

LEICESTER CITY HEALTH AND WELLBEING SCRUTINY COMMISSION
6 August 2014

Subject:	Director of Public Health Annual Report 2013/14
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Accompanying this summary report is the first annual report of the Director of Public Health for Leicester since 1st April 2013, when responsibility for the leadership of public health in England transferred from the NHS to local authorities. In this respect, the report marks a significant milestone and addresses the newly reformed health and public health system locally.

All Directors of Public Health in England are required to produce an independent annual report on the health of the population they serve, highlighting key health issues for the population.

There is no national guidance regarding the content or structure of such reports, however the broad purpose given to this year's report is to:

- inform the City Council, the Health and Wellbeing Board, the Clinical Commissioning Group, NHS England, Public Health England, other partners and the public about the health of the resident population, identifying areas for improvement;
- provide information on health needs to inform the planning and commissioning of health care, health protection and health improvement services and efforts;
- provide a record of the health of the population for comparison over time and with other places.

EXECUTIVE SUMMARY

The report itself paints a picture of health in the city and considers a number of topics, mostly linked to the theme of health inequalities which continues to be a key issue for Leicester. In doing this, it builds upon previous annual reports relating to health inequalities and notes progress in several areas. The Health Facts section at the back of the report provides key demographic data relating to health, allowing a degree of comparability over time, including at ward level.

In the sections on alcohol, smoking, obesity, sexual health and oral health this report provides a description of the relationship of these issues to health and wellbeing and some brief commentary about what we are and can do about them. There are sections also on mental health and long term conditions and finally, sections on protecting health in Leicester, looking at tuberculosis, childhood immunisations and screening programmes in the city.

Each of the main sections of the report contains a number of recommendations to be considered by policy makers and commissioners. These recommendations resonate with existing commitments and actions, such as those set out in 'Closing the Gap: Leicester's Joint Health and Wellbeing Strategy 2013-16'.

The report identifies both progress and challenges. It confirms that, on average, the health of the population of Leicester is relatively poor compared to the rest of the country on average. The main causes of death in Leicester are CVD (heart attacks and strokes), cancer and respiratory disease, all of which are associated with deprivation and all of which are amenable to prevention. Risks of these conditions are substantially increased by smoking, drinking too much alcohol, lack of physical activity and poor diet.

However, on the other side of the balance sheet, the life expectancy gap between Leicester and England, which has been widening for the last ten years, is now beginning to close. Further years of data is required before claiming definitely a narrowing trend, but it seems likely that the hard work put in by many people and organisations to improving health over the last ten years is beginning to make a measurable difference. This provides real encouragement for the future.

The report also identifies a number of areas where particular good progress has been made. These include:

- the high take up of NHS Health Checks for 40 to 74 year old people;
- sustained increases in breastfeeding;
- the high coverage of childhood immunisations in the city
- sustained reduction in the rate of teenage pregnancies.

The introduction to the report recognises that improving health is a complex combination of individual choice, the way we live and the social and economic circumstances that affect our lives, making it easier or harder for us to make healthier choices and sustain them. Invariably, improving or protecting health also involves motivating, supporting and working with the strengths of individuals and communities. Some community norms and expectations are protective of health, others put health at risk. As set out in 'Closing the Gap', there is a need to engage with communities and to work together with them to improve health. 'Closing the Gap' also stresses the importance of the wider influences on health and wellbeing such as housing, education, employment and income, transport, planning, recreation and access to health care.

The transfer of responsibility for the local leadership of public health to Leicester City Council provides opportunities for new partnerships and integration of effort both within the City Council and with wider partners through the Health and Wellbeing Board. It is intended that next year's Director of Public Health Annual Report will consider some of these wider determinants. In the meantime, it is important that all agencies within the newly reformed health and public health system continue to make the most of the new opportunities in partnership to ensure that the health of the population in Leicester continues to improve.

RECOMMENDATIONS:

The Health and Wellbeing Scrutiny Commission is requested to:

- Receive and note the Director of Public Health Annual Report 2013/14
- Consider its contents when developing priorities for the Commission's work programme
- Promote consideration of the recommendations made by partner organisations and others.