Leeds CITY COUNCIL

Report author: Dr Ian Cameron
Tel: 0113 247 4414

Report of Director of Public Health

Report to Executive Board

Date: 18 December 2013

Subject: Director of Public Health Annual Report 2013

Are specific electoral Wards affected? If relevant, name(s) of Ward(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. Under the Health & Social Care Act 2012, the Director of Public Health has a duty to produce an Annual Report on the health of the population.

2. Protecting the health of the population continues to be an important component of public health and therefore becomes a new responsibility for councillors.

3. Using the 1877 Annual Report as a comparison this year's report focuses on infectious disease, air quality, infant mortality and the role of school nursing in protecting children's health – covering progress and future challenges.

Recommendations

4. The Executive Board is requested to:

   i. Note the contents of the report.

   ii. Support the recommendations including the proposal to create a Health Protection Board under the Leeds Health & Well Being Board.

   iii. Recommend that the report is received by the Scrutiny Board (Health and Well-being and Adult Social Care).

Purpose of this report

1.1 To summarise the background, content and key issues from the Director of Public Health's Annual Report 2013.

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 local population. Within the same section of the Act, the Local Authority has a duty to publish the report.

2.2 The first Annual Report in Leeds was in 1866 – the year of the arrival of the first Medical Officer of Health in Leeds.

2.3 Recent reports have been produced by the NHS, but more recently jointly between the NHS and Leeds City Council. This report is the first for a number of years to be solely under the Council.

2.4 The context for this year's report is the move of Public Health to the Council and the new leadership role for the ninety-nine councillors for Leeds.

2.5 In improving the health and well being of the population of Leeds and reducing health inequalities, councillors will need to take a broad range of actions and approaches – ranging from tackling the social determinants of health; changing lifestyles; ensuring access to effective health and care services; using economic and technological developments; ensuring a natural environment that co-exists successfully with economic growth and social development; protecting the health of the population from infectious diseases and environmental hazards.

2.6 A concern for the Director of Public Health is that there may be a lack of emphasis on the importance of health protection. This was the dominant health concern faced by the first Medical Officers of Health in Leeds and still has a relevance today – hence this being the focus for this year's report.

2.7 Although the first Annual Report in Leeds was 1866, the Director of Public Health has used the 1877 Annual Report as the basis for a comparison between then and now. This is because of a sense by the author at the time that finally there was some improvement in health in Leeds – a turning of the curve.

2.8 This year's report focuses in particular on infectious disease, air quality, infant mortality and the role of school nursing in protecting children's health.

2.9 As a way of highlighting the issues raised there are real life stories of what it is like in Leeds today to experience catching measles; catching whooping cough; trying to stop smoking while pregnant; being a teenage mother; struggling with breastfeeding; and coping as a young mother with money difficulties.

2.10 Along with the report are the usual data on the health of the population including life expectancy; mortality; disease prevalence e.g. coronary heart disease, respiratory disease, cancer; life styles e.g. smoking, obesity.

2.11 The data is available city wide, by Area Committee, Clinical Commissioning Group and by 107 Medium Large Super Output Areas (MSOA's – of around 6 – 8,000 population each).

2.12 The report and data are available at www.leeds.gov.uk/DPHAR

3 Main issues

3.1 Infectious diseases

3.1.1 Deaths from infectious diseases have fallen over the years. However, the appalling scandal at mid Staffordshire Hospital highlights the devastating impact infections can still have for individuals.

3.1.2 Surveillance to keep track of infections and other diseases continue to be a vital bed rock for health protection – even more so in these days of mass travel.

3.1.3 The national MMR Catch up Campaign in 2013 highlighted the importance of vaccination but also highlighted the confusion of roles and responsibilities between different agencies as a result of the NHS re-organisation.

3.1.4 The report recommends that the Health & Well Being Board establishes a Health Protection Board to ensure a Leeds wide focus on health protection issues.

3.1.5 Multi-agency work in Leeds over the last few years has reversed an increase in tuberculosis (TB) cases. However the rate is still nearly four times higher than the USA. In 2011 20% of new arrivals to Leeds with countries with high numbers of TB cases developed TB within the first two years in the city.

3.1.6 Implementing the recommendations of a 2013 West Yorkshire review of TB services will help further reduce the role of TB infections.

3.2 Air quality

3.2.1 The industrial black smoke pollution of the Victorian era and beyond has been replaced by harmful vehicle exhaust gases. Progress has been made in reducing key specific air pollutants in Leeds over the last twenty years.

3.2.2 High levels of air pollution remain for areas living close to main roads, often in areas of high deprivation where other health issues are also present.

3.2.3 Improving air quality by reducing traffic pollution or not building new homes away from major road intersections will contribute to an increase in healthy length of life.

3.2.4 Leeds City Council should continue to work to improve air quality in partnership with other West Yorkshire local authorities.

3.3 Infant mortality

3.3.1 Leeds currently has its lowest level of infant mortality. In 2011, 43 babies under one year died compared to almost 2000 deaths in 1877.

3.3.2 The Leeds Infant Mortality Action Plan has been implemented since 2008 and includes actions on improving access to ante-natal care, promoting breast feeding, smoking in pregnancy, safe sleeping, tackling child poverty.

3.3.3 The importance of continuing this work has been recognised by its inclusion as one of the four commitments of the Leeds Joint Health & Well Being Strategy launched in 2013 by the Leeds Health & Wellbeing Board.

3.4 Health in Schools

3.4.1 The shift in responsibility of the school nursing service from the NHS to Leeds City Council provides a welcome opportunity to align the commissioning of these services even more closely with the aspirations for Leeds to become a Child Friendly City.

3.4.2 To help realise that aspiration a new outcome driven service specification must be developed for 2014/15 that will support the implementation of the current review of the school nursing service.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Various work programmes described in the report have been developed with services users e.g. Infant Mortality Action Plan, school nursing service review.

4.1.2 Members of the public have helped write the report through personal stories and experiences.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An equality impact assessment has been completed and this is appended to this report.

4.3 Council policies and City Priorities

4.3.1 The Annual Report of the Director of Public Health supports the Council's role in improving health and reducing health inequalities as set out in the Leeds Joint Health & Well Being Strategy and the Best Council Plan.

4.4 Resources and value for money

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

4.5 Legal Implications, Access to Information and Call In

4.5.1 Publication of the Annual Report of the Director of Public Health will enable the Council to meet its statutory requirements under the Health & Social Care Act 2012.

4.6 Risk Management

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

5 Conclusions

5.1 Protecting the health of the population is a key responsibility for councillors as they take on their new public health leadership role for the city.

5.2 The health protection areas covered in the Director of Public Health's Annual Report for 2013 namely infectious diseases, air quality, infant mortality, and the role of school nurses in protecting children's health are as relevant today as they were to his predecessors' in the 1860's and 1870's.

6 Recommendations

6.1 The Executive Board is requested to:

i. Note the contents of the report.

ii. Support the recommendations including the proposal to create a Health Protection Board under the Leeds Health & Well Being Board.

iii. Recommend that the report is received by the Scrutiny Board (Health and Well-being and Adult Social Care).

7 Background documents[1]

None

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Equality, Diversity, Cohesion and Integration Screening

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision.** Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: **Public Health**	**Service area: Office of the Director of Public Health**
Lead person: **Ian Cameron**	**Contact number:** **07712214791**

1. Title:
Director of Public Health Annual report 2013: Protecting Health in Leeds – the story continues

Is this a:

☐	**Strategy / Policy**	☐	**Service / Function**	☒	**Other**

If other, please specify
Annual report of the Director of Public Health

2. Please provide a brief description of what you are screening

The Director of Public Health is required to produce an Annual report on the health of the local population. This year focuses on health protection. The report compares and contrasts the current position in Leeds to that described in the Medical Officer of Health's equivalent report for 1877. The focus is on communicable diseases such as measles and tuberculosis, air pollution, infant health, health in schools.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	**Yes**	**No**
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations		 X X X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4.**
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5.**

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- The Medical Officer of Health's report for 1877 was presented to the Sanitary Committee. At that time the Borough of Leeds did not have an Equality, Diversity, Cohesion & Integration Screening process. The key equality health issues centre on geographic inequalities, related to poverty and the high mortality in the very young.
  For the purpose of the comparisons with the current position in Leeds these are limited to those set out in the 1877 report. However current ethnic considerations are included for tuberculosis and infant mortality.

Key findings

- The report highlights that the majority of present cases of tuberculosis (TB) in Leeds originate from the Indian sub-continent. However the highest number of cases per head of population is from the black ethnic population. In 2011, 20% of new arrivals to Leeds from countries with high numbers of tuberculosis cases developed TB within the first two years in the city.
- In terms of infant health, a local audit has shown that minority ethnic groups are more likely to be late bookers for their ante-natal care. In addition babies amongst Pakistan and Caribbean groups have higher infant mortality rates. For Pakistan babies, the main cause is congenital abnormalities. National and local work has highlighted the potential added risk of genetic conditions in communities where cousin marriage is common such as those of Pakistani and Bangladeshi origin.

Actions

- Tuberculosis – The report recommends that the Leeds Health Protection Board should work with West Yorkshire partners to act on the 2013 independent review of TB services. This included a recommendation to re-focus activity on screening close contacts of TB cases and new entrants to identify and treat cases of latent TB.
- Infant health – a specialised hospital midwife to improve access to services for black and minority ethnic groups has been appointed.
  - Pathways have been developed to make services more sensitive to the needs of particular groups such as asylum seekers, and gypsy and travellers.
  - Those couples considering marriage to a cousin are urged to seek advice and guidance, especially if there is awareness of serious illness or death amount children in their wider family.

5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.	
Date to scope and plan your impact assessment:	Not applicable
Date to complete your impact assessment	Not applicable
Lead person for your impact assessment (Include name and job title)	Not applicable

6. Governance, ownership and approval Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Ian Cameron	Director of Public Health	18 November 2013

7. Publishing This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published. If this screening relates to a **Key Delegated Decision**, **Executive Board**, **full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report. A copy of **all other** screening's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).	
Date screening completed	18 November 2013
If relates to a Key Decision - **date sent to Corporate Governance**	
Any other decision – **date sent to Equality Team (equalityteam@leeds.gov.uk)**	20 November 2013