

A healthy and active city

Good health is an important strategic issue for Leicester. This is because, on average, the health of people in Leicester is worse than the rest of the country. In our more deprived communities, health is considerably worse and these health inequalities between rich and poor are not reducing over time. Health indicators such as life expectancy tell us that, although health is improving in Leicester, it is improving at a slower rate than in the rest of the country. The gap between Leicester and the rest of the country continues slowly to widen.

In April 2013, Leicester City Council will take responsibility for leading efforts to improve public health. Good health is largely driven by social and economic circumstances. It is supported by healthy lifestyles, the take up of preventative care (such as screening or immunisation) and supportive social and economic factors such as good educational attainment, high skill levels, employment, decent housing, a clean environment and safe communities. A combination of health improvement initiatives, better health care and improvements in social, economic and environmental circumstances influence better health. There are no quick fixes and action taken in other parts of this plan will, over the longer term, result in improvements in health outcomes. But we also need to accelerate improvements in the short term. For improvements in both the short and longer term, we need to make sustained efforts to:

- engage individuals and communities
- use evidence of effectiveness to guide what we do
- target our efforts to where they can have greatest effect
- evaluate what we do to ensure the best use of resources.

It is also important that we seize the opportunities provided by the new relationship between the city council and the commissioners of health care through the Health and Wellbeing Board and through the council's scrutiny processes.

According to the director of public health's 2010 annual report for Leicester, the impact of substantial reductions in public spending and organisational change is likely to be negative. The council will continue to monitor such impacts, including those arising from our own budget reductions, in order to minimise the effects on those with the poorest health.

Summary of priorities

- Lifestyle factors
 - reducing smoking
 - improving the take up of physical activity, including walking, cycling and participation in sport
 - improving diet and the maintenance of a healthy weight
 - reducing harmful consumption of alcohol
- Care services
 - improving access, take up and quality of services, especially preventative care provided by GPs and primary care, and early treatment, immunisation and screening
- Wider factors that influence health over the long term
 - educational attainment, skills, employment, cultural activities, housing, transport and crime.

In addition to the developmental priorities outlined above, constant surveillance and vigilance is also required to ensure that the health of the population is protected from communicable disease and any new or emerging threats to health.

Council activity

Themes and objectives	Key projects and activities	By when	Relevant documents and strategies
<p>Taking on new responsibilities for health partnerships and public health</p>	<ul style="list-style-type: none"> Ensuring the Health and Wellbeing Board continues to develop in shadow form up to April 2013 and that it becomes formally established as an effective system leader for health and wellbeing in Leicester Assessing health needs and using this information to enable NHS commissioners and local authority commissioners to plan services to meet the needs of the people of Leicester Agreement of Joint Health and Wellbeing Strategy by the Health and Wellbeing Board Plan and implement the transfer of the local public health function from the NHS to Leicester City Council Work with the recently procured local HealthWatch to ensure it has a strong, local voice for patients and the public 	<ul style="list-style-type: none"> April 2013 Ongoing April 2013 April 2013 End of 2013 	<p>Health and Wellbeing Strategy</p>
<p>Campaigns and actions to tackle health inequalities and improve public health in the city</p>	<ul style="list-style-type: none"> Work with colleagues in the council's communications team to establish a programme of social marketing campaigns and activity in readiness for the formal transfer of public health responsibilities to the council in April 2013. Campaigns to include alcohol harm reduction, 'Be Clear on Cancer' early awareness and smoking and tobacco control Programmes to reduce the prevalence and impact of smoking, tobacco and alcohol related harm in the city Programmes of inspection, test-purchasing and investigation to reduce the supply of illicit tobacco and alcohol in Leicester generally and the supply of tobacco and alcohol to young people Building on the Change4Life programme, establish a new city partnership approach to encourage healthier eating, including the active engagement of the food industry, supermarkets, small businesses and other stakeholders Deliver our Leicester Gets Active 4 Life campaign targeting everyone aged 14 and over Work in partnership with other agencies, internal and external, to deliver new and improved low cost opportunities for physical activity Work to sustain the progress made in recent years in improving the take up of breastfeeding 	<ul style="list-style-type: none"> From April 2013 Review 2013 Review 2013 Review 2013 Review 2013 Review 2013 Review 2013 Review 2013 	<p>Alcohol Harm Reduction Strategy and Action Plan</p> <p>Food and Physical Activity Action Plan</p> <p>Strategy for Promoting Healthy Weight and Healthy Lives 2009-13</p> <p>Leicester Sports Partnership Trust Action Plan 2011-13</p>

Performance measures and targets

The performance for 2012/13 will be reported in early summer 2013 and will provide a baseline for the targets in this plan. These targets have been set based on past performance where data is available. If necessary they will be revised.

Performance measure	Targets
Number of people who are supported to stop smoking for 4 weeks	2013/14 – 2,587
A reduction in the rate of alcohol-related hospital admissions per 100,000 population	2,050 or lower
A reduction in the percentage of children in reception year who are obese and the percentage of children in year 6 who are obese	School year 2012/13 Reception year – 10.8% or less Year 6 – 20.9% or less
An increase in the percentage of babies who are breastfed at 6 to 8 weeks of age	2013/14 – increase to 56% or higher
Number of people referred to the exercise referral scheme	2013/14 – 2,050
% of people aged 16 and over who participate in 30 minutes of sport or physical activity three times each week	2013/14 – 18%
Number of free swims by young people in school term time	2013/14 – 14,500
Number of people playing football at Football Investment Strategy sites	2013/14 – 150,000
Number of people participating in projects that promote sport and physical activity	2013/14 – 110,000
Unlawful supply of alcohol and tobacco:	
Advice visits	2013/14 – 100
Number of inspections and test purchases	2013/14 – 150
% of non-compliances detected	2013/14 – 12%
Number of formal actions taken against suppliers	2013/14 – 10

