	Health & Wellbeing Strategy		
	Priority	RAG	Comment
q	1. Supporting positive outcomes for children and families	A	Performance monitoring is currently delegated to the Children and Young People's Commissioning Board. This Board is not currently meeting due to the review of existing governance arrangements. Progress against the HWB Strategy priorities for children are being monitored by the individual partner agencies. All priorities are currently rated as 'Amber'
from childhoo	2. Improve health and educational outcomes in looked after children	A	Performance monitoring is currently delegated to the Children and Young People's Commissioning Board. This Board is not currently meeting due to the review of existing governance arrangements. Progress against the HWB Strategy priorities for children are being monitored by the individual partner agencies. All priorities are currently rated as 'Amber'
Getting it right from childhood	3. Provision of high quality maternity services	A	Performance monitoring is currently delegated to the Children and Young People's Commissioning Board. This Board is not currently meeting due to the review of existing governance arrangements. Progress against the HWB Strategy priorities for children are being monitored by the individual partner agencies. All priorities are currently rated as 'Amber'
U	4. Ensuring a good transition between child and adult services for children with complex physical and mental health needs	A	Performance monitoring is currently delegated to the Children and Young People's Commissioning Board. This Board is not currently meeting due to the review of existing governance arrangements. Progress against the HWB Strategy priorities for children are being monitored by the individual partner agencies. All priorities are currently rated as 'Amber'
	5. Increasing the number of children and adults who are a healthy weight.	G	Contunuing to provide a range of universal and targeted interventions to promote healthy eating and physical activity. Universal includes the recently lauched Food for Life health and education programme which helps to transform school meals and food education in schools and communities. Targeted work inludes the. LEAP (Lifestyle, eating and activity programme) a dietician lead weight management service for adults with a BMI >30 (or BMI>28 with co-morbidities). Each course is a 10-12 week programme which includes a physical activity element delivered by district instructors / co-ordinators
and prevention	6. Reducing the harm caused by drugs and alcohol	A	Successful completions across treatment system is improving, although criminal justice element continues to underperform. Remedial actions underway. Stable numbers in drug treatment are offset by dramatic increases in alcohol treatment. Broader harm reduction programme continues to contribute to hospital admission and liver disease targets.
Early intervention and	7. Improving sexual health services	A	New integrated sexual health service completed and commenced 1st Jan 2014. Consultation event for GPs and pharmacists review of sexual health services in primary care has taken place. Voluntary sector contracts are in the procurement plan for 14/15 and also reviewing in year. 3c's timescales clashed with re-procurement of new contracts therefore Leics did not participate in the programme. TP plan in progress. Locality workshops being held to inform 14/15 plan.
Early	8. Further reducing the prevelance of smoking	A	Leicestershire's tobacco control program is maintatining its progress in reducing smoking prevalence through a range of prevention, stop smoking and enforcement initiatives. Local prevalence remains below both England and East Midlands averages.
	9. Reducing the number of people who die prematurley from cancer	G	Ongoing targeted focus on primary prevention (obesity, smoking, excess alcohol etc). Also working with Local Area Team (NHS England) to increase cancer screening uptake. Plus work with GPs/CCGs and on social marketing/broad campaigns to promote earlier presentation and onward referral of those with features suggestive of cancer. Also local GP cancer audit, 2013.
	10. Providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes	А	Telehealth project team in place and guidance in place for assessments. Explore options for Telecare services to be offered as part of Pharmacists Medication Review processes is delayed at present but will now be delivered in April 14.
opulation	11. Improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions	G	This work created locality based neighbourhood teams that work in an integrated fashion with community health and social care delivering a defined service around a defined set of GP practices. This steadily developing piece of work has made a significant contributed to the reduction in attendance and admission in ambulatory case sensitive conditions. This success has created the blue-print for our combined plans going forward in the Better Care fund. Work completed so far within integrated care has allowed us to plan a reduction in emergency activity of 9.5 % by 2015/16 from the 2012/13 outturn position.
Supporting the ageing population	12. Improving the management of long term conditions	G	 Mapping of self help groups completed and directory in place Gaps in services identified and plans in place to address Web site agreed with GEM. Integrated care model in place across East Leicestershire including Rutland. Roll out to all GP practices almost complete and will be in place by Jan 2014 and evaluation complete. Proactive care model Risk stratification tool in use and in on-going development. Integrated model in development and on track for 2014. Monitor and evaluation tool available.
S	13. Ensuring care homes adhere to the highest standards of dignity and quality ensure carer training in organisations is improved	G	All projects associated with this priority are currently on track.
	14. Improving the provision of end of life care		End of life care Self-assessment has been completed for Leicestershire and Action plan

and support for people who wish to die at home and support for their carers

15. Positive mental health promotion

16. Early detection and treatment of mental health problems in children 17. Improving the early detection and management of people with common and severe and enduring mental health needs 18. Ensuring the earlier detection and treatment of dementia and support for people with dementia and their carers

G developed.

G

Progressing actions from EOL workstreams as part of step up program .

Full programme of work with schools to promote good mental health and wellbeing and to detect early those children and young people who are striggling. Promotion of good adult mental health through cultural activities (e.g. Five Ways to Wellbeing, Books on Prescription, the 'Yellow Book', Reading Groups), Healthy Workplaces. Mental health awareness training for front line staff e.g. police, housing officers. Involvement in local 'Time to Change' programme aimed at reducing stigma related to mental health.

Action plan being developed for this priority.

See 15.Plus services to prevent escalation of mental health problems in children and young people G e.g. 'Thinkwise' and Teenage Mediation Services. Also working with CCGs to improve physical health of those with severe and enduring mental health needs.

Dementia Services Memory advisory service extended and VSO s re commissioned. Review

G delayed but ongoing.

Dementia Strategy Review underway and will be completed by March 14



APPENDIX B - Health & Wellbeing Board Dashboard

Childrens Board		40	
		Exception Indicators	
Priority		Indicator	Comment
1. Supporting positive outcomes for children and families	1 2		For increased Breastfeeding, Rutland is included in East Locality. The localities are as reported by Public Health. Both Localities are close to their respective targets.
2. Improve health and educational outcomes in looked after children	2 11		Foundation Stage Inequality Gap is a new measure. Leicestershire is better than the national average. Pupils accessing Pupil Premium achieve closer to the national average is the earliest measure of Pupil Premium performance and is new for 2013.
3. Provision of high quality maternity services	1 1	Health Visitor management report routine registration of all children to the Children's Centre programme. The Children's Centre programme report rates of community penetration of 80% as a minimum.	Data provided by Research and Insight from the Capita system. Not all local information has fully migrated to Capita so actual figures are likely to be higher. Ofsted rate services as good if they have a registration figure or 80% and above.
 Ensuring a good transition between child and adult services for children with complex physical and mental health needs Early detection and treatment of mental 	2 4		Young carers, and parents and carers of disabled children and young people are supported and 'Number of young carers, their profile and needs are established are both green. The majority of the milestones within the 2013/2014 timescale have been met. Young Carers known to services have been identified and their profiles mapped, including disabled children and young people. There is as yet no release of data for the number of Young Carers identified across Leicestershire through the 2011 Census return.
health problems in children			developments.
Staying Healthy Board		-	
Priority		Exception Indicators	Comment
 Increasing the number of children and adults who are a healthy weight. 	1 5	PHOF 2.22ii: Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year	Invites remained stable for Q3 2013/14 but proportion of checks completed
 Reducing the harm caused by drugs and alcohol 	2 3		
7. Improving sexual health services	1 1 2	PHOF: 3.02: Chlamydia diagnoses (15-24 year olds)	This data relates to Q2 only. The diagnosis rate overall is low compared to England average however the rate for non GU settings is close to England Average. Since coverage is significantly higher than England average this suggests a low prevalence in Leicestershire. People presenting with HIV at a late stage of infection is an improvement on 2009/11 and is not significantly different to the England average of 48.26. Counts of new diagnosis in leicestershire are low.
8. Further reducing the prevelance of smoking	1		Leicestershire's tobacco control program continues to maintain its focus on reducing smoking prevalence and it is worth noting that local prevalence remains below both the England and East Midlands average
Reducing the number of people who die prematurley from cancer	1 2	PHOF: 4.05 Mortality from cancer (NHSOF 1.4)	A decrease in rate was recorded from 2008-10 data. Although the rate is above the set target the rate remains significantly lower than England average (108.1
15. Positive mental health promotion	1 3 3	PHOF 2.23iv: The percentage of respondents scoring 4-10 to the question "Overall, how anxious did you feel yesterday?"	Public Health are currently commissioning/delivering or working in partnership on a range of mental health promotion/mental illness prevention initiatives in adults that will impact on this measure including MH awareness training for front line staff-police, probation workers and housing officers to help identify and signpost individuals with MH issues, the 'Time to Change' campaign and Books on prescription
17. Improving the early detection and management of people with common and severe and enduring mental health needs	1 1		
Life Expectancy & Health Inequalities	2 2		A wide range of work arising from the Joint Health and Wellbeing Strategy will be impacting on life expectancy
Reducing premature mortality from the major causes of death	2		
Integrated Commissioning Bo	ard		
		Exception Indicators	
Priority 10. Providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes	2	Indicator	Comment Following an increased number of 18-64 admissions to residential and nursing care during the first half of the year, the third quarter admissions have been slightly lower. The growth in the full year forecast has stabilised albeit higher than the 2012/13 position. With regards admissions of those aged 65+, the reduction in admissions through the autumn has also

11. Improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions

1 3 2

aged 65+, the reduction in admissions through the autumn has also continued during quarter 3. Emergency admissions for acute conditions are: WL CCG - against 926.82 12/13 Outturn EL CCG - against 993.23 12/13 Outturn Readmissions within 30 days are: WL CCG - against 5192 12/13 Outturn EL CCG - against 5192 12/13 Outturn EL CCG - against 5192 12/13 Outturn There has been an increased number of delayed transfers of care since September 2013 that are attributable to adult social care and jointly with the NHS.

12. Improving the management of long term conditions	1		Unplanned hospitalisation for chronic ambulatory care conditions is at: WL CCG - against 725.96 12/13 Outturn EL&R CCG - against 763.24 12/13 Outturn
13. Ensuring care homes adhere to the highest standards of dignity and quality ensure carer training in organisations is improved	1		Indicators for this section will be reassesed to provide more meaningful data specific to care home standards.
14. Improving the provision of end of life care and support for people who wish to die at home and support for their carers	1 2		Data relates to the percentage of deaths at home. This does not include peoples usual residence if this is a care home. Number of deaths occuring in usual place of residence for CCG's falls into Top quartile for EL&R and WL
18. Ensuring the earlier detection and treatment of dementia and support for people with dementia and their carers	1	NHSOF 2.6 i Estimated diagnosis rate for people with dementia	Definition: No. of people with dementia on the dementia registers as a % on the dementia toolkit (prevalence). Please note 13/14 Dementia data not available due to changes in GP systems - Implementation of CQRS system means data will not be available until Spring 2014.
We will provide effective, efficient and integrated services for people with Learning Disabilities	1 3		Whilst we remain in the bottom quartile performance is improving for adults with a learning disability living in their own home or with their family. This has been supported since the introduction of the supported living programme.
We will ensure that Adult Health and Social Care service users have choice and control and access the right support in the right place at the right time	1	ASCOF 1C Proportion of people using social services who receive self-directed support, and those receiving direct payments	Different authorities count this indicator differently, some include reablement and equipment in the denominator whilst others do not, so not truly comparable. Recognised as a flawed indicator and definition will be changed with the new ZBR returns

APPENDIX C - Health & Wellbeing Board Dashboard

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Providers Supporting Indicators	Exception Indicators	
UHL	Indicator	Comment
	5	At October, 18 week targets for admitted patients was not achieved. WL CCG and EL&R CCG were 89.6% against a target o 90%.
Diagnostic Waiting Time 3	2 ED Waiting Time < 4 Hours ED Handovers between ED & Ambulance 30 mins Delayed Transfers of Care - no. of patient as a % of occupied bed days	As at 14.01.14, Accident and Emergency v 88.45%, against a target of 95% for patien to be admitted, transferred or discharged within 4 hours. e < At November 2013, 14% of handovers between ambulance and A and E took pla in over 30 minutes against a zero tolerand ts As at 02/01/14, 4.39% were delayed again a national target of 3.5%.
Cancer 62 Day Waiting Time (All 1	1	At November 2013, WL is achieving the 85 standard with EL&R CCG reporting 83.5% This is an improvement on August 2013 position.
Hospital Quality 5	Cancelled Operations Never Events Safety Thermometer (% No Harms) Pressure Ulcers (avoidable Grade 3 & 4) Pressure Ulcers (Grade 2)	At November 2013, 94.8% of patients were seen against a target of 95%. At December 13 there had been 2 Never Events reported. At December 2013, 94.6% of patients are harm free against a standard of 95%. At December there has been 55 avoidable
EMAS		At December 2013, Category A (8 minutes
Ambulance Response Times		Red 1 for EMAS is 71.09% and Category A Red 2 is 77.1% against a target of 75% ar Category A (19 minutes) EMAS is 93.46%
Efficient Services 2 1	Occupancy Rate - Community 3 % Delayed Patients (DToC) - Community	against the commissioner target of 2.12% for the month
Quality - Safe Care	3 STEIS - SI actions plans implemented within timescales	Performance against this indicator for the month of December is 79%, this is the re- of 15 SI Plans implemented within times o out of a total of 19.
CCG Indicators		
Supporting Indicators	Exception Indicators	
West Leicestershire CCG Domain 2 Enhancing quality of life for people with Long Term Conditions Domain 3 Helping people to recover		Comment
from episodes of ill health or following 2 injury		
	1	
Domain 5 Treating and caring for people	Incidence of health associated infection MRSA Incidence of health associated infection CDIFF	in line with NHS England requirements
positive experience of care Domain 5 Treating and caring for people in a safe environment and protecting 2	MRSA Incidence of health associated infectio	in line with NHS England requirements Protocol in place for all C diff cases Reduction in Emergency Admissions fr
positive experience of care 1 Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm 2	MRSA Incidence of health associated infectio CDIFF % reduction in emergency admissions from care homes. (No. of emergency admissions reporte % of people who enter psychological	 in line with NHS England requirements Protocol in place for all C diff cases Reduction in Emergency Admissions fr Care Homes: As at November 2013 the figure has been set of the figure has been set of
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positive experience of care 1 Domain 5 Treating and caring for people 2 in a safe environment and protecting 2 them from avoidable harm 2 Local CCG (West) 2 2 East Leicestershire & Rutland CCG 2 2 Domain 2 Enhancing quality of life for people with Long Term Conditions 2 2 Domain 3 Helping people to recover from episodes of ill health or following injury 2 2 Domain 4 Ensuring that people have a 2 2	MRSA Incidence of health associated infectio CDIFF % reduction in emergency admissions from care homes. (No. of emergency admissions reporte % of people who enter psychological therapies	 in line with NHS England requirements Protocol in place for all C diff cases Reduction in Emergency Admissions fr Care Homes: As at November 2013 the figure has been on target. As at November 2013 the figure has been As at November 2013 the figure has been