# Leicestershire
Wider Determinants of Health
Action Plan

2021-2026

Introduction

1. What are the wider determinants and why are they important?

In 1991, Dahlgren and Whitehead began to explore how social environments interact with the health of an individual. The model maps the relationship between the individual, their environment and health, with individuals placed at the centre and various layers of factors that influence their health surrounding them.
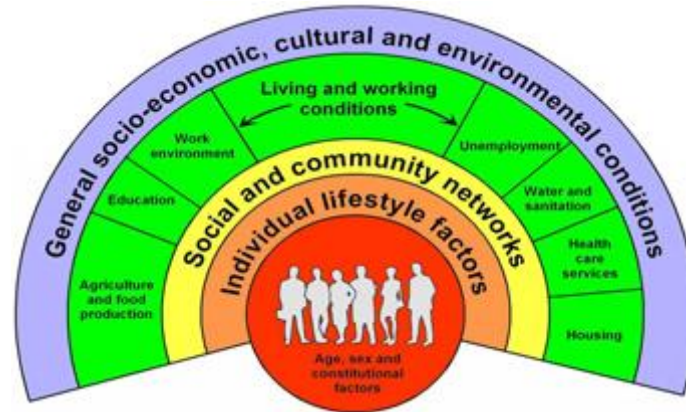
A key report around health inequalities called "Fair Society, Healthy Lives"[1] was published in 2010 (also known as the Marmot Review). This gave a new perspective around action needed to reduce health inequalities and particularly stressed the importance of these social, or wider, determinants of health, such as education, occupation, income, home and your neighbourhood and community. It also identified that inequalities accumulate as we age, and so the need for a life-course approach when looking to reduce inequality and consider equitable action, based on level of inequality within our population.

The King's Fund[2] have explored and built upon the idea that health is determined by a complex interaction between individual characteristics, lifestyle, and the physical, social and economic environment. They state that "experts agree that these 'broader determinants of health' are *more* important than health care in ensuring a healthy population", explaining that economic hardship, levels of education, employment, housing and access to green space are very strongly related to health and wellbeing.
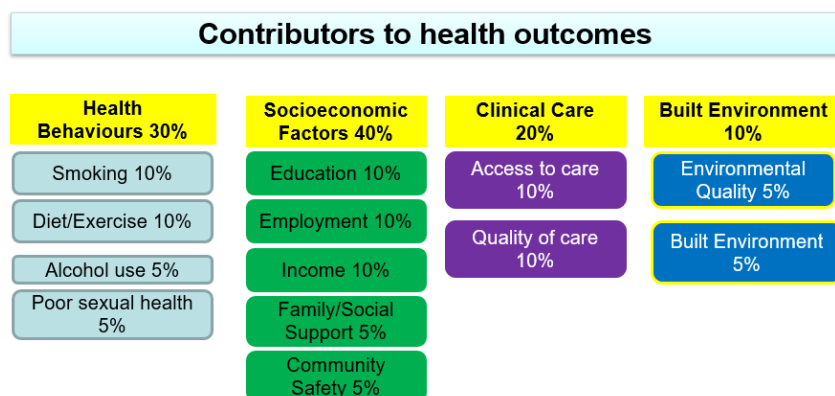
2. Why do we need this action plan?

Research shows us that the wide-ranging wider determinants of health have the potential to have a larger impact on the health outcomes of the population than access to and quality of clinical services. This means within Leicestershire, at a place level, lots of our services have great potential to impact the health and wellbeing of our residents and reduce health inequalities. Marmot[1] reminded us that local councils have a pivotal role in building and strengthening the wider determinants of good health through work to support individuals, families, and communities. Through joint work across services this plan gives local leaders a unique opportunity to improve healthy life expectancy and the reduce of health inequalities. The Marmot review 10 years[3] on shows that people are living in poor health for longer. Plus, the differences in health outcomes for those living in more deprived areas compared to those living in least deprived areas is widening.

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[1] Marmot, M (2010) *Fair Society, Healthy Lives*

[2] The King's Fund (2016). *Broader Determinants of Health: Future Trends*

[3] Institute of Health Equity (2020): *Healthy Equity: Marmot Review 10 years on*

Figure 1: Contributors to health outcomes

Contributors to health outcomes

Health Behaviours 30%	Socioeconomic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

When reviewing figure 1, it is evident just how wide ranging the wider determinants are and how many services and programmes of work they link to. Table 1 illustrates the work the Kings Fund[4] has developed to demonstrate where there is strong evidence that the wider determinants of health can impact on health outcomes. It also summarises the findings around the size of the public health issue, associated evidence base around actions and impact on health, the speed of impact and its contribution to reducing health inequalities. To help guide plans around work locally to address the wider determinants of health and health inequality, looking at the best opportunities to invest resource for outcomes for our residents.

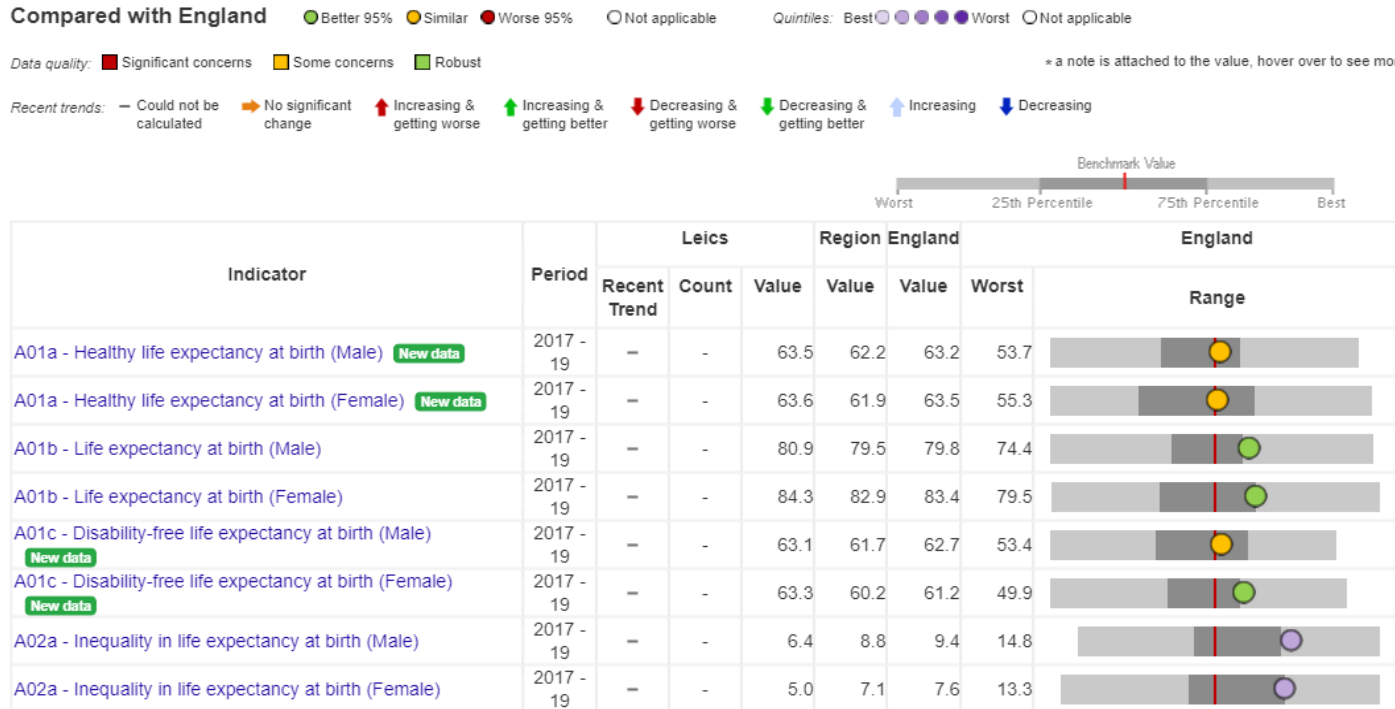**Table 1** Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

3. What is the current picture of the health of our population?

Leicestershire health is generally good, but there are pockets of poor health. Figure 2 below illustrates life expectancy for Leicestershire is better than the national average and improving, however healthy life expectancy is similar to the national average and has plateaued since 2017.

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[4] The King's Fund (2013). Improving the public's health. A resource for Local Authorities

Figure 2 Life Expectancy and Healthy Life Expectancy

| Indicator | Period | Leics | | | Region | England | | England |
		Recent Trend	Count	Value	Value	Value	Worst	Range
A01a - Healthy life expectancy at birth (Male) New data	2017 - 19	–	-	63.5	62.2	63.2	53.7	
A01a - Healthy life expectancy at birth (Female) New data	2017 - 19	–	-	63.6	61.9	63.5	55.3	
A01b - Life expectancy at birth (Male)	2017 - 19	–	-	80.9	79.5	79.8	74.4	
A01b - Life expectancy at birth (Female)	2017 - 19	–	-	84.3	82.9	83.4	79.5	
A01c - Disability-free life expectancy at birth (Male) New data	2017 - 19	–	-	63.1	61.7	62.7	53.4	
A01c - Disability-free life expectancy at birth (Female) New data	2017 - 19	–	-	63.3	60.2	61.2	49.9	
A02a - Inequality in life expectancy at birth (Male)	2017 - 19	–	-	6.4	8.8	9.4	14.8	
A02a - Inequality in life expectancy at birth (Female)	2017 - 19	–	-	5.0	7.1	7.6	13.3	

Source: Public Health England Fingertips Tool: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/ati/102/are/E10000018 [Accessed 09/04/2022]

Figure 3 illustrates data associated with the wider determinants of health and how the county compares to England and the East Midlands.

Leicestershire is better than the national average for density of fast-food outlets and overcrowded households. Similar to the national average for percentage of adults cycling for travel at least three days a week, utilisation of green space and affordability of home ownership. However, Leicestershire is worse than the national average for percentage of adults walking for travel at least three days a week, access to woodland and air pollution for PM2.5.

Figure 3: The Wider Determinants of Health indicators

| Indicator	Period	Leics			Region	England		England
		Recent Trend	Count	Value	Value	Value	Worst	Range
Percentage of adults walking for travel at least three days per week	2018/19	–	-	18.5%	19.0%	22.7%	13.1%	
Percentage of adults cycling for travel at least three days per week	2018/19	–	-	2.4%	2.5%	3.1%	0.1%	
Killed and seriously injured (KSI) casualties on England's roads	2016 - 18	–	682	32.9	41.6	42.6*	97.4	
The rate of complaints about noise	2018/19	–	2,511	3.6*	4.5*	6.8*	81.1	
The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2016	–	16,910	2.5%	3.5%	5.5%	22.1%	
The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2016	–	35,010	5.2%	5.4%	8.5%	37.0%	
Density of fast food outlets	2014	–	438	65.6	84.7	88.2	198.9	
Access to Healthy Assets & Hazards Index	2017	–	88,657	12.8%	15.7%	21.1%	100%	
Access to woodland	2015	–	46,866	6.9%	10.4%	16.8%	0.1%	
Air pollution: fine particulate matter	2017	–	-	9.3	9.0	8.9	12.5	
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	–	-	20.8%	18.5%	17.9%	5.1%	
Overcrowded households	2011	–	5,720	2.1%	3.3%	4.8%	25.4%	
Affordability of home ownership	2018	–	216,000	7.4	6.7	8.0	33.4	
Fuel poverty	2018	➡	26,663	9.4%	10.9%	10.3%	16.1%	
Excess winter deaths index	Aug 2018 - Jul 2019	–	255	13.1%	16.4%	15.1%	28.5%	
Emergency hospital admissions due to falls in people aged 65 and over	2019/20	➡	2,730	1,891	2164	2222	3,394	
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2019/20	–	-	48.0%	54.0%	58.0%	7.0%	
Adults with a learning disability who live in stable and appropriate accommodation	2019/20	⬆	1,209	82.9%	75.1%	77.3%	39.9%	

Source: Public Health England Fingertips Tool: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/6/par/E12000004/ati/102/are/E10000018/iid/93439/age/164/sex/4/cid/4/tbm/1 [accessed 09/04/2021]

Using indicators related to table 1 above below demonstrates how Leicestershire fares to the key areas highlighted for action by the King's Fund.

3.1 Best Start in Life and healthy schools'
Giving children the best start in life is fundamental part of improving health and reducing health inequalities. Figure 4 demonstrates school readiness data is improving although we are still worse than England for those children eligible for free school meals.

Figure 4: Best Start in Life and Healthy Schools indicators
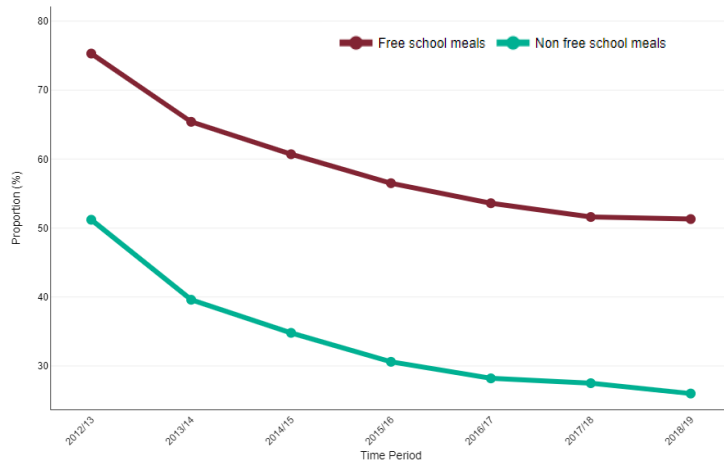
% of children not achieving a good level of development at the end of reception 2018/19, 26.0% of pupils not receiving free school meals did not achieve a good level of development at the end of reception.

In comparison 51.3% of pupils receiving free school meals did not achieve a good level of development at the end of reception.

Whilst both percentages have decreased over time the gap between the 2 groups has not narrowed.

School Readiness: percentage of children not achieving a good level of development at the end of Reception 2018/19 (%) Free school meals versus non free school meals

Educational attainment is strongly linked with health behaviours and outcomes. Better-educated individuals are less likely to suffer from long term diseases, to report themselves in poor health, or to suffer from mental conditions such as depression or anxiety. Table 3 below shows the average attainment 8 score is significantly worse than the average for England in Charnwood.

3.2 Natural and built environment

Physical inactivity increases the risk of chronic conditions including heart disease, diabetes, and other obesity-related illnesses. Greater vehicle use also causes higher levels of air pollution, which may increase cardiovascular and respiratory conditions, and contributes to global climate change.

Table 2 shows the Leicestershire data and some of the differences between districts. Relatively fewer adults are walking or cycling for travel at least three days a week in Harborough and NWL compared to the national average. While Blaby has the lowest percentage of adults walking for travel at least three days per week and Melton the lowest percentage of adults cycling for travel at least three days per week. Air pollution for PM2.5 is worse in Charnwood.

Table 2: Natural and Built Environment indicators related to health outcomes

	Percentage of adults walking for travel at least three days per week 2018/19 (%)	Percentage of adults cycling for travel at least three days per week 2018/19 (%)	Air pollution: Fine particular matter, 2017 µg/m3
Blaby	13.0	2.5	9.5
Charnwood	26.3	4.0	9.6
Harborough	17.0	1.4	8.8
Hinckley & Bosworth	16.4	2.1	9.2
Melton	19.1	1.0	8.8
NW Leicestershire	14.0	1.5	9.2
Oadby & Wigston	16.3	2.0	9.3
Leicestershire	18.5	2.4	9.3

England	22.7	3.1	8.9

3.3 Strong communities, wellbeing, and resilience

Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to make to health and wellbeing. These community level determinants build control and resilience and can help buffer against disease and influence health related behaviours. Local authorities have a role to play in helping individuals and communities to develop social capital. There is growing recognition that although disadvantaged social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health and strengthen resilience to health problems.

Indicators shows the percentage of adult social care users who have as much contact as they would like is similar to the England average, but second worst when comparing with our statistical neighbours.

Figure 5: Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) 2018/19 (%)

Area	Recent Trend	Neighbour Rank	Count	Value	
England	–	-	278,280	45.9	
Neighbours average	–	-	61,320	45.3*	
Gloucestershire	–	3	2,400	50.1	
Worcestershire	–	8	3,110	49.6	
North Yorkshire	–	2	3,055	48.7	
Northamptonshire	–	13	3,035	48.1	
Suffolk	–	9	4,380	47.5	
Cambridgeshire	–	4	2,625	46.9	
Derbyshire	–	10	4,595	46.4	
Devon	–	14	4,605	45.8	
Essex	–	15	7,135	45.7	
Somerset	–	7	3,080	44.7	
Oxfordshire	–	12	2,680	44.1	
Hampshire	–	11	7,260	43.5	
Staffordshire	–	5	4,270	43.3	
Nottinghamshire	–	6	3,885	42.7	
Leicestershire	–	-	3,010	41.6	
Warwickshire	–	1	2,195	40.2	

3.4 Jobs and Work:

Work is generally good for mental and physical health, providing the work is 'good work'. 'Good work' means a safe and secure job, good working hours and conditions, supportive management, good leadership and opportunities for development. Evidence shows being in 'good work' improves health and wellbeing for all ages and reduces social exclusion. Unemployment is associated with an increased risk of illness and mortality and can impact the wider family of those not in work too.

In addition to the health benefits associated with an adequate wage, work can provide valuable social interactions, a place to develop and practice skills, and a sense of social participation and contribution to society.

Both education and work for much of the population has been disrupted greatly by the Coronavirus Pandemic, this may have far reaching consequences for the health of the population. The data shown in table 3 regarding jobs and work shows total employments furloughed at December 2020 locally was similar throughout the county, but slightly lower than the national figure of 13.2%, with North West Leicestershire having the lowest level at 10%. Although employment levels are all

average or above average when compared to England, post-pandemic impacts around job losses may still be being masked by furlough and other financial support to businesses.

Sickness absence levels for Charnwood and Leicestershire are significantly worse than the average for England. Being absent from work can lead to financial challenges and a loss of the positive impacts of being in work identified above. Workplace injuries and pressures on mental health such as stress can lead to sickness leave or leaving employment. Long term conditions such as musculoskeletal and mental ill health, or disability through injury can also cause barriers around returning to work or finding alternative employment.

Table 3: Job and work indicators

	Total employments furloughed at 31st December 2020	Sickness absence-percentage of working days lost due to sickness absence 2017-19 (%)	Percentage of people aged 16-64 in employment 2019/20 (%)
Blaby	5,700 (12%)	1.3	78.1
Charnwood	9,500 (12%)	2.7	80.3
Harborough	5,300 (12%)	1.1	88.2
Hinckley & Bosworth	6,100 (11%)	1.1	85.2
Melton	2,900 (12%)	0.7	84.9
NW Leicestershire	5,000 (10%)	1.0	72.6
Oadby & Wigston	3,200 (13%)	2.4	76.2
Leicestershire	37,700	1.6	80.6
England	(12%)	1.1	76.2

There is also a place for the employer to further create a 'healthy workplace', in addition to providing 'good work'. This helps give opportunities for employees to feel confident and able to make healthier choices and maintain and improve their health and wellbeing as a productive, engaged employee. It may also make employees feel more valued which will contribute to employee mental health.

3.5 Warmer and Safer Homes:

Suitable accommodation that is safe and warm is one of the foundations of personal wellbeing, whether in childhood or old age. It enables people to access basic services, build good relationships with neighbours and others, and maintain their independence – all resulting in a better quality of life. Table 4 below shows Melton is relatively worse when considering fuel poverty across the county.

Table 4: Warmer and Safer Homes indicators

	Homelessness-households owed a duty under the homelessness reduction act (HRA) 2019/20 (per 1,000)	Excess Winter deaths index Aug 2018-Jul 2019 (Ratio-%)	Fuel Poverty 2018 (%)
Blaby	9.9	24.9	8.4
Charnwood	5.6	5.3	10.1
Harborough	5.0	11.9	8.9
Hinckley & Bosworth	8.5	16.7	9.0
Melton	11.7	29.3	10.6
NW Leicestershire	7.6	18.1	9.8
Oadby & Wigston	10.0	-5.9	8.9
Leicestershire	7.7	13.1	9.4
England	12.3	15.1	8.9

4. Next steps

The action plan aims to act as the county plan to address the wider determinants of health at place level, connecting across the Health and Wellbeing Strategy for Leicestershire.

This plan focuses on prevention and early intervention by improving the place that our population live and work in through increasing access to non-medical health and wellbeing interventions to support people to stay well.

To support the success of this plan, work will begin to build upon the agreement from the Leicestershire Health and Wellbeing Board to adopt a 'Health in All Policies' (HiAP) approach in July 2016. Working with colleagues in Leicestershire County Council will look to fully adopt and trial the HiAP approach as an exemplar organisation. The HiAP approach recognises the wider determinants of health and the key role that organisations and services that influence 'place' have upon these factors. To effectively influence population health, health considerations need to be integrated into broader thinking and service provision to support health equity. A HiAP approach ensures that health considerations routinely become part of decision-making, with the aim of reducing health inequalities. Please see the action plan for more details around this.

The action plan adapts the nine evidence-based areas identified by The King's Fund as where the greatest impact on improving health can be sort as discussed in figure 2 above. This approach has been used to organise the actions in a clear plan, spanning across the life-course.

5. Action Plan:

Impact Area	Aims and Objectives	Lead Organisation(s)	Actions	Links to local strategic plans	Accountability and Governance
Best Start in Life	Improve and expand the Healthy Schools offer and uptake	LCC	- Redesigning the website and moving to an electronic system for accreditations. - Aligning criteria to other areas to avoid duplication e.g. physical activity with LRS. - Ongoing delivery of Brook RSHE programme, as well as standard training offer - Implement the health-related behaviour questionnaire to inform health improvement at a school level	LCC Strategic Plan-Wellbeing and Opportunity outcome Children and Young People's Partnership Plan – Priority 5: Good physical and mental health	Health and Wellbeing Board Priority 5- CYP
	Improve outcomes for children and young people	LCC CCG Providers Schools	- Implement 1001 days - Work with early years to audit ourselves against the early intervention speech language and communication toolkit - Expand the Wellbeing for Education Return/Recovery into early years - Co-ordinate communication campaigns to maximise the impact such as safe sleeping, C4L	LCC Strategic Plan-Wellbeing and Opportunity outcome Children and Young People's Partnership Plan – Priority 5: Good physical and mental health LLR CYP design group	Health and Wellbeing Board CYPP Priority 1 and 5
	Improve maternal and children mental health	LCC CCG Providers	- Link with the developing Mental Health Strategy	LCC Strategic Plan-Wellbeing and Opportunity outcome LLR Maternity and	Health and Wellbeing Board CYPP Priority 5

				CYP MH design group	
Natural & Built environment including active and sustainable travel	Influence the local planning and infrastructure system around health considerations within planning policy i.e. embed and promote HIA, Public Health input into Local Plans, local and national lobbying around showcasing best practice Improve access to green space	LCC - Public Health, Strategic Planning, Growth Unit and Environment and Transport Districts LRS CCG	Work with Strategic Planning Group and Planning Officers Forum for a joint approach between LCC Public Health and partners to embed health considerations within planning policy. Work with Planning colleagues to map a wider process and practical sign up to embed HIA in the local planning process. Pilot with Blaby District Council- Using HIA throughout the Local Plan development process. Link to Town and Country Planning Association to support with evaluation of pilot work and creation of a best practice process to share more widely including pathways around access to data. Create a final process and gain endorsement from senior leadership across the county to embed health considerations and HIA within planning policy processes. Green social prescribing Joint work with the ICS Place-led plans leads to ensure synchrony across workstreams and public health input to and support with developing the plans.	LCC Strategic Plan- Strong Economy, Wellbeing and Opportunity, Great Communities and Affordable and Quality Homes outcomes Strategic Planning Group – Health workstream	Health and Wellbeing Board Strategic Planning Group Planning Officers Forum Universal Prevention Board?
	Upskill and support local partners and developers around need for and completion of project	LCC Public Health LRS LCC	Embed HIA on the county planning portal for use with singular developments. Work with partners, such as developers, planners	LCC Strategic Plan- Strong Economy, Wellbeing and Opportunity,	Health and Wellbeing Board

	specific HIA completion.		and Adult Social Care colleagues to develop support and training sessions and materials. Use TCPA findings to develop a clear process of access to, and understanding of, public health data for planning colleagues to access to support health considerations within planning processes at policy level and for seamless use on the online portal. HS2 team to complete a comprehensive HIA and associated work outcomes. Ongoing work with the LCC Growth Unit and County Strategic Planning Group to refresh the health workstreams and embed health as a key stakeholder in conversations and decisions.	Great Communities and Affordable and Quality Homes outcomes Strategic Planning Group – Health workstream	
	Creation of a work programme embedding health considerations within air quality, biodiversity and carbon reduction work, looking at co-benefits and partnership working.	LCC Public Health Environment and Transport Districts	Deliver against the Air quality and Health action plan- leading on the engagement with local populations and communication key messages around clean air and air quality. Embed health considerations into the county Cycling and Walking Strategy. Embed health within the Net Zero Carbon Roadmap workstream. Clearly link active travel into the HIA process above. Explore co-benefits between Public Health, air quality, biodiversity and carbon reduction work.	LCC Strategic Plan- Wellbeing and Opportunity and Great Communities outcomes. Leicestershire Air quality and Health action plan Leicestershire Cycling and Walking Strategy LCC Environment Strategy Board	Health and Wellbeing Board

| Strong communities, wellbeing, and resilience | Upskilling organisations and people at place level to have confident, timely and relevant conversations, make evidence-based decisions and empowering people to make healthier choices, particularly in areas of high inequality. | CCG PCNs LCC Public Health Providers | Adoption of a Health in All Policies approach for Leicestershire County Council.

Expansion of the adoption of a Health in All Policies approach within Health and Wellbeing Board member organisations

Partnership work with local health professionals to provide training through the health improvement team around MECC plus and the wider determinants to support those most in need

Consider how the community insight informs the JSNA, commissioning and service redesign processes

Joint work between LCC and PCNs to map and plan for local need through focused health need assessment including community assets.

Development and delivery of the Wave 4 Suicide Prevention workstream, working at the heart of local communities, with local organisations and PCN's to develop mental health friendly places based on need and insight. | LCC Strategic Plan- Strong Economy, Wellbeing and Opportunity and Great Communities outcomes | Health and Wellbeing Board |
| | Link the food system more widely to the wider determinants work stream, including food production and education | LCC Public Health Environment and Transport District Partners | Create a second Leicestershire Food Plan following a Sustainable Food Places approach looking at the whole food and large-scale challenges faced as a county – poverty, health inequalities, economic development, climate change and waste management. | Food Plan management group | Health and Wellbeing Board |

			Map the local food bank system and future suggestions for areas of development based on best practice, insight and local need Link with the developing mental health strategy Consider participatory appraisal approach in some areas of the county Conduct a community impact assessment and implement the findings		
	Address some of the underlying cause of poor health that COVID has exacerbated				
Jobs & work	Develop a workplace health offer based on evidence and need to support 'good work' and Covid recovery.	LCC Public Health LLEP LRS	Conduct a review of the current workplace offer delivered by LRS for expansion and development, supported by a review of evidence of need within a covid-recovery timescale. Clearly define target groups of employees and associated employers based on evidence to develop the offer with, linking with key stakeholders to widen the scope around wider determinants of health (i.e. financial wellbeing, domestic violence). Evaluate the expanded offer and promote across a wider section of the working population i.e. SMEs.	LCC Strategic Plan- Strong Economy, Wellbeing and Opportunity outcomes	Health and Wellbeing Board
	Support local partners and programmes to shape good work opportunities and workplace health awareness	LCC Public Health LCC LLEP	Support the Kickstart Programme Link with the LLEP and associated avenues for engagement with local employers to raise the profile of healthy work.	LCC Strategic Plan- Strong Economy, Wellbeing and Opportunity outcomes	Health and Wellbeing Board
Warm and Safer	Creation of and influence	LCC Public	County-wide uptake of Domestic Abuse and	LCC Strategic Plan-	Health and Wellbeing

| Homes | on a structured, cohesive county approach to domestic violence, trauma, homelessness, fuel poverty and warm homes. | Health, Environment and Transport Districts | Housing Alliance Accreditation.

Embed a Trauma Informed Practice approach for Leicestershire across the wider determinant's agenda

Work with housing providers (private and public sector) to consider health impacts within the existing housing stock.

Implement the warm homes fund and green homes grant.

Completion of a homelessness needs assessment and associated service and support based on recommendations

Link this agenda into the workplace health offer. | Strong Economy, Wellbeing and Opportunity, Great Communities and Affordable and Quality Homes outcomes

Chief Housing Officers Group | Board |

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