What’s the problem?

If you work in any organisation which provides services to the people of Leicester, you probably already know that reducing the health inequalities both within the city and in comparison with the rest of the country is an urgent priority.

And whether you work within the health service itself or one of the many other services – such as education and skills, community support, housing, community safety, or employment support – which have an impact on people’s health, then you can help to make a difference.

There are a number of areas in which we really need to take action if we’re to make the progress we need to on improving health outcomes for everyone in the city. Some of these were highlighted by last year’s Audit Commission report. Since then, a great deal of work has been going on to put the right arrangements in place to ensure that not only do we make good and rapid progress, but that we can measure and demonstrate the progress we’re making.

The key challenge now is to make sure that everyone who will be involved in achieving what are very challenging targets knows what has been put in place and what they can do to play their part.

Our vision

One Leicester’s overarching strategy for the city includes a vision based on three themes:

- Confident people
- New prosperity
- Beautiful place

Achieving that vision will require us to drive out inequalities, wherever they occur, prioritising those people most in need and those activities which will reduce inequalities between communities and individuals. This means making sure that our money and our people across all partner organisations work together to tackle the big issues. Through this targeted approach, we
are determined to improve the health outcomes, the quality of life, and the life expectancy of all local people.

What do we mean by health inequalities?

People’s health is affected by all kinds of things, including where they live, what kind of work – if any – they do, what their diet is like, and whether they drink or smoke, for example. Sometimes, people from different ethnic backgrounds may also be more vulnerable to certain types of health problems.

Naturally, there will always be health problems which cannot be prevented, but our aim in tackling health inequalities is to make sure that everyone has an equal chance of being healthy and is not disadvantaged because of their economic, social or lifestyle circumstances.

What are the main areas for action?

The headline issues about Leicester’s health inequalities include:

- A growing life expectancy gap between Leicester and the rest of England. On average a man in Leicester will live 2.4 years less and a woman 2.1 years less than the average for England.

- Differences in life expectancy between different areas of the city. The difference between the wards with the highest and lowest life expectancy is 7.4 years for men and 7.6 years for women.

- 24% of adults smoke, with 15% of women smoking throughout pregnancy – and smoking is most common in areas of high deprivation, particularly on the west of the city.

- Around 25% of Leicester adults are obese and a further 36% overweight. Levels of physical activity are low, with only 18% of adults doing 30 minutes of moderate activity on 3 days a week.

- Estimates suggest that around 17% of Leicester’s population abuse alcohol, with around 33,000 hazardous drinkers, 11,000 harmful drinkers, and 3,500 dependent on alcohol.

What can we do about it?

- A daily dose

One of the main things we need to do is to ensure that everyone is working together and that tackling health inequality becomes part of our every day work. That means developing a shared vision which brings together organisations and individuals and includes driving up the quality of universal services that have an important impact on health, particularly in poorer communities.

- Prevention is better than cure
Many of the proposed actions focus on prevention and early detection of the conditions which cause many of the health inequalities in the city – such as cardiovascular disease, respiratory disease, infant mortality and cancer. We’re also committed to increasing and improving the scale and quality of medical drug treatment programmes, and developing public health campaigns to help people stop smoking, manage their weight and reduce alcohol abuse.

- **Supporting healthier lifestyles**

   Improving health inequalities is not just about stopping people doing things – it’s also about encouraging people to take more physical activity by planning and delivering the right facilities, as well as continuing to improve education, skills and the city’s economy, all of which contribute to a healthier society.

- **Hitting the right targets**

   Because the health challenges we face are spread unevenly throughout the city, it’s vital that we collect and use up to date information to help us to target services effectively, and that we work closely with local communities so they can help shape services which will work for them. We know that every aspect of people’s lives can affect their health, and that we need to do more where people are most disadvantaged, so making sure we do the right things in the right places at the right time is absolutely essential.

- **Is it working?**

   Whatever we do, we need to know if it’s working. There’s no doubt that this is a particular challenge, as it can take a generation or more for the benefits of certain interventions to show. However, there are many areas where we could expect to see quite quick and demonstrable results – such as reducing the number of teenage pregnancies, or the number of smokers in the city.

   **How will we know if it’s working?**

   We have two main measures of success which we’ll be checking progress against – have we improved male and female life expectancy at birth, and have we reduced the main inequalities in health, so that the gap is narrowed and everyone is as healthy as possible and has the chance to reach their potential?

   Life expectancy is already increasing in the city, but not as quickly as it is improving elsewhere in the country, so we are lagging behind. It is widely recognised that although life expectancy measures are important, they move very slowly, so it is difficult to use them as a measure of success in the short term.

   That’s why we have developed a list of short to medium-term measures that we’ll be checking on a regular basis to make sure that our work is having an impact.
These include:

- More NHS health checks for 40-74 year olds
- More breast, cervical and bowel cancer screening
- Better/improved blood pressure and cholesterol control
- Improved control of blood sugar in patients with diabetes
- Reducing under 18 conceptions
- More childhood immunisation
- Improving access to maternity services within 12 weeks of pregnancy
- Reducing smoking in pregnancy
- Increasing numbers of babies who are breast-fed at 6-8 weeks
- Reducing smoking and increasing smokers quitting
- Reducing childhood obesity in reception and year 6
- Increasing participation in sport and active recreation amongst both children and adults
- Reducing the harm caused by excess alcohol consumption

Who’s doing what?

The overall responsibility for developing an effective programme to make a major impact on our health inequalities lies with the Local Strategic Partnership, which is overseeing all the work in this area – and which will be taking part in six monthly performance review meetings with the government.

However, everyone who works delivering services which can impact on health can play an important part in not only delivering the improvements we all want to see, but also helping to shape the way we do things for the future. We want to encourage everyone to share ideas and experiences, so that if one individual or organisation has come up with an idea that works, we can spread that good practice throughout the city.

So, if you’re involved in something that you think is working well and want to share it, or you’d like to work with others on developing new ideas and interventions in particular areas, why not get in touch with the lead contact for your area of interest?

Lead contacts
• Smoking and Tobacco Control – Louise Ross, Tobacco Control Delivery Manager, NHS Leicester City Tel: 0116 295 4107

• Healthy Weight – Stephanie Dunkley, Public Health Specialist Healthy Weight, NHS Leicester City and Leicester City Council Tel: 0116 295 8498

• Sports and Physical Activity – Paul Edwards, Head of Sports Services, Leicester City Council Tel: 0116 252 7356

• Leicester Health Inequalities Improvement Plan – Rod Moore, Deputy Director of Public Health, NHS Leicester City Tel: 0116 295 1456

Want to know more?

This is just a very top-line summary of the main challenges we’re facing and our response to those challenges. If you want more detail about how Leicester will tackle its health inequalities, there are a number of plans which will give you much more detail, including

• Local Area Agreement

• City Council Corporate Plan

• One Healthy Leicester – NHS Leicester City Commissioning and Investment Strategy 2009/10-2013/14

• Leicester Partnership Health Inequalities Improvement plan

It’s up to you!

Everyone involved in any kind of service delivery – whether they work for the public, private or third sector – can play their part in helping to reduce health inequality in our city. Helping to get everyone in the city as healthy as they can be is everyone’s business and the more you do, the quicker we can reach our goal of making Leicester a healthier place to live.