

LEICESTERSHIRE
together

change
4 life

LEICESTERSHIRE'S STAYING HEALTHY STRATEGY 2010-2013



MAKING LEICESTERSHIRE THE
HEALTHIEST PLACE TO LIVE IN THE UK

EXECUTIVE SUMMARY

MAY 2010



OUR VISION

It is clear that the major causes of premature mortality and health inequalities are linked to cardiovascular diseases, cancer and respiratory disease. Therefore the Primary Care Trust and its partners need to focus action to address the factors that contribute to these diseases; and influence them through targeted interventions.

Reducing the levels of overweight and obesity in the population, tackling smoking and tobacco control, and encouraging sensible drinking, are all factors that will contribute to reducing the burden of disease in the population and improve life expectancy and healthy life expectancy.

Leicestershire's Joint Strategic Need Assessment, September 2009

The way we live our lives has changed.

Take for example, how we eat and the amount we do in a day. We are stationary more of the time – whether at our desks, in our cars or on our sofas. Whether this is down to technology or the location of workplaces and services, the amount we do on a daily basis has been reduced.

Similarly, pre-prepared food has become cheaper and more widely accessible. There is a perception that healthy food costs more money and takes more time to prepare.

We are eating more and doing less. So, we are putting on weight and this poses significant risks to our health. A poor diet and a lack of physical activity also contribute to increased levels of stress, anxiety and depression and to old people falling in their homes.

Equally smoking and excessive drinking remain significant, avoidable risks to our health, particularly heart disease and cancers. Too many people, especially young adults, are having unprotected sex leading to an increase in sexually transmitted diseases and unplanned pregnancies.

Behind each of these problems are choices we all make on a daily basis.

However, it's not just these choices around how we live our life that determines how healthy we are - where we live our life is also fundamental, and it shouldn't be. We are more likely to become obese, die younger, and become pregnant when you're a teenager, or become depressed if we live in relatively poor neighbourhood.

It should not be forgotten that relatively speaking Leicestershire is a healthy place; on average, we live longer than most other areas and we are in a good position to become the healthiest place in England to live – the ultimate ambition of the NHS in the county.

We are living longer – life expectancy continues to rise in general but in specific areas, this is not the case. National trends point to an obesity epidemic, our population is aging and there is an increasing gap in the health of the poor and the well-off. Leicestershire's relative good health does not translate into immunity from these trends.

Leicestershire Together – a partnership of the county's public, private, and voluntary sectors – are working toward changing these trends. Over the next few years we want people in Leicestershire to enjoy better health and reduce the gap between those with the best and worst health outcomes.

This plan sets out how, between now and 2013, we aim to achieve this ambition.

Dr Peter Marks

*Director of Public Health, NHS Leicestershire County and Rutland
Chair of Leicestershire Together's Health and Wellbeing Partnership*

EXECUTIVE SUMMARY

Our aim

To encourage, empower, and provide an environment in Leicestershire which helps all people to live healthier, happier, and longer lives.

We tend to take our health for granted, until we lose it.

The key aim of this strategy is to change that mindset; so that we don't take our health for granted and in doing so, we become more aware that the daily choices we all make are the means by which we stay healthy. At the same time, Leicestershire Together is committed to providing opportunities and removing barriers, so that everyone can reach their full health potential.

Serious illnesses - such as heart disease, strokes, diabetes, lung disease and many cancers, are potentially avoidable through the choices we make around what we eat, the amount of physical activity we take, the amount of alcohol we drink, or whether we smoke or not. Our mental and sexual health can also be affected by the choices we make.

These choices need to be well-informed, and we need to make the healthy choices the easy choices. There is a clear link between where we live, our income and our health. If healthy food is not available locally, we're less likely to eat it. If parks are too far away, we are less likely to use them, and if cycling is perceived as too dangerous, we will remain inactive.

Unfair differences, or inequalities, in health are unacceptable. They start early in life and persist not only into old age but into subsequent generations. In addition to income, inequalities exist that are related to gender, ethnicity, sexuality and educational attainment. Tackling health inequalities is therefore a top priority for the NHS and the Health and Well Being Partnership. We will work with groups and communities who have poorer health experiences.

We aim to make everyone in Leicestershire better informed, and to give people as wide and as relevant a choice as possible in changing how they live their lives. To do this we will:

- **encourage** everyone to make the healthy choices,
- **empower** everyone to exercise that choice, and
- provide the **environment** and facilities to execute that choice.

Succeeding will help prevention and more early intervention; enabling people to remain as healthy and independent for long as possible, and reducing the demand on our health and social care services.

This will enable us to develop a more integrated approach, to ensure that a range of community based services are available - leading to less people needing acute care and losing their independence. Enhancing our approach to prevention and early intervention is a key part in improving outcomes, developing more personalised health and social care services, and ensuring the effective use of resources in the future.

Priority Target

In 2006/07, the rate stood of premature deaths from circulatory and vascular diseases stood at 67 people in every 100,000. By 2010/11, we want this rate to have dropped to 55 per 100,000 people.

Progress	Base (06/07)	08/09	09/10	10/11
	67.1 per 100k	59 per 100k	57 per 100k	55 per 100k

TACKLING HEALTH INEQUALITIES

Most health inequalities are unacceptable and are a challenge to every service provider in Leicestershire.

A boy born in North West Leicestershire can expect to live for 2.2 years less than a boy born in Blaby. The gap in life expectancy in girls (for the same districts) is 1.9 years. We now have a better understanding of what and where health inequalities exist and what we need to do to develop interventions to tackle them.

The key to reducing inequalities across Leicestershire is tackling the causes of circulatory and vascular diseases (including heart disease, diabetes and chronic kidney disease). These diseases have a common set of risk factors: poor diet, obesity, lack of physical activity, high blood pressure, and smoking. These risks are linked to social and economic circumstances, a person's ethnicity, age, or gender, or to people that are disadvantaged by an existing condition or circumstances.

We are supporting projects that tackle these risks among people and communities who are most likely to suffer from them. Although the success of these projects have their own measures by which progress can be measured, the success of our overall approach in tackling health inequalities can ultimately be measured by the amount of premature deaths (deaths before the age of 75) that are due to circulatory and vascular diseases.

Priority Target					
Among males there is currently a 6.5 year gap in life expectancy between the 10% most deprived men in the country and the 10% most affluent. By 2011, we are aiming to reduce this gap to 5.4 years. Among women this gap has increased recently - our aim is to slow the rate of increase so that by 2011 the gap will be 4.6 years.					
Progress	Base 04-08	05-09	06-10	07-11	08-12
Men	5.6	5.5	5.5	5.4	5.4
Progress	Base 04-08	05-09	06-10	07-11	08-12
Women	4.8	4.8	4.7	4.7	4.6

HEALTHY EATING

Severely obese people who are likely to die on average 11 years earlier. Unfortunately, a lot more people could die before they are 75 between now and 2050 as levels of obesity in the UK are increasing rapidly; in 2015, 36% of men and 28% of women in England will be obese and by 2050 this could rise to 60% of all men and half of all women.

Treating obesity costs the NHS in the county an estimated £28 million and 350 deaths every year in Leicestershire can be attributed to obesity. Tackling obesity requires more people to eat healthily, and increased levels of physical activity.

We want families to make healthy food choices, so that ultimately children develop good eating habits early. A healthy, balanced diet is the sustainable means by which we stay healthy for longer. Therefore the priority for the work of the Health and Wellbeing Partnership is to target children and families with a particular focus on younger children.

By 2011, we have committed ourselves to bringing to a halt the rising trend in obesity in young people. We will employ an additional nutritionist and two community food workers to promote eating for health and to work with the already successful Healthy Schools Programme to target younger children through a Healthy Tots programme. Across both programmes we will promote and encourage breastfeeding, teach children about balanced diets, encouraging both children and families to eat healthily.

Priority Target				
By 2011, we want to have halted the rising trend of obesity in 10-11 year olds in the county on our way to reducing the overall level of obesity in children and adults.				
Progress	Base (06/07)	08/09	09/10	10/11
	14.7%	14.9%	14.9%	14.8%

BEING MORE PHYSICALLY ACTIVE

Being physically active has many benefits. We live longer with a better quality of life and we tend to be happier. For the elderly, we are less likely to fall. Leicestershire Together is committed to getting more people doing more physical activity.

To do so, we are supporting projects which extend the provision of physical activity in and outside school time for young people. We will extend the provision of generic P.E. in the school timetable which will link more closely to the specialist activity provision that takes place outside school.

We aim to offer a wider, more bespoke choice for physical activity for adults through an extended Active Together Programme. A referral scheme for those whose health will most significantly benefit from such an approach is being developed.

Between now and 2011, people 16 and under, and 60 and over in Leicester Leicestershire and Rutland can enjoy free swimming at over 40 pools.

Priority Targets				
In 2005, 22.7% of adults in Leicestershire took part in half an hour's worth of moderate physical activity at least three times a week. By 2011, we want this figure to rise to 26.7%.				
Progress	Base (05/06)	08/09	09/10	10/11
	22.7%	24.6%	25.8%	26.7%
We want to increase the amount of children who participate in at least two hours of physical activity a week from 70% to 80%.				
Progress	Base (07/08)	08/09	09/10	10/11
	70%	70%	75%	80%

STOPPING SMOKING

Smoking remains the single greatest cause of preventable deaths in the UK - killing 87,000 people a year. If we smoke, it is likely that we will die up to 16 years younger than a non-smoker. Smokers carry a far greater risk of cancer, heart disease, and respiratory disease. It costs the NHS in Leicestershire over £63 million every year to treat smoking related diseases.

Smoking is also an important link in the chain that ties income to ill health, with more affluent people less likely to smoke.

We are committed to a five year, co-ordinated approach; linking promotion, education, counselling services, reducing underage tobacco sales, and the sale of smuggled tobacco.

This approach will target pregnant women, young families, school children and priority neighbourhoods in providing access to quality services to help people quit. In conjunction with this approach, we will work to limit the supply of tobacco to under 16's via shops, and to all, via the black market in imported, untaxed tobacco.

Priority Target

Currently, we estimate that during 2004-07 about 4300 people quit smoking in Leicestershire annually with the support of NHS Stop Smoking Services. Between 2008 and 2011 we want this annual figure to reach 5000.

Progress	Base (06/07)	08/09	09/10	10/11
	4300	5000	5000	5000

DRINKING SENSIBLY

Excessive drinking places a huge burden on the NHS, families, communities, local councils, the police, and the wider criminal justice system. It is linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, liver disease, sexually transmitted diseases and breast cancer. People drinking too much alcohol can lead to violence in the street and at home, breaking up families and rendering town centres no-go areas for many people.

It costs the NHS £32 million a year to treat alcohol related diseases – this is only a fraction of the estimated £190 million spent on dealing with alcohol related violence and other alcohol related issues. Increasingly, people are drinking above daily recommended limits – currently it is estimated that 37% exceed these limits, 1 in 5 adults doubling it.

Our plan to tackle excessive drinking is a combination of key messages and more targeted interventions across the county, with the ultimate aim of reducing the amount of alcohol related admissions to hospitals.

Campaigns targeting particular locations – such as town centres – and specific age groups – such as 18-24 year olds – will be run. More targeted interventions are also planned for young offenders.

A range of training programmes for public sector workers who come into contact with the impacts of excessive drinking will be used to ensure that they can make brief, effective interventions.

Priority Target				
We aim to reduce the number of young people who are classed as misusing either drugs or alcohol from 14.3% to 11%.				
Progress	Base (2008)	08/09	09/10	10/11
	14.3%	14.3%	12.6%	11%

We aim to slow the increase in admissions for alcohol related harm per 100,000 population from 133 (from 2008/09 to 2009/10) to 108 (from 2012/13 to 2013/14).					
Progress	2009/10	10/11	11/12	12//13	13/14
	133	116	113	110	108

MENTAL HEALTH AND EMOTIONAL WELL-BEING

Good mental health and emotional well being is core to developing a healthy lifestyle and promoting healthier communities. It is estimated that just fewer than 100,000 people suffer from mental illness in Leicestershire. Potentially, however this number is significantly larger – the number of people who seek treatment for a mental illness is thought to be considerably smaller than those who have a mental illness.

The Health and Well Being Partnership's aim is to promote emotional well being to reduce the risk of mental ill health. Our promotion and prevention work will take place in a variety

of settings: such as schools, the workplace, or at home, and will be targeted across all age groups.

We are promoting emotional well being in school with the aim to encourage and educate young people on the social and emotional aspects of learning and life; and to empower those people who work with children to intervene early, preventing escalation of mental ill health.

We are also seeking to increase Access to Psychological Services; empowering people to access services which can treat or prevent more serious mental ill health. A new service called Good Thinking aims for an experienced therapist to call people within 72 hours of a patient's referral from their GPs, with face to face treatment potentially starting within two weeks.

Priority Target

We aim to ensure that by 2011 just under three quarters of children have someone, professional or personal, that they can talk to about emotional issues.

Progress	Base (2008)	08/09	09/10	10/11
	63.8%			

We aim to increase the percentage of people with anxiety and depression receiving Psychological Therapies by 1.33% by 2013/14.

Progress	April 2009	2010	2011	2012	2013	2014
	1.21%	1.25%	1.5%	2%	2.25%	2.5%

OUR HOMES, OUR COMMUNITY, OUR INDEPENDENCE

Between now and 2020, there will be a 40% increase in the number of people who are aged over 65. A growing, ageing population also creates a significantly greater and particular demand for housing which will need to be met in the long term.

We are seeking to encourage people to remain independent with three specific projects:

First Contact Leicestershire projects seek to provide people aged 60 and over with access to a range of low level, preventative services through a single point of contact.

A county wide Falls Programme seeks to establish a screening, referral and treatment cycle which encourages and empowers older people to maintain their independence, providing the right environment in their homes to do so. The programme will also concentrate on establishing good nutritional care and adequate hydration, factors which can dramatically reduce the prevalence of falls.

The Older People's Partnership, are supporting a project which seeks to establish how best to relay information and receive feedback from older, vulnerable people. This should result in public services providing the right kind of information, through the right medium, in a timely manner.

For vulnerable adults who are already receiving support, the Supporting People Programme seeks to empower individuals to remain independent and avoid residential care through bespoke support plans, tailored to specific need. We are also making it a priority to support long-term carers by offering them additional advice and support - support which could include providing care cover to allow for regular breaks or a holiday.

The environment which will most influence our ability to maintain independence is ultimately our home. Increasingly however, public services are aware of the importance of the community within which this home resides.

Leicestershire Together are working towards improving existing housing and ensuring that

any new housing meets the particular needs of vulnerable people. We are also supporting a range of projects to encourage local communities working together – a proven and effective way of supporting independent living.

Priority Target

- **By 2011, 1 in 3 of older people will feel that they receive the support they need to live independently at home.**
- **Over 99% of vulnerable people are supported to maintain independent living with housing related support.**
- **A 3% increase in the number of carers receiving a needs assessment.**

SEXUAL HEALTH

Poor sexual health can have a significant impact on physical, mental and social well-being – potentially leading to unplanned pregnancies, sexually transmitted diseases, and cervical cancer, as well as Hepatitis, chronic liver disease and other complications.

The Health and Wellbeing Partnership's priority is to improve the sexual health of young people. We are aiming to reduce the number of teenagers who become pregnant and increase the number of 15-24 year olds who are screened for Chlamydia.

We are continuing to support the Community Safer Sex Project (CSSP), which already delivers advice in 100 different locations across the county, to an estimated 8000 young people per year. Coupled with this programme is sexual health training and development for people who work with children and young people.

Priority Target

- **Chlamydia screening available across England with 25% of 15 – 24 year olds taking up a screen in 09/10 and 35% in 2010/11.**
- **Maintain access to genito urinary medicine (GUM) clinic within 48 hours of contacting a service.**
- **Reduce under 18 conception rate by 2010.**

OUR WORKPLACES

It is estimated that the annual economic cost of ill-health in terms of working days lost and worklessness is over £100 billion. The Confederation of British Industry (CBI) estimated that last year 172 million working days were lost due to absence, costing employers £13 billion.

We are targeting both an improvement in the health of workers and the environment in which they work. Health promotion and well-being campaigns in the workplace have been shown to contribute toward a reduction in sickness and absenteeism of between 12-36%.

We are working together to develop and co ordinate a wide range of promotional activities across the county including the Healthy Workplace Award which encourages large employers to promote the health of their workforce. The Fit 3 campaign covers occupational health issues (e.g. contact dermatitis, asbestosis and occupational asthma) as well as injury reduction (e.g. slips and trips, falls, and workplace transport). Local campaigns focus on proactive inspections and there are joint partnership projects and campaigns.

Priority Target

- **A 6% reduction in the incidence rate of cases of work related ill health**

CONCLUSION

Our programme is an ambitious one. We want to encourage, empower and provide an environment in Leicestershire which helps tens of thousands of people to live healthier, happier and longer lives.

We will deliver this programme during a recession and hopefully, an economic recovery. Over the next three to six years resources will be constrained. Therefore we have identified three key areas as our priority. These have been selected based on cost, their potential impact on health and health inequalities and the proven effectiveness of the plans we have in place.

Priority 1: reducing smoking prevalence

Smoking cessation is extremely cost effective. Smoking is still the biggest avoidable cause of ill health and the biggest driver of health inequalities. There is a sound evidence base for interventions to help people stop smoking or to reduce smoking prevalence.

The impacts of stopping smoking on cardiovascular disease start within a short time period, although the impacts on cancer take longer to realize. Targeted interventions to reduce smoking prevalence are also amongst the most effective to reduce inequalities.

Priority 2: reducing the harm associated with alcohol

There is good evidence of the effectiveness and cost-effectiveness for a number of interventions designed to reduce alcohol related harm and hospital admissions.

There is also a return on financial investment over a short time period and an impact on health inequalities. Investment in services to reduce alcohol related harm, particularly in the context of Total Place should produce an overall financial return, as well as health benefit, in one to two years.

Priority 3: tackling obesity, physical activity and healthy eating

Obesity has a very significant impact on health and public finance. Physical inactivity is also a risk factor for a number of other diseases. The evidence base for interventions to reduce obesity is limited, although local interventions to increase physical activity have had an impact. Currently significantly more resource is invested in physical activity than in healthy eating and this strategy prioritizes interventions to reduce obesity in young children and their families.

Helping people stay healthy for longer and working together to tackle unacceptable health inequalities may in the long term save money for the NHS and other public services – money that can be reinvested in other services. It is crucial therefore that the Staying Healthy agenda remains a key strategic priority for the public sector in the long term.

LEICESTERSHIRE
together

change
4 life

If you require this information in an alternative version such as large print, Braille, tape or help in understanding it in your language, please contact Matt Williams on: 0116 305 7427 or email: matthew.williams@leics.gov.uk

ਜੇ ਆਪ ਆ ਮਾਭਿਤੀ ਆਪਨੀ ਆਖਾਮਾਂ ਸਮਝਵਾਮਾਂ ਥੋੜੀ ਮਦਦ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ 0116 305 7427 ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਆਪਨੇ ਮਦਦ ਕਰਵਾ ਆਵਣਗੇ।

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 7427 ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 7427 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔ 0116 305 7427

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 7427，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 7427, a my Ci dopomożemy.