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'It's about our life, our health, our care, our family and our community'

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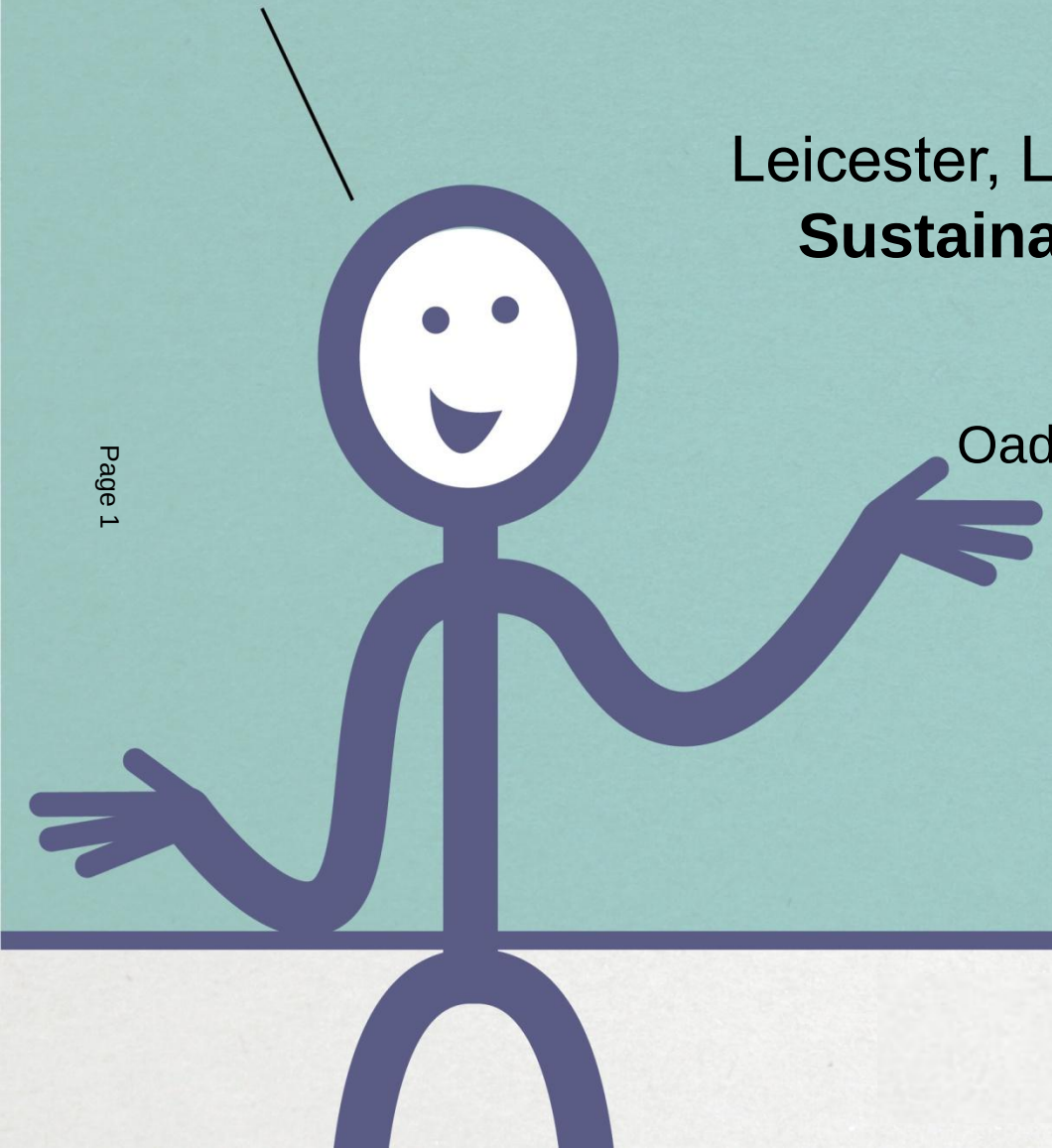
Leicester, Leicestershire & Rutland health and social care



Leicester, Leicestershire and Rutland's **Sustainability & Transformation Plan (STP)**

Oadby and Wigston HWBB

Angela Bright, Chief Operating Officer, WLCCG

NHS

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Content

Part 1 - Overview of the STP and its Priorities

Part 2 – New Models of care - Integrated Locality Teams

Rutland County Council healthwatch Leicester City Council Leicestershire County Council NHS

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What is the STP?

- Health and care ‘place based’ plan for Leicester, Leicestershire & Rutland (LLR) ‘footprint’ (one of 44 nationally)
- Addressing local issues and implementing the NHS 5 year forward view to March 2021
- Makes the case for national/external capital investment and access to non-recurrent transformation funding to support national and local priorities
- Progression of BCT work, but with clearer focus on implementing a few key system priorities
- 76 page document supported by detailed finance, activity, bed capacity and workforce templates
- Latest draft plan submitted to NHSE 21st October 2016.
- Publication by end of November with a view to proceeding to public consultation, where required in 2017

NHS

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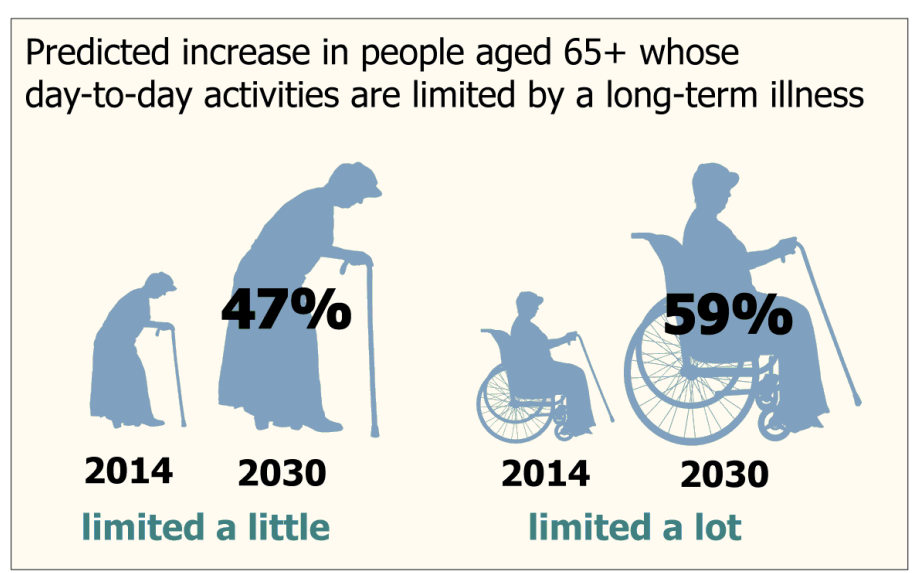
Making us fit for future care

Across Leicester, Leicestershire and Rutland our population is growing

The older population is predicted to increase by 11% in next five years

Long term illnesses are also increasing

This leads to a greater demand for health and care services



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Leicester City Council
Leicestershire County Council
NHS

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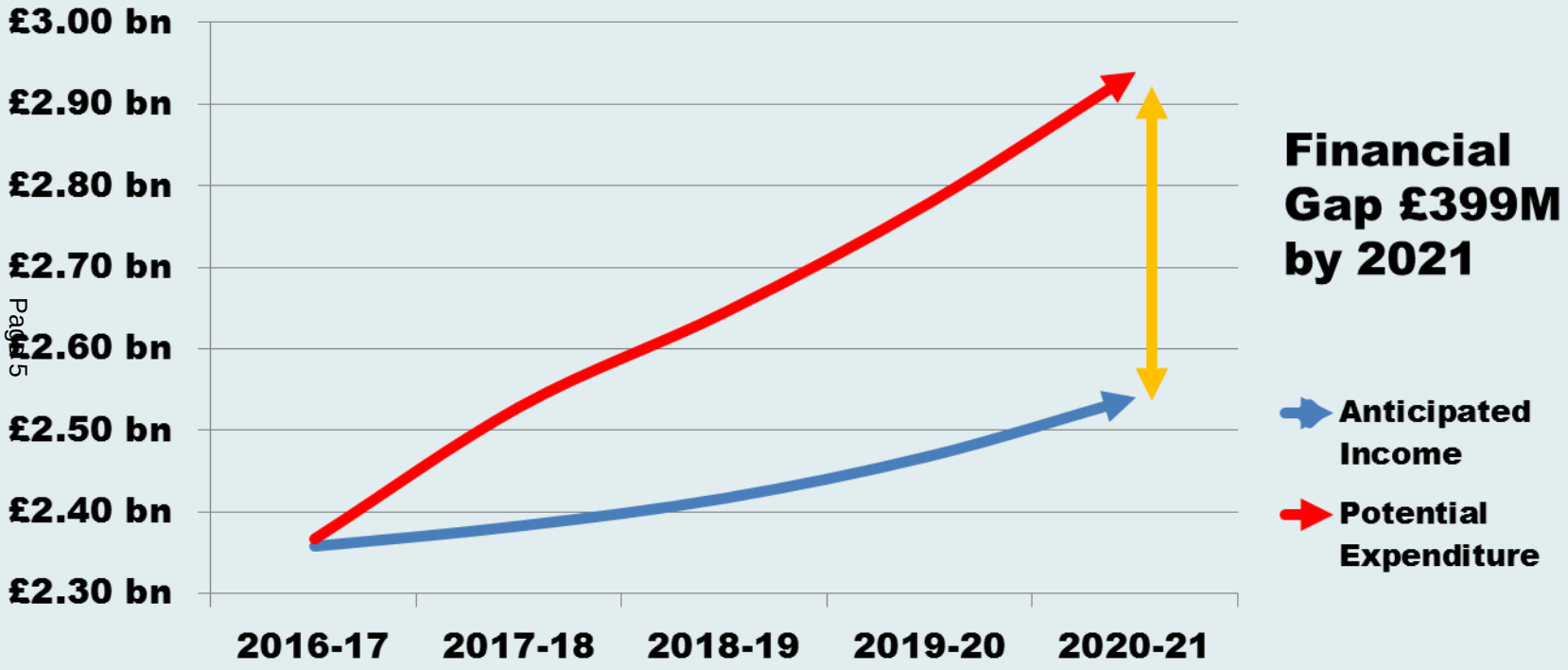
Identifying the health and care financial gap



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healthwatch
Leicester City Council
Leicestershire County Council
NHS

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The money context

- We currently spend c£1.6b on NHS services across LLR
- By the end of the STP 5 year plan this will *increase* to c£1.8b
- But, demand and demographic growth plus the cost of delivering services and new treatments will outstrip these increased resources by c£342m across the local NHS and a further c£57m across the local authorities
- The STP is not about ‘cuts’ but it is about choices in how we spend public money
- The approach we are taking to this is a ‘placed based budget’ one that looks across organisations at the ‘LLR pound’
- And which focuses on new ways of working and models of care that manage demand and are more efficient

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The local ‘triple aim’ gap issues our STP needs to address

Health and wellbeing outcomes gap:

- Lifestyle and Prevention
- Outcome and Inequalities (people’s health outcomes not being determined by things like where they live)
- Mental Health Parity of Esteem (mental health services on an equal footing with other parts of health)

Care and quality gap:

- Emergency Care Pathway (A&E and ambulance handover delays)
- General Practice variation and resilience
- Clinical workforce supply (ensuring we have the staff in place we need to deliver our plans)

Finance and efficiency gap:

- Provider systems and processes (internal efficiency)
- Estates configuration (how we use our buildings)
- Back office functions

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LLR STP priority areas

1. **New models of Care** focussed on prevention and moderation of demand growth – Home First, Integrated Locality Teams, Urgent Care, Planned Care, Resilient General Practice
2. **Service Configuration** to ensure clinical and financial sustainability – acute and community hospitals
3. **Redesign of Pathways** to delivered improved outcomes for patients and deliver core services and quality standards -
4. **Operational Efficiencies** – e.g Review of 'Back office' functions ;Medicines optimisation; Estate utilisation
5. **Getting the Enablers Right** - IMT ; workforce ; estates; joint commissioning.

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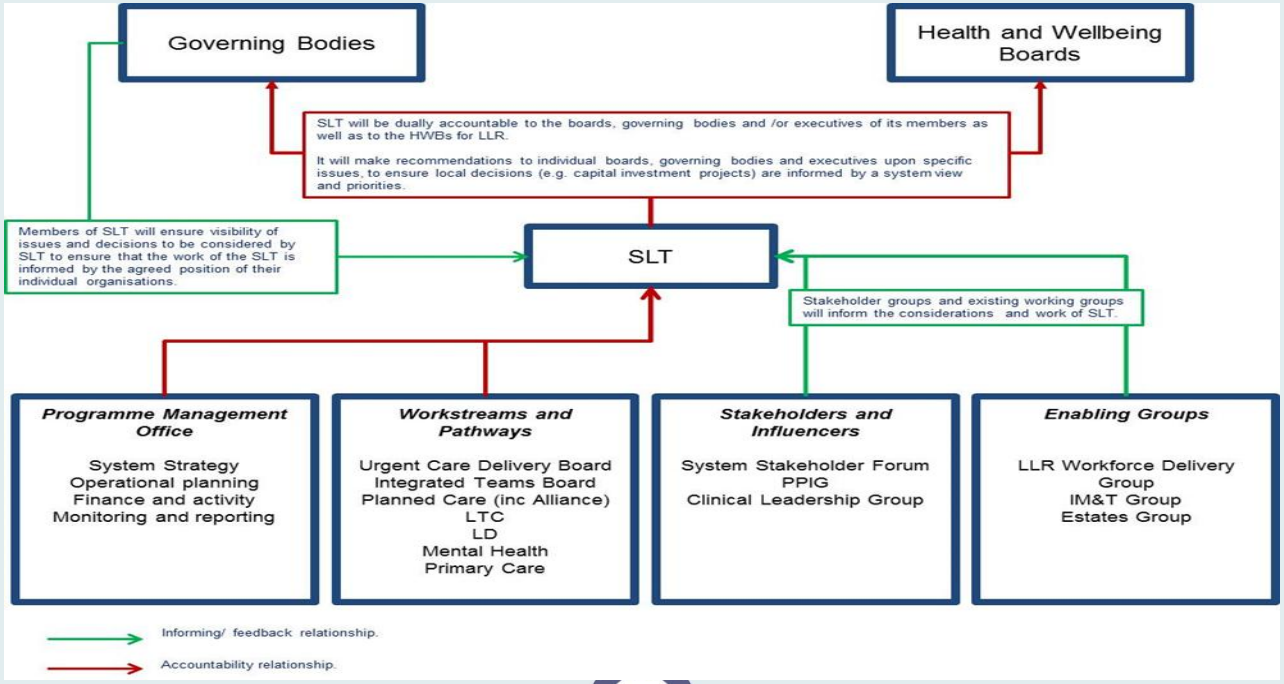
New Governance Arrangements



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STP Strand 1 – New models of Care – Home First

We believe that being at home with support is the best place for many people to stay well and manage their conditions or illnesses.

In practical terms this means everyone should ask:

“Why is this patient not at home?” or
“How best can we keep them at home?”

We call this principle “Home First”

The journey through care for patients

Patient managing their own conditions and preventing illness through healthier living

Prevention Work stream

GP practice co-ordinates care

General Practice Programme

"Federations" of GPs working together to deliver enhanced care and diagnostics

General Practice work Programme

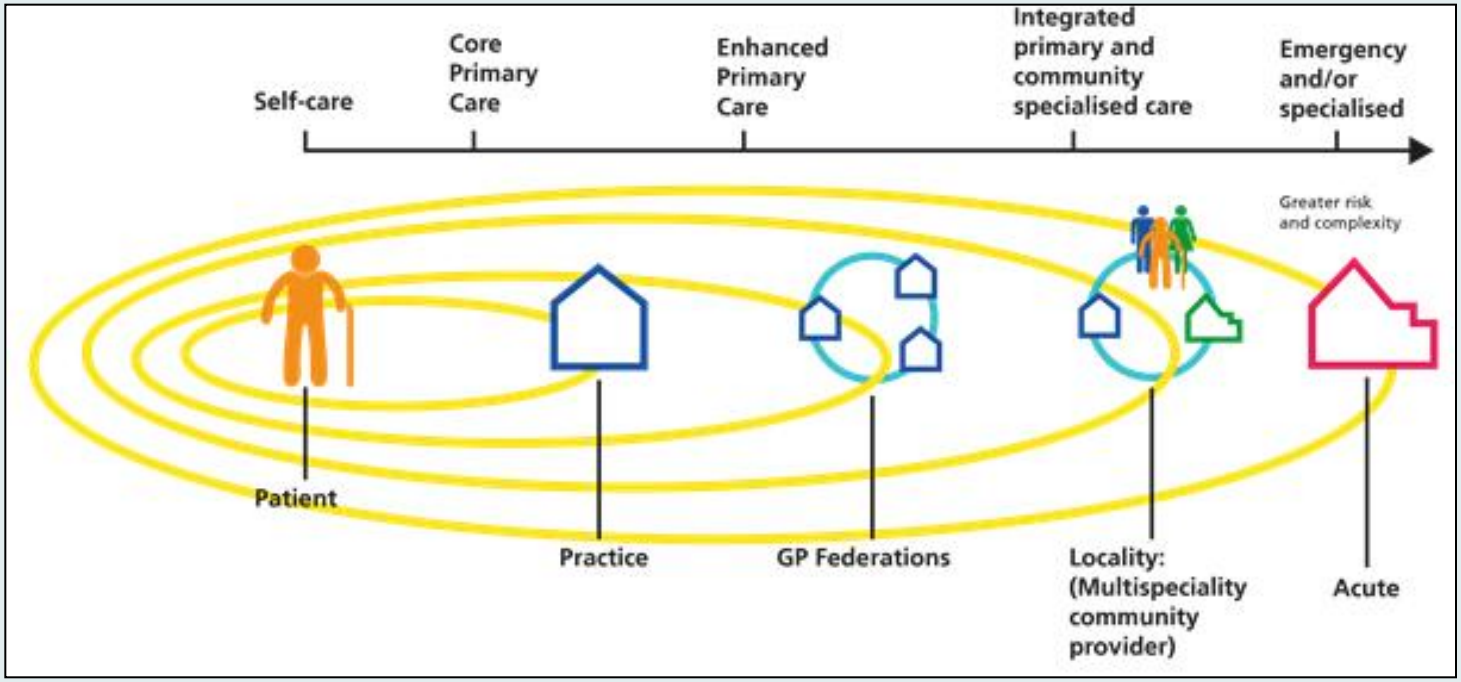
Community based care and support from local teams

Integrated Teams and Home First Programmes

Care when you need urgent medical attention

Urgent Care Programme

Supporting patients through Integrated Locality Teams



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THE CHANGE BEING INTRODUCED

Commissioners, GPs, Federations, Social Care, Acute and Community Services will collaborate to introduce a new model of care focussing on 4 key areas:

1) **Increasing prevention and self management**
2) **Developing accessible and responsive unscheduled primary and community care**
3) **Developing extended primary and community teams**
4) **Securing specialist support in non acute settings**

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WHO WILL BENEFIT FROM THE MODEL?

PHASE 1 = 3 cohorts:

- ❑ Adults with 5 or more chronic conditions
- ❑ All adults with a 'frailty' marker, regardless of age but related to impaired function
- ❑ Adults whose secondary care costs are predicted to cost three or more times the average cost over the next twelve months

(inc. people transitioning to end of life care, intensive specialist community or residential care.

In the future the whole population will benefit from integrated locality teams

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WHAT'S THE "ASK?"

- Develop a deep understanding of the needs of the three groups of service users, across organisational boundaries and data sets.
- Identify how care and support varies, why it varies, and how these differences can be addressed.
- Define new ways of working and support staff to change their practice.
- Undertake some initial tests of new ways of working.
- Plan how the new ways of working can be rolled out across all eleven localities during 2017/18.

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Integrated Locality Teams and Sub Locality Structure

WLCCG Integrated Teams Locality and Sub Locality Structure

North West Leics
103,878

WEIR
Ashby Med Centre
Ashby Surgery
Measham
Ibstock
40,658

WIGGINS
Long Lane
Hugglescote
Markfield
28,381

MURRAY
Castle Donington
Broom Leys
Manor House
Hepplewhite (Whitwick)
Lewis (Whitwick)
Whitwick Surgery
34,839

Hinckley & Bosworth
114,696

BROWNLEE
Centre Surgery
Barwell & Hollycroft
The Maples
Castle Mead
37,798

FARAH
Heath Lane
Newbold Verdon
Desford
Groby
Ratby
35,688

STOREY
Orchard
Stoney Stanton
Burbage
Station View
41,210

South Charnwood
76,942

AINSLIE
Mahavir
Anstey
Thurmaston
Silverdale
Greengate
Birstall
37,994

HOY
Quorn
Cottage Surgery
Banks Surgery
Highgate Surgery
Charnwood
Alpine House
Barrow
38,948

North Charnwood
83,666

ENNIS
Bridge Street
Park View
Pinfold
Woodbrook
L'boro University
50,330

RUTHERFORD
Forest House
Dishley Grange
Rosebery Street
Field Street
33,336

ELRCCG Integrated Teams Locality and Sub Locality Structure

Melton & Rutland
101,606

Syston & Melton
Jubilee
County
Latham House
Long Clawson
64,859

Rutland
Empingham
Oakham
Market Overton
Uppingham
36,747

Oadby & Wigston
55,006

Oadby
Severn
Croft
Rosemead Drive
Central
25,845

Wigston
Bushloe
Wigston
South Wigston
29,161

Blaby & Lutterworth
106,688

South Blaby &
Lutterworth
Enderby
Northfield
Hazelmere
Narborough
Countesthorpe
Limes
Lutterworth
Wycliffe
67,817

North Blaby
Kingsway
Forest House
Glenfield
38,871

Market Harborough
59,260

Market Harborough
Husbands Bosworth
Market Harborough
27,849

South East
Billesdon
Two Shires
Kibworth
31,411

LCCCG Integrated Teams Locality and Sub Locality Structure

North West
109,154

BRAUNSTONE HSCC
Hockley Farm
Merridale
25,672

BELGRAVE
Beaumont Lodge
The Practice Beaumont Leys
Westcotes HC (Dr Lawrence)
Groby Road MC
Heatherbrook Surgery
Manor Park MC
47,950

WESTCOTES
Briton Street Surgery
Fosse MC
The Parks
Westcotes 1
Westcotes 2
Oakmeadow Surgery
Fosse Family Practice
Westcotes HC (Dr Hazeldine)
35,532

South
90,056

MERIDIAN
De Montfort University
Walnut Street MC
Clarendon Park MC
Victoria Park HC
52,730

PASLEY ROAD
Aylestone Med Centre
Surgery @ Aylestone
Saffron Health
The Hedges MC
Pasley Road (Dr Singh)
Pasley Road HC
(Dr Khong)
37,326

Central
124,203

ST PETERS
Community Health Centre
Highfields Surgery
Highfields MC
Al-Waqas
Shefa Medical Practice
Dr Mansingh, St Peters
37,578

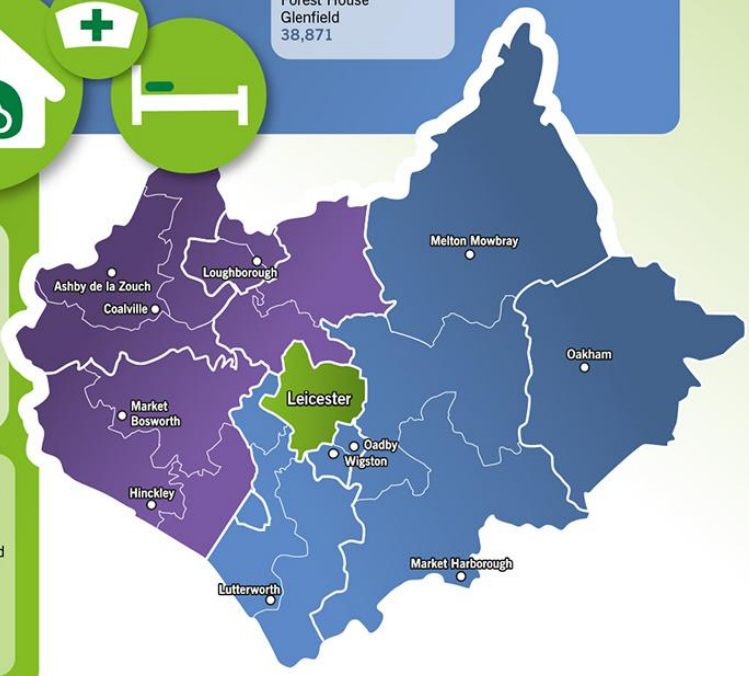
MERLYN VAZ
East Park MC
The Charnwood Practice
East Leicester MP
Dr Kapur, Melbourne Rd
St Matthews MC
36,236

RUSHEY MEAD
Canon St
Spinney Hill MC
Evington MC
Dr Kapur Brandon St
Brandon St Surgery
(pooled list)
Belgrave Surgery
Broadhurst Surgery
50,389

North East
65,702

SPRINGFIELD ROAD
Ar-Razi
Asquith Surgery
Downing Drive
St Elizabeth's
Willowbrook
The Willows
35,822

UPPINGHAM ROAD
Sayeed Med Centre
Johnson MP
Humberstone MP
The Practice Rushey Mead
Rushey Mead HC
29,880



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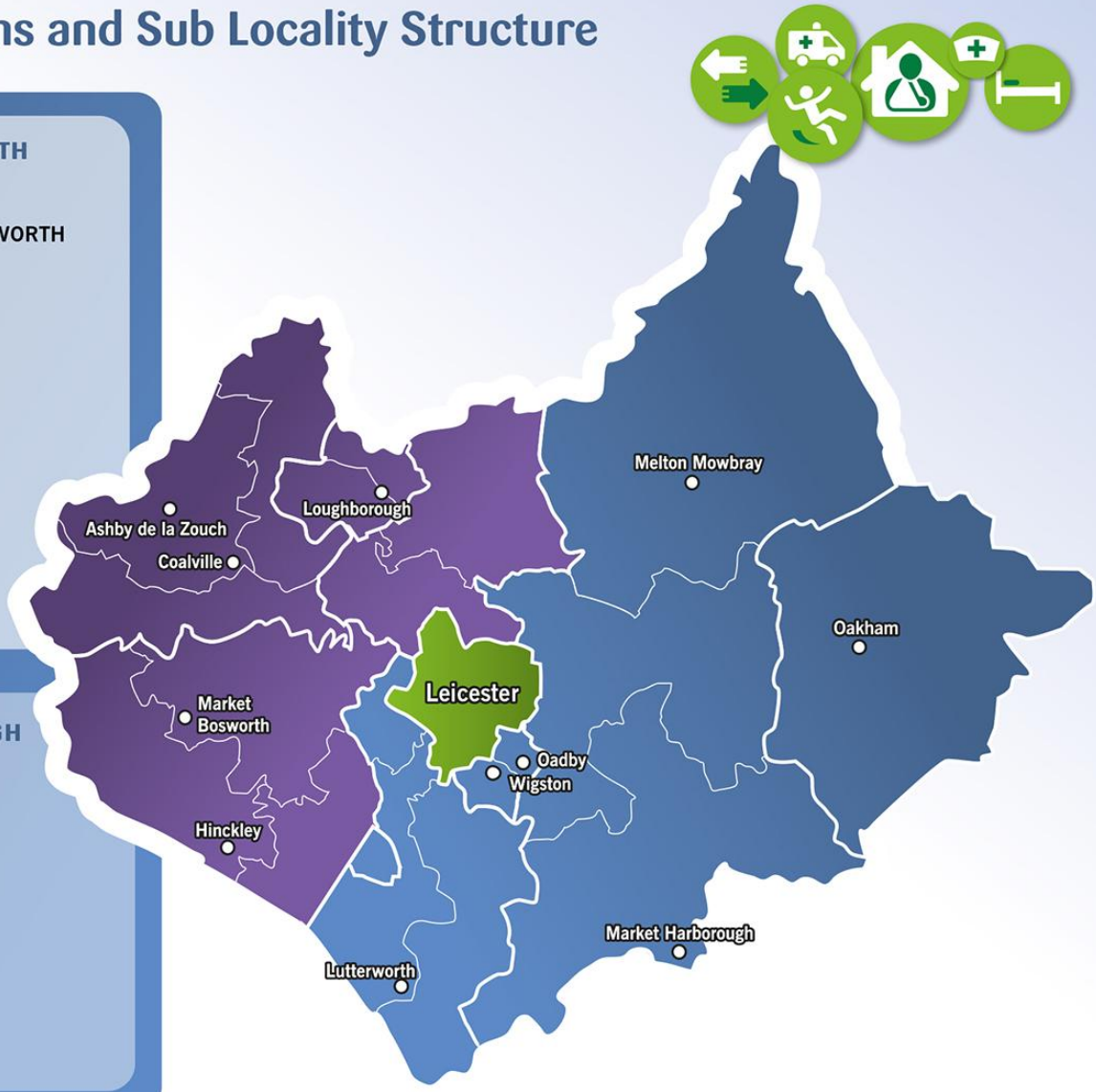

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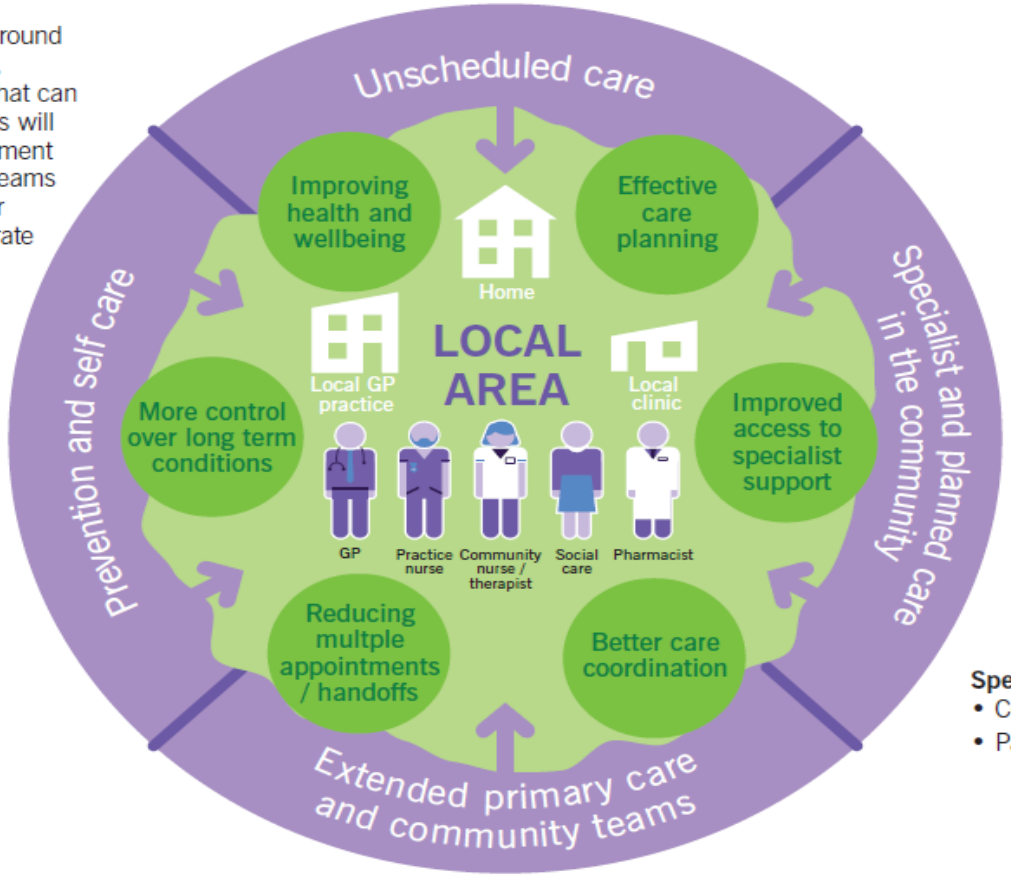
Your Integrated Locality Teams (Leicester, Leicestershire and Rutland)

A new innovative approach to joint working in your community

Our model of integration wraps around the patient and their GP practice, extending the care and support that can be offered in the community. This will be delivered through the development of new multidisciplinary locality teams who will be jointly responsible for patient care and initially concentrate on specific groups of patients.

Cohorts:
The specific groups of patients who will initially benefit from this model in Leicester, Leicestershire and Rutland from April 2017 are:

- Adults with five or more chronic conditions
- People with a frailty marker regardless of age (impaired function)
- Adults whose acute care costs are predicted to be three times the average over the next 12 months



LLR System Benefits

- Reducing the number of permanent admissions to residential care
- Supporting people to recover and be reabled at home - enabling people to stay in their home for longer
- Reducing the number of bed days and delayed transfers from hospital
- Reducing emergency admissions and readmissions
- Reducing falls
- Intergrating data

Specialist support examples:

- Community psychiatric services
- Palliative care services

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Rutland County Council · healthwatch · Leicester City Council · Leicestershire County Council · NHS

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HWB- OVERSIGHT, LEADERSHIP AND LIAISON

- HWB BOARD ROLE: THE DIFFERENCE BETWEEN OVERSIGHT AND SCRUTINY
- HWB BOARD COMPOSITION AND STATUS: A PUBLIC FORUM WITH DEMOCRATIC ACCOUNTABILITY
- LEAN REPORTING AND AVOIDING DUPLICATION OF GOVERNANCE
- LEADERSHIP ROLE FOR KEY STP PRIORITIES ACROSS LLR
- ENSURING THE DESIRED OUTCOMES AND BENEFITS TO SERVICE USERS, PROFESIONALS AND THE HEALTH AND CARE SYSTEM ARE REALISED (PER THE CONSISTENT MODEL PROPOSED FOR LLR)
- LIAISON WITH OTHER HWB BOARDS IN LLR, AS HWB BOARD LEAD

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COMMUNICATIONS AND ENGAGEMENT

HWB BOARD TO SEEK ASSURANCE THAT:

- INSIGHTS FROM PUBLIC/PATIENT/SERVICE USER ENGAGEMENT HAVE SHAPED THE PROGRAMME
- THE ROLE OF HEALTHWATCH

AND BY COORDINATING WITH EACH HWB IN LLR: –

- TEST THAT LOCALITY LEVEL COMMUNICATIONS AND ENGAGEMENT PLANS DEMONSTRATE:
  - DEMOCRATIC ACCOUNTABILITY
  - SUPPORT THE HWB BOARD'S EXISTING REMIT FOR ENGAGING WITH THE PUBLIC ON HEALTH AND WELLBEING MATTERS

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ADVISORY ROLE

BY COORDINATING WITH EACH HWB IN LLR: -

PROVIDE SPECIFIC ADVICE AND SUPPORT TO LOCALITY LEADERSHIP TEAMS ON:

- HEALTH PROFILES AND JSNA FINDINGS
- PREVENTION STRATEGY
- THE PREVENTION OFFER TO WRAP AROUND AND SUPPORT INTEGRATED LOCALITY TEAMS AND THEIR POPULATIONS

Rutland County Council healthwatch Leicester City Council Leicestershire County Council NHS

Integrated Locality Teams
Leicester, Leicestershire and Rutland

LLR Integrated Locality Teams Programme Board Bulletin No. 1: February 2017

Welcome to the first edition of the Leicester, Leicestershire and Rutland (LLR) Integrated Locality Teams Bulletin. We will be providing regular briefings throughout the development of the programme, providing a briefing after each of the Programme Board meetings. This edition focuses on the work undertaken during December and January, culminating in the outputs of the Integrated Locality Teams Programme Board meeting held on Tuesday 17 January.

Integrated Locality Teams

Following the LLR Integrated Locality Teams workshop at Devonshire Place on 29 November a number of priority actions were identified by the Programme Board, all of which are all well underway. The following table provides a progress update on each of the priority actions.

Action	Update
1. To confirm the core team with named leads for each Locality Leadership Team (LLT) - (e.g. GP lead, social care lead, community nursing lead and CCG lead)	This action is complete. A list of the members of each LLT can be found on the ILT web page - www.healthandcareleicestershire.co.uk/health-and-care-integration/integrated-locality-teams/ It was confirmed that all LLTs had met at least once by the time of the January Programme Board meeting.
2. To develop an initial set of requirements against which each LLT will perform a self-assessment	The initial self-assessment tool was issued by the ILT programme board before Christmas. Each LLT completed this in line with the agreed timescales, and the themes and overall results arising from this were discussed at the January Programme Board.
3. Review these findings against the action plan drafted at the workshop and create one implementation plan for the initial 90 days in each locality.	In progress in each ILT
4 Programme board to develop a "how to guide" for implementing the approach to Integrated Localities teams, including responding to the key themes and issues coming through the self-assessment returns	A draft "how to guide" is in progress with a view to receiving this at the February Programme Board.
5 To consider and agree the future approach to case management in LLR	An initial paper was presented to the January Programme Board – further work will be completed on this by Mark Pierce (Leicester City CCG) working with the ILT implementation leads in each CCG area

6 To consider and agree the future approach to the delivery of locality MDTs in LLR	Rachel Bilsborough has convened a task group to consider the model of MDTs across LLR – an update will be provided to the February Programme Board.
7 To consider the governance and accountability framework within which each LLT will operate	Cheryl Davenport provided an initial draft for the January Programme Board – feedback from the Board, along with the input of other clinical and professional leads across LLR will be used to finalise this paper for the February programme board meeting.
8 To develop an agreed data set for the three patient cohorts that ILTs will be focused on initially	Mark Pierce is leading the development of this product. Early versions of the data set have been tested with CCG implementation leads and clinical leads. Further work is needed to ensure a blend of health and social care data. A further progress report is expected at the February Programme Board.
9 To consider how secondary care colleagues can/should be involved	Two secondary care reps are already engaged as members of the programme board. Dr Ursula Montgomery is currently working on the approach to wider engagement and will bring proposals to the March Programme Board.
10 To develop a generic Terms of Reference for use by the Locality Leadership Teams – including lines of accountability	Proposed TORs have been produced and circulated for feedback.
11 To agree the approach to performance monitoring at local implementation group level	See update below
12 To agree the Organisational Development framework that supports the programme at all levels, and particularly the LLT To undertake an initial diagnostic of requirements	See update below
13 The need to identify and tackle specific barriers to change –: • Data • Shared records • Contractual	Work being progressed by: Mark Pierce Vikesh Tailor Nikki Bridge
14 Each CCG to identify project/implementation support for each LLT.	A named implementation lead has been confirmed in each CCG – see contact information at the end of this bulletin

15 To clarify and agree the interdependencies with key STP work streams	We are working closely with other key elements of LLR work within the STP. Interdependencies will continue to be mapped over the comings weeks and key milestones will be added to our programme plan.
16 To agree the representation of HealthWatch on the Integrated Locality Teams Programme Board	Evan Rees from HealthWatch Leicestershire has been confirmed as the representative, and he attended the January Programme Board.

Measuring the impact of Integrated Locality Teams in LLR

The importance of developing core interventions for the work of integrated locality teams, and the ability to measure the impact of these interventions systematically across the health and care economy is a key piece of work to be led by the programme board, but which involves co-design with each LLT.

This work is set in the context of the overall performance and outcomes framework for the LLR STP. Nicky Bridge, from the BCT/STP programme management office, is leading the LLR STP task group to develop the Outcomes and Performance Framework across the STP as a whole. Cheryl Davenport and Angela Bright are developing an initial outline of the approach for measuring the impact of Integrated Locality Teams, and the Programme Board will be discussing this at their February meeting. In developing this area of work we are examining examples of outcomes, performance frameworks and KPIs from the vanguard sites who have led the implementation of Integrated Locality Teams nationally.

Organisational Development support for Integrated Locality Teams

Cultural change is at the heart of this programme of work. At the Programme Board meetings in December and January we discussed the actions needed, and the development opportunities and resources available to support the emerging LLTs. It has been agreed that one LLT from each CCG Area would be put forward to form the first cohort from LLR to access the 'Leading Across Boundaries' development programme, funded by Health Education England.

The programme features five full day modules with the first three pre-designed to cover:

- Module one - Leading Change in Health & Social Care
- Module two - Leading Across Boundaries
- Module three - Organisational savvy, political leadership and personal effectiveness
- Modules four and five - content is flexible and will be designed to be responsive to the development needs of the group

The first LLTs to benefit from this in LLR are:

CCG area	**Integrated Locality Team**
City	Central
East Leicestershire and Rutland	Oadby and Wigston
West Leicestershire	Hinckley and Bosworth

The development dates for the first cohort are:

Module	Date
1. Leading Change in Health & Social Care	Wed 22 February 2017
2. Leading Across Boundaries	Tuesday 21 March 2017
3. Political leadership and personal effectiveness	Wednesday 26 April 2017
4. Bespoke (TBD)	Tuesday 23 May 2017
5. Bespoke (TBD)	Wednesday 21 June 2017

It is intended that this training will be rolled out to all other LLT in LLR over the coming months.

For more information about the development of Integrated Locality Teams in LLR (including our frequently asked questions, maps of the integrated locality teams in each CCG area, who's who in each locality leadership team, and who's who on the programme board) visit our webpages:

www.healthandcareleicestershire.co.uk/health-and-care-integration/integrated-locality-teams/

To find out about the local arrangements and work in progress in your area please contact the relevant CCG implementation lead in the first instance:

- **West Leicestershire** (Charnwood, NW Leicestershire and Hinckley and Bosworth) – Arlene.Neville@westleicestershireccg.nhs.uk
- **East Leicestershire and Rutland** (Melton/Rutland/Harborough, Oadby and Wigston, Blaby and Lutterworth) - Paula.Vaughan@EastLeicestershireandRutlandccg.nhs.uk
- **Leicester City** – Rachana.Vyas@leicestercityccg.nhs.uk

For further information about Programme Board meetings please contact:
Liz McCann, Administrative and Project Support Officer - Liz.McCann@leicspart.nhs.uk

If you have any feedback about this edition of the bulletin, or suggestions for future bulletins, please contact our communications lead sally.kilbourne@leics.gov.uk. The next edition of this bulletin will be after the next Integrated Locality Teams Programme Board, which takes place on Tuesday 21 February.

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Pinfold
Woodbrook
35,596

RUTHERFORD
Forest House
Dishley Grange
Rosebery Street
Field Street
33,336

ELRCCG Integrated Teams Locality and Sub Locality Structure

Melton & Rutland
101,606

Syston & Melton
Jubilee
County
Latham House
Long Clawson
64,859

Rutland
Empingham
Oakham
Market Overton
Uppingham
36,747

Oadby & Wigston
55,006

Oadby
Severn
Croft
Rosemead Drive
Central
25,845

Wigston
Bushloe
Wigston
South Wigston
29,161

Blaby & Lutterworth
106,688

South Blaby &
Lutterworth
Enderby
Northfield
Hazelmere
Narborough
Countesthorpe
Limes
Lutterworth
Wycliffe
67,817

North Blaby
Kingsway
Forest House
Glenfield
38,871

Market Harborough
59,260

Market Harborough
Husbands Bosworth
Market Harborough
27,849

South East
Billesdon
Two Shires
Kibworth
31,411

LCCCG Integrated Teams Locality and Sub Locality Structure

North West
109,154

BRAUNSTONE HSCC
Hockley Farm
Merridale
25,672

BELGRAVE
Beaumont Lodge
The Practice Beaumont Leys
Westcotes HC (Dr Lawrence)
Groby Road MC
Heatherbrook Surgery
Manor Park MC
47,950

WESTCOTES
Briton Street Surgery
Fosse MC
The Parks
Westcotes 1
Westcotes 2
Oakmeadow Surgery
Fosse Family Practice
Westcotes HC (Dr Hazeldine)
35,532

South
90,056

MERIDIAN
De Montfort University
Walnut Street MC
Clarendon Park MC
Victoria Park HC
52,730

PASLEY ROAD
Aylestone Med Centre
Surgery @ Aylestone
Saffron Health
The Hedges MC
Pasley Road (Dr Singh)
Pasley Road HC
(Dr Khong)
37,326

Central
124,203

ST PETERS
Community Health Centre
Highfields Surgery
Highfields MC
Al-Waqas
Shefa Medical Practice
Dr Mansingh, St Peters
37,578

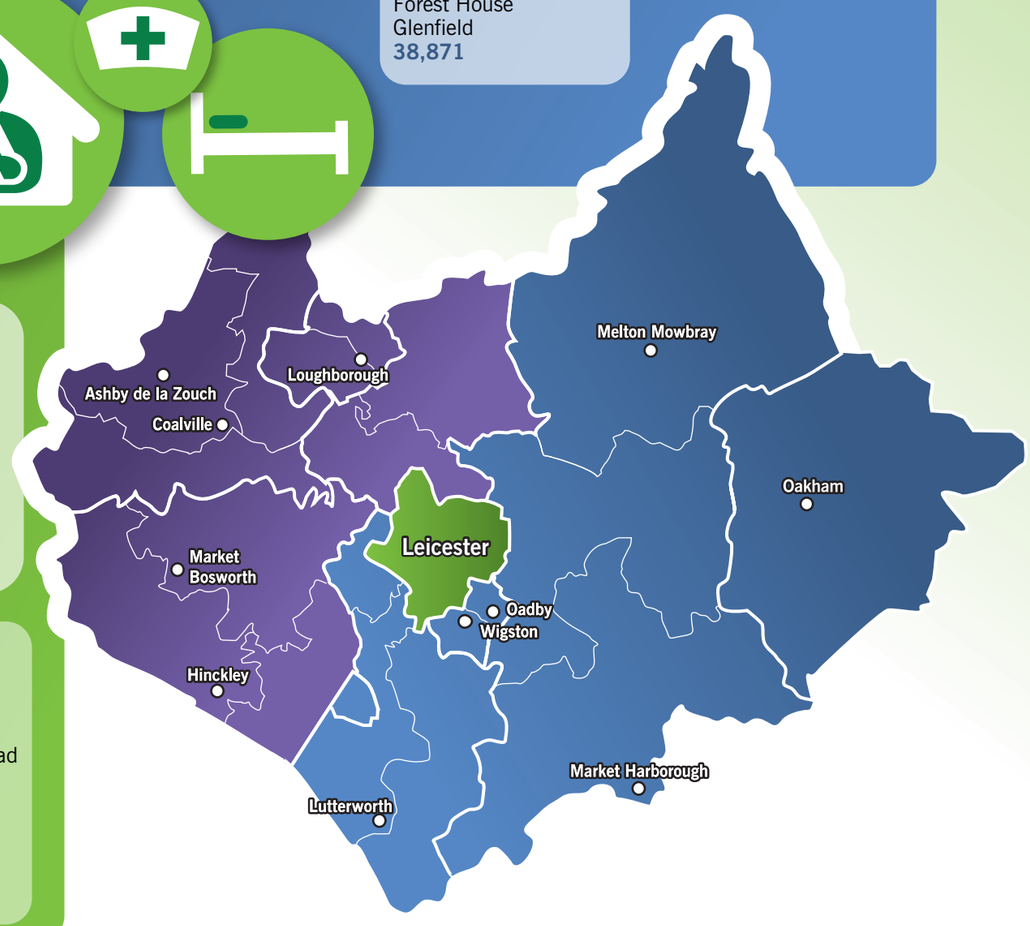
MERLYN VAZ
East Park MC
The Charnwood Practice
East Leicester MP
Dr Kapur, Melbourne Rd
St Matthews MC
36,236

RUSHEY MEAD
Canon St
Spinney Hill MC
Evington MC
Dr Kapur Brandon St
Brandon St Surgery
(pooled list)
Belgrave Surgery
Broadhurst Surgery
50,389

North East
65,702

SPRINGFIELD ROAD
Ar-Razi
Asquith Surgery
Downing Drive
St Elizabeth's
Willowbrook
The Willows
35,822

UPPINGHAM ROAD
Sayeed Med Centre
Johnson MP
Humberstone MP
The Practice Rushey Mead
Rushey Mead HC
29,880



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WLCCG Integrated Locality Teams and Sub Locality Structure

North West Leics
103,878

WEIR
Ashby Med Centre
Ashby Surgery
Measham
Ibstock
40,658

WIGGINS
Long Lane
Hugglescote
Markfield
28,381

MURRAY
Castle Donington
Broom Leys
Manor House
Hepplewhite (Whitwick)
Lewis (Whitwick)
Whitwick Surgery
34,839

Hinckley & Bosworth
114,696

BROWNLEE
Centre Surgery
Barwell & Hollycroft
The Maples
Castle Mead
37,798

FARAH
Heath Lane
Newbold Verdon
Desford
Groby
Ratby
35,688

STOREY
Orchard
Stoney Stanton
Burbage
Station View
41,210

North Charnwood
68,932

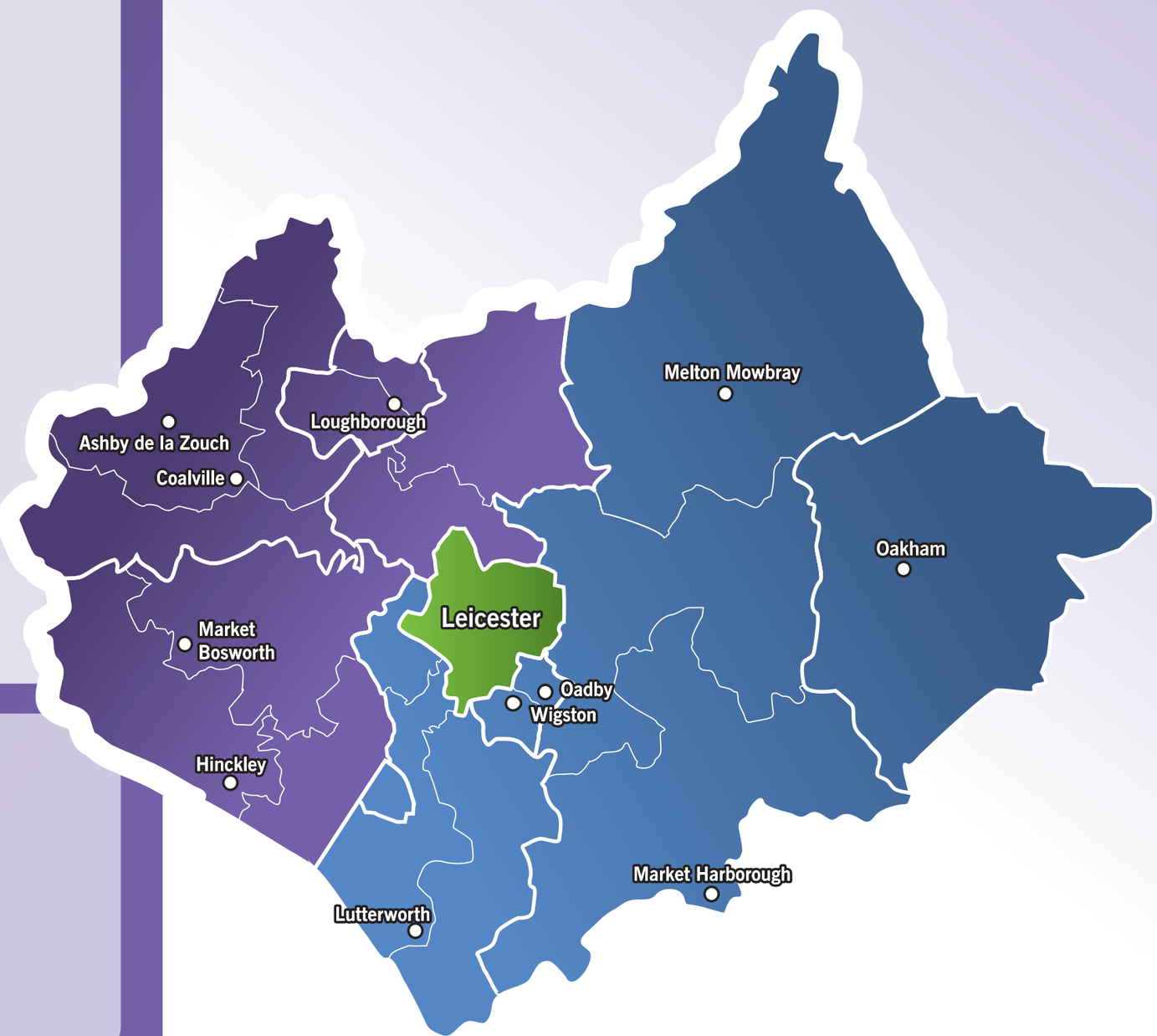
ENNIS
Bridge Street
Park View
Pinfold
Woodbrook
35,596

RUTHERFORD
Forest House
Dishley Grange
Rosebery Street
Field Street
33,336

South Charnwood 76,942

AINSLIE
Mahavir
Anstey
Thurmaston
Silverdale
Greengate
Birstall
37,994

HOY
Quorn
Cottage Surgery
Banks Surgery
Highgate Surgery
Charnwood
Alpine House
Barrow
38,948



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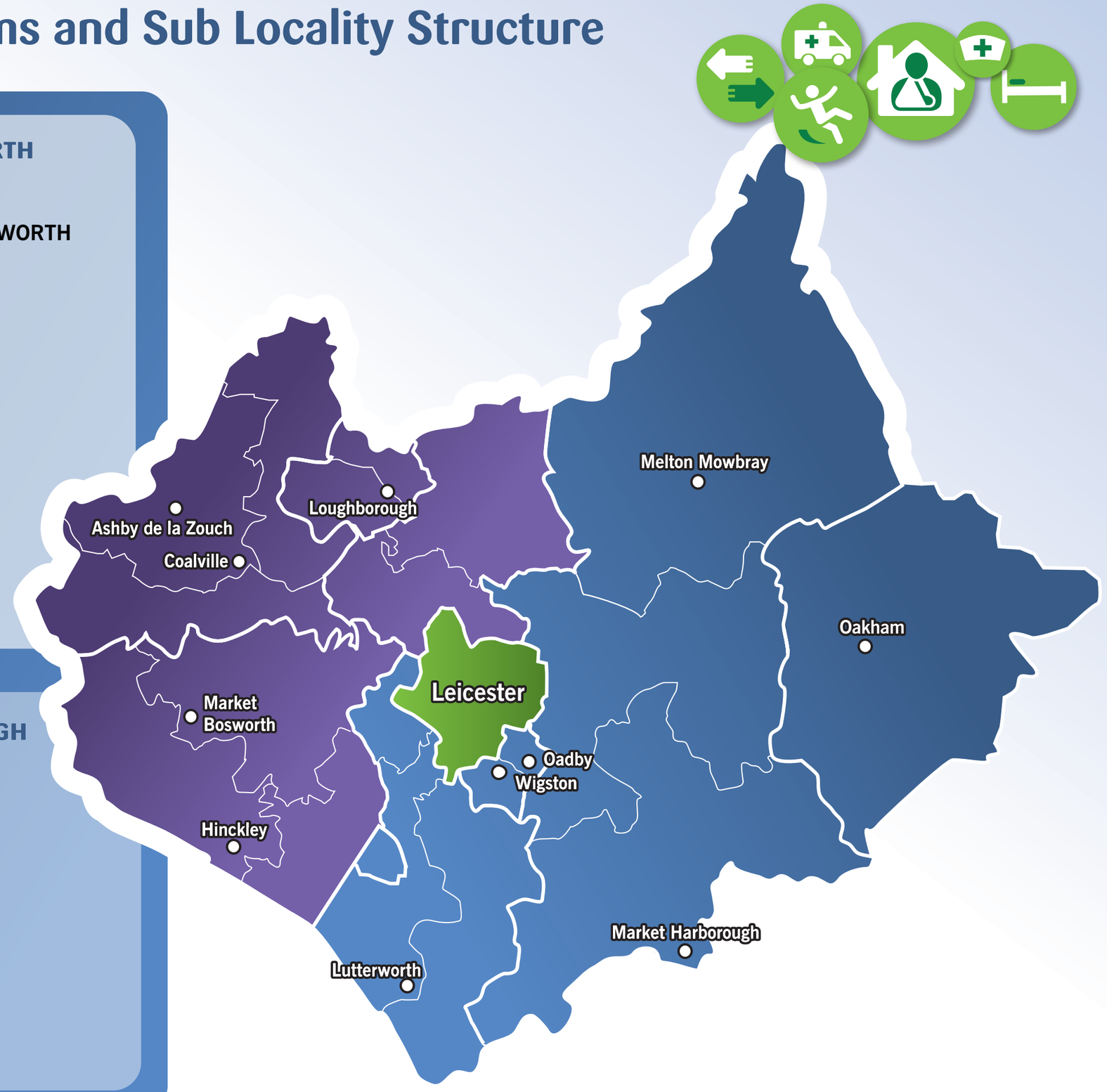

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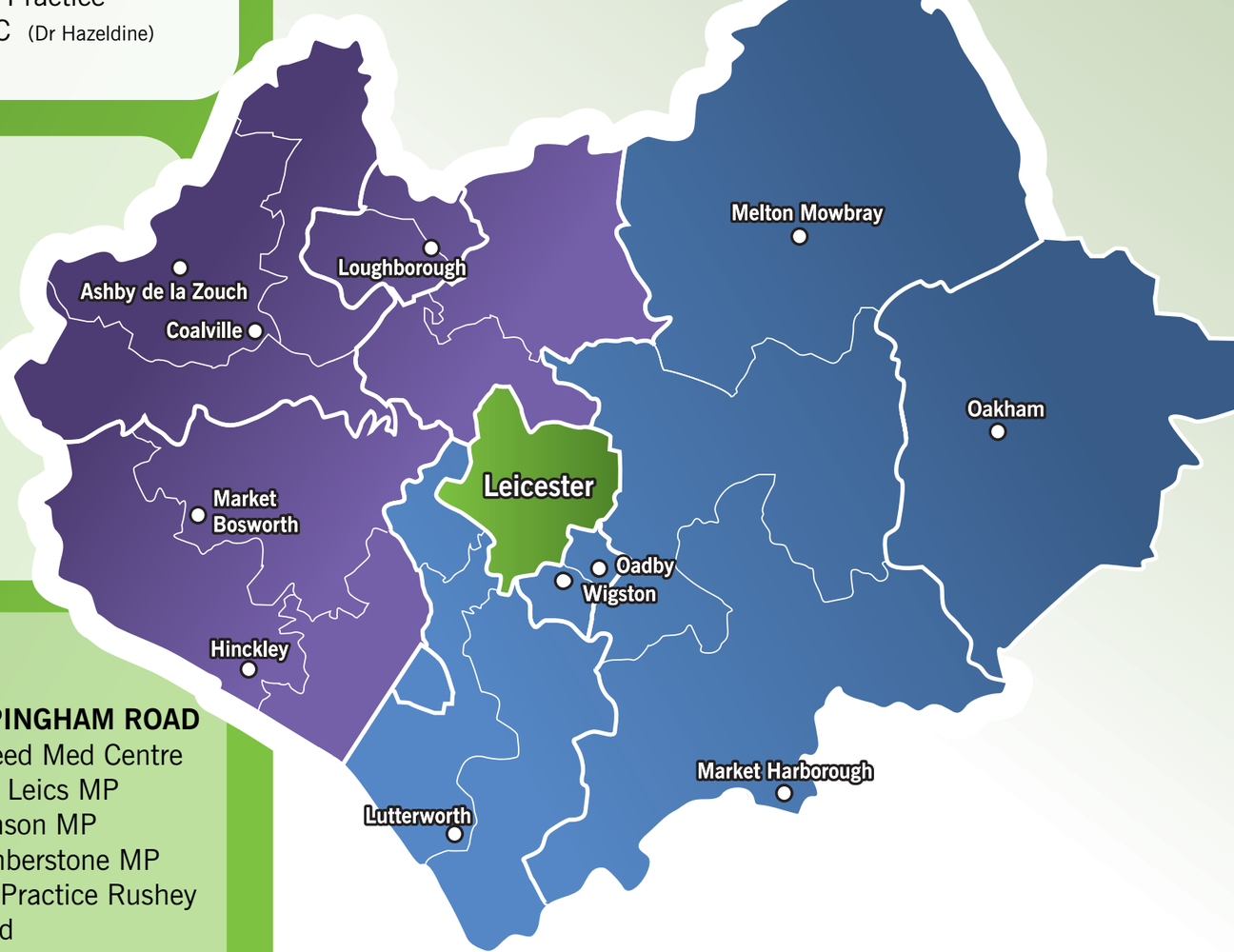

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Sayeed Med Centre
East Leics MP
Johnson MP
Humberstone MP
The Practice Rushey Mead
Rushey Mead HC
29,880

Leicester, Leicestershire and Rutland Integrated Locality Teams

WLCCG – HINCKLEY AND BOSWORTH

Dr Darren Jackson	WLCCG	GP Lead/ Programme Board Facilitator
Dr James Ogle	WLCCG	GP Federation Lead
Jade Atkin	WLCCG	Commissioning Implementation Lead
Beverley Fall	WLCCG	Federation Managerial Lead
David Tuohy	Leicestershire County Council	Social care lead
Jackie Wright	Leicestershire County Council	Social care lead
Emma Camp	LPT	Community services lead
Nikki Beacher	LPT	Community services lead

WLCCG – NORTH WEST LEICESTERSHIRE

Dr Nick Pulman	WLCCG	GP Lead
Dr Kirk Moore	WLCCG	GP Federation Lead
David Muir	WLCCG	Commissioning Implementation Lead
Melanie Arnold	WLCCG	Federation Lead
Rachel Neale	Leicestershire County Council	Social care lead
Mandy Steele	LPT	Community services lead

WLCCG – CHARNWOOD

Dr Geoff Hanlon	WLCCG	GP Lead
Dr Trish Darji	WLCCG	Clinical Federation Lead
Andrea Woodier	Leicestershire County Council	Social Care Lead
Helen Rose	WLCCG	Federation Lead
Charlotte Sunmall	LPT	Community services lead

ELRCCG – OADBY AND WIGSTON

Dr Vivak Varakantham	ELRCCG	GP Lead
Sharon Rose	ELRCCG	Commissioning Implementation Lead
Niru Patel	Leicestershire County Council	Social care lead
Fiona McGuigan	LPT	Community services lead
Louise Ryan	Central Surgery / ELR Federation	GP Lead

ELRCCG – BLABY AND LUTTERWORTH

Dr Graham Johnson	ELRCCG	GP Lead
Tracey Knight	ELRCCG	Commissioning Implementation Lead
Jane McCarron	LPT	Community Service Lead
Nikki Rainbow	Leicestershire County Council	Social care lead
Dr Nick Glover	ELRCCG	GP Lead

ELRCCG – MELTON AND RUTLAND

Dr Girish Purohit	ELRCCG	GP Lead
Dr Hilary Fox	ELRCCG	GP Lead
Michelle Christie-Smith/ Judith Munson	ELRCCG	Commissioning Implementation Lead
Jane Rankin	LPT	Community services lead
Sheila Bobe	Leicestershire County Council	Social care lead

ELRCCG – MARKET HARBOROUGH

Paula Vaughan	ELRCCG	Commissioning Implementation Lead
Davica Cartwright	Leicestershire County Council	Social care lead
Jennie Goode	LPT	Community services lead
Debbie Blaze	LPT	Community services lead

LCCCG – CENTRAL

Dr Rajesh Kapur	LCCCG	GP Lead
Mayur Patel	LCCCG	Commissioning Implementation Lead
Debbie Stuart	Leicester City Council	Social care lead
Sue Wyburn	LPT	Community services leads
Debbie Ridley	LPT	Community services leads

LCCCG – NORTH WEST

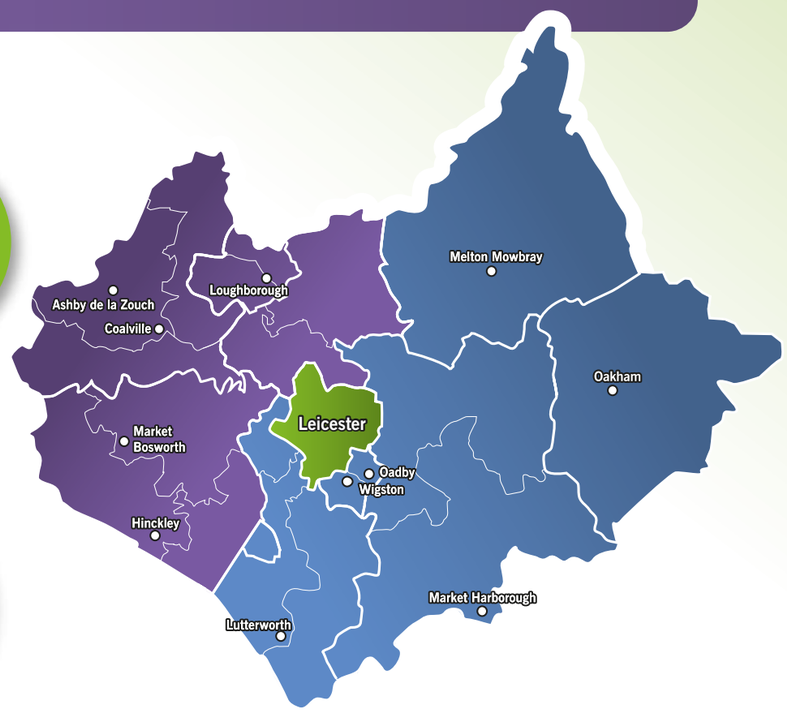
Dr Umesh Roy	LCCCG	GP Lead
Dr Nainani	LCCCG	GP Lead
Alison Brooks	LCCCG	Commissioning Implementation Lead
Tracy Yole	LPT	Community services leads
Jackie Mitchell	LPT	Community services leads
Sezar Domac	Leicester City Council	Social care lead

LCCCG – NORTH EAST

Dr Tony Bentley	LCCCG	GP Lead
Aimee Geary	LCCCG	Commissioning Implementation Lead
Steph O'Connell	LPT	Community services leads
Samantha Barugahare	Leicester City Council	Social care lead

LCCCG – SOUTH

Dr David Shepherd	LCCCG	GP Lead
Hema Jesa	LCCCG	Commissioning Implementation Lead
Pauline Blake	LPT	Community services leads
Jacqueline Mitchell	LPT	Community services leads
Julie Roadnight	Leicester city Council	Social Care Lead



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Integrated Locality Teams
Leicester, Leicestershire and Rutland

LLR Integrated Locality Teams Programme Board Bulletin No. 2: March 2017

Welcome to the second edition of the Leicester, Leicestershire and Rutland (LLR) Integrated Locality Teams bulletin. This edition focuses on the decisions of the February Programme Board and key pieces of work completed over the last month.

Development of Integrated Locality Teams – how to guide

One of the key actions identified at the Integrated Locality Team workshop in November was to develop a "how to guide" for implementing Integrated Locality Teams (ILTS) for the first three to six months.

A first draft of the how to guide has now been written and the final version will be ready by the end of March for Locality Leadership Teams to use with their GP practices.

The Programme Board identified additional sections to be added to the guide and the need for the role and offer from social care and LPT CHS to be further developed. Whilst this information is developed it was felt the current guide would be helpful for GPs and will be distributed shortly.

Integrated Locality Teams – changes to GP contract

Alongside the development of the how to guide the Programme Board asked two GPs on the board, and the CCG implementation leads to assess the implications of the new GP contract. This included identifying how the new frailty requirements can be incorporated and achieved through the ILT approach.

Dr Darren Jackson and Dr David Shepherd have produced a document on this. Information will be shared with all practices across Leicester, Leicestershire and Rutland to see how this can be delivered consistently across ILTs. This will also be included in the how to guide once finalised.

Risk stratification

A step by step guide has been produced to assist practices working with ILTs to select patients for MDT discussion and other interventions using the ACG risk stratification tool. This does not supersede clinical and professional judgement.

The initial population of interest for the ILTs work is characterised by the ACG system as having one or more of the following characteristics:

- Having five or more chronic conditions
- Being predicted to cost three or more times the average next year in secondary care spend
- Having a frailty flag marker

The guide includes screen shots of the ACG tool, has been tested with GP's and practice managers and will be refreshed every three months.

The programme board received positive feedback about the guide and felt it was ready to be distributed.

MDT/Integrated working survey

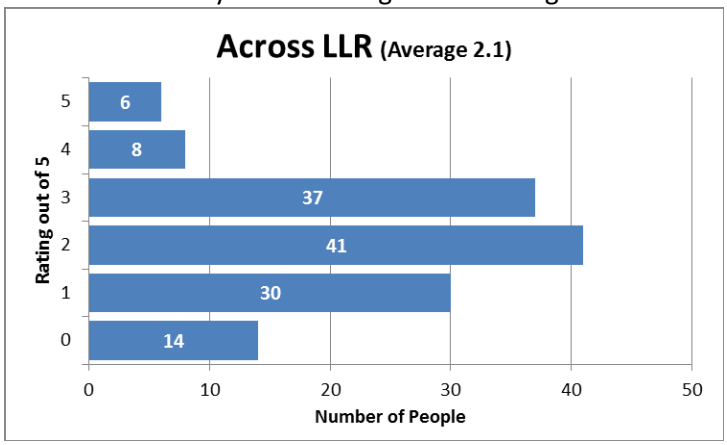
A survey was conducted across GPs, community services and social care to establish the current baseline for MDT/integrated working. 136 responses were received in the seven days the survey ran over.

Breakdown of responses – by organisation

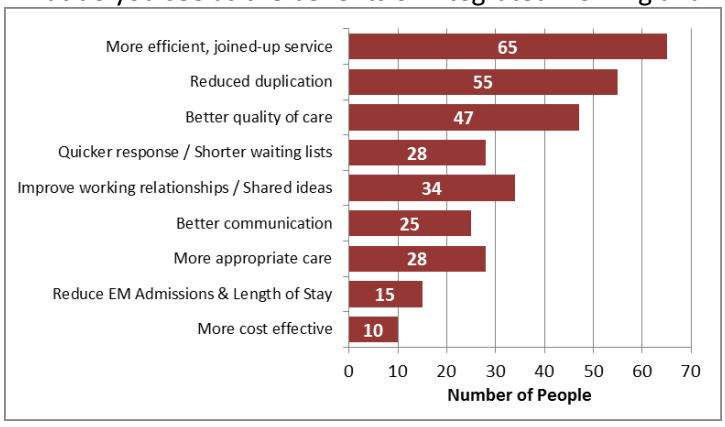
General Practice	51	38%
Social Services	45	33%
Leicestershire Partnership NHS Trust	38	28%
Health & Social Care	2	1%
Total	136	

The survey asked a number of key questions:

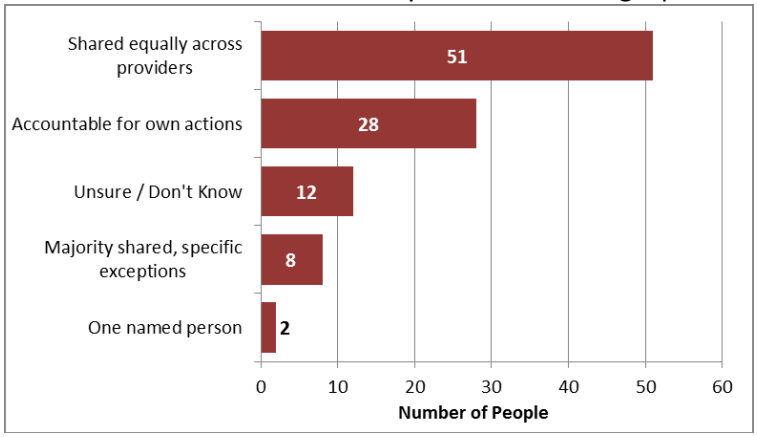
- How effective do you think integrated working between health & social care providers is at the moment?



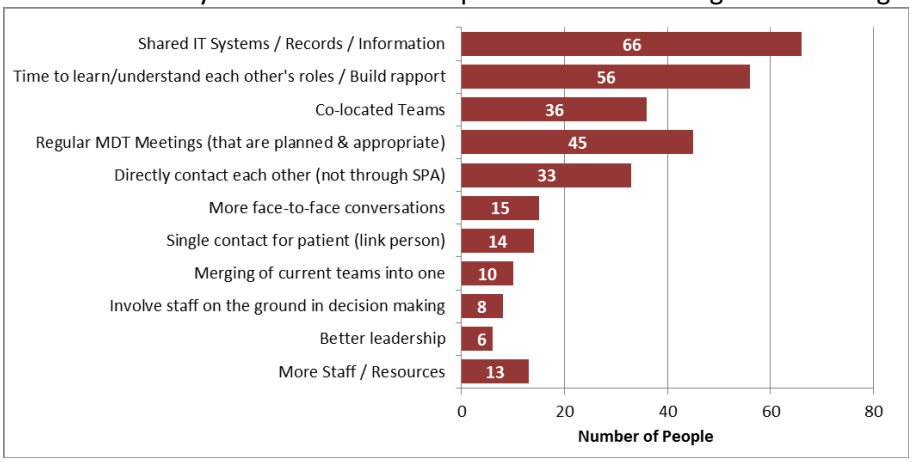
- What do you see as the benefits of integrated working and Multidisciplinary Teams (MDTs)?



- How should risk and accountability be shared amongst providers of health & social care?



- How do you think we could improve MDTs and integrated working in your area?



This information is being used to help shape a future MDT model, incorporating elements of what is working well within existing MDTs, and building on from this.

Multidisciplinary working

A number of discussions have been had about the development of an effective and sustainable LLR model for integrating care across professional boundaries.

Rachel Bilsborough provided an update to the February Programme Board on working towards an effective multidisciplinary team - including how multidisciplinary teams made up of health and care professionals will support the delivery of integrated care.

The programme board discussed some important points about multidisciplinary working, case management and care coordination. The paper discussed will be shared with integrated locality teams for their feedback.

It is recognised that a clear set of definitions for multidisciplinary working in LLR are needed and these are set out within the report as:

A multidisciplinary approach involves drawing appropriately from multiple disciplines to explore problems outside of normal boundaries and reach solutions based on a new understanding of complex situations.

Multidisciplinary working involves appropriately utilising knowledge skills and best practice from multiple disciplines and across service provider boundaries to reach solutions based on an improved collective understanding of a person's complex need(s).

A **multidisciplinary team** is a group of health and care professionals who are members of different disciplines and organisations, each providing a specific service to a patient. The activities of the team are bought together using a care plan.

A multidisciplinary team meeting is the coming together of a defined set of health and social care professionals to discuss an identified group of patients.

Many patients who are identified through the risk stratification process will have a care plan which does not require the input of the wider multidisciplinary team and these patients will continue to be managed by their registered GP who is responsible for their care.

Over the coming months we will support localities and sub locality teams to understand the shift we are making from current models of case management and MDTs to a new way of multidisciplinary working.

Critical to this is the need for everyone to work in a more integrated way in all aspects of their daily work - this is not just about MDT meetings. How MDT meetings/case conferences s are organised and delivered in the new arrangements is simply one part of this discussion.

The report set out a number of discussion points, a summary of the feedback received will be presented at the March Programme Board.

Organisational development

Our first cohort of ILTs taking part in the 'Leading across Boundaries' training programme started on 22 February, with cohort two beginning in March. As mentioned in the last ILT update the training programme will be offered to all localities over the coming months.

The programme consists of five days of bespoke training t for ILTs in which up to six participants from each locality can work together on the planning of integrated working in their area whilst building their leadership skills.

We will be gathering feedback from participants about their experience of the programme to help us adapt and improve as we go along.

Measuring the impact of ILTs

The programme board reviewed an early draft of the monitoring framework that could be used to measure the impact of ILTs - including patient experience, the effectiveness of care plans and MDT interventions, the impact on STP outcomes such as emergency admissions, and a proposed 360 appraisal approach for integrated locality teams.

This was well received and next steps will include using logic models and getting academic advice to finalise the framework. Logic models provide a framework to evaluate the effectiveness of a programme through considering 'inputs', 'activities', 'outputs' and 'outcomes' , and can be used during the planning and implementation phase of programmes.

Capacity modelling

A workforce group is being set up to map and model capacity. A report will be brought back to a future Programme Board.

For more information about the development of Integrated Locality Teams in LLR visit our webpages:

www.healthandcareleicestershire.co.uk/health-and-care-integration/integrated-locality-teams/

To find out about the local arrangements and work in progress in your area please contact the relevant CCG implementation lead in the first instance:

- **West Leicestershire** (Charnwood, NW Leicestershire and Hinckley and Bosworth) – Arlene.Neville@westleicestershireccg.nhs.uk
- **East Leicestershire and Rutland** (Melton/Rutland/Harborough, Oadby and Wigston, Blaby and Lutterworth) - Paula.Vaughan@EastLeicestershireandRutlandccg.nhs.uk
- **Leicester City** – Rachana.Vyas@leicestercityccg.nhs.uk

If you have any feedback about this edition of the bulletin, or suggestions for future bulletins, please contact our communications lead sally.kilbourne@leics.gov.uk.

Programme Board

Organisation	Member:	Responsibility
East Leicestershire and Rutland Clinical Commissioning Group	**Dr Andy Kerr – Clinical Vice Chair**	**Chair (Clinical) and Primary Care Clinical Responsible Officer**
University Hospitals Leicester	**Dr Ursula Montgomery – Associate Medical Director**	**Chair (Clinical) and Secondary Care Clinical Responsible Officer**
West Leicestershire Clinical Commissioning Group	**Angela Bright – Chief Operating Officer**	**Chief Operating Officer and Senior Responsible Officer**
Leicestershire County Council	**Cheryl Davenport -** Director of Health and Care Integration	**LA Senior Responsible Officer**
West Leicestershire Clinical Commissioning Group	**Louise Young -** Head of Service Improvement and Delivery	**LLR Integrated Teams Implementation Lead/ Programme Manager**
Leicestershire Partnership Trust	Rachel Bilsborough - Director, Community Health Services	Partner
Leicestershire Partnership Trust	Dr Noel O' Kelly - Clinical lead and Divisional Clinical Director	Partner
University Hospitals Leicester	Gino Distefano - Head of Strategic Development Dr Glen Harper - Consultant Geriatrician	Partner Partner
Leicester City Clinical Commissioning Group	Rachana Vyas - Deputy Director of Strategy and Implementation	LCCCG Implementation Lead
Leicester City Clinical Commissioning Group	Dr Tan/Dr Sulaxni - Clinical Lead and Board GP	Partner
West Leicestershire Clinical Commissioning Group	Arlene Neville – Implementation Lead	WLCCG Implementation Lead
West Leicestershire Clinical Commissioning Group	Dr Darren Jackson - Clinical Lead and Board GP	Partner

East Leicestershire and Rutland Clinical Commissioning Group	Paula Vaughan – Deputy Chief Operating Officer	ELRCCG Implementation Lead
East Leicestershire and Rutland Clinical Commissioning Group	Jim Bosworth – Assistant Director Commissioning and Contracting	Partner
Leicestershire County Council	Jon Wilson - Director Adults and Communities	Partner
Leicestershire County Council	Liz Orton - Public Health Lead	Partner
Leicester City Council	Ruth Lake - Assistant Director Adult Social Care	Partner
Rutland County Council	Mark Andrews – Deputy Director of People	Partner
HealthWatch	Evan Rees	Partner
PROGRAMME SUPPORT		
	Mark Pierce	Strategy and implementation Manager, Leicester City Clinical Commissioning Group
	Nikki Bridge	Finance Director, Better Care Together
	Lisa Sharples	Head of Workforce and Organisational Development, Better Care Together
	Liz McCann	Programme Administrative Support, Better Care Together
	Sally Kilbourne	Communication and Engagement Lead, Leicestershire County Council

DPH Annual Report 2016

Overview of health in Leicestershire and the role of workplace health in improving health

Mike Sandys
Director of Public Health

Report covers:

- District and borough level analysis of national health profiles, identifying priority areas and top 10/bottom 20 performance.
- Background data on working age health, using the framework of the well being charter to improve workplace health and the role of economic development in improving health.

District/Borough & Leicestershire health profile comparison

Leicestershire County Council

		Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston	Leicestershire CC
Our Communities	1 Deprivation score (IMD 2015)								
	2 Children in low income families (under 16s)								
	3 Statutory homelessness								
	4 GCSEs achieved								
	5 Violent crime (violent offences)								
	6 Long term unemployment								
Childrens and young peoples health	7 Smoking status at time of delivery			↓		↓		↓	
	8 Breast feeding initiation	↑	↑			↑			↑
	9 Obese children (year 6)							↓	
	10 Alcohol-specific hospital stays (under 18)								
	11 Under 18 conceptions		↑						
Adults health and lifestyle	12 Smoking prevalence in adults								
	13 Percentage of physically active adults	↓							
	14 Excess weight in adults								
Disease and poor health	15 Cancer diagnosed at early stage								
	16 Hospital stays for self harm				↓				
	17 Hospital stays for alcohol related harm			↓					
	18 Recorded diabetes		↑						
	19 Incidence of TB								
	20 New sexually transmitted infections (STI)								
	21 Hip fractures in people aged 65 and over	↓		↓	↓	↑		↑	
Life expectancy and causes of death	22 Life expectancy at birth (male)					↑			
	23 Life expectancy at birth (female)								
	24 Infant mortality								
	25 Killed and seriously injured on roads				↓		↓		
	26 Suicide rate								
	27 Deaths from drug misuse								
	28 Smoking related deaths								
	29 Under 75 mortality rate: cardiovascular		↑			↑			
	20 Under 75 mortality rate: cancer								
	31 Excess winter deaths					↓			

Significantly better than England average
Not significantly different from England average
Significantly worse than England average
No significance can be calculated or data not available

No comparison available from 2015 (either new indicator, change in definition, or comparison not possible for technical reasons)

↓ Rag rating has moved from green to amber or amber to red ie performance is not as good as 2015
↑ Rag rating has moved from red to amber or amber to green ie performance has improved from 2015

Oadby and Wigston performance

- Red for recorded diabetes – in line with Leicestershire as a whole.
- Amber for:
  - Homelessness, GCSE achievement
  - smoking in pregnancy, childhood obesity, breast feeding initiation, teenage pregnancy
  - physically active adults, smoking prevalence
  - Hospital stays for alcohol related harm, incidence of TB
  - Premature mortality form heart disease and cancer, excess winter deaths

Top 10 performance in the country

Indicator	2014	2015[1]	2016
Children in poverty / low income families	Harborough (4)	Harborough (5)	Harborough (3)
Statutory Homelessness	Blaby (1)	Blaby (3)	
Alcohol specific hospital stays (under18)		Charnwood (1) Blaby (7)	Blaby (4) Harborough (7)
Excess weight in adults			Charnwood (7)
Hip fracture in over-65s	Charnwood (8)	Charnwood (1) Harborough (2) Blaby (5)	Melton (1)
Excess winter deaths		Melton (1)	Melton (7)
Killed & seriously injured on roads	Oadby & Wigston (2)	Oadby & Wigston (2)	Oadby & Wigston (2)
Violent crime (violent offences)		Harborough (10)	Harborough (2)
Hospital stays for self-harm		Blaby (6) Charnwood (9)	Melton (1) Blaby (6)
Infant mortality		Oadby & Wigston (1)	Oadby & Wigston (1)

Bottom 10 performance in the country

Indicator	2014	2015	2016
Recorded diabetes	Oadby & Wigston (10)		
Smoking prevalence in adults			Hinckley & Bosworth (8)
Excess winter deaths	North West Leicestershire (6)		
Statutory homelessness			Melton (3)

Recommendations

A Leader – We will refresh our strategic work on tobacco control, in the light of the new Health and Wellbeing Strategy and the findings of the health profiles 2016.

A Leader - We will continue to lead County Council progress on developing our approach to social value, recognising the impact this can have on economic development, and in turn health outcomes.

A Partner - District and borough councils in Leicestershire have a key role to play in our work on the wider determinants of health. We will continue to provide specialist expertise on approaches to health impact assessment and health in all policies, working in partnership with district and borough councils.

An Advocate – The Public Health Department will work with the public and private sector organisations to advocate the use of the Wellbeing Charter by employers, as part of approach to workplace health.

Joint Health and Wellbeing Strategy 2017 - 2022

Mike Sandys, Director of Public Health

Shared Vision and Board Principles

Developed in response to the consensus that the Health and Wellbeing Board needs:

- More effective collaboration to get the best outcomes and use of resources
- A joint vision and shared aims and ambition
- To take a proactive approach to the issues particularly where progress is not on track

Outcomes based approach

1. The people of Leicestershire are able to take responsibility for their own health and wellbeing;

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

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

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

5. People know how to take care of the mental health and wellbeing of themselves and their family

Outcome 1

The people of Leicestershire take responsibility for their own health and our communities inspire and enable good choices for all

We will:

Use our influence to improve the external factors that affect people's health and wellbeing focussing on housing and employment.

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Inform and advise people on how to stay well and provide targeted support for those most at risk of poor health and wellbeing

Provide care closer to home and enable local communities to help themselves through strong and vibrant community networks

Recognise, value, involve and support carers of all ages

Outcome 2

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

We will:

Improve our understanding of the people with the worst health outcomes and most at risk; who they are and where they are

Use evidence to improve the targeting of activity to reduce health inequality between people and places based on local need

Work in partnership to improve outcomes for people with disabilities throughout their lives

Outcome 3

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

We will:

Ensure the best start in life for children and their families

Work proactively in partnership to keep children and young people safe and free from harm and sexual exploitation

Support those families identified as most troubled to become self-sufficient and resilient

Children with special educational needs and/or disabilities, and their families receive personalised, integrated care and support to become increasingly independent.

Children in Care experience good physical and mental health

Outcome 4

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

We will:

Improve the diagnosis and management of long term conditions

Plan for the ageing population and the needs of the increasing number of frail elderly people

Enable older people to keep safe, well and healthy with independence and connection to their community

Encourage people to plan for the end of their life and support their choices

Outcome 5

Mental health and wellbeing is given equal priority to physical health and wellbeing throughout the life course

We will:

Provide positive mental health promotion and improve awareness of risk factors

Improve access to mental health services for all ages

Increase the early detection and treatment of mental health and wellbeing needs of children and young people with

Improve dementia diagnosis and support

An approach to delivery - rationale

- Existing Strategy does not cover delivery in detail
- Performance framework is large and due for review and refocus
- Opportunity to capture existing joint working against priorities and highlight gaps
- Provides opportunities for partners outside the Board to see how the issues are being addressed and where they can contribute

Timetable

- Approach approved by Health &Wellbeing Board on 7th July
- Wider engagement July/August on priorities and delivery plan
- Final draft approved by Health and Wellbeing Board on 15th September 2016
- Intention to draft a ‘delivery plan’ during wider engagement process

with all partners, ad tweak strategy to reflect gap in STP alignment and changes in STP governance structure – for April HWBB development session

Group 1 - Dementia/Mental Health

What positive outcomes occurred in the last 12 months of your projects?

Active Oadby & Wigston:
Dementia Day Service Project –

- We have just finished a very successful pilot project with the J and S Dementia Day Service in South Wigston. A coach from Leicester City has been delivering a weekly physical activity session with the service users and the activities include Boccia, Skittles, Table Tennis and Kurling.

Community Capacity Building Project –

- Several projects are now set up and developing well i.e. Dementia Care Groups, Incredible Edible, Step Out Youth Group, Mental Health Forums, Crafting for Cause, Local Sport Alliance, Kennedy House – Sanctuary and Inclusion, South Leicestershire College Volunteering Projects.

J&S Day Service –

- Started Aug 2016 - Providing a day service for all individuals with a Dementia related illness also providing respite time for carers. Our main aim was to promote our service for individuals to access if required.

Alzheimer's Society –

- 3 x monthly support groups for people with Dementia and their carers
- 1 x dedicated support worker

Helping Hands –

- 6 month pilot project mental health support worker 1:1 in people's homes across the borough. Working and helping people get back into the community around 70 people. Shires grants finished July last year.
- Mental health, wellbeing and recovery funding available – helping hands are bidding in.

Community Group –

- Based in Sainsbury (free), every week around 8-10 carers of dementia turn up.
- Constituted group – opportunity for future funding.

What are the challenges going forwards?

- Carers recognising their need for respite, how it will be funded.
- Time and capacity are a personal challenge, given the limited time remaining for the project.
- Funding for different projects
- Volunteer capacity – both to deliver and manage projects in the long term
- We need to be in consultation with GPs and health professional to agree the service.
- Communication
- Appeals process relating to benefits
- Promotion of these services to GP's.

Group 2 – Diabetes/Weight Management

What positive outcomes occurred in the last 12 months of your projects?

Active Oadby & Wigston -

- Diabeaters – Ran a second successful block of the 12 week Diabeaters programme at Parklands Leisure Centre. The project includes a weekly session combining physical activity and information about nutrition for residents with type 2 Diabetes.

- FliC – Delivered two blocks of our 8 week FliC programme at the Freer Centre, which is aimed at families with overweight children. The sessions include workshops on healthy eating and a weekly physical activity session for the children. Many of the children have gone on to our Community Energy Club.

- LEAP – Delivered four blocks of our 11 week LEAP programme at the United Reformed Church in Oadby. The programme runs weekly with half of the session containing information about healthy eating and the other half is a physical activity class.

- Workplace Challenge – getting people active whilst at work i.e. Yoga sessions at OWBC getting staff away from their desks and doing some physical activity.

- GALS and LADS – Inactive Young People projects have been happening within primary and secondary schools to engage young people who are disengaged with PE and physical activity as a whole.

Incredible Edible –

- Introducing community spirit and provide fresh fruit and vegetables to the community.

Ingeus UK –

- An NHS diabetes prevention programme for those individuals that have been identified at risk of developing Type II Diabetes. This programme has resulted in a reduction in the increase of people developing diabetes, increased healthy lifestyles, improved mental health, and social interaction.

Everyone Active –

- Introduced a healthier menu within their restaurants and are promoting healthy eating
- Success with the walking and running groups, which are having a positive effect on mental health.
- Participation as a whole and the overall foot fall within both leisure centres are increasing in members each year.

What are the challenges going forwards?

- In relation to the Incredible Edible, Engaging people in growing fruit and vegetables.
- In addition to getting through the message that what is grown is actually free and can be picked.
- Identifying and recruiting participants to take park in groups
- Cost of gym memberships and sessions
- Sustaining participation and supporting them through their next stage
- Funding

Group 3 – Alcohol and Substance Misuse

What positive outcomes occurred in the last 12 months of your projects?

Stop Smoking:

- QuitReady Leicestershire Stop Smoking Service – setting up the newly commissioned service, and promoting it to the wider community.
- Technological based approach – text messages , phone calls and web chats
- 700+ people on the books across Leicestershire in January 2017.
- 300+ people have now quit smoking, 44% (usual rate 50%) - currently no county service reaching this.
- Prevalence low in Oadby and Wigston = low engagement
- Pregnant clients tend not to attend appointments, technological approach works better.
- Telephone appointments suits older clients, similar to door to door service.
- Available methods depending on individual needs.

Turning Point –

Pre July – 126 clients, currently 86, 1 death, 10 left drug free,

What are the challenges going forwards?

- Due to the many changes that the County stop smoking service has experienced in the past year i.e. changing providers. There has not been an opportunity to forge strong relationships between the stop smoking service and other partners such as district councils.
- Physically unable to check 'medication' is being taken as intended, phone checkups etc only.
- Self reported quitting, no CO2 monitoring as per 'standard' services, rapport built to avoid this.
- Referral methods for substance misuse projects typically via a GP – Master Gardeners?
- Restructure of Turning Point, streamlining to Emodules etc.

Group discussion on priorities for 2017 / 2018

Priorities for 2017/18		
Priority	**Rationale**	**Action**
Diabetes/ Weight Management	**O&W is Red rating** for Diabetes – according to the local 2016 Health Profiles and identified as a local need by Public Health	• FLIC, LEAP, Nifty at Fify, JUST • Diabeaters, NHS Diabetes Prevention Programme • Exercise Referral progress and regular health screenings for the public to reduce strain on the health service and GPs.
Alcohol/ Substance Misuse and Stop Smoking Services	**Local 2016 Health Profiles has identified this as a priority**– Still high smoking prevalence within Leicestershire especially in more deprived communities.	• Help individuals to stop smoking over a 4 week period. • Target pregnant women, vulnerable communities, people with mental health, young people and deprived areas. • Form a tobacco control alliance with local districts • Find more suitable venues for appointments other than Boulter Crescent.
Dementia / Mental Health	**Local 2016 Health Profiles has identified Dementia as a priority.** New funding to support newly developed projects and work towards building long term sustainability.	• J&S Day services to continue to deliver a high quality service • Develop existing projects • Work with partners • Support other services supporting older people, carers and mental health.