Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

The Marmot Review 2010
Welcome to the Harborough Health and Wellbeing Partnership Action Plan 2013-14 the District’s approach for improving the health and wellbeing of the residents of Harborough.

This is the first health and wellbeing action plan for the Harborough District and outlines the partnership's priorities and the way forward, we believe, we need to take in order to improve the health and wellbeing of the residents of Harborough. The action plan has been informed by evidence of need and various consultations with numerous partners, stakeholders and the public.

This action plan will be monitored and reviewed by the Harborough Health and Wellbeing Partnership at their quarterly meetings. These meetings are attended by numerous key partners in health and other related organisations. Collectively and through the delivery of our priorities we are working to make Harborough a healthier district and provide our residents with the right opportunities to enable them to make healthy choices that ultimately improve their well-being.

‘Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.’ The Marmot review 2010

Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities. The Marmot Review 2010
Leicestershire County Council and Leicestershire Partnership NHS Trust are the main authority’s responsible for public health services throughout Leicestershire. Whilst Harborough District Council does not have a statutory requirement to provide health services it does have a responsibility to protect its residents through a number of its services. It has an important role as a community leader and health and wellbeing development partner. Within this action plan it is clearly stated where the Council has a role in providing an action and more specifically what that role is.

Harborough District Council’s vision for 2012/13 is ‘That the residents of Harborough District live in safe, prosperous, sustainable, self-reliant and well informed communities, where they are happy to take the decisions and empowered to take the actions that shape their own lives’ and ‘That Harborough District Council is felt to support and assist residents in a cost effective way to build the communities they choose.’

This Health and Wellbeing Partnership action plan underpins several of the Council priorities and critical activities as set out in the Corporate Delivery Plan for 2013/15, Harborough District Council’s strategic policy setting document.

The main health related priorities are addressed within the Priority One of the Council Plan; Develop places in which to live and be happy – we aim to improve the well-being of people in the District.

Leicestershire’s Sustainable Community Strategy which includes the following health related priorities;

- Fewer people smoke
- More people physically active at a level which makes them healthier
- Improved mental health and wellbeing
- More people walk, cycle and use public transport as part of their daily journeys
- A healthy weight in all age groups is promoted, encouraging a whole family approach to eating well.
- Children in Leicestershire active
- Children in Leicestershire have improved health outcomes
- The number of road casualties reduced
- Improved health and wellbeing for all substance users
- Existing housing improved to better meet the needs of the people of Leicestershire
- Improved quality of life for people living in the most disadvantaged communities
Harborough Health & Wellbeing Partnership structure.

Harborough’s Health and wellbeing partnership is made up of the following organisations:

- Harborough District Council (HDC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELR CCG)
- Leicestershire & Rutland Public Health
- Leicestershire & Rutland Sport (LRS)
- Seven Locks Housing (SLH)
- Leicestershire Partnership Trust (LPT)
- Leicestershire Nutrition & Dietetic service (LNDS)
- Children’s Centres
- Voluntary Action South Leicestershire (VASL)
- Swanswell (Drug and Alcohol services)
- First Contact
- Harborough District Leisure Trust (HDLT)

Leicestershire Health & Wellbeing Board & Strategy

ELR CCG Board & Strategy

Staying Healthy Partnership

Leics Part NHS Health Improvement Specialists

Children & Young peoples Steering Group

Local Sports Alliance HDSAA

Mental Health Forum

Tobacco Control / Smoking Cessation

Drugs and Alcohol Forum

Harborough District Council Plan 2013/14

Harborough District Health and Wellbeing Partnership

Harborough District Locality priorities
Harborough District is mostly rural and is a predominantly prosperous area with only 1.9% of the population living in neighbourhoods that have been described as deprived – this does however equate to 1200 children living in poverty. Market Harborough, Kibworth and Lutterworth have been identified as having the highest deprivation with regard to children.

Market Harborough central has been identified as a priority neighbourhood although data also suggests there are large parts of the district are affected by deprivation associated with barriers to housing and services.

**Positive Health Findings**

The DoH Health Profile 2013\(^1\) and the Joint strategic Needs assessment\(^2\) (JSNA) for Harborough District provides evidence of how the health of the district is improving:

- Over the last 10 years all cause mortality rates have fallen.
- Early death rates from cancer, heart disease and stroke have fallen.
- The health in Harborough is generally better than the England average
- Life expectancy for men and women is better than the England average
- Infant mortality rate lower than the England average

**Challenges facing Harborough District**

There are several areas that have been identified from the JSNA and the Health profile 2013 as priorities for Harborough these include:

- 13.4% of year 6 children classified as obese, 28.3 are overweight or obese.
- Life expectancy is 5.0 years lower for men in the most deprived areas of Harborough than the least deprived.
- 15% of adults smoke and 11.5% of expectant mothers smoke.
- Road injuries and deaths are significantly higher than the England average.
- Cardiovascular disease mortality is increasing.
- Outcomes for older people with complex problems.
- There are an estimated 12,600 binge drinkers, 13,800 hazardous drinkers, and 2,400 harmful drinkers 23% of adults are obese
- Only 29.7% of adults eat 5 portions of fruit or vegetables per day

Harborough has the highest projected (24,400 by 2025) increase in the older people in comparison to the rest of Leicestershire. The need and demand for services for older people will therefore increase significantly.

Three out of every five older people (60+) suffer from a long term condition. The strain on services is therefore likely to increase as our ageing population grows. Presently 10% of the population are carers again this number and the support they require are likely to increase with the predicted increase in our ageing population. Currently, people aged 60+ who live in income deprived households are living in, Market Harborough Welland / Logan/Great Bowden, Lubenham and Lutterworth Spring.

Harborough has the lowest teenage pregnancy conception rates in Leicestershire; however the termination rates are the highest.

The main causes of health inequalities for Harborough have been identified in the JSNA as circulatory disease & cancer. In order to reduce these inequalities people should be supported to make informed choices about their health and well-being and, where necessary, appropriate services should be in place to enable them to make these choices.

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1 Profiles produced by the Association of Public Health Observatories each year, giving localised data for public health.

2 JSNA identifies ‘the big picture’ (in a number of ways including using local data) in terms of the health and wellbeing needs and inequalities of a local population.
Managing the shift to early intervention and prevention.

- We will maintain or increase the number of children and adults who are a healthy weight through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating.
- We will reduce the harm caused by alcohol and drugs.
- We will improve sexual health services for the Leicestershire population.
- We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking.
- We will reduce the number of people who die prematurely from cancer.

Supporting the ageing population.

- We will plan for an ageing population, particularly an increase in the frail elderly population, by providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes.
- We will maximise independence in older people by improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions.
- We will seek to improve the management of long term conditions.
- We will ensure the provision of end of life care and support for people who wish to die at home and support for their carers.
- We will improve the provision of end of life care and support for people who wish to die at home and support for their carers.

Improving mental health and wellbeing.

- We will promote positive mental health promotion.
- We will ensure the earlier detection and treatment of mental health problems in children.
- We will continue to improve the early detection and management of people with common and severe and enduring mental health needs.
- We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers.

Tackling the wider determinants of health by influencing other Boards. We will seek to reduce levels of child poverty within Leicestershire.
<table>
<thead>
<tr>
<th>Locality priority 1: Mental Health and Emotional Wellbeing</th>
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<tbody>
<tr>
<td>1.1 Address mental health and emotional wellbeing in Children and young people</td>
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<tr>
<td>1.2 Raise awareness for early diagnosis and reduce the stigma associated with Dementia and provide support for those diagnosed and their families/carers.</td>
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<td>1.3 Address mental health in areas of rural and social isolation particularly with regard to older people.</td>
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<th>Locality priority 2: Housing and Support</th>
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<tbody>
<tr>
<td><strong>Links to Leicestershire JHWBS 2013-16: Outcome 3: Supporting the ageing population.</strong> We will plan for an ageing population by providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes. We will maximise independence in older people.</td>
</tr>
<tr>
<td>2.1 Support and develop the hospital to home service</td>
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<td>2.2 Work Together on a protocol for effective hospital discharge locally.</td>
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<tr>
<td>2.3 Taking a holistic approach to supporting older people to live safer, longer and happier in their homes.</td>
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<th>Locality priority 3: Staying Healthy</th>
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<tr>
<td><strong>Links to Leicestershire JHWBS 2013-2016: Outcome 2: Managing the shift to early intervention and prevention.</strong> Increase the number of people who are a healthy weight. Reduce the harm caused by alcohol and drugs. Further reduce smoking prevalence. Reducing the number of the number of early deaths from cancer.</td>
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<tr>
<td>3.1 Increase physical activity levels</td>
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<tr>
<td>3.2 Reduce prevalence of smoking, alcohol and substance misuse.</td>
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<tr>
<td>3.3 Reduce the % of obese Children and adults.</td>
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