

The 2014 Annual Report of the Director of Public Health

The wider determinants of health



Foreword



Welcome to my first annual report as Director of Public Health for Leicestershire.

We know much of what improves health isn't about what the NHS does, but is influenced and shaped by what are known as the broader determinants of health. It is those things such as good housing, a good education, whether you are in work or not, or whether you have friends and family to support you that are key to having a long and healthy life. Additionally, national and international economic and environmental conditions also have a part to play in helping us be healthy.

The transfer of public health from the NHS to Local Authorities in 2013 was to help ensure that all parts of local government, as well as the NHS, work together effectively to address those broader determinants of health, and, in doing so, improve health and reduce health inequalities.

Now we are well into the second year since the transfer of public health responsibilities, it's an appropriate time to review the work we are doing in Leicestershire on improving those important broader determinants. Although the continuing period of austerity brings tough challenges to this work, it can also act as catalyst for change. It is ever more important that we recognise the role that all parts of the system can play in keeping us healthy.

In this report we take a structured approach to the determinants of health, as shaped by the recent King's Fund report "Improving the Public's Health - A resource for Local Authorities". This has led us to consider the way that Public Health operates within the council, which we have defined using the following three roles:-:

- as a lead (commissioning via the public health grant);
- as a partner (developing joint initiatives); and
- as an advocate (championing public health issues).

Finding the correct balance between these roles is the key to success in improving health. By setting out what we think needs to happen at those three levels, we are striving to ensure public health is at the heart of service delivery, decision making and policy setting. Equally, the recommendations we make can be read by partners through their eyes, helping them to think about the actions they need to make to maximise their contribution to improving health.

I hope the report gives you some ideas about the sort of things that you, as well as I, can influence to improve population health and that you find the report stimulating.

Finally I would like to express my sincere thanks to all those who have contributed to this report, both inside and outside the Public Health department. In particular I would like to thank Janine Dellar for making it all happen.

A handwritten signature in black ink, appearing to read "Mike Sandys". The signature is fluid and cursive, with a long horizontal line extending to the right.

Mike Sandys
Director of Public Health

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Executive summary

An individual's health is influenced by a wide range of social, economic and environmental factors such as good housing, a good education, a fulfilling job and the personal relationships that they have. This means that the opportunities to improve the health for everybody in Leicestershire will come from the collective efforts of all parts of the local authority.

This report reviews the wider influences on health and has identified a number of ways in which the local authority, and wider partners, can work together collectively to improve the overall health of the population. This report seeks to raise not just the awareness of the role that Public Health has in improving the health of the population, but also the significant role that other departments have. The ultimate aim of this report is to transform the way that all partners develop their policies so that the impact the policies will have on health is a central consideration. Within this report we discuss the role of Public Health as a leader, a partner and as an advocate; setting the scene for Public Health to work in partnership with other departments to help to shape their policies in the way proposed by the World Health Organisation's "Health in All Policies" report.¹



The Best Start in Life

In 2011, it was estimated that 15,655 children were living in poverty in Leicestershire, this equates to 12% of all of the dependent children under 20.²

Improving the health of children has the greatest cumulative impact on health and life chances throughout the whole of an individual's life. The provision of universal and high quality early childhood education and care improves the wellbeing of the population as a whole, and has even greater benefits for children from disadvantaged backgrounds.³

Leicestershire County Council has developed interventions that start pre-birth and continue through childhood and include action to reduce infant mortality; improve the health of babies and young children; addressing child poverty; providing families in need with early help and support; and developing school readiness.

Healthy schools and pupils

In 2012/13, 59.5% of children in Leicestershire achieved GCSE Grade A*-C for English and Maths. This is lower than the 60.8% average for England.²

Education impacts on health outcomes in two ways. Those who are well educated have better health and wellbeing, and this is measurable through the strong correlation between educational attainment, life expectancy and self-reported health.⁴ School is an important setting for changing or forming healthy behaviour, teaching students not only academic knowledge but also the knowledge and skills they will need to promote their own mental and physical health.⁵

The Council is working to improve educational attainment in a number of ways, including reducing school exclusions; preventing bullying; and improving children's confidence. The development of the Leicestershire Healthy Schools Programme is the scheme that the council is using to

promote the schools' role in improving the health of the children they are teaching and to teach children the skills they will need to grow up to be healthy adults.

Economy and employment

Between October 2012 and September 2013 in Leicestershire, for people aged 16-64, there were 19,200 people who were unemployed.⁶

The economy and employment together have many and significant impacts on health. Both nationally and at a community level, the state of the economy will drive unemployment rates and the numbers of people reliant on income support and will influence the number of people that are living in poverty. At a personal level, being in employment is known to improve people's health and if a person is affected by illness this can lead to unemployment which will lead to worsening health.

The Council is striving to improve the Leicestershire economy, with plans through the Leicestershire and Leicester Enterprise Partnership to create 45,000 new jobs and the council's strategic plans to ensure that the local economy is thriving. At an individual level, the Public Health Team is working with partners to improve health and wellbeing in the workplace, as a means to improve the overall health of the population, as well as supporting people through periods of ill-health.

Strong communities, wellbeing and resilience

In Leicestershire in 2012/13, 4.8% of people 16 years and over reported a low worthwhile score, 8.9% reported a low happiness score and 21% reported a high anxiety score.²

Social capital, or the connections between individuals and communities, provides a source of resilience helping people to cope and stay well in difficult situations, as well as some protection against poor health.⁷ It includes social support as well as connections to the broader determinants of health, such as helping people find work, or get through economic and other material difficulties.

The Council is developing social capital in communities through the development of local area coordination, appointing local coordinators to act as a point of contact for vulnerable people within communities, providing support, information, brokerage and access/referral to other types of local support.

Active and safe travel

According to the 2011 Census in Leicestershire, over 217,000 people in employment in Leicestershire drove to work in a car or van, over 27,000 people walked to work, 12,700 people travelled to work by bus and 8,535 people cycled to work.⁸

Encouraging people to use more active modes of transport will have benefits for the individual as well as the environment, society and economy. Health gains from an active lifestyle include prevention of obesity, diabetes, heart disease and cancer.⁹ The benefits to the environment include reduced carbon emissions and particulate and noise pollution.

The Council is working to promote active and safe travel in the county at a strategic level in the Local Transport Plans and by improving the existing local transport networks, including the walking and cycling networks. In addition, the council is involved in encouraging active travel at a personal level through behaviour change programmes, and to support this there have been a number of joint initiatives developed between the council's transport team and the Public Health Department.

Access to green and open spaces and the role of leisure services

Between March 2012 and February 2013, 14% of adults in Leicestershire reported the utilisation of outdoor space for exercise or health reasons.⁹

Parks and green spaces can play an important part in tackling a range of health and social problems including obesity, cardiovascular disease, mental ill health and antisocial behaviour. They provide communities with a sense of place and belonging, offer opportunities for

recreation, health and fitness, and provide venues for events. Easy access to public green spaces is essential to improve health, particularly in relation to combating the obesity epidemic and addressing the impact of poor mental health.

The Council has asked local residents for their views on green spaces to help them to understand what people value about these spaces and how they use them. There are plans in all of the districts to increase access to green spaces and to increase their use for sports and physical activity.

Warmer and safer homes

In Leicestershire in 2012/13 there were 314 hospital admissions for avoidable injuries in 0-4 year olds, 1,875 hospital admissions due to falls in older people and 646 hospital admissions due to hip fractures in older people.²

Poor housing can contribute to injuries and many preventable diseases, with home hazards including excessively hot or cold temperatures, damp and mould, carbon monoxide and poor design that increases the risk of falls.¹⁰ The health issues associated with poor quality housing include avoidable injuries in children, passive smoking, falls among older people and excess winter deaths.

The Council is working in partnership across health, social care and local authority districts to develop unified prevention services which will enhance the impact that housing can have on health (through the housing offer to health) and the prevention services provided by the housing teams.



Public protection and regulatory services

In 2013, there were 427 fast food outlets across Leicestershire.¹¹

Services that protect the health and wellbeing of the public, for example through enforced regulation, inspection and licensing, are important contributors to public health and safety. This report focuses on food and fire safety, air quality and the illicit and underage sale of tobacco and alcohol.

The Council is actively engaged in the routine enforcement of smokefree legislation, inspection of food outlets and monitoring of air quality. The Council also leads a number of innovative cross departmental initiatives which contribute to the overall health of the population, including raising awareness of food in schools, enforcement of food safety legislation, improving air quality through local transport planning, fire-safety and the work that the Trading Standards Team are leading to raise awareness of the risks associated with illicit tobacco.

“*The Leicestershire and Leicester Enterprise Partnership plans to create 45,000 new jobs*”

Summary of recommendations

	Public Health as a leader	Public Health as a partner	Public Health as an advocate
The Best Start in Life	<p>Effective early years support will be commissioned and delivered to improve health and reduce inequalities. Public Health will continue to commission evidence based health improvement programmes in early year's settings including invigorating the Leicestershire Healthy Tots Programme to complement our successful healthy schools work.</p>	<p>Public Health will work in partnership with the Leicester, Leicestershire and Rutland Children and Families Strategy Group to increase the uptake of the free early year's education provision, with a focus on families from more deprived areas of the county and families with children eligible for free school meals where uptake is very low. A social marketing campaign will be developed to increase the take up of free education and child care for 3 and 4 year olds.</p>	<p>Public Health will advocate for the county wide implementation of the cross party manifesto: "The 1001 Critical days: The importance of the conception to age 2 period." This calls for the provision of a holistic approach to all antenatal, perinatal (conception to the first 18 months of life) and postnatal services to enable seamless access to all families. The goal of the manifesto is for every baby to receive sensitive and responsive care from their main caregivers in the first years of life.</p>
Healthy schools and pupils	<p>Public Health will continue to encourage Leicestershire schools to participate in the Leicestershire Healthy Schools Programme, to renew healthy school status and achieve enhanced healthy school status by achieving meaningful outcomes in a public health priority area. These include emotional health and wellbeing/ mental health, healthy weight, sexual health/ teenage pregnancy and substance misuse (drugs, alcohol and tobacco).</p>	<p>Public Health will encourage schools to incorporate more physical activity in their curriculum working with Leicestershire and Rutland Sport and Leicestershire County Council active travel team.</p>	<p>Public Health will advocate for schools to adopt the Personal, Social and Health Education (PSHE) Association's "PSHE Programme of study." This identifies the key concepts and skills that underpin PSHE education and help schools to fulfil their statutory responsibility to support pupils' spiritual, moral, cultural, mental and physical development and prepare them for the opportunities, responsibilities and experiences of life.</p>

	Public Health as a leader	Public Health as a partner	Public Health as an advocate
Economy and employment	Public Health will develop, implement and promote a new workplace health strategy for Leicestershire County Council and continue to champion and deliver healthy workplace initiatives across the county. This includes strengthening the provision of early interventions for those at work who develop a health condition.	Public Health will support Leicestershire County Council, district councils and partner organisations to implement the recommendations in the National Institute for Health and Care Excellence (NICE) briefing on workplace health. This includes encouraging leadership and management styles that support and improve people's mental wellbeing; promoting healthy lifestyles; and addressing specific health conditions for example by implementing multidisciplinary back management programmes and developing cognitive behavioural therapy in small groups for stress related conditions.	Public Health will act as an advocate for people not in education, employment or training (NEET), people in low pay, and people experiencing mental health difficulties and other disabilities. We will do this by highlighting the need to tackle inequality and discrimination in all levels of economic and workforce planning, and by supporting the provision of debt counselling and welfare rights advice and support where it is most needed.
Strong communities, wellbeing and resilience	Public Health will ensure that Leicestershire's unified prevention offer continues to be developed to deliver the Local Area Coordination (LAC) model with an emphasis on building on the local community's strengths and provide training and resources.	Public health will ensure that Leicestershire's Community Strategy and the Better Care Fund are developed in line with NICE guidance on "Community Engagement" for example by planning, designing and coordinating activities that incorporate a community involvement component across – as well as within – departments and organisations.	Public Health will promote the development of social capital and community based assets by encouraging all statutory organisations to acknowledge the skills and knowledge in the community, and by encouraging local people to help identify priorities and contribute to the commissioning, design and delivery of services.

	Public Health as a leader	Public Health as a partner	Public Health as an advocate
Active and safe travel	Public Health will build capacity to enable the Public Health Department to undertake health impact assessments of relevant policies, plans and projects, including major developments, to ensure that opportunities for active travel are maximised.	Public Health will explore the opportunities to increase active travel through closer working with the Environment and Transport Department including rights of way and active travel initiatives.	Public Health will encourage all relevant organisations to support the implementation of NICE guidelines on promoting healthier forms of travel and recreation for example by advocating for walking and cycling to be included in chronic disease pathways.
Access to green and open spaces and the role of leisure services	Public Health will ensure access to green spaces is built into our relevant commissioning plans for example by procuring exercise referral schemes that encourage physical activity in green spaces.	Public Health will explore the opportunities to increase access to the natural environment through closer working with Environment and Transport including “rights of way” teams and active travel initiatives, and will promote the inclusion of access to open green spaces in other strategic areas such as workforce health, mental health, obesity and physical activity.	Public Health will encourage district councils and communities to use the “Green Spaces in Leicester and Leicestershire toolkit” which supports community led initiatives to improve access to green spaces. It provides advice to those wishing to designate green spaces and is designed to support decision making about the future protection and use of existing spaces.
Warmer and safer homes	Public health will commission an affordable warmth / healthy housing referral project to ensure continued support for people to keep warm in their homes and support residents most in need to access energy advice and warm home funding and related schemes.	Public Health will support the work of the Better Care Fund plan on falls prevention, helping to develop specific strategies and programmes, which have been shown to reduce falls, and undertake a health needs assessment of avoidable injury in children to ascertain the burden of childhood injury across the districts, describe services currently provided and identify gaps.	Public Health will support and advocate for an integrated prevention model which will enable people to live independently in their own homes for as long as possible through for example the delivery of the Light-bulb project.

	Public Health as a leader	Public Health as a partner	Public Health as an advocate
Public protection and regulatory services	Public Health will continue to encourage healthy alternatives to purchasing fast food/takeaways through support for the Food for Life Programme and Healthy Schools priorities as well as promoting community and household growing of fruit and vegetables.	Public health will continue to support the Alcohol and Tobacco Enforcement Programme (ATEP) which provides effective tobacco and alcohol control enforcement activities as part of a broader approach to prevention and early intervention.	Public Health will advocate for a wider role for environmental health and trading standards officers in promoting healthy lifestyle choices for example through working with take away food outlets to reduce the salt and saturated fat content of their food and encourage them to provide healthier food options.

“Public Health will encourage schools to incorporate more physical activity in their curriculum working with Leicestershire and Rutland Sport and Leicestershire County Council active travel team.”

Introduction



The Public Health Department cannot improve health on its own. It must work effectively with others to develop a whole council and society approach. Leicestershire County Council is ideally placed to do this, due to the influence it has across the whole spectrum of local services it is responsible for. The Secretary of State and Chief Executive of Public Health England have written to local authorities to emphasise this:

“Supported by your Director of Public Health, you will be the local leader of the new public health system.

You are best placed to understand the needs of your community and it will be your responsibility to tackle the wider determinants of health at a local level, putting people’s health and wellbeing at the heart of everything you do – from adult social care to transport, housing, planning and environment.”

Letter from Jeremy Hunt, Secretary of State for Health, and Duncan Selbie, Chief Executive of Public Health England, to chief executives of local authorities, 10 January 2013.

Health is influenced by a wide range of social, economic and environmental factors. These factors are referred to as the “wider determinants of health”.

In 1991, Dahlgren and Whitehead published a model of the main influences on health and wellbeing (Figure 1).¹² The basis of the model is the concept that some of the factors that influence health are fixed and others can be influenced.

Personal characteristics, such as age, sex and ethnicity, are highly significant for health but cannot be influenced by public health and therefore sit at the core of the model.

Individual lifestyle factors are behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity. Lifestyle factors have a significant impact on an individual’s health. Influencing this section of the model is a central part of the business for Leicestershire’s public health team.

Social and community networks are our family, friends and the wider social circles around us. Social and community networks are a protective factor in terms of health. Evidence tells us that important factors for life satisfaction are being happy at work and participating in social relationships.¹³

Living and working conditions include access to education, training and employment, health, welfare services, housing, public transport and amenities. It also includes facilities like running water and sanitation, and having access to essential goods like food, clothing and fuel.

General socio-economic, cultural and environmental conditions include factors that impact on health and wellbeing such as wages, disposable income and availability of work.

Figure 1: The Determinants of Health



Source: Dahlgren and Whitehead 1992

Leicestershire County Council has a clear view of the needs of the local community through the Joint Strategic Needs Assessment (JSNA)¹⁴ and other key evidence bases that have been developed to support strategic planning. The aim of this report is to use this evidence base in conjunction with the 2013 King's Fund Report, "Improving the public's health. A resource for local authorities"¹⁵ This report focusses on the following areas:

The best start in life;

1. Healthy schools and pupils;
2. Helping people find good jobs and stay in work;
3. Active and safe travel;
4. Helping people find good jobs and stay in work;
5. Warmer and safer homes;
6. Access to green and open spaces and the role of leisure services;
7. Strong communities, wellbeing and resilience; and
8. Public protection and regulatory services.

The strategic role of public health in local authorities – Leader, Partner, Advocate

Public health has three key roles in developing the whole of government to improve the health of the population. These include being a leader, a partner or an advocate:¹⁶

A Leader

When public health has both knowledge of and control over the area in question and can lead implementation of an initiative, for example, the allocation and implementation of the public health grant. This can involve assessing the need and evidence base, direct contracting and procuring services.

A Partner

Here public health has key knowledge about the health impact of other department's policies, but has less control or knowledge about how measures could be applied, for example, early years support and housing. Public health must work with others to develop joint initiatives. This can include joint strategies, commissioning and budgets (for example, with children's and adult social care). The World Health Organisation (WHO) report "Health in All Policies"¹ is a key tool to develop the partner role.

An Advocate

In this role public health has the knowledge of health impacts of other department's policies but has no control, for example, the health effects of climate change and some elements of transport or planning. The key role of public health is to champion the key public health issues. Practical roles include raising awareness of health, completing health impact assessments and attending relevant boards and committees, such as the Children's Board, Safeguarding, Transport or Housing.



The balance between public health being a leader, a partner and an advocate will vary with each local authority. However, to have the greatest influence, local authorities should aim to build on the advocacy role and develop partnership roles with more departments. Public health in Leicestershire County Council is keen to develop further this partner role, which involves effectively demonstrating the wider (non-health) benefits of health interventions, developing formal cross local authority governance structures, strong accountability and performance monitoring.

In this report, recommendations have been developed using this framework of public health as a leader, a partner and an advocate.

The wider determinants of health

The population of Leicestershire

Key Facts

- In Leicestershire in 2012, the estimated resident population was 656,968.¹⁷
- In 2012 there were 5,773 deaths to residents of Leicestershire.¹⁸
- In 2012 there were 7,147 births to women in Leicestershire.¹⁸
- Between 2010 and 2012, life expectancy for males in Leicestershire is 80.1 years and for females is 84.0 years.²
- Healthy life expectancy for 2009-11 was 65.2 years for males and 65.2 years for females.²

The wider determinants of health are described and measured within the English Indices of Deprivation 2010.¹⁹ These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.²⁰

The indices of deprivation use several measures in each of seven “domains”:

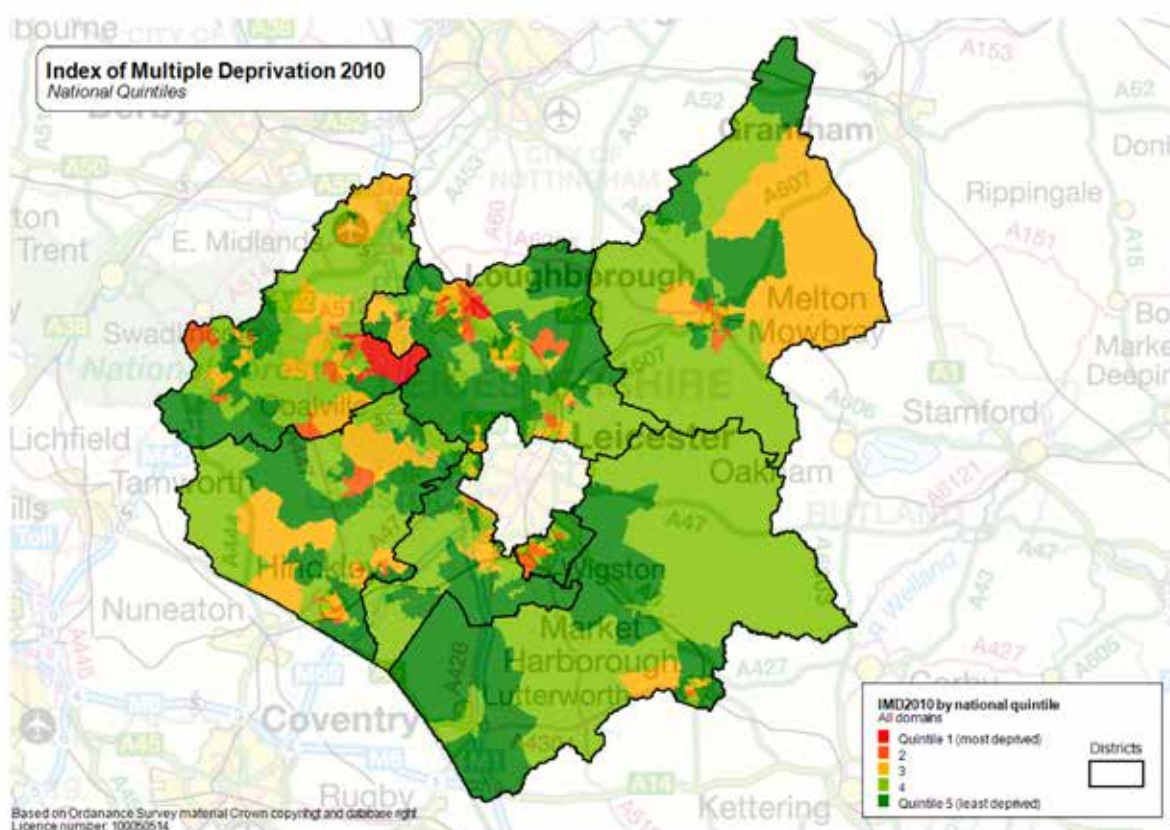
- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOPI);
- Employment deprivation;
- Health deprivation and disability;
- Education, skills and deprivation;
- Barriers to housing and services;
- Crime domain; and
- Living environment deprivation domain.

Healthy life expectancy for 2009-11



Figure 2 presents the level of deprivation in different areas of Leicestershire according to the IMD 2010. The data is presented as “quintiles” of deprivation - areas of Leicestershire that fall into the most deprived fifth (20%) of areas in England are quintile 1, those in the second most deprived fifth of areas are quintile 2, and so on, through to quintile 5 which are areas that are within the least deprived fifth (20%) in England.

Figure 2: English Indices of Multiple Deprivation 2010 by national quintile for Leicestershire

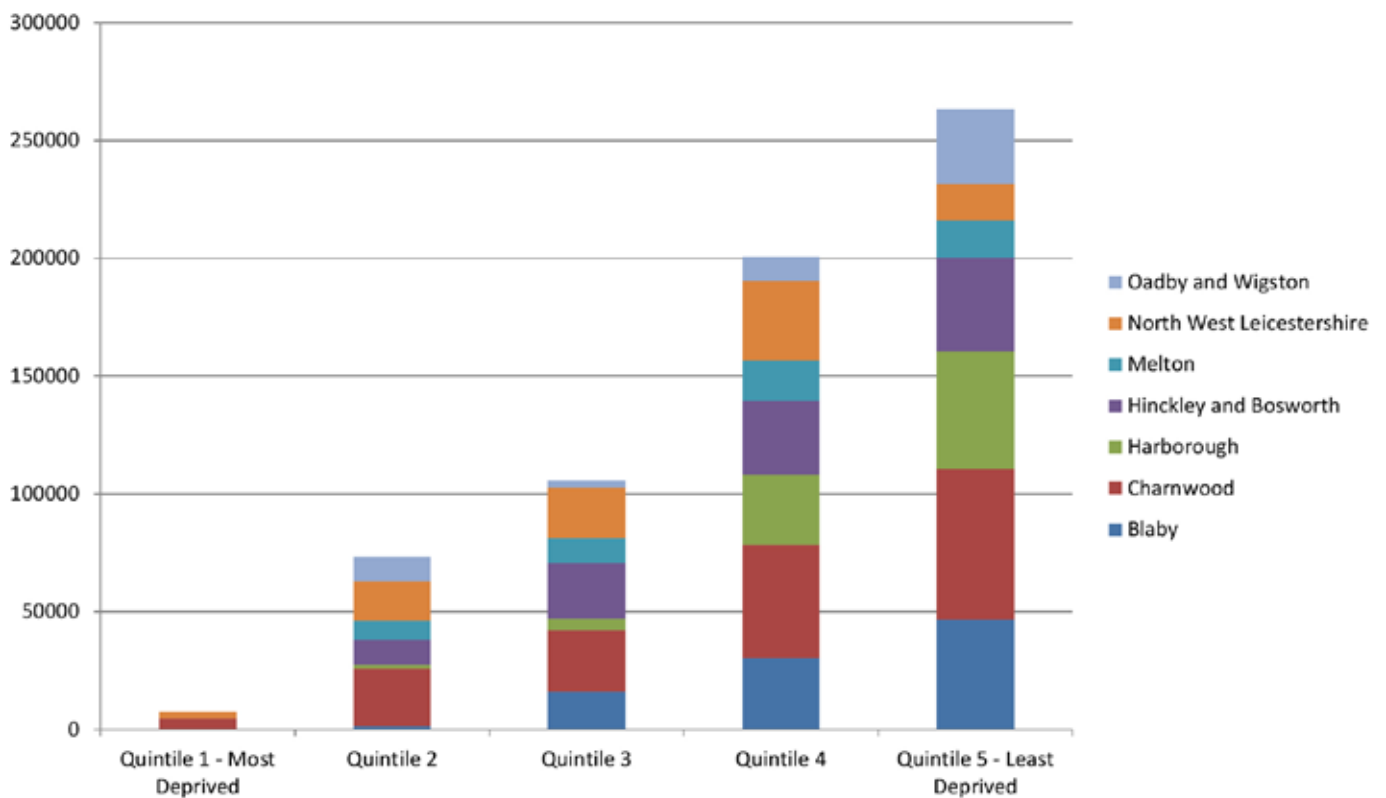


Source: Department for Communities and Local Government

Figure 3 shows how much of the population of Leicestershire lives in each deprivation quintile, and demonstrates that:

- 1% of the population of Leicestershire (7,640) people live in areas categorised within the most deprived 20% of areas in the country.
- Two districts in Leicestershire, Charnwood and North West Leicestershire, have areas which are in the most deprived 20% in the country.
- 11% of the Leicestershire population live in the second quintile of deprivation (in the most deprived 20-40% of areas in England), accounting for over 73,000 people affected by deprivation. All seven districts have people in this category of deprivation.

Figure 3: Population by district and deprivation quintile in Leicestershire, 2010



Source: Department for Communities and Local Government

The Best Start in Life

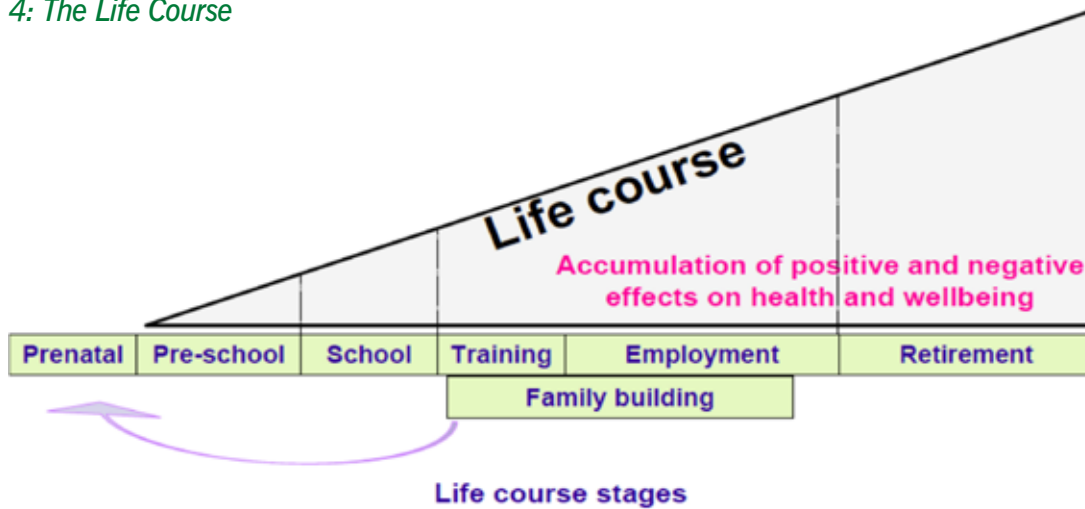
Giving every child the best start in life is crucial to improving their opportunities for good health throughout the life course and ensuring that the building blocks are in place for a healthy old age. The Marmot review highlighted that England has poor outcomes for children with respect to mortality, morbidity and inequality.²¹ In 2011, the Government published “A new approach to Child Poverty: Tackling the causes of disadvantage and transforming families lives”.²² This new approach includes strengthening families, encouraging responsibility, promoting work,

guaranteeing fairness and providing support to the most vulnerable.

The Marmot Review²¹ placed a renewed focus on identifying support for mothers, families and children in the early years to both improve health and the other major determinants such as child development and educational attainment.

Figure 4 shows how the effects of interventions in childhood are cumulative across the life course and will have an impact throughout the whole life of the child.

Figure 4: The Life Course



Source: Fair Society, Healthy Lives, 2010

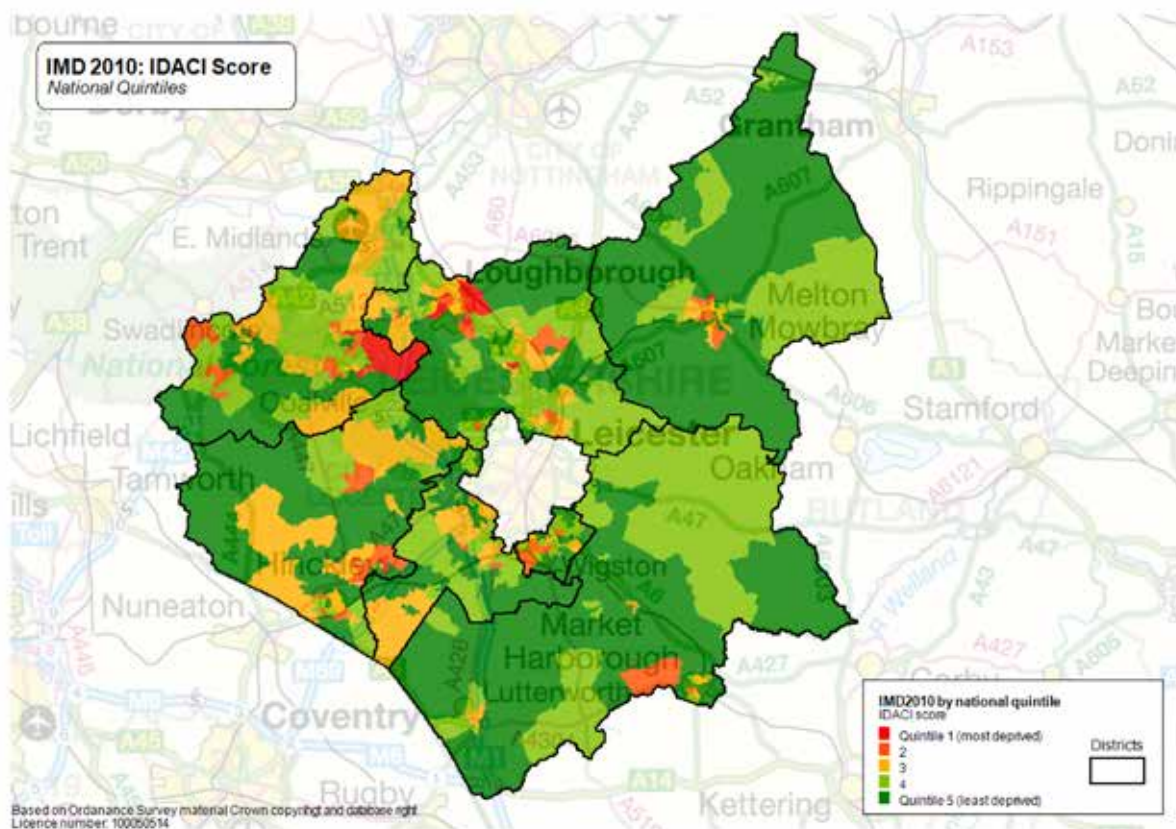
Experiences in early life have a lasting effect on adult health both directly and through influencing adult behaviour. Half of the gradient in socioeconomic mortality in later life can be explained by early life experience, for example its influence on smoking rates.²³ Adverse experiences such as exposure to alcohol and substance misuse pre-birth or neglect during childhood, lead to poor development, which affects later life chances.

The provision of universal and high quality early childhood education and care improves the wellbeing of the population as a whole, and has even greater benefits for children from disadvantaged backgrounds.³ A child's development score at 22 months is an accurate predictor of educational outcomes at age 26 which in turn is related to long term health outcomes.²⁴

Key facts

- In 2011, it was estimated that 15,655 children were living in poverty in Leicestershire this equates to 12% of all of the dependent children under 20.² It is likely that this figure has risen further in recent years as a result of welfare reforms.²⁵
- In Leicestershire and Rutland, in 2012/13, only 44% of babies were being breastfed at 6-8 weeks after birth. This is significantly lower than the average of 47% for England.²
- In 2012/13, 46% of children in Leicestershire achieved a good level of development at the end of reception year.² This is significantly lower than the England rate (52%). Only 25% of children in the county eligible for free school meals achieve this level (compared to 36% in England).²
- In 2012/13, 21% of 4-5 year old children in Leicestershire are overweight or obese. This is significantly lower than England as a whole (22%).²
- Figure 5 illustrates the IMD 2010 data for the income deprivation affecting children index, showing the areas of Leicestershire where children are in the most deprived areas in England for this index. There are 14 areas which fall within this category – ten of these are in Charnwood, two are in North West Leicestershire and one each in Hinckley and Bosworth and Melton.¹⁹

Figure 5: Map of Income Deprivation Affecting Children in Leicestershire, 2010



Source: Department for Communities and Local Government

What we are doing locally

Leicestershire County Council, in partnership with the local NHS, has developed a number of initiatives to provide effective early years support to improve health and reduce health inequalities. These interventions start pre-birth with targeted action to reduce the proportion of low birth weight babies, including an early booking social marketing campaign to encourage women to book with maternity services before 12 weeks gestation.

Action to reduce infant mortality rates includes health in pregnancy roadshows that have been delivered in all seven districts to multi-agency staff to raise awareness and update their knowledge on the modifiable risk factors for infant mortality. This will be further developed through the nomination of “Health in Infancy Champions”, local leaders for each district area to sustain the work on infant mortality.

Supporting Leicestershire Families (SLF) is a county initiative which provides intensive support for vulnerable families to help them achieve better outcomes. SLF support is available to families who meet certain criteria ranging from financial problems, emotional and mental health issues, and alcohol and substance misuse to housing issues and violence and abuse.

An early help service has been developed in Leicestershire recognising that prevention and earlier intervention is more cost effective and successful than later or more informal interventions. Leicestershire County Council’s Children and Family Service provide targeted early intervention and support to those children, young people and families who are more vulnerable to poor outcomes.

The case for investment⁴

It costs around £3 billion to care for the preterm birth and low birth weight babies born in a single year in England and Wales, from birth to the age of 18.²⁶

The Family-Nurse Partnership, a voluntary home visiting programme for vulnerable mothers from early pregnancy until their child is 2, has shown a positive return on investment, generating savings of more than five times the programme costs.²⁷

There is also strong evidence to suggest that early intervention to support people experiencing mental health problems can produce significant cost savings and long term productivity improvements for local authorities, the NHS and others.²⁸ For example, identification of postnatal depression by health visitors allows treatment, improves productivity and leads to cost savings in the medium to short term. In addition, targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested through savings to the NHS, education and criminal justice systems.

“*Identification of postnatal depression by health visitors allows treatment, improves productivity and leads to cost savings in the medium to short term*”

Case study - Purposeful Physical Play Project: A self-directed learning approach in Leicestershire

The importance of physical development, movement and purposeful physical play in the early years cannot be underestimated. The early years are a time of rapid physical and mental development as young children learn to control and use their bodies. It was identified that many early year practitioners in Leicestershire had either received limited or no training in purposeful physical play and that purposeful physical play is a low priority in most settings.

The Public Health Department, in partnership with Leicestershire and Rutland Sport, have commissioned the delivery of a training package for early years settings and children's centres. The aim is for childcare settings to create a range of enabling environments that stimulate positive activities, put in place essential components each day and create a pattern of regular purposeful physical play opportunities.

Recommendations

Public Health as a leader

Effective early years support needs to be commissioned and delivered to improve health and reduce inequalities. Public Health will continue to commission evidence based health improvement programmes in early year's settings including invigorating the Leicestershire Healthy Tots Programme to complement our successful healthy schools work.

Public Health as a partner

Public Health will work in partnership with the Leicester, Leicestershire and Rutland Children and Families Strategy Group to increase the uptake of the free early year's education provision, with a focus on families from more deprived areas of the county and families with children eligible for free school meals where uptake is very low. A social marketing campaign will be developed to increase the take up of free education and child care for 3 and 4 year olds.

Public Health as an advocate

Public Health will advocate for the county wide implementation of the cross party manifesto: "The 1001 Critical days: The importance of the conception to age 2 period." This calls for the provision of a holistic approach to all antenatal, perinatal (conception to the first 18 months of life) and postnatal services to enable seamless access to all families. The goal of the manifesto is for every baby to receive sensitive and responsive care from their main caregivers in the first years of life.

Healthy schools and pupils

There is a strong correlation between educational attainment, life expectancy and self-reported health. Those who are well educated have better health and wellbeing.⁴

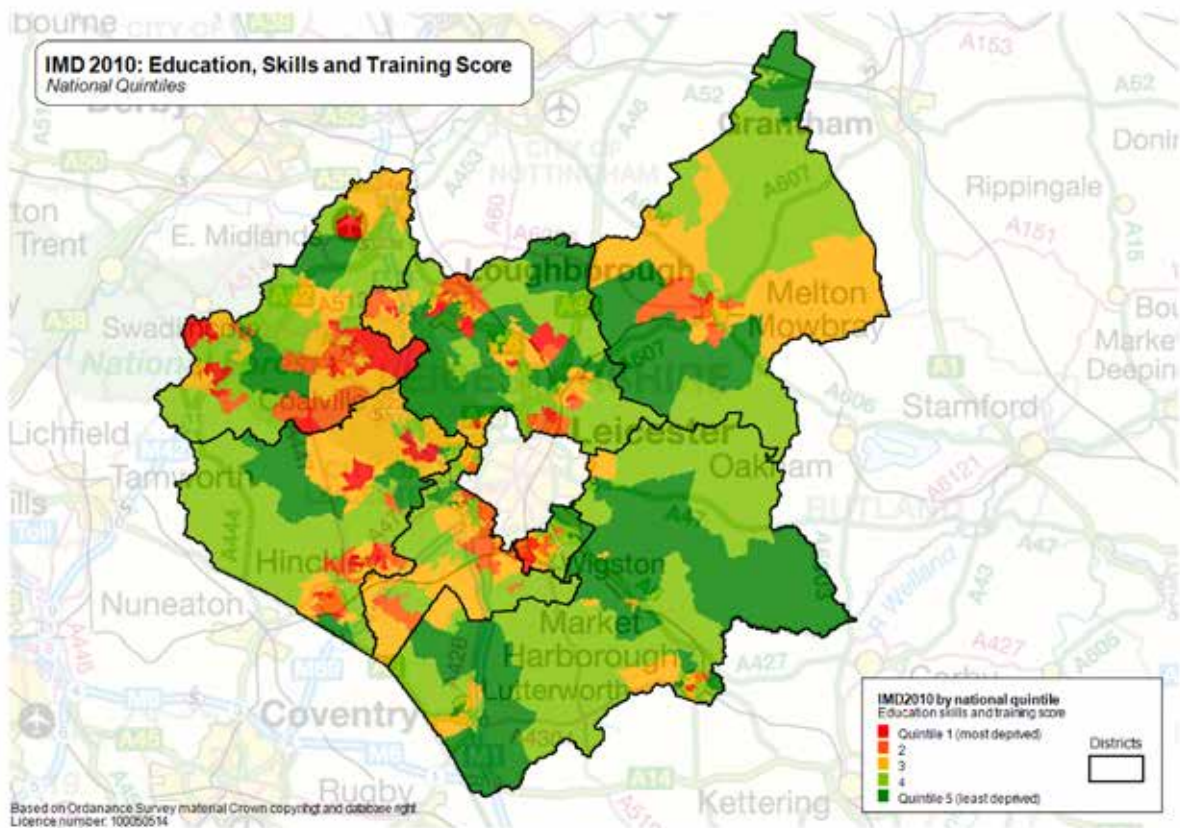
School is an important setting for changing or forming healthy behaviour. Schools need to teach students not only academic knowledge but also the knowledge and skills they will need to promote their own mental and physical health, and successfully navigate the world of work.⁵ Those with less education report being in poorer health; they are more likely to smoke, more likely to be obese and suffer alcohol harm.²⁹ Better education for parents improves health outcomes for their children.

Key facts

- In 2012/13, 59.5% of children in Leicestershire achieved GCSE Grade A*-C for English and Maths. This is lower than the 60.8% average for England.²
- In 2012/13, 31% of 10-11 year olds in Leicestershire were overweight or obese. This is significantly lower than the England rate of 33%.²
- In 2012, the rate of first time entrants to the youth justice system is significantly higher for Leicestershire than the England rate (608 per 100,000 population compared to 537 per 100,000 population).²
- In 2012, the Leicestershire under 18 conception rates were significantly lower than the England rate with 21.7 per 1,000 female population aged 15-17 years for Leicestershire compared to 27.7 for England.²
- Figure 6 illustrates the IMD 2010 domain for education, skills and training. It demonstrates a different pattern than the overall IMD with a higher proportion of people in Leicestershire in the most deprived 20% nationally for this domain. Overall, 41 areas are in the most deprived 20%, both Charnwood and North West Leicestershire have 12 areas in this category, Hinckley and Bosworth has nine, Oadby and Wigston has four, Melton has two and Harborough and Blaby both have one.¹⁹

“ Support Assistants have undertaken training to enable them to provide support and interventions in school to build a child or young person’s emotional literacy skills ”

Figure 6: Map of IMD 2010: Education, Skills and Training Domain for Leicestershire



Source: Department for Communities and Local Government¹⁹

What we are doing locally

Leicestershire County Council has been very successful in reducing permanent exclusions in secondary schools, by developing behaviour partnerships for all state funded secondary schools across the county. A local head teacher in each area chairs the partnership and leads a small professional team that work with schools and pupils on alternatives to exclusion. The partnerships strengthen the links between schools and other agencies and promote best practice in supporting vulnerable students within schools.

The Leicestershire Psychology Service provides two programmes to enhance school confidence, improving children and young people's social and emotional skills, attitudes, behaviours and attainment. Thinkwise is a programme based on cognitive behaviour therapy principles for groups of pupils in years five and six (ages 10 and 11 years) to help children move from a pessimistic thinking style to a more positive, optimistic approach. Emotional Literacy Support Assistants are Learning Support Assistants that have undertaken training to enable them to provide support and interventions in school to build a child or young person's emotional literacy skills. Early evaluations indicate both schemes are having a positive impact.

The Leicestershire Healthy Schools Programme provides a framework to support schools to be “Health Promoting” settings. The programme seeks to:

- Support schools to develop children and young people’s life skills;
- Encourage schools to incorporate more physical activity into the curriculum;
- Helping schools promote healthy diets; and
- Supporting schools through the use of resources including the Leicestershire Healthy Schools website www.leicestershirehealthyschools.org.uk.

The case for investment⁴

Behaviour change interventions in schools are very cost-effective in terms of longer term paybacks. For example, smoking prevention programmes have recouped as much as £15 for every £1 spent³⁰ and for every £1 spent on contraception to prevent teenage pregnancy, £11 is saved through fewer costs from terminations, antenatal and maternity care.³¹

It is estimated that the health benefits of a good education provide returns of up to £7.20 for every £1 invested.³²

School-wide anti bullying programmes can return almost £15 for every £1 invested in the longer term through higher earnings, productivity and public sector revenue.³³

Case study - A Whole School Approach- Leicestershire Healthy Schools Programme

Leicestershire Healthy Schools Programme provides guidance to schools on the physical and emotional wellbeing of children and young people, recognising that healthy schools play an important role in helping children and young people reach their full potential. It is about creating healthy and happy children and young people who do better in learning and in life. Support is given through schools visits, the healthy schools website, e-bulletins, social media pages and training provision.

In Leicestershire we reached a landmark figure with 276 out of 282 eligible schools achieving national Healthy School Status (98%). These schools have a foundation of health and wellbeing in place, having fulfilled the 41 criteria for the core themes of personal social health education, healthy eating, physical activity and emotional health and wellbeing. Schools renew their Healthy School Status by completing a whole school review every two years.

All schools in Leicestershire are now moving onto or have already moved on to the next stage of “Enhanced Healthy Schools” whereby they “plan, do and review” health behaviour change initiatives to improve children and young people’s health and wellbeing using evidence informed practice across a range of issues.

One of the schools reports *“Becoming a healthy school has meant fundamental changes for our school and it has changed the culture and atmosphere for the better. When you walk into the school you immediately pick up on the Healthy Schools ethos and the holistic approach to improving the physical, emotional and social health and wellbeing of our children. They are now making much better, more informed choices about food, exercise and friendships which is already having an impact on their ability to enjoy a healthy lifestyle.”*

Recommendations

Public Health as a leader

Public Health will continue to encourage Leicestershire schools to participate in the Leicestershire Healthy Schools Programme, to renew healthy school status and achieve enhanced healthy school status by achieving meaningful outcomes in a public health priority area. These include emotional health and wellbeing/ mental health, healthy weight, sexual health/ teenage pregnancy and substance misuse (drugs, alcohol and tobacco).

Public Health as a partner

Public Health will encourage schools to incorporate more physical activity in their curriculum working with Leicestershire and Rutland Sport and Leicestershire County Council active travel team.

Public Health as an advocate

Public Health will advocate for schools to schools adopt the PSHE Association's "PSHE Programme of study." This identifies the key concepts and skills that underpin PSHE education and help schools to fulfil their statutory responsibility to support pupils' spiritual, moral, cultural, mental and physical development and prepare them for the opportunities, responsibilities and experiences of life.

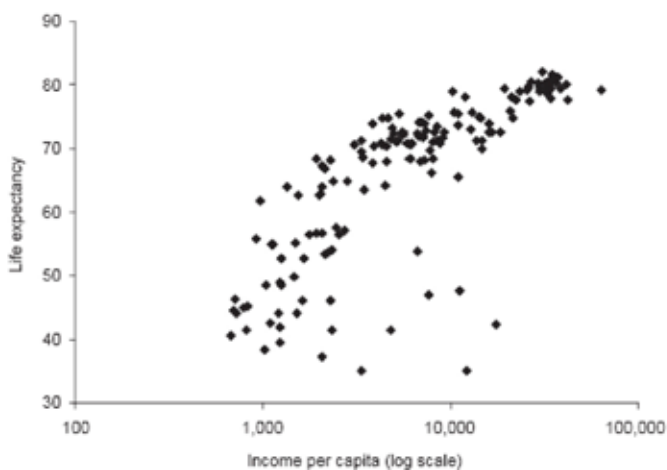


“ It is estimated that the health benefits of a good education provide returns of up to £7.20 for every £1 invested ”

Economy and employment

There is a strong relationship between health and the economy. Countries with a higher income per capita have a higher life expectancy than countries with lower per capita income, this is illustrated in the international data presented by the World Bank in Figure 7³⁴.

Figure 7: Income and Life Expectancy 2005



Source: *The World Bank 2007*

In the United Kingdom, approximately one household in six is in poverty, with rates higher than average for pensioners (23%) and for families with children (20%).³⁵ Poorer areas also tend to have high levels of unemployment and large numbers of people on income support.

The health of the working age population is important to economic growth.³⁶ There are significant harmful effects of long term worklessness or sickness absence.³⁷ Illness can lead to periods of unemployment and unemployment can lead to worsening health. The workplace also offers an ideal environment to promote a healthy lifestyle and to play a big part in health and wellbeing.³⁸

Moving into adulthood is a key milestone for all young people. In England, 10% of 16 to 18 year olds are classed as Not in Education, Employment or Training (NEET).³⁹

The impact of unemployment on young people can be long term and people who are NEET for a substantial period, are less likely to find work later in life, and more likely to experience poor long term health.⁴⁰

Key facts

Between October 2012 and September 2013, in Leicestershire there were:⁶

- 326,600 economically active people aged 16-64 and 88,100 economically inactive people aged 16-64.
- 309,500 people in employment, an rate of 74.3 per 100 population. This is significantly better than the England rate of 71.4.
- 19,200 people who were unemployed, a rate of 5.8 per 100 population. This is significantly better than the England value of 7.9.

The Public Health Outcomes Framework includes data on younger adults:

- In 2012, 780 (3.5%) 16-18 year olds in Leicestershire were NEET. This is significantly lower than the England prevalence of 5.8%.²

What we are doing locally

The Economy

In May 2014, Leicestershire County Council published its Strategic Plan 2014-18 “Leading Leicestershire: Transforming Public Services”.⁴¹ This sets out the council’s vision for enabling economic growth and ensuring that Leicestershire has a thriving economy. Its priorities are grouped under three themes – place, business and people – and focus on improving the economic infrastructure. This includes strategic transport improvements, helping businesses to survive and grow and supporting people into sustainable employment.

The Leicestershire and Leicester Enterprise Partnership's "Strategic Economic Plan 2014-2020" set priorities across the place, business and people themes, with an ambition of creating 45,000 new jobs. To support the delivery of this plan, Leicestershire County Council will agree and implement a new enabling growth action plan setting out the priority economic interventions.

District councils deliver a range of economic and employment support services. They also work in a targeted way with groups with specific needs, for example, the long term unemployed, young people and people with mental health issues. A number of initiatives are being developed and delivered by county and district councils to mitigate the impact of the Welfare Reform Act on sickness and disability claimants. Alongside the personal impact of reduced benefit income there is an impact on the local economy through reduced spending.

Employment and Health

The Leicestershire and Rutland Workplace Health and Wellbeing Group was established in 2011. It has reviewed the existing workplace programmes across both counties and identified a wide range of workplace health programmes run by a broad range of organisations including Fit4Work, local authorities, Leicestershire and Rutland Sport, Leicestershire Stop Smoking Service and Loughborough College. In addition to local programmes, across the East Midlands region work is underway to develop tools to support the roll out nationally of the Workplace Charter.⁴²

The Leicestershire and Rutland Workplace Health Group is developing a new integrated pathway to join up the variety of programmes; encourage universal adoption of the workplace charter standards; encourage systematic cross referral of clients between programmes; and provide better coordination of activity across specialist provider services.

Leicestershire Fit4Work service is part funded by Leicestershire County Council and Leicestershire Clinical Commissioning Groups. It provides expertise and services to improve the health of the working age population and to address health inequalities through supporting people

at risk of becoming unemployed due to ill health. Clients receive support from a dedicated case manager in the early stages of sickness absence, with the aim of making access to work and access to support services readily available. The service works with clients and their GPs to achieve a quicker return to work, reduce sickness absence, and reduce flow onto benefits by supporting individuals who develop illness to remain in or return to work.

The case for investment

Economic development strategies create the overarching "socioeconomic, cultural, and environmental conditions" that influence population health. Creating a business climate and supporting public investments that contribute to well paid jobs can create an economically thriving community. This can strengthen education, social networks, and community resources, and in turn contribute to good health outcomes.⁴³

The costs of working age ill health in the UK run to £100 billion per year – this is more than the annual budget for the NHS.³⁶ Around 172 million working days were lost to sickness absence in 2007, at a cost of over £13 billion to the economy.³⁶ Of these, the leading causes were mental health problems and musculoskeletal conditions.³⁶

NICE has produced a series of guidelines for early interventions to improve health in the workplace. These argue that increased productivity is associated with effective management of long term sickness absence and with smoking cessation. There is also a growing body of evidence that workers with health issues, such as obesity and depression, are less productive.³⁸

Case study – Healthy Workplaces

This is a project delivered by the Leicestershire Fit4Work team aimed at supporting small and medium enterprises (SMEs) in relation to workplace health. Over 98% of businesses based within Leicestershire employ less than 100 people and the Chartered Institute of Personnel and Development estimates that SMEs of this size could be losing up to £119,900 per year in staff health issues increasing the likelihood of serious financial instability for these companies.

The team engages and works with SMEs to improve the health of their employees by identifying the health needs of their workforce and developing plans to address these needs. These interventions aim to deliver a workforce that is healthier, happier and more productive. This provides protection against financial hardship and promotes a better quality of life by allowing people to make the most of their potential.

Healthy Workplaces has recently launched its workforce wellbeing website, <http://www.workforcewellbeing.org.uk>. This is resource for all employers across Leicestershire but especially for small and medium enterprises.

“SMEs with less than 100 employees could be losing up to £119,000 per year in staff health issues”

Recommendations

Public Health as Leader

Public Health will develop, implement and promote a new workplace health strategy for Leicestershire County Council and continue to champion and deliver healthy workplace initiatives across the county. This includes strengthening the provision of early interventions for those at work who develop a health condition.

Public Health as Partner

Public Health will support Leicestershire County Council, district councils and partner organisations to implement the recommendations from the NICE briefing on workplace health. This includes encouraging leadership and management styles that support and improve people's mental wellbeing; promoting healthy lifestyles; and addressing specific health conditions for example by implementing multidisciplinary back management programmes and developing cognitive behavioural therapy in small groups for stress related conditions.

Public Health as Advocate

Public Health will act as an advocate for people not in education, employment or training, people in low pay, and people experiencing mental health difficulties and other disabilities. We will do this by highlighting the need to tackle inequality and discrimination in all levels of economic and workforce planning, and by supporting the provision of debt counselling and welfare rights advice and support where it is most needed.

Strong communities, wellbeing and resilience

The link between stronger communities, often referred to as “social capital”, and health has been documented in many publications and studies. Social capital refers to the connections between individuals in the same community and between different communities. It is said to provide a source of resilience – being able to cope and stay well in difficult situations – and to provide some protection against poor health.⁷ It includes social support which is critical to physical and mental wellbeing as well as connections to the broader determinants of health, such as helping people find work, or get through economic and other material difficulties.

Social capital has been defined in terms of four characteristics:⁴⁴

- The existence of community networks;
- Civic engagement (participation in these community networks);
- Local identity and a sense of solidarity and equality with other community members; and
- Norms of trust and providing help and support for each other.

The King’s Fund report “Improving the public’s health: A resource for Local Authorities” highlighted the following:⁴

- Social networks can have a significant impact on people’s health;⁴⁵
- Social support increases resilience and promotes recovery from illness;⁴⁶ and
- Lack of social networks and support, and chronic loneliness, produces long term damage to physiological health.⁴⁷

Local authorities have a role to play in helping individuals and communities to develop social capital. There is growing recognition that although disadvantaged social groups and communities have a range of complex and

inter-related needs, they also have assets and strengths at the social and community level that can help improve health, and strengthen resilience to health problems.⁴

Key facts

- In Leicestershire in 2012/13, 4.8% of people 16 years and over reported a low worthwhile score in the integrated household survey, 8.9% reported a low happiness score and 21% reported a high anxiety score.²
- In Leicestershire in 2012, 27,679 adults aged 65 years and over were predicted to live alone.⁴⁸
- In Leicestershire in 2012/13, 46.8% of adult social care users reported that they did not have as much social contact as they would like.²
- In Leicestershire in 2012/13, only 40.6% of carers reported that they had as much social contact with people that they liked as they wanted.²

What we are doing locally

Leicestershire County Council is investing in Local Area Coordination (LAC). The LAC approach was originally developed in Western Australia in 1998 and is now being implemented across parts of England and Wales. The model is based around having a local “Coordinator” who acts as a point of contact for vulnerable people within communities, providing support, information, brokerage and access/referral to other types of local support.

The primary role for the Local Area Coordinator is to develop relationships with individuals, families and communities, in order to increase the capacity of the community support available to people who are vulnerable (through age, frailty, disability, mental health or other

issues) and ultimately help them achieve a positive quality of life.

The LAC project is a key component of Leicestershire County Councils Unified Prevention Offer. This aims to bring together prevention services in Leicestershire's communities into one consistent offer, including housing expertise and support to carers. In addition it will provide better coordination in communities of this offer so that local people have easy access to information, help and advice. The project is included within both the Better Care Fund Plan and the Council's Communities Strategy. Both aim to reduce demand on public services and build resilience in communities to manage the health and wellbeing of their most vulnerable residents.

The case for investment

Reports such as the King's Fund report¹⁵ and NICE guidance on Community Engagement and health⁴⁹ repeatedly point to the limited evidence on the economic paybacks of investing. However, there is strong and growing evidence that social networks and social capital increase people's resilience to and recovery from illness. There is less direct evidence on the wider benefits that such investments can have; studies and evaluations are lacking, and those that have been undertaken have been on a small scale.

There is better evidence on some of the individual components of a local strategic approach to building and utilising community assets.³³ For example, every £1 spent on health volunteering programmes returns between £4 and £10, shared between service users, volunteers and the wider community.⁴ An evaluation of 15 specific community health champion projects found that they delivered a social return on investment of between around £1 and up to £112 for every £1 invested.^{50 4}

“ Every £1 spent on health and volunteering programmes can return between £4 and £7 ”

Case study - The Good Neighbour Scheme

The Good Neighbour Scheme in Long Clawson is partly funded by a £3,847 grant from the County Council. The scheme offers practical help to residents of Long Clawson in the following ways:

- Companionship for folks who would like a chat and a cup of tea or maybe a game of Scrabble.
- Support while recuperating from illness with things like gardening; taking the children to school; light housework or caring for pets; transport to hospital appointments, doctors, opticians, hairdressers, dentists or shopping.
- Household tasks such as changing light bulbs; replacing batteries or moving small items of furniture.
- Help with writing letters or filling in non legal forms; reading to people with a visual impairment; learning to use email and the Internet.

A coordinator is available to call between 8 am and 8 pm every day. This coordinator will then arrange for one of the registered volunteers to provide the support requested.

The scheme is available to everyone in the village and is a good example of how support at an earlier stage could help prevent users requiring high cost services in the longer term. It also helps reduce demand on public services and, arguably, could not be delivered by a public service because people often only seek help from formal services at the stage when a high cost service is required.⁵¹

Recommendations

Public Health as a leader

Public Health will ensure that Leicestershire's unified prevention offer continues to be developed to deliver the LAC model with an emphasis on building on the local community's strengths and provide training and resources.

Public Health as a partner

Public Health will ensure that Leicestershire's Community Strategy and the Better Care Fund are developed in line with NICE guidance on "Community Engagement"⁴⁹ for example by planning, designing and coordinating activities that incorporate a community involvement component across – as well as within – departments and organisations.

Public Health as an advocate

Public Health will promote the development of social capital and community based assets by encouraging all statutory organisations to acknowledge the skills and knowledge in the community, and by encouraging local people to help identify priorities and contribute to the commissioning, design and delivery of services.

Active and safe travel

Encouraging people to use more active modes of transport such as cycling and walking will yield benefits for the individual as well as the environment, society and economy.

Potential health gains include reduced respiratory disease due to lower levels of air pollution, prevention of obesity, diabetes, heart disease and cancer, as well as reducing inequalities through better access to goods and services among people who cannot afford cars or vans.⁹

Benefits to the environment include reduced carbon emissions, particulate and noise pollution, with positive consequences for society and the economy. For example, it is estimated that poor air quality, congestion, road traffic collisions and physical inactivity each cost society approximately £10 billion per year.⁵²

Eighty percent of people are not carrying out the recommended amount of physical activity, and levels of inactivity are higher in more deprived communities,⁵³ so encouraging active travel, particularly cycling and walking, would help to address this.⁵⁴ Local authorities have a significant role to play in good planning to help prevent death and injury from road traffic accidents and to make healthier choices, easier choices.

Key facts

- According to the 2011 Census, in Leicestershire:
 - More than 217,000 (67 percent of people aged 16-64 in employment) drove to work in a car or van. This is higher than the 54 percent average in England.⁸
 - More than 27,000 (8.3 percent) walked to work. This is lower than the 9.8 percent average in England.⁸
 - 12,700 people (3.9 percent) travelled to work by bus, minibuss or coach.⁸
 - 8,535 people (2.6 percent of people aged 16-64 in employment) travelled to work by bicycle in the county. This is significantly lower than the average for England at 2.9 percent.⁸
- In 2012 in Leicestershire, 65% of adults were classified as overweight or obese. This is similar to the England average of 64%.²

What we are doing locally

Leicestershire County Council's Local Transport Plans (LTP) have been essential in planning and promoting active and safe transport in the county. Efforts to increase walking, cycling and the use of public transport were at the heart of the County Council's strategy to improve local transport during LTP 2, and have continued in the third plan, LTP 3, published in 2011.⁵⁵ LTP 3 sets out the role that transport improvements will play in helping to ensure that Leicestershire continues to be a prosperous, safe and attractive county. It also emphasises the importance of the role that active and sustainable transport will play in the transport strategy.

The councils Travel Choice and Access Team undertakes work that is partly financed through the Local Sustainable

Transport Fund, including:

- Targeted travel advice;
- Improved cycling and walking networks;
- More cycle parking; and
- Adult cycle training courses.

LTP 3 shifted the focus of the Travel Choice and Access Team towards getting the most use out of the already existing transport networks. This aligned with the Public Health Departments aim to encourage active travel, and the teams now work closely together in many areas. An example of this has been funding towards each other's projects; the Public Health Department funded extra work that linked in with the Olympic Legacy Grant locally, and the transport team funded cycling equipment and training to support obesity prevention programmes.

“Choose How You Move” is a programme of work included in LTP 3 that seeks to reduce reliance on the car for local trips, and comprises:

- Sustainable transport infrastructure improvements (such as improvements to the walking and cycling network and bus based initiatives); and
- Behaviour change programmes (such as personal travel planning).

Its aims are to support a shift away from single occupancy car use and secure “best value” for the sustainable transport infrastructure by promoting and publicising its availability to local communities. For instance, within Coalville, a significant investment in walking and cycling facilities has been made over the last 2 years. This is now being actively promoted across the town with walking and cycling events, personal travel planning and adult cycle training.

The case for investment

It is estimated that for every £1 spent on cycling provision, the NHS recoups £4 in reduced health costs, while the economy “makes” 35p profit for every mile travelled by bike instead of car.¹⁵ For every person who cycles instead of using a car, reduced NHS costs, productivity gains and reduction in air pollution and congestion could save an estimated £539-£641 per year.^{56 57 58}

Changing from car use to walking, cycling and using public transport could help to offset the estimated £10.9bn per year costs of delays from traffic congestion in urban areas of England.⁵² Reducing congestion is likely to reduce the costs of transport induced poor air quality, ill health and traffic accidents.

“ for every £1 spent on cycling provision the NHS recoups £4 ”

Case Study - Road safety in Leicestershire

Reducing the number of casualties on all roads in Leicestershire is a priority in the current LTP 3 adopted in April 2011. The four main ways this is done are:

- By providing a safer road environment;
- By managing speed;
- By education, training and publicity;
- By improving safety for vulnerable road users.

As part of the latter Leicestershire County Council runs a number of schemes including:

The Junior Road Safety Officer scheme which is now in its 26th year of operation and involves 60% of Leicestershire primary schools. There were four main themes for academic year 2013/14: pedestrian safety; in car safety; playing safely; and moving on to secondary school. Billesdon Parochial Primary School showed the most original approach to these themes in 2013 and was rewarded with an activities day in the summer term at Beaumanor Hall.

Road Safety Tutors provided pedestrian and cyclist training to 9,000 primary school children in 2013.

Cyclist training is available to over 16 year olds who either cannot cycle, have not cycled for a while or who wish to develop their skills and confidence. In 2012, 20 courses trained 350 adults, in 2013, 25 courses trained 437 adults and in 2014, 27 courses are planned.

Within built up areas the **School Crossing Patrol Service** guides children across busy roads. A number of the patrollers are involved in wider aspects of road safety work, particularly in cyclist and pedestrian training in schools. A small number of patrollers have undertaken a two day training course to be nationally recognised and qualified assistant "Bikeability" trainers.

Recommendations

Public Health as a leader

Public Health will build capacity to enable the Public Health Department to undertake health impact assessments of relevant policies, plans and projects, including major developments, to ensure that opportunities for active travel are maximised.

Public Health as a partner

Public Health will explore the opportunities to increase active travel through closer working with the Environment and Transport Department including rights of way and active travel initiatives.

Public Health as an advocate.

Public Health will encourage all relevant organisations to support the implementation of NICE guidelines on promoting healthier forms of travel and recreation for example by advocating for walking and cycling to be included in chronic disease pathways.

Access to green and open spaces and the role of leisure services

Parks and green spaces are an integral part of daily life and can play an important part in tackling a range of health and social problems including obesity, cardiovascular disease, mental ill health, antisocial behaviour, and health inequalities. Whether taking a walk in the local park, enjoying the fresh air and the surrounding wildlife of a Country Park, participating in sports at the local recreation ground, enjoying a family trip to the playground or having a picnic with friends or neighbours at an urban farm, parks and green spaces offer something for everyone. They provide communities with a sense of place and belonging, offer opportunities for recreation, health and fitness, and provide venues for events that reinforce social cohesion generating an inclusive society. They offer an escape from the stresses and strains of modern urban living, which can feel compounded by the built environment.

Over the last decade there has been increasing recognition of the role that the environment can play in enhancing health. The Government's strategy for obesity, "Healthy Lives, Healthy People (2011)" explicitly recognised that the quality of the environment (natural and built) is a determinant of health. It detailed plans for a shift of power to local communities, including new duties and powers for local authorities to improve the health of local people. It also expressed desire for communities to be empowered "to design communities for active aging and sustainability", including protecting green space, promoting community ownership of green spaces and improving access to land.

We are already seeing that sedentary lifestyles have led to an increase in preventable diseases which are placing increasing pressures on the NHS.

Key facts

- Between March 2012 and February 2013, 14% of adults in Leicestershire reported the utilisation of outdoor space for exercise or health reasons.⁹ This is not significantly different to the England average of 15%.²
- In 2012, 60% of adults were reported to be physically active in Leicestershire (achieving 150 minutes of physical activity per week). This is significantly higher than the England average of 56%.²
- In 2012, 26% of adults were reported to be physically inactive in Leicestershire (doing less than 30 minutes of moderate intensity activity per week). This is significantly lower than the England average of 29%.²

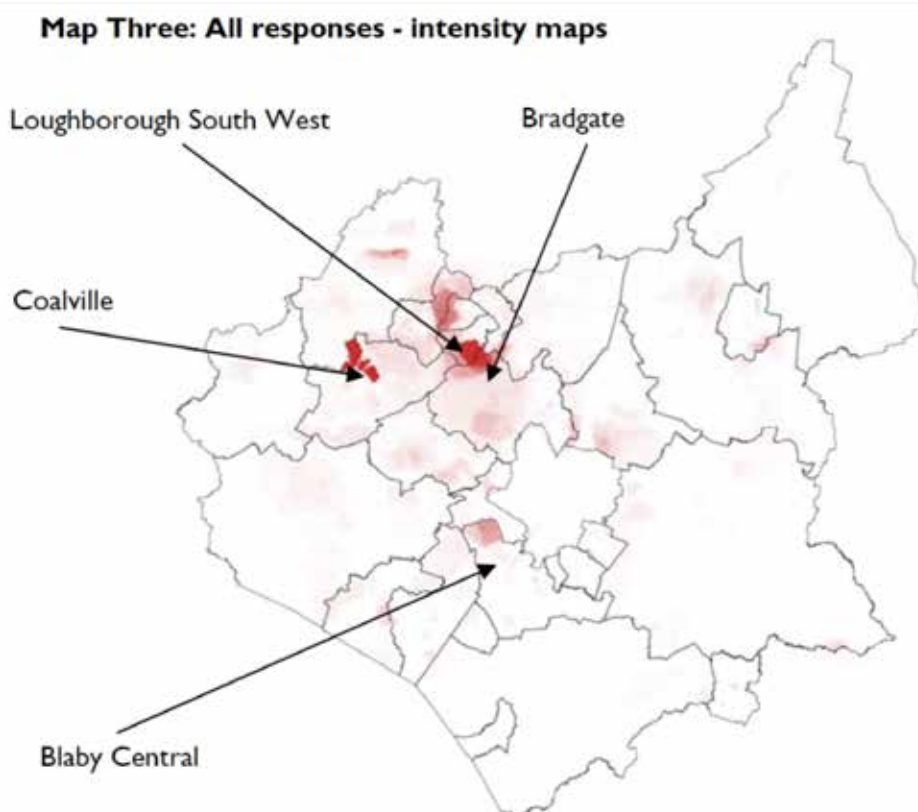
What we are doing locally

In 2011, Leicestershire County Council undertook a public consultation on green spaces with the aim of identifying which types of green space local people find important and to determine how and why people value and use them. The process identified 3,114 "green spaces" in the county as being "valued by local communities". Respondents were found to hold a range of commonly shared views regarding the importance of green spaces to them, their family and community.⁵⁹ The results are set out in Table 1 and green areas identified as important to respondents are shown in Figure 8.

Table 1: The Value and Importance of Green Spaces in Leicestershire

The “value” of green spaces	The “importance” of green spaces
1. Recreation for all - for the playful opportunities they present to children and their families.	1. Scenery and sports - its landscape value, its location and the opportunities for play it offers and essential sports facilities for children.
2. Sporty adults and community - the sports facilities it offers and the chances of community engagement.	2. Food and wedges - Importance to grow food: both commercially and at allotments.
3. Natural landscape features - the natural landscape and what it provides for them and their community.	3. Natural space for communities - mainly natural environment, and vital for community cohesion.
4. Picture postcard and walkers - provides for walking and rambling, and outstanding views and sense of tranquillity.	4. Splendour in safety - offers community opportunity to learn a new activity safely.
5. Animal lovers and parks - to walk their dogs and take in natural surroundings	5. Free: free for, free from - the multitude of uses it offers, and free from traffic and houses.
6. Wildlife and walkers - for the natural corridors they offer birds, insects, bats and squirrels	6. Ground: as in play, as in open - attributed to the word “ground” as in open-ground and play-ground.

Figure 8: Map showing the intensity of green spaces identified by residents



The case for investment

If every household in England were provided with good access to quality green space, an estimated £2.1 billion in healthcare costs could be saved.⁶⁰

There are many social and economic benefits to be gained from our natural environment. Towns and cities with high quality green spaces attract investment and are seen as good places to work; well maintained parks encourage exercise; and children socialise better where there are good places to play outdoors.⁶¹

By achieving a 10% increase in adult activity the NHS could save about 6,000 lives and at least £500m a year.⁶² A brisk walk every day is thought to have the potential to reduce the risk of heart attacks, strokes and diabetes by 50%; fracture of the femur, colon and breast cancer by 30%, and Alzheimer's by 25%.⁶³ People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those living in areas with low levels of greenery.⁶²

Case study – Brocks Hill Country Park, Oadby and Wigston Borough

Since 2001, Brocks Hill Country Park in the Oadby and Wigston green wedge has provided a vibrant and accessible community environmental resource. The award winning centre and country park is an established part of the local community.

Many groups meet formally and informally at the site, with an average of 10 visiting per month. This includes special interest natural history groups, orienteering and walking groups, tai chi clubs, local children's nurseries and dog walkers.

Play areas provide a family focus and accessible surfaced walks provide opportunities for "walk-to-health" programmes. The site offers volunteering opportunities 3 days per week and at the weekends. The site is developing a growing reputation for corporate volunteering training days. The volunteering tasks focus on conservation work across the site including path laying, hedge laying, tree planting and hay making. Bush craft courses, countryside skills and country craft courses are run to develop more outdoor opportunities for adults. Wildlife identification courses provide opportunities for people to learn new skills to encourage reconnection to the natural world.

“ If every household in England were provided with good access to quality green space, an estimated £2.1 billion in healthcare costs could be saved.⁶⁰ ”

Recommendations

Public Health as a leader

Public Health will ensure access to green spaces is built into our relevant commissioning plans for example by procuring exercise referral schemes that encourage physical activity in green spaces.

Public Health as a partner

Public Health will explore the opportunities to increase access to the natural environment through closer working with the Environment and Transport Department including “rights of way” teams and active travel initiatives, and will promote the inclusion of access to open green spaces in other strategic areas such as workforce health, mental health, obesity and physical activity.

Public Health as an advocate

Public Health will encourage district councils and communities to use the “Green Spaces in Leicester and Leicestershire toolkit” which supports community led initiatives to improve access to green spaces. It provides advice to those wishing to designate green spaces and is designed to support decision making about the future protection and use of existing spaces.



“By achieving a 10% increase in adult activity the NHS could save about 6,000 lives and at least £500m a year.”

Warmer and safer homes

The importance of housing quality to health has long been established. The relationship however is complex and multi-faceted. Whilst the home provides protection against the elements and psychosocial benefits, poor housing can contribute to injuries and many preventable diseases such as respiratory, nervous system and cardiovascular diseases and cancer.¹⁰ Some of these may be caused by home hazards such as excessively hot or cold temperatures, damp and mould, radon, carbon monoxide and poor design that increases the risk of falls.

Local authorities have substantial statutory responsibilities for housing, including providing accommodation for the homeless, the replacement of poor quality housing stock, and ensuring the availability of affordable housing to all those who need it.¹⁵ However there are also health challenges posed by poor quality homes in the privately owned and rented sectors.

“*Poor quality housing is thought to cost the NHS at least £2.5 billion a year*”

Excess winter deaths - It is estimated that in England and Wales between 25,000 and 30,000 more people die in winter (December to March) than at any other time of the year. The number of these “excess winter deaths” depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Other at risk groups include those living in deprived circumstances (living in homes with mould, who are fuel poor), older people living on their own, the homeless or those sleeping rough and other marginalised groups.

Avoidable injuries in children - In England and Wales avoidable injury is the second most common cause of deaths in one to four year olds after cancer,⁶⁴ and can result in substantial long term disability. The majority of injuries in this age group occur in the home and most often include falls from height, scalds from hot liquids and poisonings from medicinal and household cleaning products.⁶⁵ Evidence suggests that information and advice for parents regarding home safety, plus the provision of home safety equipment, is effective at reducing the risk of injury in the home in young children.⁶⁶

Passive smoking - Whilst the majority of households in Britain are smokefree, a significant number of adults and children are exposed each year to smoke in the home.⁶⁷ It is estimated that second hand smoke also contributes to 10,000 premature deaths, mostly in non smokers living in a household where another member smokes.⁶⁸

Falls among older people - In 2012/13 19% of the Leicestershire population were aged 65 years and over and were responsible for nearly a quarter of all emergency department attendances. Falls are a significant reason for emergency department attendances.

Key facts

- For the 3 years from August 2009 to July 2011, Leicestershire had an excess winter death index of 20.6%, compared to 16.5% for England as a whole. In other words, Leicestershire had 20.6% more deaths from all causes in winter than would be expected based on the average number of non-winter deaths. This is significantly higher than the England average.²
- In Leicestershire in 2012/13 there were 315 hospital admissions for avoidable injuries in 0-4 year olds, a rate of 86.2 per 10,000 children. This is significantly lower than the England average of 134.7 per 10,000.²
- In Leicestershire in 2012/13 there were 1,875 admissions into hospital due to falls in older people (aged over 65). 66% (1,236) of these were in people aged over 80.²
- In Leicestershire in 2012/13, there were 646 admissions due to hip fractures in people over age 65. 462 (71%) of these were in people over age 80.²
- In Leicestershire in 2011, 12.4% households are in fuel poverty compared to 10.9% in England. This is a significantly higher value.²

What we are doing locally

One of the most significant programmes of work locally is the local implementation of the Better Care Together strategic plan. This work brings together social care and health to develop integrated services that will meet the needs of the changing population and includes a significant focus on ensuring people are able to remain independent in their own homes for longer. In Leicestershire, this includes a unified prevention offer which includes working with housing colleagues to

enhance the housing offer to health, in addition to work on falls prevention in older people.

The 4 Ways 2 Warmth campaign offered district based information and advice around staying warm and in winter 2013/14 Blaby District Council ran a joint campaign with GPs offering information on staying warm, flu vaccination, and help with fuel costs, loft clearance and insulation. Leicestershire County Council also has a cold weather action plan to ensure the continuity of services in the event of adverse weather conditions.

Other initiatives include the “Step Right Out” campaign which aims to reduce the number of children and young people affected by smoke in the home.

The case for investment

Poor quality housing is thought to cost the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes.⁶⁹ Treating children and young people injured by accidents in the home is thought to cost emergency departments around £146 million a year.⁶⁶ Among the over-65s, falls and fractures account for 4 million hospital bed days each year in England, costing £2 billion.⁷⁰

Prevention programmes have demonstrated potential to be cost-effective. NICE estimate that offering home safety assessments to families with young children and installing safety equipment in the most at risk homes would cost £42,000 for an average local authority. If this prevented 10% of injuries, this could save £80,000 in prevented hospital admissions and emergency visits, with further savings in associated GP visits and for ambulance, police and fire services.⁶⁶

Case study - Housing Offer to Health

The “Housing Offer to Health” in Leicestershire includes work that cuts across health, social care and housing in the following key areas:

- Housing’s Hospital to Home Discharge Pathway is looking to incorporate housing options expertise into discharge planning in both acute and mental health providers so that it includes early consideration and implementation of appropriate and supportive housing options.
- Establishing an integrated service (the Light Bulb Project) to provide practical support to people in their own homes so that aids, equipment, adaptations, handy person services and energy efficiency interventions are available and delivered quickly. This will support vulnerable people to access the low level practical support that helps them remain independently at home.
- Establishing a locality based approach to prevention and housing support which includes LAC, Timebanking and delivery of low level support services to vulnerable older people.

Recommendations

Public Health as a leader

Public Health will commission an affordable warmth /healthy housing referral project to ensure continued support for people to keep warm in their homes and support residents most in need to access energy advice and warm home funding and related schemes.

Public Health as a partner

Public Health will support the work of the Better Care Fund plan on falls prevention, helping to develop specific strategies and programmes, which have been shown to reduce falls, and undertake a health needs assessment of avoidable injury in children to ascertain the burden of childhood injury across the districts, describe services currently provided and identify gaps.

Public Health as an advocate

Public Health will support and advocate for an integrated prevention model which will enable people to live independently in their own homes for as long as possible through for example the delivery of the Light Bulb Project.



Public protection and regulatory services



Services that protect the health and wellbeing of the public, for example through enforced regulation, inspection and licensing, are important contributors to public health and safety. Public protection covers many areas, but for the purpose of this report will focus on food and fire safety, air quality and the illicit and underage sale of tobacco and alcohol.

Food Outlets - Tackling obesity is a high priority both locally and nationally. Obesity impacts on health in many ways, such as increasing the risk of cancers, heart disease and strokes, diabetes and raised blood pressure.⁷¹ Tackling obesity requires a multi-faceted approach, which includes a whole family approach to healthy eating and physical activity, advice on making healthy food choices and opportunities to grow and cook healthy food. In relation to food eaten outside the home, public protection services have a particular role in relation to takeaways and fast food outlets. Almost 30% of household expenditure on food is now allocated to eating outside the home.⁷² Therefore it is important to make it easier for consumers to make informed and healthier choices when eating outside of the home. Hot food takeaways are a particular concern as they tend to sell food that is high in fat and salt and low in fibre and vegetables.⁷³ Such outlets also present a risk in terms of food-borne illnesses, on which environmental health inspections are largely focussed.

Air Quality - Poor air quality can cause significant harm to health and wellbeing. In particular, elevated and/or long term exposure to air pollution affects the respiratory and inflammatory systems. People with pre-existing lung or heart conditions are more likely to be susceptible to air pollution. Air pollution is estimated to reduce life expectancy by an average of 7 to 8 months, with an estimated health cost of up to £20 billion each year nationally.⁷⁴ In recognition of this, the Environment Act 1995 requires district councils to measure the quality of ambient air to ensure it meets required standards, and where necessary develop Air Quality Action Plans to tackle air quality problems.

Fire Safety - Nationally fire crews attended 625,000 fires or false alarms in 2010/11; there were 388 fire related deaths and 11,000 non-fatal injuries.⁷⁵ Whilst smoking materials (cigarettes, cigars, pipes) account for only 7% of accidental house fires, they disproportionately account for over 30% of fatalities related to accidental house fires.⁷⁵ Nationally, the Fire and Rescue Service delivers advice on fire safety and risks associated with smoking with the aim of reducing unintended fires. Broader tobacco control complements this work by reducing smoking rates and reducing the number of accidental house fires and related deaths.

Illicit and Underage Tobacco and Alcohol – The sale and use of illicit tobacco and alcohol products are a significant health hazard. In relation to fire safety, illicit cigarettes pose an even greater risk of accidental house fires since they usually do not contain the same safety features as legal cigarettes. Underage sales of tobacco and alcohol undermine the work to reduce the prevalence of smoking and contribute to the harm related to alcohol misuse including accidents and hospital admissions. Local authority Trading Standards services have a key role in enforcing regulation on illicit and underage sales.

Key facts

- In 2013, there were 427 fast food outlets across Leicestershire.¹¹ All of the districts have a fast food outlet density that is lower than the England average, and this is statistically significant in Blaby, Harborough and Melton.¹¹
- In 2011, the proportion of all cause adult mortality in the over 30s attributable to long term exposure to levels of human made particulate air pollution for Leicestershire was 5.3%. This figure was similar to England (5.4%).²
- In 2012/13 there were five fire related deaths recorded in the Leicestershire Fire and Rescue Service area. The number was similar to 2011/12 and 2010/11 with six deaths recorded each year.⁷⁵
- In 2012/13, there were 101 non-fatal fire related casualties in the Leicestershire Fire and Rescue Service area, a rate of 98.5 per million population. This is significantly lower than the average for England (157.4 per million population).⁷⁵

What we are doing locally

Many of the day to day activities of local authority departments are vital to improving people's health, such as the routine enforcement of smokefree legislation, inspection of food outlets and monitoring of air quality. Leicestershire County Council also leads a number of innovative cross departmental initiatives which are highlighted below.

Food Outlets - Responsibility for enforcement of food safety legislation and food hygiene in food premises lies with environmental health officers within district councils. Their role is to improve and enforce standards of food hygiene and health and safety in food businesses by regular inspection of premises, randomly sampling foods

on sale to test quality and safety; and investigating cases of food poisoning. District environmental health officers work closely with Public Health England, to investigate food poisoning.

Air Quality - The Leicestershire County Council LTP 3 sets out the authority's approach to encouraging more active and sustainable travel. The council promotes activities to reduce air pollution through its "Choose How You Move" campaign and actively encourages staff to share journeys to and from work via the car share scheme.

The Leicester and Leicestershire Enterprise Partnership has a key role in supporting local businesses to improve air quality and reduce pollution. Examples include helping Donington Park Racing Circuit secure a deal to become the international base for electric car racing, Formula E and supporting local businesses to reduce costs and improve efficiencies through its Low Carbon Programme.

Fire Safety - The Leicestershire Fire and Rescue Service (LFRS) delivers a number of initiatives and programmes that promote safer communities by reducing deliberate fires and arson, and also contribute to public health, particularly in relation to health and fitness. For example, community safety educators from LFRS visit all primary schools across the county and provide structured fire and road safety sessions at Key Stage 1 and Key Stage 2. The service provides additional sessions with year 8 pupils targeted at areas where there is a high incidence of deliberate fires. The FireFit programme delivers fire and road safety messages whilst pupils participate in exercise and aerobic team games, with the emphasis being on keeping fit as well as safe and eating healthily. LFRS also provides targeted home fire safety checks to vulnerable groups, including people with drug and/or alcohol problems through links with the specialist support service, Swanswell.

Illicit and Underage Tobacco and Alcohol - Both the Leicestershire Trading Standards team and the LFRS are represented on the local tobacco control alliance, Tobacco Free Leicestershire and Rutland. They have launched a joint campaign to highlight the danger of illicit tobacco, particularly in relation to their increased risk of causing

home fires due to their lack of safety design features (reduced ignition propensity). The “Save a Packet or Save a Life” video demonstrates the risks from these illicit products to both health and life/safety.

Trading Standards have collaborated with public health both locally and regionally to combat illicit and underage sales of alcohol and tobacco products. For example, the public health funded Alcohol and Tobacco Enforcement Programme provides effective tobacco and alcohol control enforcement activities as part of a broader approach to prevention and early intervention, including the “test purchase” scheme to check business compliance with legislation.

The case for investment

An estimated 70,000 premature deaths in the UK could be prevented each year if diets matched nutritional guidelines. This is more than 10% of current annual mortality. The health benefits of meeting the national nutritional guidelines have been estimated to be as high as £20 billion each year.⁷²

In 2007, the Department for Environment, Food and Rural Affairs reported that low-emission zones can be a cost-effective way of reducing air pollution if well designed and tailored to local needs.⁷⁶

“An estimated 70,000 premature deaths in the UK could be prevented each year if diets matched nutritional guidelines”

Case study - Fire Safety – “Save a Packet Save a Life” Partnership.

In order to raise awareness and help deal with illicit trade in tobacco, Leicestershire’s Trading Standards team designed a media campaign to build public support for action. The “Save a Packet, Save a Life” campaign was launched in July 2013. As an example of local collaboration, the Hinckley campaign saw the LFRS, Hinckley community safety and Trading Standards team delivering an interactive launch, handing out literature, responding to questions and showing the “Save a Packet, Save a Life” video. The launch received media and social media coverage, including print, radio and online media, and will be replicated in other areas across the county.

Recommendations

Public Health as a Leader

Public Health will continue to encourage healthy alternatives to purchasing fast food/takeaways through support for the Food for Life Programme and Healthy Schools priorities as well as promoting community and household growing of fruit and vegetables.

Public Health as a partner

Public Health will continue to support the Alcohol and Tobacco Enforcement Programme which provides effective tobacco and alcohol control enforcement activities as part of a broader approach to prevention and early intervention.

Public Health as an advocate

Public Health will advocate for a wider role for environmental health and trading standards officers in promoting healthy lifestyle choices for example through working with take-away food outlets to reduce salt and saturated fat content of their food and encourage them to provide healthier food options.

Feedback from recommendations for 2013

In this section we highlight some of the initiatives that have taken place in the past year that are linked to the recommendations from the 2013 report.

Inequalities

- A number of projects have been commissioned by Leicestershire County Council to address lifestyle issues associated particularly with socially disadvantaged group. For example, alcohol brief intervention, smoking cessation and obesity programmes, plus targeted support through the travelling families initiative.
- Social prescribing in primary care is being explored as a mechanism for tackling debt, unemployment, housing problems, social isolation and lack of training and education.

Assets

- The LAC project described within this report aims to build resilience in communities to manage the health and wellbeing of their most vulnerable residents. This is key to increasing our understanding of community assets and making the best use of them.
- The JSNA refresh will develop a better evidence base linked to community assets.

Tobacco control

- The Tobacco Trap (smoking prevention programme) has been implemented in more than 10 schools across Leicestershire. The Stop Smoking Service has become an e-cigarette friendly service and has helped more than 4000 smokers to quit since the last Director of Public Health's annual report.
- Trading Standards launched a campaign in November 2013 to raise awareness and gather intelligence on illegal tobacco sales.

Healthy weight

- Significant progress has been made to address healthy weight in Leicestershire in the past year.
- Leicestershire County Council has commissioned the flagship "Food for Life" programme to change the food culture in every county primary school, through a range of coordinated initiatives including improving school meals, (re)introducing cooking, growing fruit and vegetables and farm visits.
- New diet and nutrition education programmes in secondary schools, "Food Routes" and "Big cook, little cook" work with overweight children and their families in secondary schools and refers these where appropriate into the Family Lifestyle Club weight management programme, which is now available in every district for the first time.
- "LEAP", the adult weight management programme is now available in every district for the first time in 2013-14. Weightwatchers have also been commissioned to provide 500 free places on the weight loss programme in 2014-15.
- Programmes have been commissioned to target inactivity in preschool and primary school children to encourage active play and ensure children are physically competent to partake in physical activity, through an innovative programme to develop their fundamental movement skills and physical literacy.

Substance misuse (drugs and alcohol)

- Supporting Leicestershire Families staff have made links with Swanswell, the provider of specialist substance misuse treatment, and substance misuse training for SLF staff is planned. Drug and alcohol use within the family is part of the SLF assessment.
- A project was commissioned to assess training needs (phase 1) within target organisations and deliver

substance misuse awareness and brief intervention training (phase 2) to meet those needs. The final phase of the project is to measure impact of the training (phase 3). Turning Point has been commissioned to provide the project over a two year period which commenced in April 2013. Phase 1 and 2 are currently being delivered.

- In 2013/14 the specifications for the GP shared care service were redrafted. Collaborative working took place between the specialist service provider and GP with Special Interest (GPSI) to support GP practices, provide training and improve practice. This will ensure the necessary skills in GP practices and therefore enable more service users to be seen in shared care. The Royal College of General Practice Level1 Substance Misuse training was delivered locally.
- In 2013, public health commissioned a recovery review of Leicestershire and Rutland to assess the recovery orientation of our system and the wider community. As a result of the review the Leicestershire and Rutland Recovery Forum was launched in October 2013. Asset mapping of community resources has been undertaken. SMART recovery groups have been introduced to the area and both substance misuse providers now have peer mentoring programmes. This work has continued into 2014.
- The sub regional criminal justice pathway, which was re-procured in 2013, went live on July 1st 2013. The tender was won by Leicestershire and Rutland Probation Trust who was the existing provider for the majority of the service and the service transfer was smooth. The re-procured sub regional criminal justice pathway went live on July 1st 2013. The tender was won by Leicestershire and Rutland Probation Trust, the existing provider for the majority of the service, and the service transfer was smooth.

Sexual health

- Local authorities are now responsible for commissioning a range of sexual health services. A new integrated open access sexual health service started on 1 January 2013. This service provides contraception and Sexually Transmitted Infection (STI) testing/ treatment from a single service at a range of sites across

Leicester, Leicestershire and Rutland. The opening times and number of clinics has increased to improve access. Details of this service, other local services and information about a wide range of sexual health matters are available on www.leicestersexualhealth.nhs.uk. Promotional work is ongoing to promote the service changes and ensure that information about sexual health and sexual health services are widely available.

- Work is ongoing to develop robust care pathways across sexual health and other relevant services such as alcohol and drug misuse services. The initial focus has included developing pathways relating to HIV treatment and care and abortion services.

NHS Health Checks

- The NHS Health Check programme now includes the new dementia awareness and alcohol auditing components.
- All Leicestershire practices apart from one are currently delivering the health checks.
- The local authority is currently re-procuring the NHS Health Checks service and this will consider applications from any qualified provider. The authority is encouraging pharmacies and GPs to work together to put in collaborative bids to increase the accessibility of the programme.

Health and work

- Leicestershire County Council has re-commissioned the "Healthy Workplace" initiative which engages with roughly 40 small and medium enterprises each year. The scheme encourages and supports local businesses to engage in the health, work and wellbeing agenda in order to improve staff health and resilience.
- The Healthy Workplace team have now launched a countywide Workforce Wellbeing Website.
- Leicestershire County Council continues to support the Leicestershire Fit4Work programme which helps prevent unemployment in those at risk of losing their jobs due to illness.

Mental health

- As part of the Better Care Together programme a Mental Health and Wellbeing Steering Group has formed. This group is developing a mental health strategy which will drive improvements in mental health across the whole pathway from prevention through to treatment and across the life course. There is particular focus on the social model of mental health and wellbeing.
- Leicestershire County Council has procured a range of initiatives to improve mental health and wellbeing in adults e.g. “Reading Aloud”, suicide and mental health awareness training.
- Leicestershire County Council has procured a number of universal and targeted interventions to improve the mental health and wellbeing of children and young people. These are mainly delivered through our Healthy Schools Initiative, but also include teenage mediation services for children and young people.



Health Protection

- A Health Protection Board has been established as a sub-group of the Health and Wellbeing Boards for Leicester, Leicestershire and Rutland. The Terms of Reference were agreed, reporting mechanisms established and the board has met 4 times from April - March 2013/14.
- NHS England continues to achieve high coverage and uptake for all the national immunisation and screening programmes. Work is continuing to target areas of lower uptake in particular areas of significant disadvantage and poverty.
- In 2013/14, East Leicestershire and Rutland CCG area and Leicester City were part of an NHS England pilot, to offer the nasal influenza vaccine fluenz® to primary school pupils. The local pilot across 228 different schools saw approximately 28,600 children (52%) vaccinated against influenza between September 2013 and early January 2014. In 2014/15, this pilot is to be extended to include children attending schools in the geography of West Leicestershire CCGs, and for all areas involved in the pilot the age cohort will be extended to include children in school years seven and eight.

Glossary

ATEP	Alcohol and Tobacco Enforcement Programme
GP	General Practitioner
IDACI	Income Deprivation Affecting Children Index
IDAOP	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LAC	Local Area Coordination
LFRS	Leicestershire Fire and Rescue Service
LLEP	Leicester and Leicestershire Enterprise Partnership
LSOA	Lower Super Output Area
LTP	Local Transport Plan
NEET	Not in Education, Employment or Training
NICE	National Institute for Health and Care Excellence
PHOF	Public Health Outcomes Framework
PHSE	Personal, Social and Health Education
PTP	Personal Travel Planning
SLF	Supporting Leicestershire Families
SME	Small and Medium Enterprises
WHO	World Health Organisation

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