Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 11 NOVEMBER 2020

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and Clinical Commissioning Group (CCG) performance in Leicestershire and Rutland based on the available data at October 2020.

Background

2. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the CCG Commissioning Support Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

NHS Oversight Framework

3. At a national level the health performance reporting model has been influenced by the NHS Oversight Framework, issued in August 2019. The Framework summarised the interim approach to oversight. The interim Framework has informed reporting related to CCG performance set out later in this report.

4. There are also still a wide range of separate clinical and regulatory standards that apply to individual services and providers. The Public Health Outcomes Framework (PHOF) sets out metrics on which to help assess public health performance and there is a separate framework for other health services. Adult social care outcomes are covered by the Adult Social Care Outcomes Framework (ASCOF) and the Better Care Fund is subject to separate guidance.

Changes to Performance Reporting Framework

5. As well as changes brought about by the Oversight Framework a number of changes have been made to the way performance is reported to the Committee in recent times to reflect comments at previous meetings, including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take account of the above developments, as well as any particular areas that the Committee might wish to see included.

6. The following 4 areas therefore form the basis of reporting to this committee: -

   a. Some contextual information related to coronavirus and Covid-19 locally;
   b. Clinical Commissioning Group (CCG) performance for both West Leicestershire and East Leicestershire and Rutland CCGs;
   c. Quality - UHL Never Events/Serious Incidents;
   d. An update on wider Leicestershire public health outcome metrics and performance; and
   e. Performance against metrics/targets set out in the Better Care Fund plan and in relation to adult care and integration.

Corona Virus and Covid-19 Contextual Intelligence

7. Due to the impact and prioritisation of the Covid-19 response, usual data collection and reporting have been paused in a number of areas. Some elements of national data collection and release, such as around delayed transfers of care, were put on hold to help providers focus on tackling the immediate coronavirus emergency. So previous data is not able to be reported in a small number of areas.

8. Business intelligence services have been redirected significantly to help the NHS, Local Resilience Forum, County Council and other agencies to better understand and help manage the response to the pandemic, including creating a range of new analysis, intelligence sources, statistics, management reporting, system modelling and surveys. These range from covid-19 cases, deaths, excess deaths, bed capacity and modelling, health and care provider intelligence, testing, body storage and crematoria capacity, shielding of vulnerable individuals and vulnerable children's school attendance.

9. Attached as Appendix 1 is the weekly covid-19 intelligence report showing data up to 24 October 2020. This shows the wider context of Covid-19 in Leicestershire including pillar 1 and 2 cases, age profile of cases, district breakdown and per 100k population, cumulative cases per 100k, cases by middle super output area.

10. Appendix 2 covers week 41 (20 October position) in terms of local covid-19 related deaths, excess deaths, areas with a higher percentage of deaths, and

weekly incidence rates and a district level summary. There were no excess deaths in LLR in the latest week and in 14 of the last 16 weeks. There were 8 deaths mentioning Covid-19 on the death certificate in the latest week, up from 5 the week before. UHL are operating within ventilator capacity but are currently experiencing increasing demand.

11. At the time of writing, Leicestershire has a higher rate (but not significantly) of weekly incidence rates for COVID-19 cases than nationally. Despite this, Leicestershire has a lower rate of deaths per 100,000 population than in many areas of the country, with the exception of parts of the south-west which have experienced the lowest rates. However due to progressive local increases as the second wave has developed, the LLR Covid-19 SAGE Alert Group raised the local alert level from 3a to 3b on 26 October. UHL alert level was also raised from level 2 to Level 3 on 26 October. The 7-day average for confirmed Covid-19 cases across LLR is now above 500, with over 600 cases each day between 19 and 22 October.

CCG Performance

Governance and System-wide working

12. As part of LLR CCGs Quality and Performance Improvement Strategy, the CCGs have drawn together separate meetings to form an LLR CCGs' Joint Quality and Performance (Q&P) Committee. The purpose of the committee is to seek assurance and adopt an integrated approach to quality assurance and performance improvement, ensuring the CCGs are compliant with their statutory duties and obligations.

13. In addition to this, a System Quality and Performance Group will be focused on quality assurance and improvement, through continuously improving the performance and delivery of healthcare services, aiming to provide better outcomes to the people of Leicester, Leicestershire and Rutland, ensuring that those services delivered are of high quality, clinically safe and effective, within available resources. The first meeting of the group was held on 22nd October 2020.

14. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Groups. The form and function of these clinically led Design Groups will be developed as they are established. The nine groups are outlined in the following diagram.

15. NHS England and NHS Improvement's (NHSE/I) NHS Oversight Framework (OF) 2019/20 was introduced at the end of August 2019. There is a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals. The specific dataset for 2019/20 broadly reflected previous provider and commissioner oversight and assessment priorities.

16. There has been no update to the NHS Oversight Framework for 2019/20 or 2020/21, which comprises a set of 60 indicators. The metrics are aligned to priority areas in the NHS Long Term Plan.
https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

17. NHSE/I were due to update the NHS Oversight Framework dashboard on the 23rd April 2020, however due to the prioritisation of the COVID-19 response, some national data collection and reporting has been temporarily suspended by NHSE/I. As a result, there has been no further updates to the dashboard since the publication in February 2020. As there has been no additional information provided by NHSE/I since the last report to HOSC (June 20) the full set of metrics

is not included in this section of the report. Locally sourced data is routinely updated and presented to the CCG Quality and Performance Committee and Board.

18. The following table provides an explanation for the key constitutional indicators not being achieved. Locally sourced 2020/21 data has been provided in the table. Details of local actions in place in relation to these metrics are also shown.

NHS Constitution metric and explanation of metric	**Latest 2020/21 Performance**	**Local actions in place/supporting information**
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.	**National Target >85%** August 2020 **ELR (All Providers)** 76% **WL (All Providers)** 78% **UHL (All patients)** 76%	The cancer backlog has been impacted by the current COVID 19 position and is being monitored via the Cancer Design Group and Independent Sector (IS) Cell. The +104 day backlog has reduced. Referrals have returned to pre COVID levels Urgent priority 1 and 2 patients are being seen. Patients are being clinically prioritised in line with national guidance and activity is shifting to the IS providers to support recovery, which is being overseen by the IS Cell. Work is currently ongoing to look at the activity/demand by tumour site and capacity available. Reviewing the gap and planning actions to address capacity needs as capacity will be challenged due to social distancing, donning, and doffing of PPE and air exchange, between patients.
A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department. This measure aims to encourage providers to improve health	**National Target >95%** September 2020 **UHL A&E + UCC's** 79% **UHL ED only** 70% **LLR Urgent Care Centres only** 100%	Performance for September shows a decline compared to August, as attendance has increased. In response to COVID 19, pathway and site changes have been made within UHL. Admission and discharge profiles are currently having minimal delays due to UHL responding to COVID 19. Non-admitted breaches are at a lower rate than expected due to COVID 19 response, however, there has been a rise as ED attendance increases.

outcomes and patient experience of A&E.		
18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.	**National Target >92%** August 2020 **ELR (All Providers)** 51% Total Waiting; 22,036 against a target of <21,309 (Aug plan) of which 946 patients are waiting +52weeks. **WL (All Providers)** 51% Total Waiting; 25,936 against a target of <25,033 (Aug plan) of which 960 patients are waiting +52weeks.	The impact of the COVID-19 pandemic has led to the RTT performance reducing as non-essential activity was cancelled to reduce footfall on hospital sites and free emergency medical bed capacity. There was a rapid change to utilise telephone appointments for patients who have been clinically assessed to not require to physically attend an outpatient appointment. Validation of the waiting list continues to align with national guidance and Trust policy. UHL's Weekly Activity Management meeting in place with each service to support management of their waiting list. Day case and outpatient work continues with the Independent Sector and Alliance, with a weekly call to ensure capacity is utilised and patients are treated in order.
Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure improvements in access to psychological therapy services for people with depression and/or anxiety disorders Recovery levels are a useful measure of patient outcome and helps to inform service development	**% adults accessing IAPT services, from a defined prevalence** **LLR/NHSE/I target >17.3%** YTD July 2020 ELR – 12.3% WL - 13.3% **% of people who complete treatment who are moving to recovery** **National target >50%** July 2020 ELR – 58% WL – 55%	The service has implemented a remote/home working model, offering telephone (assessment and treatment appointments) and online (IESO and Silvercloud) support. In addition, the service is implementing Microsoft Teams live events. A text message has been sent to all patients on waiting lists to let them know the service is still open and working and that the team will be in contact soon to discuss the options open to each patient. Communication has also gone out to GPs as a reminder that the service is still open to referrals. There is significant promotion work on social media and websites to increase referrals.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care,	**National Target >66.7%** Sept 2020 ELR – 62% WL – 64%	There has been an expected dip in the dementia performance over recent months, due to the effect of COVID-19 on services, for example: Memory Assessment Services being paused, Routine CT scanning paused, Face to face assessments commencing in August 2020, Families,

expressed as a percentage of the estimated prevalence based on GP registered populations		carers and patients not presenting to primary care services due to the risks of COVID19. Locally and regionally these issues have been noted and support is being provided, however it will take months to recover to the national ambition, particularly whilst the social distancing directive remains in force and those with a memory concern in many cases falling into a shielding group.

Other Cancer Metrics

19. The August 2020 performance for the Cancer Wait Metrics is set out below: -

Metric	Level	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times					
The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	CCG	August 20	93%	89.4%	91.0%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	August 20	93%	94.0%	96.4%
The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	CCG	August 20	96%	88.2%	97.5%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	August 20	94%	77.8%	92.9%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	August 20	98%	100.0%	100.0%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	August 20	94%	97.9%	96.0%
The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	CCG	August 20	85%	76.2%	78.3%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	August 20	90%	25.0%	-
% of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	CCG	August 20	No national standard	92.9%	80.0%

Never Events at UHL

20. During 2020/21, there have been 3 never events, most recently one in August 2020 for the wrong route administration of a prescription drug. The patient was notified and monitored for over an hour for any possible effects of the incorrectly administered medication. There did not appear to be an impact on the patient. Actions have been put in place with the member of staff and departments.

Areas of Improvement

21. There are several areas which are also worth commenting on, that have shown improvement in recent months;

- a small increase in the percentage of patients being treated within 18 weeks of referral in August;
- two week waits for breast screening has achieved the target for August;
- MRSA – 0 cases reported at UHL;
- 12-hour ED trolley wait - 0 breaches reported at UHL.

Future Reporting

22. The format of performance assurance reporting is likely to change as the new Quality and Performance Committee and system-wide groups request additional information. Wherever possible and appropriate Health Overview and Scrutiny Committee will receive reports similar to that sent to CCG public boards.

Public Health Outcomes Performance – Appendix 3 and 4

Benchmarking Update

23. In relation to public health, final end of year performance data and comparative cost information is used to compare Leicestershire's performance position across 33 county areas. The analysis uses 31 adult health indicators and 16 child health indicators. For most metrics 2018/19 end of year data has been used. Looking at the position for adult health, Leicestershire is ranked 8th in performance terms, whereas for child health Leicestershire is ranked 11th. For net spend per head, the county is placed 3rd lowest of 33 comparator areas. Appendix 3 uses scatter charts to show the relationship between spend and performance.

2019/20 End of Year Performance Update

24. The Council's draft Annual Delivery Report and Performance Compendium covers the performance of the County Council over the last 12 months or so and

is being considered by Cabinet on 20 November. The Compendium includes dashboards (included as Appendix 4 and 5) which set out year end results for key performance indicators. The report also outlines some of the work of the Public Health Service against key outcome areas over the last year or so – attached as Appendix 6.

Explanation of Performance Indicator Dashboards (Appendix 4 and 5)

25. The dashboards show 2019/20 year-end outturn against performance targets (where applicable) with brief commentary. Where it is available, the dashboards indicate which quartile Leicestershire's performance falls into. The 1st quartile is defined as performance that falls within the top 25% of relevant comparators. The 4th quartile is defined as performance that falls within the bottom 25% of relevant comparators. The comparator group used is explained at the bottom of each dashboard. A red circle indicates a performance issue, whereas a green tick indicates exceptional performance. The direction of travel arrows indicate an improvement or deterioration in performance compared to the previous result. A summary of the results with reference to the previous year is set out below.

Adult Public Health

26. This dashboard covers 23 indicators, of which 7 show an improvement compared to the previous period, 4 display a deterioration, 7 show no change and data is not available for 5 indicators. The indicators that have improved cover health inequalities, smoking, drug treatment and physical activity. The indicators displaying lower performance cover healthy life expectancy, mortality from preventative causes and adult obesity. The indicators with similar results cover life expectancy, mortality from CVD, cancer and respiratory disease, hospital admissions for alcohol related causes and mortality attributable to air pollution. The number of indicators in each performance quartile are set out below.

1st (Top) quartile	2nd quartile	3rd quartile	4th (bottom) quartile
9	9	2	0

Best Start in Life (Child Health)

27. This dashboard covers child health and early years services. Looking at the 12 indicators, 6 show an improvement compared to the previous period, while 1 deteriorated and 3 show similar results. Data was not available for 2 indicators. The indicators that have improved cover smoking during pregnancy, breastfeeding, dental decay among 5 year-olds, take up of free education by 2 year olds and child obesity. The indicator displaying lower performance is the chlamydia diagnosis rate, for which the aim is to improve detection. The 3

indicators showing little change are the % of early years providers assessed as good or outstanding, take-up of free early education by 3 and 4 year olds and under 18 conceptions. The number of indicators in each performance quartile are set out below. The bottom quartile indicator is take-up of free early education by 2 year olds

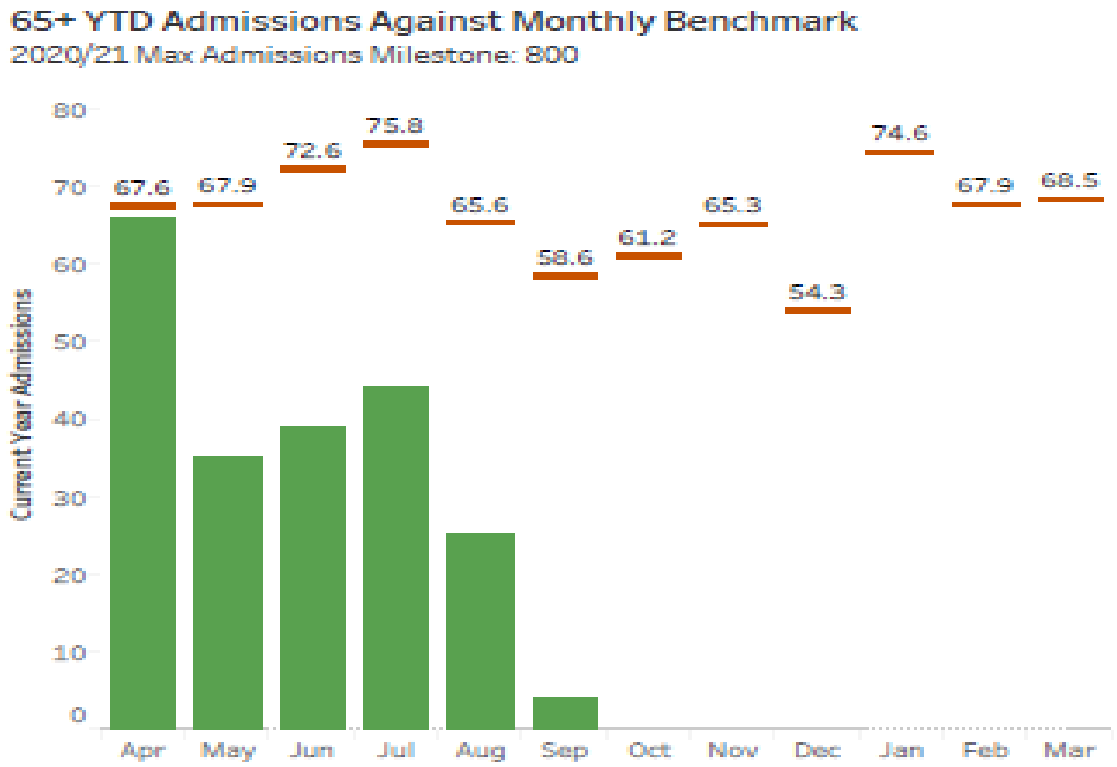
1st (Top) quartile	2nd quartile	3rd quartile	4th (bottom) quartile
5	3	3	1

Health and Care

28. The dashboard covers work with health partners to reduce admissions to hospital and residential care, facilitate discharge from hospital and reablement. A number of the indicators have associated Better Care Fund (BCF) targets. Looking at the 9 performance indicators, 3 display improvement compared to the previous period. These cover admissions of older adults to residential and nursing care, service users finding it easy to find information and reablement. Two indicators show declining performance (hospital admissions due to falls and delayed transfers of care from hospital attributable to adult social care).

Better Care Fund and Adult Care Health/Integration Performance

29. In relation to the BCF focus areas permanent admissions of older people to residential and nursing care homes per 100k pop is currently forecast at 373.8 against a target of 552.1



30. The % of those discharged from hospital into reablement and at home 91 days after is 87.7% against a target of 88% as at the end of August 2020.

31. In relation to delayed transfers of care the latest information published is for February 2020, as previously reported. National data collection has been paused due to COVID-19.

32. In relation to non-elective admissions into hospital for the period Apr-20 to Jul-20 there have been 17,918 non-elective admissions compared to 23,338 for the same period in 2019, a variance of -5,420.

List of Appendices

Appendix 1 and 2 – Coronavirus and Covid-19 Contextual Information
Appendix 3 – Public Health Benchmarking Dashboard
Appendix 4 – Public Health Performance Dashboards 2019/20
Appendix 5 – Health and Care Performance Dashboards 2019/20
Appendix 6 - Public Health Delivery Narrative 2020.

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

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Appendix 1

Weekly COVID-19 Surveillance Report in Leicestershire

Cumulative data from 01/03/2020 - 24/10/2020

This report summarises the information from the surveillance system which is used to monitor the cases of the Coronavirus Disease 2019 (COVID-19) pandemic in Leicestershire. The report is based on daily data up to 24th October 2020.

The maps presented in the report examine counts and rates of COVID-19 at Middle Super Output Area. Middle Layer Super Output Areas (MSOAs) are a census based geography used in the reporting of small area statistics in England and Wales. The minimum population is 5,000 and the average is 7,200.

Disclosure control rules have been applied to all figures not currently in the public domain. Counts between 1 to 7 have been suppressed at MSOA level.

An additional dashboard examining weekly counts of COVID-19 cases by Middle Super Output Area in Leicestershire, Leicester and Rutland can be accessed via the following link:
https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/COVID-19PHEWeeklyCases/WeeklyCOVID-19byMSOA

Data has been sourced from Public Health England. The report has been complied by Strategic Business Intelligence in Leicestershire County Council.

Weekly COVID-19 Surveillance Report in Leicestershire

Leicestershire County Council

Cumulative data from 01/03/2020 - 24/10/2020

Breakdown of testing by Pillars of the UK Government's COVID-19 testing programme:

Pillar 1 + 2
combined data from both Pillar 1 and Pillar 2 of the UK Government's COVID-19 testing programme

Pillar 1
data from swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers

Pillar 2
data from swab testing for the wider population, as set out in government guidance

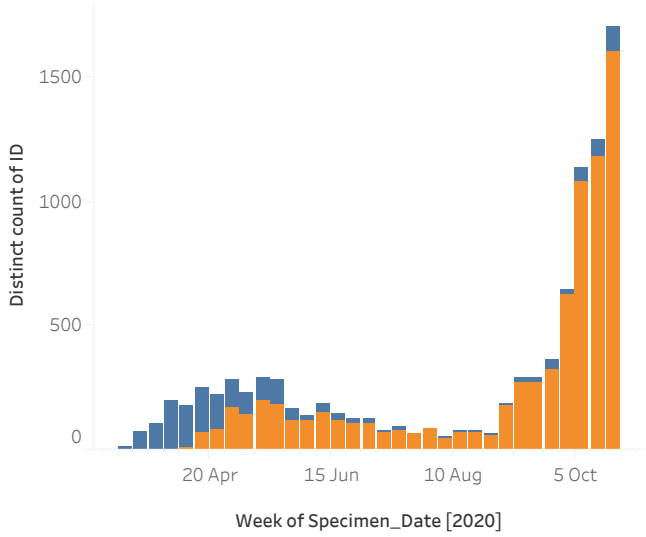
COVID-19 cases | Cumulative data from 01/03/2020 - 24/10/2020:

9,508 cases | 1,811 Pillar 1 cases | 7,697 Pillar 2 cases

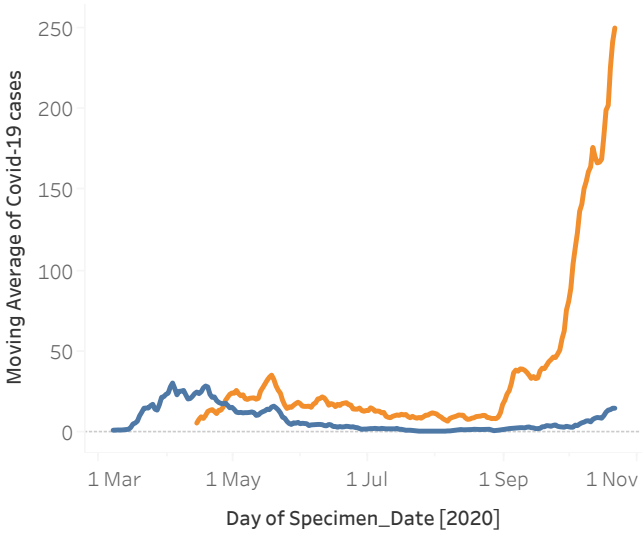
COVID-19 cases | Fortnightly data from 11/10/2020 - 24/10/2020

3,093 cases | 173 Pillar 1 cases | 2,920 Pillar 2 cases

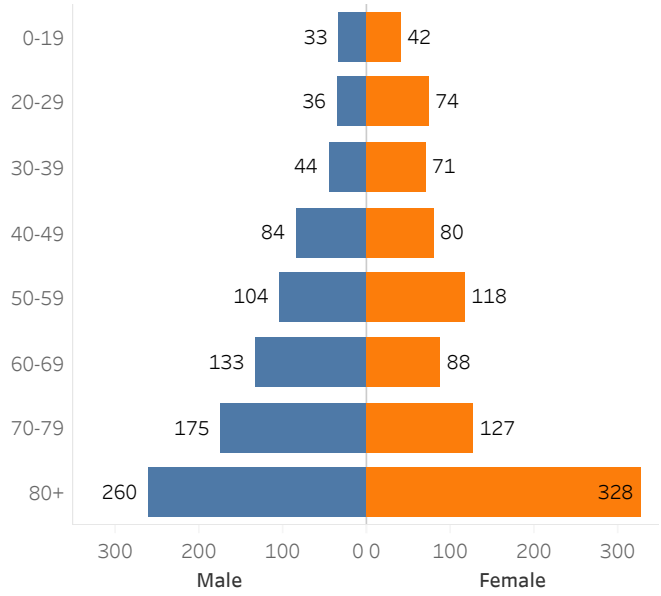
Cases per week



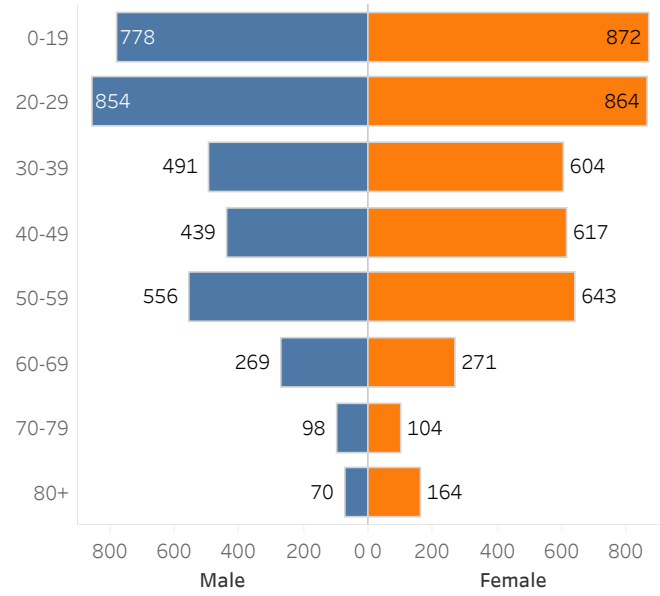
Moving average of cases per day



Population pyramid of Pillar 1 cases



Population pyramid of Pillar 2 cases



69 years median age*

33 years median age*

* median age is the middle value in a range - half of the cases are younger than this age and half are older

Weekly COVID-19 Surveillance Report in Leicestershire

Leicestershire County Council

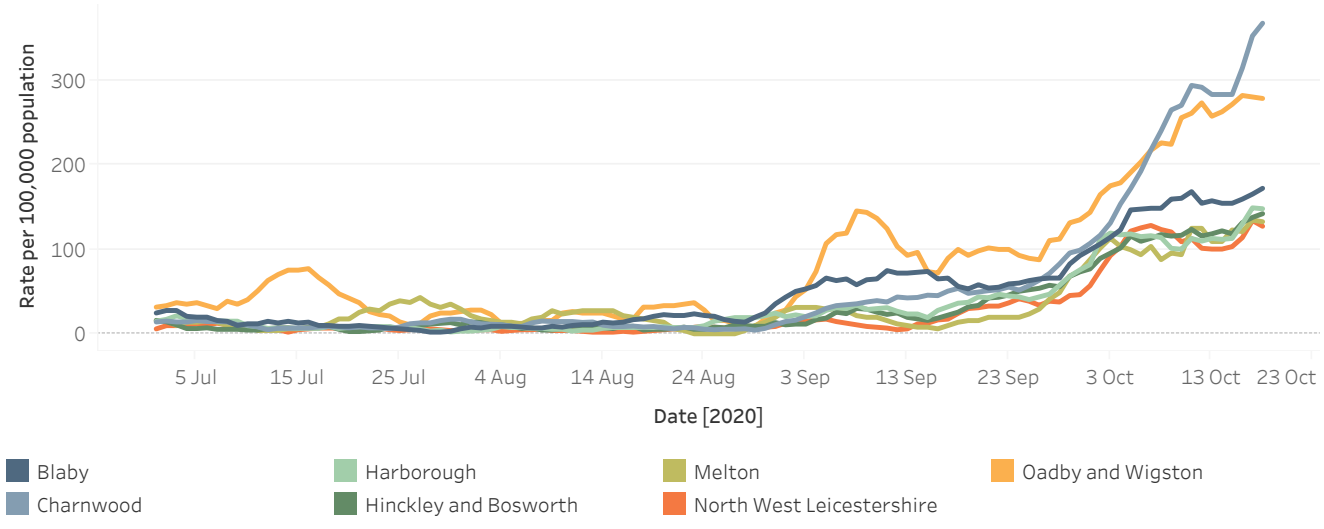
COVID-19 cases | Fortnightly data from 11/10/2020 - 24/10/2020:

Melton	142
Harborough	264
North West Leicestershire	276
Oadby and Wigston	305
Hinckley and Bosworth	332
Blaby	403
Charnwood	1,371

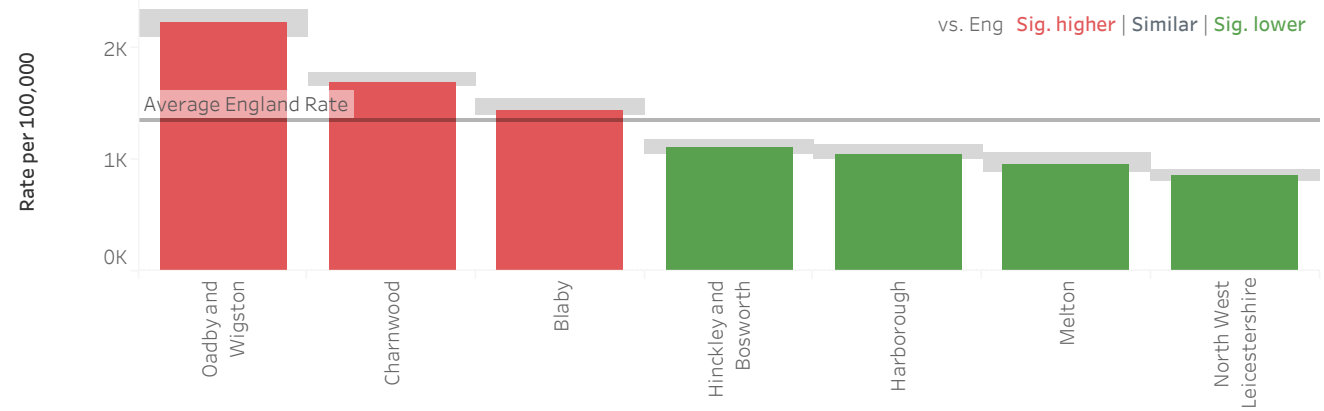
Latest incidence per 100,000 population by district (weekly)

North West Leicestershire	127.4 per 100,000 population
Melton	132.8 per 100,000 population
Hinckley and Bosworth	142.3 per 100,000 population
Harborough	148.2 per 100,000 population
Blaby	172.4 per 100,000 population
England	209.4 per 100,000 population
Oadby and Wigston	278.9 per 100,000 population
Charnwood	368.0 per 100,000 population

Trend of Incidence per 100,000 population by district (weekly)



Rate of cumulative cases per 100,000 population by district



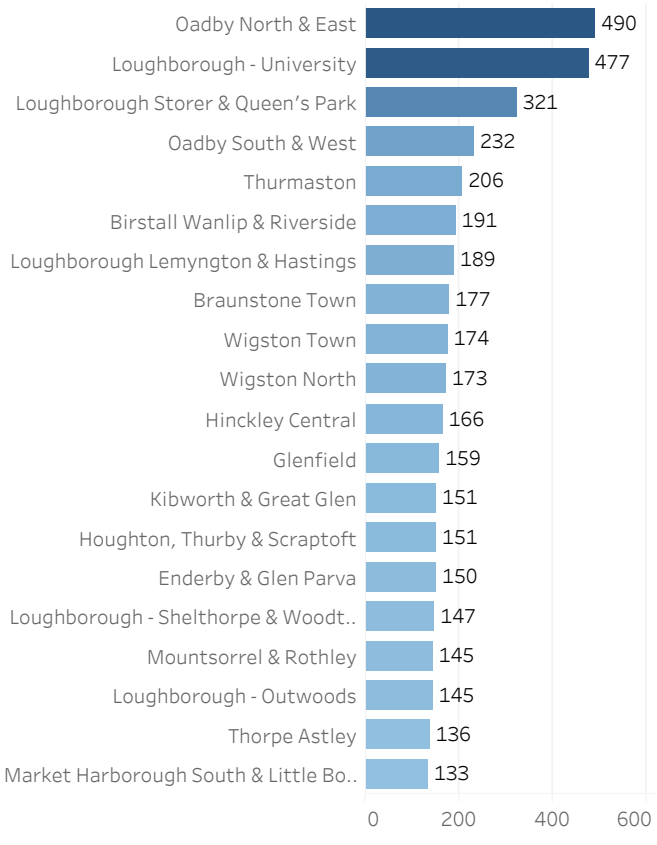
COVID-19 by MSOA | Total case results

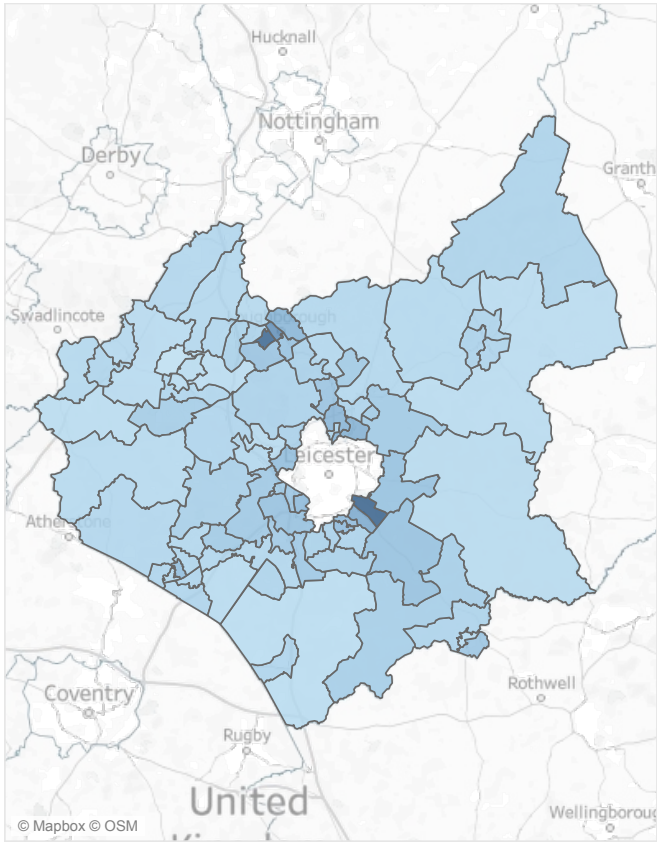
9,508 cases | 1,811 Pillar 1 cases | 7,697 Pillar 2 cases

Specimen Date
01/03/2020 to 24/10/2020

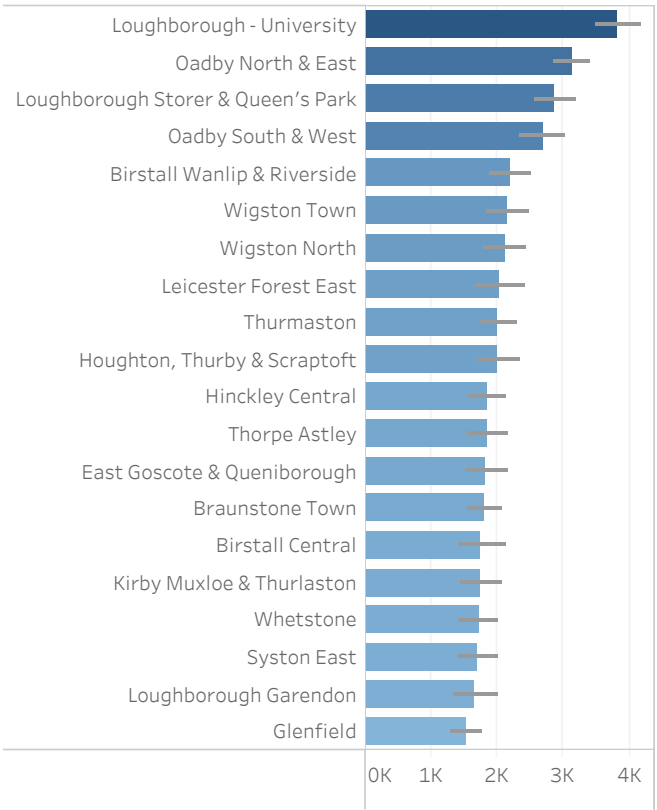
Pillar
All

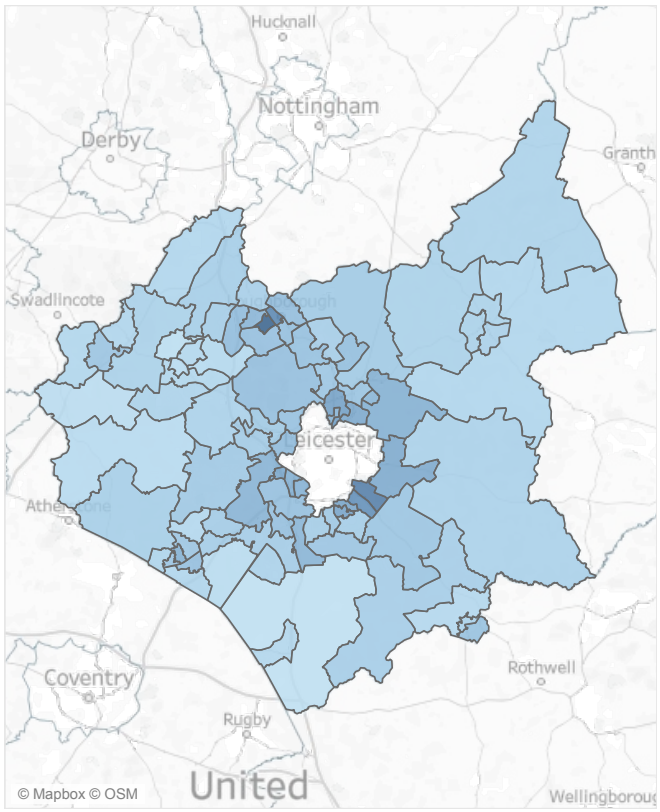
Confirmed COVID-19 cases by MSOA





Confirmed COVID-19 rates per 100,000 population by MSOA





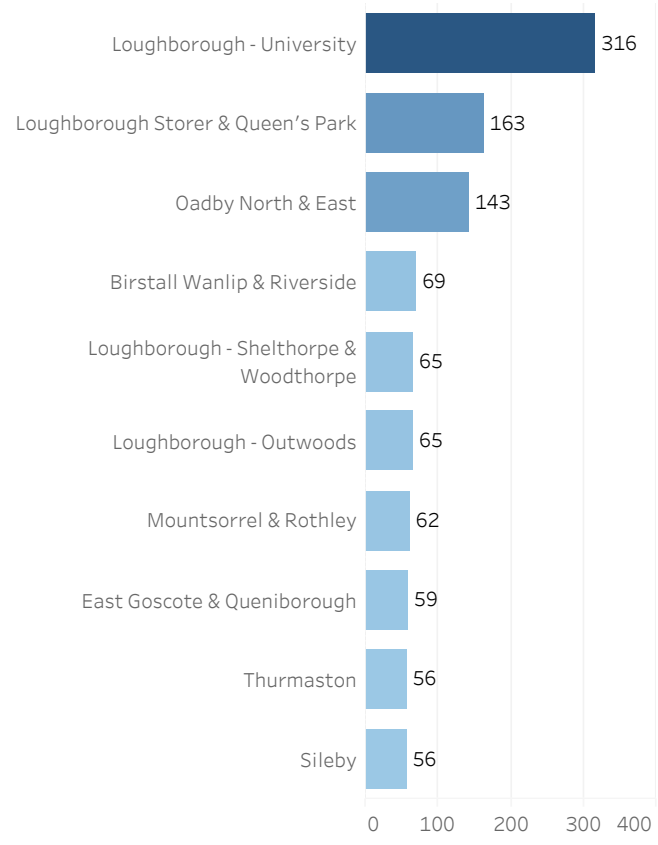
COVID-19 by MSOA | Case results for the last fourteen days

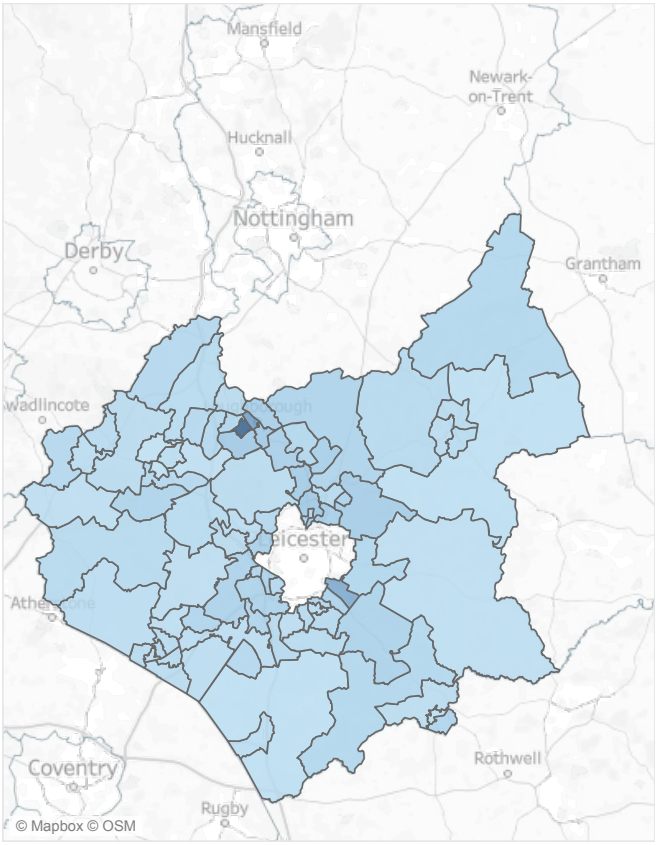
3,093 cases | 173 Pillar 1 cases | 2,920 Pillar 2 cases

Specimen Date 11/10/2020 to 24/10/2020

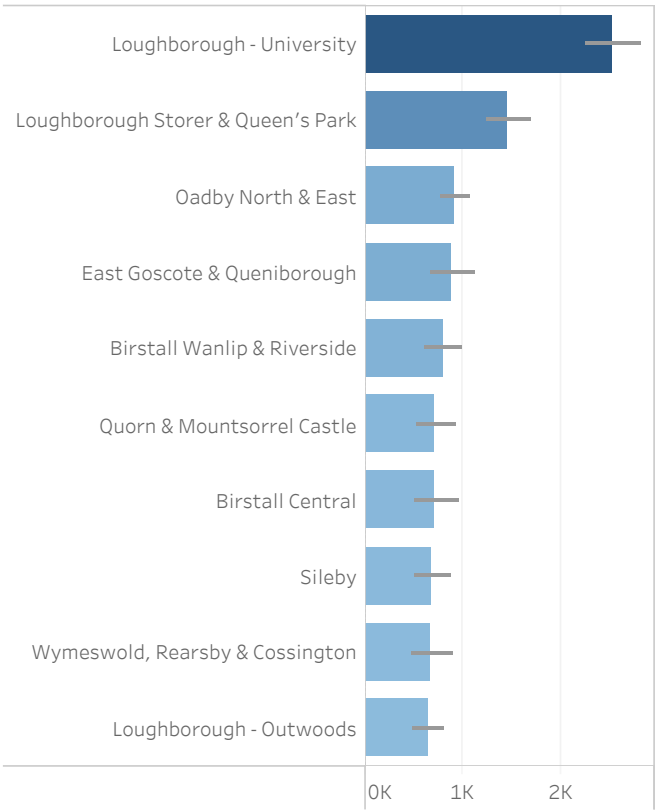
Pillar All

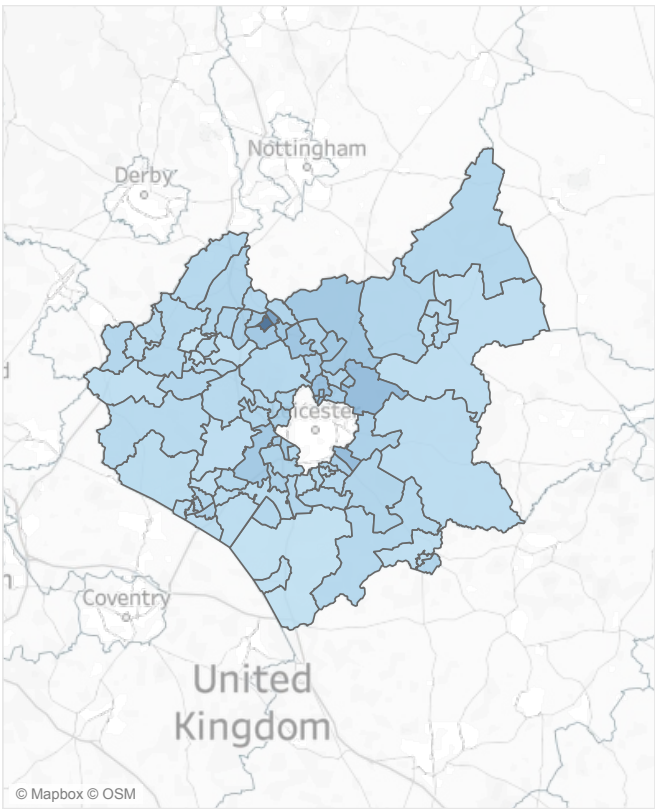
Confirmed COVID-19 cases by MSOA





Confirmed COVID-19 rates per 100,000 population by MSOA





Appendix 2

Leicestershire County Council

COVID-19:
Data Update for Leicestershire

Week 41

20th October 2020

Strategic Business Intelligence Team
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Produced by the Strategic Business Intelligence Team at Leicestershire County Council.

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What have we learnt from the newly released Covid-19 data?

A series of publicly available dashboards examining Covid-19 cases, deaths involving Covid-19 and a district summary are available at the below links. A summary narrative to support the data in these dashboards then follows.

- **Deaths involving Covid-19**
- **Covid-19 Summary at District Level**
- **PHE Weekly Covid-19 Cases**

1. One death[1] involving Covid-19 was recorded in Leicestershire in the last week.

- As of week 41 2020 (up to 9th October), there have been a total of 550 deaths in Leicestershire. The number of weekly counts of deaths has remained the same at one death since the previous week.
- Of all deaths involving Covid-19 in Leicestershire, 340 (61.8%) were in hospital and 172 (31.3%) were in a care home.
- In week 41, there was one death in a hospital in the past week, this occurred in Melton.

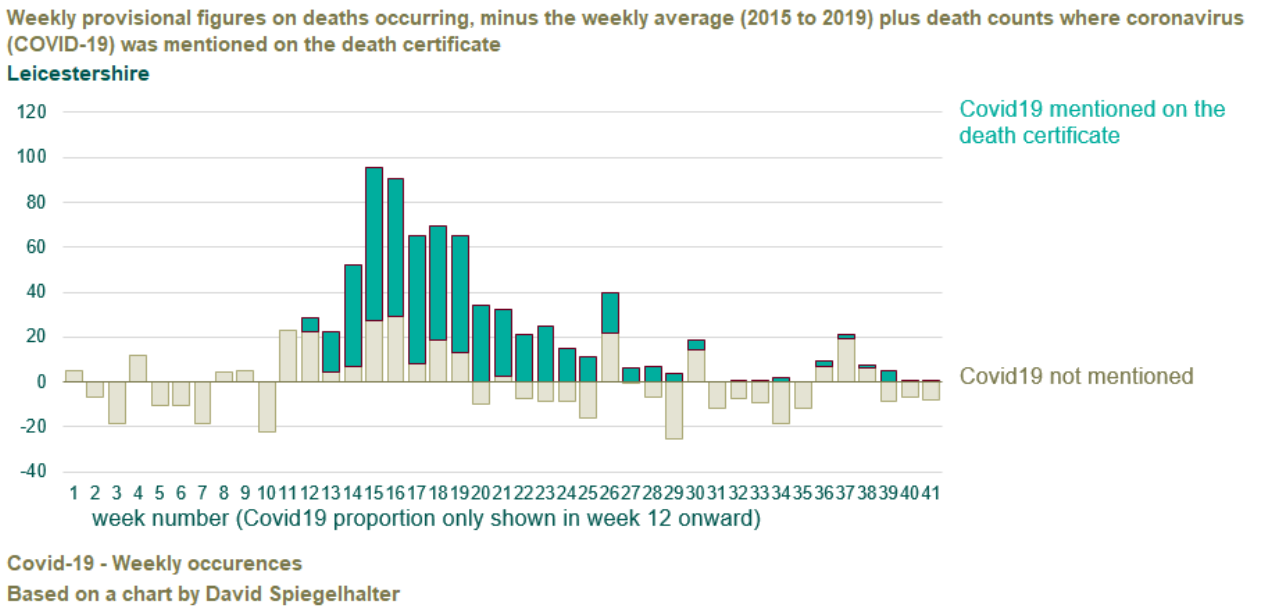
[1] Death counts are based on death occurrences. The death is counted as involving Covid-19 if Covid-19 was mentioned on the death certificate. Please note, Covid-19 may not have been confirmed by a test. Source: Office for National Statistics (2019)

Deaths (numbers) by local authority and place of death, for deaths that occurred up to 9th October but were registered up to 17th October.

	Care Home		Elsewhere		Home		Hospice		Hospital		Total				Population
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	LCI	UCI	
Blaby	21	20.9	1	1.0	4	4.0	1	1.0	58	57.8	85	84.6	67.6	104.7	100421
Charnwood	40	21.9	1	0.5	3	1.6	4	2.2	79	43.3	127	69.5	58.0	82.7	182643
Harborough	22	23.8	0	0.0	4	4.3	1	1.1	37	40.0	64	69.2	53.3	88.4	92499
H&B	41	36.5	0	0.0	4	3.6	5	4.4	58	51.6	108	96.1	78.8	116.0	112423
Melton	17	33.3	0	0.0	2	3.9	0	0.0	16	31.3	35	68.5	47.7	95.3	51100
NWLeics	15	14.7	0	0.0	5	4.9	1	1.0	46	45.0	67	65.6	50.8	83.3	102126
O&W	16	28.0	2	3.5	0	0.0	0	0.0	46	80.6	64	112.2	86.4	143.2	57056
Leicestershire	172	24.6	4	0.6	22	3.2	12	1.7	340	48.7	550	78.8	72.3	85.6	698268
Rutland	8	20.2	0	0.0	3	7.6	2	5.0	11	27.7	24	60.5	38.7	90.0	39697
Leicester City	76	21.4	13	3.7	20	5.6	2	0.6	227	63.9	338	95.2	85.3	105.9	355218
LLR	**256**	**23.4**	**17**	**1.6**	**45**	**4.1**	**16**	**1.5**	**578**	**52.9**	**912**	**83.4**	**78.1**	**89.0**	**1093183**

2. No excess deaths were recorded in the last week in Leicestershire

- Counts of excess deaths in Leicestershire have shown a declining trend (albeit with a small blips in week 30, week 36 and week 37), there was an increase in all deaths seen in week 41 compared to the previous week. The latest figures from ONS show that 125 deaths occurred in Leicestershire in week 41 of 2020. There have been no excess deaths reported in the last week.
- The latest weeks data shows there was one death that mentioned Covid-19 on the death certificate in week 41.

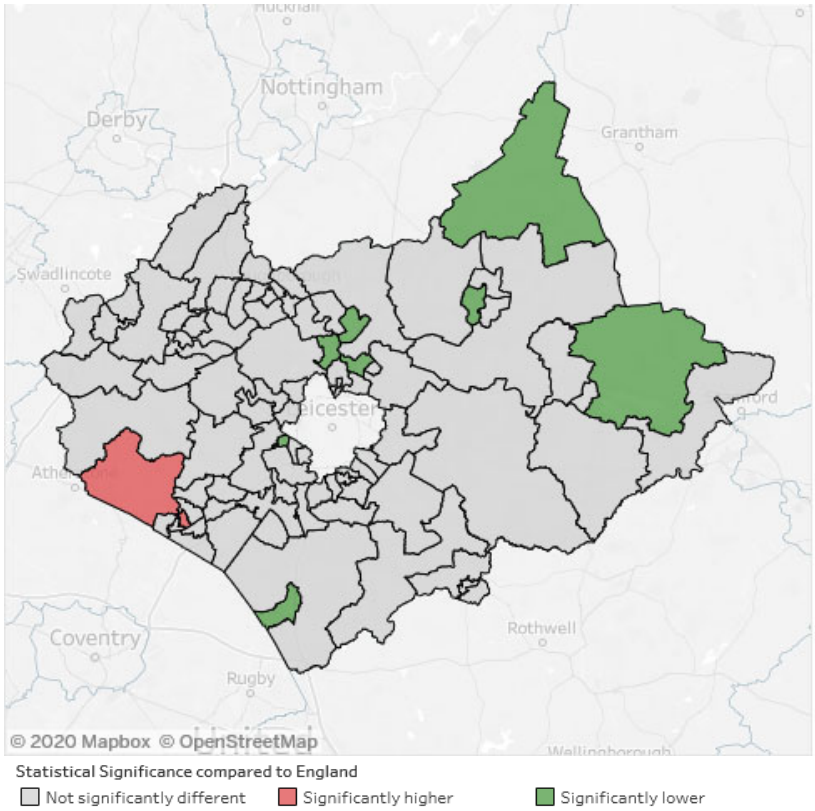


https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales

3. Two areas in Hinckley and Bosworth have a significantly higher percentage of deaths involving Covid-19 than the national percentage

- The map below examines the statistical significance compared to England, of the percentage of deaths involving Covid-19 by Middle Layer Super Output Area (MSOA) in Leicestershire and Rutland. These deaths occurred between 1st March and 31st July 2020 and were registered by 15th August 2020.
- Stoke Golding, Higham and Fenny Drayton in Hinckley and Bosworth recorded 16 deaths involving Covid-19 in this time period, this represented 38.1% of all deaths. Hinckley Central, also in Hinckley and Bosworth recorded 20 deaths involving Covid-19 and represented 32.3% of all deaths. Nationally, deaths involving Covid-19 made up under a quarter (20.2%) of all deaths.
- Eight MSOAs in Leicestershire and Rutland have a significantly lower percentage of deaths involving Covid-19 compared to England. These are:
    - Bottesford, Harby& Croxton Kerrial in Melton (4, 8.5%)
    - Lutterworth in Harborough (4, 7.8%)
    - Mountsorrel & Rothley in Charnwood (3, 7.1%)
    - Sileby in Charnwood (1, 3.6%)
    - Syston West in Charnwood (1, 3.4%)
    - Leicester Forest East in Blaby (1, 3.3%)
    - Market Overton, Cottesmore and Empingham in Rutland (0, 0.0%)
    - Melton Mowbray West in Melton (1, 2.4%)
- Further data examining deaths involving Covid-19 by local area is available in the dashboard available at this link.

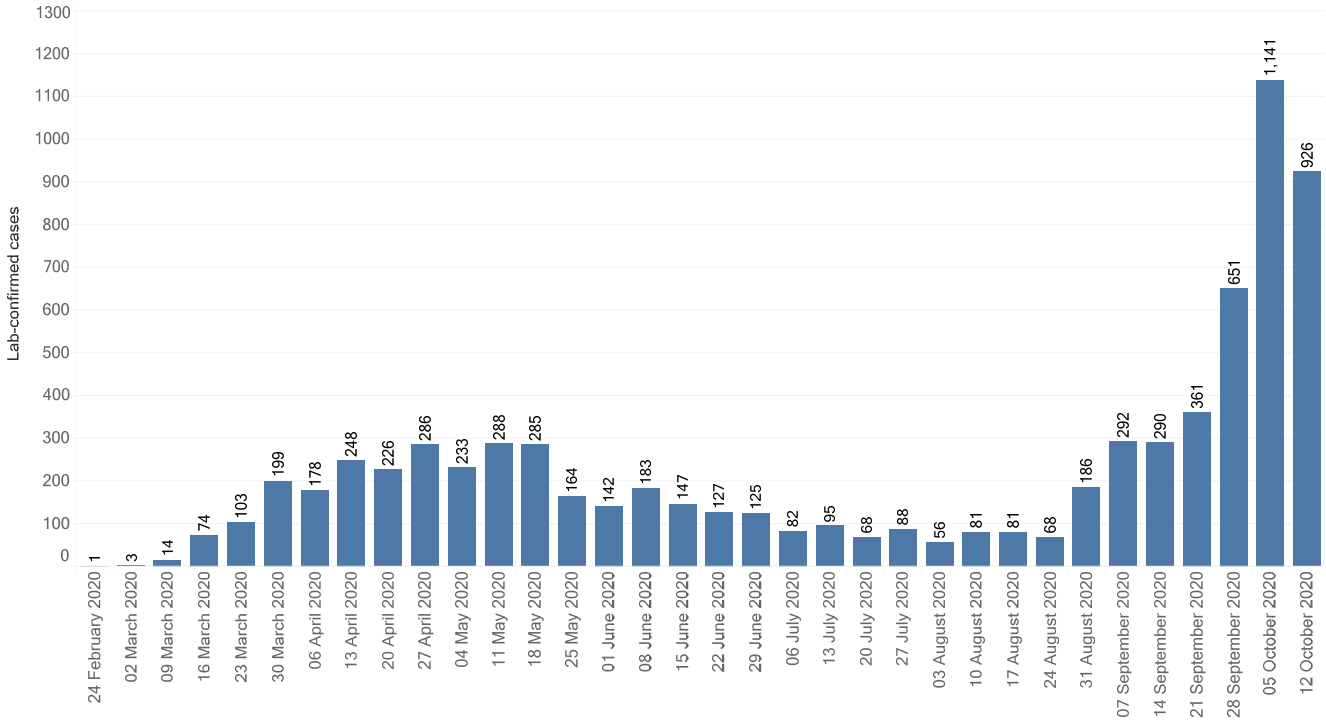
Statistical Significance compared to England of the deaths involving Covid-19 by Middle Layer Super Output Area, Leicestershire and Rutland, deaths occurring between 1st March 2020 and 31st July 2020



4. Weekly counts of cases have decreased in the past week in Leicestershire

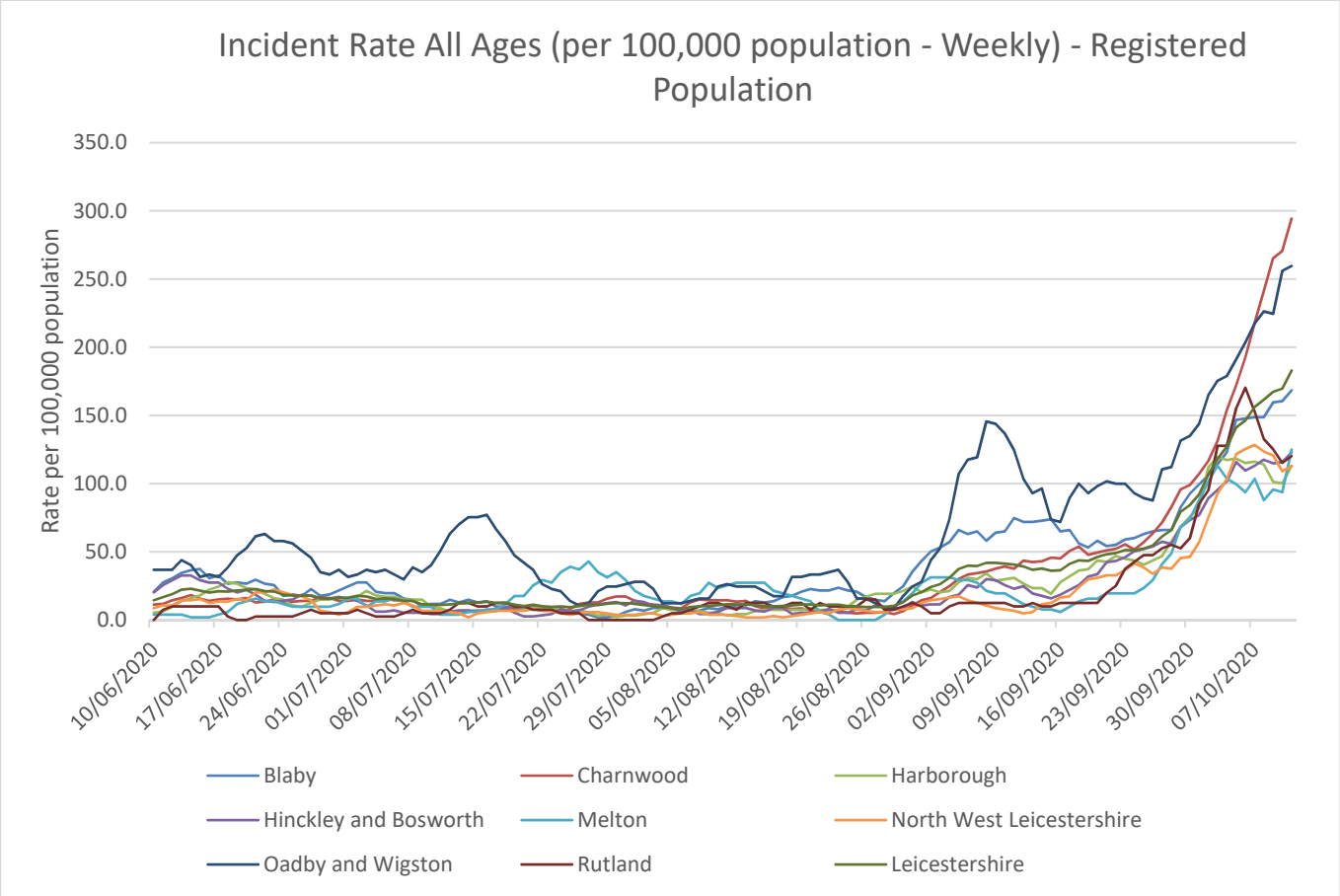
NOTE: The methodology for reporting positive cases changed on 2nd July 2020 to remove duplicates within and across pillars 1 and 2, to ensure that a person who tests positive is only counted once. Due to this change, all historic data has now been revised. Numbers of lab-confirmed positive cases now include those identified by testing in all settings (pillars 1 and 2)

- As of 18th October, Leicestershire has recorded a total of 7,492 lab-confirmed cases of Covid-19. This data relates to pillar 1 and 2 cases.
- The weekly aggregation of daily cases in Leicestershire shows the counts of cases showed an increasing trend throughout March and April. A peak in weekly counts was witnessed between the end of April and middle of May. Counts of cases had been showing a decreasing trend from the middle of May towards the beginning of August. An increase in the counts of cases has been witnessed from the end of August and throughout September. A peak in the counts of cases occurred at the beginning of October and has since decreased in the last week.
- The latest weekly data shows 926 cases have been confirmed in Leicestershire in the last week. This count has decreased compared to the previous week where 1,141 cases were confirmed.



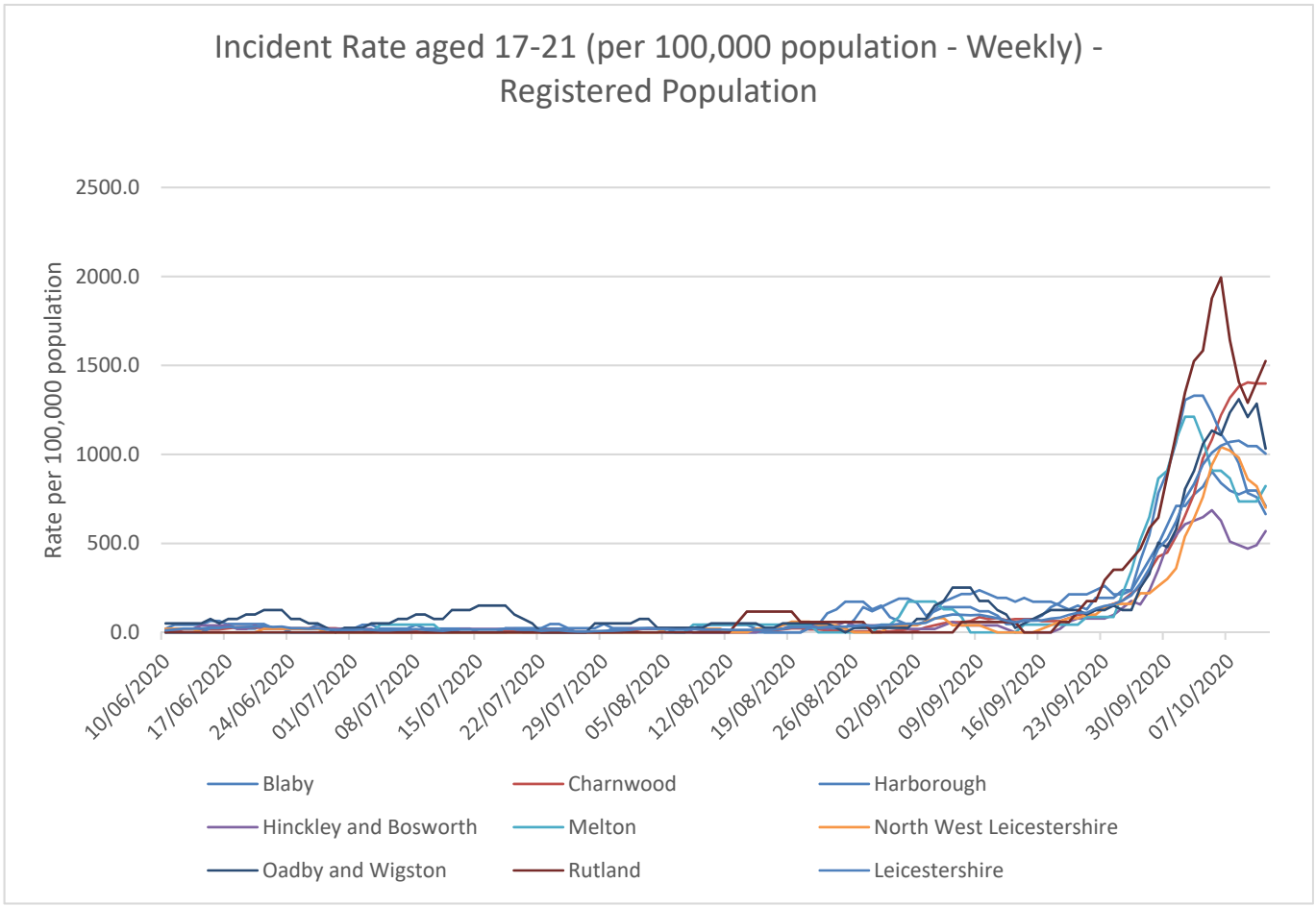
5. Charnwood and Oadby and Wigston have the highest weekly incidence rates of Covid-19 cases for people all ages in the county

- The incidence rate for Covid-19 cases in Leicestershire has been increasing since mid-September The incidence rate in Leicestershire is now higher (183.0 per 100,000 population) than the national rate of (168.7 per 100,000 population) as of 11th October, it should be noted that the national rate has also continued to increase.
- There have been five peaks in the incidence rate for Covid-19 in Oadby and Wigston, one around mid-July, three smaller ones through August and one in mid-September.
  Charnwood has witnessed one peak in the incidence rate for Covid-19 around mid-September.
- The latest weekly incidence rate (as of 11th October) shows that Charnwood (294.3 per 100,000 population) and Oadby & Wigston (259.6 per 100,000 population) have higher rates than the national (168.7 per 100,000). This equates to 547 and 148 confirmed cases respectively in the last week for each of these districts.



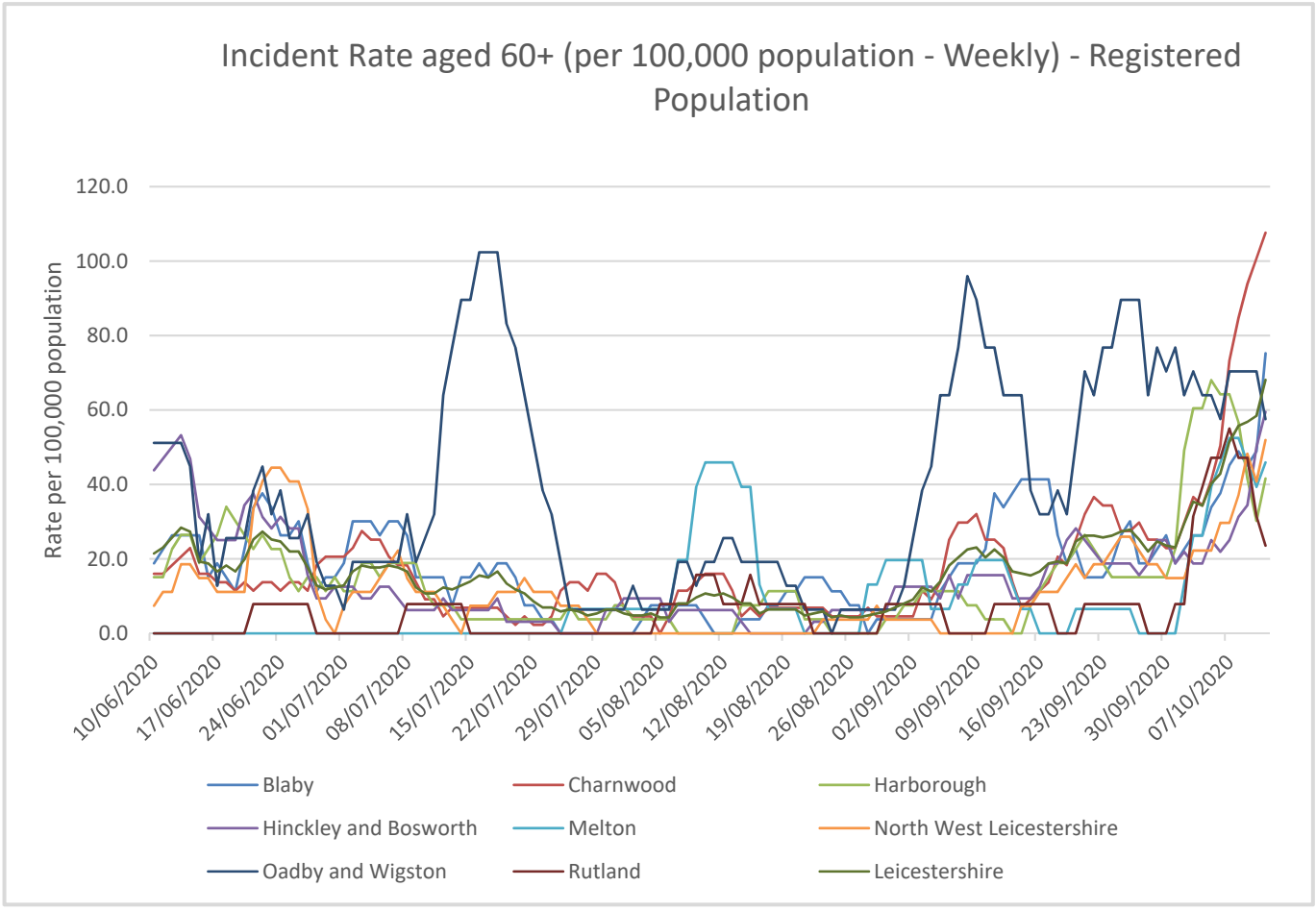
6. Charnwood and Oadby and Wigston have the highest weekly incidence rates of Covid-19 cases for people aged 17-21 in the county.

- The incidence rate for Covid-19 cases in people aged 17-21 in Leicestershire has been increasing since mid-September. As of 11th October, the rate for Leicestershire (1004.7 per 100,000 population) is higher than the national rate for this age group (622.7 per 100,000 population).
- The incidence rate of Covid-19 cases in people aged 17-21 in Charnwood has continued to rise since mid-September and peaked around the first week of October.
- The latest weekly incidence rate of Covid-19 cases for people aged 17-21 (as of 11th October) shows that Charnwood (1398.6 per 100,000 population) and Oadby & Wigston (1033.3 per 100,000 population) have higher rates than England (622.7 per 100,000). This equates to 243 and 41 confirmed cases in the last week for each of these districts respectively.



7. Charnwood has the highest weekly incidence rates of Covid-19 cases for people aged 60+ in the county.

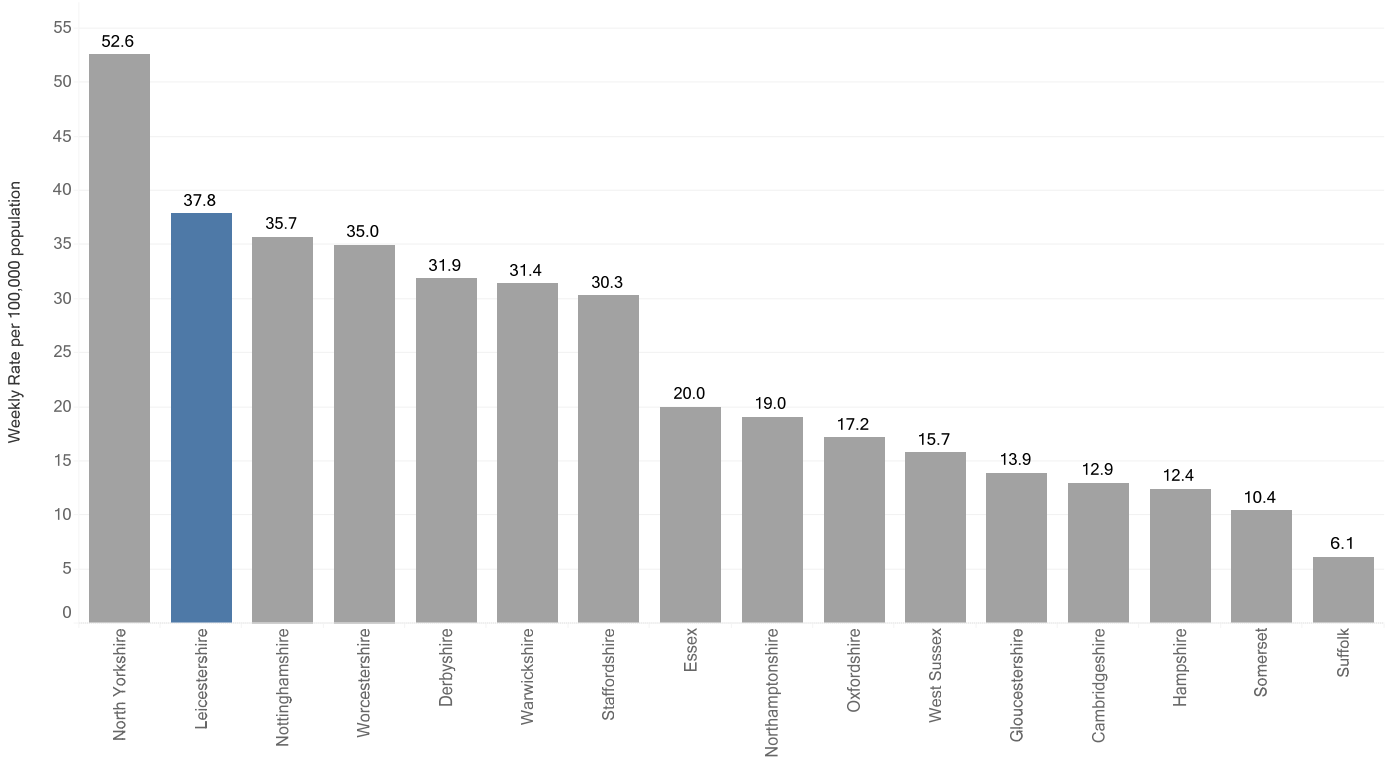
- The incidence rate for Covid-19 cases in people aged 60+in Leicestershire has been increasing since the end of September. Although the rate for Leicestershire (68.1 per 100,000 population) remains below the national rate (97.1 per 100,000 population) as of 11th October, it should be noted that the national rate has also continued to increase.
- The incidence rate for Covid-19 cases in people aged 60+ in Charnwood district has continued to rise since the end of September. The latest weekly incidence rate of Covid-19 cases for people aged 60+ (as of 11th October) shows that Charnwood (107.6 per 100,000 population) is higher than the national rate (97.1 per 100,000) for this age group. This equates to 47 confirmed cases in Charnwood in the last week.



8. Leicestershire has the 2nd highest weekly rate of Covid-19 cases out of its CIPFA similar areas

Public Health England weekly Covid-19 rates have not been updated for week 41, the following narrative relates to week 39.

- There has been an increase in the weekly rate of Covid-19 cases in Leicestershire from 32.7 (per 100,000 population) in week 38 to 37.8 (per 100,000 population) in week 39. As of week 39 (21st September-27th September), Leicestershire is ranked 70th (highest) out of 149 upper tier local authorities and ranked the 2nd highest out of its CIPFA similar areas after North Yorkshire.
- The cumulative rate of Covid-19 cases in Leicestershire has increased from 623.8 (per 100,000 population) in week 38 to 669.4 (per 100,000 population) in week 39. As of week 39, Leicestershire is ranked 59th (highest) out of 149 upper tier local authorities and ranked 2nd highest out of its CIPFA similar areas after Northamptonshire.

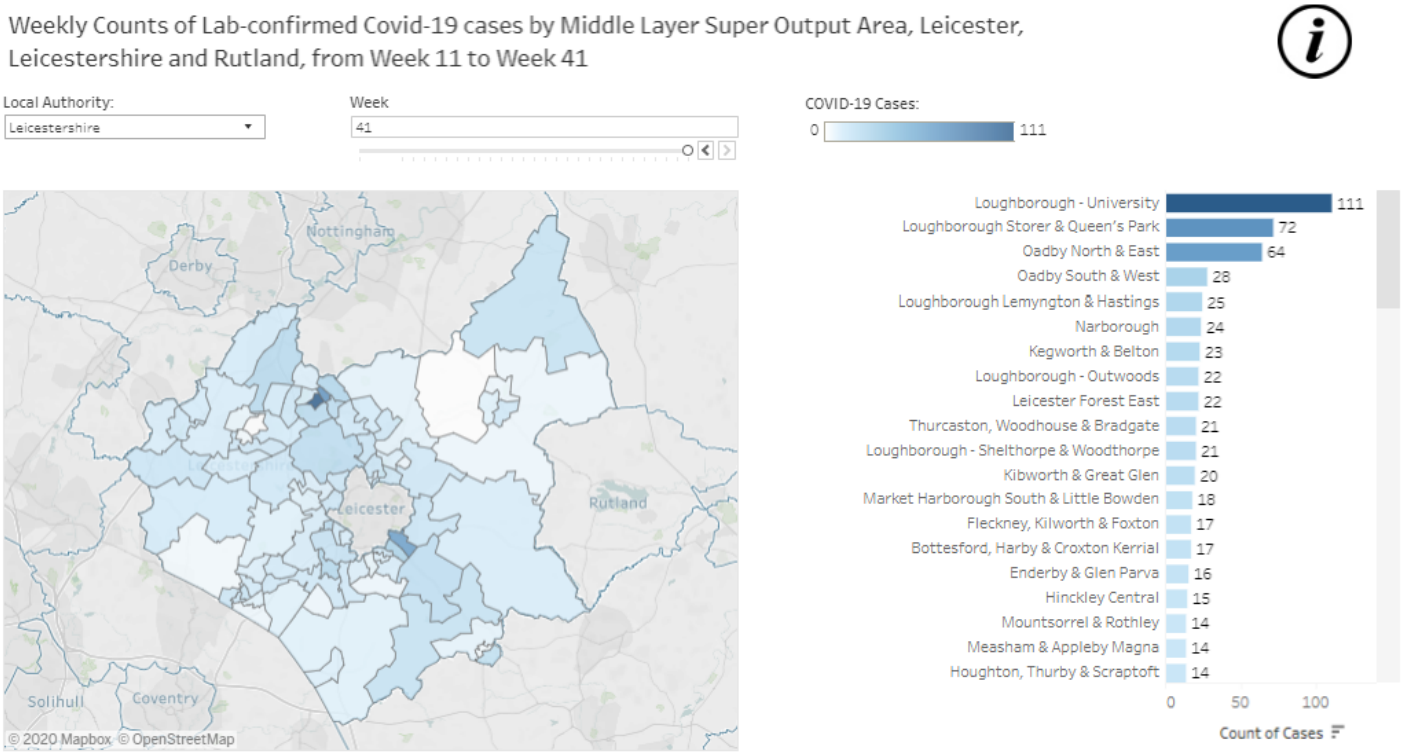


9. The MSOA with the highest count of Covid-19 cases was in Loughborough – University in the last week

- Between 4th October to 11th October (week 41), the MSOA with the highest count of confirmed cases of Covid-19 were found in Loughborough – University with 111 reported cases. This was followed by:
    - Loughborough Storer & Queen's Park (72)
    - Oadby North & East (64)
    - Oadby South & West (28)
    - Loughborough Lemyngton & Hastings (25)
    - Narborough (24)
    - Kegworth & Belton (23)
    - Loughborough – Outwoods (22), Leicester Forest East (22)
    - Thurcaston, Woodhouse & Bradgate (21), Loughborough – Shelthorpe & Woodthorpe (21)
    - Kibworth & Great Glen (20)

- All other areas recorded below 20 cases in the last week.

- Areas that recorded between zero and two cases in the last week have been suppressed due to data disclosure and are represented as white in the map below.



10. District Level Summary

- **Oadby & Wigston** continues to have the highest rate of Covid-19 cases and deaths in the county. The rate of cumulative cases is significantly higher in comparison to the England average.
- The weekly counts of cases saw three peaks one in mid-May, one in mid-July and another at the beginning of September. There is also a peak in early October.
- The weekly counts of cases have decreased from 129 in w/c 5th October to 115 in w/c 12th October.
- The latest weeks data on death occurrences shows no deaths involving Covid-19 were recorded in Oadby & Wigston from week 27 to week 41.

- **Hinckley & Bosworth** has the fourth highest rate of Covid-19 cases and second highest rate of deaths in the county. The rate of cumulative cases is significantly lower compared to the England average.
- The weekly counts of cases saw a peak in late April with second peak on 8th June (57 cases). After this the weekly counts of cases had fluctuated, until the end of August and having since then shown an increasing trend. The latest weekly counts of cases have decreased, from 133 in w/c 5th October to 96 in w/c 12th October.
- The latest weeks data shows no deaths involving Covid-19 in Hinckley & Bosworth in week 41.

- **Blaby** has the third highest rate of Covid-19 cases in the county and third highest rate of deaths. The rate of cumulative cases is significantly higher in comparison to the England average.
- The weekly counts of cases saw a peak before the middle of May and a smaller peak at the beginning of June. Since then, a further peak has been witnessed in the beginning of October. The latest weekly counts of cases have decreased from 151 in w/c 5th October to 129 in w/c 12th October.
- The latest weeks data shows there were no deaths involving Covid-19 in Blaby in week 41.

- **Harborough** has the third lowest rate of Covid-19 cases and third lowest rate of deaths in the county. The rate of cumulative cases is significantly lower in comparison to the England average.
- The weekly counts of cases saw a peak towards the end of April and a smaller peak around mid-June, and there has been an increasing trend of cases since the end of August. The latest weekly counts of cases have decreased from 107 in w/c 5th October to 82 in w/c 12th October.
- The latest weekly counts of deaths involving Covid-19 shows no deaths were recorded in Harborough in the past nine weeks (week 33 to week 41).

- **Charnwood** has the second highest rate of Covid-19 cases and fourth highest rate of deaths in the county. The rate of cumulative cases is significantly higher in comparison to the England average.
- The weekly counts of cases saw a peak around mid-May, there has been increasing trend since the end of August. The latest weekly counts of cases have decreased from 448 in w/c 5th October to 380 in w/c 12th October.
- The latest weeks data shows no deaths involving Covid-19 in Charnwood in week 41.

- **Melton** has the second lowest rate of Covid-19 cases in the county and the second lowest rate of deaths in the county. The rate of cumulative cases is significantly lower than the England average.
- The latest weekly counts of cases have increased, from 45 in w/c 5th October to 51 in w/c 12th October.
- The latest weeks data shows one death involving Covid-19 was recorded in Melton in week 41, this occurred in a hospital setting.

- **North West Leicestershire** has the lowest rate of Covid-19 cases and lowest rate in deaths in the county. The rate of cumulative cases is significantly lower than the England average.
- The weekly counts of cases had shown a declining trend since the middle of June, however an increase in counts of cases has been witnessed since mid-September. The weekly count of cases have increased from 128 in w/c 5th October to 73 in w/c 12th October.
- The latest weekly counts of deaths involving Covid-19 shows no deaths were recorded in North West Leicestershire in the past 11 weeks (week 31 to week 41).

Leicestershire County Council

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જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા વ્યવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں 0116 305 6803 اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔

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Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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Appendix 3

Performance by Theme

Theme
Health - Adult

Comparator
(•) Revenue
( ) Deprivation

How to Read This Chart
The chart is divided up into quadrants based upon average rank for all indicators (vertical axis) and net revenue expenditure per head (horizontal axis) for county councils. Authorities in the top right quadrant are high performing and low spending, while authorities in the bottom left are low performing and high spending. The 'Deprivation' comparator uses local authority 2019 Multiple Deprivation rank.
'Overall Performance' is the rank of average rank for all indicators, while 'LA Core Performance' only includes themes that are related to county council functions;
- Adult Social Care
- Better Care Fund
- Children's Social Care
- Corporate
- Environment & Waste
- Health - Adult
- Health - Child
- Libraries
- Safer Communities
- SEND
- Transport & Highways

Source: LAIT, ASCOF, Fingertips, various. Produced by the Business Intelligence Service, Leicestershire County Council, 2020.

Performance by Theme

Theme
Health - Child

Comparator
(•) Revenue
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Source: LAIT, ASCOF, Fingertips, various. Produced by the Business Intelligence Service, Leicestershire County Council, 2020.

Appendix 4

Wellbeing - Public Health

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	End of Yr 2018/19	Polarity	Commentary
	Public Health						
*	Life Expectancy – Males (Leics)	1st (Eng)	→	80.7	80.8	High	Males in Leicestershire can expect to live over 1 year longer than the average for England. To reduce health inequalities we are tackling the wider determinants of health through a range of projects/activity. Latest data is for the period 2016-18.
*	Life Expectancy – Females (Leics)	1st (Eng)	→	84.2	84.1	High	Females in Leicestershire can expect to live 1 year longer than the average for England. Latest data is for the period 2016-18.
*	Healthy Life Expectancy – Males (Leics)	2nd (Eng)	↓	63.8	65.2	High	Males in Leicestershire can expect to live almost half a healthy year longer than the average for England (63.4 years). Latest data is for the period 2016-18.
*	Healthy Life Expectancy – Females (Leics)	2nd (Eng)	↓	63.9	65.7	High	Females in Leicestershire have the same healthy life expectancy as the average for England (63.9 years). Latest data is for the period 2016-18.
	Slope Index of Inequalities – Males (Leics)	1st (Eng)	↑	6.3	6.6	Low	The gap in life expectancy between the best-off and worst-off males in Leicestershire for 2016-18 is 6.3 years. Ranked 5th best out of 16 similar areas.
	Slope Index of Inequalities – Females (Leics)	2nd (Eng)	↑	5	5.5	Low	The gap in life expectancy between the best-off and worst-off females in Leicestershire for 2016-18 is 5.0 years. Ranked 9th best out of 16 similar areas.
*	Under 75 CVD Mortality (per 100,000 population)	1st (Eng)	→	61.1	62.1	Low	A variety of work contributes to reducing cardiovascular disease. Latest data is for the period 2016-18.
*	Under 75 Cancer Mortality (per 100,000 population)	1st (Eng)	→	120.7	119.8	Low	Various actions are being implemented to help people to adopt healthier lifestyles and become more aware of cancer risk factors. Latest data is for the period 2016-18.
*	Under 75 Respiratory Disease Mortality (per 100,000 population)	1st (Eng)	→	26.7	27.0	Low	Public health advice and support and wider prevention programmes for respiratory disease. Latest data is for the period 2016-18.

Wellbeing - Public Health

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	End of Yr 2018/19	Polarity	Commentary
*	Age standardised mortality for preventative causes for age 75 and under	1st (Eng)	↓	156.2	151.8	Low	Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.
*	Prevalence of smoking among persons aged 18 years and over	1st (Eng)	↑	12.0%	13.2%	Low	A new stop smoking service began in 2017. In 2019, the national average result was 13.9%.
	Rate of hospital admissions for alcohol related causes (per 100,000 population - Leics)	2nd (Eng)	→	588	556	Low	Leicestershire has performed better than the England average since 2011/12. Latest data is for period 2018/19.
*	% who successfully completed drug treatment (non-opiate)	2nd (Eng)	↑	38.6%	34.7%	High	Data shows completions in 2018 with non re-presentations up to 6 months. The data presented is for Leicestershire and Rutland combined.
*	% who successfully completed drug treatment (opiate)	1st (Eng)	↑	8.2%	5.5%	High	Data shows completions in 2018 with non re-presentations up to 6 months. The data presented is for Leicestershire and Rutland combined.
	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in a five year period	3rd (Eng)	-	N/A	42.8%	High	New health check service contract with the GPs has been agreed along with efforts to encourage pharmacies and GPs to work together to improve health check uptake. Data relates to the time period 2014/15 - 2018/19. No further update since value presented in 2018/19
*	% of adults classified as overweight or obese (Leics)	3rd (Eng)	↓	64.5%	60.6%	Low	Data sourced from Active Lives Survey. Latest data is for period 2018/19.
*	% of physically active adults	2nd (Eng)	↑	68.3%	64.3%	High	Latest data, 2018/19, is derived from the Active Lives Survey. Leicestershire value is similar to the England value of 67.2%.
*	% of physically inactive adults	2nd (Eng)	↑	19.5%	23.3%	Low	Latest data, 2018/19, is derived from the Active Lives Survey. Leicestershire value is significantly better than the England value of 21.4%.
	Fraction of mortality attributable to particulate air pollution	2nd (Eng)	→	4.9%	5.3%	Low	Latest data is for 2018. In 2018, the value for Leicestershire has been the lowest since recording in 2010.

Wellbeing - Public Health

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	End of Yr 2018/19	Polarity	Commentary
	Coronavirus Response						
	Cumulative rate (per 100,000 population) of lab confirmed Covid-19 cases (Pillar 1 & 2)	-	-	623.8		Low	Leicestershire ranked 60th highest out of 149 Upper Tier Local Authorities. National Cumulative rate (per 100,000 population) is 631.2. Data as at week 38.
	Cumulative death rate per 100,000 population for Covid- 19	-	-	77.6		Low	Cumulative death rate (per 100,000 population) based on occurrences from Covid-19 (up to 18th September 2020, but were registered to 26th September). The national cumulative death rate (per 100,000 population) is 89.4.
	Number of excess deaths	-	-	538		Low	Cumulative excess deaths from week 1 to week 38 (18th September 2020)
	% respondents feel well informed about coronavirus, including availability of support	1st/2nd	-	82.1%		High	The result is well above the England average of 49% and reflects the information campaign run by the Council.

Notes: Public Health Outcomes Framework (PHOF) benchmarks are compared to all single / upper tier authorities. Direction of travel arrows are indicative, and do not necessarily represent statistically significant change.

Wellbeing - Best Start in Life

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	End of Yr 2018/19	Polarity	Commentary
*	Smoking at time of delivery (Leics & Rutland)	1st (Eng)	↑	8.5%	9.5%	Low	Significant decreasing trend was witnessed over the previous five years. The data presented is for Leicestershire and Rutland combined in 2018/19
*	Prevalence of breastfeeding at 6–8 weeks from birth (Leics)	2nd	↑	47.1%	45.0%	High	Data is for 2018/19 and the prevalence for Leicestershire is similar to England (46.2%)
*	Percentage of 5 year olds with experience of visually obvious dental decay	1st (Eng)	↑	18.2%	22.3%	Low	Compared to the last survey results in 2016/17, there has been a significant improvement in 5 year olds with dental decay in Leicestershire in 2019/20. The latest result is significantly better than the national average.
*	% of providers in early years assessed as good or outstanding	3rd	→	95.7%	95.0%	High	A high proportion of childcare providers in Leicestershire are rated as good or outstanding.
*	% take-up of free early education by 2 year olds	4th (2020)	↑	64.0%	63.0%	High	Take up of free childcare places for 2 year olds is similar to the previous year.
*	% take-up of free early education by 3 & 4 year olds	2nd (2020)	→	95.0%	96.0%	High	Take up for 3 and 4 year olds remains high.
*	% Achieving Good Level of Development (early years)	3rd (2019)	-	N/A	72.1%	High	Achievement in Leicestershire is now above the national average for the first time. Quartile position is in relation to 33 counties and reflects previous year's result.
*	% Inequality gap in achievement across early learning goals	2nd (2019)	-	N/A	28.7%	Low	Quartile position is in relation to 33 counties and reflects previous year's result.
*	Excess weight in primary school age children in Reception (Leics)	1st (Eng)	↑	19.6%	24.3%	Low	Leicestershire performs significantly better than the England average of 22.6%, 2018/19.
*	Excess weight in primary school age children in Year 6 (Leics)	1st (Eng)	↑	30.0%	32.7%	Low	Leicestershire performs significantly better than the England average of 34.3%, 2018/19.
*	Chlamydia diagnoses (per 100,000 aged 15-24) (Leics)	3rd (Eng)	↓	1561	1734	High	Slight decline in performance in chlamydia detection rate from 2016 to 2018. No further update.
*	Under 18 conception (rate per 1,000 females aged 15-17) (Leics)	1st (Eng)	→	12.2	12.3	Low	Leicestershire's teenage pregnancy rate has dropped for the 11th consecutive year - lower than East Midlands and England rates. Latest data is 2018.

Notes: Public Health Outcomes Framework (PHOF) benchmarks are compared to all single / upper tier authorities

Appendix 5

Wellbeing - Health & Care

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	Target / Standard	End of Yr 2018/19	Polarity	Commentary
	Unified Prevention, Information & Urgent Response							
*	Permanent admissions of older people to residential and nursing care homes per 100,000 pop (ASCOF 2A Pt II) (BCF)	3rd (2018/19)	↑	605.7	<585	689.4	Low	There was a reduction in the number of people aged 65 or over permanently admitted to residential or nursing homes during 2019/20 compared to the previous year.
*	Permanent admissions to residential or nursing care of service users aged 18-64 per 100,000 pop (ASCOF 2A Pt I)	2nd (2018/19)	→	5.5	<8.1	5.3	Low	The number of people aged 18-64 permanently admitted to residential or nursing homes during 2019/20 was below target.
*	Non-elective admissions to hospital per 100,000 pop per month (BCF)	2nd (2017/18)	→	836.27	864.94	819.53	Low	Non-elective admissions to hospital continue to be lower than planned for although the rate per 100,000 population has increased in 2019/20. There were 69,916 against a plan of 72,313 in 2019/20.
*	Admissions from injuries due to falls per 100,000 pop per month (BCF)	-	↓	154.2	-	143.2	Low	There were 2,690 emergency admissions for injuries due to falls for residents of Leicestershire aged 65 and over in 2019/20.
*	% of people who use services who find it easy to find information about support (ASCOF 3D part 1)	4th (2018/19)	↑	61.5%	74%	59.7%	High	The proportion of service users who found it easy to find information in 2019/20 was slightly higher than the previous year.
	Improved Discharge & Reablement							
*	Delayed transfers of care from hospital per 100,000 pop per month (BCF)	2nd (2017/18)	→	217.17	240.44	213.51	Low	Current reporting on DTOCs is on hold due to resources being diverted to help support the Covid pandemic. The figure of 217.17 is the average for April - Feb 19/20.
*	Delayed transfers of care attributable to adult social care only - average days per month	1st (2018/19)	↓	163	207	94	Low	Current reporting on DTOCs is on hold due to resources being diverted to help support the Covid pandemic. The figure of 163 is the average for April - Feb 19/20.
*	% of people aged 65+ still at home 91 days after discharge from hospital into reablement / rehabilitation services (ASCOF 2B Pt I) (BCF)	2nd (2018/19)	→	88.1%	88.0%	87.5%	High	Performance in 2019/20 was similar to the previous year, and just over the BCF target.
*	% of people receiving reablement with no subsequent long-term service (ASCOF 2D)	2nd (2018/19)	↑	87.5%	82.0%	84.5%	High	ASCOF 2D measures the proportion of people who had no need for ongoing services following reablement. During 2019/20 performance was higher than the previous year and above the target.

Notes: ASCOF benchmarks are compared to all social services authorities
BCF indicator targets are for 2018/19. 'ASCOF' refers to the Department of Health Adult Social Care Outcomes Framework

Wellbeing - Health & Care

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	Target / Standard	End of Yr 2018/19	Polarity	Commentary
	Personalisation							
*	% of people who use services who have control over their daily life (ASCOF 1B)	4th (2018/19)	→	73.4%	-	74.3%	High	The proportion of service users stating that they have control over their daily life is similar to the previous year.
	% of people using social care who receive self-directed support (national, ASCOF 1C Pt 1a)	3rd (2018/19)	→	97.2%	97.0%	96.7%	High	The proportion of people in receipt of a personal budget has increased by 0.5 percentage points on last year.
	% of carers receiving self-directed support (ASCOF 1C Pt 1b)	3rd (2018/19)	→	99.8%	99.0%	99.8%	High	The proportion of carers in receipt of a personal budget remained constant between 18/19 and 19/20.
	% of service users receiving support via cash payments (ASCOF 1C Pt 2a)	1st (2018/19)	↓	47.5%	40.0%	49.9%	High	There has been a small reduction in the proportion of service users with a direct payment
	% of carers receiving direct payments (ASCOF 1C Pt 2b)	2nd (2018/19)	→	98.4%	97.0%	98.1%	High	The proportion of carers in receipt of a direct payment was similar to and slightly above the previous year, and above the 97% target.
	Coronavirus Response							
	Number of people shielded from coronavirus (supported with essential supplies)	-	-	5,300	-	N/A	High	Of the 14,400 people who registered for support by 31st July 2020, 5,300 noted a need for support with essential supplies.
	Number of people shielded from coronavirus (supported with basic care needs)	-	-	1,200	-	N/A	High	Of the 14,400 people who registered for support by 31st July 2020, 1,200 noted they needed support with basic care needs.
	Dementia							
*	Dementia diagnosis rate by GPs	2nd (Eng)	→	68.9%	66.7%	72.1%	High	The indicator shows the rate of persons aged 65 and over with a recorded diagnosis of dementia compared to the number estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates. Data is for 2019.
	Care Quality							
	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	4th (2018/19)	↑	59.9%	-	58.5%	High	The level of satisfaction - calculated from the annual survey of service users - has increased by 1.4 percentage points between 2018/19 and 2019/20.
	Overall satisfaction of carers with their care and support (ASCOF 3B)	3rd (2018/19)	-	N/A	-	36.6%	High	The bi-annual carers survey was not due to be completed in 2019/20, and the 2020/21 survey has been postponed for a year due to the Covid pandemic.
	% of Care Homes requiring improvement or inadequate - rating	-	→	18%	-	17%	Low	This indicator is based on Care Quality Commission (CQC) data.
	% of Home Care Providers requiring improvement or inadequate - rating	-	→	11%	-	12%	Low	This indicator is based on Care Quality Commission (CQC) data. No Home Care providers were rated as inadequate.
*	Social care related quality of life (ASCOF 1A)	4th (2018/19)	→	18.5	-	18.6	High	This measure is drawn from a number of questions in the annual survey of service users including such topics as control over daily life, and how time is spent and social contact.

Wellbeing - Health & Care

Strategic Plan	Description	Quartile position	Direction of Travel	End of Yr 2019/20	Target / Standard	End of Yr 2018/19	Polarity	Commentary
*	Carers reported quality of life (ASCOF 1D)	2nd (2017/18)	-	N/A	-	7.5	High	Similar to the indicator above, this is drawn from a number of questions in the biennial survey of carers including topics such as control over daily life, social participation and safety. The survey was not carried out in 2019/20, and the 2020/21 survey has been postpone for a year due to the Covid pandemic
	People reach their potential							
*	% of adults with a learning disability in paid employment (ASCOF 1E)	1st (2018/19)	→	11.2%	11.2%	11.3%	High	The proportion of people aged 18-64 with a learning disability known to the council who are in paid employment remains high at 11%.
*	Gap in employment rate between those in contact with secondary mental health services and the overall rate	4th (Eng)	→	77.80%	-	74.50%	Low	Data is for 2017/18 and 2018/19.
	Notes: ASCOF benchmarks are compared to all social services authorities. 'ASCOF' refers to the Department of Health Adult Social Care Outcomes Framework.							

Appendix 6

Public Health

Leicestershire County Council's vision is for its residents to be able to make informed and healthy choices for themselves, contributing to a reduction in health inequalities and an improved healthy life expectancy. We support the population to stay well through prevention and early intervention and through influencing the wider determinants of health and wellbeing such as the environment, housing, employment and education. Our public health function plays a key role in contributing to these aims. A number of public health issues are prioritised in our Health and Wellbeing Strategy.

This year the vital importance of effective local public health services has been highlighted by our response to the Covid-19 pandemic. In early March the first case of covid-19 was reported in the county. Close contacts were given health advice about symptoms and emergency contact details to use if they become unwell in the 14 days after contact with the confirmed case. The second confirmed case was reported on 9 March.

In May 2020 it was announced that LLR had been chosen among the local authorities to lead work and share best practice on the Government's new trace and test service. This was a positive step for local people to support the fight against Covid-19. The council also received around £6.6m to support care home providers to tackle the spread of Covid-19 and accepted additional funding to support the role in the trace and test service.

On 29 June 2020 the Secretary of State for Health reported a high number of positive cases in Leicester. The Council confirmed its commitment to keeping residents safe following the decision to institute the first local lockdown of Leicester as a result of the spike in a number of areas within the county. Some areas that bordered the city were included in the lockdown zone as a result of local case levels, and risks of further increases in positive cases. We worked closely with Leicester City Council and the Government to bring down the overall number of cases. The Council also produced a map and a postcode checker detailing which parts of the county would be impacted by the increased restrictions. It has supported the closure of schools in the affected areas as well as a range of service changes such as a pause of birth registrations and ceremonies. Baroness Harding and the Secretary of State, Matt Hancock, spoke of the impressive local partnership working.

Incident Management Teams (IMTs) - have been established in areas in the County where there has been a high incidence of Corona virus (Covid-19) positive cases, these meetings have been led by the Director of Public Health involving colleagues from different organisations to implement rapid local actions to restrict further spread of infection including: communications, testing, contact tracing contacts of positive cases and outbreak management.

Public Health Services

The Council has been moving to a social model of public health with greater involvement of public health across other services and a strong emphasis on prevention for a number of years.

Online Health and Support Information Hub - we want people to get support as quickly as possible when they need it. Our online information hub provides an access point for immediate support. First Contact Plus enables people to search from their own home through a broad range of wellbeing information, all in one place. The service includes information and links to organisations which provide support around topics such as health, falls, feeling safe, living independently, debts and benefits, work, learning, volunteering and families and relationships. First Contact Plus also signposts people to community groups, national charities and public health services.

Unified Prevention – our Unified Prevention Board (UPB) oversees the development and delivery of Leicestershire's prevention offer, a key part of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy. The UPB coordinates activities across a wide range of partners, ensuring everyone collaborates to deliver our prevention priorities, services and communication plans. The UPB has continued to develop links between the prevention/social prescribing offer and the new Integrated Teams across Leicestershire. Work has focussed on strengthening engagement between partners and Integrated Teams in each locality. District Council and Public Health representatives are now part of each Integrated Team's board, helping shape the prevention focus in each area.

Social Prescribing - the board has worked on the social prescribing model for Leicestershire. In January 2019, further work began to develop the social prescribing model as the wrap-around prevention offer to support Integrated Teams. This initially focussed on the needs of 3 cohorts of people, those who are frail, those who have multiple long-term conditions, and those with high health and care costs. The UPB partners are focusing on achieving a joined up social prescribing model across Leicestershire that supports the framework for social prescribing in primary care in the NHS Long Term plan. Continuing the development of the wrap-around prevention offer for Integrated Teams is one of the core activities of the UPB with Social Prescribing Link Worker roles starting to be established within the new Primary Care Networks.

Integrated Healthier Lifestyle Services - helping people live healthy lifestyles is vital. Our weight management and stop smoking services are designed to give people the right support that will have a positive impact on their overall health and wellbeing. The services include the support of friendly advisors offering free, tailored support to help with weight loss, giving up smoking and becoming healthier in general, either via text, Skype, phone or face-to-face appointments. The weight management service offers tailored support and intervention for people who are overweight that can fit into daily routines straight away. The team offers advice to people struggling to achieve and maintain a healthy weight and nutritional advice together with becoming more physically active. The service consists of a two-part approach and includes adult and children weight management services. The Quit Ready stop-smoking service offers a range of behavior intervention, medication and support. Both services consist of a 12-week intervention with the patient.

Stop Smoking – in April 2020 we reported an increase in people wanting support to give up smoking. Covid-19 acted as a catalyst for this increase in demand. More than 200 people contacted our Quit Ready service in March and received tailored digital support and intervention from the comfort of their homes. Quit Ready offers a 12-week, evidence-based treatment programme run by a team of specialist advisers via the service's helpline and digital service. In addition to weekly advice sessions, service users – including those who were self-isolating or shielded due to coronavirus – could also receive nicotine replacement therapy or e-cigarettes through the post, with no face-to-face contact required at any stage.

Local Area Coordinators (LACs) – LACs support vulnerable people by developing networks of community-based support and utilising existing community assets. They operate in local neighbourhoods, closely linked to housing and community health services and to recreational and social opportunities. There are now 16 LACs covering 23 locations. By improving the quality of life and independence of individuals and building stronger community links, LACs help to prevent people from reaching crisis point and reduce demand for health and social care services.

NHS Health Check – this is part of a national mandated programme in England. It is aimed at 40-74-year-olds to help reduce their risk of cardiovascular disease, diabetes, stroke, kidney disease and some forms of dementia. In Leicestershire, residents who are GP registered are invited every 5 years are to take up their free health check via an invitation from their GP practice. It's free, and helps people understand the chances of getting health problems as they get older and what they can do to improve their health. The health check programme in Leicestershire is the responsibility of our Public Health Department.

Healthy Weight and Diet – good nutrition is an essential part of a healthy lifestyle. Diet combined with physical activity can help people reach and maintain a healthy weight, reduce the risk of chronic disease and promote overall health. To help combat overweight and obesity we commission Tier 2 Leicestershire Weight Management Service that sits within the Integrated Lifestyle Service and makes one part of the provider arm service. As part of the weight management offer we also provide the Cooks4Life programme that works with schools and families in Leicestershire and the Master Gardeners programme helps people to learn to grow nutritious food

Weight Management - the weight management service offers support to Leicestershire residents who are overweight. Its programmes set a 5% body weight loss goal, giving a results-focused approach that enables service users to track their progress. The service features a team of senior dieticians and nutritionists who help those looking to manage their weight, through a 12-week intervention programme. The service also offers low level support for those who are not in in need of intensive support i.e. Weight Watchers App support together with 3 contact telephone support sessions from a Nutritionist. The service has been operating since January 2020 and have received approximately 500 referrals to by mid- May. The Childrens' weight management programme supports children who are overweight and provides group interactive sessions called *Healthy Eating Healthy Activity*. This group support offer provides parents and children with advice and support on making healthier food choices, nutritional information and recipe ideas to maintain a healthy weight. This is also in collaboration with the National Child Measurement Programmes and working

with schools and School Nurses in providing support to children who are considered not having a healthy weight. This, together with the Cooks4Life programme in schools provides for an overall healthy eating offer for families.

Good Food Charter and Plan – food is important for Leicestershire's health, economy and sustainability. In December 2018 we approved a new Good Food Charter and Plan for Leicestershire. The Food Plan provides a strategic approach that values and prioritises sustainability, local provenance and healthy food in polices and procurement, whilst also developing community capacity and assets in relation to food growing, cooking and eating. The Good Food Charter provides an over-arching ambition to drive the future of food in Leicestershire. The plan includes supporting Melton Borough Council and Harborough District Council in the national Sustainable Food Cities scheme by promoting healthy and sustainable food and alleviating food poverty and diet–related ill health and improving access to affordable healthy food. It will mean Leicestershire can become a member of the Sustainable Food Cities network which would open up funding opportunities and support from national experts.

Substance Misuse - this year has been dominated by the response to the Covid-19 pandemic for both the Public Health Department and our commissioned providers. The focus in the early part of the year was to support substance misuse treatment services to adapt their service delivery whilst continuing to deliver safe, high quality interventions for people with alcohol and/or drug related problems. We are pleased to say that both our community substance misuse treatment service and in-patient detoxification service remained open and accessible to service users. Where safe to do so interventions moved to digital and remote applications including e-modules and video, and phone calls. All service users were re-assessed and where clinically indicated face-to-face support was continued with all Covid-19 safety precautions strictly in place. The annual Substance Misuse Recovery Week of events planned, organised a delivered by the local recovery community during September moved to a digital festival and staff both supported and took part in the 'virtual festival' which has been a great success. The planned re-procurement of substance misuse treatment services due to take place throughout this year in readiness for 2021 has been postponed due to the Covid-19 pandemic. However, the joint work with commissioning partners continued and is now preparing for new contracts for April 2022.

Sexual Health Strategy – poor sexual health can affect anyone, often when it is least expected. In April 2020 we commenced consultation on a new Sexual Health Strategy for the next three years. The Strategy was approved in June 2020. It will see us continue to work with partners to ensure services meet the needs of residents. The proposals focus on giving people the right information to make positive decisions about their sexual and reproductive health and reducing health inequalities by focusing on the needs of people at high risk of poor sexual health. There is continued focus on supporting schools in their work around relationships and sex education and in access to services through new technology. The 2020-23 Sexual Health Strategy which was approved, will build on the progress of the previous strategy and will aim to reduce the impact of Covid-19 on people's sexual health and wellbeing. A new integrated sexual health service model has been implemented, incorporating more self-service access such as online services and

vending. This provided a good base to promptly respond to service changes required in response to the Covid-19 pandemic.

Workplace Health Programme - the top priorities for our workplace health programme include poor sleep management, low physical activity levels and poor fruit and vegetable consumption. As the work continued, the programme is addressing these priorities with organisations to achieve better outcomes for the Leicestershire workforce with a workplace health tool being developed for use by partners and staff within their organisation and the workplace charter.

Homelessness Prevention and Housing Related Support - in October 2019 following consultation we agreed a revised approach and new model for homelessness prevention and housing related support. The model provides a combination of 30 beds of hostel-based accommodation and outreach housing-related support for people at risk of, or experiencing homelessness, with 3 full time specialist housing-related support workers.

Warm Homes Fund – the Warms Homes Service supports and educates members of the public and organisations to reduce fuel poverty and provide practical advice. In December 2019, following a successful funding bid which resulted in a £3.4m award, we entered into a contract with E.ON. to deliver a 2-year project to address fuel poverty in Leicestershire. The project aims to reduce excess winter mortality and ill-health caused by cold homes. It will provide physical improvements to the home and financial and behavioural advice to ensure residents maintain a level of resilience and independence to keep warm at home. There will be an additional advisor post within the Public Health First Contact Plus service.

Children Get the Best Start - Child Health

Ensuring that our children get the best start in life is a priority and also an investment in our future. We want to support parents to get it right in the 1001 critical days after birth and to ensure that children are prepared and ready for school, whatever their background.

0-19 Healthy Child Programme - our service model for the Healthy Child Programme comprises a combined health visitor and school nursing service. The service prioritises the health of looked after children, children with SEND, traveller families and those at risk of exploitation.

Breast Feeding and Maternity Support – low breastfeeding rates are linked with inequalities in health, deprivation and reduced life expectancy. Breastfeeding peer support services are available in 6 areas and breastfeeding champions have been nominated in both health visiting and family wellbeing centre teams. The ‘baby buddy’ app and ‘meals on heels’ app have been embedded across the county.

Early Years Support - in spring 2018 we brought together our Early Years Special Educational Needs and Inclusion Service, our Early Learning and Childcare Service and our Early Years Autism Team into a single Early Years and Child Care Service in order to pool our early years expertise. The single service provides support to ensure that young children get the best start in life and that their health, development and learning are the best they can be. The service works directly with children and families as well as with early years’ providers and schools.

Healthy Tots and Healthy Schools – following the launch of new websites in 2018, the Leicestershire Healthy Schools programme (LHSP) will launch a new and updated accreditation process. The new process is aligned with the most recent evidence and guidance and provides schools with the best guidance to improve pupil wellbeing. Both LHSP and Healthy Tots programmes continue to provide a range of evidence-based workshops for school staff, including staff and pupil mental health, bereavement, RSHE and much more. LHSP is also supporting the delivery of the DfE Wellbeing for Education Return to ensure pupils mental health and wellbeing is supporting during the COVID-19 pandemic.

Oral Health Promotion – the Oral Health Promotion Team moved in house to the Public Health Department in August 2018.The service provides oral health training in supervised tooth brushing for pre-school settings, training for frontline staff, oral health resource library and advice and displays. The service works with professionals to promote oral health and prevent tooth decay.

Mental Health

The considerable burden of mental illness means that strengthening individual resilience and helping people with mental illness to recover remain priorities for us. We are a partner in the Better Care Together Mental Health work-stream. The supporting programme incorporates a range of interventions aimed at helping people avoid becoming mentally ill and at mitigating the impact of mental illness in those who experience problems.

Mental ill Health Prevention - our RU OK? website provides information about sources of support. As part of the local Mental Health Partnership group we have developed supporting practices. Mental Health First Aid training is offered to front line staff. Our adult learning service has also designed a number of opportunities for adult social care users including those anxious and depressed. Healthier in Mind is progressing a mental health strategy for LLR owned with local communities. During Mental Health Awareness week in May 2020 councils, police and the NHS across the area came together to encourage residents who were experiencing mental health concerns during the pandemic to seek support. Tailored mental health information, advice and support was available via the Start a Conversation website on a three-tier basis: for those in crisis, who require urgent or emergency help; for those experiencing symptoms of depression or anxiety, who are struggling to cope; and for those who are more worried than usual and wish to improve their mental wellbeing. The resources help to signpost people to the most appropriate support for them in a clear and effective way.

Children's Mental Health - as part of the approach a toolkit has been launched for schools and an emotional wellbeing curriculum pack developed by young people on our County Youth Council. The pack has been launched to Leicestershire Secondary Schools as part of their Mental Health Awareness campaign and includes a variety of activities for work with young people aged 11 to 18. Through 'routes to resilience' we have supported an evidence-based approach to helping schools and families in their work developing the character, resilience and emotional wellbeing of children and young people. The programme has been offered to all state maintained and state funded primary schools, secondary schools and colleges across the county.

Suicide Prevention - local suicide prevention plans are led and delivered by the LLR Suicide Audit and Prevention Group (SAPG). The group consists of key partners and stakeholders from the Council, local NHS trusts, Leicestershire Police and many more. The group also lead the collective suicide awareness and prevention campaign, Start a Conversation.

Start a Conversation is a suicide prevention campaign that aims to build a community that is committed to the mental health and wellbeing of residents. A non-judging environment where care and support is available to those in distress or those bereaved or affected by suicide. Through a raised awareness and open and honest conversations about suicide we believe that every person has the potential to make a difference and save a life. The campaign is led by the council, working in partnership with a number of organisations, from a variety of sectors from the community, that have come together with a commitment to prevent suicide. We would like residents and communities to be more aware of the warning signs of suicidal behaviour and to have an open and honest approach to conversations about suicide.

In September 2020 we delivered a week-long series of events over World Suicide Prevention day to raise awareness of the LLR suicide prevention campaign. The events were taken up by more than 400 people and events ranged from exploring novel research in suicide first-responders to providing suicide bereavement training. The Suicide Audit and Prevention Group also continues to meet regularly and have been meeting weekly since the start of official Covid-19 lockdown, in March 2020. The group are providing a rapid response to support residents throughout the pandemic and are continuing efforts to deliver the local suicide prevention strategic approach, agreed in June 2020.

Physical Health - Sport and Physical Activity

The role of physical activity in improving our health and wellbeing is increasingly acknowledged, helping to reduce the major causes of premature death and illness, as well as the prevention and management of chronic diseases. Leicester-Shire and Rutland Sport (LRS), working closely with the County Council, play a key role to deliver sport and physical activity opportunities which support communities in achieving the UK Chief Medical Officers physical activity guidelines.

Physical inactivity directly contributes to one in six deaths in the UK. In November we supported recommendations in the Director of Public Health's Annual Report, on physical activity. This involves a coordinated approach to promote healthy weight across the life course by a range of different organisations, including an active environment, travel, early years and schools, people and families, workplace and workforces, active communities and physical activity as medicine. A strong overall systems leadership approach being essential. LRS led on developing Leicestershire's Physical Activity and Sport Strategy, which sets out a long-term vision for physical activity and sport and a framework for local action.

Working with the Council LRS, in partnerships with wider organisations implements range of services.

Sport and Physical Activity Grant - the Sport and Physical Activity (SPA) Grant Agreement represents a collaborative commissioning approach in Leicestershire to link up the physical activity related work of the County Council, Leicester-Shire and Rutland Sport (LRS) and the district councils and their local leisure, sport and physical activity providers. Each year, districts produce a commissioning plan, based on the Public Health Commissioning plan, outlining how they will deliver local programmes and campaigns.

Early Years Physical Activity - purposeful physical play/physical activity: high quality training course opportunities and an annual Conference with Awards, that Early Years practitioners or anyone that works with children under the age of 5 can access. Also supporting early years settings to deliver active travel interventions and to promote walking, cycling to parents.

Active Travel - working with the Safe & Sustainable Travel Team to support the School Sport & Physical Activity Networks and local Schools to implement Active Travel Initiatives such as Active Travel Month, Active Travel Grants, School Banner Competitions and Bike-ability.

Active Families - Active Families is a 4-year project funded by Sport England to engage inactive families in physical activity, creating behaviour change and encouraging families to become more active. In relation to weight management, supporting the Leicestershire Weight Management Service to integrate physical activity into the children's group-based sessions.

Workplace Wellbeing - public health and six local authorities have also funded LRS to develop a Wellbeing @ Work package which organisations across LLR can access free of charge to support the implementation of workplace health initiatives. One of the major programmes is the Workplace Health Needs Assessment which provides practical advice on workplace health and standardised survey questions to identify the key priority areas including healthy eating, physical activity, smoking and alcohol awareness and sleep and stress management.

Getting People Active – during 2019/20 £580,294 was invested into County Locality Sport and Physical Activity Plans. £798K DfE funding was also secured for holiday activities and food programmes within Leicestershire and £569K secured for 77 local clubs and organisations resulting from funding officer support. 43 organisations were supported to compete a Workplace Health Needs Assessment, engaging with 6,100 employees. £80,619 was invested in the development of 25 new Satellite Clubs. 58 clubs have been sustained since the beginning of the programme.

Healthy at Home - as the COVID-19 pandemic saw the country fall into lockdown, the Healthy at Home online offer was developed to help support the public get and stay active safely. The Healthy at Home landing page has seen over 8,500 page visits with the 4 key sub-pages on Working at Home, Wellbeing at Home, Active at Home and the virtual activity search engine totalling over 13,000 page visits. A partnership with BBC Radio Leicester saw over 2,016 hours of activity logged by the public on the LRS Activity Tracker during the Active Foxes Challenge. Creative social media content featuring videos, staff imagery and staff blogs was developed to engage the public during the lockdown. Over 4,300 Healthy at Home activity bags

containing information and support along with activity equipment were delivered to targeted groups across Leicestershire, Leicester & Rutland.

Sports Organisational Support - the Sports Organisation Support (SOS) initiative was designed to provide assistance to sports clubs and organisations to help them navigate through the COVID-19 restrictions. Specialist financial, risk management and health and safety advice was provided to over 100 sport and physical activity organisations to help them continue to operate and re-open safely. The SOS grant fund was established to help clubs and organisations pay essential costs to ensure they were able to continue operating and provide an invaluable service to the many people that attend them. Nearly £50,000 was granted to support 35 sports organisations in the county through the fund.

School Games Virtual Summer Championships - COVID-19 meant the School Games Championships could not run in its traditional format, however this didn't stop school children from across the county coming together, virtually, to take part in the first School Games Virtual Summer Championships in June. With over 3,000 young people putting forward their best score in a range of challenges, and there were over 15,000 entries into the 4 sports categories. The week-long championships started in mid-June during National School Sport Week and ran throughout the week, with young people able to take part in the challenges and upload their scores to represent their school. The virtual Championships gave even more young people the opportunity to participate and represent their school in this interactive county-wide competition, as the challenges were open to all and accessible, whether they were taking part individually at home, or back in a school environment. 123 schools were represented in the competition over the week.

Active Together - is a physical activity movement designed to support the residents of Leicester, Leicestershire & Rutland to become more active. Whilst central coordination of Active Together is driven by LRS, it is designed to be owned and utilised by a wide range of partners to support them to promote consistent physical activity messages which link to their own organisational programmes and outcomes. The focus during this time has been on developing a public facing campaign supported by our partners. Active Together along with the straplines of "My Way", "Let's Do This" and "Welcoming You Back Safely" have been used via social media to promote being active in your local place, return of the leisure facilities and active travel to school. October and November will see an offline offer being develop through use of billboards, ad-vans and radio.