

LEICESTERSHIRE SAFER COMMUNITIES STRATEGY BOARD

1 DECEMBER 2017

LINKS BETWEEN LEICESTERSHIRE SAFER COMMUNITIES STRATEGY BOARD AND THE HEALTH AND WELLBEING BOARD

Purpose

1. The purpose of this report is to provide an update on the work being undertaken to explore how the Health and Wellbeing Board and the Leicestershire Safer Communities Strategy Board (LSCSB) can work together effectively to understand, support and help deliver common priorities.

Background

2. On 8 December 2016, the Leicestershire Safer Communities Strategy Board (LSCSB) received a presentation on the work of the Health and Wellbeing Board by Mr E F White CC, Portfolio holder for Health and Sport, and Chairman of the Health and Wellbeing Board, and Mike Sandys, Director of Public Health.
3. The presentation detailed the proposed outcome based approach to deliver the five key priorities of the Joint Health and Wellbeing Strategy 2017 – 2022 including:-
 - i. The people of Leicestershire are able to take responsibility for their own health and wellbeing;
 - ii. The gap between health outcomes for different people and places has reduced;
 - iii. Children and young people in Leicestershire are safe and living in families where they can achieve their potential and have good health and wellbeing;
 - iv. People plan ahead to age well and stay healthy and older people feel they have a good quality of life;
 - v. People know how to take care of the mental health and wellbeing of themselves and their family.
4. The Board considered how to achieve a stronger working relationship between the Health and Wellbeing Board and the LSCSB, including work at district level. It was proposed that a smaller group would meet and take forward links between the two boards, including the role of the Senior Officers Group in the delivery

plan of the Health and Wellbeing Strategy and report back to LSCSB to present the delivery plan.

5. At the LSCSB on 23 February 2017, the following recommendations were put forward:-
 - i. To reinvigorate senior Public Health attendance to the LSCSB;
 - ii. For Public Health to complete a community safety needs assessment to identify the needs, gaps and demand across Leicestershire;
 - iii. To set up a facilitation event in late spring 2017 for key stakeholders to review the links between the LSCSB and the Joint Health and Wellbeing Strategy. This event would identify the key community safety priorities across Leicestershire and confirm the most appropriate delivery mechanism to collectively progress the agreed priorities.
6. The Board requested a further update in relation to the above recommendations.

Progress to date and next steps

7. A needs assessment is being developed for Leicestershire to explore the key aspects of community safety and health and wellbeing.
8. A workshop was held in September 2017 (in the presence of Mr Ivan Ould CC and Mr Trevor Pendleton CC) which was attended by community safety partners. Public Health presented headline data extracted from the needs assessment to explore the links between health and community safety. The key areas of focus and the headline data presented included the following:-

Substance misuse (drugs and alcohol)

- i. A significantly higher proportion of Leicestershire's 15 year olds reported having had a drink compared to the England average (69.5% vs 62.4%). 16.8% reported having been drunk in the last four weeks compared to 14.6% across England.
- ii. In Leicestershire, the rate of alcohol specific hospital admissions for young people is 20.2 per 100,000 population, which is below the national average of 37.4 per 100,000 population.
- iii. In Leicestershire, the rate of alcohol specific hospital admissions for adults is 59.2 per 100,000 population which is below the national average of 64.7 per 100,000 population.
- iv. The rate of alcohol related road traffic accidents in Leicestershire is 30 per 1,000 population which is similar to the national rate of 26 per 1,000 population.
- v. 9.5% of Leicestershire 15 year olds reported to have tried cannabis and 3.9% reported having taken cannabis in the last month. This is similar to national values of 10.7% and 4.6% respectively.

- vi. Estimated prevalence of opiate and/or crack cocaine use among 15-64 year olds in Leicestershire is 4.4 per 1,000 population. This is significantly lower than the England rate of 8.4 per 1,000 population.
- vii. In Leicestershire, although the rate of drug related hospital admissions has increased year on year to 71 per 100,000 population, it remains significantly below the national rate of 148 per 100,000 population.
- viii. In Leicestershire there has been an increase in the number and rate of drug related crimes between 2013 and 2017 (1,245 drug related crimes in 2013 which equates to a rate of 1.84 per 1,000 population; 1,345 drug related crimes in 2017 which equates to 1.99 per 1,000 population).
- ix. Drug offences have reduced significantly over the period 2013-2017 from a high of 1,030 in 2013 (a rate of 1.53 per 1000), to 479 in 2017 (a rate of 0.71 per 1000).

Mental Health

- x. One in ten people aged over 18 years in Leicestershire has a recorded diagnosis of depression. This is significantly higher than the national figure of 8.3% and equates to over 50,000 people in the County.
- xi. In Leicestershire and Rutland, the rate of hospital admissions for mental health conditions for those aged 0-17 years was 64.2 per 100,000 population. This is significantly lower than the England rate of 85.9 per 100,000 population.
- xii. 15.0% of individuals in Leicestershire are in concurrent contact with mental health services and substance misuse services for alcohol misuse. This is significantly lower than the national proportion 20.8%.
- xiii. In Leicestershire, the rate of suicide is 9.3 per 100,000 population, which is the same as the national rate. On further exploration, the suicide rate in males (14.9 per 100,000 population) is higher compared to the suicide rate in females (3.9 per 100,000 population).

Domestic violence

- xiv. The rate of domestic abuse incidents in Leicestershire is 20.6 per 1,000 population. This is similar to the England average of 20.4 per 1,000 population.
- xv. Recorded domestic offences in Leicestershire have risen significantly since 2013 from 2496 incidents to 4493 recorded offences in 2017.
- xvi. Crime rates for domestic offences and incidents (including domestic abuse) have risen significantly from 3.70 per 1000 population in 2013 to 7.71 per 1000 population in 2017.

Sexual violence and child sexual exploitation

- xvii. In England, there were 47,045 recorded sexual offences against children under the age of 18, a 19% increase on the 2014/15 figure. Translating this to Leicestershire, this would mean 547 children under the age of 18 would have been subject to sexual abuse over a 12 month period.
 - xviii. Recorded incidents of sexual offences in Leicestershire have risen significantly year on year between 2013 and 2017, with the number of incidents rising from 469 in 2013 to 811 in 2017.
 - xix. The rate of sexual offences in Leicestershire is 1.0 per 1,000 population, which is the lowest of all statistical neighbours and England (1.7 per 1,000 population).
9. Following presentation of the key data, participants worked in groups to discuss the topics highlighted above to explore:-
- its relevance
 - gaps in information and services
 - things that could be done differently
10. Feedback from the discussions highlighted key themes which included:
- Difficulties in accessing data particularly at district level;
 - Difficulties in accessing data from key partners e.g. schools;
 - The need for better data and intelligence sharing between partners and services;
 - The interplay between crime and health and the further work required. For example, whether there is a link between alcohol consumption in the home environment and domestic violence and sexual offences;
 - Importance of prevention, particularly among vulnerable groups;
 - Importance of education and awareness raising;
 - Developing and strengthening community assets;
 - Recognising that one size does not fit all. For example, there are different forms of drug misuse which may require different strategies to address them;
 - Importance of understanding the local context;
 - Limited information on some areas e.g. child sexual exploitation;
 - Mental health is a significant issue and is a cross cutting theme;
 - Lack of awareness of actions that partners take upon receiving information.
11. As a result of feedback from the workshop, a data compendium has been developed (Appendix A) which lists key health and crime indicators as well as listing the source of the information and caveats associated with the data to enable partners to access appropriate data and information as and when required. This is still in development.

Recommendations to the Board

12. It is recommended that Members
- a. note the progress to date;
 - b. comment on and approve the proposed next steps, which include:-
 - Completion of the needs assessment and data compendium through joint working between public health, business intelligence and community safety partners;
 - Approval of the five joint priorities of drugs, alcohol, mental health, domestic violence and sexual violence;
 - The presentation by Public Health of a paper detailing the above to the Health and Wellbeing Board for approval.

Officers to contact

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