

# Joint Health and Wellbeing Strategy priorities

Priorities	Actions	Outcomes	Milestones	Governance / Assurance / Monitoring board
<b>Managing the shift to early intervention and prevention</b>				
We will maintain or increase the number of children and adults who are a healthy weight, through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating	Tackling obesity is a complex challenge requiring long-term and sustained interventions aimed at an individual, family, community and cultural level, over a number of decades. Locally and nationally we are still at the very early stages of developing effective interventions and are still learning what interventions will have the greatest impact. Within Leicestershire, we are planning to develop a comprehensive and diverse obesity strategy across three key areas: Maintaining a healthy Weight, Physical activity and Food and Nutrition (including food sustainability)	<p><b>We will reduce the prevalence of overweight and obesity in 4-5 and 10-11 year olds (PHOF 2.06)</b></p> <p><b>We will reduce the prevalence of overweight and obesity in adults (PHOF: 2.12)</b></p> <p><b>We will reduce the proportion of physically inactive adults and increase the proportion of physically active adults (PHOF: 2.13)</b></p>		<b>Staying Healthy Board / Healthy weight strategy group</b>
	1) We will continue to take a whole systems approach to addressing healthy weight in schools and early years settings. We will continue to expand the children's weight management programme and strengthen prevention and education in schools through investment in new "Food routes" and "Big cook little cook" programmes. There will be a new focus on nutrition and food sustainability, through investment in "Food for life" programmes across schools, Master Gardeners community projects and an expansion of adult learning "Basic cookery skills" courses.		1a) Increased access to breastfeeding peer support workers (by Sept 2014); 1b) Increased uptake of Healthy Start vitamins, including families; (by Sept 2014) 1c) Increased number of overweight children (and their families) supported by specialist led weight management programmes (eg Family Lifestyle Club), and the availability of services to make them more easily accessible and convenient; (64 Specialist children's weight management clinics to be held in 2013-13) 1d) Introduce improved systems to increase the number of referrals to the FLIC programme, through improved links to other children's health improvement programmes; (eg • 10 schools recruited to deliver Food routes / Big cook little Cook in 2013-14); 1e) In 2013-14, procure new "Food for Life" style, school based food culture programme across all Leicestershire districts; 1f) In 2013-14, procure new "Physical literacy" programmes for 0-5s and 5-11 year olds in early years settings and primary school settings.	Healthy weight strategy group
	2) We will continue to increase adult weight management programmes through new investment in "Tier 1" universal services delivered by the commercial sector, in addition to investment in "Tier 2" LEAP adult weight management services, which be delivered in all districts for the first time.		2a) Lifestyle, Exercise and Physical Activity (LEAP) programme to deliver sustainable weight management programme in every district of Leicestershire by end of 2013-14. - 28 programmes to be delivered per year to be run annually across Leicestershire in Districts and Rutland County. 420 participants to be assessed for inclusion into the LEAP programme; 2b) Procurement of population scale, community based weight management services in 2013-14, delivered by commercial sector providers.	Healthy weight strategy group
	3) Physical activity programmes will continue to be a central component of our strategy. We will be investing in new programmes developing physical literacy in 0-5s and 5-11s. Exercise referral and Heartsmart (cardiac rehab through physical activity) will receive additional investment in 2013-14.		3a) In 2013-14, procurement of new physical activity programmes for older adults; 3b) Continue the expansion of "Exercise on referral" and "Heartsmart" (Cardiac rehab) programmes and the integration of these programmes with new and existing district based services; New Leicestershire target of 2500 exercise referral assessments in 2013-14, New Leicestershire target of 200 Heartsmart assessments in 2013-14. 3c) New service specifications to be developed for physical literacy programme for 5-11 year olds, with strategic partners.	Healthy weight strategy group
	4) In 2013/14 we will scope the work needed to progress the Healthy Weight Healthy Lives Strategy which aims to promote a single co-ordinated approach to improving nutritional wellbeing. Malnutrition in the form of obesity may be a leading threat, especially for children and the younger population. However, the effects of being underweight/under-nutrition and malnutrition, particularly amid the increasing elderly demographic cannot be under estimated. We will consider medical, social and psychological influences, establish the cost benefits and start to identify practical solutions.		4a) To ensure that all partners work together on a single co-ordinated approach to improving nutritional wellbeing across Leicestershire (set up new strategy development group in May 2013. Develop action plans for key areas of work by Dec 2013)	Healthy weight strategy group

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We will reduce the harm caused by alcohol and drugs	Substance misuse has a far reaching impact on individuals, families and communities. To reflect this, the Substance Misuse Partnership Board is 'Working together to make Leicestershire a healthier and safer place by reducing the harm and inequalities caused by substance misuse, in a sustainable and cost effective way.' The four priority outcomes of the Board relate to health and wellbeing, crime	<b>We will increase the proportion of service users that successfully complete drug treatment (PHOF 2.15)</b> <b>We will reduce the proportion of the population that are admitted to hospital for alcohol related causes (PHOF 2.18)</b>		<b>HWB / Substance Misuse Partnership Board</b>
	1) Strategic leadership : Strengthen and re-focus the Substance Misuse Partnership Board and wider strategic leadership.		1a) Review the terms of reference of the Board, including supporting structure, governance arrangements and membership by 01/07/13. 1b) Develop a comprehensive substance misuse strategy and delivery plan, building on recent needs assessment and incorporating Community Budgets alcohol delivery plan by 01/07/13. 1c) Re-establish Substance Misuse Clinical Forum to share best practice and improve join up across the treatment system by 01/09/13.	Substance misuse partnership board
	2) Frontline training and brief advice: Build the capacity of frontline staff and extend initiatives to deliver information and brief advice (IBA).		2a) Substance misuse awareness training rolled out to key staff groups from 01/04/13. 2b) Incorporation of alcohol IBA into the NHS health checks programme from 01/07/13. 2c) Evaluation of Healthy Living Pharmacy (including alcohol IBA) pilot by 31/10/13, with roll out across Leics from 01/11/13 if appropriate. 2d) Extension of NHS Making Every Contact Count (MECC) programme, including training and delivery by key staff groups beyond the NHS from 01/04/13.	Substance misuse partnership board
	3) Shared care: Strengthen and extend arrangements for sharing treatment between specialist and general practice services.		3a) Enhance the role of General Practitioners with a Special Interest in Substance Misuse as a critical link between specialist and general practice services, reflected in revised contract by 01/06/13. 3b) Revise the specification of the GP shared care scheme, including clarification of roles and embedding of recovery by 01/07/13. Further review alongside alcohol IBA service by 31/12/13.	Substance misuse partnership board
	4) Recovery and reintegration: Understand existing recovery capital and embed initiatives that support the recovery and reintegration of substance misusers.		4a) Undertake a review of recovery capital across the substance misuse treatment system by 01/09/13. 4b) Implement a range of recovery initiatives, including mutual aid, self help and peer mentoring, from 01/04/13. 4c) Embed recovery into the specification of current services, including GP shared care scheme and specialist service for alcohol high impact users (individuals who regularly attend acute hospitals with an alcohol specific diagnosis).	Substance misuse partnership board
	5) Emerging drug trends: Understand trends in legal highs (also known as Novel Psychoactive Substances) and raise awareness of associated risks.		5a) Launch <i>Legal Highs, Lethal Lows</i> harm minimisation campaign, with focus on night time economy. Campaign including phone app, radio and online marketing and social networking (Spring/Summer campaign launch 29/04/13). 5b) Festival and Freshers initiatives encouraging safer choices and harm minimisation amongst young people, including branded material, radio and print media and events from 01/07/13. 5b) Health needs assessment of emerging drug trends in young people to inform future strategy by 01/07/13.	Substance misuse partnership board
	6) Children, Young People and Families: Integrate substance misuse prevention and early intervention initiatives into emerging children and young people's service framework.		6a) Achieve clear understanding of the new structures and points of engagement with CYP services (Sept 2013) 6b) Secure engagement of CYP management in Substance Misuse Delivery Plan (September 2013) and agree specific activities with CYP Teams (Oct 2013). 6c) Participation in Substance Misuse training for identified staff (from Jun 2013). 6d) Promote and support the delivery of substance misuse in Personal and Social Health Education, alongside other health priorities, through Healthy Schools programme (Sept 2013). 6e) Children's Centres having in place a recognised intervention for affected children to minimise the impact of parental substance misuse (Jan 2013).	Substance misuse partnership board
	7) Crime and disorder: Manage the transition of criminal justice substance misuse services following re-procurement to ensure service provision is not destabilised.		7a) Manage the mobilisation phase of the service and it's new partners to ensure continuity of provision (from 01/07/13). 7b) Review strategic partnership arrangements for the commissioning of criminal justice services (01/09/13), reflecting any new requirements contract management.	Substance misuse partnership board

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We will improve sexual health services for the Leicestershire population	We will improve the provision of sexual health services by procuring an integrated sexual health service and reviewing the appropriateness of services across primary care and voluntary sector.	We will continue to increase the proportion of the population aged 15-24 that are diagnosed with chlamydia (PHOF: 3.02) We will reduce the proportion of people presenting with HIV at a late stage of infection (PHOF 3.04) We will continue to reduce the rate of under 18 conceptions (PHOF 2.04)		<b>HWB / Staying Healthy / Teenage Pregnancy Executive</b>
	1) Procurement of new integrated sexual health service across Leicester, Leicestershire & Rutland, incorporating open access GUM, Contraceptive Services & Chlamydia Screening. 2) Review of Sexual Health services in primary care.		1) Integrated Sexual Health Service to be procured and operational by 2nd January 2014. 2) Review to be completed by end of 2013/14	Staying Healthy / CCGs
	3) Review of voluntary sector SH/HIV service contracts to ensure targeted approach to prevention for the most at risk populations.		3) Review completed by September 2013 to inform 13/14 commissioning round	Staying Healthy
	4) Local engagement in delivery of HIV Prevention England campaigns for most at risk populations		4) Work with local HIV voluntary sector organisations to establish plan May 13; delivery of plan June onwards; Evaluation & feedback February/March 14	Staying Healthy
	5) Local implementation of national 3C's ( chlamydia, contraception, condoms) pilot project to improve chlamydia screening/sexual health offer to 15-24's from general practice.		5) 3C intervention to be offered in practices July 2013 onwards	Staying Healthy / CCGs
	6) Deliver the annual multi-agency work plan of the Teenage Pregnancy Executive		6) TP Plan to be delivered throughout 2013/14	<b>Staying Healthy and Teenage Pregnancy Executive</b>

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<b>Managing the shift to early intervention and prevention</b>				
We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking	Cigarette smoking is the greatest single cause of illness and premature death in the Leicestershire. Tobacco-free Leicestershire & Rutland (TLR) is the local tobacco control alliance and has the agreed mission to reduce the prevalence, power and influence of tobacco through advocacy, education and community organization. The 2013-14 fiscal year will see continued expansion of the tobacco free young person program and an increased focus on illicit	<p><b>We will reduce the proportion of adults that smoke (PHOF 2.14)</b></p> <p><b>We will reduce the proportion of children that smoke (PHOF 2.09)</b></p> <p><b>We will continue to increase the proportion of adults that are able to access smoking cessation services</b></p>		<b>HWB / Staying Healthy / Tobacco-free Leicestershire and Rutland</b>
	1. Building capacity for the enforcement aspect of the tobacco control program through Trading Standards.		1. Local to Leicestershire; a new, illicit-tobacco focused Trading Standards officer and illicit tobacco pilot project to begin September/ October 2013 that are intended to generate usable intelligence to address the issue of illicit tobacco. Additionally, a regional Trading Standards position to coordinate illicit tobacco (and alcohol) activity with regional and national partners (HMRC, UKBA, etc) will begin for the East Midlands by Autumn 2013.	Tobacco-free Leicestershire & Rutland (TLR)
	2. Improve awareness and support of tobacco control services and programs through better use of advocacy, media and social media.		2. A renewed engagement and communications plan will be ready in May 2013. There will be local tie-in to national campaigns such as No Smoking Day (March), Stoptober (October) and World No Tobacco Day (May) and others as opportunity arises. Step Right Out campaign to be re-launched in May/ June with website.	Tobacco-free Leicestershire & Rutland (TLR)
	3. Continue to improve and increase effectiveness and reach of the Tobacco Free Young Person program.		3. Maintain at least 80% of participating schools in program while adding at least 5 new schools each academic year. Expand Tobacco Free Young Person program to non-school environments (Youth offending Service, Young Person diversion programs, etc).	Tobacco-free Leicestershire & Rutland (TLR)
	4. Evaluate the Tobacco Control program (including stop smoking service) as part of a program of on-going evaluation to demonstrate that 1. the program works, and 2. it provides value for money.		4. Tobacco Control program evaluation to be commissioned during 2013-14 fiscal year. Evaluation report is expected by November 2013.	Tobacco-free Leicestershire & Rutland (TLR)

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We will reduce the number of people who die prematurely from cancer	Cancer is the most common cause for people dying prematurely in Leicestershire. About half of all cancers can be prevented by lifestyle changes including avoiding smoking and excess alcohol and by maintaining an active lifestyle e.g. healthy diet and healthy weight and avoiding excessive sun exposure. Many cancers can also be cured provided they are detected and treated early. Broadly speaking our	<b>We will reduce the rate of premature mortality from cancer (PHOF: 4.05)</b>		HWB / Staying Healthy
		<b>We will reduce the gap in life expectancy and health expectancy between the richest and poorest communities (PHOF: 0.2)</b>		
	1) We will develop a Leicestershire County Council cancer prevention and early treatment group and link and align this group's work with existing and planned cancer work plans in both Leicestershire CCGs.		1a) Development of the Leicestershire County Council Cancer Strategy Group by August 2013; 1b) Develop a Leicestershire County Council cancer prevention and early diagnosis strategy and action plan in 2014/14.	Staying Healthy / CCGs
	2) We will facilitate, promote and increase cancer symptom and cancer screening awareness amongst the public particularly in people at higher risk of developing cancer.		2) Cervical screening social marketing campaign for 25-29 year olds in 2013/14	Staying Healthy
3) We will work with CCG colleagues to address barriers to early presentation and onward referral of patients suspected of having cancer. In doing so we will promote social inclusion to enhance and facilitate access to cancer diagnostic and treatment services and cancer screening programmes.		3) Collaborate with CCGs/GPs to complete Leicestershire GP Cancer audit - to promote understanding of late presentation and diagnosis and barriers to timely diagnosis and treatment and to reduce variability in cancer outcomes	Staying Healthy / CCGs	

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