



Leicestershire Joint Health and Wellbeing Strategy

2017-2022

1. Foreword



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As chair of the Leicestershire Health and Wellbeing Board, I am proud to present the Health and Wellbeing Strategy 2017-22 for Leicestershire. The Board is a partnership between health and social care and a range of other organisations with an interest in improving the health and wellbeing of the people of Leicestershire including the Police, county and district councils and patient representatives.

Over the next five years, Leicestershire's Health and Wellbeing Board in partnership with others, aims to improve health throughout people's lives and reduce health inequality by focussing on the needs of the local population.

Across the country, the health system and other public services are changing rapidly to meet increasing demand and financial challenges. In order to do this, health and social care must work much more closely together. In Leicestershire, there has been great progress through the implementation of the Better Care Together programme with Leicester and Rutland and the Better Care Fund which focuses on the county.

Leicestershire has the potential to be one of the healthiest places in England if we focus on the areas identified in this strategy. Whilst the county is generally a rural and affluent area there are big health challenges facing us in the future. Our population is growing, with a large increase in the number of older people over the next 20 years. There is still inequality in health outcomes between different people and places which needs to be addressed, many of these are driven by the things in all our lives that affect our health and wellbeing such as our housing, employment and wider environment. By working with our children to ensure they get the best start in life we can maximise the benefit throughout their lives and expect better health in the future population. Mental health issues will affect at least one in four people at some point in their life, we value mental health and wellbeing as being equally important as our physical health and have included this as a key outcome that requires action. We have put a focus on prevention and early intervention which will help people to stay well for longer.

To deliver our vision, we have focussed on priorities which have the most potential to reduce health inequalities, which have the biggest impact on the people of Leicestershire and involve our member organisations working together in partnership.

2. Introduction

2.1. Background

Leicestershire's Health and Wellbeing Board is made up of local councillors, GPs, health and social care officials and representatives of patients and the public. The board was set up to lead and direct work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and social care services. Health and Wellbeing Boards have been introduced across all local authorities with responsibility for social services by the government to develop and deliver a joint health and wellbeing strategy which will set the local framework for commissioning integrated public health, health and social care services that meet the needs of the whole local community.

This Strategy outlines the Leicestershire Health and Wellbeing Board's approach to reducing health inequalities and improving health and wellbeing outcomes for the people of Leicestershire. The Board has identified health needs and priorities across Leicestershire and used this information to prepare and publish the Joint Strategic Needs Assessment (JSNA) 2015. The process of developing the Joint Strategic Need Assessment identified the current and future health and wellbeing needs of the local population, and has informed the priorities and targets for the Strategy. Extensive engagement with partners, organisations and service users has shaped this Strategy; both through work on the JSNA and other exercises carried out across the sector.

The Joint Health and Wellbeing Strategy provides the vehicle for delivery of progress against the priorities identified in the Needs Assessment and leads to agreed commissioning priorities across the partner organisations and informs all policy making to support better health and wellbeing.

The refresh of the Joint Health and Wellbeing Strategy 2017 has taken into account the progress made against the priorities in the previous Strategy 2013, the results of the 2015 Joint Strategic Needs assessment and the ongoing integration of health and social care services across Leicester, Leicestershire and Rutland. The new Strategy is a five year strategy which runs from 2017 to 2022.

This Strategy seeks to provide a clear picture of existing activity across the health system in Leicestershire, to reflect the shared vision and ambition of the Health and Wellbeing Board and identify the key priorities for the board for the next 5 years. The Strategy reflects the Health and Wellbeing Board's role to support good health and wellbeing, reduce inequality, and enable the shift to prevention, early intervention and embedding 'health in all

policies'. Through acknowledging the important work of all partners such as the Police, District and Borough Councils and voluntary and community organisations it aims to encourage wider stakeholders to understand the health and wellbeing priorities for Leicestershire and make their own contribution and understand where they 'fit' into the bigger picture.

2.2. The Context

2.2.1. The national picture

The Leicestershire Health and Wellbeing Strategy 2017 has been developed following a time of rapid change across public finance and the statutory framework for services set by national government. This transformation is fundamental to the way health and social care services are delivered in the county with the aim of delivering efficient and effective integrated services within the constraints of reduced budgets across public services now and in the future.

The NHS Five Year Forward View (2014) set out a new shared vision for the future of the NHS based around new models of care and the need to address existing health and wellbeing; care and quality; and funding and efficiency gaps.

2.2.2. The Local Picture

This Strategy does not exist in isolation and does not attempt to include all the issues that exist in Leicestershire nor all the valuable activity that is already being delivered. It aims to reflect existing initiatives (outlined below) that have been developed to address the issues facing the county and to focus on key priorities to improve the health and wellbeing of people across Leicestershire.

Leicester, Leicestershire and Rutland Sustainability & Transformation Plan

In December 2015, the NHS shared planning guidance 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Leicester, Leicestershire and Rutland constitutes one of 44 STP 'footprints' across England which aim to deliver plans that are based on the needs

of local populations. The footprint has been locally defined, based on natural communities, existing working relationships, patient flows and takes account of the change needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints.

Health and Social Care Integration in Leicestershire

The Better Care Fund (BCF) is one of the most ambitious programmes across the NHS and local government to date. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems.

The Better Care Fund (BCF) Plan 2015 - 2017 for Leicestershire is a two year plan to deliver more joined up care for the population using a pooled budget. The interventions within Leicestershire's BCF plan are designed to transform how integrated care and support is experienced by local people, particularly outside of hospital.

2.2.3. Leicestershire and its people

The mid-2014 population estimate for Leicestershire was 667,900 and the county comprises seven local authority districts, each with its own distinctive character. Leicestershire is a predominantly rural County and has over 300 settlements with a population of fewer than 10,000 people. The majority of these are very small, with nearly half having a population of fewer than 250.

The county faces the combined challenge of an ageing population with a reduction in the working age population over the next 20 years. The population of Leicestershire is projected to grow by 14.7 percent by 2037 from 2012. The over 65 population is predicted to grow by 72.7 percent while the 85 and over population is predicted to grow by 186.8 percent. The population aged 40 to 44 is projected to decrease by 10.5 percent and 9.4 percent for residents aged 45 to 49. The rural population represents 30% of the population in the county and is growing more slowly but growing older more rapidly than the county as a whole.

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 preventable ill health, particularly in working age adults. Health needs increase with age. Understanding the population that have health and care needs which limit their activities of daily living will help us to target preventative services to reduce longer term dependency on services.

The population growth patterns in Leicestershire have implications for the provision of services for older people. There will be more older people with complex needs who will require input from all parts of the health and social care system. However, the reduction in working age adults suggests that there will be challenges in providing unpaid informal care and the health and wellbeing needs of carers need to be addressed to maintain independence and support people to manage their own health and care needs. 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.

Leicestershire is an ethnically and culturally diverse county, benefiting greatly from close links with Leicester, one of the most culturally diverse cities in the UK. International migration has had, and will continue to have, an impact on both service provision/access and community cohesion across the county, as new arrival communities integrate into existing communities both within Leicestershire and Leicester.

The vast majority of the county population (91 percent) belong to White ethnicities, including White British and White Irish. This equates to almost 600,000 people. The next largest ethnic group in Leicestershire is Asian, which constitute 6.3 percent of the population, followed by the Mixed or Multiple Ethnic Group with 1.7 percent and Black, with 0.6 percent. There are differences in the diversity of communities across the county with the highest diversity around Leicester and in Loughborough.

The level of moderate to severe physical disabilities in 18 – 64 year olds is predicted to stay constant in Leicestershire until 2030 at a level of just over 40, 000 people. It is anticipated locally that the number of children with SEND will increase. People with learning disabilities are more likely to experience health inequalities and have lower life expectancy than the rest of the population and this needs to be addressed.

Leicester and Leicestershire functions as an integrated economic area in terms of travel-to work patterns, retail and cultural catchments and transport links. It benefits from a diverse industrial structure and is not dependent on the fortunes of any one sector or employer. The west and north-west of the county have a strong industrial heritage of manufacturing and mining industries and are more densely populated and situated along major motorway routes. In the north, the town of Loughborough hosts a university and a higher density urban population.

Leicestershire is a relatively affluent County and experiences very low levels of social-economic deprivation overall. Even so, pockets of significant deprivation exist, with some neighbourhoods in Loughborough and Coalville amongst the most deprived neighbourhoods in England and all districts have areas that are in the most deprived 20-40% of areas in England.

In 2010-12 life expectancy at birth for males in Leicestershire was 80.1 years and for females it was 84.0 years. This is significantly higher than the average for England. However, health life expectancy was 64.9 years for males and 66.7 years for females. For 2010/12 the gap in life expectancy between the most deprived areas and the least deprived areas is 6.1 years for males and 5.2 years for females.

This life expectancy gap is driven by inequality in deaths from circulatory diseases (heart disease and stroke), cancer and respiratory diseases. The biggest preventable risk factors for these conditions relate to lifestyles, including smoking, poor diet, alcohol and increasingly, sedentary behaviour and low levels of exercise. These 'health behaviours' are in turn affected by people's life chances, access to education, employment and the environment in which they live (the 'wider determinants of health'). This means that the opportunities to improve the health for everybody in Leicestershire will come from the collective efforts of all parts of society.

The NHS Five Year Forward View states "if the nation fails to get serious about prevention then recent progress in health 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 Leicestershire Health and Wellbeing Strategy aims to support this shift to prevention whilst still meeting the needs of those that need health and social care services.

Detailed evidence and background

Leicestershire's Joint Strategic Needs Assessment (2015) provides the detailed information and evidence which forms the basis for the priorities in the Joint Health and Wellbeing Strategy 2017 – 22. It includes analysis by life course stages and a number of health conditions and is available at www.lsr-online.org/leicestershire-2015-jsna.html

3. Our approach

3.1. Vision

“We will improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources.”

3.2. Board Principles

At a time of increasing demand and reducing resources it is clear that partners need to work together more proactively to maximise their impact for the good of the people of Leicestershire.

In order to meet this challenge, the Health and Wellbeing Board have agreed a number of principles which will govern the way they will work together to add years of healthy life and reduce inequality through a proactive and collaborative approach.

The Health and Wellbeing Board will provide leadership and champion opportunities to improve health and wellbeing outcomes for everybody in Leicestershire by:

- (a) Putting health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, employment, housing, environment, planning and transport.
- (b) Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.
- (c) Working together in partnership to deliver a positive, seamless experience of care which is focussed on the individual to give the right support, in the right place, at the right time.
- (d) Listening to our population, building on the strengths in our communities and using place based solutions.
- (e) Having a clear strategic understanding of the roles and responsibilities of all partner organisations and how innovation and collaboration can improve health and wellbeing through support and challenge.

4. Better health and wellbeing outcomes for Leicestershire

In order to achieve the vision for Leicestershire, there are a number of health and wellbeing outcomes that need to be achieved. The specific needs of the Leicestershire geography and population must be considered if we are to reach the ultimate goal of improved health and wellbeing for all.

The following outcomes reflect the health and wellbeing conditions that we want to achieve in Leicestershire over the next five years.

- 1. The people of Leicestershire are enabled to take control of their own health and wellbeing;**
- 2. The gap between health outcomes for different people and places has reduced;**
- 3. Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing;**
- 4. People plan ahead to stay healthy and age well and older people feel they have a good quality of life;**
- 5. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course;**

Delivering the outcomes; focussing on our priorities

To enable progress towards the vision it is important to focus on which challenges need to be tackled as a priority. The Health and Wellbeing Board will seek to deliver the outcomes for Leicestershire by focussing on goals that have the most potential to reduce health inequalities; that require collaborative working across the partnership and which will have the greatest impact on Leicestershire people. In addition, each of the priorities will support the Board to make the best use of resources, often through investing in early intervention to avoid higher costs in the future. It is recognised that there is much additional existing activity within partnerships, organisations and services that is not included here which will contribute to the outcomes and vision. The priorities below are considered the most significant challenges to success and are best tackled together.

Outcome 1:

The people of Leicestershire are enabled to take control of their own health and wellbeing

We will:

- 1.1. Use our influence to advocate the importance of all public policy making in improving the external factors that affect people's health and wellbeing.
- 1.2. Use our influence to advocate the importance of housing for good health with a focus on maximum independence for the ageing population and disabled people both now and in the future.
- 1.3. Use our influence and control to advocate and offer good quality employment for all for health and wellbeing.
- 1.4. Enable people to stay safe, well and healthy for longer with independence and connection to their community and provide targeted support for those most at risk of poor health and wellbeing.
- 1.5. Provide care closer to home and enable local communities to help themselves through strong and vibrant community networks to reduce avoidable pressure on acute hospitals.
- 1.6. Identify, recognise, value, involve and support carers of all ages.

Outcome 2:

The gap between health outcomes for different people and places has reduced

We will:

- 2.1. Improve our understanding of the people with the worst health and most at risk within the Leicestershire population; who they are and where they are.
- 2.2. Use evidence to improve the targeting of activity to reduce health inequality between people and places based on local need.
- 2.3. Work in partnership to improve outcomes for people with disabilities throughout their lives.

Outcome 3:

Children and young people in Leicestershire are safe and living in families where they can achieve their potential and have good health and wellbeing

We will:

- 3.1. Ensure the best start in life for children and their families.
- 3.2. Work proactively in partnership to keep children and young people safe and free from harm and sexual exploitation.
- 3.3. Support those families identified as most troubled to become self-sufficient and resilient.
- 3.4. Enable children with special educational needs, and/or disabilities and their families, to become increasingly independent through personalised, integrated care and support.
- 3.5. Enable children in care to experience good physical and mental health throughout their lives.

Outcome 4:

People plan ahead to stay healthy and age well and older people feel they have a good quality of life

We will:

- 4.1. Improve the diagnosis and support for self-management of long term conditions.
- 4.2. Improve the early detection and treatment of cancer.
- 4.3. Plan for the ageing population and the needs of the increasing number of frail older people to minimise avoidable time they spend in hospital.
- 4.4. Encourage people to plan for the end of their life in the place of choice and provide support to them and their carers.

Outcome 5: People give equal priority to mental health and wellbeing and can access the right support throughout their life

We will:

- 5.1. Provide positive mental health promotion and improve awareness of risk factors for poor mental health to increase resilience.
- 5.2. Improve access to mental health services for all ages to promote recovery and independence.
- 5.3. Increase the early detection and treatment of mental health and wellbeing needs for children and young people.
- 5.4. Increase the early detection and improve the management of dementia.

5. Monitoring and managing progress

Monitoring progress

The Health and Wellbeing Board will receive regular performance reports on the headline indicators linked to the five outcomes and priority objectives. Additional key performance information will be reported as required to meet the Board's responsibility to have oversight of effective health and social care delivery across Leicestershire.

The Board will build on existing delivery channels to ensure the priorities are addressed. An annual update report on the delivery of the strategy will be provided to the Board in January and a review will be completed to recommend any changes required to reflect new priorities and activity. The performance framework will be used to highlight any areas of concern for the Board's consideration.

Governance

The Health and Wellbeing Board is responsible for overseeing the delivery of the Joint Health and Wellbeing Strategy 2017 – 22 and will continue to have formal links to the Better Care Fund Integration Executive and Unified Prevention Board to approve Leicestershire plans.

The Health and Wellbeing Board will continue to have strong representation in the plans being developed for health and social care across Leicester, Leicestershire and Rutland.

The Health and Wellbeing Board will continue to receive updates and develop further links and assurance with other Boards and Partnerships to deliver against the Strategy.



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