Leeds Health and Wellbeing Board

Report author: Ian Cameron

Report of: Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2018

Subject: The Annual Report of the Director of Public Health 2017/18

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. Through the Leeds Health and Wellbeing Strategy, the city has a clear direction of travel to improve health and wellbeing and to reduce health inequalities. This is backed by an increasing breadth and depth of partnership working centred around the Leeds Health and Wellbeing Board.
2. Progress is being made. Just recently Leeds has been identified in a national independent report as the best core city for wellbeing.
3. Tackling poverty, including child poverty, and the wider determinants of health remain the cornerstone to reducing health inequalities. However, the continuing difficult financial climate faced by individuals and families is detrimental to health and wellbeing.
4. The latest life expectancy figures for Leeds show a fall in life expectancy for women and a static position for men. This picture does not match the ambitions for health improvement and reducing health inequalities as set out in the Leeds Health and Wellbeing Strategy 2016-2021.
5. The decline and stalling of life expectancy may turn out to be a temporary position, but does come on the back of a concerning picture around deprivation statistics in the city.

6. This year's report focuses on the reasons behind the current life expectancy figures and covers infant mortality; alcohol related deaths in women; drug related deaths in men, suicides in men; self harm and women.

7. The report also covers Inclusive Growth and the contribution that can be made by the Leeds Inclusive Growth Strategy to reducing health inequalities.

8. The report provides an update on the progress from last year on those key public health indicators most related to the Leeds Health and Wellbeing Strategy.

9. A comparison with the other core cities shows a very similar picture of change including a fall in life expectancy for females.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men, self-harm by young women.
- Request that Public Health consider the finding of the Public Health England national review into life expectancy and report back to the Board on implications for Leeds.
- Ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
- Consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
- Consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

1 Purpose of this report

1.1 To summarise the content of the Director of Public Health's Annual Report 2017/18 entitled Nobody Left Behind: Good Health and A Strong Economy (Appendix 1 and 2).

2 Background information

2.1 Under the Health & Social Care Act 2012 (Section 31) the Director of Public Health has a duty to write an annual report on the health of the population. Within the same section of the Act, the Council has a duty to publish the report.

2.2 The Annual Reports of the Medical Officer of Health (predecessor name of the Director of Public Health) became a statutory requirement under the 1875 Public Health Act but the Leeds Medical Officers of Health had produced such reports right from the first appointment in 1866. The Annual Reports are held in Leeds Central Library.

3 Main issues

3.1 Leeds has much to be proud about. Progress can be judged by obvious physical developments such as Trinity Leeds and Victoria Gate. In addition, progress can be judged by a broader sense of what it is like to live here. Leeds has been named best city in Britain for quality of life. Even more recently, this year the 'What Works Centre for Well Being' produced a national, independent report that identified Leeds as the best core city wellbeing.

3.2 The Leeds Health and Wellbeing Board has set a clear direction of travel to improve health and wellbeing and to reduce health inequalities through the Leeds Health and Wellbeing Strategy. Tackling poverty, including child poverty along with other wider determinants of health remain the cornerstone for action and this is reflected in the new Leeds Health and Care Plan and the Best Council Plan 2018/19-2020/21.

3.3 However, the current financial climate is extremely challenging for individuals and families and detrimental to health and wellbeing. While the breadth and depth of partnership working on health and wellbeing has developed to an astonishing degree over the last few years organisations across the partnership are also faced with financial challenges. Hence the greater emphasis on a partnership approach to the "Leeds pound".

3.4 Included within last year's Annual Report of the Director of Public Health was a statistical appendix that set out the starting position of the new Leeds Health and Wellbeing Strategy 2016-2021. This covered the seven health status indicators within the new strategy alongside key indicators that related to the public health issues described as priorities in the Leeds Health and Wellbeing Strategy.

3.5 This year's Annual Report of the Director of Public Health provides an update as an appendix. Inevitably a one year update means that there are not statistically significant changes for many indicators. This includes physical activity, one of the health status indicators in the Leeds Health and Wellbeing Strategy.

3.6 There has though been progress in some areas. The levels of excess weight (overweight or obese) is reducing in 4-5 year olds and is now below the England average. This is a health status measure in the Health and Wellbeing Strategy. Teenage pregnancy rates continue to fall in Leeds, although still above the England average. The Leeds My Health My School survey identifies a reduction in bullying at school albeit this is still high at 30% describing being bullied in the last year. This forms part of a health status indicator in the Health and Wellbeing Strategy.

3.7 Smoking is the largest single preventable cause of ill health and health inequalities. Smoking levels amongst adults have dropped to 17.8% - the lowest recorded. This is a health status measure in the Health and Wellbeing Strategy. Cancer mortality rates for those under 75 years are reducing. This is to be welcomed and is a positive contrast to the position in the Annual Reports of around ten years ago when cancer rates for females were essentially staying the same and with small declines for males. The hope is that the progress made over the last 5-10 years in reducing cardio-vascular disease mortality and the inequality gap can be replicated for cancer.

3.8 Leeds has a worse rate than England for those dying before the age of 75 years with a serious mental illness – a health status indicator in the Health and Wellbeing Strategy. However the way data is collected means no proper comparisons over time can be made yet.

3.9 There has then been progress. However, the most striking comparison from last year is a decline in life expectancy in women and a static life expectancy in men.

3.10 The reasons for this concerning position forms the basis of this year's Annual Report of the Director of Public Health.

3.11 We may find that the next set of life expectancy figures show a rise again. In which case this has been a false alarm. However, the current life expectancy figures follow the latest Indices of Deprivation for Leeds that have previously been presented to the Executive Board of Leeds City Council. These showed a greater number of our communities now in the worst 10% super output areas (SOA's) in the country alongside a greater number in the best 10% super output areas (SOA's) in the country.

3.12 There is a national context. Improvements in life expectancy figures for England as a whole have slowed down markedly both for men and women in recent years. We continue to be in the "age of austerity" as declared by the prime minister in 2009.

3.13 Improving the socioeconomic position of the people of Leeds is a crucial foundation for health and wellbeing and to reducing health inequalities. The Annual Report describes the work of the Inclusive Growth Commission led by the Royal Society for the Encouragement of the Art, Manufacturers and Commerce in 2017 and the call for a new look at economic growth. The Annual Report then goes on to make recommendations about the contribution the new Leeds Inclusive Growth Strategy can make to help reverse the deprivation indicators and inequalities in our city.

3.14 The Annual Report focuses particularly on the underlying reasons behind the fall in life expectancy for women and the static position for male life expectancy. Perhaps

surprisingly, the big killers – cardiovascular, cancer, respiratory disease – are not the reasons.

3.15 A rise in infant mortality (deaths of live births under the age of one year) accounts for around half of the lack of improvement in life expectancy. The Health and Wellbeing Board will be aware that Leeds has made tremendous progress over the last ten years in reducing infant mortality and reducing the inequality gap on infant mortality within the city.

3.16 From being on a national "worry" list with subsequent implementation of a partnership Infant Mortality Plan, Leeds has reduced infant mortality to below that for England. A remarkable achievement for a major urban city. However, a rise from a low of 35 deaths in 2012 to 49 in 2016 has resulted in an infant mortality for 2014-2016 of 4.4/1000 live births – above the England figure of 3.9/1000. This small rise, albeit important, has had a disproportionate effect on the life expectancy figures.

3.17 In recent years Leeds has broadened its approach to infant mortality to the period from conception to the child's second birthday – the first thousand days and described as Best Start. Best Start is a priority in the Leeds Health and Wellbeing Strategy and the Annual Report confirms the importance of a continued focus on implementing the Best Start Plan 2015 – 2019.

3.18 There are three other significant causes for the disappointing life expectancy figures – a rise in deaths in women from alcohol related liver disease, a rise in deaths in men from drug related overdoses and a rise in deaths in men who have taken their own lives.

3.19 For each of these three public health issues there is a section describing the current position in Leeds, the actions being taken in Leeds and recommendations for further action. Case studies are used to describe the impact on individual Leeds residents of excess alcohol, heroin use, experiences of attempting to take one's own life.

3.20 In relation to increasing deaths in women from alcohol related liver disease recommendations include social marketing targeted at young women, increased identification and brief advice in primary care and secondary care, reviewing alcohol treatment needs and services for women.

3.21 In relation to increasing drug related deaths in men recommendations include use of drug misuse death audit data to better target interventions, reviewing opiate users.

3.22 In relation to increasing numbers of men taking their own lives recommendations include ensuring that 30-50 year old men remain a priority within the implementation of Leeds Suicide Prevention Plan.

3.23 The Annual Report covers one further area – self-harm by women especially in the 16-24 year age group. While not directly linked to the life expectancy figures this is an area of increasing concern. A comparison with last year's Annual Report on the Leeds My Health My School survey shows a rise in the number of primary and secondary students feeling stressed or anxious – now over one in five. This is also part of one of the health status indicators in the Leeds Health and Wellbeing

Strategy. This rise coupled with an increase in admissions for women who self-harm has warranted inclusion in this year's Annual Report. Again case studies have been used to better highlight the issue with recommendations for further action.

3.24 The Annual Report acknowledges the need to have a greater understanding of gender in relation to health and wellbeing – including those who cross traditional gender boundaries (trans) whether permanently or otherwise. Leeds City Council in conjunction with Leeds Beckett University has undertaken the largest men's health needs assessment in the country. There is a recommendation that a comprehensive health needs assessment for women should be undertaken for Leeds.

3.25 Finally, the report covers the importance of local public health information and intelligence that can analyse issues within our city. Public Health England provide an excellent service but one that stops at the Leeds boundary. Fortunately, Leeds City Council has a nationally recognised Public Health Intelligence team. The need for this service will only increase and Leeds City Council and NHS Leeds CCG are to be commended for combining Public Health intelligence with the intelligence function of the NHS Leeds CCG.

3.26 The Annual Report is available online and readers are signposted for further information on the health statistics for Leeds at http://observatory.leeds.gov.uk

3.27 Looking at Leeds in relation to the other core cities, then what is striking is that where indicators have worsened for Leeds, then that has also occurred in the other core cities. For example, all, bar one, core city has seen a decline in female life expectancy.

3.28 During the final stages of preparing this year's Annual Report there have been a number of articles in the national press about falling life expectancy across England. Sir Michal Marmot has demanded an urgent inquiry. A rise in inequality, public service cuts and austerity have been proposed as explanation by some authors. Public Health England has advised caution in drawing any conclusions but, importantly, is now undertaking research into what factors underlie the changing national life expectancy figures. Contact has been made with Public Health England to determine the timescale for this work.

3.29 The Annual Report attempts to understand what is happening in Leeds, but there will be a need to consider the implications for the city from the national review.

3.30 Progress is already being made on some of the recommendations with work underway with Women's Lives Leeds and Professor Alan White to undertake a women's health needs assessment. In addition, Leeds City Council has announced new funding to tackle loneliness in men, provide a new service to support bereaved children and provide emotional and resilience support for children.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Various initiatives described in the Annual Report have been developed with the public. Members of the public have helped write this and previous Annual Reports through personal stories and experience.

4.1.2 There is a communications plan associated with this year's Annual Report.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Annual Report recognises the differential impact of gender on health issues impacting on life expectancy.

4.3 Resources and value for money

4.3.1 The costs of producing the Annual Report of the Director of Public Health are contained within the ring fenced Public Health Grant.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal, access to information or call in implications arising from this report. The publication of the Annual Report of the Director of Public Health will enable Leeds City Council to meet its statutory requirements under the Health & Social Care Act 2012.

4.5 Risk management

4.5.1 There are no risks identified with the publication of the Annual Report of the Director of Public Health.

5 Conclusions

5.1 This year's Annual Report is able to show progress on some key health status indicators aligned to the Leeds Health and Wellbeing Strategy.

5.2 However the focus of this year's report is on what lies behind a fall in life expectancy in females and a static life expectancy in men – a rise in infant mortality, a rise in alcohol related deaths in women, a rise in drug related deaths in men, a rise in men taking their own lives. In addition, there is a focus on women who self-harm as a rising trend of concern.

5.3 There needs to be further action taken on all the above areas and a more general greater understanding of underlying gender issue. A comprehensive needs assessment for women is a current gap and should be rectified.

5.4 The new Leeds Inclusive Growth Strategy provides an opportunity to reverse the increased inequalities gap as revealed by the latest Indices for Multiple Deprivation. Tackling the socio-economic determinants of health is the cornerstone for improving the health inequalities in our city.

6 Recommendations

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7 Background documents

7.1 None

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Leeds Health and Wellbeing Board

Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The report highlights a fall in life expectancy in woman and a static position for men. The report highlights areas of particular concern. Progress here will reduce health inequalities.

How does this help create a high quality health and care system?

The report highlights gender as a health inequality issue and the recommendation to undertake a women's health needs assessment (following the previous men's health needs assessment) provides an opportunity to consider the implementation for improving health and care services. There are recommendations for services for specific areas of concern in the report.

How does this help to have a financially sustainable health and care system?

Long term reversing the trends identified in the report will help reduce system costs.

Future challenges or opportunities

The challenge is to ensure the recommendations are implemented. The current review, by Public Health England, being undertaken in response to national concerns around life expectancy may lead to the Health and Wellbeing board having to consider further challenges.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	✓
Get more people, more physically active, more often	✓
Maximise the benefits of information and technology	
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	