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Report of the Director of Public Health

Report to Executive Board

Date: 19 October 2016

Subject: The Director of Public Health Annual Report 2016

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

This year, 2016, both marks the 150th anniversary of the first Medical Officer of Health in Leeds, and the launch of the five year Leeds Health & Wellbeing Strategy 2016 – 2021. This year's digital Annual Report is entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges". The report includes a film presentation and slide pack covering the first 150 years of Public Health in Leeds; the current health status of Leeds ahead of the next five year implementation of the Leeds Health and Wellbeing strategy; and a progress report on the recommendations from last year's Annual Report.

Recommendations

The Executive Board is asked to:

- Note the availability of:
  - This year's digital Annual Report at www.leeds.gov.uk/dphreport
  - the digital materials on 150 years of Public Health in Leeds
  - Indicators on the current health status for the Leeds population
- Support the inclusion of improving health status as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution to the delivery of the Health & Wellbeing Strategy and the Best Council plan.

- Recommend that the Health & Wellbeing Board ensures that improving health status is a specific objective within the development of New Models of Care being led by the NHS as a contribution to the delivery of the Health & Wellbeing Strategy.

- Note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

1 Purpose of this report

1.1 To summarise the background and content of the Director of Public Health's Annual Report 2016 entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges", which this year is in a digital format.

2 Background information

2.1 Under the Health and Social Care Act 2012 (Section 31) the Director of Public Health has a duty to write an annual report on the health of the population. Within the same section of the Act, the Council has a duty to publish the report.

2.2 This year's digital Annual Report looks to the past, the present and the future and is different to the usual format of a single hard copy report.

2.3 In terms of the past, this year, 2016, marks the 150th anniversary of the first Medical Officer of Health in Leeds. This appointment was made in 1866, ahead of this being made a statutory requirement for urban areas under the 1872 Public Health Act. Directors of Public Health are the direct descendent from those days.

2.4 The Annual Reports of the Medical Officer of Health became a statutory requirement under the 1875 Public Health Act but the Leeds Medical Officers of Health had produced such reports for earlier years.

2.5 The Annual Reports of the Leeds Medical Officers of Health and Directors of Public Health are held at Leeds Central Library and over 150 years provide an insight and a story into the different public health challenges faced by different postholders.

2.6 This year's Annual report includes a film and slide pack of a presentation given by the Director of Public Health on October 1st at the Thackray Medical Museum covering the first 150 years of Public Health in Leeds. In addition there is an accompanying trail through the Thackray Medical museum with a focus on the role of immunisation to the present day.

2.7 In April 2016, the Leeds Health & Wellbeing Board launched the Leeds Health & Wellbeing Strategy 2016-2021 looking ahead to implementation over the next five years. This year's Annual report includes the present position for Leeds on the health status indicators set out in the Leeds Health & Wellbeing Strategy. A comparison with the position for England as a whole sets outs the future challenge for Leeds if we are to realise the Strategy's ambition "to be the best city

for health & wellbeing and wider Best Council Plan outcomes, notably for everyone in Leeds to enjoy happy, healthy, active lives".

2.8 This year's Report also includes an update on progress on the recommendations from last year's report.

3 Main issues

3.1 1866 – 2016: 150 years of Public Health in Leeds – a story of continuing challenges

The following sections cover the three elements of this year's annual report.

3.2 1866-2016: 150 years of Public Health in Leeds.

3.2.1 The first Medical Officer of Health for Leeds was appointed in 1866.On October 1st the Director of Public Health gave a presentation at the Thackray Medical Museum on the first 150 years of Public Health in Leeds. Using their previous Annual Reports, the presentation covered the different roles, priorities, personalities and experiences of the Medical Officers of Health/Directors of Public Health for the years 1866-1913, the First World War, the inter-war years, from the creation of the NHS to 1973, 1974-2002 and to the present. During that time their base has been in the Council for 111 years and in the NHS for 39 years.

3.2.2 The presentation is available as a film link and as a slide presentation.

3.2.3 That journey begins when more than one in five babies died before the age of one year old and arrives 150 years later when Leeds has currently its lowest ever infant mortality rate.

3.2.4 The presentation covers the Victoria and Edwardian era when the Leeds Medical Officers of Health were dealing with a continuing cycle of epidemics against a background of appalling insanitary conditions. The presentation also covers what they believed caused these infections both before, and after, definitive evidence that "germs" were the cause.

3.2.5 The First World War saw the only time that infant mortality got worse in Leeds. This was due to the "Spanish flu" pandemic plus a measles outbreak. The presentation covers the devastating impact that the pandemic had on the lives of the people of Leeds.

3.2.6 The presentation also covers the period from 1919 to 1986 which saw considerable national criticism of public health by academics and considers whether those criticisms were justified for Leeds. The presentation also shows how the stereotypes for Medical Officers of Health/Directors of Public Health have changed over the 150 years.

3.2.7 The interwar years saw a significant rise in the influence of the Medical Officer of Health and the creation, through the Council, of a state medical service for Leeds that included taking over the Poor Law hospitals. The expectation that the Council

through the Medical Officer of Health would take on the lead for the new National Health Service were not realised and were a major disappointment.

3.2.8 The Medical Officers of the 1950's and 1960's focused on the development of a wide range of personal health services for mothers, children, the elderly, those with mental health problems, learning disabilities. Leeds Medical Officers of Health of the past had despaired about the rise in deaths caused by cancer. The action taken in Leeds, when the link between smoking and cancer was finally understood, is re-assessed.

3.2.9 In the years up to the 1974 NHS re-organisation, the Medical Officer of Health in Leeds lost responsibility for a number of services and ultimately transferred to the NHS in a different, confusing role which led to a focus on the NHS and NHS financial pressures – plus the end of Annual Reports by Medical Officers of Health.

3.2.10 The subsequent reduction in the role of Public Health and the loss of expertise became highlighted as a national problem through the disastrous handling of a salmonella outbreak at Stanley Royd Hospital, the emergence of Legionnaire's disease and HIV/AIDS.

3.2.11 The presentation covers the subsequent creation of Directors of Public Health, the re-instatement of annual reports, the swine flu pandemic and the subsequent move to the Council under the latest NHS re-organisation.

3.2.12 To supplement this presentation the Thackray Medical Museum with Public Health has developed a trail in the museum that links the timeline of Public Health in Leeds with a focus on immunisation going up to the present day.

3.3 Improving the Health status of Leeds beyond 2016

3.3.1 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.

3.3.2 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.

3.3.3 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.

3.3.4 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)

3.3.5 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

3.3.6 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.

3.4 Improving the health and wellbeing of children & young people

3.4.1 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.

3.4.2 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.

3.4.3 The teenage pregnancy rate is significantly higher than for England.

3.4.4 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).

3.4.5 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.

3.4.6 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.

3.4.7 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 the same for bullying.

3.5 Improving the health & wellbeing of adults & preventing early death.

3.5.1 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.

3.5.2 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.

3.5.3 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.

3.5.4 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.

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

3.5.6 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.

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

3.5.8 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.

3.6 Protecting the health & wellbeing of all

3.6.1 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.

3.6.2 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.

3.6.3 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.

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

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

3.6.6 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.

3.7 Progressing health status improvement 2016 and beyond

3.7.1 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.

3.7.2 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.

3.7.3 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.

3.8 Progress update on the recommendations from the 2014/15 Annual Report of the Director of Public Health.

3.8.1 The Annual Report of the Director of the Public Health 2014/15 – won the Association of Director of Public Health Annual report competition beating just under 100 submissions. This success has followed the previous year's report which was awarded second prize in that year's competition.

3.8.2 Progress on the recommendations are summarised in appendix 2.

4 Corporate considerations

4.1 Consultation and engagement

4.1.1 Various initiatives described in previous recent Annual reports have been developed with the public.

4.1.2 Members of the public have helped write previous annual reports through personal stories and experience.

4.1.3 The public have the opportunity to use the trail developed by the Thackray Medical Museum.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no direct implications on equality and diversity, from this report. However, it is worth noting that there equality and diversity implications with the Leeds Health & Wellbeing Strategy (2016 – 2021).

4.3 Council policies and best council plan

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 & Wellbeing 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 and 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 This year's digital Annual Report has, through the Annual Reports of Medical Officers of Health & Directors of Public Health, set out the 150 year story of Public Health in Leeds, from 1866 to the present day. A review of the current health status baseline for the new Health & Wellbeing Strategy highlights where there

needs to be focus and significant improvement over the next five years if Leeds is to be the “best city for health & wellbeing”.

6 Recommendations

6.1 The Executive Board is asked to:

- Note the availability of:
    - This year’s digital Annual Report at www.leeds.gov.uk/dphreport
    - the digital materials on 150 years of Public Health in Leeds
    - Indicators on the current health status for the Leeds population
- Support the inclusion of improving health status as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution to the delivery of the Health & Wellbeing Strategy and the Best Council plan.
- Recommend that the Health & Wellbeing Board ensures that improving health status is a specific objective within the development of New Models of Care being led by the NHS as a contribution to the delivery of the Health & Wellbeing Strategy.
- Note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

7 Background documents[1]

7.1 None.

8 Appendices

8.1 Appendix 1: Health status indicators

8.2 Appendix 2: Progress report on the recommendations from the Director of Public Health Annual Report 2014/15

8.3 Appendix 3: Equality, Diversity, Cohesion & Integration Screening (EDCI)

[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.