



CABINET – 22 NOVEMBER 2019

**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH:
LEICESTERSHIRE'S HEALTH – PHYSICAL ACTIVITY – MOVING TO
A WHOLE SYSTEMS APPROACH**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to present the Director of Public Health's Annual Report for 2019 "Leicestershire's Health – Physical Activity – Moving to a Whole System Approach" which is appended to this paper.

Recommendations

2. It is recommended that;
 - (a) The recommendations contained within the Director of Public Health Annual Report 2019 be supported;
 - (b) It be noted that the Annual Report will be submitted to the County Council on 4 December 2019.

Reasons for Recommendation

3. The Director of Public Health's (DPH) Annual Report is a statutory independent report on the health of the population of Leicestershire.
4. To enable the County Council to consider the Report, which will help inform future commissioning decisions.

Timetable for Decisions (including Scrutiny)

5. The Annual Report was considered by the Health Overview and Scrutiny Committee on 13 November and its comments will be reported to the Cabinet.

Policy Framework and Previous Decisions

6. Last year's report gave an overview of the challenges posed by multi-morbidity and frailty and the 2019 Annual Report includes an update on progress against the recommendations previously agreed.

Resource Implications

7. There are no resource implications arising directly from this report. The recommendations set out in the Annual Report will inform commissioning decisions relating to the priorities for public health.

Circulation under the Local Issues Alert Procedure

8. A copy of this report will be circulated to all members of the County Council.

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PART B

Background

9. The Director of Public Health's Annual Report is a statutory independent report on the health of the population of Leicestershire. It aims to improve the health and wellbeing of the people of Leicestershire by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of bodies, such as the NHS organisations, district councils, and the community and voluntary sector.

10. One of the roles of the Director of Public Health is to be an independent advocate for the health of their population. The Annual Reports are the main way by which Directors of Public Health make their conclusions known to the public.

Summary of the Annual Report

11. This year's report presents data on physical activity across Leicestershire. Physical inactivity directly contributes to one in six deaths in the UK. Around a quarter of the population are classified as inactive, failing to achieve a minimum of 30 minutes of activity per week. Across Leicestershire, the percentage of physically active adults (64.3%) is significantly worse than the national average (66.3%). Similarly, the percentage of adults walking for travel at least three days a week is significantly worse than the national average.

12. A complex set of circumstances have contributed, nationally and internationally, to this decline in physical activity. Changes in social, cultural, and economic trends have contributed to people participating in less physical activity whilst the introduction of more technology at home and in the workplace has encouraged sedentary behaviours, coupled with an over reliance on cars and motorised transport.

13. The approach outlined in the report accepts that there is no one solution to address such an ingrained problem and that local action to promote healthy weight across the life course requires a coordinated collaborative approach across many different organisations. The report identifies seven key components to a successful physical activity system:
 - i. Active Environment
 - ii. Active Travel
 - iii. Active early years and schools
 - iv. Active people and families
 - v. Active workplace and workforces
 - vi. Active communities
 - vii. Physical activity as medicine

14. The report recommends that policy makers and public sector organisations should adopt the seven components set out above as the basis of thinking about their approach to improving physical activity levels. In doing so they should be

underpinned by strong systems leadership, active policy and partnerships and research. A summary of how each of the seven key components can be delivered is set out below

Active Environment

15. Organisations across Leicestershire need to work towards a future where active design principles are embedded in planning policy and are central to planning decisions across Leicestershire. This will be facilitated by the development of healthy planning design guidance, currently being produced, which would ideally be adopted by all district councils. Further work is also needed to promote the use of the County's green assets for physical activity purposes.

Active travel

16. Public Health will continue to seek opportunities to work closely with local planning authorities to increase provision of active travel and high-quality walking infrastructure within new developments. Developers will be encouraged to ensure newly built areas promote cycling and walking as the preferred means of transport and the adoption of 20mph limits/zones where appropriate. The 'extended workforce' pilot role of Sport England, where a shared post between Sport England and Leicester-Shire and Rutland Sport is helping to deliver 'active design' strategy locally to meet key strategic challenges.

Active early years and schools

17. Public Health will advocate additional work in pre-school settings and with parents generally, to promote 'active play' and by encouraging the uptake of the Whole School Approach to Physical Activity (WSAPA) programme across all Leicestershire schools. All schools working with Sport and Physical Activity Networks in Leicestershire have begun working towards taking a Whole School approach".

Active people and families

18. Leicestershire's district councils all provide a comprehensive programme of events and campaigns throughout the year to increase physical activity, aimed at all ages and abilities and at addressing barriers to participation. Lessons learnt from these programmes will help identify and better target opportunities to promote affordable and flexible physical activity through culture and leisure services.

Active workplaces and workforces

19. Public Health, working jointly with Leicestershire and Rutland Sport, will work with employers to encourage a health needs assessment of their workforce and to introduce interventions to reduce sedentary time at work and support people as they transition into retirement to continue to be active.

Active communities

20. Active communities sit at the heart of a systems approach to physical activity. More research and community engagement is needed to understand how to break down social and cultural barriers to participation and local programmes need to use this intelligence to achieve a better, more equitable, participation.

Physical activities as medicine

21. Public Health will promote the opportunity for health professionals to prescribe physical activities such as guided walking, gardening or light conservation work which are viable alternatives to attending a gym or prescribing unnecessary medicines.
22. By pursuing coordinated action across the seven components detailed above it is envisaged activity levels in Leicestershire will increase to, and remain, above that of the national average within three years. Learning from areas of best practice, such as Greater Manchester where activity levels are now above the national average, will also help inform the whole systems approach.

Equality and Human Rights Implications

23. Implementation of the Report's recommendations would have a positive impact on health inequalities.

Partnership Working and associated issues

24. The recommendations within this report focus on actions across agencies that will improve the population's health. The basis of the report is improving population health in partnership with other key agencies.

Background Papers

Director of Public Health Annual Report 2018

http://www.lsr-online.org/reports/director_of_public_health_annual_reports

Appendix

Annual Report of the Director of Public Health 2019.

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