

Leicestershire Joint Strategic Needs Assessment 2015

Chapter 2: **Review of the 2012 Joint Health and Wellbeing Strategy**



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CHAPTER 2 - REVIEW OF THE 2012 JOINT HEALTH AND WELLBEING STRATEGY

Leicestershire's Health and Wellbeing Board published their first Joint Health and Wellbeing Strategy in January 2013.¹ This was refreshed in February 2015 to ensure that the JHWS was still relevant in light of all the changes that have taken place in the health and social care system since the strategy was first published.

These reports are available from:

<http://www.lsr-online.org/joint-health-and-wellbeing-strat.html>

The JHWS reviewed the evidence presented in the JSNA, alongside engagement activities with key stakeholders to develop a strategy to improve the health and wellbeing of the population of Leicestershire. Progress on the strategy is reported in the Health and Wellbeing Board's Annual Report and the Leicestershire County Council Annual Report. Central to the strategy is the Health and Wellbeing Board's commitment to:

“add quality and years to life by improving health throughout people's lives, reducing inequalities and focusing on the needs of the local population”

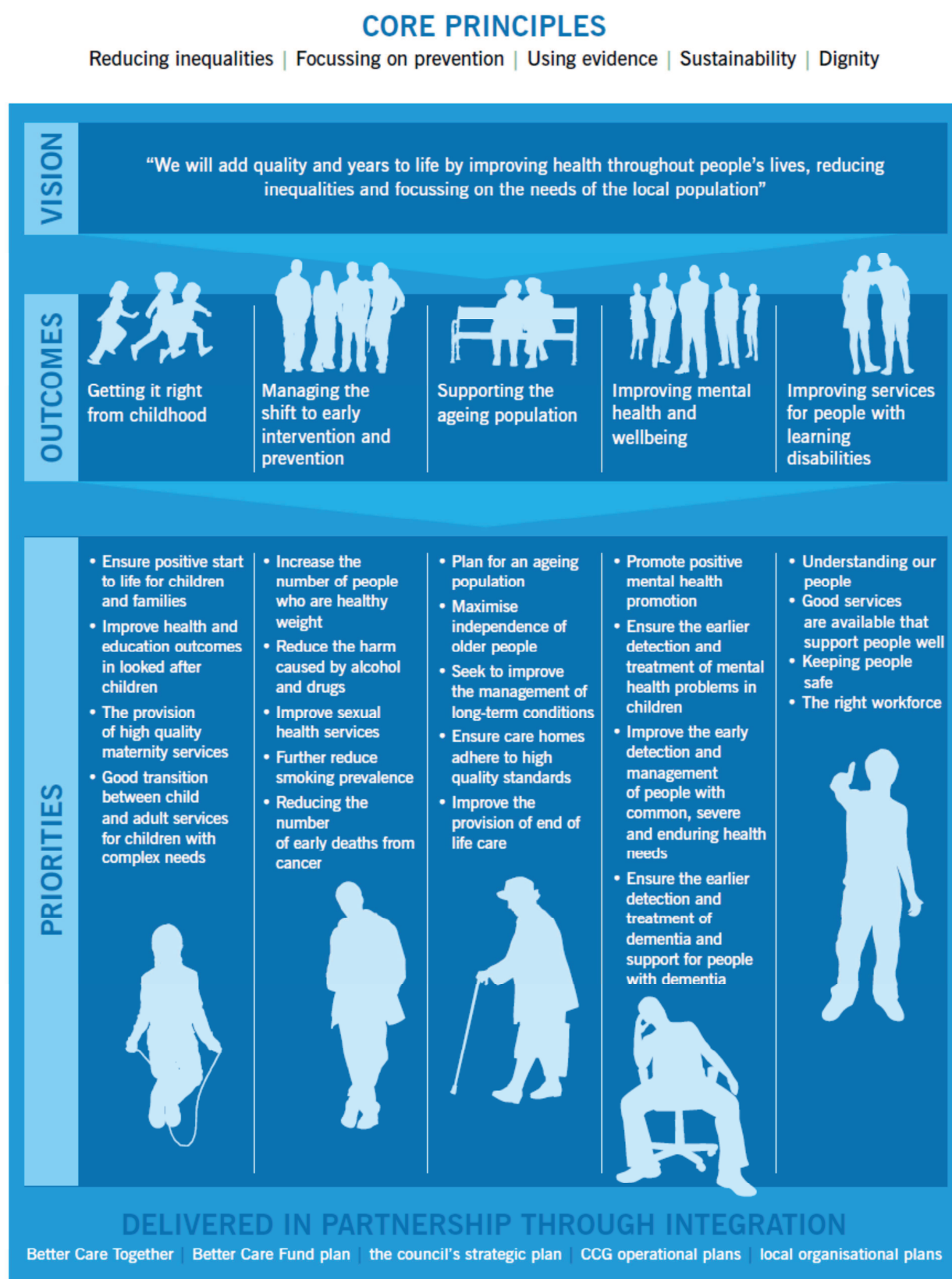
The 2013-16 strategy identified the five key outcomes set out below:

- Outcome 1: Getting it right from childhood;
- Outcome 2: Managing the shift to early intervention and prevention;
- Outcome 3: Supporting the ageing population;
- Outcome 4: Improving mental health and wellbeing; and
- Cross cutting theme: Tackling the wider determinants of health by influencing other Boards.

In 2015, the Health and Wellbeing Board reviewed the strategy in light of the changes to the health and social care system since the strategy was first developed. The strategy was update to include an additional objective:

- Outcome 5: Improving services for people with learning disabilities.

Figure 1: The Refreshed Joint Health and Wellbeing Strategy 2015-16



CROSS CUTTING THEME

Tackling the wider determinants of health by working effectively with partners

The aim of this section of the report is to look at the progress that has been made in delivering the objectives of the original strategy. Alongside the JSNA, a full performance update will be published later in the year alongside the Leicestershire County Council Annual Report.

The data used within this report is taken from the Public Health Outcomes framework, published in May 2015. The national publication is available from Public Health England and is accessible from:











<http://www.phoutcomes.info/>.

The localised view of this data for Leicestershire is available from:

<http://www.lsr-online.org/public-health-outcomes-framework.html>.

This data is more up-to-date than some of the data reported in the JSNA – this is due to timing of the development of the reports. It was felt that it was important to use the most current data available in this section.

The following legend key is used to assess the current performance.













Better than England average	Similar to England average	Worse than England average	Lower than England average	Similar to England average	Higher than England average	Not compared
						
Improved since previous year	Same as previous year	Worse than previous year				
						

1. Overarching

Within this section of the strategy we set out our key aspiration for the population of Leicestershire: *“Adding quality and years to life”*

Table 1 demonstrates that we are making good progress in this section. For both men and women life expectancy at birth, and at 65, are better than the average for England. The trend lines illustrate that life expectancy has increased, however this increase is not significant for the last two data periods.

Table 1: Overarching indicators performance – RAG, trends and direction of travel

Overarching	Period	Unit	Value	RAG	Sparkline	Direction of travel
Healthy life expectancy at birth - Male	2010 - 12	years	64.9			
Healthy life expectancy at birth - Female	2010 - 12	years	66.7			
Life expectancy at 65 - Male	2010 - 12	years	18.9			
Life expectancy at 65 - Female	2010 - 12	years	21.8			
Life Expectancy at birth - Male	2010 - 12	years	80.1			
Life Expectancy at birth - Female	2010 - 12	years	84.0			

2. Outcome 1: Getting it right from childhood

2.1. Ensure a positive start for children and families

Table 2 illustrates that there has been mixed progress in this section, with good levels of achievement for school readiness in Year 1 and population vaccination

coverage. Improvement needs to be made for infant mortality and tooth decay in five year olds. The school readiness indicator for reception aged children is flagged as red, but with no trend data it is not possible to assess a direction of travel for this indicator.










Table 2: Ensure a positive start for children and families – indicators performance RAG, time trends and direction of travel

Positive Start	Period	Unit	Value	RAG	Sparkline	Direction of travel
School Readiness: The percentage of children achieving a good level of development at the end of reception	2012/13	%	46.3			N/A
School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	2012/13	%	73.8			
Population vaccination coverage - MMR for one dose (2 years old)	2012/13	%	96.0			N/A
Population vaccination coverage - MMR for two doses (5 years old)	2012/13	%	93.5			N/A
Infant mortality	2010 - 12	per 1,000 population	3.6			
Tooth decay in children aged 5	2011/12	mean dmft per child	0.9			N/A

2.2. Improve health and education outcomes in looked after children

Table 3 illustrates the progress that has been made against this priority. The rate for looked after children and the proportion of children in need referrals with a completed initial assessment both show a good progress. Improvements are need for the remaining areas and especially for the percentage of children with free school meal status achieving a good level of development at the end of reception that currently are below the average for England.


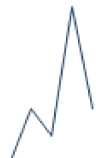









Table 3: Improve health and education outcomes in looked after children – indicators performance RAG, time trends and direction of travel

Health and education in LAC	Period	Unit	Value	RAG	Sparkline	Direction of travel
Assessment of children in need referrals: % of referrals with a completed initial assessment	2012/13	%	84.5			N/A
Development assessments for young looked after children: % aged <5 whose development assessments were up-to-date	2012/13	%	90.0			➡
Health assessments for looked after children: % who had an annual assessment	2012/13	%	83.7			➡
Looked after children in foster placements: % of looked after children	2013	%	74.5			N/A
Looked after children in secure units, children's homes and hostels: % of looked after children	2013	%	9.2			N/A
Looked after children: Rate per 10,000 <18 population	2013/14	per 10,000 population	33.8			N/A
Spend (£000s) on Children looked after: rate per 10,000 0-17	2012/13	£	1,622.8			N/A
School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2012/13	%	24.7			N/A
School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2012/13	%	56.3			⬆

2.3. The provision of high quality maternity services

Table 4 illustrates that there has been a mixed progress in this section, with only proportion of mothers with smoking status at time of delivery progressing well. Number of babies born with low birth weight babies shows a recent, decreasing trend but more improvement is required. Although breastfeeding initiation decreased in the most recent years, and Leicestershire is now lower than the England average, long-term data going back to 2010/11 shows a year on year improvement.

Table 4: The provision of high quality maternity services – indicators performance RAG, time trends and direction of travel

Maternity	Period	Unit	Value	RAG	Sparkline	Direction of travel
Low birth weight of term babies	2012	%	2.4			
Breastfeeding - Breastfeeding initiation	2013/14	%	68.7			
Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2013/14	%	45.2			N/A
Smoking status at time of delivery	2013/14	%	10.7			

2.4. Good transition between child and adult services for children with complex needs

Table 5 demonstrates that we are largely making a good progress in this section. However, the number of children who ceased to be looked after by local authority requires improvement as the rate is currently worse than the average for England.

Table 5: Good transition between child and adult services for children with complex needs – indicators performance RAG

Transitions	Period	Unit	Value	RAG	Sparkline	Direction of travel
Children in need due to abuse, neglect or family dysfunction: % of children in need	2012/13	%	56.0	●		N/A
Children in need for more than 2 years: % of children in need	2012/13	%	23.1	●		N/A
Children in need referrals: Rate of children in need referrals during the year, per 10,000 aged <18	2012/13	per 10,000 population	459.6	●		N/A
Children in need: Rate of children in need during the year, per 10,000 aged <18	2012/13	per 10,000 population	347.3	●		N/A
Children leaving care: Rate per 10,000 <18 population	2013/14	per 10,000 population	17.8	●		N/A

3. Outcome 2: Managing the shift to early intervention and prevention

3.1. Maintain or increase the number of children and adults who are a healthy weight

Table 6 demonstrates that we are making a good progress in this section. Leicestershire is performing better than the England average for the density of fast food outlets, proportion of children classified as overweight in Reception and in Year 6, and percentage of active and inactive adults.


Table 6 Maintain or increase the number of children and adults who are a healthy weight – indicators performance RAG, time trends and direction of travel

Adults and children healthy weight	Period	Unit	Value	RAG	Sparkline	Direction of travel
Density of fast food outlets	2013	per 100,000 population	65.6	●		N/A
Utilisation of outdoor space for exercise/health reasons	Mar 2013 Feb 2014	%	16.7	●		➡
Reception: Prevalence of overweight (including obese)	2012/13	%	21.0	●		➡
Year 6: Prevalence of overweight (including obese)	2012/13	%	31.3	●		➡
Excess Weight in Adults	2012	%	65.4	●		N/A
Percentage of physically active and inactive adults - active adults	2013	%	57.8	●		➡
Percentage of active and inactive adults - inactive adults	2013	%	26.3	●		➡
Sport facilities	2011		871.0	●		N/A

3.2. Reduce the harm caused by alcohol and drugs.

Table 7 demonstrates that we are making a good progress in this section. Alcohol related admissions to hospital, early deaths from liver disease as whole and from liver disease considered as preventable for Leicestershire are lower than the average for England.























Table 7 Reduce the harm caused by alcohol and drugs – indicators performance RAG, time trends and direction of travel

Alcohol and drugs	Period	Unit	Value	RAG	Sparkline	Direction of travel
Successful completion of drug treatment - opiate users	2013	%	10.7	●		⇒
Successful completion of drug treatment - non-opiate users	2013	%	36.8	●		⇒
Alcohol related admissions to hospital	2012/13	per 100,000 population	573.0	●		⇒
Under 75 mortality rate from liver disease	2011 - 13	per 100,000 population	14.4	●		⇒
Under 75 mortality rate from liver disease considered preventable	2011 - 13	per 100,000 population	13.0	●		⇒
Rate of adults in alcohol treatment	2012/13	per 1,000 population	2.6	●		N/A
Rate of adults in drug treatment	2012/13	per 1,000 population	3.1	●		N/A

3.3. Improve sexual health services for the Leicestershire population

Table 8 illustrates that there has been a mixed progress in this section. Conceptions in under 18s and under 16s, total and under 25s abortions, LARC prescriptions by GPs, and population vaccinations for HPV all show a good progress. Chlamydia diagnosis and detection rates are worse than the England average. Diagnoses of cervical cancer and late HIV diagnoses also require improvement.



Table 8 Improve sexual health services for the Leicestershire population – indicators performance RAG, time trends and direction of travel

Sexual health	Period	Unit	Value	RAG	Sparkline	Direction of travel
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2012	per 1,000 population	21.7			
Under 16s conception rate / 1,000 (PHOF indicator 2.04)	2012	per 1,000 population	4.1			
Cervical cancer registrations rate / 100,000	2009 - 11	per 100,000 population	10.1			
Chlamydia diagnosis rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2013	per 100,000 population	1,701.8			
Chlamydia detection rate (15-24 year olds) - CTAD	2013	per 100,000 population	1,701.8			
GP prescribed LARC rate / 1,000	2013	per 1,000 population	61.5			
HIV late diagnosis (%) (PHOF indicator 3.04)	2011 - 13	%	48.7			
Population vaccination coverage - HPV	2012/13	%	94.5			
Total abortions rate / 1,000	2013	per 1,000 population	12.1			
Under 25s repeat abortions (%)	2013	%	18.1			

3.4. Reduce smoking prevalence

Table 9 demonstrates that generally we are making a good progress in this section. The proportion of people who smoke requires some improvements.





Table 9 Reduce smoking prevalence – indicators performance RAG, time trends and direction of travel

Smoking	Period	Unit	Value	RAG	Sparkline	Direction of travel
Completeness of NS-SEC recording by Stop Smoking Services	2013/14	%	100.0	●		N/A
Smoking attributable mortality	2011 - 13	per 100,000 population	243.7	●		➡
Smoking prevalence - routine & manual	2013	%	28.0	●		➡
Smoking Prevalence (IHS)	2013	%	18.0	●		➡
Successful quitters (CO validated) at 4 weeks	2013/14	per 100,000 population	2,694.3	●		N/A
Successful quitters at 4 weeks	2013/14	per 100,000 population	3,972.0	●		N/A

3.5. Reduce the number of people who die prematurely from cancer

Table 10 demonstrates that we are making a good progress in this section, with low number of new cancer diagnoses, high uptake of breast and cervical cancer screening, and low deaths from cancers. Cancer registrations on GP systems are higher than the average for England.

Table 10 Reduce the number of people who die prematurely from cancer– indicators performance RAG, time trends and direction of travel



























Cancer	Period	Unit	Value	RAG	Sparkline	Direction of travel
Mortality from all cancers	2011-13	per 100,000	131.1	●		➡
Incidence of all cancers	2010-12	per 100,000	384.7	●		➡
Cancer screening coverage - breast cancer	2014	%	83.3	●		➡
Cancer screening coverage - cervical cancer	2014	%	78.4	●		➡
Under 75 mortality rate from cancer	2011 - 13	per 100,000 population	131.1	●		➡
Under 75 mortality rate from cancer considered preventable	2011 - 13	per 100,000 population	74.1	●		➡
Cancer prevalence (per cent)	2013/14	%	2.3	●		N/A

4. Outcome 3: Supporting the ageing population

4.1. Plan for an ageing population

Table 11 illustrates that there has been a mixed progress in this section. The proportion of clients aged 65 and over receiving Self Directed Support and health related quality of life for older people are both better than the average for England. However, there are several areas where improvement is needed, including: the proportion of older people aged 65 and over offered reablement services following discharge from hospital, social isolation of adult social care users, fuel poverty, and excess winter deaths.

Table 11 Plan for an ageing population – indicators performance RAG, time trends and direction of travel

Ageing	Period	Unit	Value	RAG	Sparkline	Direction of travel
% clients aged 65+ receiving Self Directed Support	2012/13	%	72.7			
Adults receiving equipment and adaptations on 31st March per 100,000	2012/13	per 100,000 population	491.1			N/A
Adults receiving home care on 31st March per 100,000	2012/13	per 100,000 population	716.1			N/A
Adults receiving meals on 31st March per 100,000	2012/13	per 100,000 population	67.0			N/A
Adults receiving other services on 31st March per 100,000	2012/13	per 100,000 population	45.0			N/A
Adults receiving professional support on 31st March per 100,000	2012/13	per 100,000 population	69.9			N/A
Adults receiving short term residential care on 31st March per 100,000	2012/13	per 100,000 population	18.2			N/A
Adults receiving community support on 31st March per 100,000	2012/13	per 100,000 population	1,504.1			N/A
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	2012/13	%	78.6			
The proportion of older people aged 65 and over offered reablement services following discharge from hospital.	2012/13	%	2.9			
Fuel Poverty	2012	%	11.3			
Social Isolation: % of adult social care users who have as much social contact as they would like	2012/13	%	46.8			
Social Isolation: % of adult carers who have as much social contact as they would like	2012/13	%	40.6			N/A
Health related quality of life for older people	2012/13		0.7			
Excess Winter Deaths Index (3 years, all ages)	Aug 2009 - Jul 2012		20.6			
Excess Winter Deaths Index (3 years, ages 85+)	Aug 2009 - Jul 2012		26.2			

4.2. **Maximise independence in older people**

Table 11 illustrates that we are making a good progress in this section. Leicestershire shows a good progress for emergency readmissions within 28 days, injuries due to falls in people aged 65 and over, and hip fractures in people aged 65 and over. Some areas will require improvement, for example delayed transfer of care.










Table 12 Maximise independence in older people – indicators performance RAG, time trends and direction of travel

Independence	Period	Unit	Value	RAG	Sparkline	Direction of travel
Adults supported to live independently per 100,000	2009/10	per 100,000 population	2,785.8	●		N/A
Emergency readmissions within 28 days	2010/11	%	11.1	●		➡
Total delayed transfers of care	2012/13	per 100,000 population	10.8	●		➡
Injuries due to falls in people aged 65 and over (Persons)	2012/13	per 100,000 population	1,504.1	●		➡
Injuries due to falls in people aged 65 and over - aged 65-79	2012/13	per 100,000 population	738.3	●		➡
Injuries due to falls in people aged 65 and over - aged 80+	2012/13	per 100,000 population	3,725.1	●		➡
Hip fractures in people aged 65 and over	2012/13	per 100,000 population	511.5	●		➡
Hip fractures in people aged 65 and over - aged 65-79	2012/13	per 100,000 population	215.5	●		➡
Hip fractures in people aged 65 and over - aged 80+	2012/13	per 100,000 population	1,369.8	●		➡
Stroke or Transient Ischaemic Attacks (TIA) Prevalence (per cent)	2013/14	%	1.7	●		N/A

4.3. Improve the management of long-term conditions

Table 13 illustrates the progress that has been made against this priority. The coverage of flu vaccination for people aged 65 and over requires improvement. In 2012/13 it was worse than the England average and the performance is worse than in the previous year. The prevalence of hypertension in Leicestershire is significantly higher than the average for England, whereas chronic obstructive disease and coronary heart disease registrations are significantly lower than the England average.


Table 13 Improve the management of long-term conditions– indicators performance RAG, time trends and direction of travel

Long term conditions	Period	Unit	Value	RAG	Sparkline	Direction of travel
% of people with long term conditions supported to manage their condition	2010/11 Q1-Q4	%	77.9			N/A
Having a long term condition or disability	2011	%	19.1			N/A
Daily activities limited a lot by long term condition or disability	2011	%	8.3			N/A
Daily activities limited a little by long term condition or disability	2011	%	10.7			N/A
Population vaccination coverage - Flu (aged 65+)	2012/13	%	72.7			
Chronic Obstructive Pulmonary Disease Prevalence (per cent)	2013/14	%	1.6			N/A
Cardiovascular Disease Primary Prevention Prevalence (per cent)	2013/14	%	3.1			N/A
Hypertension Prevalence (per cent)	2013/14	%	14.5			N/A

4.4. Ensure care homes adhere to the highest standards of dignity and quality and make sure carer training in organisations is improved

Table 14 illustrates that there has been a mixed progress in this section. Leicestershire is performing well for overall satisfaction of people who use services with their care and support, and permanent admissions into nursing care. However, there are areas where improvement is required, including permanent admissions into nursing care per 100,000 for people aged 65 and over, and permanent admission into nursing care.

Table 14 Care homes – indicators performance RAG, time trends and direction of travel

Care homes	Period	Unit	Value	RAG	Sparkline	Direction of travel
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	2012/13	per 100,000 population	762.7	●		➡
Permanent admissions into residential care per 100,000	2012/13	per 100,000 population	147.4	●		➡
Permanent admissions into nursing care per 100,000	2012/13	per 100,000 population	38.3	●		➡
Adults in permanent residential care on 31st March per 100,000	2012/13	per 100,000 population	382.0	●		➡
Overall satisfaction of people who use services with their care and support	2012/13	%	67.9	●		⬆

4.5. Improve the provision of end of life care and support for people who wish to die at home and support for their carers.

Table 15 illustrates the progress that has been made against this priority. The prevalence of palliative care on GP systems in Leicestershire is significantly higher than the average for England.

Table 15 End of life care and support indicators – performance RAG, time trends and direction of travel





End of life	Period	Unit	Value	RAG	Sparkline	Direction of travel
Carer-reported quality of life	2012/13	Average composite score	7.9	●		N/A
Palliative Care Prevalence (per cent)	2013/14	%	0.5	●		N/A

5. Outcome 4: Improving mental health and wellbeing

5.1. Promote positive mental health promotion

Error! Reference source not found. illustrates that there has been a mixed progress in this section. Emergency admissions for intentional self-harm are showing good progress and are better than the average for England. In 2012/13 Leicestershire performed similar to the England average for self-reported wellbeing indicators with low worthwhile score and low happiness score showing a performance that was worse than in the previous year. This area might require some improvements.

Table 16: Mental health promotion – performance RAG, time trends and direction of travel

Promotion	Period	Unit	Value	RAG	Sparkline	Direction of travel
Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population	2012/13	per 10,000 population	83.0			N/A
Self-reported well-being - people with a low satisfaction score	2012/13	%	4.7			⇒
Self-reported well-being - people with a low worthwhile score	2012/13	%	4.8			⇒
Self-reported well-being - people with a low happiness score	2012/13	%	8.9			⇒
Self-reported well-being - people with a high anxiety score	2012/13	%	21.0			⇒
Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate	2012/13	per 100,000 population	122.5			⇒
Physical health checks for patients with SMI: Summary score (average of the 6 physical health check indicators)	2013/14		78.9			N/A

5.2. Ensure the earlier detection and treatment of mental health problems in children

Table 17 illustrates the progress that has been made against this priority. In 2013, 8.7% of children aged 5-16 years in Leicestershire were estimated to have mental health disorders. The proportion of pupils with behavioural, emotional and social support needs is lower than the average for England.















Table 17: Earlier detection and treatment of mental health problems in children – performance RAG, time trends and direction of travel

Children	Period	Unit	Value	RAG	Sparkline	Direction of travel
Estimated prevalence of any mental health disorder: % population aged 5-16	2013	%	8.7	●		N/A
Estimated prevalence of conduct disorders: % population aged 5-16	2013	%	5.2	●		N/A
Estimated prevalence of emotional disorders: % population aged 5-16	2013	%	3.4	●		N/A
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2013	%	1.4	●		N/A
Pupils with behavioural, emotional and social support needs: % of school pupils with behavioural, emotional and social support needs	2014	%	1.0	●		N/A

5.3. Continue to improve the early detection and management of people with common and severe and enduring mental health needs

Table 18 illustrates the progress that has been made against this priority. There are a number of areas that will require improvements in this section. Adults with mental health problems show not only a rate that is worse than the average for England, but also there was no improvement in the performance over the last two years. At the same time, hospital admission for depressions show good achievement with the rate being better than the England average. GP registration of depression is higher, and of mental health problems is lower, than the England average.


Table 18: Early detection and management of people with mental health needs – performance RAG, time trends and direction of travel

Management	Period	Unit	Value	RAG	Sparkline	Direction of travel
Adults with mental health problems supported throughout the year per 100,000	2012/13	per 100,000 population	214.8			
% reporting a long-term mental health problem	2012/13	%	4.4			N/A
People in contact with mental health services per 100,000 population	2013/14 Q1	per 100,000 population	2,084.7			N/A
Attendances at A&E for a psychiatric disorder per 100,000 population	2012/13	per 100,000 population	53.5			N/A
Admissions for depression: Directly standardised rate for hospital admissions for unipolar depressive disorders per 100,000 aged 15 and over	2009/10 - 11/12	per 100,000 population	27.8			N/A
% of adults in contact with secondary mental health services who live in stable and appropriate accommodation	2012/13	%	42.8			N/A
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2012/13	percentage points	66.4			N/A
Excess under 75 mortality rate in adults with serious mental illness	2011/12	Indirectly standardised ratio	362.6			
Suicide rate	2011 - 13	per 100,000 population	8.8			
Depression Prevalence (per cent)	2013/14	%	8.2			N/A
Mental Health Prevalence (per cent)	2013/14	%	0.7			N/A

5.4. Earlier detection and treatment of dementia and support for people with dementia and their carers

Table 19 illustrates the progress that has been made against this priority. The prevalence of dementia as recorded on the GP systems in Leicestershire is similar to the average for England.

Table 19: Detection and treatment of dementia – performance RAG, time trends and direction of travel













Dementia	Period	Unit	Value	RAG	Sparkline	Direction of travel
Dementia Prevalence (per cent)	2013/14	%	0.6			N/A

6. Outcome 5: Improving services for people with learning disabilities

6.1. Understanding our people

Table 20 illustrates the progress that has been made against this priority. The prevalence of learning disabilities as reported on GP systems and the number of adults (18 to 64) with learning disability known to Local Authorities are both lower than the average for England. The number of children with learning disabilities known to schools is similar to the England average.







Table 20 Understanding people with learning disabilities – performance RAG, time trends and direction of travel

Learning disabilities	Period	Unit	Value	RAG	Sparkline	Direction of travel
Learning Disabilities Prevalence (per cent)	2013/14	%	0.4			N/A
Adults (18 to 64) with learning disability known to Local Authorities per 1,000 population	2011-12	per 1,000 population	3.3			N/A
Adults (age 18-64) receiving direct payments (%)	2011-12	%	34.1			N/A
Children with Moderate Learning Difficulties known to schools per 1,000 pupils	Jan 2012	per 1,000 pupils	18.2			N/A
Children with Severe Learning Difficulties known to schools per 1,000 pupils	Jan 2012	per 1,000 pupils	4.6			N/A
Children with Profound & Multiple Learning Difficulty known to schools per 1,000 pupils	Jan 2012	per 1,000 pupils	1.3			N/A
Children with learning disabilities known to schools per 1,000 pupils	Jan 2012	per 1,000 pupils	24.1			N/A

6.2. Good services are available that support people well

Table 21 illustrates the progress that has been made against this priority. The number of adults with learning disabilities supported throughout the year requires improvement.





Table 21 Good services for people with learning disabilities – performance RAG, time trends and direction of travel

Learning disabilities	Period	Unit	Value	RAG	Sparkline	Direction of travel
Adults with learning disabilities supported throughout the year per 100,000	2012/13	per 100,000 population	193.6			
Adults using day care services supported by the LA (per 1,000 people)	2011-12	per 1,000 population	347.3			N/A
Adults receiving community services supported by local authorities (per 1,000 people)	2011-12	per 1,000 population	648.9			N/A

6.3. Keeping people safe

Table 22 illustrates that improvement is required for adults with learning disabilities living in settled accommodation. In 2012/13 the proportion was worse than the average for England, however the performance improved from the previous year.



Table 22 Keeping people with learning disabilities safe – performance RAG, time trends and direction of travel

Learning disabilities	Period	Unit	Value	RAG	Sparkline	Direction of travel
Adults with learning disabilities in settled accommodation	2012/13	%	61.6			
Adults with a learning disability who live in stable and appropriate accommodation	2012/13	%	61.6			N/A

6.4. The right workforce

Table 23 illustrates the progress that has been made against this priority. The proportion of adults with learning disabilities in paid employment requires improvement. In 2012/13, the proportion was worse than the England average. Adults in contact with mental health services in employment also require improvement.



Table 23 The right workforce – performance RAG, time trends and direction of travel

Learning disabilities	Period	Unit	Value	RAG	Sparkline	Direction of travel
Proportion of adults with learning disabilities in paid employment	2012/13	%	1.6	●		➡
Adults in contact with mental health services in employment	2012/13	%	8.0	●		⬇
Gap in the employment rate between those with a learning disability and the overall employment rate	2013/14	percentage points	70.5	●		N/A

7. Tackling the wider determinants of health

Table 24 illustrates that we are making a good progress in this section. The proportion of all dependent children under 20 in relative poverty and the proportion of children under 16 in low income families are both better than the average for England.

Table 24 Child poverty – performance RAG, time trends and direction of travel

Child poverty	Period	Unit	Value	RAG	Sparkline	Direction of travel
Children in poverty (all dependent children under 20)	2011	%	11.6	●		➡
Children in poverty (under 16s)	2011	%	12.1	●		➡

REFERENCES

1. Leicestershire County Council. *Leicestershire's Joint Health and Wellbeing Strategy 2013-16*. 38 (2013). at <http://www.leics.gov.uk/healthwellbeingboard.htm>