

Director of Public Health Annual Report 2013/14

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Background

- All Directors of Public Health are required to produce an independent annual report on health of population.
- 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 improvement services, health protection and health and care services.
- Provide a record of the health of the population for comparison over time and with other places.

People in Leicester

Deprived – 25th worse out of 326 local authority areas.

Diverse – BME and White ethnic groups each make up 50% of the population.

Young – fewer older people and more under 35 year-olds than in England. Projections indicate further increases in under 5 year olds.

Socio-economic challenges – some 29% of adults are without educational qualifications.

Health Inequalities

- Top three causes of all deaths and early deaths are cancer, cardiovascular disease (heart disease and strokes) and respiratory disease.
- The principal contributors to the life expectancy gap with England are cardiovascular and respiratory disease. Infant mortality significantly higher than England.
- Lower life expectancy in areas of higher deprivation.
- Increased risk of diabetes and CHD emergency admissions for South Asian and Black residents, but lower for lung cancer and COPD.
- The life expectancy gap between Leicester and England appears to be narrowing .

Health Inequalities (cont.)

Figure 8: Average life expectancy at birth for men in England and Leicester, 1998-2012

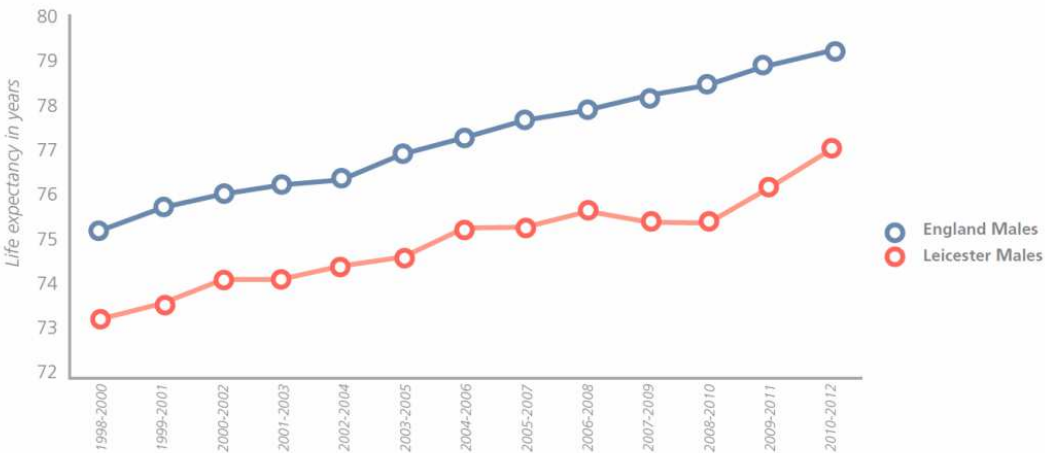
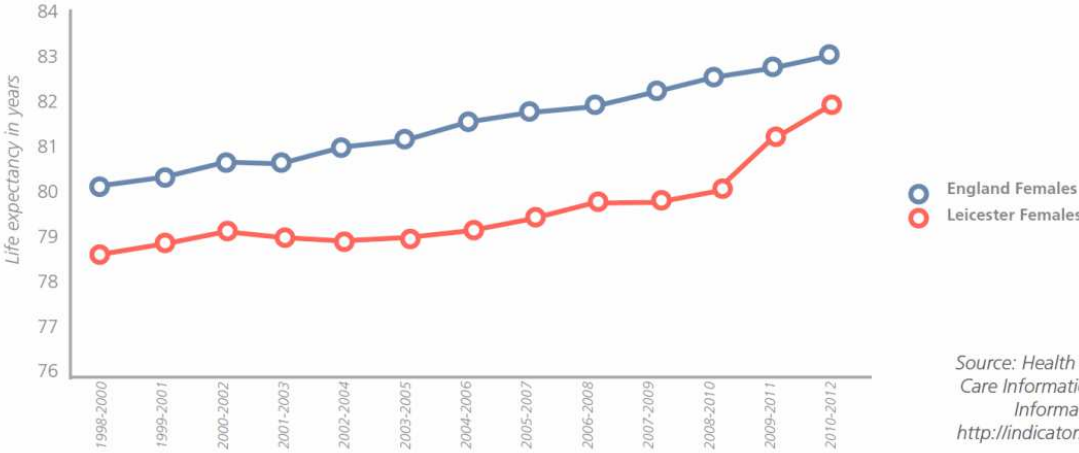


Figure 9: Average life expectancy at birth for women in England and Leicester, 1998-2012



Source: Health and Social Care Information Centre; Information portal <http://indicators.ic.nhs.uk>



Main Lifestyle Issues

- Alcohol – majority of adults are non or low risk drinkers, but Leicester has significantly higher hospital admission rate for alcohol-related conditions than East Midlands or England. Young people less likely to report “ever having an alcoholic drink”.
- Smoking - Smoking is the greatest single cause of preventable premature death and over 20% of adults in Leicester smoke. Two thirds of smokers begin smoking before the age of 18 years.
- Obesity - Population levels of overweight and obesity increasing. Adult overweight and obesity similar to England but a significantly higher prevalence of obese children at ages 4-5 and 10-11.

Main Lifestyle Issues continued

- Sexual Health and HIV –diagnosis rates for acute STIs is above regional /national averages and Leicester is 6th highest prevalence area for HIV outside of London.
- Leicester rate of teenage pregnancy dropped +/-50% from the 1998, with a low of 30.7% per 1,000 in 2011.
- Oral Health – Leicester children at age 5, have the worse level of decayed, missing and filled (dmft) teeth in England. Over half of Leicester 5 year olds have experience of decay.

Mental Health

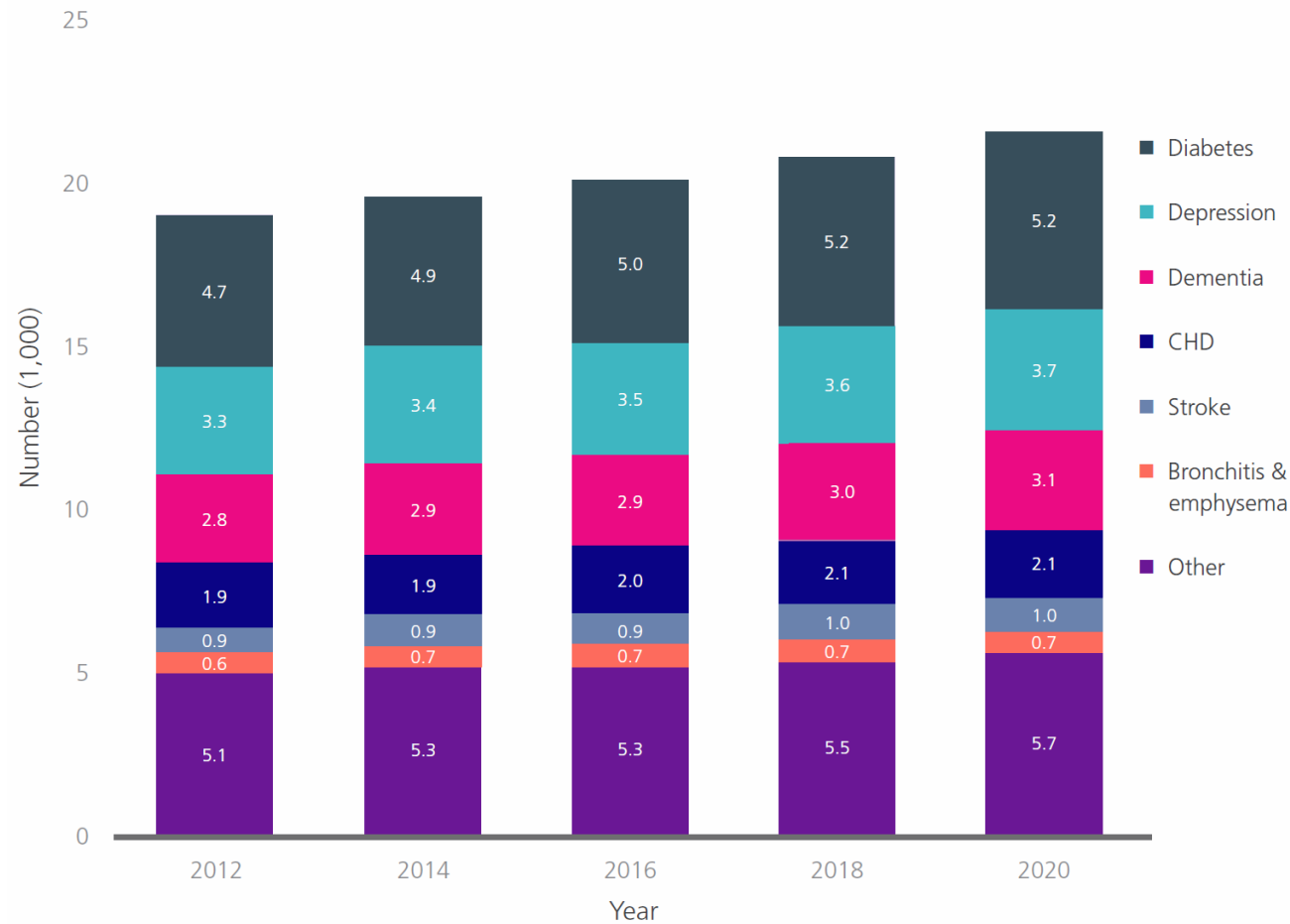
Five ways to wellbeing



Source: Based on New Economics foundation at <http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

Long Term Conditions

Figure 31: Estimated burden of long-term conditions in Leicester between 2012 and 2020 (ages 65 and above)



Source: Institute of Public Care (IPC): Projecting Older People Population Information 2013

Protecting Health in Leicester

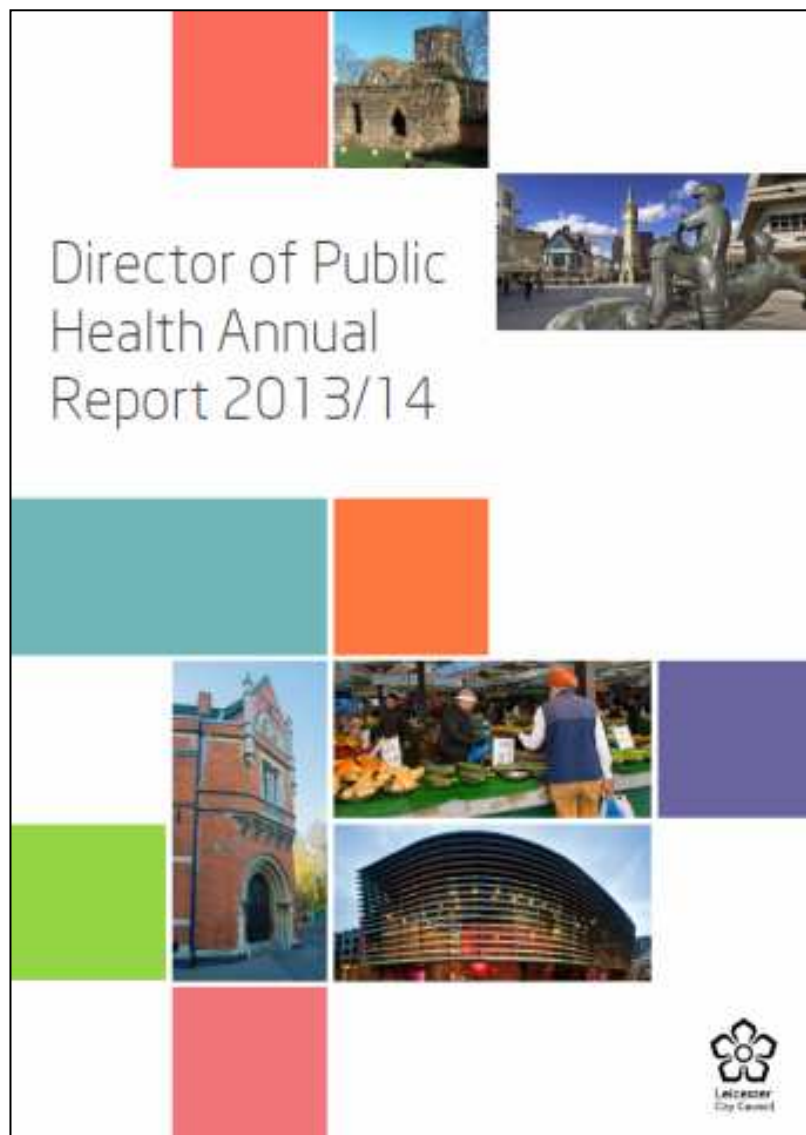
- Tuberculosis - Leicester has the highest rate of TB in the East Midlands and is higher than England, but the Leicester rate is consistently falling.
- Childhood Immunisation - Improved uptake of childhood vaccination in recent years and important to maintain.
- Screening - Uptake rate of cervical screening has been decreasing and remains significantly below the national average. Bowel cancer screening acceptance rate lower in Leicester than elsewhere and twice as many tests in Leicester have a positive results than expected.

Recommendations

- In each section of this report recommendations have been made. These:
 - are aimed at the policy and strategy level in the main;
 - are focussed on what the city council, the NHS and other partners can do to improve population health and public health systems, rather than commenting on specific care services;
 - resonate with Closing the Gap and the CCG's strategic priorities;
 - are for consideration by both individual organisations and partnerships.

Summary and Conclusions

- This report provides an overview of health in Leicester and makes recommendations aimed at improvement.
- Population health in Leicester is relatively poor compared with the England average.
- Good progress has been made in many areas and there are some encouraging signs of measurable improvement.
- Complex challenges remain and require sustained partnership effort.



Report available from
<http://www.leicester.gov.uk/our-council-services/health-and-wellbeing/reports/>

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