

LEICESTER CITY HEALTH AND WELLBEING BOARD
3rd April 2017

Subject:	Draft Health, Wellbeing and Prevention Strategy
Presented to the Health and Wellbeing Board by:	Ruth Tennant, Director of Public Health
Author:	Rod Moore and Matt Curtis

EXECUTIVE SUMMARY:

Leicester Health and Wellbeing Board is required to produce a Joint Health and Wellbeing Strategy (JHWS), agreed by all of its partner organisations.

The last JHWS 2013-2016, 'Closing the Gap' finished in October 2016. A draft of the next strategy is presented in this report (Appendix A)

The draft strategy has been developed through informal engagement within the city council and local NHS. The strategy sets out a framework for prevention in the city across 5 key themes and provisionally identifies bodies to take responsibility for moving forward particular elements of the strategy, led by the Health and Wellbeing Board. The key themes, responsible bodies and their responsibilities will need to be confirmed. Implementation of the strategy will be supported through an annual action plan

Public engagement on the Strategy is provisionally planned for May. A one-page public facing version of the Strategy will also be prepared for the final version.

NEXT STEPS

The next step proposed is that comments from the HWB are followed up with partners and a final draft version of the strategy produced for consideration by the HWB meeting in June 2017.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- **Agree** the overall aim and approach of the strategy.
- **Comment** on any aspect of the draft document.
- **Agree** to receive a final draft version of the strategy at its meeting in June 2017.

DRAFT

Appendix A

V3 21 March 2017 DRAFT

TITLE PAGE

Health, Wellbeing and Prevention Strategy

DRAFT

Summary

Theme 1 Healthy Start

Key outcomes

- The proportion of women accessing maternity services early is improved
- Childhood obesity is reduced
- Children's mental resilience and mental well-being is improved
- Proportion of children ready for school is increased
- Children's oral health is improved
- The Infant Mortality rate is reduced

Theme 2 Healthy Lives

Key outcomes

- Improve the proportion of adults living healthier lives
- All organisations promote health through what they do and the advice staff give
- Implement a model of integrated health and social care team which embeds prevention & early detection
- Identify people with higher risk factors for ill-health and help them to manage these risks.

Theme 3 Healthy Minds

Key outcomes

- Reduce mental disorder in children and young people
- Improve recording and increase the number of adults 18+ seeking help with depression
- Improved awareness and response to suicide risk
- Reduce the number of people experiencing isolation in the city.
- Improve the proportion of people reporting poor mental health.

Theme 4 Healthy Ageing

Key outcomes

- Increase the proportion of older people who report their health as good or very good
- Develop schemes to target support to those who are at risk of poorer ageing, including those who are lonely or isolated.
- Improve information so that older people can find appropriate support to maintain or improve their health and wellbeing.
- Ensure that older people who have social care needs are given the right support and protected from harm or abuse

Theme 5 Healthy Places

Key outcomes

- Development of a local Health in All Policies approach, maximising the opportunities for health gain across the council and partner organisations.
- Improvement in air quality through sustainable travel & reducing transport emissions
- Increasing the proportion of people who are physically active

- Maximising the opportunity for people to use the city's parks, outdoor gyms and public outdoor spaces to be physically active.

DRAFT

Introduction

Leicester's Health and Wellbeing Board works in partnership to improve the health and wellbeing of people living in the city. The city's Health and Wellbeing Strategy and Joint Strategic Needs Assessments for adults and children are one of the tools to do this. Commissioners of health, health care and social care services have a responsibility to commission services that reflect the main priorities in the city's health and well-being strategy.

This strategy is the successor to the Health and Wellbeing Board's first strategy *Closing the Gap 2013-16*.

Where are we now?

Leicester's Health and Well-being Strategy *Closing the Gap 2013-16* set out a blue print for closing the gap in health inequalities and improving health outcomes in Leicester. Our new strategy builds on this, identifying areas where progress has been made as well as broadening the focus so that it tackles some of the major influences on health.

Closing the Gap made progress in a number of key areas. Particular improvement from the baseline in the strategy included:

- Increasing rates of breast feeding at 6-8 weeks
- Improvements in reducing smoking in pregnancy
- Further reductions in teenage conception rates
- improved management of blood sugar levels in people with diabetes
- An increase in the proportion of carers receiving needs assessments
- An increase in the rate of older people who are still at home 91 days after discharge from hospital into a reablement service
- A reduction in the rate of admission of older people to residential or nursing care on a permanent basis
- An increase in dementia diagnosis rates.

Measures which showed a deterioration over the course of the strategy were:

- Increasing obesity in children in year six
- A decline in smoking cessation - 4 week quit rates
- Further decline in the coverage of cervical screening in women.

We want to build on the achievements of *Closing the Gap* and set the ambition for the next three years.

Our vision

Our vision is that everyone has a chance to live a healthy life, doing what can be done to reduce the barriers to better health, and to make the healthy choice the easier one for everyone in the city.

The best and most favourable physical and mental health comes from being aware and taking care of ourselves at each stage of life. We want to ensure that people whose circumstances have made them vulnerable to poor health are supported to adopt healthier lifestyles and take care of themselves, their families and neighbours.

Everyone needs a chance to live a healthy life. But on average, people in Leicester do not live for as long as their counterparts in England, - women for 1.2 and men 2.2 years less – a gap that is unfair. Men in Leicester live on average for 77 and women 82 years.

Men in Leicester live on average for about 18 and women for over 21, years with poorer health or disability. Again, more so than in England. So these years may not be good quality years and they are also expensive and demanding for the health and social care services we all rely on.

What makes people healthy?

Our health and wellbeing is strongly influenced by the social factors and physical conditions of the environment in which we are born, live, learn, play, work, and age, which impacts on a wide range of health, functioning, and quality-of-life outcomes. Comparing, for example, such factors - including income and poverty, employment, education, skills and training, health deprivation and disability, crime, barriers to housing and services, and the living environment - across all local authorities in England shows that Leicester has one of the highest rates of deprivation in England, and as a consequence many residents face significant barriers to good health.

For this reason improving health requires coordinated action by many organisations and groups, and not just the ones concerned with health, such as the NHS. We want people to take responsibility for their own health, but recognise that, by itself, a focus on this, - enabled by advice and information to inform healthier choices - is insufficient to address the deep seated and persistent inequalities which exist. Promoting good and sustainable health – prevention - requires supporting action both on the part of individuals and to tackle the ‘causes of the causes’ – the wider factors that are driving poor health in the longer term.

Health in Leicester –summary of our current position

Around 338,000 people live in Leicester. It has a younger and more ethnically diverse population which makes it a distinctive place compared to others in England. The birth rate is above the national average and rising. But older people in the city are more likely to experience poorer health at a younger age. By 2030, Leicester’s older population will have increased by 42% compared with 36% in England, from a 2015 baseline.

Three-quarters of Leicester’s population live in the most deprived areas in the country, almost double the proportion who do so in England as a whole. How long on average people are expected to live from birth in Leicester is lower than the national rate, for both men and women. This is mostly as a result of premature (under age 75) deaths from cardiovascular diseases – heart attacks and strokes - cancer and respiratory diseases. Premature mortality in Leicester is higher in the more deprived areas of the city.

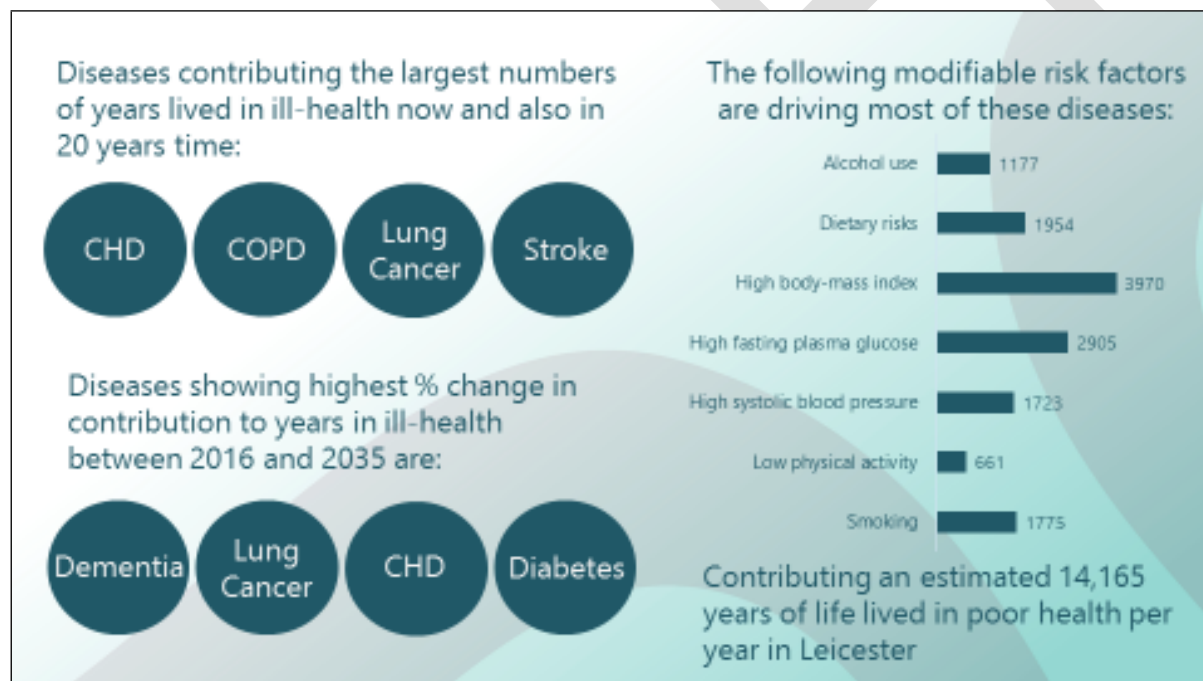
There are significant differences in health, health behaviours and life expectancy across the city. For example, cardiovascular diseases are higher in the more deprived areas. South Asians are more likely to develop diabetes and can develop cardiovascular diseases at a younger age than white population groups.

Lying beneath these causes of death are risk factors which contribute to the years of life lived in poor health each year in the city, and which can be reduced or prevented.

- Poor diet
- Low exercise
- Smoking
- Alcohol consumption

Others are clinical conditions which, if identified can be managed, including:

- High (systolic) blood pressure
- High BMI – being overweight or obese
- High fasting plasma glucose – an indicator for diabetes or potential diabetes



The mid-life years are when disease and disability begin to show themselves as a result, in part, of lifestyle behaviours that were laid down from the early years. Unless we take action together the chronic diseases that are here today will still be here in twenty years' time. Doing no more than we do now will see an increase in years of life lived in poor health or disability increase. It is estimated that by 2035 the contribution to this of dementia will have increase by 53% and each of Lung cancer, CHD and Diabetes by 30%. The estimated cost of NHS and social care in Leicester will increase from £700m in 2016 to £1.11billion in 2035. People are encountering later in life, or surviving, what were previously fatal conditions and are now living longer, but with consequential health issues.

Making the most of all our assets

What has been learned over the years is that no matter how difficult people find it to change their lifestyle or behaviour, we help best by supporting rather than telling, doing things with, rather than to, people, creating opportunities and encouraging an environment for people to do it for themselves. Personal responsibility should not be eroded by the services that are meant to help. Experts of all sorts should be on tap, not on top.

We have a lot to build on. We have a strong commitment to improve health and well-being and we know that many people in Leicester want this also. Smoking prevalence and alcohol related hospital admissions have fallen steadily, and two thirds of current smokers say they would like to give up, motivated largely to improve their general health as well as save money. Residents overwhelmingly regard a healthy diet and regular exercise as the top two aspects of a healthy lifestyle, followed by not smoking. Around three in five Leicester adult residents say they get the recommended 150 or more minutes of moderately intense physical activity per week. Our challenge is to build on the existing knowledge and action of Leicester's people and support them to make the decisions which lead to a healthier life.

We need to continue to maintain momentum and, at a time of austerity and reductions in public sector funding (to add), focus effort where it will make most difference, coordinate what we do as effectively as possible and monitor and evaluate the impact of what we do to understand what difference we are making. This will involve a range of organisations and groups – employers, schools, faith groups, the voluntary sector, as well as the local authority, NHS and other public sector organisations. Crucially, we need to build a coalition for change with local communities. We all need to talk more to local people, to understand what motivates people to lead healthier lives and the skills and capabilities they have to make a difference to their own lives and for their families and communities and use the resources we have to best effect.

How we will work to deliver the strategy

- We will focus on prevention
- We will work differently in close partnership to include prevention in all our work
- We will use data and evidence effectively – focusing the right effort where it is most needed and on key priorities
- We will work in and through communities.

Five key themes have been identified to provide a framework for the delivery and reporting of the strategy. Each theme will be the responsibility of a delivery sub-board, which will develop yearly action plans to achieve the key outcomes associated with their theme. Outcomes are associated with indicators and their progress will be the overall measure of the strategy's success. Oversight of progress and assurance of delivery will be facilitated by reports to the Board from the responsible sub-boards over the course of the strategy.

Measuring Success

Our strategy is intended to deliver our vision of a healthy city whose institutions support people to live well. Our indicators will act as proxies for the wider improvement driven by the strategy and by Health and Wellbeing partners across the city. Our themes and indicators, in the main, focus on areas which we believe to be representative of wider changes to every day health and wellbeing and our indicators are not, therefore, a comprehensive view of all the health activity conducted by the Board's Partners.

Where possible the indicators we have used are collected regularly and will not foreseeably be changed by 2020.

It is important to recognise that the indicators for different themes used in this document are concerned primarily with prevention activity, and not with the needed improvements sought in other plans for health care and social care services. These are to be found in the relevant health and care service improvement plans.

Our Main Challenges

Theme 1 – Healthy Start

Leicester has a young population and this is set grow further over the next twenty years. Children's experiences in the early years (including before they are born) sets the foundation for their future health and well-being. Giving children the best start in life is therefore a key priority for the city and is the single most important area to focus on to reduce health inequalities in the long term.

Access to good quality antenatal and post-natal care is important to sustaining a healthy pregnancy, reducing the risk of low birth weight babies and supporting mothers and babies to establish good patterns of attachment, bonding, breastfeeding in the first days and weeks. Getting it right at this stage has been clearly linked to good emotional, behavioural and health outcomes in the short, medium and long-term. It is cost-effective as well: economic modelling shows that return on investment is higher in early childhood than in later stages of life.

Children's emotional health and well-being is equally important. Supporting children to build resilience so that they are able to deal well with stress and difficult situations is important to success in school and also develops key skills which will help them in later life. Certain children, including children living in more deprived areas and looked after children are more likely to develop behavioural & emotional problems.

Education is also key to future health: children who do better at school are more likely to have higher life expectancy and spend more of their life in good health. They are also more likely to have better self-esteem and good mental health, take up healthy behaviours and in turn support their children to lead healthier lives.

Establishing healthy patterns of behaviour in the early years needs to be a high priority in the city. The city's children have high rates of obesity and poor oral health: turning the tide of this is crucial to reduce the growing burden of preventable illness in the city, which is rising.

The loss of any baby has a devastating effect on family, friends and the community and while infant mortality is reducing, there is much work still to be done. Promoting simple messages about how to keep babies safe, both before they are born and after, particularly to young mums, is key to helping further reduce the level of infant mortality.

	Baseline 2016	Target 2020
Emotional well-being in children is improved	(Children's Survey data) CAHMS waits	TBA
The % of children who are overweight or obese at reception and age 10 is reduced	Reception 20.4% Year 6 37.3% (2015/16)	
The % of children who are physically active is increased	Placeholder – Children and Young People Health and Wellbeing Survey	
Percentage achieving a good level of development	60.7% (at end of reception)	
The % of children with poor oral health is improved	53.2%	10% reduction by 2019 in the proportion children aged 5 with dental decay
Infant mortality rate	4.6 per 1,000 live births (2013/15)	

Theme 2 Healthy Lives

Many of the health challenges faced in the city are preventable. We need to focus on reducing some of the new and emerging risks to health: sedentary behaviour, poor diet, particularly sugar consumption, as well as continuing to reduce smoking and excessive alcohol consumption in the city. Pushing prevention up the agenda of all our organisations is central to our vision.

Around 372 deaths a year in the city are as a result of smoking. Over half the Leicester adult population are overweight or obese - associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. Only around a fifth of residents say they eat five or more portions of fruit and vegetables per day. Between 15% and 30%, depending on the survey, are inactive, doing less than 30 minutes of physical activity a week. Surveys have shown that lying behind these figures are barriers to change. When asked, younger residents cite being busy, work commitments and/ or laziness. Older residents are more likely to talk about ill health, disability and old age.

There is much that is better and to be built upon. Residents overwhelmingly regard a healthy diet and regular exercise as the top two aspects of a healthy lifestyle, followed by not smoking. Around three in five Leicester adult residents say they get the recommended 150 or more minutes of moderately intense physical activity per week. Smoking prevalence and alcohol related hospital admissions have fallen steadily, and two thirds of current smokers say they would like to give up, motivated largely to improve their general health as well as to save money. We need to build on this foundation to increase the proportion of adults living healthier lives.

There is a key role for health and non-health organisations to stimulate action on health by individuals by providing interest and information. They have a key role in Making Every Contact Count as a stimulus to improved health and also through creating easy access for those who need help with changing their lifestyle.

Starting early in life to ensure people are healthy will reduce the levels of disease and disability in the medium to long term. However where long-term conditions develop (such as diabetes, respiratory diseases, cancer or heart conditions), early detection makes cure or management in the community possible, improving people's quality of life and reducing the need for expensive health and social care.

	Baseline 2016	Target 2020
Improve the proportion of adults living healthy (ier?) lives	Proportion reporting good or very good health 71% (HWB Survey 2015)	Health and Wellbeing Survey
The adoption of principles and a programme to Make Every Contact Count in prevention	Ad hoc coverage	Systematic adoption of MECC by key public serving organisations.
Implement a model of integrated health and social care team which embeds prevention & early detection	Work in progress under Better Care Together	Effective implementation of STP plans in Leicester
Identify people with higher risk factors for ill-health and help them to manage these risks	% take up by eligible population of NHS Health Checks % adopting a programme of health improvement	Take up of NHS Health Checks and adopting a programme

Theme 3 Healthy Minds

Sustaining mental wellbeing is crucial for people to live long healthy lives. Mental illness is linked to physical health problems. Many people with long term conditions experience depression. People with mental illness often make poor lifestyle choices; they are more likely to smoke, drink alcohol, and use drugs and less likely to exercise or eat well.

In Leicester, most indicators used to measure mental health reflect wider health inequalities. Those in poorer, most deprived, communities are most likely to have mental illness. Across Leicester there are high rates of depression and anxiety, psychosis and claims for Employment and Support Allowance because of mental illness. Estimated prevalence for mental health problems in children and young people is higher than the England average and the highest in the East Midlands. This is an important problem because childhood mental illness often has lifelong consequences.

Taken together a picture emerges of the need to prevent mental illness, tackle its impact on physical illness and to take every opportunity to develop a Healthy Minds approach; in our homes, schools and workplaces. In this way, Healthy Minds is a key to all prevention, with links across the life course and greatly impacting on physical wellbeing. There will be a focus on sustaining mental wellbeing in schools, bringing together mindful employer organisations under the Time to Change Pledge and tackling isolation in older age.

	Baseline 2016	Target 2020
Estimated prevalence of mental health disorders in CYP	10.7	9.3
Recorded prevalence of depression on QOF registers for 18+	8.0% (2015/16)	
Suicide: Age standardised rate per 100,000	9.6 per 100,000	8.7 per 100,000
Increase in % reporting that they are not isolated from others (HWB Survey 2015)	54%	Increase %
Reduction in % reporting poor mental health via Warwick Edinburgh Mental Wellbeing Scale (HWB Survey 2015)	14%	Decrease %

Theme 4 Healthy Ageing

Ageing is much more adaptable than we have come to think. “It can be changed, shaped or adjusted by how a person lives their life, the choices they make and they service the access.” The numbers of older people in Leicester will increase in future years, and ageing well is about helping older people to live active, healthy lifestyles, reducing limiting long-term illnesses and enabling them to remain independent for longer. Many older people, with the support of family and health and care services at key times live fulfilled older years, but other struggle. It is estimated, for example, that in Leicester by 2030 some 24,000 over 65 year olds will be unable to manage at least one domestic tasks by themselves, and around 11,000 will be unable to manage on their own at least one activity involving mobility.

Despite generally increasing life expectancy, as people age they experience a gradual decrease in physical and mental capacity and a growing risk of disease. Poorer health and lifestyle earlier in life can accelerate the diseases of older age. There are a number of risk factors for poorer health and wellbeing in older years. This includes mental health problems; loneliness and isolation; dementia; sensory loss; physical disability and the development of long term conditions.

Currently, there are nearly 15,000 people aged 65 and over living alone in Leicester and this is projected to rise to by around 40% to nearly 21,000 by 2030. Not all will experience chronic loneliness, though a significant number will. Most dementia occurs in older age groups and the contribution it makes to the years of life in poor health or disability in the city will increase by 2035 by some 53%, indicating the need to improve the experience of people living with dementia and their families and carers.

	Baseline 2016	Target 2020
Increase the proportion of older people who report their health as good or very good	65+ 51% (Health and Wellbeing Survey)	
Reduce the overall number of older people in residential home or nursing care.	Number of older people (65+) in residential/nursing care per 100,000 population	Reducing rate per 100,000 of population
Develop better information services to support health and wellbeing for older people, based on the Make Every Contact Count approach	Limited adoption of principles and systems to assure quality of information giving and very brief interventions.	Systematic adoption of MECC by key public serving organisations.
Quality assure services for the most vulnerable adults in the city	National regulation of health and social care systems. Local Quality Assurance Frameworks	Further development of approaches to local quality assurance to ensure they are fit for purpose

Theme 5 Healthy Places

A focus on healthy places, encourages collaboration to improve health by considering the range of environments in which people operate and, in each case, maximising the opportunities for health gain across and within the council and partner organisations. The goal is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various options for action available during the policy development process. This approach identifies the ways in which decisions in many sectors affect health, and how better health can support the achievement of goals in many sectors.

Health starts, long before illness, in our homes schools, jobs and communities. Improving and sustaining health in this context requires solutions that have a greater emphasis on 'prevention' than 'treatment'. A healthy place can be considered to be one that ensures a person is able to make healthy choices amid a variety of available, accessible, and affordable choices.

Individuals operate within a range of environments that have the potential to either improve or damage the health of potentially large numbers of people. These environments can be addressed through sustained joint policy making. For example:

- The degree of exposure to a polluting environment. In Leicester, national modelling has estimated that in 2010 there were 162 deaths where air pollution was a contributing factor. This is equivalent to 6.6% of all adult deaths in Leicester. The local Air Quality Action Plan offers an opportunity to deliver strategies that improve the health of the population by improvements in local air quality.
- A warm, dry and secure home is associated with better health. In addition to basic housing requirements, other factors in the living environment that help to improve well-being include the neighbourhood, security of tenure and modifications for those with disabilities.
- The so-called 'diseases of comfort' are generated mainly by the sedentary or obesogenic environment in which we live. The creation of active and healthy environments is an important element in addressing this. Solutions can range from establishing cycle routes, or seeking opportunities to incorporate physical activity in to daily life, to ensuring an increased provision of accessible leisure facilities. Restrictions in the number high calorific food outlets, such as fast food takeaways, in a particular location may play a role. The current refresh of the Local Plan provides an opportunity to explore and enact some of these types of initiatives.
- There is growing concerns in relation to isolating environments. A lack of social networks, facilities or difficulty in accessing services or amenities can all contribute to individuals becoming or feeling isolated within their environment

	Baseline 2016	Target 2020
Development of local Health in All Policies approach	Ad hoc arrangements	Systematic strategic approach.
Establish the Health in All Policies Steering Group.		
Make progress in developing a coherent policy approach to a defined number of key health and wellbeing issues, including e.g., air quality, housing and health, reducing the	Currently no coherent approach.	Coherent approach to Health in All policies demonstrated by different organisations pulling together on important determinants of health. Priority policy areas identified with partners.

obesogenic environment – the Food Plan, Transport, Planning		Manifest progress made in identified areas
Ensure that the health implications for the population are taken into account in the Leicester Local Plan	Early discussions with planning team.	Completed plan with clear health outcomes and requirements included

Delivering the strategy

Although overall delivery of the Health and Well-being Strategy will sit with Leicester's Health and Wellbeing Board, responsibility for delivering each theme will lie with the relevant partnership board:

- A Healthy Start: Children's Trust Board
- Healthy Lives: Health and Wellbeing Board
- Healthy Ageing:
- Healthy Minds: Mental Health Partnership Board
- Healthy Places: Health in All Policies Steering Committee