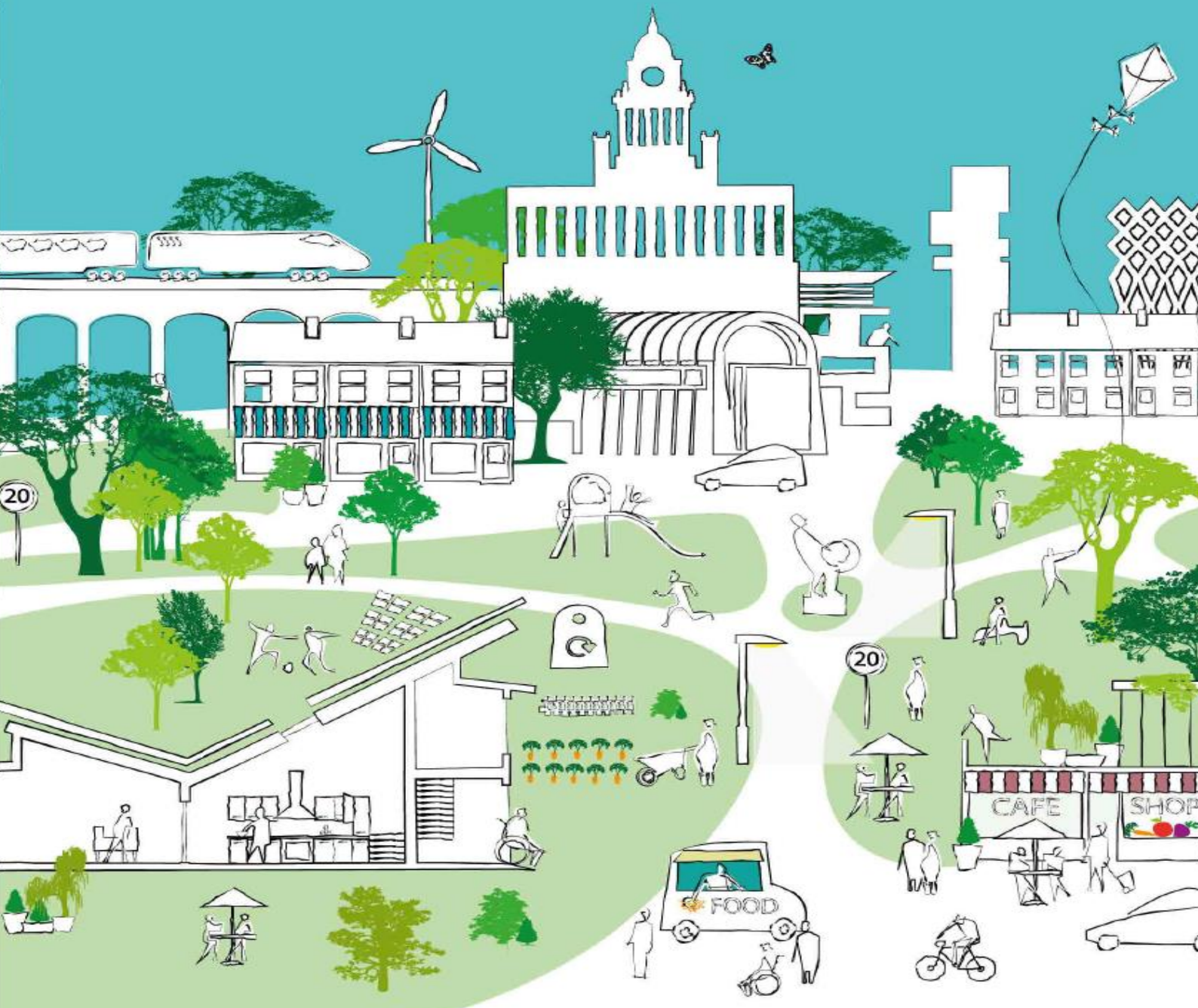
Leeds
CITY COUNCIL

Director of Public Health Annual Report 2016

Improving the Health Status for Leeds beyond 2016



Introduction

The Leeds Health & Wellbeing Strategy 2016 – 2021 was launched in April 2016. The strategy is described as a blueprint how the best conditions are to be put in place in Leeds for people to live fulfilling lives. The vision being that Leeds is a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

The strategy has a wide remit with five outcomes twelve priority areas and twenty one indicators. Seven of these indicators are directly related to health status.

The Leeds Health & Wellbeing Strategy has as its ambition to be the best city for health & wellbeing – but how will we know we have achieved this? There are 69 cities in the United Kingdom. Leeds has the second largest city population with the range down to the 1,841 people living in St David's in Wales. A comparison across 69 cities is probably not appropriate.

So 2016 marks the beginning of our five year journey with the new Leeds Health and Wellbeing Strategy. Let's imagine that the first Medical Officer of Health for Leeds was now arriving. He or she would want to hear our latest position against the seven health status indicators set out in the strategy alongside key indicators that relate to those Public Health issues described as priorities within the same strategy. (Appendix 1)

Even a cursory glance at Appendix 1 highlights the scale of the challenge for Leeds. We might take a defensive position with the new first Medical Officer of Health and describe how many of the trends for health are going in the right direction (true) and that we can demonstrate examples of where we are narrowing the health inequalities within the city (again, true). We can demonstrate progress with our first Leeds Health and Wellbeing Strategy (2013-2015) and we can point to a wealth of health data that is now available at local level http://observatory.leeds.gov.uk

However, on behalf of the new first Medical Officer of Health, let's take a cold eyed look at where we are now in relation to the health and wellbeing for children and young people, the health and wellbeing of adults and preventing early death, the protection of health and wellbeing. This is our new starting position

1) Improving the health and wellbeing of children and young people

Indicator No.	Indicator	England	Leeds	Direction of Travel
1.a	Infant Mortality	4.0	3.6	Improving
1.b	Low birth-weight of term babies	2.9%	3.4%	Worsening
1.c	Smoking Status at time of delivery	11.4%	11.9%	Improving
1.d	Breast feeding initiation	74.3%	68.0%	Worsening
1.e	Breast feeding continuation	43.8%	48.7%	No change
1.f	Teenage Pregnancy	22.8	29.4	Improving
1.g	5 year-olds free from tooth decay	75.2%	68.6%	Improving
1.h	Excess weight in children in Reception Year	21.9%	21.5%	No change
1.i	Excess weight in children in Year 6	33.2%	33.0%	No change
1.j	Never taken alcohol (secondary school students)	n/a	50.2%	Improving
1.k	Never taken illegal drugs (secondary school students)	n/a	92.6%	Improving
1.l	Feeling stressed or anxious (primary and secondary students)	n/a	20.0%	Worsening
1.m	Being bullied at school (primary and secondary students)	n/a	31.9%	Improving

Table Notes:

1.a Deaths per 1000 live births 2012-2014; 1.b Percentage of term babies with weight measured who were under 2.5Kg, 2014; 1.c Percentage of mothers who were smokers at the time of delivery 2014/15; 1.d Percentage of mothers who partially or entirely breast fed their baby at delivery 2014/15; 1.e Percentage of mothers who partially or entirely breast fed their baby at 6 to 8 weeks, 2014/15; 1.f Conceptions in women aged under 18 per 1,000 females aged 15-17, 2014; 1.g Percentage of 5 year olds who are free from obvious dental decay 2014/15 (PHE dental survey); 1.h Proportion of children aged 4-5 years classified as overweight or obese, 2014/15; 1.i Proportion of children aged 10-11 classified as overweight or obese, 2014/15; 1.j My Health My School Survey Alcohol use (Q.24), 2014/15; 1.k My Health My School Survey Illegal Drugs (Q.28), 2014/15; 1.l My Health My School Survey Stress (Q.41), 2014/15; 1.m My Health My School Survey Bullying (Q.48), 2014/15

Infant mortality (deaths aged under one) continues to be a significant marker of the overall health of the population – and is one of the seven health status indicators in the Health & Wellbeing Strategy. The concerted focus over the last few years has seen a reduction to the lowest level ever seen in Leeds – remarkably below the rate for England as a whole. There is evidence of the benefit of sustained partnership action.

The focus is now on the broadened Best Start programme (from conception to two years). The proportion born with a low birth weight is significantly higher than across England, although the proportion of women smoking at the time of delivery is around the national figure. While the levels of breastfeeding at 6 – 8 weeks is high, the actual numbers of mothers starting to breast feed is lower than in England.

The teenage pregnancy rate is significantly higher than for England.

Nearly one in three children at the age of five years old have some tooth decay. This worrying position is worse than for England as a whole and has been subject of a report to the Scrutiny Board (Health & Well-being and Adult Social Care).

The recently launched national Childhood Obesity action plan reflects concerns over the weight of children. While the percentage of children with excess weight is lower than for England, it is clearly of concern that one in three children at the age of 10-11years are either overweight or obese. Children above a healthy weight is one of the seven health status indicators in the Health & Wellbeing Strategy.

The Leeds My Health My School survey supported by the Healthy Schools programme demonstrates a significant reducing trend in the use of illegal drugs and in under-age use of alcohol.

Children's positive view of their wellbeing is a specific indicator in the Health & Wellbeing Strategy. The Leeds My Health, My School survey shows that around one in five children feel stressed or anxious everyday or most days and that around one – third feel they have been bullied at school. The trends since 2009/10 appear to be getting worse for stress/anxiety and improving for bullying.

2) Improving health and wellbeing of adults and preventing early death

Indicator No.	Indicator	England	Leeds	Direction of Travel
2.a	Life Expectancy at birth (Males)	79.5	78.4	Improving
2.b	Life Expectancy at birth (Females)	83.2	82.4	Improving
2.c	Healthy Life Expectancy at birth (Males)	63.4	60.6	No change
2.d	Healthy Life Expectancy at birth (Females)	64.0	62.1	No change
2.e	Preventable Mortality (Persons All Ages)	182.7	209.1	Improving
2.f	Cardiovascular disease mortality (Males under 75)	106.2	127.0	No change
2.g	Cardiovascular disease mortality (Females under 75)	46.9	53.8	Improving
2.h	Cancer Mortality (Males under 75)	157.7	181.5	Improving
2.i	Cancer Mortality (Females under 75)	126.6	140.9	Improving
2.j	Respiratory Disease Mortality (Males under 75)	38.3	47.6	No change
2.k	Respiratory Disease Mortality (Females under 75)	27.4	37.6	Worsening
2.l	Liver Disease Mortality (Males under 75)	23.4	26.5	No change
2.m	Liver Disease Mortality (Females under 75)	12.4	11.8	Improving
2.n	Suicide Rate (Males)	15.8	17.4	No change
2.o	Suicide Rate (Females)	4.5	3.3	Improving
2.p	Deaths from drug misuse (Persons All Ages)	3.4	3.7	No change
2.q	Excess under 75 mortality in adults with serious mental illness	351.8%	395.1%	Improving
2.r	Smoking Rate (adults)	16.9%	18.5%	Improving
2.s	Physically Active Adults	57.0%	56.3%	No change
2.t	Physically Inactive Adults	28.7%	28.9%	No change
2.u	Excess weight in adults	64.6%	62.3%	Not known
2.v	Life Expectancy at 65 (Males)	18.8	17.9	Improving
2.w	Life Expectancy at 65 (Females)	21.2	20.2	No change
2.x	Falls (Persons over 65)	2125	2382	No change
2.y	Hip fractures (Females over 65)	1895	2031	No change

Table Notes:

2.a Life Expectancy at birth (Males 2012-2014); 2.b Life Expectancy at birth (Females 2012-2014); 2.c Healthy Life Expectancy at birth (Males 2012-2014); 2.d Healthy Life Expectancy at birth (Females 2012-2014); 2.e Age-standardised mortality rate (All Ages) from causes considered preventable per 100,000 population, 2012-2014 ; 2.f Cardiovascular disease mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.g Cardiovascular disease mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.h Cancer Mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.i Cancer Mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.j Respiratory Disease Mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.k Respiratory Disease Mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.l Liver Disease Mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.m Liver Disease Mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.n Suicide rate (males) per 100 000 (DSR), 2012-2014; 2.o Suicide rate (females) per 100 000 (DSR), 2012-2014; 2.p Drug misuse mortality (Persons All Ages), per 100 000 (DSR), 2012-2014; 2.q Ratio of rate of mortality for people with severe mental illness compared to the general population, 2013/14; 2.r Smoking prevalence in adults (Annual Population Survey), 2015; 2.s Physical activity > 150 minutes per week; 2.t Physical activity < 30 minutes per week; 2.u Percentage of persons aged 16+ who were overweight or obese, 2014-2014; 2.v Life expectancy for males aged 65, 2012-2014; 2.w Life expectancy for females aged 65, 2012-2014; 2.x Injuries due to falls in people 65 and over (persons), 2014/15; 2.y Hip fractures in women aged 65+ per 100 000, 2014/15

Life expectancy and healthy life expectancy for males and females is below that of England. The years of life lost from avoidable causes of death is an indicator in the Health & Wellbeing Strategy – and is significantly higher than for England. The biggest gains for the Health & Wellbeing Board lie in reducing deaths from cardiovascular disease, cancer, respiratory disease for men and women plus reducing liver disease deaths for men. The suicide rate for men and women is not significantly different from that of England as a whole. Deaths from drug misuse are above the England rate.

Early death for people with a mental illness is an indicator in the Health & Wellbeing Strategy, recognising that there continue to be excess deaths in this population. The Leeds position is worse than that for England as a whole. More work needs to be done to determine whether this is a significant difference, but regardless, there is a specific challenge here for the city.

There is a concern nationally over the future health service burden due to the rising numbers of diabetics. The consistently low numbers reported for Leeds has always looked a complete anomaly to the Director of Public Health. Recent national modelling suggests an additional 9,000 cases to be identified across the city resulting in an estimated 50,000 people with diabetes.

There are 45,000 people who are currently known to be at high risk of diabetes. Leeds is a pilot for the National Diabetes Prevention Programme aiming to reduce those becoming diabetic by two thirds. National modelling suggests there could be an additional 19,000 people at high risk of developing diabetes in Leeds.

The smoking level for adults is 18.5%, of adults, above the England figures.

Physical activity is a priority area and an indicator of progress within the Health & Wellbeing Strategy. The picture of Leeds mirrors that for England with just over half the population taking more than 150 minutes of physical activity per week. Of greater concern is that, similar to England, over a quarter of adults in Leeds achieve less than thirty minutes of physical activity per week.

Around two-thirds of adults in Leeds are either overweight or obese

Life expectancy at the age of 65 years is significantly below that for England both for males and females. The number of injuries due to falls in those aged over 65 years is significantly higher in Leeds, with the number of hip fractures in females also higher.

3) Protecting the health and wellbeing of all

Indicator No.	Indicator	England	Leeds	Direction of Travel
3.a	Mortality from Communicable Diseases (including influenza)	10.2	8.8	Improving
3.b	Gonorrhoea - Diagnosis Rate	70.7	78.5	Worsening
3.c	HIV - New Diagnosis Rate	12.3	15.1	Worsening
3.d	Chlamydia - Detection Rate	1887	2433	No change
3.e	Tuberculosis incidence	12.0	13.0	No change
3.f	Excess Winter deaths	15.6	18.1	No change
3.g	Fraction of Mortality attributable to particulate air pollution	5.3%	5.0%	No change

Table Notes:

3.a Mortality from communicable diseases (including influenza) per 100 000 person, DSR, 2012-2014; 3.b Gonorrhoea diagnosis crude rate per 100 000 persons, 2015 (PHE Sexual Health Profile dataset); 3.c Rate of new diagnosed cases of HIV per 100 000 persons aged over 15 years, 2014 (PHE Sexual Health Profile dataset); 3.d Rate of Chlamydia detection per 100 000 persons aged between 15 and 24, 2015 (PHE Sexual Health Profile dataset); 3.e Rate of TB incidence, crude rate per 100 000 persons, 2013-2015; 3.f Excess winter deaths index, persons all ages, 2011-2014; 3.g Percentage of deaths attributable to PM2.5 particulate air pollution, 2013

Notes: Unless otherwise stated, all variables presented in the 3 tables above were sourced from the Public Health Outcomes Framework dataset produced by Public Health England.

DSR means Directly Standardised Rates, which are used to remove the effect of differing population age structures on the rates produced; this allows Leeds to be compared with England in an accurate way, despite the impact of the university student and other population differences on the age structure.

Although having a lower profile than in days gone by, infections continue to cause significant ill health with personal and organisational costs. Prevention; reducing transmission and effective treatment is still required.

The overall mortality rate for communicable diseases (including influenza) is below that of England as a whole. Vaccination rates are at or above national levels.

In terms of sexual transmitted infections, there are higher levels of gonorrhoea diagnosed in Leeds and the same is for HIV. The detection rate for chlamydia in Leeds is higher than for England which is positive but this also reflects the high levels of chlamydia in the 15-24 year old population.

The number of new cases of tuberculosis has currently fallen to below the rate for England.

Excess winter deaths relate in particular to respiratory infections and also cardio-vascular events due to the cold and Leeds mirrors the England rates.

Air pollution affects mortality from cardiovascular and respiratory conditions, including lung cancer. Poor air quality in Leeds has been estimated to be attributable to the equivalent of 350 deaths per year in those aged over 25 years.

4) Progressing health status improvement 2016 and beyond

For the Health and Wellbeing Board to demonstrate meaningful progress with the new Health & Wellbeing Strategy, this will require an improvement in the health status of the Leeds population as a whole against the health of England.

The Council's intention to enhance locality working to reduce inequalities within the city should include specific objectives to improve health of those populations. In a similar way the Breakthrough projects should have a greater focus on those health challenges already highlighted.

The NHS is going through significant changes in response to the current financial problems. This includes developing New Models of Care involving primary care and community health services. This should be seen as an opportunity to narrow the health gap and not end up solely focusing on the financial gap.