

**DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2014**

**RUTLAND**

**THE WIDER DETERMINANTS OF HEALTH**

## FOREWORD

We know much of what improves health isn't about what the NHS does, but is influenced and shaped by what are known as the broader determinants of health. It is those things such as good housing, a good education, whether you are in work or not, or whether you have friends and family to support you that are key to having a long and healthy life. Additionally, national and international economic and environmental conditions also have a part to play in helping us be healthy.

The transfer of public health from the NHS to Local Authorities in 2013 was to help ensure that all parts of local government, as well as the NHS, work together effectively to address those broader determinants of health, and, in doing so, improve health and reduce health inequalities.

Now we are well into the second year since the transfer of public health responsibilities, it's an appropriate time to review the work we are doing in Rutland on improving those important broader determinants. Although the continuing period of austerity brings tough challenges to this work, it can also act a catalyst for change. It is ever more important that we recognise the role that all parts of the system can play in keeping us healthy.

In this report we take a structured approach to the determinants of health, as shaped by the recent King's Fund report "Improving the Public's Health. A resource for Local Authorities". In considering what we are doing and the evidence base for that action we have set ourselves three roles:

- as a lead (commissioning via the public health grant)
- as a partner (developing joint initiatives) and;
- as an advocate (championing public health issues).

Finding the correct balance of these roles is the key to success in improving health. By setting out what we think needs to happen at those three levels we are striving to ensure public health is at the heart service delivery, decision making and policy setting. Equally, the recommendations we make can be read by partners through their eyes, helping them to think about the actions they need to make to maximise the contributions to improving health.

I hope the report gives you some ideas about the sort of things that you, as well as I, can influence to improve population health and that you find the report stimulating.

Finally I would like to express my sincere thanks to all those who have contributed to this report, both inside and outside the Public Health department. In particular I would like to thank Janine Dellar in making it all happen.



Mike Sandys  
**Director of Public Health**

## CONTENTS

EXECUTIVE SUMMARY .....	5
SUMMARY OF RECOMMENDATIONS .....	9
INTRODUCTION .....	13
1. The population of Rutland .....	16
2. The Best Start in Life.....	18
3. Healthy schools and pupils.....	22
4. Economy and employment.....	24
5. Strong communities, wellbeing and resilience.....	28
6. Active and safe travel .....	31
7. Access to green and open spaces and active lifestyles - the role of leisure services..	35
8. Warmer and safer homes.....	38
9. Public protection and regulatory services.....	42
FEEDBACK FROM RECOMMENDATIONS FOR 2013 .....	46
GLOSSARY .....	50
REFERENCES .....	51

### List of Figures

Figure 1: The Determinants of Health .....	14
Figure 2: English Indices of Multiple Deprivation 2010 by national quintile for Rutland .....	17
Figure 3: Population by deprivation quintile in Rutland, 2010 .....	17
Figure 4: The Life Course .....	18
Figure 5: Income and Life Expectancy 2005.....	24

## **EXECUTIVE SUMMARY**

An individual's health is influenced by a wide range of social, economic and environmental factors such as good housing, a good education, a fulfilling job, an active lifestyle and the personal relationships that they have. This means that the opportunities to improve the health for everybody in Rutland will come from the collective efforts of all parts of the local authority. This report reviews the wider influences on health and has identified a number of ways in which the local authority, and wider partners, can work together collectively to improve the overall health of the population. This report seeks to raise not just the awareness of the role that Public Health has in improving the health of the population, but also the significant role that other departments have. The ultimate aim of this report is to transform the way that all partners develop their policies so that the impact the policies will have on health is a central consideration. Within this report we discuss the role of Public Health as a leader, a partner and as an advocate; setting the scene for Public Health to work in partnership with other departments to help to shape their policies in the way proposed by the World Health Organisations "Health in All Policies" report.<sup>1</sup>

### **The Best Start in Life**

In 2011, it was estimated that 565 children were living in poverty in Rutland, this equates to 8% of all of the dependent children under 20.<sup>2</sup>

Improving the health of children has the greatest cumulative impact on health and life chances throughout the whole of an individual's life. The provision of universal and high quality early childhood education and care improves the wellbeing of the population as a whole, and has even greater benefits for children from disadvantaged backgrounds.<sup>3</sup>

Rutland County Council has developed interventions that start pre-birth and continue through childhood and include action to reduce infant mortality; improve the health of babies and young children; addressing child poverty; providing families in need with early help and support; and developing school readiness.

### **Healthy schools and pupils**

In 2012/13, 67.2% of children in Rutland achieved GCSE Grade A\*-C for English and Maths. This is significantly higher than the 60.8% average for England.<sup>2</sup>

Education impacts on health outcomes in two ways. Those who are well educated have better health and wellbeing, and this is measurable through the strong correlation between educational attainment, life expectancy and self-reported health.<sup>4</sup> School is an important setting for changing or forming healthy behaviour, teaching students not only academic knowledge but also the knowledge and skills they will need to promote their own mental

and physical health.<sup>5</sup>

The development of a Rutland Healthy Schools Programme is being planned – this would be a scheme that the Council would use to promote the schools role in improving the health of the children they are teaching and to teach children the skills they will need to grow up to be healthy adults.

### **Economy and employment**

Between October 2012 and September 2013 in Rutland, for people aged 16-64, there were 600 people who were unemployed (ONS model-based).<sup>6</sup>

The economy and employment together have many and significant impacts on health. Both nationally and at a community level, the state of the economy will drive unemployment rates and the numbers of people reliant on income support and will influence the number of people that are living in poverty. At a personal level, being in employment is known to improve people's health and if a person is affected by illness this can lead to unemployment which will lead to worsening health.

Rutland is a part of the Greater Cambridge and Greater Peterborough Local Enterprise Partnership whose goal is to create an economy with 100,000 major businesses and 160,000 new jobs by 2025. Rutland County Council's strategic plans are to support sustainable economic growth (both business and employment) to ensure that Rutland remains a great place to live, learn, work, play and visit.

### **Strong communities, wellbeing and resilience**

In Rutland in 2012/13, 25.4% of people aged 16 years and over reported a high anxiety score.<sup>2</sup>

Social capital, or the connections between individuals and communities, provides a source of resilience helping people to cope and stay well in difficult situations, as well as some protection against poor health.<sup>7</sup> It includes social support as well as connections to the broader determinants of health, such as helping people find work, or get through economic and other material difficulties.

The Council is developing social capital in communities through the development of local area coordination, appointing Community Agents to act as a point of contact for vulnerable people of all ages within communities, providing support, information, brokerage and access/referral to other types of local support.

## **Active and safe travel**

According to the 2011 Census in Rutland, over 10,500 people in employment in Rutland drove to work in a car or van, over 2,000 people walked to work, 198 people travelled to work by bus and 609 people cycled to work.<sup>8</sup>

Encouraging people to use more active modes of transport will have benefits for the individual as well as the environment, society and economy. Health gains from an active lifestyle include prevention of obesity, diabetes, heart disease and cancer.<sup>9</sup> The benefits to the environment include reduced carbon emissions and particulate and noise pollution.

The Council is working to promote active and safe travel in the county at a strategic level in the Local Transport Plans and by improving the existing local transport networks, including the walking and cycling networks. In addition, the Council is involved in encouraging active travel at a personal level through behaviour change programmes, and to support this there have been a number of joint initiatives developed between the Council's transport team and the Public Health Department.

## **Access to green and open spaces and active lifestyles - the role of leisure services**

Parks, green spaces and leisure facilities can play an important part in tackling a range of health and social problems including obesity, cardiovascular disease, mental ill health and antisocial behaviour. They provide communities with a sense of place and belonging, offer opportunities for recreation, health and fitness, and provide venues for events. Easy access to public green spaces and leisure facilities is essential to improve health, particularly in relation to combating the obesity epidemic and addressing the impact of poor mental health.

The Council is working to protect and enhance the provision of green infrastructure, open space, recreation and sport facilities in existing and proposed development proposals to meet the future needs of the county through the policies in the Rutland Local Plan. The Local Plan also seeks to protect and promote the network of green infrastructure in the county, including Rutland Water which has a major role as a recreational facility in the region.

## **Warmer and safer homes**

In Rutland in 2012/13 there were 18 hospital admissions for avoidable injuries in 0-4 year olds, 182 hospital admissions due to falls in older people and 60 hospital admissions due to hip fractures in older people.<sup>2</sup>

Poor housing can contribute to injuries and many preventable diseases, with home hazards including excessively hot or cold temperatures, damp and mould, carbon monoxide and poor design that increases the risk of falls.<sup>10</sup> The health issues associated with poor quality housing include avoidable injuries in children, passive smoking, falls among older people and excess winter deaths.

The Council is working in partnership across health, social care, housing and other community resources to develop unified prevention services which will enhance the housing offer to health and the prevention services provided by the housing teams.

### **Public protection and regulatory services**

In 2013, there were 25 fast food outlets across Rutland.<sup>11</sup>

Services that protect the health and wellbeing of the public, for example through enforced regulation, inspection and licensing, are important contributors to public health and safety. This report focuses on food and fire safety, air quality and the illicit and underage sale of tobacco and alcohol.

The Council is actively engaged in the routine enforcement of smokefree legislation, inspection of food outlets and monitoring of air quality. The Council also leads a number of innovative cross departmental initiatives which contribute to the overall health of the population, including raising awareness of food in schools, enforcement of food safety legislation, improving air quality through local transport planning, fire-safety and the work that the Trading Standards Team are leading to raise awareness of the risks associated with illicit tobacco.



## SUMMARY OF RECOMMENDATIONS

	<b>Public Health as a leader</b>	<b>Public Health as a partner</b>	<b>Public Health as an advocate</b>
<b>The Best Start in Life</b>	Public Health will continue to commission evidence based health improvement programmes, including oral health promotion, in early years' settings to improve health and reduce inequalities.	Public Health will work in partnership with the Leicester, Leicestershire and Rutland Children and Families Strategy Group to increase the uptake of the free early years' education provision, with a focus on families from more deprived areas of the county and families with children eligible for free school meals where uptake is very low.	Public Health will advocate for the county wide implementation of the cross party manifesto: "The 1001 Critical days: The importance of the conception to age 2 period." This calls for the provision of a holistic approach to all antenatal, perinatal (conception to the first 18 months of life) and postnatal services to enable seamless access to all families.
<b>Healthy schools and pupils</b>	Public Health will develop the Rutland Healthy Schools Programme and encourage all Rutland schools to participate, to renew their healthy school status and achieve enhanced healthy school status by achieving meaningful outcomes in a public health priority area.	Public Health will encourage schools to incorporate more physical activity in the curriculum working with Leicestershire and Rutland Sports Partnership, Active Rutland, and Rutland County Council active transport team.	Public Health will advocate for schools to schools adopt the Personal, Social and Health Education (PSHE) Association's "PSHE Programme of study." This identifies the key concepts and skills that underpin PSHE education and help schools to fulfil their statutory responsibility to support pupils' spiritual, moral, cultural, mental and physical development and prepare them for the opportunities, responsibilities and experiences of life.

	<b>Public Health as a leader</b>	<b>Public Health as a partner</b>	<b>Public Health as an advocate</b>
<b>Economy and employment</b>	Public Health will lead on the development of a new workplace health and wellbeing strategy for Rutland County Council and continue to champion healthy workplace initiatives across the county.	Public Health will support Rutland County Council and partner organisations to implement the NICE briefing on workplace health. This includes encouraging leadership and management styles that support and improve people's mental wellbeing; promoting healthy lifestyles; and addressing specific health conditions.	Public Health will act as an advocate for people not in education, employment or training, people in low pay, and people experiencing mental health difficulties and other disabilities. We will do this by highlighting the need to tackle inequality and discrimination in all levels of economic and workforce planning, and by supporting the provision of debt counselling and welfare rights advice and support where it is most needed.
<b>Strong communities, wellbeing and resilience</b>	Public Health will ensure that Rutland's unified prevention offer continues to be developed to deliver the Community Agent model with an emphasis on building on the local community's strengths.	Public Health will ensure that Rutland's Better Care Fund is developed in line with NICE guidance on "Community Engagement" by planning, designing and coordinating activities that incorporate a community involvement component across, as well as within, departments and organisations.	Public Health will promote the development of social capital and community based assets by encouraging all statutory organisations to acknowledge the skills and knowledge in the community, and by encouraging local people to help identify priorities and contribute to the commissioning, design and delivery of services.

	<b>Public Health as a leader</b>	<b>Public Health as a partner</b>	<b>Public Health as an advocate</b>
<b>Active and safe travel</b>	Public Health will build public health capacity to enable the department to undertake health impact assessments of relevant policies, plans and projects, including major developments, to ensure that opportunities for active travel are maximised.	Public Health will explore the opportunities to increase active travel through closer working with the Environment, Planning and Transport Department including public rights of way and active travel initiatives.	Public Health will encourage all relevant organisations to support the implementation of NICE guidelines on promoting healthier forms of travel and recreation for example by advocating for walking and cycling to be included in chronic disease pathways (NICE guidelines PH41 2012).
<b>Access to green and open spaces and active lifestyles - the role of leisure services</b>	Public Health will ensure access to green spaces is built into our relevant commissioning plans for example by procuring exercise referral schemes that encourage physical activity in green spaces and local facilities.	Public Health will explore the opportunities to increase access to sports and the natural environment through closer working with the culture, leisure, environment and transport teams, and will promote the inclusion of access to open green spaces and leisure facilities in other strategic areas such as workforce health, mental health, obesity and physical activity.	Public Health will encourage the council and communities to support community led initiatives to improve access to green spaces.

	<b>Public Health as a leader</b>	<b>Public Health as a partner</b>	<b>Public Health as an advocate</b>
<b>Warmer and safer homes</b>	Public Health will encourage the council and communities to support community led initiatives to improve access to green spaces.	Public Health will support the work of the Better Care Fund plan on falls prevention, helping to develop specific strategies and programmes, which have been shown to reduce falls, and undertake a health needs assessment of avoidable injury in children to ascertain the burden of childhood injury across the county, describe services currently provided and identify gaps.	Public Health will support and advocate for an integrated prevention model which will enable people to live independently in their own homes for as long as possible through for example the Home Improvement Agency and the community agents.
<b>Public protection and regulatory services</b>	Public Health will continue to encourage healthy alternatives to purchasing fast food through support for the Food for Life Programme and healthy schools priorities as well as promoting community and household growing of fruit and vegetables.	Public Health will continue to support the Alcohol and Tobacco Enforcement Programme (ATEP) which provides effective tobacco and alcohol control enforcement activities as part of a broader approach to prevention and early intervention.	Public Health will advocate for a wider role for environmental health and trading standards officers in promoting healthy lifestyle choices, for example, through working with takeaway food outlets to reduce salt and saturated fat content of their food and encourage them to provide healthier food options.

## INTRODUCTION

The Public Health Department cannot improve health alone. It must work effectively with others to develop a whole council and society approach to this. Rutland County Council is ideally placed to do this, due to the influence across the whole spectrum of local services they are responsible for. The Secretary of State and Chief Executive of Public Health England have written to local authorities to emphasize this:

*“Supported by your Director of Public Health, you will be the local leader of the new public health system.*

*You are best placed to understand the needs of your community and it will be your responsibility to tackle the wider determinants of health at a local level, putting people’s health and wellbeing at the heart of everything you do – from adult social care to transport, housing, planning and environment.”*

Letter from Jeremy Hunt, Secretary of State for Health, and Duncan Selbie, Chief Executive of Public Health England, to chief executives of local authorities, 10 January 2013.

Health is influenced by a wide range of social, economic and environmental factors. These factors are referred to as the “wider determinants of health”.

In 1991, Dahlgren and Whitehead published a model of the main influences on health and wellbeing (Figure 1).<sup>12</sup> The basis of the model is the concept that some of the factors that influence health are fixed and others can be influenced.

Personal characteristics, such as age, sex and ethnicity, are highly significant for health but cannot be influenced by public health and therefore sit at the core of the model.

Individual lifestyle factors are behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity. Lifestyle factors have a significant impact on an individual’s health. Influencing this section of the model is a central part of the business for Rutland’s public health team.

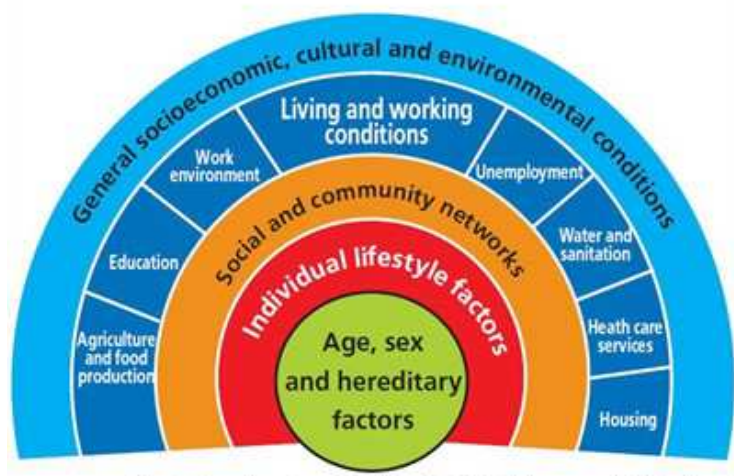
Social and community networks are our family, friends and the wider social circles around us. Social and community networks are a protective factor in terms of health. Evidence tells us that important factors for life satisfaction are being happy at work and participating in social relationships.<sup>13</sup>

Living and working conditions include access to education, training and employment, health, welfare services, housing, public transport and amenities. It also includes facilities

like running water and sanitation, and having access to essential goods like food, clothing and fuel.

General socio-economic, cultural and environmental conditions include social, cultural, economic and environmental factors that impact on health and wellbeing such as wages, disposable income and availability of work.

Figure 1: The Determinants of Health



Source: Dahlgren and Whitehead 1992

Rutland County Council has a clear view of the needs of the local community through the Joint Strategic Needs Assessment (JSNA)<sup>14</sup> and other key evidence bases that have been developed to support strategic planning. The aim of this report is to use this evidence base in conjunction with the 2013 King's Fund Report, "Improving the public's health. A resource for local authorities"<sup>15</sup> to review how Rutland is locally addressing the wider determinants of health. This report focuses on the following areas:

1. The best start in life;
2. Healthy schools and pupils;
3. Helping people find good jobs and stay in work;
4. Active and safe travel;
5. Warmer and safer homes;
6. Access to green and open spaces and active lifestyles - the role of leisure services;
7. Strong communities, wellbeing and resilience; and

## 8. Public protection and regulatory services.

### **The strategic role of public health in local authorities – Leader, Partner, Advocate**

Public health has three key roles in developing the whole of government to improve the health of the population. These include being a leader, a partner or an advocate:<sup>16</sup>

- 1. A Leader** - When public health has both knowledge of and control over the area in question and can lead implementation of an initiative, for example, the allocation and implementation of the public health grant. This can involve assessing the need and evidence base, direct contracting and procuring services.
- 2. A Partner** - Here public health has key knowledge about the health impact of other department's policies, but has less control or knowledge about how measures could be applied, for example, early years support and housing. Public health must work with others to develop joint initiatives. This can include joint strategies, commissioning and budgets (for example, with children's and adult social care). The World Health Organisation (WHO) report "Health in All Policies"<sup>1</sup> is a key tool to develop the partner role.
- 3. An Advocate** - In this role public health has the knowledge of health impacts of other department's policies but has no control, for example, the health effects of climate change and some elements of transport or planning. The key role of public health is to champion the key public health issues. Practical roles include raising awareness of health, completing health impact assessments and attending relevant boards and committees, such as the Children's Trust, the Health and Wellbeing Board, and the Council's Cabinet.

The balance between public health being a leader, a partner and an advocate will vary with each local authority. However, to have the greatest influence, local authorities should aim to build on the advocacy role and develop partnership roles with more departments. Public health in Rutland County Council is keen to further develop this partner role, which involves effectively demonstrating the wider (non-health) benefits of health interventions, developing formal cross local authority governance structures, strong accountability and performance monitoring.

In this report, recommendations have been developed using this framework of public health as a leader, a partner and an advocate.

## THE WIDER DETERMINANTS OF HEALTH

### 1. The population of Rutland

#### Key Facts

- In Rutland in 2012, the estimated resident population was 37,015.<sup>17</sup>
- In 2012 there were 365 deaths to residents of Rutland.<sup>18</sup>
- In 2012 there were 333 births to women in Rutland.<sup>18</sup>
- Between 2010 and 2012, life expectancy for males in Rutland is 81.0 years and for females is 84.7 years.<sup>2</sup>
- Healthy life expectancy for 2009-11 was 64.9 years for males and 69.9 years for females.<sup>2</sup>

The wider determinants of health are described and measured within the English Indices of Deprivation 2010.<sup>19</sup> These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.<sup>20</sup> This index includes deprivation linked to income, employment, health and disability, education and skills, housing and services, crime, and the living environment.

Figure 2 presents the level of deprivation in different areas of Rutland according to the IMD 2010. The data is presented as “quintiles” of deprivation - areas of Rutland that fall into the most deprived fifth (20%) of areas in England are quintile 1, those in the second most deprived fifth of areas are quintile 2, and so on, through to quintile 5 which are areas that are within the least deprived fifth (20%) in England. Figure 3 shows how much of the population of Rutland lives in each deprivation quintile, and demonstrates that Rutland is an affluent county with no areas identified as deprived using this national scale.



Figure 2: English Indices of Multiple Deprivation 2010 by national quintile for Rutland

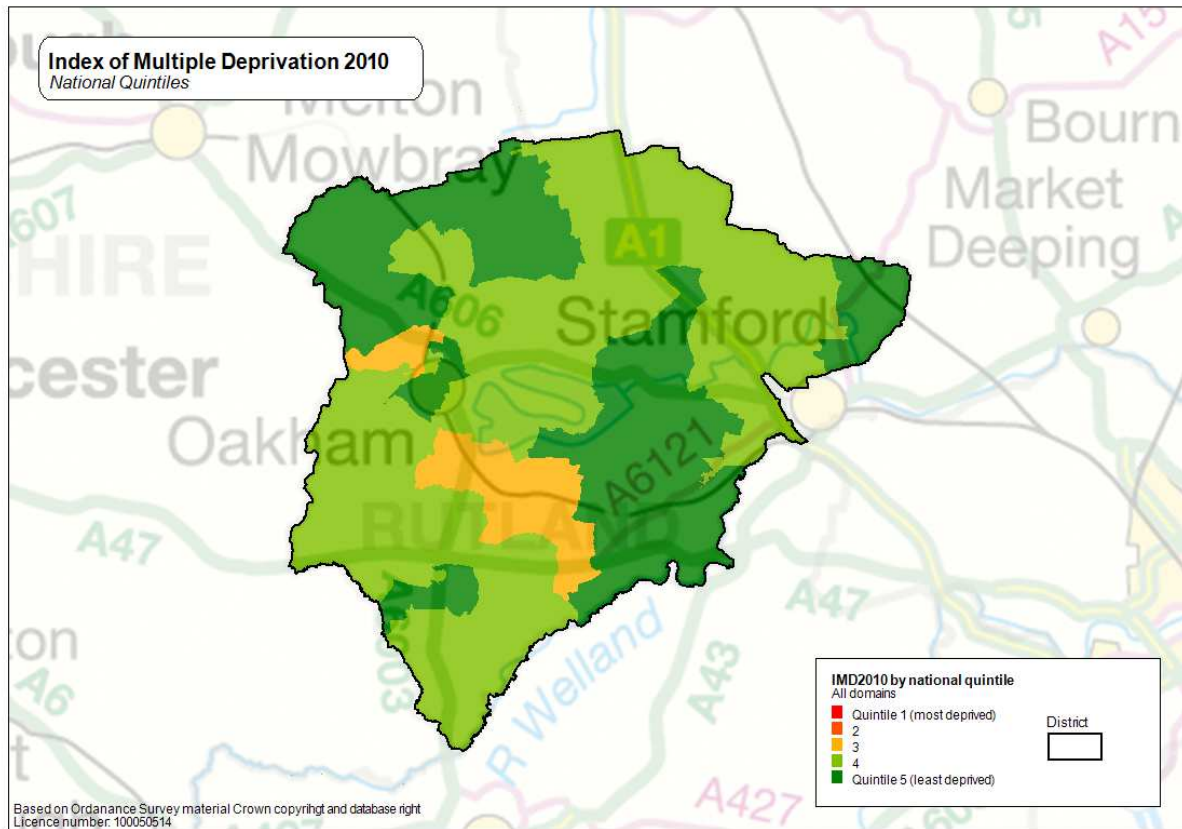
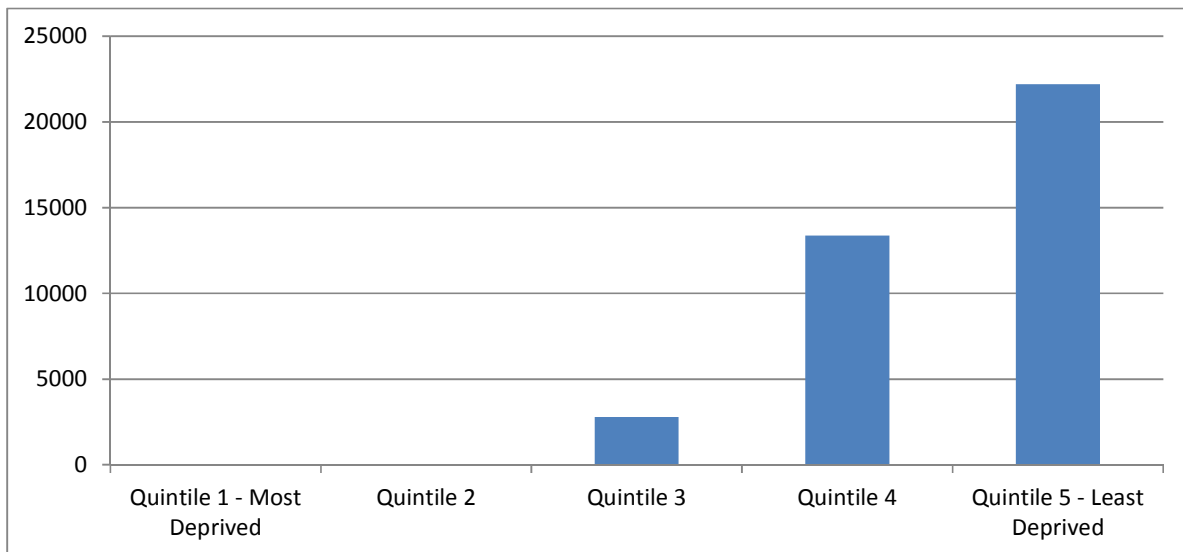


Figure 3: Population by deprivation quintile in Rutland, 2010

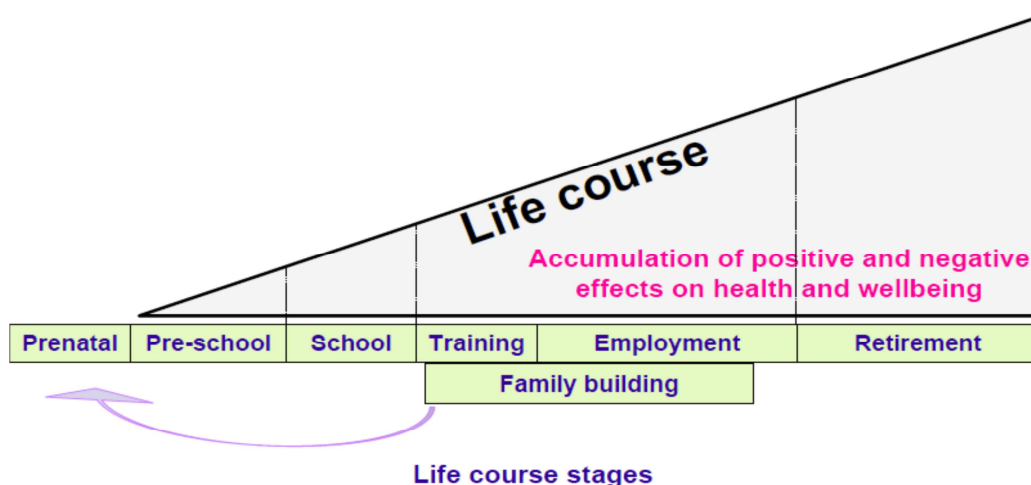


## 2. The Best Start in Life

Giving every child the best start in life is crucial to improving their opportunities for health throughout the life course and ensuring that the building blocks are in place for a healthy old age. The Marmot review highlighted that England has poor outcomes for children with respect to mortality, morbidity and inequality.<sup>21</sup> In 2011, the Government published “A new approach to child poverty: tackling the causes of disadvantage and transforming families lives”.<sup>22</sup> This new approach includes strengthening families, encouraging responsibility, promoting work, guaranteeing fairness and providing support to the most vulnerable.

The Marmot Review<sup>21</sup> placed a renewed focus on identifying support for mothers, families and children in the early years to both improve health and the other major determinants such as child development and educational attainment. Figure 4 shows how the effects of interventions in childhood are cumulative across the life course and will have an impact throughout the whole life of the child.

Figure 4: The Life Course



Source: Fair Society, Healthy Lives, 2010<sup>21</sup>

Experiences in early life have a lasting effect on adult health both directly and through influencing adult behaviour. Half of the gradient in socioeconomic mortality in later life can be explained by early life experience, for example its influence on smoking rates.<sup>23</sup> Adverse experiences such as exposure to alcohol and substance misuse pre-birth or neglect during childhood, lead to poor development, which affects later life chances.

The provision of universal and high quality early childhood education and care improves the wellbeing of the population as a whole, and has even greater benefits for children from disadvantaged backgrounds.<sup>3</sup> A child's development score at 22 months is an accurate predictor of educational outcomes at age 26 which in turn is related to long term health outcomes.<sup>24</sup>

### **Key facts**

- In 2011, it was estimated that 565 children were living in poverty in Rutland this equates to 8% of all of the dependent children under 20.<sup>2</sup>
- In Leicestershire and Rutland, in 2012/13, only 44% of babies were being breastfed at 6-8 weeks after birth. This is significantly lower than the average of 47% for England.<sup>2</sup>
- In 2012/13, 57% of children in Rutland achieved a good level of development at the end of reception year.<sup>2</sup> This is similar to the England rate (52%). Only 25% of children in the county eligible for free school meals achieve this level (compared to 36% in England).<sup>2</sup>
- In 2012/13, 23% of 4-5 year old children in Rutland are overweight or obese. This is equivalent to England as a whole (22%).<sup>2</sup>
- Based on the 2012 survey of oral health, 40.3% of children in Rutland have some tooth decay (caries) by age 5. This is significantly higher than the England average of 27.9%.<sup>25</sup>

### **What we are doing locally**

Rutland County Council, in partnership with the local NHS, has developed a number of initiatives to provide effective early years support to improve health and reduce health inequalities. These operate through 5 children's centres which operate as a hub and spoke model providing universal support services to the age of 2 years, and then targeted services for the under 5s, for a range of families including: children with disabilities; children of parents with disabilities, teenage parents, families experiencing domestic abuse, those living in rural isolation, and lone parents; and providing parenting support, buddies, joint health clinics, and outreach family support. Services include:

- A 4 week antenatal programme that combines midwifery, health visitors, and children's centre workers who promote exercise and relaxation to support birth and

‘what to do after the birth’ in partnership with Active Rutland. There is also a multi-disciplinary Breastfeeding Support Rutland (BSR) weekly coffee morning with training for peer supporters.

- A 5 week post natal programme for new parents with sessions on weaning; paediatric first aid; BSR volunteer; introduction to baby massage; Bookstart and early communication. This includes referral to the FLiC (Family Lifestyle Club) programme for nutrition and dietetic support if appropriate.
- Access to sports and leisure facilities for families at the Catmose sports centre is facilitated by the Children’s Centre team through the ‘Passport to Leisure’ Scheme.

### **The case for investment<sup>4</sup>**

There is strong evidence to suggest that early intervention to support people experiencing mental health problems can produce significant cost savings and long term productivity improvements for local authorities, the NHS and others.<sup>26</sup> For example, identification of postnatal depression by health visitors allows treatment, improves productivity and leads to cost savings in the medium to short term. In addition, targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested through savings to the NHS, education and criminal justice systems.

Local authorities are responsible for commissioning surveys to monitor oral health and then plan and commission oral health improvement programmes. Tooth decay is largely preventable and as such costs of treatment can be avoided. In England, tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012-13. The financial impact of dental disease is significant. Although largely preventable, tooth decay remains the most common oral disease affecting children and young people (CYP). Treating oral diseases within the NHS costs £3.4 billion annually in England (in addition to an estimated £2.3 billion for those treated privately). Poor oral health also has wider impacts at school and for families if a child misses school or when a parent has to take time off work if their child needs dental treatment.<sup>25</sup>

### **Case study – Family Lifestyle Clubs**

In 2014, Rutland County Council partnered with the Leicestershire Nutrition and Dietetic Service to deliver a Family Lifestyle Club (FLiC) in Rutland, targeted at overweight children

and their families. This service is evaluating very well, with 75% of participants reporting that they have stabilised or reduced their BMI. All participants report that they felt more confident in supporting their family to make healthy lifestyle choices, 75% of families reported an increase in consumption of fruit and vegetables, and 100% of families reported an increase in physical activity or a decrease in sedentary activity.

Parent quotes:

‘Fun and informative programme. My daughter and I have lost weight without even realising and learnt some healthy recipes we can make together’.

‘The plate my daughter was given is a fantastic idea. We use it all the time to help manage portion sizes’.

The families are offered continued Dietetic contact for two years.

## **Recommendations**

### **Public Health as a leader**

Public Health will continue to commission evidence based health improvement programmes, including oral health promotion, in early years’ settings to improve health and reduce inequalities.

### **Public Health as a partner**

Public Health will work in partnership with the Leicester, Leicestershire and Rutland Children and Families Strategy Group to increase the uptake of the free early years’ education provision, with a focus on families from more deprived areas of the county and families with children eligible for free school meals where uptake is very low.

### **Public Health as an advocate**

Public Health will advocate for the county wide implementation of the cross party manifesto: “The 1001 Critical days: The importance of the conception to age 2 period.” This calls for the provision of a holistic approach to all antenatal, perinatal (conception to the first 18 months of life) and postnatal services to enable seamless access to all families.

### 3. Healthy schools and pupils

There is a strong correlation between educational attainment, life expectancy and self-reported health. Those who are well educated have better health and wellbeing.<sup>4</sup>

School is an important setting for changing or forming healthy behaviour. Schools need to teach students not only academic knowledge but also the knowledge and skills they will need to promote their own mental and physical health, and successfully navigate the world of work.<sup>5</sup> Those with less education report being in poorer health; they are more likely to smoke, more likely to be obese and suffer alcohol harm.<sup>27</sup> Better education for parents improves health outcomes for their children.

#### Key facts

- In 2012/13, 67.2% of children in Rutland achieved GCSE Grade A\*-C for English and Maths. This is significantly higher than the 60.8% average for England.<sup>2</sup>
- In 2012/13, 24% of 10-11 year olds in Rutland were overweight or obese. This is significantly lower than the England rate of 33%.<sup>2</sup>
- In 2012, the rate of first time entrants to the youth justice system is significantly lower for Rutland than the England rate (162 per 100,000 population compared to 537 per 100,000 population).<sup>2</sup>
- In 2012, the Rutland under 18 conception rates were significantly lower than the England rate with 18.8 for Rutland compared to 27.7 for England.<sup>2</sup>

#### What we are doing locally

Rutland Healthy Schools Programme is being planned. It will provide a framework to support schools to be “Health Promoting” settings. The programme seeks to:

- Support schools to develop children and young people’s life skills;
- Encourage schools to incorporate more physical activity into the curriculum;
- Helping schools promote healthy diets; and
- Supporting schools through the use of resources

Changing Lives in Rutland is Rutland’s initiative for supporting troubled families and includes a number of initiatives to support children and young people with engaging with

school and training opportunities.

### **The case for investment<sup>4</sup>**

Behaviour change interventions in schools are very cost-effective in terms of longer term paybacks. For example, smoking prevention programmes have recouped as much as £15 for every £1 spent<sup>28</sup> and for every £1 spent on contraception to prevent teenage pregnancy, £11 is saved through fewer costs from terminations, antenatal and maternity care.<sup>29</sup>

It is estimated that the health benefits of a good education provide returns of up to £7.20 for every £1 invested.<sup>30</sup>

School-wide anti bullying programmes can return almost £15 for every £1 invested in the longer term through higher earnings, productivity and public sector revenue.<sup>31</sup>

### **Case study – Changing Lives**

Changing Lives is Rutland's Troubled Families initiative, it forms a key part of our early intervention work. Changing Lives offers support to families who meet specific criteria such as anti-social behaviour, poor school attendance, and those where children have been subject to a social care intervention in the last twelve months. Through the service, families are offered intensive support, mentoring for the young people, assistance with engaging in school and work, and advice and signposting for other specialist services. The programme aims to work with families to address those issues which are preventing them from thriving in life.

### **Recommendations**

#### **Public Health as a leader**

Public Health will develop the Rutland Healthy Schools Programme and encourage all Rutland schools to participate, to renew their healthy school status and achieve enhanced healthy school status by achieving meaningful outcomes in a public health priority area.

### Public Health as a partner

Public Health will encourage schools to incorporate more physical activity in the curriculum working with Leicestershire and Rutland Sports Partnership, Active Rutland, and Rutland County Council active transport team.

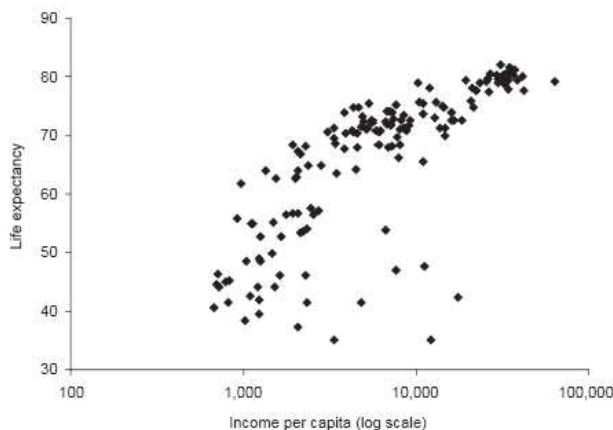
### Public Health as an advocate

Public Health will advocate for schools to schools adopt the Personal, Social and Health Education (PSHE) Association's "PSHE Programme of study." This identifies the key concepts and skills that underpin PSHE education and help schools to fulfil their statutory responsibility to support pupils' spiritual, moral, cultural, mental and physical development and prepare them for the opportunities, responsibilities and experiences of life.

## 4. Economy and employment

There is a strong relationship between health and the economy. Countries with a higher income per capita have a higher life expectancy than countries with lower per capita income, this is illustrated in the international data presented by the World Bank in Figure 5.

Figure 5: Income and Life Expectancy 2005



Source: The World Bank 2007<sup>32</sup>

In the United Kingdom, approximately one household in six is in poverty, with rates higher than average for pensioners (23%) and for families with children (20%).<sup>33</sup> Poorer areas also tend to have high levels of unemployment and large numbers of people on income support.

The health of the working age population is important to economic growth.<sup>34</sup> There are significant harmful effects of long term worklessness or sickness absence.<sup>35</sup> Illness can



lead to periods of unemployment and unemployment can lead to worsening health. The workplace also offers an ideal environment to promote a healthy lifestyle and to play a big part in health and wellbeing.<sup>36</sup>

Moving into adulthood is a key milestone for all young people. In England, 10% of 16 to 18 year olds are classed as Not in Education, Employment or Training (NEET).<sup>37</sup> The impact of unemployment on young people can be long term and people who are NEET for a substantial period, are less likely to find work later in life, and more likely to experience poor long term health.<sup>38</sup>

### **Key facts**

Between October 2012 and September 2013, in Rutland there were:<sup>6</sup>

- 17,200 economically active people aged 16-64 and 4,600 economically inactive people aged 16-64.
- 16,900 people in employment, a rate of 77.7 per 100 population. This is significantly better than the England rate of 71.4.
- Less than 5 people who were unemployed, a rate of 1.6 per 100 population. This is significantly better than the England value of 7.9.

The Public Health Outcomes Framework includes data on younger adults:

- In 2012, 20 (2.4%) 16-18 year olds in Rutland were NEET. This is significantly lower than the England prevalence of 5.8%.<sup>2</sup>

## **What we are doing locally**

### **The Economy**

Rutland is part of the Greater Cambridge and Greater Peterborough Enterprise Partnership. The partnership has developed a strategic plan for 2014-2020 which aims to release the area's significant potential for continued growth through a range of targeted interventions including digital connectivity, improved transport links, skills, innovation and business growth.<sup>39</sup>

Rutland County Council is currently developing its Economic Growth Strategy for 2014-2021, setting out its priority actions across four themes: enterprise and innovation; education, employment and skills; land, infrastructure and development; inward

investment. This includes supporting business start-up and growth, addressing skills needs in those with low qualifications and improving and supporting access to employment.

## **Employment and Health**

The Leicestershire and Rutland Workplace Health and Wellbeing Group was established in 2011. It is developing a new integrated pathway to join up the variety of programmes; encourage universal adoption of the workplace wellbeing charter standards; encourage systematic cross referral of clients between programmes; and provide better coordination of activity across specialist provider services. In addition to local programmes, across the East Midlands region work is underway to develop tools to support the roll out nationally of the Workplace Charter.<sup>40</sup>

Nationally and locally there is a large gap in the employment rates between disabled and non-disabled people, with disabled people far less likely to be in employment. Disabled people are twice as likely not to hold any qualifications and the lack of qualifications can create an obstacle to employment and employability. The Council's inclusion team has a number of dedicated posts to support vulnerable people in the community and to support more disabled people to gain employment. This is the only employment support service in Rutland for disabled people and for people with mental health problems. Additional services are available from the Job Centre Plus service in Lincolnshire.

Rutland County Council commissions Rutland Citizen's Advice Bureau (CAB) to provide an independent information and advice service. The service focuses on early intervention to prevent crisis, targeting vulnerable groups who struggle to access conventional services. CAB provides specialist advice regarding finance, debt and budgeting, welfare rights, housing and homelessness prevention.

### **The case for investment**

Economic development strategies create the overarching “socioeconomic, cultural, and environmental conditions” that influence population health. Creating a business climate and supporting public investments that contribute to well paid jobs can create an economically thriving community. This can strengthen education, social networks, and community resources, and in turn contribute to good health outcomes.<sup>41</sup>

The costs of working age ill health in the UK run to £100 billion per year – this is more than the annual budget for the NHS.<sup>34</sup> Around 172 million working days were lost to sickness absence in 2007, at a cost of over £13 billion to the economy.<sup>34</sup> Of these, the leading

causes were mental health problems and musculoskeletal conditions.<sup>34</sup>

NICE has produced a series of guidelines for early interventions to improve health in the workplace. These argue that increased productivity is associated with effective management of long term sickness absence and with smoking cessation. There is also a growing body of evidence that workers with health issues, such as obesity and depression, are less productive.<sup>36</sup>

### **Case study – the Employment Inclusion Development Worker**

The Employment Inclusion Development Worker supports people to overcome blocks and barriers through integrated working, sign posting to other services and appropriate information. This dedicated role supports people on a one to one basis to gain qualifications, paid employment, work experience and voluntary opportunities.

The role also works with local employers to supports the recruitment and retention of people with disabilities, which involves:

- raising awareness of the incentives and support offered by the Government to businesses to do this;
- working closely with the Disability Employment Advisor from Job Centre Plus (JCP);
- providing support, motivation and direction to disabled people to help find employment,
- providing travel training to increase use of public transport; and
- using systematic instruction techniques to break down employment tasks.

### **Recommendations**

#### **Public Health as Leader**

Public Health will lead on the development of a new workplace health and wellbeing strategy for Rutland County Council and continue to champion healthy workplace initiatives across the county.

### **Public Health as Partner**

Public Health will support Rutland County Council and partner organisations to implement the NICE briefing on workplace health. This includes encouraging leadership and management styles that support and improve people's mental wellbeing; promoting healthy lifestyles; and addressing specific health conditions.

### **Public Health as Advocate**

Public Health will act as an advocate for people not in education, employment or training, people in low pay, and people experiencing mental health difficulties and other disabilities. We will do this by highlighting the need to tackle inequality and discrimination in all levels of economic and workforce planning, and by supporting the provision of debt counselling and welfare rights advice and support where it is most needed.

## **5. Strong communities, wellbeing and resilience**

The link between stronger communities, often referred to as “social capital”, and health has been documented in many publications and studies. Social capital refers to the connections between individuals in the same community and between different communities. It is said to provide a source of resilience – being able to cope and stay well in difficult situations – and to provide some protection against poor health.<sup>7</sup> It includes social support which is critical to physical and mental wellbeing as well as connections to the broader determinants of health, such as helping people find work, or get through economic and other material difficulties.

Social capital has been defined in terms of four characteristics:<sup>42</sup>

- The existence of community networks;
- Civic engagement (participation in these community networks);
- Local identity and a sense of solidarity and equality with other community members; and
- Norms of trust and providing help and support for each other.

The King's Fund report “Improving the public's health: A resource for Local Authorities” highlighted the following:<sup>4</sup>

- Social networks can have a significant impact on people's health;<sup>43</sup>

- Social support increases resilience and promotes recovery from illness;<sup>44</sup> and
- Lack of social networks and support, and chronic loneliness, produces long term damage to physiological health.<sup>45</sup>

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 and strengths at the social and community level that can help improve health, and strengthen resilience to health problems.<sup>4</sup>

### **Key facts**

- In Rutland in 2012/13, 25.4% of people 16 years and over reported a high anxiety score.<sup>2</sup>
- In Rutland in 2012, 1,886 adults aged 65 years and over were predicted to live alone.<sup>46</sup>
- In Rutland in 2012/13, 44.6% of adult social care users reported that they did not have as much social contact as they would like.<sup>2</sup>
- In Rutland in 2012/13, 46.5% of carers reported that they had as much social contact with people as they wanted.<sup>2</sup>

### **What we are doing locally**

People rarely need support from a single service as they age, or if they are vulnerable through ill health, disability, injury or social isolation. During 2014, the Council carried out a significant review of its services and consultation with the public told us that it is difficult to navigate between services and people feel that there are many barriers in the way as they move between health, social care and other statutory services.

The Community Agent service is new service in Rutland. It aims to bring together prevention services in Leicestershire's communities into one consistent unified prevention offer, including housing expertise and support to carers. It will provide better coordination in communities so that local people have easy access to information, help and advice. The initiative will be in place by April 2015. It aims to reduce demand on public services and build resilience in communities to manage the health and wellbeing of their most vulnerable residents. Community Agents will be at the forefront of signposting those in

need to the services available in the community.

### **The case for investment**

Reports such as the King's Fund report<sup>15</sup> and NICE guidance on Community Engagement and health<sup>47</sup> repeatedly point to the limited evidence on the economic paybacks of investing. However, there is strong and growing evidence that social networks and social capital increase people's resilience to and recovery from illness. There is less direct evidence on the wider benefits that such investments can have; studies and evaluations are lacking, and those that have been undertaken have been on a small scale.

There is better evidence on some of the individual components of a local strategic approach to building and utilising community assets.<sup>31</sup> For example, every £1 spent on health volunteering programmes returns between £4 and £10, shared between service users, volunteers and the wider community.<sup>4</sup> An evaluation of 15 specific community health champion projects found that they delivered a social return on investment of between around £1 and up to £112 for every £1 invested.<sup>48 4</sup>

### **Case study – Rutland Community Spirit: Good Neighbour Scheme**

A Good Neighbour Scheme is a voluntary initiative, organised and run by local residents and based around a pool of volunteers who offer time to support older people within their community.

Rutland Community Spirit (BIG Lottery Funded Charity with grant contribution from Rutland County Council) has successfully supported the development of Good Neighbour Schemes in Whissendine, Greetham and Braunston. The scheme in Greetham offers practical help to all residents in the village, which is free apart from petrol costs and includes:

- Occasional transport to appointments at the various hospitals, doctors, opticians or dentists.
- Collection of prescription / pension.
- Help with pets in the event of an emergency or illness.
- One-off tidy of your garden.
- Form filling.
- Companionship.
- Practical support following injury or surgery.

## **Recommendations**

### **Public Health as a leader**

Public Health will ensure that Rutland's unified prevention offer continues to be developed to deliver the Community Agent model with an emphasis on building on the local community's strengths.

### **Public Health as a partner**

Public Health will ensure that Rutland's Better Care Fund is developed in line with NICE guidance on "Community Engagement"<sup>47</sup> by planning, designing and coordinating activities that incorporate a community involvement component across, as well as within, departments and organisations.

### **Public Health as an advocate**

Public Health will promote the development of social capital and community based assets by encouraging all statutory organisations to acknowledge the skills and knowledge in the community, and by encouraging local people to help identify priorities and contribute to the commissioning, design and delivery of services.

## **6. Active and safe travel**

Encouraging people to use more active modes of transport such as cycling and walking will yield benefits for the individual as well as the environment, society and economy.

Potential health gains include reduced respiratory disease due to lower levels of air pollution, prevention of obesity, diabetes, heart disease and cancer, as well as reducing inequalities through better access to goods and services among people who cannot afford cars or vans.<sup>9</sup>

Benefits to the environment include reduced carbon emissions, particulate and noise pollution, with positive consequences for society and the economy. For example, it is estimated that poor air quality, congestion, road traffic collisions and physical inactivity each cost society approximately £10 billion per year.<sup>49</sup>

Eighty percent of people are not carrying out the recommended amount of physical activity, and levels of inactivity are higher in more deprived communities,<sup>50</sup> so encouraging active travel, particularly cycling and walking, would help to address this.<sup>51</sup> Local authorities have a significant role to play in good planning to help prevent death and injury

from road traffic accidents and to make healthier choices, easier choices.

### **Key facts**

- According to the 2011 Census, in Rutland:
  - More than 10,500 (58 percent of people aged 16-64 in employment) drove to work in a car or van. This is higher than the 54 percent average in England.<sup>8</sup>
  - More than 2,000 (13.7 percent) walked to work. This is higher than the 9.8 percent average in England.<sup>8</sup>
  - 198 people (1.1 percent) travelled to work by bus, minibus or coach.<sup>8</sup>
  - 609 people (3.3 percent of people aged 16-64 in employment) travelled to work by bicycle in the county. This is significantly higher than the average for England at 2.9 percent.<sup>8</sup>
- In 2011, pedestrian casualties were significantly lower in Rutland, 16.0 per 100,000 population, compared to the England average of 43.3 per 100,000.
- In 2012 in Rutland, 66% of adults were classified as overweight or obese. This is similar to the England average of 64%.<sup>2</sup>

### **What we are doing locally**

Rutland County Council's Local Transport Plans (LTP) are an essential tool in planning and promoting active and safe transport in the county. Efforts to increase walking, cycling and the use of public transport are at the heart of the Council's transport strategy. Rutland's third LTP (LTP 3) sets out the importance of the role that active and sustainable transport will play.<sup>52</sup>

Key recommendations include:

- Improving the walking and cycling connectivity between town and rural villages through the development of footpaths, cycleways and bridleways.
- Improving the cycleway and walking connectivity between the towns and their major employment areas thereby encouraging people to walk and cycle to work.
- Encouraging children to cycle or walk to school.



- Engaging and working with others to improve walking and cycling access to services and activities that contribute to good health and wellbeing.
- Promoting and delivering a range of mass participation of walking, cycling and running events using roads, pathways and public rights of way.

In addition to encouraging and facilitating active travel, LTP3 also encourages and facilitates safe travel. Key initiatives include:

- Delivering programmes of road safety education to early years groups, primary schools and secondary schools.
- Delivering driving education to schools and colleges.
- Delivering training and advice to all types of vulnerable road users such as motorcyclists.

### **The case for investment**

It is estimated that for every £1 spent on cycling provision, the NHS recoups £4 in reduced health costs, while the economy “makes” 35p profit for every mile travelled by bike instead of car.<sup>15</sup> For every person who cycles instead of using a car, reduced NHS costs, productivity gains and reduction in air pollution and congestion could save an estimated £539-£641 per year.<sup>53 54 55</sup>

Changing from car use to walking, cycling and using public transport could help to offset the estimated £10.9bn per year costs of delays from traffic congestion in urban areas of England.<sup>49</sup> Reducing congestion is likely to reduce the costs of transport induced poor air quality, ill health and traffic accidents.

### **Case Study - Road safety in Rutland**

Reducing the number of casualties on all roads in Rutland is a priority in the current LTP 3 adopted in April 2011, examples of the schemes that are run in Rutland to deliver this are given below:

**The Junior Road Safety Officer scheme** which involves 100% of Rutland state primary schools. There were four main themes for academic year 2013/14: pedestrian safety; in

car safety; playing safely; and moving on to secondary school. Langham Primary School JRSOs were chosen for being the most proactive throughout the year.

**Road Safety Officer and Bikeability Tutors** provided pedestrian and cyclist training to over 600 primary school children in 2013.

**Cyclist training** is also available to over 16 year olds who either cannot cycle, have not cycled for a while or who wish to develop their skills and confidence.

**Older driver and pre-driver courses** are run biannually by Rutland's Road Safety Officer.

**Rutland's Road Safety Officer** also works closely with community safety, the local police and fire service on road safety initiative.

## **Recommendations**

### **Public Health as a leader**

Public Health will build public health capacity to enable the department to undertake health impact assessments of relevant policies, plans and projects, including major developments, to ensure that opportunities for active travel are maximised.

### **Public Health as a partner**

Public Health will explore the opportunities to increase active travel through closer working with the Environment, Planning and Transport Department including public rights of way and active travel initiatives.

### **Public Health as an advocate.**

Public Health will encourage all relevant organisations to support the implementation of NICE guidelines on promoting healthier forms of travel and recreation for example by advocating for walking and cycling to be included in chronic disease pathways (NICE guidelines PH41 2012).<sup>51</sup>

## 7. Access to green and open spaces and active lifestyles - the role of leisure services

*“If every household in England were provided with good access to quality green space, an estimated £2.1 billion in healthcare costs could be saved”.<sup>56</sup>*

Sports facilities, parks and green spaces are an integral part of England's culture and can play an important part in tackling a range of health and social problems including obesity, cardiovascular disease, mental ill health, antisocial behaviour, and health inequalities. Whether taking a walk in the local park, enjoying the fresh air and the surrounding wildlife of Rutland Water, participating in sports at the local recreation ground, joining a sports club or gym, enjoying a family trip to the playground, or having a picnic with friends or neighbours, sports, parks and green spaces offer something for everyone. They provide communities with a sense of place and belonging, offer opportunities for recreation, health and fitness, and provide venues for events that reinforce social cohesion generating an inclusive society. They offer an escape from the stresses and strains of modern living, which can feel compounded by the working environment.

In 2011 the Department of Health issued the report “Start Active, Stay Active”,<sup>57</sup> which underlined the urgent need for concerted action on physical activity across the UK. Over the last decade there has been increasing recognition of the role that the environment can play in enhancing health. The Government's strategy for obesity, ‘Healthy Lives, Healthy People (2011)’<sup>58</sup> explicitly recognised that the quality of the environment (natural and built) is a determinant of health. It detailed plans for a shift of power to local communities, including new duties and powers for local authorities to improve the health of local people. It also expressed desire for communities to be empowered “to design communities for active aging and sustainability”, including protecting green space, promoting community ownership of green spaces and improving access to land.

We are already seeing that sedentary lifestyles have led to an increase in preventable diseases which are placing increasing pressures on the NHS.

### Key facts

- Sport England's Active People Survey showed that in the period October 2011 – October 2013, 32.6% of adults in Rutland participated in sport and active recreation, at moderate intensity, for at least 30 minutes on 3 or more days a week, the third highest level of participation in the country.
- In 2012, 60% of adults were reported to be physically active in Rutland (achieving 150

minutes of physical activity per week). This is significantly higher than the England average of 56%.<sup>9</sup>

- In 2012, 24% of adults were reported to be physically inactive in Rutland (doing less than 30 minutes of moderate intensity activity per week). This is significantly lower than the England average of 29%, but still represents almost a quarter of the population being inactive.<sup>9</sup>

### **What we are doing locally**

Rutland County Council Local Plan<sup>75</sup> seeks to safeguard, improve and enhance the existing sports facilities, parks and green spaces in the county. All new housing development is required to make provision for high quality, accessible and multifunctional open spaces of an appropriate size that is integrated and well located to existing and proposed development.

Rutland County Council also seeks to protect and promote the network of green infrastructure in the county, including Rutland Water which has a major role as a recreational facility in the region, for both passive and active recreation, such as walking, sailing, cycling, water sports, and bird watching.

Rutland County Council supports the Active Rutland Local Sports Alliance which enables sports clubs and organisations to develop a strong offer for local residents. Working with the operators of Catmose Sports Centre, local schools and private operators the Council continues to develop opportunities for sport and physical activity. The development of a new facility at the Oakham Enterprise Park will provide a hub facility for clubs that do not currently have their own premises. The Council is also undertaking a review of facility provision in the area including sports pitches and indoor facilities to advise on future investment, development and protection of important community assets.

### **The case for investment**

There are many social and economic benefits to be gained from physical activity and our natural environment. Towns and cities with high quality green spaces attract investment and are seen as good places to work; well-maintained parks encourage exercise; and children socialise better where there are good places to play outdoors.<sup>59</sup>

By achieving a 10% increase in adult activity the NHS could save about 6,000 lives and at least £500m a year.<sup>60</sup> A brisk walk every day is thought to have the potential to reduce the risk of heart attacks, strokes and diabetes by 50%; fracture of the femur, colon and breast cancer by 30%, and

Alzheimer's by 25%.<sup>61</sup> People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those living in areas with low levels of greenery.<sup>60</sup>

### **Case study – Welland Way play area refurbishment**

The old playground on Welland Way was originally installed in 1969, and although small improvements have taken place since then, much of the equipment left in place was either damaged or missing.

Working closely with pupils from Brooke Hill Academy, Rutland County Council has spent the last few months upgrading the play area after being awarded £70,000 grant funding from Waste Recycling Environmental Ltd (WREN).

New equipment installed at the Welland Way playground now caters for children up to the age of 12 years old (it was previously 8 year olds) and includes roundabouts, speaking tubes and interactive panels, as well as three sets of swings including a basket swing – this equipment encourages learning and exercise through play in a safe environment.

In addition to the new play equipment, the funding from Waste Recycling Environmental Limited (WREN) enabled the Council to install new picnic tables and benches. The site is now more family-friendly with a new fence and secure gates.

### **Recommendations**

#### **Public Health as a leader**

Public Health will ensure access to green spaces is built into our relevant commissioning plans for example by procuring exercise referral schemes that encourage physical activity in green spaces and local facilities.

#### **Public Health as a partner**

Public Health will explore the opportunities to increase access to sports and the natural environment through closer working with the culture, leisure, environment and transport

teams, and will promote the inclusion of access to open green spaces and leisure facilities in other strategic areas such as workforce health, mental health, obesity and physical activity.

#### **Public Health as an advocate**

Public Health will encourage the council and communities to support community led initiatives to improve access to green spaces.

### **8. Warmer and safer homes**

The importance of housing quality to health has long been established. The relationship however is complex and multi-faceted. Whilst the home provides protection against the elements and psychosocial benefits, poor housing can contribute to injuries and many preventable diseases such as respiratory, nervous system and cardiovascular diseases and cancer.<sup>10</sup> Some of these may be caused by home hazards such as excessively hot or cold temperatures, damp and mould, radon, carbon monoxide and poor design that increases the risk of falls.

Local authorities have substantial statutory responsibilities for housing, including providing accommodation for the homeless, addressing poor quality housing stock, and providing more affordable housing to help meet housing needs.<sup>15</sup> However there are also health challenges posed by poor quality homes in the privately owned and rented sectors.

**Excess winter deaths** - It is estimated that in England and Wales between 25,000 and 30,000 more people die in winter (December to March) than at any other time of the year. The number of these “excess winter deaths” depends on the temperature and the level of disease in the population, as well as other factors such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Other at risk groups include those living in deprived circumstances (living in homes with mould, who are fuel poor), older people living on their own, the homeless or those sleeping rough and other marginalised groups.

**Avoidable injuries in children** - In England and Wales avoidable injury is the second most common cause of deaths in one to four year olds after cancer,<sup>62</sup> and can result in substantial long term disability. The majority of injuries in this age group occur in the home and most often include falls from height, scalds from hot liquids and poisonings from medicinal and household cleaning products.<sup>63</sup> Evidence suggests that information and advice for parents regarding home safety, plus the provision of home safety equipment, is

effective at reducing the risk of injury in the home in young children.<sup>64</sup> The Children's Centre system provides safety packs for parents for this type of awareness.

**Passive smoking** - Whilst the majority of households in Britain are smokefree, significant number of adults and children are exposed each year to smoke in the home.<sup>65</sup> It is estimated that second hand smoke also contributes to 10,000 premature deaths, mostly in non-smokers living in a household where another member smokes.<sup>66</sup>

**Falls among older people** - In 2012/13 19% of the Leicestershire population were aged 65 years and over and were responsible for nearly a quarter of all emergency department attendances. Falls are a significant reason for emergency department attendances.

#### Key facts

- For the 3 years from August 2009 to July 2011, Rutland had an excess winter death index of 15.8%, compared to 16.5% for England as a whole. In other words, Rutland had 15.8% more deaths from all causes in winter than would be expected based on the average number of non-winter deaths. This is similar to the England average.<sup>2</sup>
- In Rutland in 2012/13 there were 18 hospital admissions for avoidable injuries in 0-4 year olds, a rate of 103.7 per 10,000 children. This is similar to the England average of 134.7 per 10,000.<sup>2</sup>
- In Rutland in 2012/13 there were 182 admissions into hospital due to falls in older people (aged over 65). 66% (130) of these were in people aged over 80.<sup>2</sup>
- In Rutland in 2012/13, there were 60 admissions due to hip fractures in people over age 65. 44 (71%) of these were in people over age 80.<sup>2</sup>
- In Rutland in 2012, 11.9% households are in fuel poverty compared to 10.4% in England. This is a significantly higher value.<sup>2</sup>

#### What we are doing locally

One of the most significant programmes of work locally is the local implementation of the Better Care Together strategic plan. This work brings together social care and health to develop integrated services that will meet the needs of the changing population and includes a significant focus on ensuring people are able to remain independent in their own homes for longer. The programme includes schemes for an integrated crisis response

service to support prevention which includes assistive technology, community agents and housing adaptations. Pathways for hospital discharge are being developed and implemented with Leicestershire and Peterborough hospitals and an integrated dementia hub is being developed.

The Energy Action for Rutland project (partnership between Change Agents UK and the County Council) offer information and advice around staying warm. This included 299 domestic energy audits over approximately two years, access to a wide range of energy saving measure and techniques, advice on switching supplier and access to welfare rights advice. The Council is reconfiguring the local provision of fuel poverty services. Some advice and assistance is provided through the private sector housing team and through social landlords. It is proposed to commission a new Rutland service in late 2014.

Rutland County Council has arrangements in partnership with the Reach Team, domiciliary care providers, and with voluntary agencies to ensure the continuity of services in the event of adverse weather conditions.

Other initiatives include the “Step Right Out” campaign which aims to reduce the number of children and young people affected by smoke in the home.

### **The case for investment**

Poor quality housing is thought to cost the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes.<sup>67</sup> Treating children and young people injured by accidents in the home is thought to cost emergency departments around £146 million a year.<sup>64</sup> Among the over-65s, falls and fractures account for 4 million hospital bed days each year in England, costing £2 billion.<sup>68</sup>

Prevention programmes have demonstrated potential to be cost-effective. NICE estimate that offering home safety assessments to families with young children and installing safety equipment in the most at risk homes would cost £42,000 for an average local authority. If this prevented 10% of injuries, this could save £80,000 in prevented hospital admissions and emergency visits, with further savings in associated GP visits and for ambulance, police and fire services.<sup>64</sup>



### **Case study - Housing Offer to Health**

The housing offer to health in Rutland includes work that cuts across health, social care and housing. It is supported by the Council's Housing Strategy, Homelessness Strategy, Private Sector Housing Renewal Policy, the Staying Healthy Action Plan, the Child Poverty Strategy and the Home Energy Conservation Act reports. It includes the following:

- Jules House, a youth housing project run by the Council, opened in late 2014.
- Pathways for hospital discharge and the development of an integrated dementia hub.
- Schemes for an Integrated Crisis Response service to prevent avoidable hospital admissions, schemes to support prevention including assistive technology, community agents and adaptations.
- Work with the Community Agents, Community Spirit, the Home Improvement Agency and the local fuel poverty service to provide practical support to people in their own homes so that aids, equipment, adaptations, handy person or similar services and energy efficiency interventions are available and delivered quickly. This will support vulnerable people to access the low level practical support that helps them remain independently at home.

### **Recommendations**

#### **Public Health as a leader**

Public Health will commission an affordable warmth /healthy housing project for Rutland to ensure support for people to keep warm in their homes and support residents most in need to access energy advice and warm home funding and related schemes.

#### **Public Health as a partner**

Public Health will support the work of the Better Care Fund plan on falls prevention, helping to develop specific strategies and programmes, which have been shown to reduce falls, and undertake a health needs assessment of avoidable injury in children to ascertain the burden of childhood injury across the county, describe services currently provided and

identify gaps.

### **Public Health as an advocate**

Public Health will support and advocate for an integrated prevention model which will enable people to live independently in their own homes for as long as possible through for example the Home Improvement Agency and the community agents.

## **9. Public protection and regulatory services**

Services that protect the health and wellbeing of the public, for example through enforced regulation, inspection and licensing, are important contributors to public health and safety. Public protection covers many areas, but for the purpose of this report will focus on food and fire safety, air quality and the illicit and underage sale of tobacco and alcohol.

**Food Outlets** - Tackling obesity is a high priority both locally and nationally. Obesity impacts on health in many ways, such as increasing the risk of cancers, heart disease and strokes, diabetes and raised blood pressure.<sup>69</sup> Tackling obesity requires a multi-faceted approach, which includes a whole family approach to healthy eating and physical activity, advice on making healthy food choices and opportunities to grow and cook healthy food. In relation to food eaten outside the home, public protection services have a particular role in relation to takeaways and fast food outlets. Almost 30% of household expenditure on food is now allocated to eating outside the home.<sup>70</sup> Therefore it is important to make it easier for consumers to make informed and healthier choices when eating outside of the home. Hot food takeaways are a particular concern as they tend to sell food that is high in fat and salt and low in fibre and vegetables.<sup>71</sup> Such outlets also present a risk in terms of food-borne illnesses, on which environmental health inspections are largely focused.

**Air Quality** - Poor air quality can cause significant harm to health and wellbeing. In particular, elevated and/or long term exposure to air pollution affects the respiratory and inflammatory systems. People with pre-existing lung or heart conditions are more likely to be susceptible to air pollution. Air pollution is estimated to reduce life expectancy by an average of 7 to 8 months, with an estimated health cost of up to £20 billion each year nationally.<sup>72</sup> In recognition of this, the Environment Act 1995 requires district councils to measure the quality of ambient air to ensure it meets required standards, and where necessary develop Air Quality Action Plans to tackle air quality problems.

**Fire Safety** - Nationally fire crews attended 625,000 fires or false alarms in 2010/11; there were 388 fire related deaths and 11,000 non-fatal injuries.<sup>73</sup> Whilst smoking materials (cigarettes, cigars, pipes) account for only 7% of accidental house fires, they

disproportionately account for over 30% of fatalities related to accidental house fires.<sup>73</sup> Nationally, the Fire and Rescue Service delivers advice on fire safety and risks associated with smoking with the aim of reducing unintended fires. Broader tobacco control complements this work by reducing smoking rates and reducing the number of accidental house fires and related deaths.

**Illicit and Underage Tobacco and Alcohol** – The sale and use of illicit tobacco and alcohol products are a significant health hazard. In relation to fire safety, illicit cigarettes pose an even greater risk of accidental house fires since they usually do not contain the same safety features as legal cigarettes. Underage sales of tobacco and alcohol undermine the work to reduce the prevalence of smoking and contribute to the harm related to alcohol misuse including accidents and hospital admissions. Local authority Trading Standards services have a key role in enforcing regulation on illicit and underage sales.

#### **Key facts**

- In 2013, there were 25 fast food outlets across Rutland.<sup>11</sup> The fast food outlet density is lower than the England average.<sup>11</sup>
- In 2011, the proportion of all cause adult mortality in the over 30s attributable to long term exposure to levels of human made particulate air pollution for Rutland was 4.9%. This figure was similar to England (5.4%).<sup>2</sup>

#### **What we are doing locally**

Many of the day to day activities of local authority departments are vital to improving people's health, such as the routine enforcement of smokefree legislation, inspection of food outlets and monitoring of air quality. Rutland County Council also leads a number of innovative cross departmental initiatives which are highlighted below.

**Food Outlets** - Responsibility for enforcement of food safety legislation and food hygiene in food premises lies with the food safety officer within the Council under a shared service with Peterborough City Council. Their role is to improve and enforce standards of food hygiene and health and safety in food businesses by regular inspection of premises, randomly sampling foods on sale to test quality and safety; and investigating cases of food poisoning. The Public Protection Service works closely with Public Health England and the Food Standards Agency to investigate food poisoning.

**Air Quality** –The Rutland County Council LTP 3 sets out the authority's approach to

encouraging more active and sustainable travel.<sup>52</sup>

**Fire Safety** - The Leicestershire Fire and Rescue Service (LFRS) delivers a number of initiatives and programmes that promote safer communities by reducing deliberate fires and arson, and also contribute to public health, particularly in relation to health and fitness. For example, community safety educators from LFRS visit all primary schools across the county and provide structured fire and road safety sessions at Key Stage 1 and Key Stage 2. The service provides additional sessions with year 8 pupils targeted at areas where there is a high incidence of deliberate fires. The FireFit programme delivers fire and road safety messages whilst pupils participate in exercise and aerobic team games, with the emphasis being on keeping fit as well as safe and eating healthily. LFRS also provides targeted home fire safety checks to vulnerable groups, including people with drug and/or alcohol problems through links with the specialist support service, Swanswell.

**Illicit and Underage Tobacco and Alcohol** – Rutland Trading Standards is delivered as a shared service by Peterborough City Council Trading Standards. Rutland Trading Standards are represented on the local tobacco control alliance, Tobacco Free Leicestershire and Rutland. Inspections and local intelligence reveal very little, if any, illicit tobacco on sale in the County, therefore any action will only be taken when a specific target is identified. Test purchasing for age-restricted products is also dictated by local intelligence and a campaign will only be conducted where we have evidence that a problem exists.

Rutland Trading Standards are currently carrying out research into the availability of illegal tobacco products online, the enforcement challenges faced when trying to investigate sellers and the risks to consumers trying to buy these products.

### **The case for investment**

An estimated 70,000 premature deaths in the UK could be prevented each year if diets matched nutritional guidelines. This is more than 10% of current annual mortality. The health benefits of meeting the national nutritional guidelines have been estimated to be as high as £20 billion each year.<sup>70</sup>

In 2007, the Department for Environment, Food and Rural Affairs reported that low-emission zones can be a cost-effective way of reducing air pollution if well designed and tailored to local needs.<sup>25</sup>

### **Case study – Food Allergens Training**

In Rutland all registered food businesses were sent a letter in July informing them of the new Food Information Regulations 2014(FIR).

The letter included basic information regarding the changes coming in and links to further information on the Food Standards Agency website regarding allergen information for loose foods and labelling. An information leaflet was also included.

Businesses were invited to register interest for training sessions that were to be organised. A training session run jointly with Environmental Health and Trading Standards was held in Rutland in October 2014 with future sessions planned. Takeaway food businesses are now better equipped to deal with customers' queries regarding allergens.

### **Recommendations**

#### **Public Health as a Leader**

Public Health will continue to encourage healthy alternatives to purchasing fast food through support for the Food for Life Programme and healthy schools priorities as well as promoting community and household growing of fruit and vegetables.

#### **Public Health as a partner**

Public Health will continue to support the Alcohol and Tobacco Enforcement Programme (ATEP) which provides effective tobacco and alcohol control enforcement activities as part of a broader approach to prevention and early intervention.

#### **Public Health as an advocate**

Public Health will advocate for a wider role for environmental health and trading standards officers in promoting healthy lifestyle choices, for example, through working with takeaway food outlets to reduce salt and saturated fat content of their food and encourage them to provide healthier food options.

## **FEEDBACK FROM RECOMMENDATIONS FOR 2013**

In this section we highlight some of the initiatives that have taken place in the past year that are linked to the recommendations from the 2013 report.

### **Inequalities**

- A wide range of support is available for those who are socio-economically disadvantaged in Rutland e.g. Rutland Food bank, debt, benefits, employment and housing, advice.
- A number of projects have been commissioned by Rutland County Council to address lifestyle issues associated particularly with socially disadvantaged groups. For example, alcohol brief intervention, smoking cessation and obesity programmes, plus targeted support through the travelling families initiative.
- Social prescribing in primary care is being explored as a mechanism for tackling debt, unemployment, housing problems, social isolation and lack of training and education.

### **Tobacco control**

- The Rutland Stop Smoking Service supported almost 400 smokers to quit last year. A new stop smoking service contract will be in place from 1 April 2015 and this should see an even more effective service model emerge going forward.
- Stepping Right Out is always a good idea, with training to healthcare professionals emphasising Very Brief Advice (VBA) and Making Every Contact Count (MECC) as positive ways to encourage this.
- Trading Standards has done some work into online sales of tobacco (counterfeit, non-duty paid, and underage sales). Trading Standards is considering how best to gather intelligence on illegal and underage tobacco sales.

### **Healthy weight**

- Public Health continues to develop its' obesity strategy through the strengthening and expansion of the existing adult and children's weight management services LEAP and FLiC, and through targeted physical activity programmes such as exercise referral.
- Rutland County Council has commissioned the Public Health "Food for Life" programme to positively change the food culture in the county's primary schools. Provided by the Soil Association and a range of national partners, Food For Life

delivers a range of coordinated initiatives including improving school meals, embedding healthy food into the curriculum, (re)introducing cooking, growing fruit and vegetables and farm visits.

### **Substance misuse (drugs and alcohol)**

- Specialist substance misuse service has had greater presence within local services. In addition a project was commissioned to assess training needs (phase 1) within target organisations and deliver substance misuse awareness and brief intervention training (phase 2) to meet those needs. The final phase of the project is to measure impact of the training (phase 3). Turning Point has been commissioned to provide the project over a two year period which commenced in April 2013. Phase 1 and 2 have been delivered across Rutland services.
- In 2013, Public Health commissioned a recovery review of Leicestershire and Rutland to assess the recovery orientation of our system and the wider community. As a result of the review the Leicestershire and Rutland Recovery Forum was launched in October 2013. Asset mapping of community resources has been undertaken, although this is limited so far across Rutland. Both substance misuse providers now have peer mentoring programmes. This work has continued into 2014.
- The sub regional criminal justice pathway, which was re-procured in 2013, went live on July 1st 2013. The tender was won by Leicestershire and Rutland Probation Trust who was the existing provider for the majority of the service and the service transfer was smooth.

### **Sexual health**

- Local authorities are now responsible for commissioning a range of sexual health services. A new integrated open access sexual health service started on 1 January 2013. This service provides contraception and Sexually Transmitted Infection (STI) testing/treatment from a single service at a range of sites across Leicester, Leicestershire and Rutland. The opening times and number of clinics has increased to improve access. Details of this service, other local services and information about a wide range of sexual health matters are available on [www.leicestersexualhealth.nhs.uk](http://www.leicestersexualhealth.nhs.uk) Promotional work is ongoing to promote the service changes and ensure that information about sexual health and sexual health services are widely available.
- Work is ongoing to develop robust care pathways across sexual health and other relevant services such as alcohol and drug misuse services. The initial focus has

included developing pathways relating to HIV treatment and care and abortion services.

### **NHS Health Checks**

- The NHS Health Check programme now includes the new dementia awareness and alcohol auditing components.
- Following re-procurement in 2014, all Rutland practices are currently delivering the health checks.

### **Health and work**

- The local Fit for Work team has developed a freely accessible website on workforce wellbeing for all employers to access. [www.workforcewellbeing.org.uk](http://www.workforcewellbeing.org.uk)
- Rutland County Council has established a work and health group, to develop a health programme for staff.
- The Stop Smoking Team has worked with several employers in Rutland to provide support to employees who want to stop smoking.

### **Mental health**

- As part of the Better Care Together programme a Mental Health and Wellbeing Steering Group has formed. This group is developing a mental health strategy which will drive improvements in mental health across the whole pathway from prevention through to treatment and across the life course. There is particular focus on the social model of mental health and wellbeing.
- Rutland County Council has an Inclusion Team with a number of dedicated posts to support vulnerable people in the community. The Mental Health Inclusion Development Worker works in the community with a focus on developing services and opportunities at a mainstream and universal level. Their work has an emphasis on prevention so that people do not need to utilise statutory services. The work supports people to access information and prevent stigma.

### **Health Protection**

- A Health Protection Board has been established as a sub-group of the Health and Wellbeing Boards for Leicester, Leicestershire and Rutland. The Terms of Reference



were agreed, reporting mechanisms established and the board has met 4 times from April - March 2013/14.

- NHS England continues to achieve high coverage and uptake for all the national immunisation and screening programmes. Work is continuing to target areas of lower uptake in particular areas of significant disadvantage and poverty.
- In 2013/14, East Leicestershire and Rutland CCG area and Leicester City were part of an NHS England pilot, to offer the nasal influenza vaccine fluenz® to primary school pupils. The local pilot across 228 different schools saw approximately 28,600 children (52%) vaccinated against influenza between September 2013 and early January 2014. In 2014/15, this pilot is to be extended to include children in school years seven and eight.

## **GLOSSARY**

ATEP	Alcohol and Tobacco Enforcement Programme
GP	General Practitioner
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LAC	Local Area Coordination
LSOA	Lower Super Output Area
LTP	Local Transport Plan
NEET	Not in Education, Employment or Training
NICE	National Institute for Health and Care Excellence
PHOF	Public Health Outcomes Framework
PHSE	Personal, Social and Health Education
WHO	World Health Organisation

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