs, developing community assets, planning for emergencies.

Improving health and wellbeing for our vulnerable populations

Provide effective support for carers:

- supporting carers through implementation of carer support pathway; and
- providing integrated support across health and social care, with early identification of carers needs and appropriate support.

Improving mental health and wellbeing:

- evaluation of newly commissioned services;
- improving awareness of mental health and risk factors; and
- improving dementia diagnosis and support.

Improving services for people with learning disabilities and / or autism;

- increasing support for people in the local community;
- improving recording of people with learning disabilities and sharing this information with partners to ensure they get the best care;
- ensuring that people have access to effective services that are tailored to meet their individual needs; and
- equity of access to all services for this population.

Providing effective support for people with physical and sensory disabilities:

- improve independence for people with physical disabilities through the use of aids and adaptations in the home;
- building of community capacity to support people with disabilities living in the community; and
- improving access to services for people with sensory disabilities.

Targeting people with increased needs

The JSNA has identified a number of groups of people who are particularly vulnerable and whose needs must be addressed effectively. This includes all of the protected characteristics, as well as:

- vulnerable children and families;
- people with long term conditions and cancer;
- frail older people;
- people affected by poverty;
- people affected by, or at risk of homelessness, and
- carers.

As well as recognising the increased needs of our vulnerable populations, we need to ensure that services are commissioned in a way that addresses inequalities in health. By understanding the needs of people that are driven by wider social inequalities such as poverty and the needs of individual communities within Leicestershire we will be able to work together to address inequalities. We need to make the most of opportunities to identify and intervene early with population groups at risk, through strong partnership working and community involvement. All commissioning decisions and service plans need to reflect the requirements of the Equality Act and Human Rights legislation.

Enablers

Throughout the JSNA we have identified a number of key partners and priority areas that will help the wider health and wellbeing partnership deliver improved outcomes for the population. These include:

- communities;
- assets (both individual and community);
- housing;
- education;
- work;
- promoting independence; and
- supporting carers.

The 2015 JSNA on a page

Vision:

We will add quality and years to life by improving health throughout people's lives, reducing inequalities and focussing on the needs of the local population.

Core principles:

Reducing inequalities | focussing on prevention | using evidence | sustainability | dignity

Improving health and wellbeing through the life course by:

- Getting it right from childhood
- Supporting young people as they transition to adulthood
- Improving the health and wellbeing of working age adults, with a particular focus on prevention and early intervention
- Supporting the ageing population

Improving health and wellbeing for our vulnerable populations:

- Provide effective support for carers
- Improving mental health and wellbeing
- Improving services for people with learning disabilities and / or autism
- Providing effective support for people with physical and sensory disabilities

Enablers:

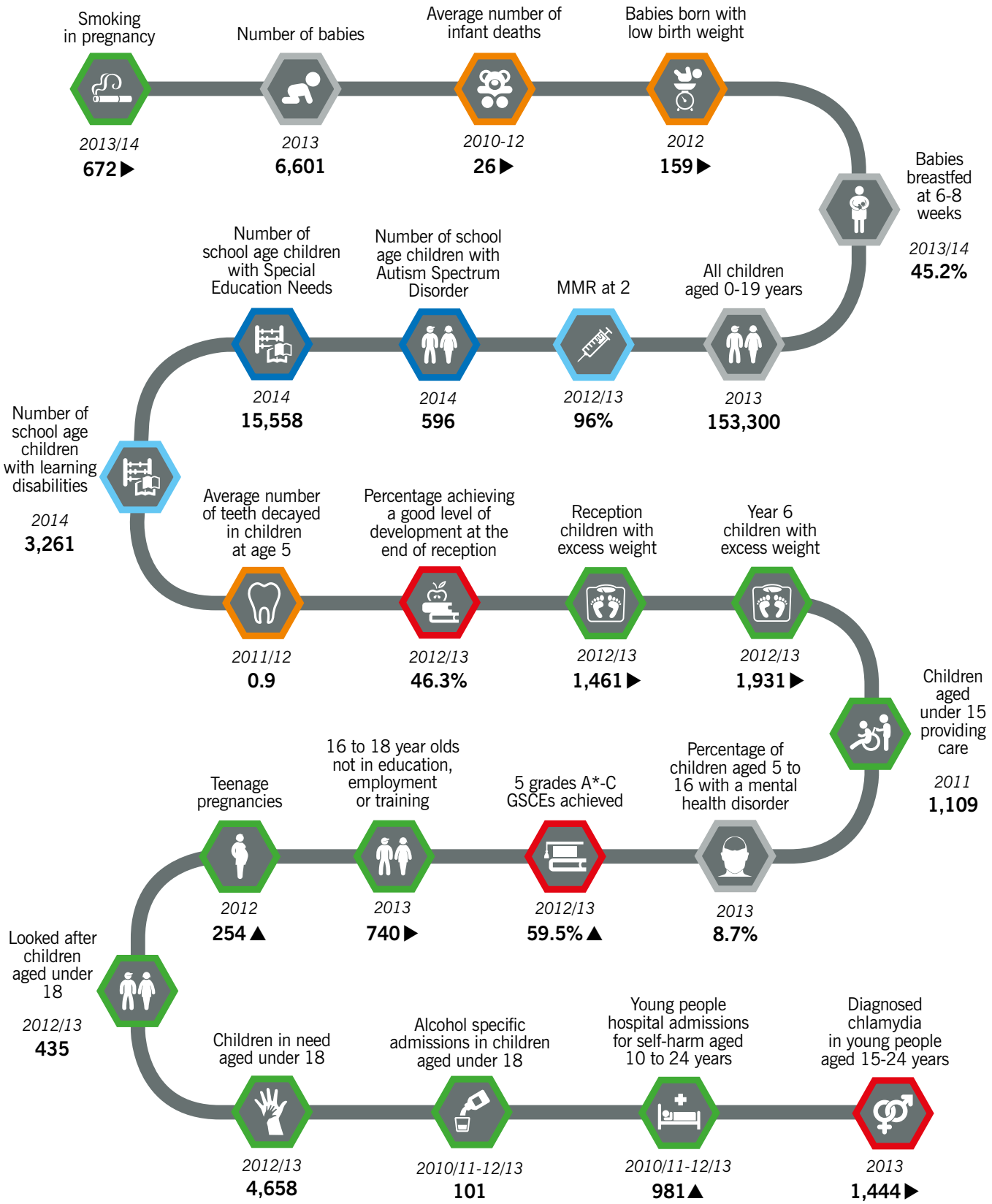
- communities
- assets (both individual and community)
- housing
- education
- work
- promoting independence
- supporting carers

Targeting people with increased needs:

- all people with protected characteristics
- vulnerable children and families
- people with long term conditions and cancer
- frail older people
- people affected by poverty
- people affected by, or at risk of homelessness
- carers

http://www.lsr-online.org/leicestershire-2015-jsna.html

Best start in life



KEY

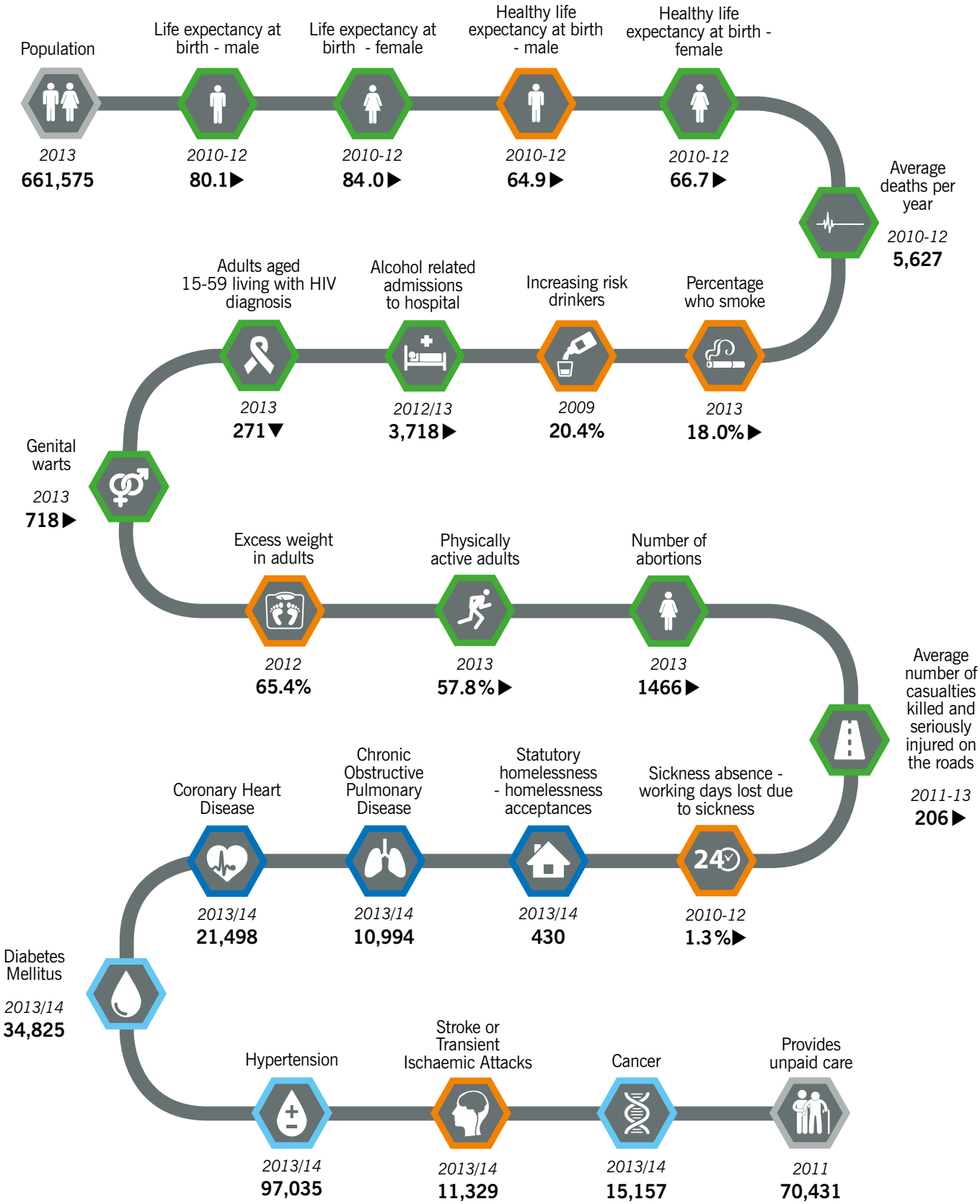
Colour coding:

- **Green:** Significantly better than the England average
- **Amber:** Similar to the England average
- **Red:** Significantly worse than the England average
- **Light blue:** Significantly higher than the England average
- **Dark blue:** Significantly lower than the England average

Direction of travel:

- ▲ Rate improved since previous year
- ▶ Rate similar to previous year
- ▼ Rate worse than previous year

Health and wellbeing of adults



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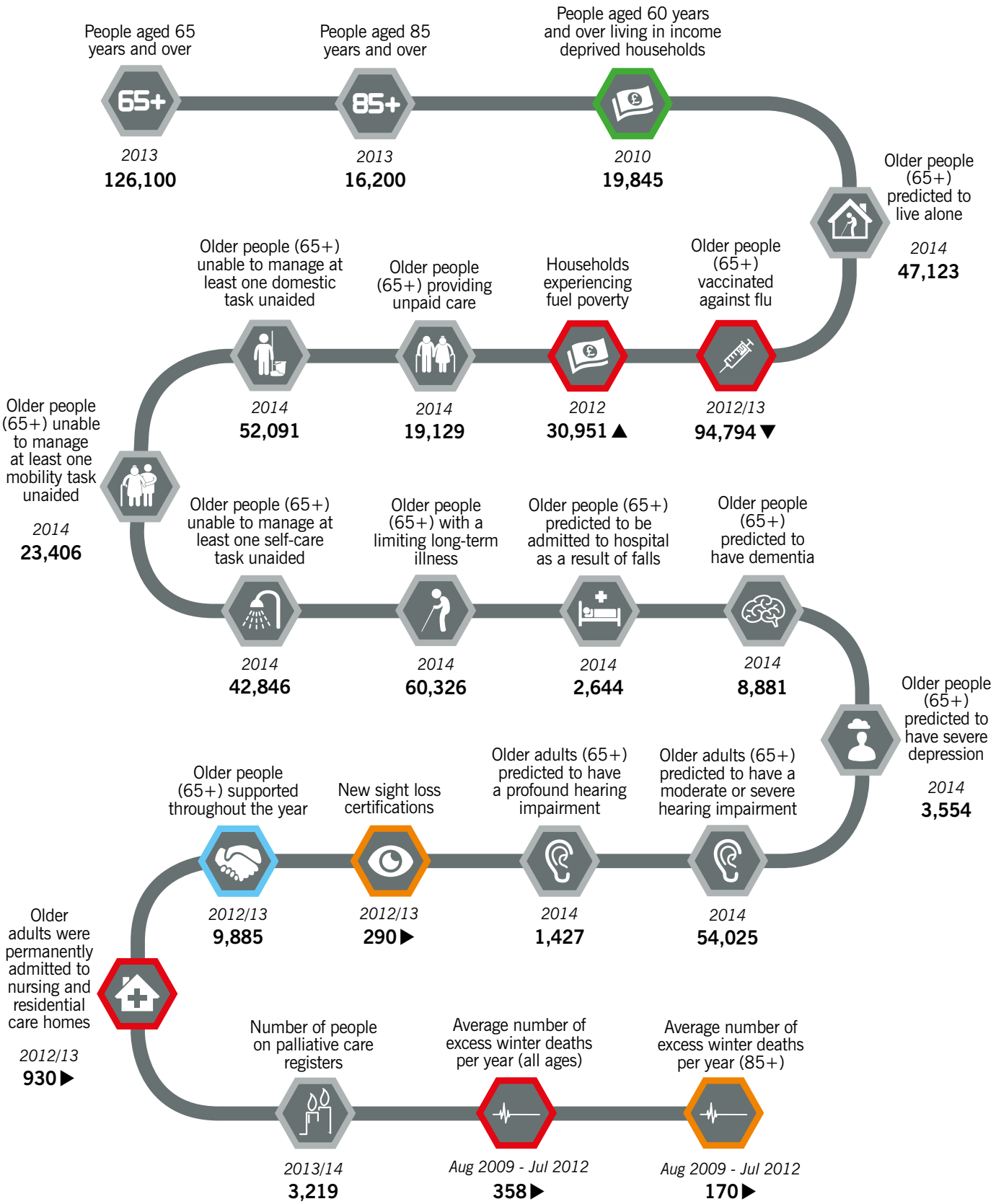
Direction of travel:

- ▲ Rate improved since previous year
- ▶ Rate similar to previous year
- ▼ Rate worse than previous year

Issues specific to ageing



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Direction of travel:

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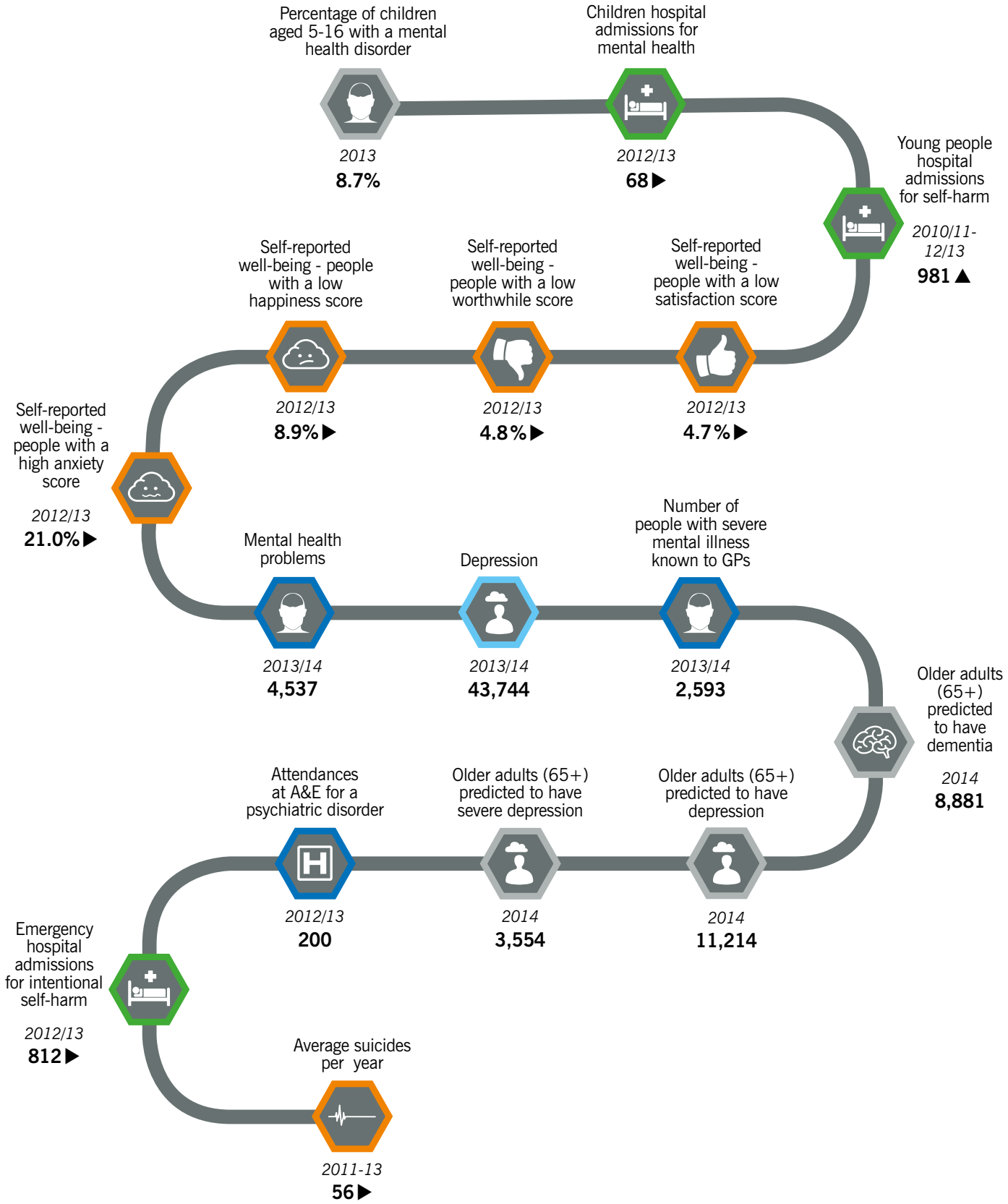
- ▶ Rate similar to previous year
- ▼ Rate worse than previous year

Mental health



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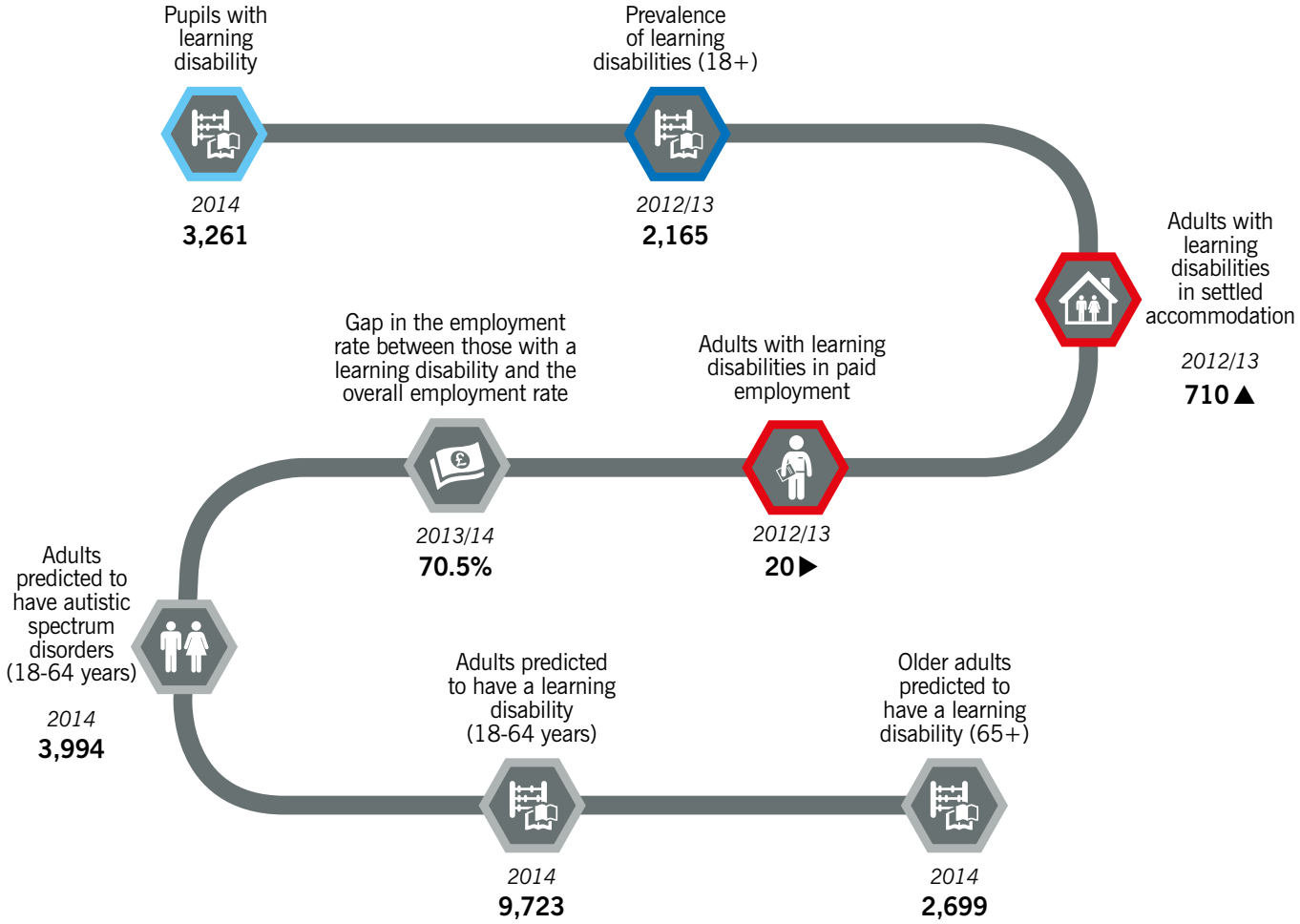
- ▲ Rate improved since previous year
- ▶ Rate similar to previous year
- ▼ Rate worse than previous year

Learning disabilities and autism



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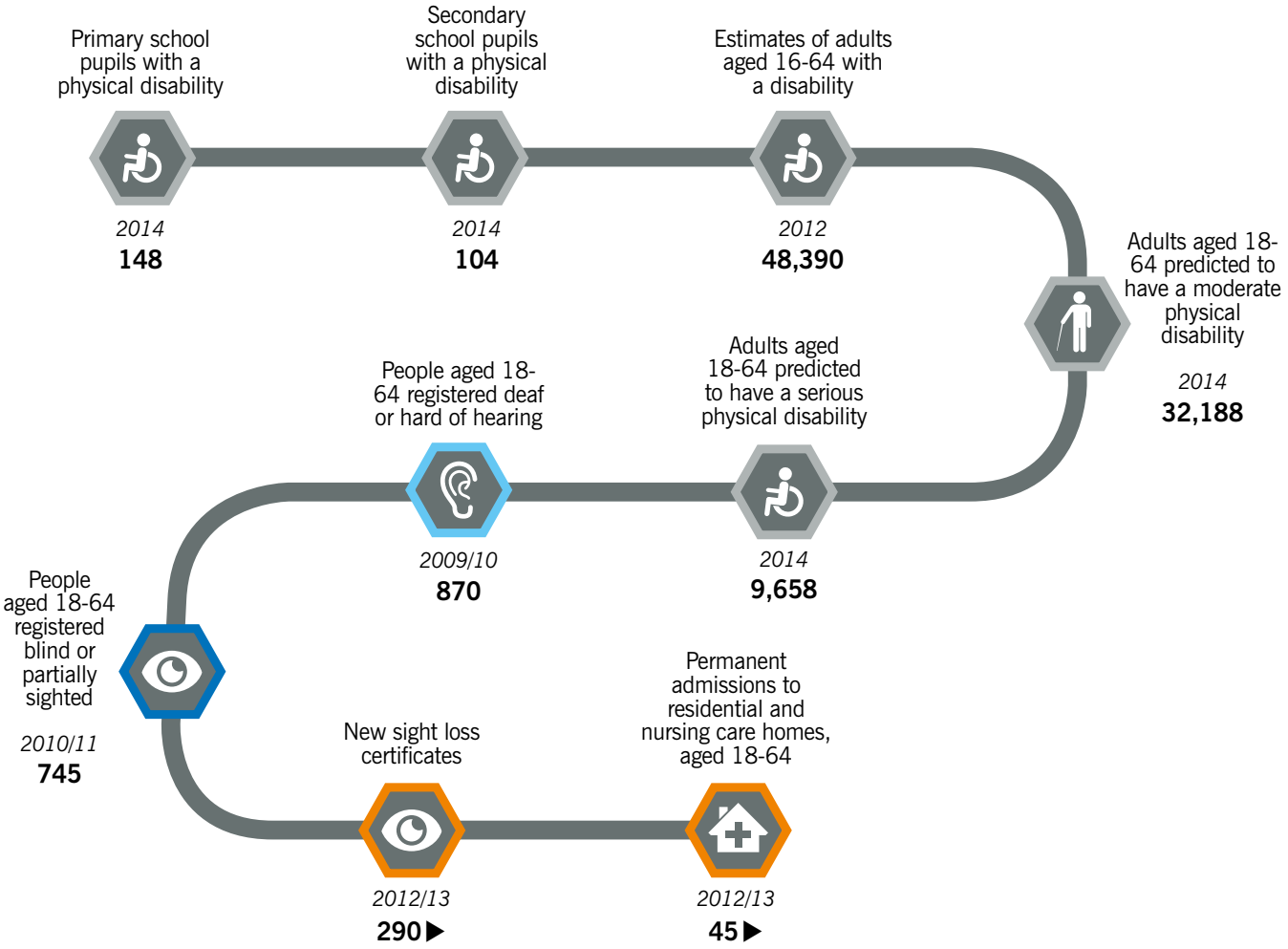
Direction of travel:

- ▲ Rate improved since previous year
- ▶ Rate similar to previous year
- ▼ Rate worse than previous year

Physical and sensory disabilities



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Direction of travel:

- ▲ Rate improved since previous year
- ▶ Rate similar to previous year
- ▼ Rate worse than previous year

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