

Health Scrutiny PH Overview and Priorities

Rob Howard

Director of Public Health

Leicester City Council



“Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts”

Charles-Edward Amory Winslow 1877 - 1957
Founder of the Yale Department of Public Health

Source: Winslow CE. The untilled fields of public health. Science. 1920 Jan 9:23-33

Health Inequalities

Health inequalities are preventable and unjust differences in health status experienced by certain population groups

In 1980, roughly 40% of the world's population lived in extreme poverty, with less than \$2 per day. What is the share today?

- 10%
- 30%
- 50%

The question

In 1980, roughly 40% of the world's population lived in extreme poverty, with less than \$2 per day. What is the share today?

Answer options

A: 10% (Correct)

B: 30% (Wrong)

C: 50% (Very wrong)

Survey Results

Of the people we have tested, **92%** got this question wrong.

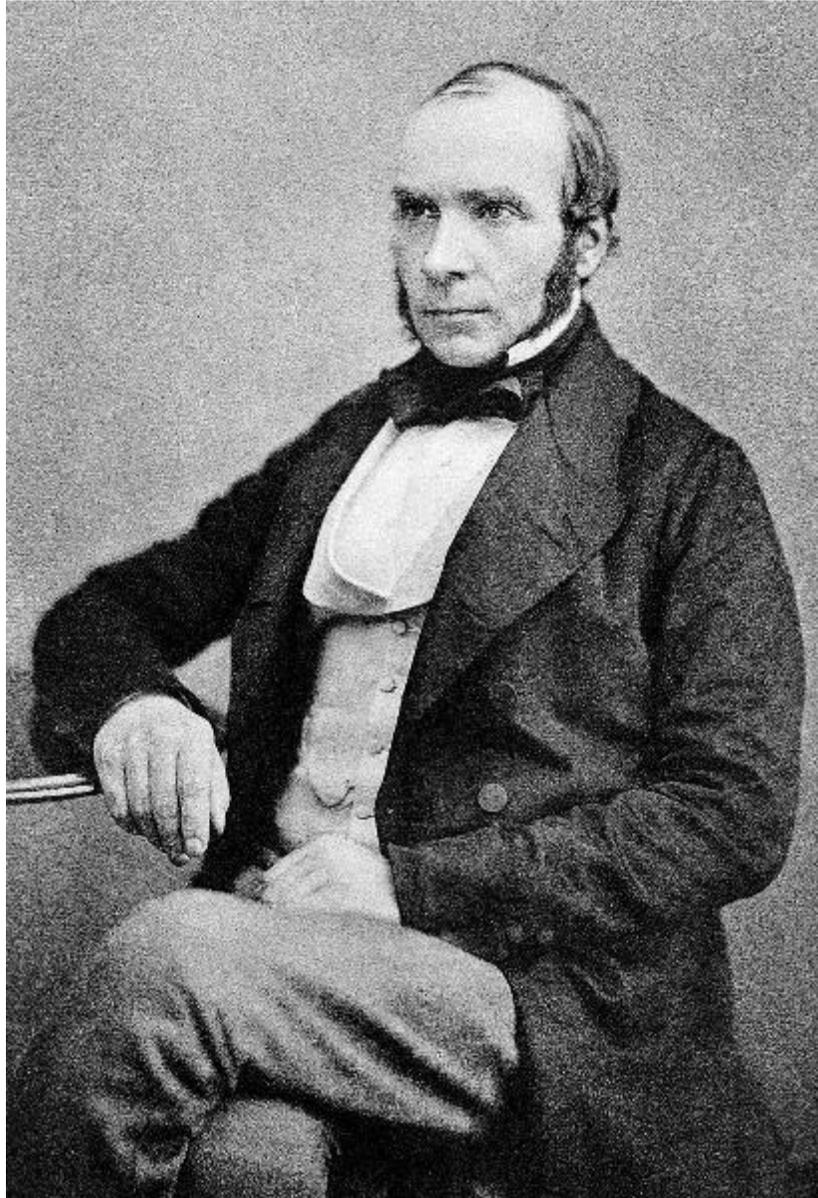
United Kingdom



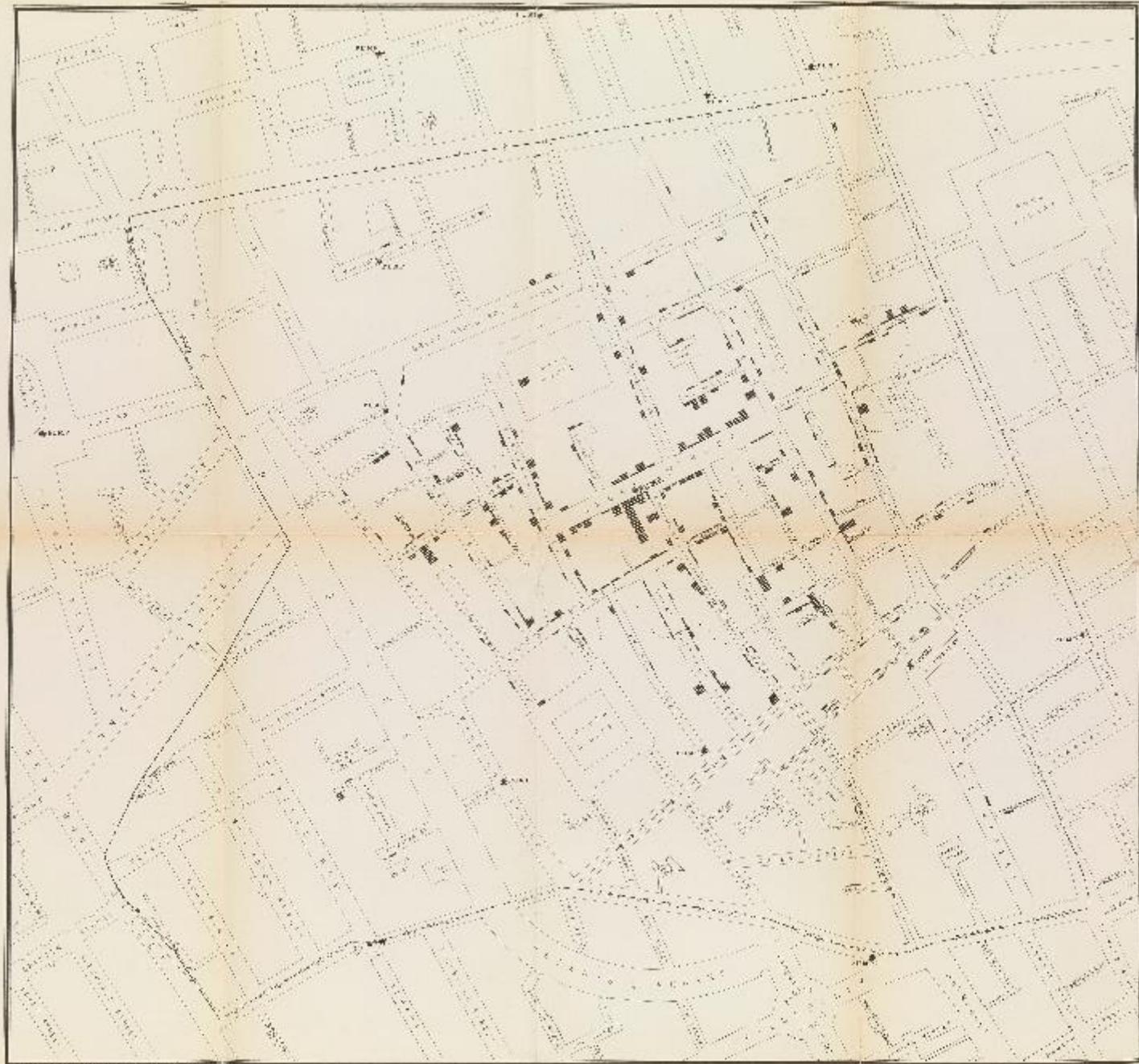
About this misconception

Worldwide, extreme poverty has declined steadily since the 1980s, but the fact that hundreds of millions of people still have to survive on less than \$2 a day means we aren't in the streets celebrating this as a complete success.

John Snow



John Snow, 1854



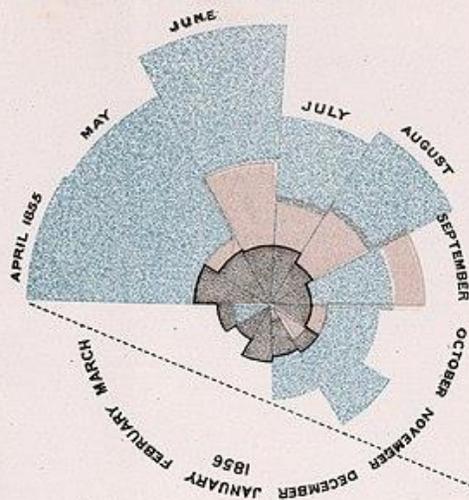
NOTE: Boundaries within which all the deaths occurred are marked by a dashed line. Boundaries within which all the deaths occurred are marked by a dashed line. Boundaries within which all the deaths occurred are marked by a dashed line.

SCALE: 10 INCHES TO 1 MILE

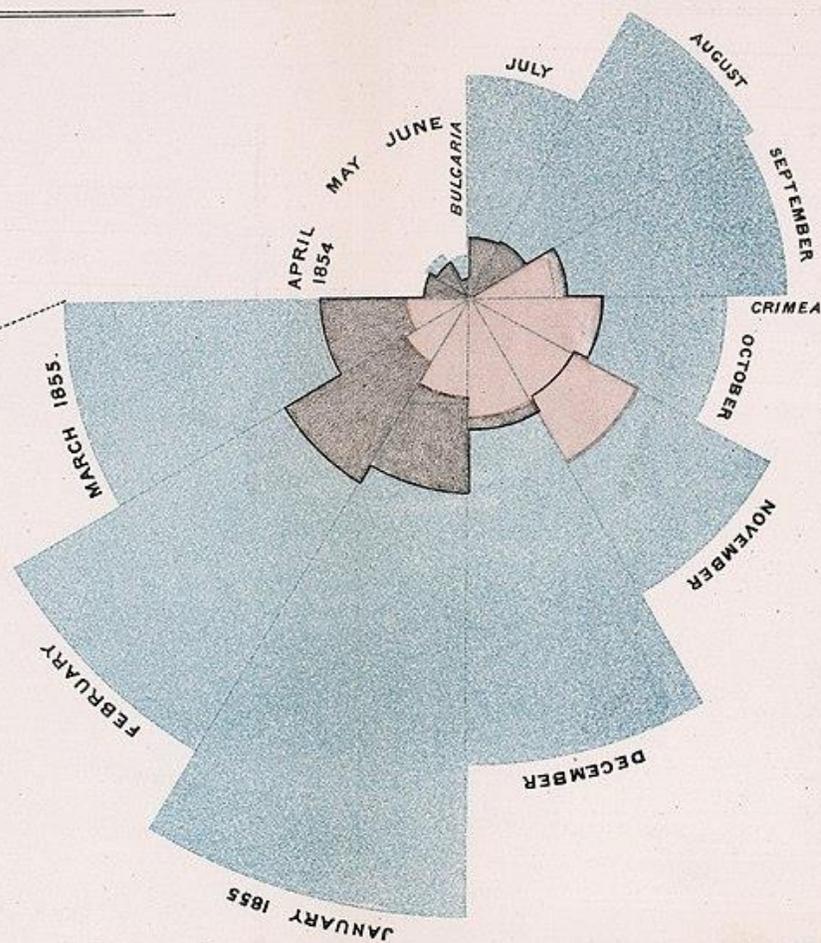


DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST.

2.
APRIL 1855 to MARCH 1856.



1.
APRIL 1854 to MARCH 1855.



The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.

The blue wedges measured from the centre of the circle represent area for area, the deaths from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.

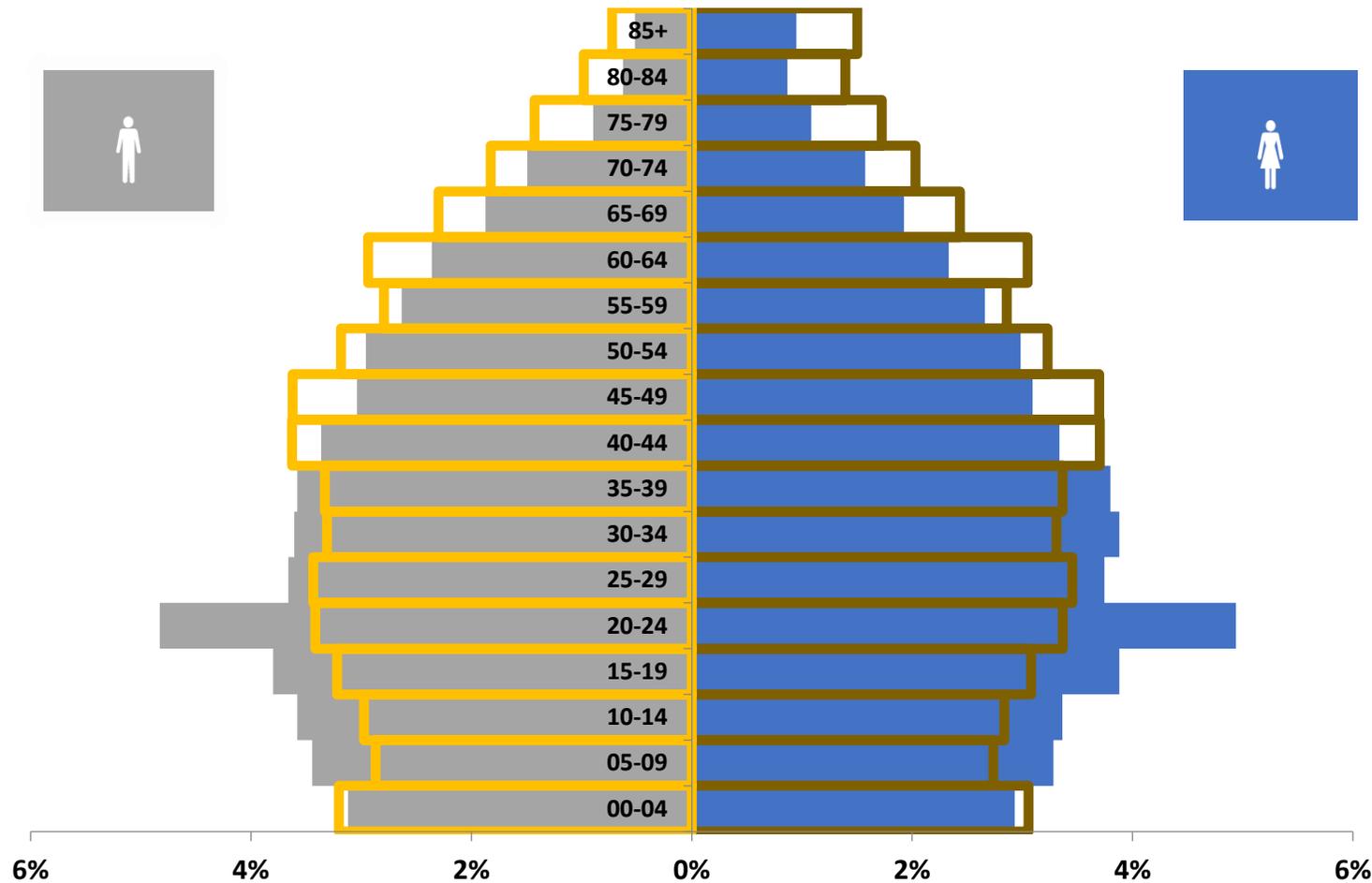
The black line across the red triangle in Nov. 1854 marks the boundary of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red; in January & February 1855, the blue coincides with the black.

The entire areas may be compared by following the blue, the red & the black lines enclosing them.

Leicester and England population structure

Leicester and England pop Structure: 2021



Leicester's population is younger than England's. The median age in Leicester is 33 compared with 40 in England.

A significantly greater proportion of Leicester residents are aged 5 to 40 compared to England, while a smaller proportion of Leicester residents are in age groups above 40.

Leicester has a particularly large 20-24 year old population due to the large numbers of students attending the city's two universities, and the arrival of young migrants to the city.

Legend: England Males 2021 (grey), Leicester Males 2021 (light grey), England Females 2021 (yellow outline), Leicester Females 2021 (blue)

Source: Census 2021

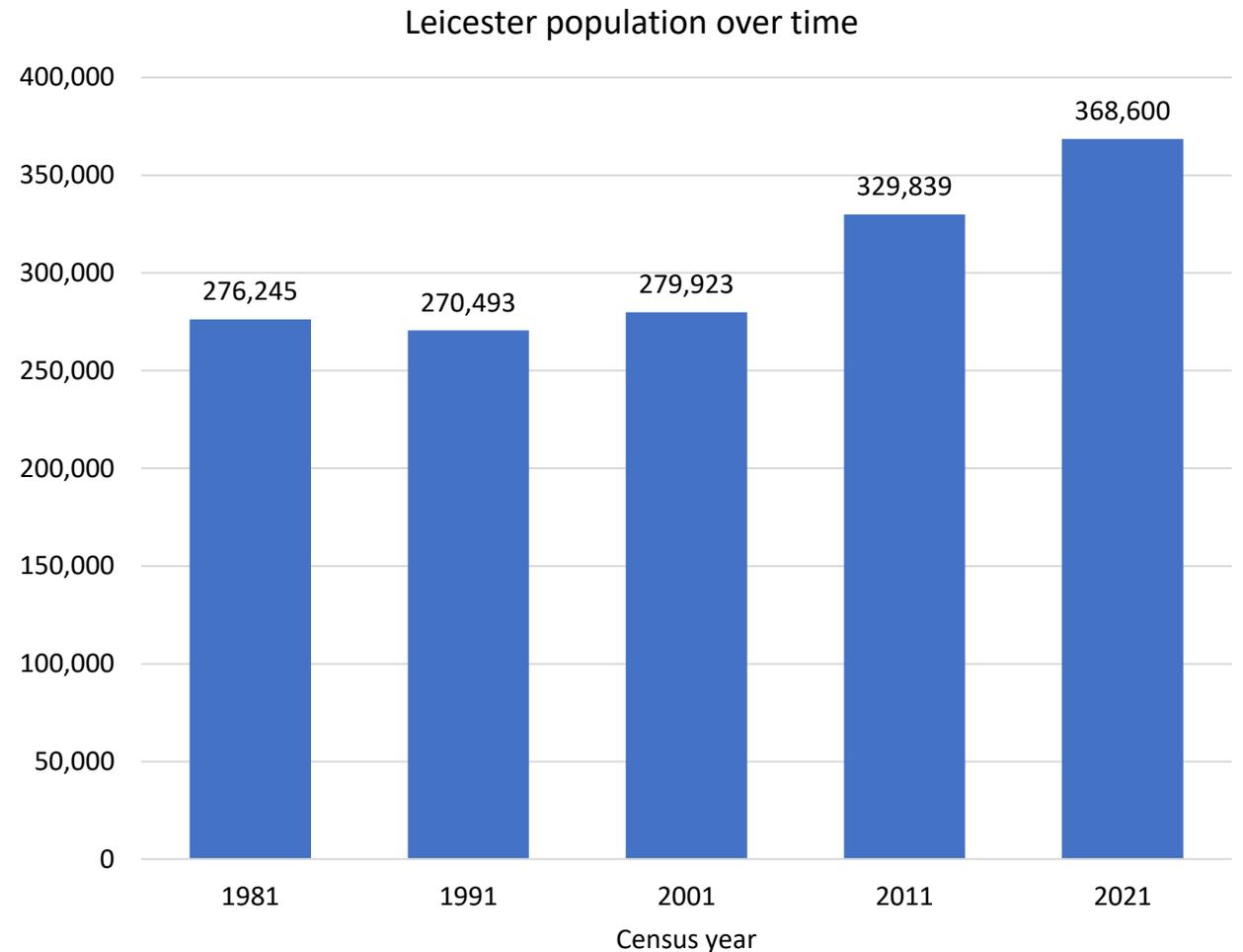
Total population

Leicester's total usual resident population at the 2021 census was 368,600.

Since 2011 Leicester's population has increased by around 38,800. This represents an 11.8% increase.

Over the same period, England's population increased by 6.6% and the East Midlands by 7.7%.

Between 2001 and 2011 Leicester's population increased by 49,900 (17.8%), indicating population growth has slowed in the last decade.

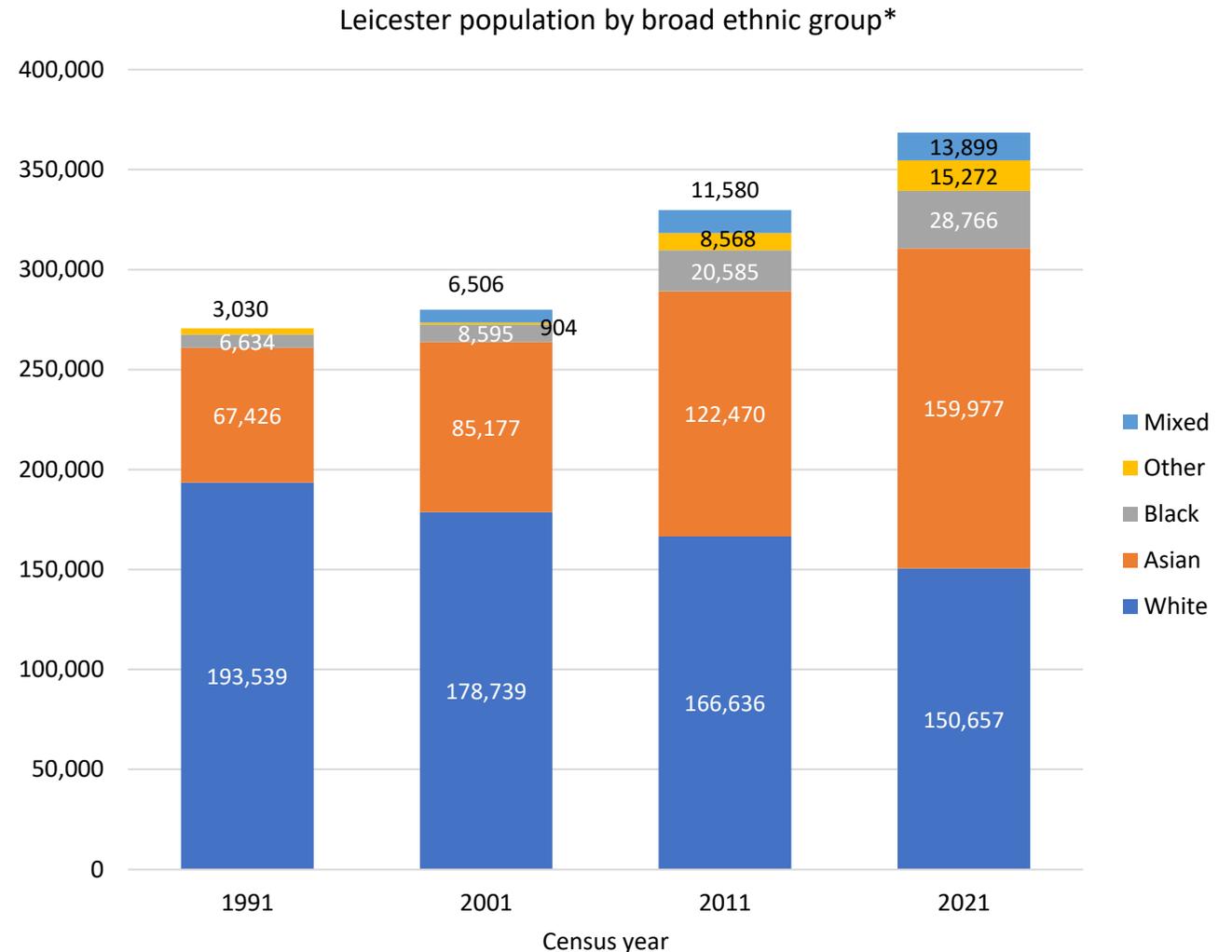


Population by ethnicity, 1991-2021

The first census to include a question on ethnicity was 1991.

Between 1991 and 2021, Leicester's total population has increased by almost 100,000 from, 270,629 to 368,571.

Over the last forty years, the number of White residents has decreased while the number of residents from all other broad ethnic groups has increased.



*Due to changes in the census questionnaire, ethnic group categorisation is not entirely consistent. For example, the mixed/multiple ethnic group category was introduced in 2001.

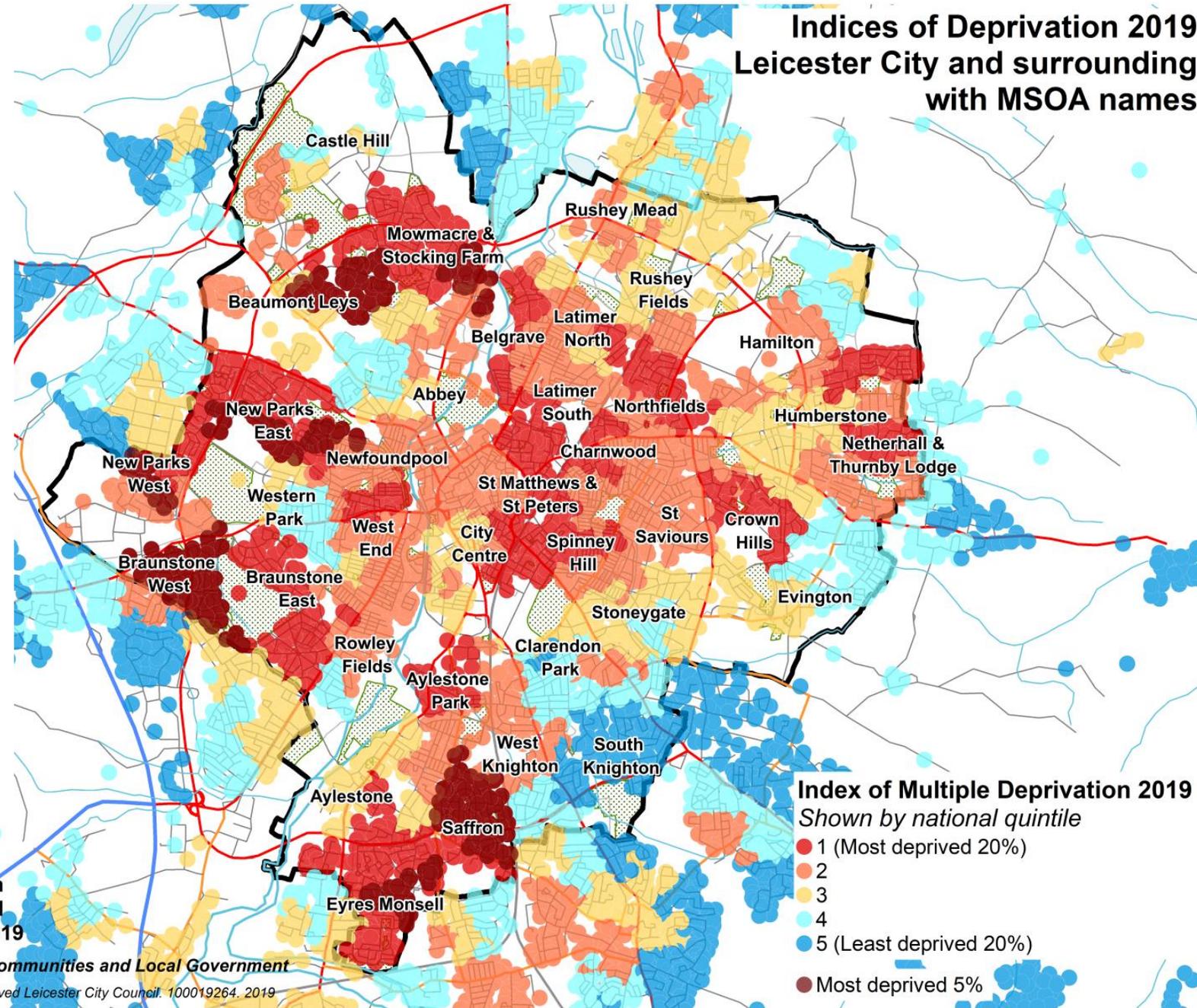
Leicester is a deprived city:

Leicester is the 19th most economically deprived local authority in England (out of 151 Upper tier Authorities). Over a third of the population are resident in the most deprived 20% areas.

Leicester like many cities includes areas of high deprivation alongside more affluent areas.

These extremes of wealth have a significant implication on all aspects of life including the health and wellbeing of residents. This is a major contributing factor to health inequalities.

Indices of Deprivation 2019 Leicester City and surrounding with MSOA names



Public Health Division
Leicester City Council
Created: November 2019

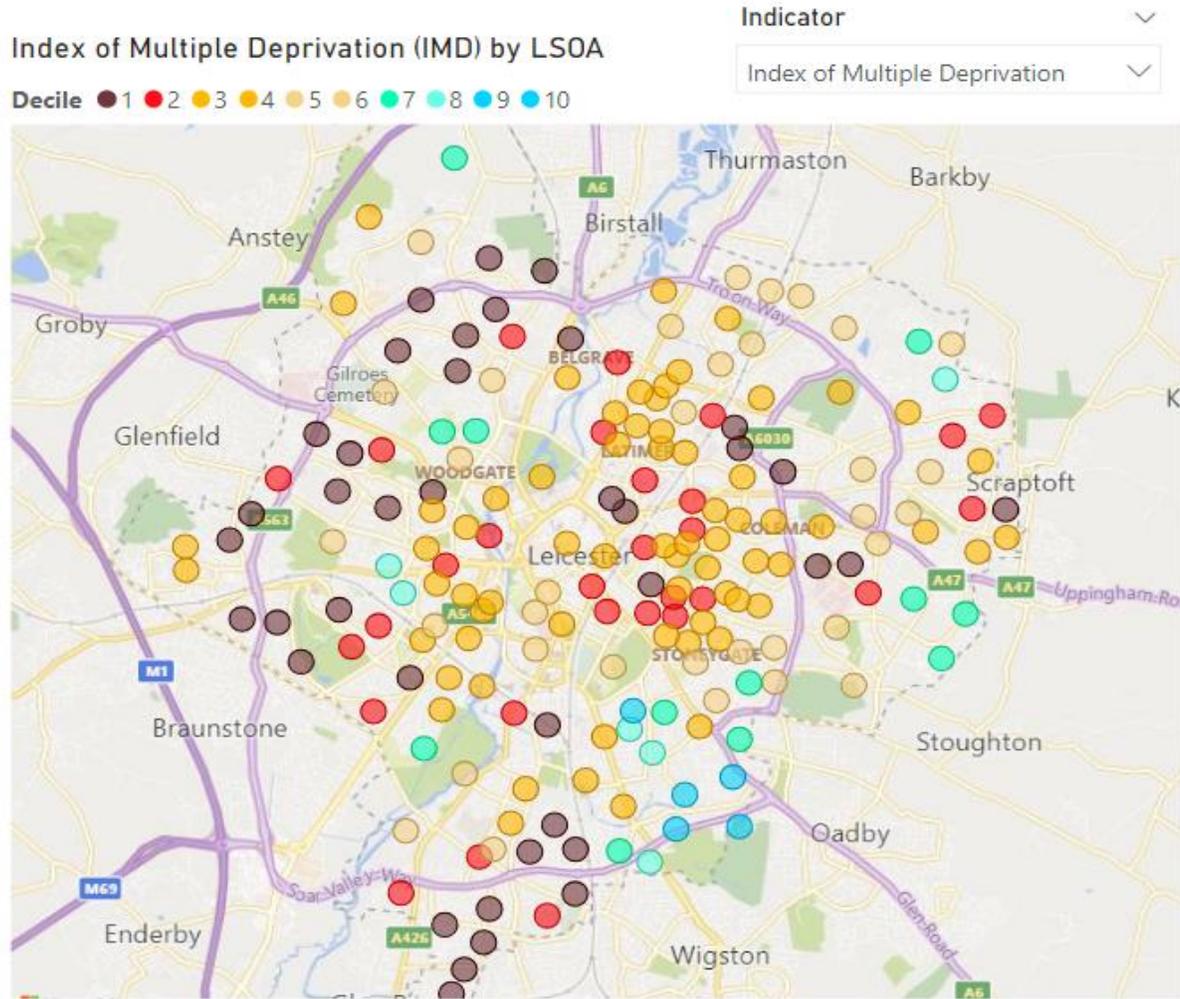
Source: Department for Communities and Local Government

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Leicester is a deprived city: Leicester is the 32nd most economically deprived local authority in England. Over a third of the population are resident in the most deprived 20% areas. There are few areas in the city in less deprived areas.

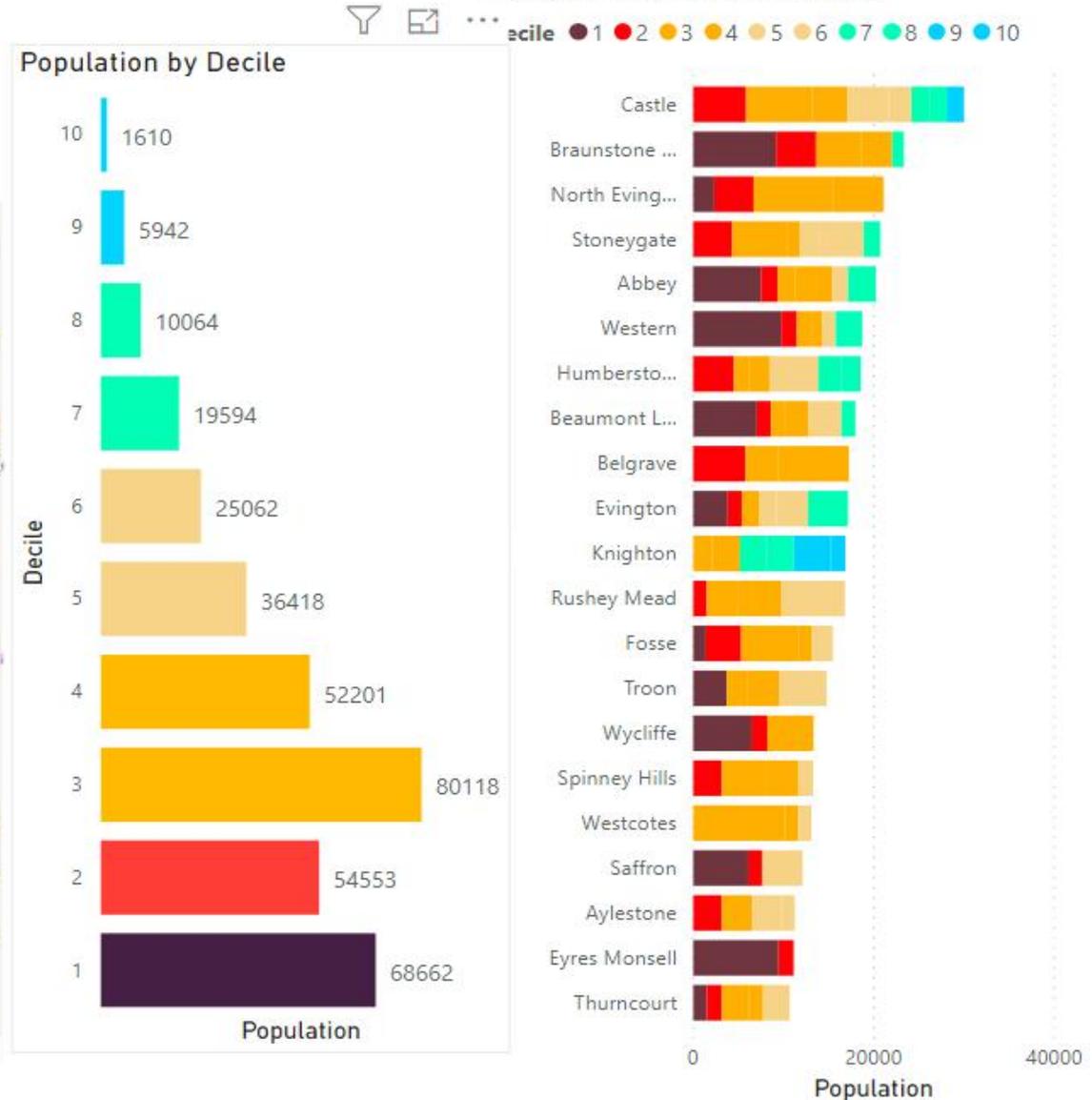
Index of Multiple Deprivation 2019

This is an aggregate score of the relative deprivation by area



Note: Deciles 1-10; decile 1 and 10 being the most and least deprived 10% nationally, respectively

Population by Ward and Decile



Life (healthy) expectancy: Leicester residents have shorter healthy life expectancies and can expect to have a longer ill health life expectancy compared to the national average. For additional context the life expectancy of rough sleepers is also included.

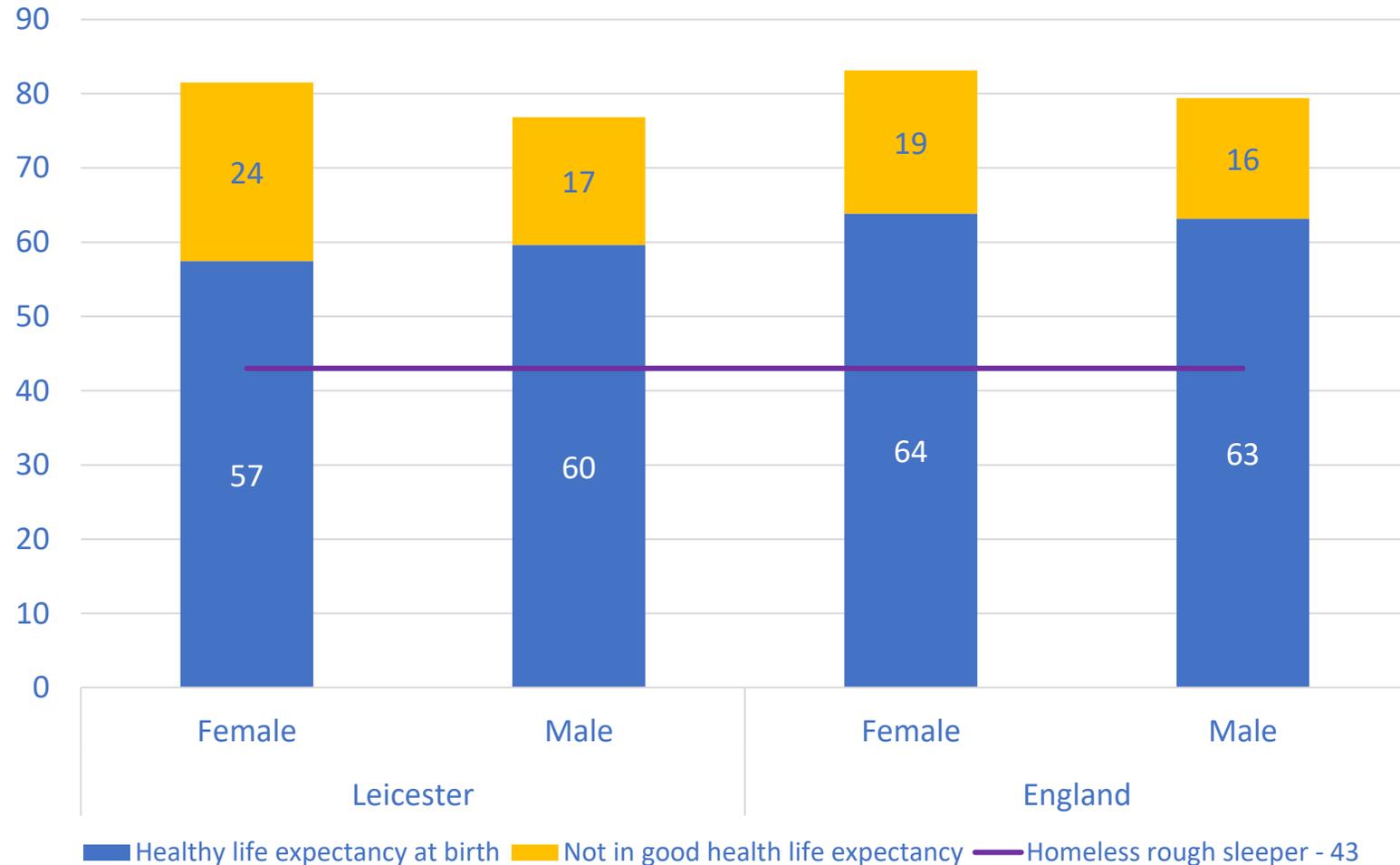
Leicester females can expect 57 years healthy life and a further 24 in ill health compared to 64 healthy years and 19 ill health years for national average.

Leicester males have a slightly longer healthy life expectancy and a shorter ill health life expectancy leading to a shorter life expectancy overall.

There is also inequality across the city. With those in the least deprived areas of the city having longer life expectancies.

Leicester males in the least deprived areas have an additional 8 years and Leicester females have an additional 6 years of life expectancy.

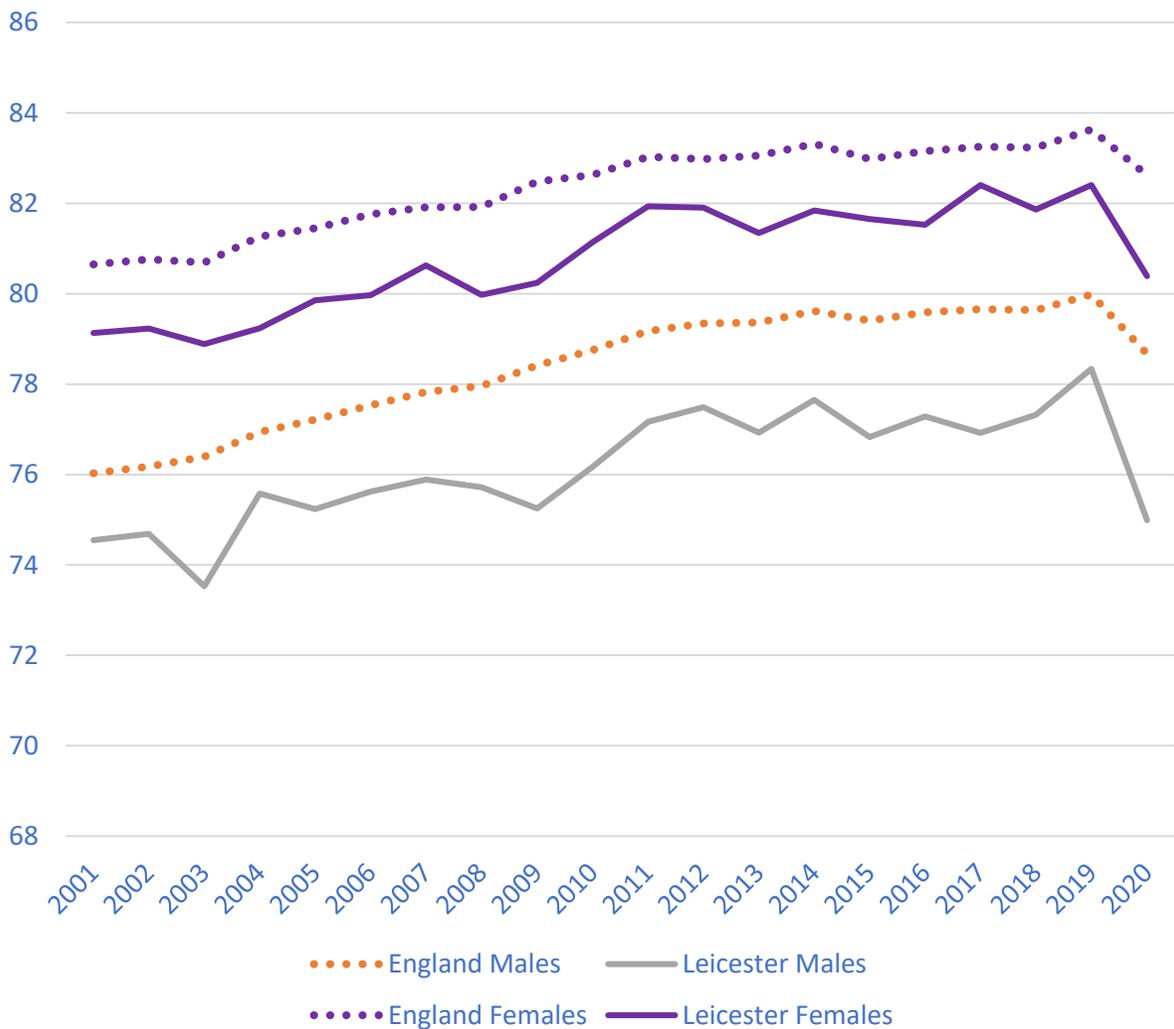
Life expectancy and healthy life expectancy, 2018-20



Source: ONS Life Expectancy data 2018-20 , ONS deaths of homeless people 2018

Leicester experiences lower life expectancy: Latest life expectancy data shows falls in life expectancy in the most recent year (2020). For Leicester males life expectancy has fallen from 78 to 75 and for females from 82 to 80. Areas across the country have experienced falls but urban areas have been disproportionately affected.

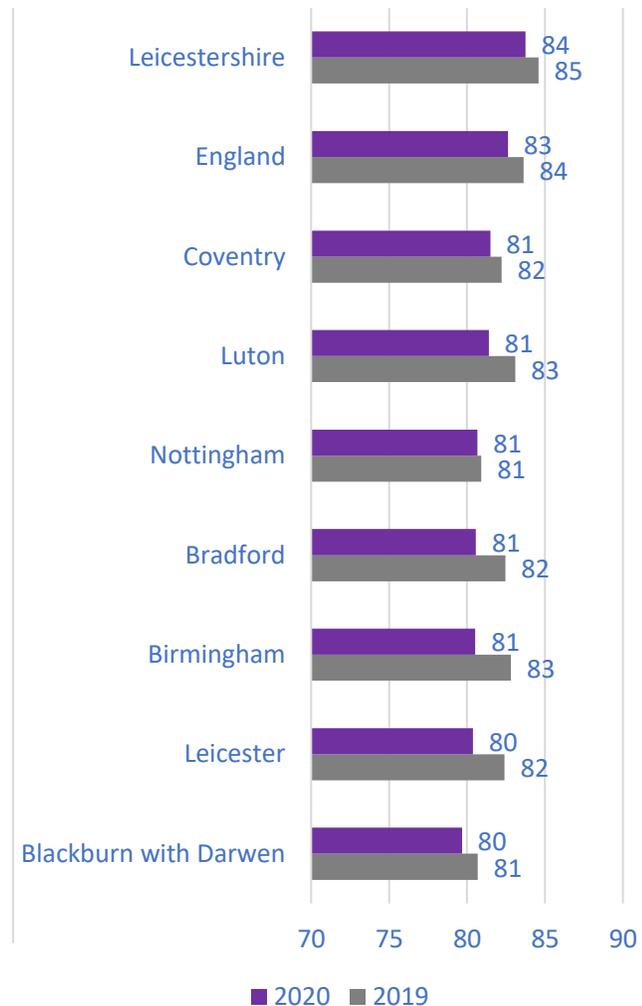
Life expectancy: Leicester and England



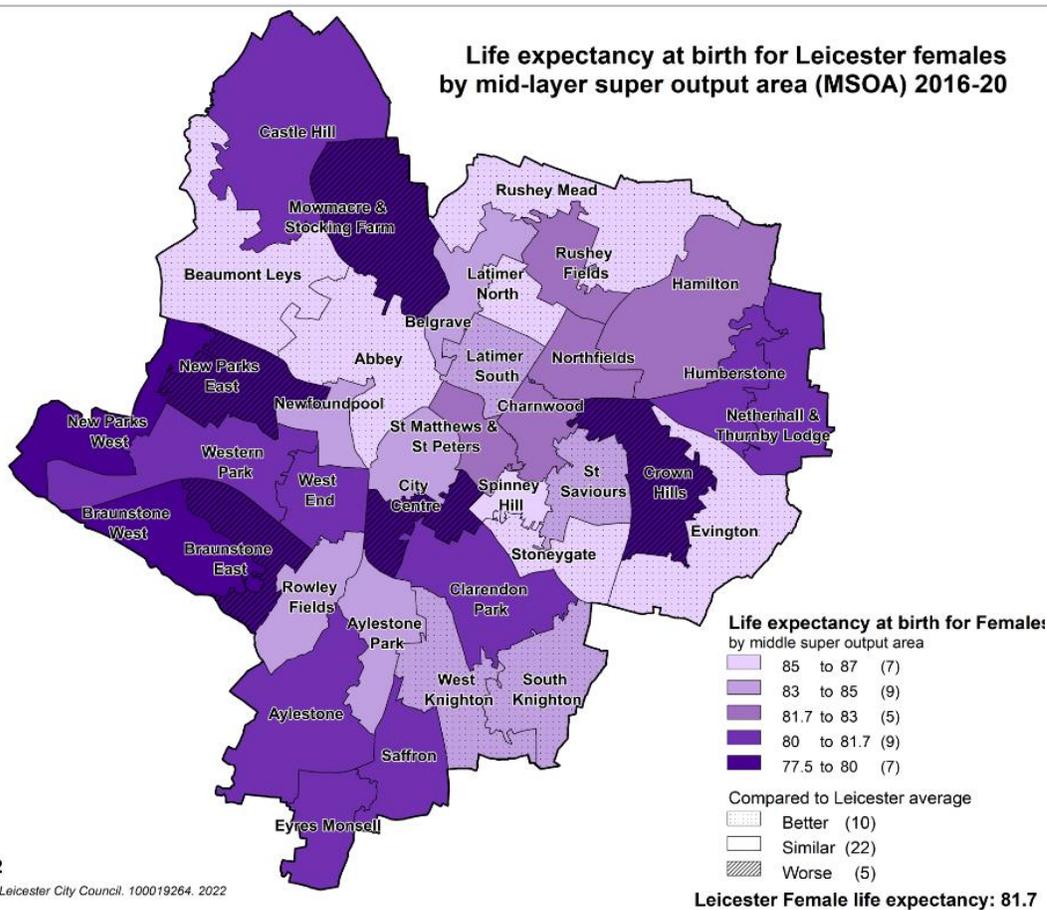
Life expectancy for males 2019 and 2020



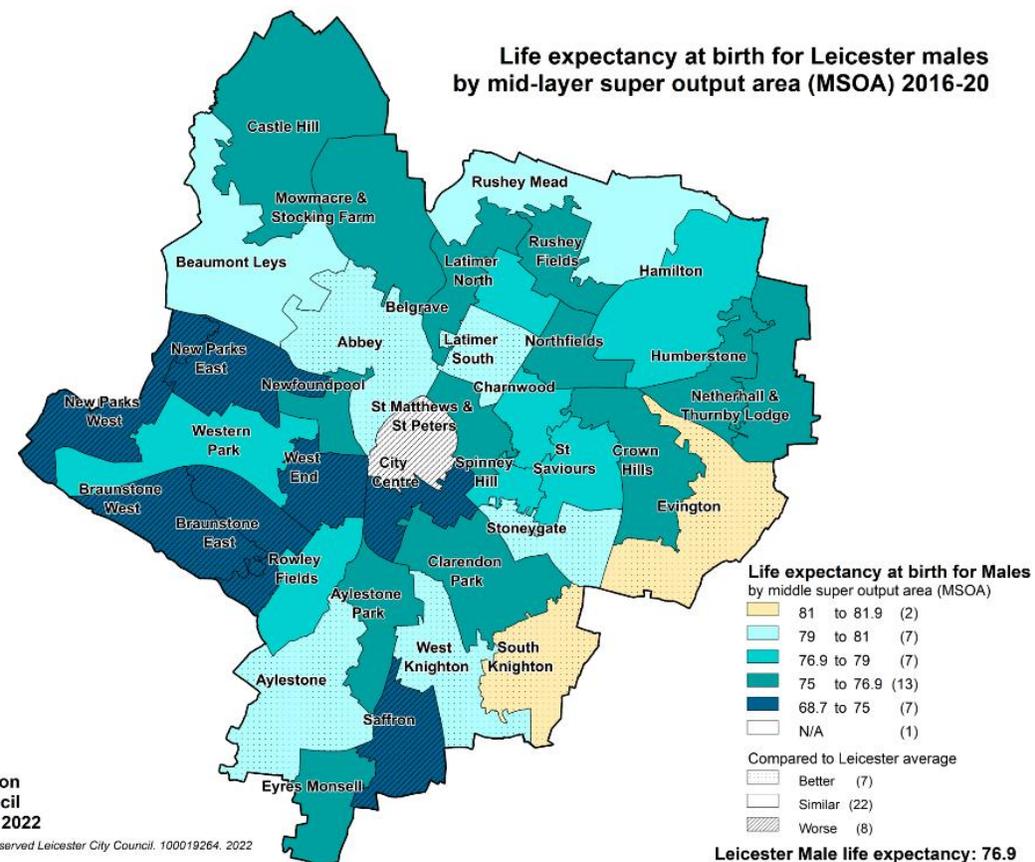
Life expectancy for females 2019 and 2020



Life expectancy: Life expectancy across the city shows clear links with deprivation.



- Across Leicester, there is a gap of 13 years between areas with the highest and lowest life expectancy for males
- Areas of lowest life expectancy are City Centre, Braunstone, New Parks and Saffron.
- Areas with highest life expectancy are Evington, South Knighton and West Knighton



Public Health Division
Leicester City Council
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- Across Leicester, there is a gap of 9.5 years between areas with the highest and lowest life expectancy for females
- Areas of lowest life expectancy for females are New Parks, Braunstone, Mowmacre/Stocking Farm, Crown Hills & City Centre.
- Areas with lowest life expectancy for males are Braunstone, New Parks, West End, Saffron and City Centre.

Source: Local Health Profiles, LE 2016-20,

Health:

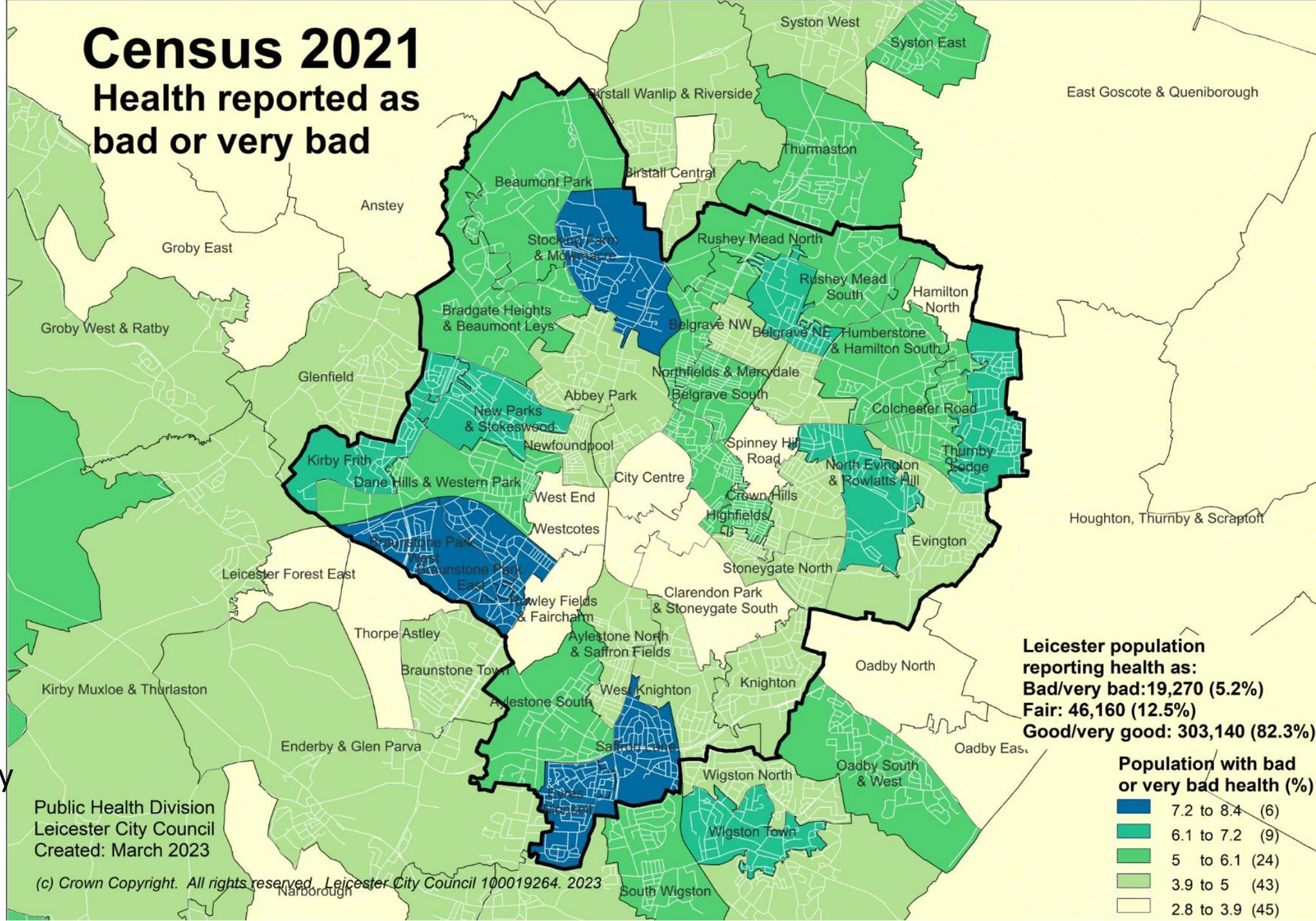
Higher levels of bad/very bad health are seen in areas of high deprivation including Stocking Farm and Mowmacre, Braunstone, Saffron Lane and Eyres Monsell

Overall, Leicester residents reported their health as

- 5.2% bad or very bad (Eng 5.2%)
- 12.5% fair (12.7%)
- 82.3% good or very good (Eng 82.2%)

Census 2021

Health reported as bad or very bad



Disability:

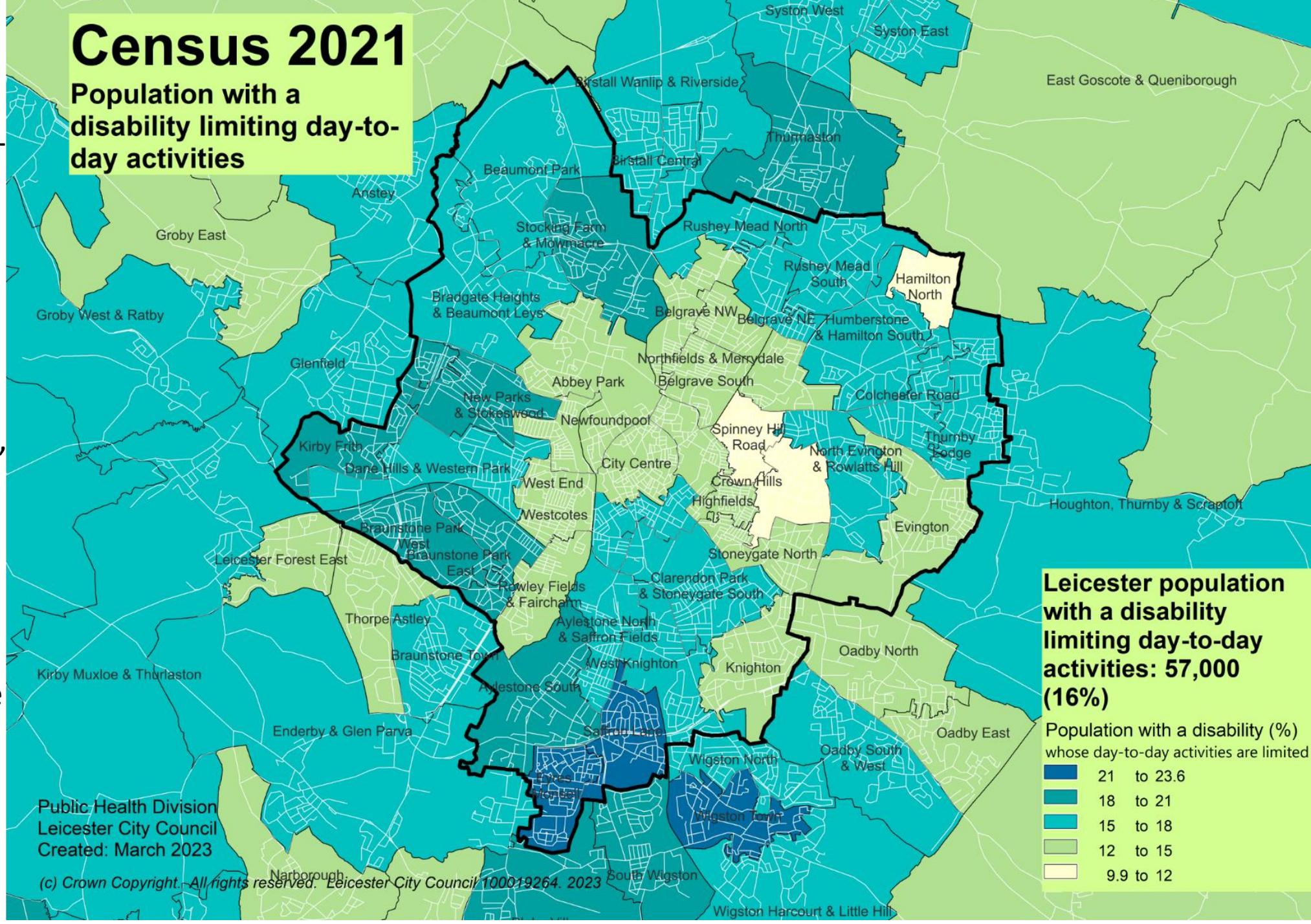
Higher levels of disability affecting day-to-day activities are reported in the west and south of Leicester including Stocking Farm and Mowmacre, Kirby Frith, Braunstone, Aylestone, Saffron Lane and Eyres Monsell

Overall, Leicester residents reported

- 8.5% limited a little
- 7% limited a lot
- 84.5% no disability

Census 2021

Population with a disability limiting day-to-day activities



VALUES

CONFIDENT

CLEAR

RESPECTFUL

FAIR

ACCOUNTABLE



Our mission is to work with partners to improve, protect and promote the mental, physical social and emotional wellbeing of the people in our City

Our vision is a fairer society in which all our communities can live life in health and happiness and achieve their fullest potential

APPROACHES

Team culture

Technical skills

Equity & Fairness

Community development

Partnership working



Prevention – working upstream



This is where public health works (or tries to!)

Prevention can be:

- Preventing ill-health
- Reducing progression of illness
- Reducing impacts of ill-health

REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Priorities and Cross-Cutting Workstreams



Our overarching priority for 2024-25 is to bring a robust and systematic focus on primary and secondary prevention to tackle health inequalities. We will work with partners to agree a number of focussed priority areas to take this forward.

We will also prioritise a number of work-streams to facilitate cross-division coordination and delivery of key themes.

Other priorities where there are already structures in place to support them include Infant Mortality (Healthy Babies Strategy Group) and Healthy Weight (Whole Systems Work).

What services do we commission / provide?

Prescribed functions (mandatory)	Non-prescribed functions
Sexual health services - STI/sexually transmitted infection testing and treatment	Sexual health services – advice, prevention and promotion
Sexual health services – contraception	Obesity – adults
NHS Health Check programme	Obesity – children
Local authority role in health protection	Physical activity – adults
Public health advice to NHS Commissioners	Physical activity – children
National Child Measurement programme	Treatment and prevention for drug misuse in adults
Prescribed children’s 0-5 year old services	Treatment and prevention for alcohol misuse in adults
	Specialist drug and alcohol misuse services in children and young people
	Stop smoking services and interventions
	Wider tobacco control
	Children 5-19 year olds public health programmes
	Other children’s 0-5 year olds services non-prescribed

