

## Appendix 1a



**Scrutiny Board :** June 2021

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**Paper title:** Public Health Performance report  
(Q3 – 2020/21)

### **Summary/Purpose:**

This paper provides an update on population health outcomes and the use of services commissioned by local authority public health teams in Leeds.

In this edition, some quarterly and annually reported indicators have been updated (marked with an asterisk in the indicator report). Time series comparisons between Leeds and Deprived Leeds populations are provided for updated indicators.

### **Annual updates include:**

Life Expectancy at Birth - Males  
Life Expectancy at Birth - Females

### **Quarterly updates include:**

% Adults over 18 that smoke  
Excess weight in adults % of Adults who have a BMI of over 30  
# Alcohol – rate of admissions of under 18's to hospital for alcohol related problems (per 100,000)  
# NHS Health Check Completion Rate (of those offered - rolling year)  
# NHS Health Check Invitations (rolling year)  
# Number of people referred or signposted to stop smoking services from GP practices'  
# Successful completions of drug dependency treatment (rolling year)  
# Successful completions of alcohol dependency treatment (rolling year)  
Recorded diabetes type 1 and 2 (per 100,000)  
# HIV late diagnosis: % 15+ or above newly diagnosed with HIV with a CD4 count < 350 cells per mm<sup>3</sup>  
# Chlamydia detection rate (15-24 year olds) (per 100,000)  
# Uptake of Long-acting reversible contraceptives (LARC) (per 1,000)

# - *Indicators without deprived Leeds data*

Note: Deprived Leeds for some indicators are not available due to lack of access to latest local data/data quality issues.

Deprived Leeds is any Lower Super Output Area (LSOA) which falls into the top 10% most deprived LSOAs in England, which equates to around 20% of the LSOAs (114 LSOAs out

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of 482) in Leeds. Geographical data is required at the LSOA level to calculate Deprived Leeds data and this is not available for all indicators.

### **Key issues or outcomes:**

#### **Population indicators**

##### ***Life Expectancy at birth – Males and Females***

For 2017-19, average life expectancy at birth for Leeds is 78.4 years (Males) and is 81.7 years (Females). For Deprived Leeds the average life expectancy at birth is lower; 73.8 years (Males) and 77.0 years (Females). This indicates a life expectancy gap between Leeds average and Deprived Leeds average of 4.6 years in males and 4.7 years in females. Compared to the previous period (2016-18), life expectancy at birth in males is 78.1 years and in females is 81.5 years. For Deprived Leeds the life expectancy at birth is 73.2 years (Males) and 77.1 years (Females), indicates a gap of 4.9 years in males and 4.4 years in females.

These changes show a stalling in increases in life expectancy and are not statistically significant.

##### ***% Adults over 18 that smoke***

The percentage of adults over 18 who smoke continues to decline from 18.2% (Q2 2020/21) to 17.8% (Q3 2021). There has also been a reduction for Deprived Leeds, from 29.1% (Q2 2020/21) to 28.0% (Q3 2021). There has been a continued reduction since the start of Q1 2020/21 where rates were 18.4% and 29.3% for Leeds and Deprived Leeds, respectively. This decline is in line with national smoking trends.

##### ***Excess weight in adults % of Adults who have a BMI of over 30'***

There has been a slight increase in the percentage of excess weight in adults from 22.7% (Q2 2020/21) to 22.8% (Q3 2020/21) for Leeds. Deprived Leeds has remained the same at 27.1%. The figures for this indicator have shown a slight improvement from the start of Q1 2020/21 for both Leeds (23.0%) and Deprived Leeds (27.6%). The impact of COVID-19 on obesity is not yet visible.

#### **Operational indicators**

##### ***Alcohol – rate of admissions of under 18's to hospital for alcohol related problems (per 100,000)***

The rate of admissions in 2017/18 – 2019/20 is 27.8%, this is a decrease from the previously reported period 2016/17 – 2018/19 where the rate was 34.1%. The decrease trend has been observed since 2015/16. The decrease is not statistically significant.

##### ***NHS Health Check Completion Rate (of those offered - rolling year)***

The NHS Health Check completion rate is higher for this reporting period compared to the previously reported figure. It currently stands at 61.6% (Q3 2020/21) whereas the previously reported figure was 58.7% (Q2 2020/21). Whilst this is positive given the impact of the pandemic, this may be partly due to significantly less people being invited compared with the same period in 2019/20. The current figure still remains lower than the same reporting period last year (Q3 2019/20) at 64.3% due to NHS HC being paused for the majority of the period. As this indicator is a rolling year figure (taking into account the number of invites and the corresponding NHS Health Check completion rate) the significant decrease in activity during the Covid-19 period is beginning to be apparent from this percentage. As this is a five year cycle this lost activity will need to be caught up. It is anticipated that activity levels will remain relatively low for Q4 compared to

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previous years. An additional target group of people from BAME communities has been included in the new GP practice contracts.

### ***NHS Health Check Invitations (rolling year)***

There has been a steep decline in the number of invitations for this reporting period compared to the previously reported figure, due to the pandemic. The latest (rolling year) figure is 10,301 (Q3 2020/21 invitations). The previous reported figure was 17,321 (Q2 2020/21). The steep reduction in this figure can be attributed to the significant drop in invites in Q1 and Q2. Normally the quarterly invite figure averages around 7,500. For Q3 20/21 a total of 4,000 invites were recorded.

### ***Number of people referred or signposted to stop smoking services from GP practices'***

There has been a decrease in the number of people being referred to stop smoking services. The current figures in Q3 2020/21 are 421 (Leeds) and 205 (Deprived Leeds). The previously reported figures in Q2 2020/21 were 1,345 (Leeds) and 798 (Deprived Leeds). There has however been an increase in self-referrals. Data from One You Leeds confirms the actual access for smoking cessation (that is people who attend their first appointment) has declined slightly. In Q3 2020/21 a total of 551 people attended an appointment in comparison to 765 in Q2 2020/21.

### ***Successful completions of drug dependency treatment (rolling year)***

There has been a small increase in the number of successful completions of drug dependency. The current figure is 503 (rolling year including Q3 2020/21 data). The previously reported figure was 485 (Q2 2020/21). The service appears to have adapted well to the impact of COVID-19. The Forward Leeds service adapted its offer due to Covid and the signs are that these changes appear to be having a positive impact on performance.

### ***Successful completions of alcohol dependency treatment (rolling year)***

There has been an increase in the number of successful completions of alcohol dependency. The current figure is 861 (rolling year including Q3 2020/21 data). The previously reported figure was 834 (Q2 2020/21). As stated above the service appears to have adapted well to the impact of COVID-19.

### ***Recorded diabetes type 1 and 2 (per 100,000)***

There has been a slight decrease in the number of recorded diabetes type 1 and 2 per 100,000 for Q3 2020/21 for both Leeds and Deprived Leeds. For Leeds the current figure is 6,528.1 the previously reported figure was 6,537.7 (Q2 2020/21). For Deprived Leeds the current figure is 9,258.1 the previously reported figure was 9,281.0 (Q2 2020/21). Whilst there has been a positive trend since Q1 2020/21, compared to the same period last year (Q3 2019/20) there has been no change for Leeds, which was previously 6,528.9 and there has been an increase for Deprived Leeds, which was 9,237.1. This may partly be due to the pausing of the NHS Health Check and the impact of COVID on primary care.

### ***Late HIV late diagnosis***

There has been an increase in HIV late diagnosis in 2017/19, the current figure is 57.1%. The current figure is higher than the Yorkshire and the Humber region (51.3%) and England (43.1%). However as a city with higher rates of HIV, there has been an investment in both community HIV testing and opportunistic HIV screening in a range of settings including termination services, community testing aimed at gay men and black African communities, new registrants in GP practices within high prevalence areas, A&E and acute medical admissions. This additional proactive approach which aims to diagnose

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those who are unaware of their HIV status and who do not see themselves as being 'at risk' has increased the city's late diagnosis rates, as more positive cases are being found opportunistically.

### ***Chlamydia detection rate (15-24 year olds) (per 100,000)***

The Chlamydia detection rate has increased from 3,434 in 2018 to 3,946 in 2019, which is positive as it shows that the right young people are accessing testing. Leeds continues to perform better than the Yorkshire and Humber region (2,200) and England (2,043). As a city Chlamydia testing is available to 15-24 year olds via a variety of options including online, via the specialist sexual health service and through one of the numerous community based 3 in 1 sites.

### ***Uptake of Long-acting reversible contraceptives (LARC) (per 1,000)***

The uptake of LARC has increased from 59.2 in 2018 to 61.9 in 2019, which is positive. Leeds has a much better uptake of LARC methods than the regional and national average. LARC is recommended as the most effective method of contraception for preventing unwanted pregnancies.

## **Identified risks or opportunities:**

### ***Smoking***

The continuing decline in the number of adults who smoke is positive and the result of a consistent and co-ordinated effort by Public Health and partners locally and nationally, as well a reflection of national trends. Smoking rates remain higher in deprived Leeds than Leeds as a whole and smoking cigarettes is still the leading cause of preventable death. Therefore a comprehensive tobacco control approach continues to be required particularly focused on reducing health inequalities.

### ***NHS Health Checks***

COVID has had a significant impact on delivery of the mandated NHS Health Check programme which could also impact on identification of diabetes and CVD premature mortality in future years.

## **Actions or recommendations:**

It is recommended that the Scrutiny Board accept this report, as a key part of surveillance to monitor health inequalities in Leeds and public health service outcomes.