Appendix 1a: Public Health Performance Report Q4 2021-22

Summary/Purpose:

This report provides an update on population health outcomes and the use of services commissioned by the Leeds City Council Public Health team. It includes indicators that have been updated since the last Public Health Performance Report was published (November 2021).

Where there has been a recent update to an indicator, these are marked with an asterisk (*****) in the report and the associated dashboard, indicator sheet and charts (Appendix 1b.

Population indicators

- Infant mortality rate (per 1,000 live births)
- Reception: Prevalence of obesity (including severe obesity)
- Year 6: Prevalence of Obesity (including severe obesity)
- Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)
- Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)
- Excess weight in adults % of Adults who have a BMI of over 30
- Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week).
- Prevalence of severe mental health 18+ (per 100,000)
- Excess under 75 mortality rates in adults with severe mental illness (SMI) (Excess risk %)

Operational indicators

- Recorded diabetes type 1 and 2 (per 100,000)
- Completed NHS Health Checks from PHE eligible invites
- Conversion of PHE invites into complete Health Checks
- Successful completion of drug treatment - opiate users (%)
- Successful completion of alcohol treatment (%)
- New HIV diagnosis rate / 100,000 aged 15+

This report has been prepared between 1st and 6th April 2022 and therefore incorporates data that were available at the time of writing.

Time series comparisons between Leeds, deprived Leeds and least deprived are provided where possible. Deprived Leeds refers to neighbourhoods in the 10% most deprived Lower Super Output Areas (LSOAs) in England. This equates to around 24% of the Leeds population (n=194,307 people) based on ONS 2020 mid-year estimates[1]. Least deprived refers to neighbourhoods in the 10% least deprived LSOA's in England, this equates to around 6% (n=51,242 people) of the Leeds population[2]. LSOA level data is required to calculate inequalities (deprived Leeds vs least deprived), and this level of data is not available for some indicators. Indicators without deprivation data are marked with a hashtag (#) in the Dashboard (Appendix 1b).

***Infant mortality rate per 1000 births**

[1] 24% of Leeds LSOAs (114 out of 482 LSOAs)

[2] 7% of Leeds LSOAs (33 out of 482 LSOAs)

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.

The infant mortality rate for Leeds between 2019-21 was 5.0 per 1,000 live births, this increase is not statistically significant from the previous period (4.6 per 1,000 in 2018-20). The overall trend shows the inequality gap has narrowed; however again, this change is not a statistically significant improvement.

***Reception: Prevalence of obesity (including severe obesity)**
There is a national concern about the rise of childhood obesity. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

The annual National Child Measurement Programme data show obesity rates among Reception children for Leeds in 2020/21 is 14.9%, a statistically significant increase compared to 2019/20 when the rate was 10.1%. The rate for the most deprived areas in 2020/21 is 19.5%, which is also a statistically significant increase from the previous period (12.5% in 2019/20). The rate for least deprived areas is 7.6%, this is an increase (but not statistically significant) from the previous period. The inequality gap between those living in the most deprived areas and least deprived areas increased from 6% to 11.9%. This trend is being seen nationally.

***Year 6: Prevalence of Obesity (including severe obesity)**
Obesity rates for Year 6 children are not available at Leeds level due to the very low sample size (due to school closures during COVID-19).

National and regional figures show there has been a significant increase of approximately 4.5 percentage points in obesity for both Reception and Year 6 children. These national data show obesity rates are more than double for children living in deprived areas compared to those in the least deprived areas. It is thought that the increase in obesity levels has been caused in part by the COVID-19 lockdown, which reduced children's access to healthy affordable food, physical activity and impacted negatively on child and family emotional wellbeing which are all evidence based risk factors for obesity.

***Smoking prevalence in adults (18+) – current smokers (APS) (Proportion %) (2020 definition)**
Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

The proportion of smokers in Leeds is 13.3% in 2020. It is not possible to compare to the previous period due to the change in methodology of the Annual Population Survey (APS). APS was formerly conducted via face-to-face interview but has now changed to telephone only. This means the current indicator has a different methodology and should not be compared to the previously published indicator (Fingertips ID: 92443). The latest rate for Leeds is similar[3] to Yorkshire and the Humber (12.9%) and England (12.1%).

[3] The term 'similar' is used when the rate is not statistically significantly different to its comparator.

***Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS) (Ratio) (new methodology in 2020)[4]**

Socio-economic gap in current smokers presented as an odd ratio, representing the likelihood of those working in routine and manual occupations being current smokers compared with those working in professional or intermediate occupations in any given geographical area.

The ratio for Leeds in 2020 is 2.9. This means those working in routine and manual occupations are 2.9 times as likely to smoke than their counterparts. The value for Leeds remains higher/worse than Yorkshire and the Humber which is 2.2 and England, which is 2.1. It is not possible to compare to the previous period due to the change in methodology of the Annual Population Survey (APS). APS was formerly conducted via face-to-face interview but has now changed to telephone only. This means the current indicator has a different methodology and should not be compared to the previously published indicator (Fingertips ID: 93382).

***Excess weight (obesity) in adults % of Adults who have a BMI of over 30**

Excess weight in adults is a major metabolic risk factor of premature mortality and avoidable ill health. The rates for Leeds are stable, the average in Q4 2021/22 is 24.0%, for people living in the most deprived areas the rate is 28.7% and least deprived 19.4%. There are no statistically significant changes from the previous quarter. The overall trend shows the inequality gap is narrowing between those living in the most deprived areas and least deprived areas, however this is not a statistically significant improvement.

***Percentage of physically inactive adults (aged 19+, <30 moderate intensity minutes per week)**

Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week. Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The rate for Leeds in Q4 2021/22 is 35.6%, for people living in the most deprived areas the rate is 41.3% and least deprived is 29.0%. The rates are stable, with no statistically significant changes from the previous quarter. The overall trend shows the inequality gap is narrowing between those living in the most deprived areas against least deprived areas; however this is not a statistically significant improvement.

***Prevalence of severe mental illness 18+ (per 100,000)**

The rate for Leeds average in Q4 2021/22 is 1,305.4 per 100,000, for people living in the most deprived areas it is 2,019.9 per 100,000 (this is worse than Leeds average) and least deprived is 685.1 per 100,000 (better than Leeds average). The rates are stable with no statistically significant changes from the previous quarter and no improvements in reducing inequality gap.

***Excess under 75 mortality rates in adults with severe mental illness (SMI) (Excess risk %)**

A Severe Mental Illness (SMI) includes schizophrenia, bipolar affective disorder and other psychoses. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary

[4] This is a renamed version of the previously published 'Smoking prevalence in adults – socioeconomic gap in current smokers'. The underlying odds ratio calculation remains the same.

disease (COPD) and cardiovascular disease. In 2018 the All-Party Parliamentary Group on Mental Health highlighted that to deliver on the Five Year Forward View for Mental Health (FYFV-MH) commitment to prevent poor physical health outcomes for people with SMI, a national measure for reducing premature mortality with targets to hold services to account is required.

The rate for Leeds during the latest period, 2018-20 was 413.9% higher risk of premature mortality than adults without SMI. There is no significant change from the previous period. The rate for Leeds is worse than Yorkshire and the Humber (402.6%) but better than England (451%), these comparisons are statistically significant.

Operational indicators

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

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. This indicator is a measure of recorded prevalence and not actual prevalence and therefore under-reports groups who are less likely to be registered with a GP. An increase in rates therefore indicates detection is better.

The rate of recorded diabetes type 1 and 2 in Leeds for Q4 2021/22 is 6,583.9 per 100,000, the rate for people living in the most deprived areas is 9,400 per 100,000 and least deprived 4,115.9 per 100,000. There are no statistically significant changes from the previous quarter.

***Completed NHS Health Checks from PHE eligible invites**

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

In Q4 2021/22, 2,366 people from PHE eligible invites received an NHS Health Check, this is an increase from 1,219 in Q3 2021/22. The increase in the number of NHS Health Checks completed follows a recent NHS England directive asking Primary Care to restore routine services.

***Conversion of PHE invites into complete Health Checks**

In Q4 2021/22 conversion of PHE invites into complete Health Checks was 20.3%, this was an increase from 10.4% in Q3 2021/22. The increase in the number of NHS Health Checks completed follows a recent NHS England directive asking Primary Care to restore routine services.

***Successful completion of drug treatment - opiate users (%)**

Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. The rate for Leeds in 2020 was 7.8%, there is no significant change from the previous period. The rate is statistically significantly, higher/better than Yorkshire and the Humber (4.2%) and England (4.7%).

***Successful completion of alcohol treatment (%)**

Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, improved parenting skills and improved psychological health. It will also reduce the harm to others caused by dependent drinking.

The rate for Leeds in 2020 was 45.9%, there is no significant change from the previous period. The rate is statistically significantly, higher/better than Yorkshire and the Humber (35.0%) and England (35.3%).

***New HIV diagnosis rate / 100,000 aged 15+**
New HIV diagnosis is not synonymous with incidence; however, it provides a timely insight into the onward HIV transmission in a country/city and consequently allows targeting efforts to reduce transmission.

The rate for Leeds in 2020 was 8.1 per 100,000, there is no significant change from the previous period. The rate is statistically significantly higher/worse than Yorkshire and the Humber (4.1 per 100,000) and England (5.7 per 100,000), the overall trend for Leeds however is improving.