

2023 Annual Report of the Director of Public Health, Leicestershire

Leicestershire's Health

What the Health and Wellbeing
Board's dashboard tells us



PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP



Foreword



Welcome to my annual report for 2023. It has been a little while since I last published an annual report, for what I hope are understandable reasons. It was always my intention for the 2020 annual report to focus on the response to COVID and for the 2021 report to focus on recovery from COVID and addressing important non-COVID issues.

Of course, life didn't pan out like that, with COVID continuing to dominate the work of the public health department throughout 2020 and 2021.

Even then, the past year or so has been remarkable for the number of other health protection related incidents that have drawn the local authority into being part of the health protection response. Monkeypox, heatwaves, the dispersal of asylum seekers to temporary accommodation and Strep A being four issues for which the Council is not resourced to respond to in public health terms but has stepped up to do so. Not forgetting that COVID has never gone away completely and still requires an amount of resource from the department.

As such, it feels like it is only now that we are beginning to have the space to consider the health of the population more generally and get back to something approaching 'business as usual'.

Going back to my last report in 2019, I examined physical activity in a report entitled "Leicestershire's Health – Physical Activity – Moving to a Whole System Approach".

The report has helped move our approach to physical activity to one where all parts of local government, the NHS and communities are engaged in helping make the right choice the easy choice. An update on progress against the key recommendations can be found elsewhere in this report.

In this year's report I have gone back to the specified purpose of a DPH annual report to be a paper that describes the health of our communities. I want to focus on some of the big issues that drive how healthy we are. In doing so I will use the report to ensure that the public health department's work is fully aligned with the Government's emerging major conditions strategy and focusses its efforts on those topics that do most to improve our health and Wellbeing.

I would like to thank all my colleagues that have helped in producing this report, particularly Victoria Rice from the Strategic Business Intelligence Team for her work in constructing the data and narrative that underpin this report and Jenna Parton and Liz Orton for their input.

I would also like to take this belated opportunity to place on record my thanks to my colleagues throughout the Public Health Department, the Council, the NHS, blue light services, district councils and the voluntary sector for their part in responding to the challenges of COVID. Thank you for keeping going day after day in stressful circumstances.

Mike Sandys DL, BA Hons, MA, MSc, (Hon) DUniv, FFPH
Director of Public Health



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Introduction

Directors of Public Health have a statutory duty to write an Annual Public Health Report that describes the state of health within their communities.

It is a major opportunity for advocacy on behalf of the population and, as such, can be used to help talk to the community and support fellow professionals, providing added value over and above intelligence and information routinely available such as that contained within health profiles or the Joint Strategic Needs Assessment (JSNA).

It is intended to inform local strategies, policy and practice across a range of organisations and interests and to highlight opportunities to improve the health and wellbeing of people in Leicestershire. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

Within this report, data is presented on the health of the population of Leicestershire. The content should be used by commissioners and providers of services to respond to changes in the health of Leicestershire residents.

The data itself is that that underpins the Health and Wellbeing Strategy for Leicestershire, which is the strategy of Leicestershire's Health and Wellbeing Board.

The board monitors progress by way of a dashboard of over 100 indicators looking at each stage of what is known as the life course, from birth and the early years of life, through working age life to older age and, eventually, death.

Performance is compared against the national average and against other comparable areas in the country, enabling the Health and Wellbeing Board to assess absolute and relative performance against its objectives.

The recommendations made largely relate to actions for the Public Health Department. Specific recommendations for departments of the County Council or partner organisations haven't been made in this report although there is an expectation that these will follow through discussion at the Health and Wellbeing Board.



Summary and recommendations

The vast majority of what makes us healthy and keeps us healthy are factors outside of the remit of the NHS. Over two thirds of what contributes to good health outcomes are socio economic factors (things like education and employment) and lifestyle behaviours such as whether we smoke tobacco or drink alcohol excessively.

The Health and Wellbeing Strategy for Leicestershire takes a life course approach, taking action across four 'life stages'; Best Start of Life, Staying Healthy Safe and Well, Living and Supported Well and Dying Well. The strategy also supports action on two cross cutting themes; mental health and tackling health inequalities. To make health improvements across the life course requires concerted action by all partners of the Health and Wellbeing Board.

A 'dashboard' of 108 indicators helps the Health and Wellbeing Board assess progress. Of those 108, 100 indicators have data available and show 52 indicators where Leicestershire's performance is above the national average, 35 similar to the national average and 13 below the national average.

Summary

By each life stage and the cross cutting themes Leicestershire's overall performance is as follows:



Best Start for Life

- 26 indicators are better than the national average, 13 are similar to the national average and three below average



Staying Healthy Safe and Well

- 14 indicators are better than the average, nine are similar to the national average and nine are below the national average



Living and Supported Well

- Three indicators are better than the national average, six are similar to the national average and no indicators are performing worse than the national average



Dying Well

- Of the three indicators, one each are above the national average, similar to the national average and below the national average.



Mental Health

- Six indicators are performing better than the national average, four are similar to the national average and no indicators are below the national average



Health Inequalities

- Of the four indicators for which data is available, two are performing in Leicestershire above the national average, and two are similar to the national average.



The dashboard also enables the Board to assess performance against the local authorities most comparable to Leicestershire (Appendix A to this report lists those authorities).

Overall, there are 30 indicators where Leicestershire's performance is in the top three when compared to our similar authorities, and 14 where our performance is in the bottom three compared with our neighbouring authorities.

Overall, Leicestershire is a comparatively healthy place with health status, generally, above the national average.

There is much to commend in the performance of a number of indicators. Smoking prevalence, childhood obesity in year 6, vaccination coverage in early years, homelessness and a number of indicators relating to child development are worthy of note. Life expectancy overall is better than average and inequalities in life expectancy at birth is performing well.

Similarly, the mental health indicators suggest that Leicestershire has comparatively good public mental health, but that shouldn't hide mental health as a prime concern.

Recommendations

For my own department there are specific recommendations, both for things that we lead and for things where we can support others.

Looking at the 'big' public health issues where national and comparative performance leaves room for concern the two big issues the department needs to give more focus to are:

- Physical Activity, where both the percentage of physically active adults and the percentage of adults walking for travel need improvement and;
- Diet, where the percentage of adults aged 16 and over meeting the '5-a-day' recommendations requires improvement

I will review the work of the department to ensure we are providing a comprehensive range of measures on these big lifestyle behaviours, not only providing high quality services but a broader range of measures in areas such as physical activity and diet.

The wider determinants of health clearly influence our health. Locally the data shows PM2.5 to be an area of concern. We have made big strides in this work over the last three years but there remains much to do. Working with partners to improve air quality will remain a focus of the public health department.

Performance against the 'winter mortality index' data shows tackling excess winter deaths should receive more priority. The County Council, through public health provides a range of grant funded activity. I will work with partners to understand the totality of work in this area and review the scope and ambition of our plans.

Public health needs to play its role in supporting other agencies to improve performance in indicators that are primarily the responsibility of other organisations; we will work with partners to improve the uptake of vaccination, immunisation and screening – particularly the shingles and HPV vaccines.

Overall population health status may mask areas or sectors of the population that have poorer health status. A further report is needed to examine the detail of how health is experienced by different parts of the population, be it geographically, socio-economic status or by protected characteristics where data is available. The next DPH Annual Report will look in detail at this.



What makes us healthy?

If one were to ask the average punter what keeps them healthy, the first thing they might say is ‘the NHS’. They then might say something about individual behaviours such as whether we smoke, how much we exercise we do, or what we eat.

If further questioned, people might recognise that the kind of work they do, where they live, and how much money they have are the sorts of things that help keep them healthy.

The answer is, of course, that all of that is right.

Whitehead and Dahlgren (1991) Figure 1 provides a well known model of the relationship between people, their quality of life, their health and their environment.

This shows that our personal characteristics occupy the centre of the model and include things like our sex, our age, our ethnicity and hereditary factors. Then we recognize that individual ‘lifestyle’ factors including behaviours such as whether we smoke, drink alcohol excessively, how physically active we are and what we eat plays, a part in our health.

Moving beyond that our social and community networks, including family and wider social circles, living and working conditions, housing, access to green space and education all make a difference to our health. It is widely recognised that, taken together, these factors are the principal drivers of how healthy people are.

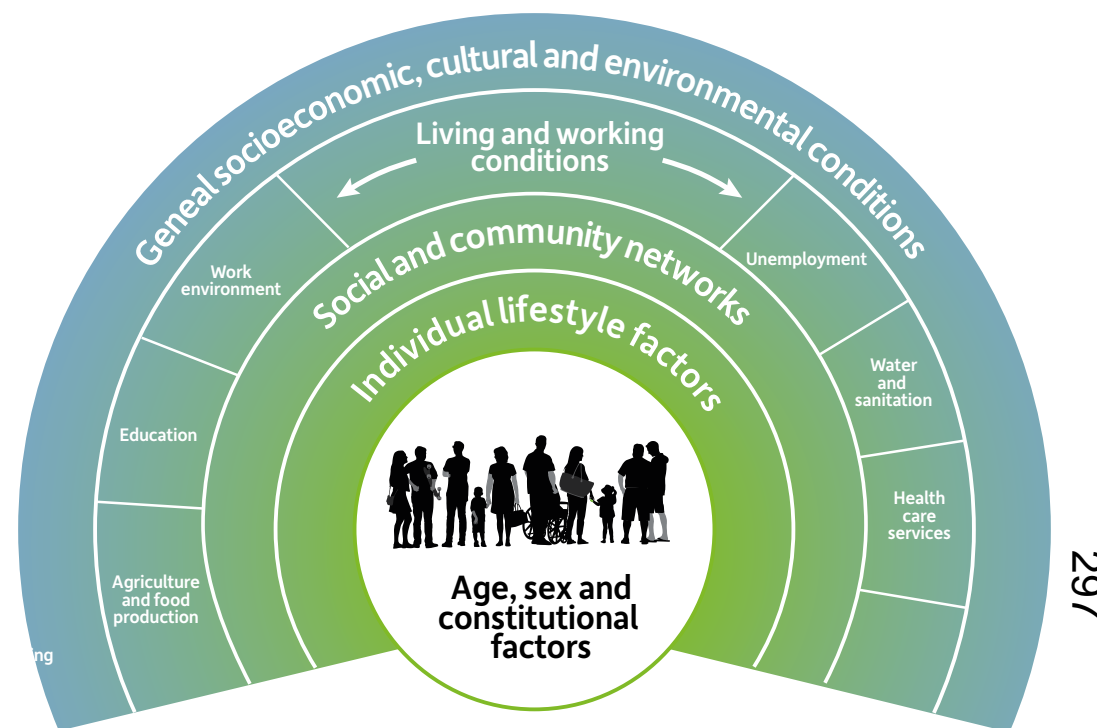


Figure 1. The Dahlgren and Whitehead model of health determinants

Source: Dahlgren and Whitehead (1991)

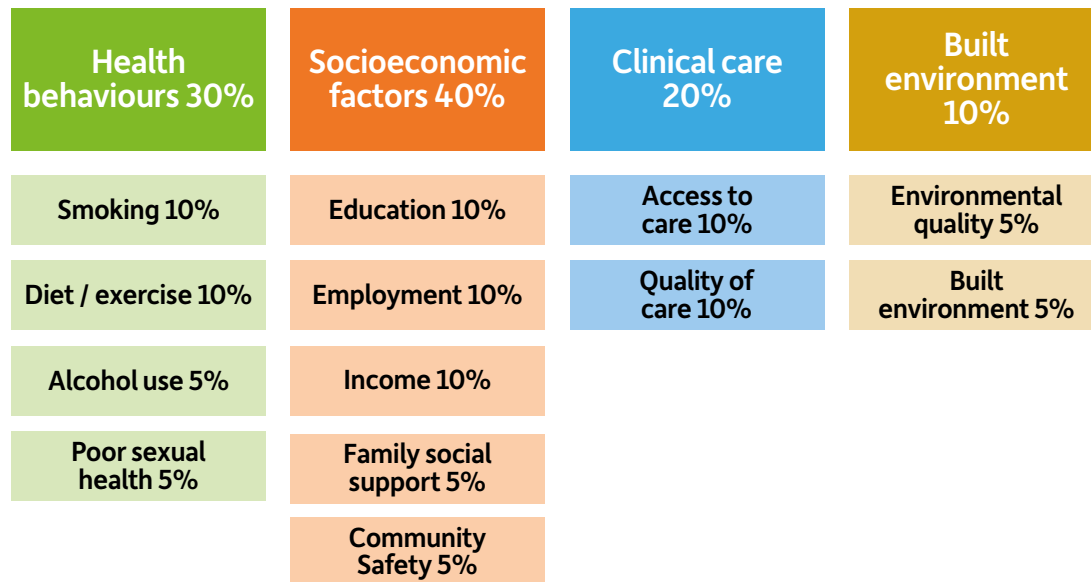
Lastly, broader national and international socio-economic conditions can affect our health.

These broad social and economic circumstances which together influence the quality of the health of the population are known as the ‘social determinants of health’. How these social determinants impact on both mental and physical health are complex and inter-related, often acting over a long period of time.

Having seen that there are a range of factors that influence health it is important to think about ‘how much’ of a particular issue has an effect. Figure 2 shows research by the Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute published in 2014.. As the diagram shows over two thirds of what contributes to good health is driven by our health behaviours (30% of the total) and those broader socio-economic factors (40%). Smoking and diet remain the two single biggest lifestyle factors with education income and employment being on an equal footing to smoking and diet.

The NHS, either through the quality of care or access to care actually accounts for just one fifth of what contributes to good health and the built environment 10%

Contributors to health outcomes



The Major Conditions Strategy

The recently published Major Conditions Strategy of HM Government is an important policy driver that will help shape the of the department. A brief summary of key points is provided here for information.

Together, six groups of major health conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience 2 or more of these conditions at the same time.

The six groups are:

- cancer
- chronic respiratory disease
- dementia
- cardiovascular disease (including stroke) and diabetes
- musculoskeletal disorders
- mental ill health

The strategic framework of the Major Conditions Strategy focuses on:

- primary prevention - acting across the population to reduce risk of disease
- secondary prevention - halting progression of conditions or risk factors for an individual
- early diagnosis - so we can identify health conditions early, to make treatment quicker and easier
- prompt and urgent care - treating conditions before they become crises
- long-term care and treatment - in both NHS and social care settings

To have the greatest impact, the Government will prioritise change in 5 areas:

- rebalancing the health and care system towards proactive prevention by managing personalised risk factors
- embedding early diagnosis and treatment in the community
- managing multiple conditions effectively - including through aligning generalism and specialism
- better connection and integration between physical and mental health services
- shaping services and support around people, giving them more choice and control over their care

The focus of the strategy on primary and secondary prevention and the well established evidence base showing how action on lifestyle behaviours can make a difference to five of the six major conditions, present a major opportunity for our public health work to be front and centre of the national strategy.





Leicestershire's Health and Wellbeing Strategy

Leicestershire Health and Wellbeing Strategy 2022-2032 is a long term ten year plan of the Leicestershire Health and Wellbeing Board to improve the health of residents.

It sets out an overall vision of;

‘Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives’

The Health and Wellbeing Board want to ensure the communities of Leicestershire have the opportunity to have the best health and wellbeing they can across the life course. This includes putting equal weight on mental and physical health and ensuring there are the healthy places, cultures and environments to support this. The board wants to embed a strength-based approach to allow individuals, families and communities to support each other, aim high and thrive.

The strategy recognises that not everyone achieves the same level of health and wellbeing across Leicestershire and there is a gradient of health and wellbeing outcomes linked to deprivation and specific characteristics or communities. The board will work to ‘level up’ this gradient and ensure everyone has an equitable opportunity to support their health and wellbeing.

This report won't dig into the detail of the proposed actions in the strategy (although I would urge you to read the full strategy and action plan) but it does look at the detail of the indicators of health considered by the Board and assesses Leicestershire performance.

Leicestershire's Health and Wellbeing Strategy takes a life course approach, with an action plan addressing priorities at each stage of life. These stages are:

- The Best Start for Life
- Staying Healthy, Safe and Well
- Living and supported well
- Dying Well

Additionally, there are two cross cutting themes of;

- Good mental health
- Tackling Health Inequalities

For each of these stages and sections the Health and Wellbeing Board has a series of sub-groups to make progress on these areas with an indicator dashboard to guide them.



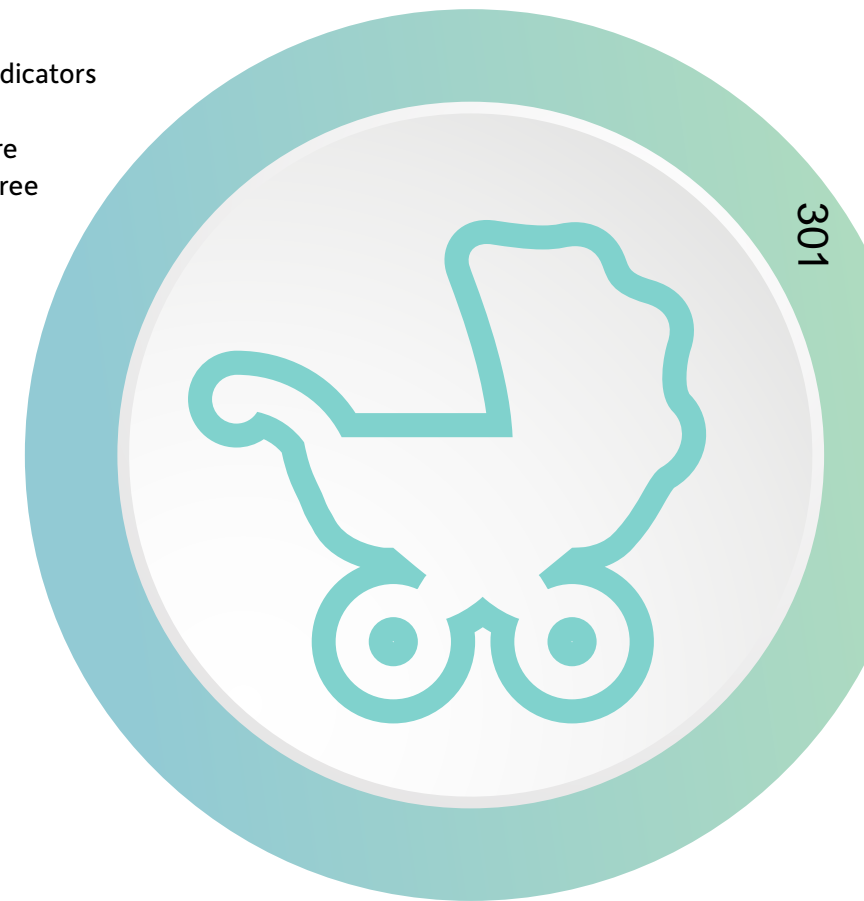


Leicestershire's Health and Wellbeing Board dashboard

Best Start for Life

Performance Summary

- Out of all the 42 comparable indicators presented for Best Start for Life, three are significantly worse than the national average or benchmark, 13 are similar and 26 are significantly better.
- Looking at 'trend over the last five time periods', where available six indicators show deteriorating performance, five indicators have no significant change, and three indicators are improving.
- Leicestershire ranks first (best performing) when compared to its similar neighbours for the following indicators:
 - Hospital admissions as a result of self-harm (10-24 years) - Persons
 - Hospital admissions as a result of self-harm (10-24 years) – Males
- Leicestershire ranks in the top three (best performing) compared to our comparator authorities in nine indicators:
 - Hospital admissions as a result of self-harm (10-24 years) – Person, Males and Females
 - Population vaccination coverage – Dtap/IPV/Hib (1 year old)
 - Percentage of children achieving a good level of development at 2 to 2 and a half years – Persons and Females
 - Year 6: Prevalence of overweight (including obesity)
 - 16 to 17 year olds in education, employment or training (NEET) or whose activity is not known – Persons and Females
- There are currently three where Leicestershire's performance is worse than the national average:
 - HPV Vaccination coverage – Males and Females
 - Caesarean section %
- There are currently four indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing) of our comparator authorities:
 - Caesarean section %
 - A&E attendances (under 1 year) – Persons and Males
 - Low birth weight of term babies





Leicestershire Joint Health and Wellbeing Strategy - Best Start for Life (1)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
	Caesarean section %	F	All ages	2021/22	38.2	15/15	30.6	38.2	34.7		
	Infant mortality rate / 1,000	P	<1 yr	2019 - 21	3.2	7/15	2.2	5.5	3.9		
	Neonatal mortality and stillbirth rate / 1,000	P	<28 days	2020	6.0	9/15	4.3	8.3	6.5		
1001 Critical Days	A&E attendances (under 1 year) / 1,000	P	<1 yr	2021/22	1,094.3	14/16	447.0	1,105.4	1,094.5		
		F	<1 yr	2021/22	974.1	13/16	387.9	1,022.3	1,001.1		
		M	<1 yr	2021/22	1,217.6	16/16	502.3	1,217.6	1,183.7		
	Low birth weight of term babies	P	>=37 weeks	2021	2.7	14/15	1.7	2.8	2.8		
	Population vaccination coverage: Dtap / IPV / Hib (1 year old)	P	1 yr	2021/22	95.9	3/15	96.7	93.7	91.8		
	Proportion of New Birth Visits (NBVs) completed within 14 days	P	<14 days	2021/22	91.0	4/15	95.3	34.8	82.7		
	Smoking status at time of delivery	F	All ages	2021/22	8.3	4/15	6.1	12.6	9.1		
School Readiness	Percentage of children achieving a good level of development at 2 to 2 and a half years	P	2-2.5 yrs	2021/22	80.7	12/15	88.3	75.5	81.1		
	Percentage of children achieving a good level of development at the end of Reception	P	5 yrs	2021/22	67.6	3/15	70.7	62.3	65.2		
		F	5 yrs	2021/22	74.8	2/15	77.6	68.2	71.9		
		M	5 yrs	2021/22	61.2	5/15	64.0	56.6	58.7		
	Percentage of children with free school meal status achieving a good level of development at the end of Reception	P	5 yrs	2021/22	47.1	7/15	50.1	43.0	49.1		
		F	5 yrs	2021/22	54.7	7/15	59.8	47.8	56.6		
		M	5 yrs	2021/22	39.9	8/15	43.6	34.4	41.9		
Percentage of children achieving the expected level in communication skills at 2 to 2 and a half years	P	2-2.5 yrs	2021/22	89.3	7/15	92.3	81.3	86.5			
Percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	P	2-2.5 yrs	2021/22	92.6	8/15	95.2	85.0	91.1			
Reception: Prevalence of overweight (including obesity)	P	4-5 yrs	2021/22	21.1	5/15	18.5	25.0	22.3			
Year 6: Prevalence of overweight (including obesity)	P	10-11 yrs	2021/22	33.2	3/15	32.1	37.8	37.8			

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- Decreasing
- Decreasing and getting better
- Decreasing and getting worse
- Increasing
- Increasing and getting better
- Increasing and getting worse
- No significant change
- Cannot be calculated

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023



Leicestershire Joint Health and Wellbeing Strategy - Best Start for Life (2)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
Preparing for Life	16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	P	16-17 yrs	2021	3.2	3/15	2.4	7.9	4.7	▼	●
		F	16-17 yrs	2021	2.8	3/15	2.2	7.1	4.1	▼	●
		M	16-17 yrs	2021	3.5	4/15	2.7	8.4	5.3	▼	●
	A&E attendances (under 18 years) / 1,000	P	<18 yrs	2021/22	380.0	9/16	280.8	464.9	439.8	▬	●
		F	<18 yrs	2021/22	354.9	9/16	259.0	443.5	412.7	▬	●
		M	<18 yrs	2021/22	403.6	10/16	301.7	485.5	465.6	▬	●
	Hospital admissions as a result of self-harm (10-24 years) / 100,000	P	10-24 yrs	2021/22	265.6	1/15	265.6	765.7	427.3	▬	●
		F	10-24 yrs	2021/22	433.6	2/15	428.4	1,361.5	711.4	▬	●
		M	10-24 yrs	2021/22	111.7	1/15	111.7	232.1	153.8	▬	●
	Under 18s conception rate / 1,000	F	<18 yrs	2021	10.7	5/15	8.1	16.2	13.1	▬	●
Improving Life	A&E attendances (0 to 4 years) / 1,000	P	0-4 yrs	2021/22	696.2	11/16	387.2	792.9	762.8	▬	●
		F	0-4 yrs	2021/22	627.1	11/16	347.2	714.4	690.3	▬	●
		M	0-4 yrs	2021/22	760.9	11/16	424.7	868.0	831.9	▬	●
	Children in care / 10,000	P	<18 yrs	2022	49.0	4/15	36.0	77.0	70.0	▬	●
	Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	F	12-13 yrs	2021/22	78.3	5/16	84.9	63.4	69.6	▼	●
		M	12-13 yrs	2021/22	71.1	5/16	78.9	55.1	62.4	▬	●
	School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	P	Primary school	2021/22	2.5	7/15	1.8	3.2	2.6	▲	●
			School age	2021/22	2.8	6/15	2.3	3.9	3.0	▲	●
			Secondary school	2021/22	3.0	7/15	2.3	4.8	3.2	▲	●
		F	School age	2021/22	1.7	8/15	1.4	2.4	1.8	▬	●
M		School age	2021/22	3.7	4/15	3.2	5.3	4.1	▬	●	
Average Attainment 8 score	P	15-16 yrs	2021/22	49.4	6/15	51.8	46.3	48.7	▬	●	

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- ▬ Not compared
- Lower

Direction of Travel:

- ▼ Decreasing
- ▲ Increasing
- ▶ No significant change
- ▼ Decreasing and getting better
- ▲ Increasing and getting better
- ▬ Cannot be calculated
- ▼ Decreasing and getting worse
- ▲ Increasing and getting worse

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023



Staying Healthy, Safe and Well

Performance Summary

- Out of the 32 comparable indicators presented for Staying Healthy, Safe and Well, nine are significantly worse than the national average or benchmark, nine are similar and 14 are significantly better.
- Looking at the 'trend over the last five time periods' where available, seven indicators are getting worse, four indicators have no significant change and two indicators are getting better.
- Leicestershire ranks first (best performing) when compared to its similar neighbours for the following indicators:
 - Homelessness: households owed a duty under the Homelessness Reduction Act
 - Percentage of people in employment – Persons and Females
- Compared to our comparator authorities there are eight indicators where our performance is in the top three in comparison with our comparator authorities:
 - Homelessness: households owed a duty under the Homelessness Reduction Act
 - Percentage of people in employment – Persons and Females
 - Chlamydia detection rate per 100,000 aged 15 to 24 – Persons and Males
 - Smoking Prevalence in adults (18+) - current smokers (APS) – Persons, Males and Females
- There are nine indicators where Leicestershire's performance is worse than the national average:
 - Adults in contact with secondary mental health services who live in stable and appropriate accommodation – Persons, Males and Females
 - Percentage of adults walking for travel at least three days per week
 - Chlamydia detection rate per 100,000 Adults aged 15-24 – Persons and Females
 - HIV testing coverage
 - Population vaccination coverage, shingles vaccination coverage
- There are currently seven indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):
 - Adults in contact with secondary mental health services who live in stable and appropriate accommodation – Persons, Females and Males
 - Air pollution: fine particulate matter (new method – concentrations of total PM2.5)
 - Gap in the employment rate for those who are in contact with secondary mental health services & on the Care Plan Approach, & the overall employment rate – Persons
 - Percentage of physically active adults
 - Percentage of adults aged 16 and over meeting the '5-a-day' recommendations





Leicestershire Joint Health and Wellbeing Strategy - Staying Healthy, Safe and Well (1)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	P	18-69 yrs	2021/22	11.0	16/16	53.0	11.0	26.0			
	F	18-69 yrs	2021/22	11.0	16/16	54.0	11.0	26.0			
	M	18-69 yrs	2021/22	12.0	16/16	55.0	12.0	27.0			
Percentage of adults walking for travel at least three days per week	P	16+ yrs	2019/20	11.7	10/16	15.4	10.4	15.1			
Sickness absence: the percentage of working days lost due to sickness absence	P	16+ yrs	2019 - 21	1.1	10/15	0.5	1.8	1.0			
Air pollution: fine particulate matter (new method - concentrations of total PM2.5)	N/A	Not applicable	2021	7.7	13/14	6.2	7.9	7.4			
Child Poverty, Income deprivation affecting children index (IDACI)	P	<16 yrs	2019	10.6	4/16	9.9	15.5	17.1			
Homelessness: households owed a duty under the Homelessness Reduction Act	N/A	Not applicable	2021/22	4.4	1/15	4.4	12.1	11.7			
Percentage of adults cycling for travel at least three days per week	P	16+ yrs	2019/20	2.3	4/16	7.4	1.0	2.3			
Fuel poverty (low income, low energy efficiency methodology)	N/A	Not applicable	2021	11.0	4/13	7.0	15.8	13.1			
Gap in the employment rate for those who are in contact with secondary mental health services & on the Care Plan Approach, & the overall employment rate	P	18-69 yrs	2020/21	70.9	15/16	54.6	72.6	66.1			
Percentage of people in employment	P	16-64 yrs	2021/22	81.1	1/15	81.1	74.4	75.4			
	F	16-64 yrs	2021/22	78.6	1/15	78.6	70.8	71.8			
	M	16-64 yrs	2021/22	83.5	4/15	85.3	76.4	79.1			
Violent crime - violence offences per 1,000 population	P	All ages	2021/22	26.6	7/15	23.0	37.7	34.9			

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Similar
- Not compared
- Higher
- Lower

Direction of Travel:

- Decreasing
- Decreasing and getting better
- Decreasing and getting worse
- Increasing
- Increasing and getting better
- Increasing and getting worse
- No significant change
- Cannot be calculated

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023



Leicestershire Joint Health and Wellbeing Strategy - Staying Healthy, Safe and Well (2)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
Enabling Healthy Choices and Environments	Cancer screening coverage: bowel cancer	P	60-74 yrs	2022	73.7	8/15	76.5	71.4	70.3	▲	●
	Cancer screening coverage: breast cancer	F	53-70 yrs	2022	69.7	8/15	74.7	62.9	65.2	▼	●
	Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	F	25-49 yrs	2022	73.8	5/15	77.6	65.7	67.6	▼	●
	Chlamydia detection rate per 100,000 aged 15 to 24	P	15-24 yrs	2022	1,553.9	3/13	1,756.1	716.3	1,680.1	▼	●
		F	15-24 yrs	2022	1,934.2	4/13	893.4	2,256.6	2,110.0	▼	●
		M	15-24 yrs	2022	1,122.4	3/13	1,179.2	526.2	1,111.6	▼	●
	HIV testing coverage, total (%)	P	All ages	2021	40.8	6/15	59.5	21.2	45.8	▼	●
	Percentage of adults (aged 18 plus) classified as overweight or obese	P	18+ yrs	2021/22	64.1	6/15	60.0	68.2	63.8	▬	●
	Percentage of physically active adults	P	19+ yrs	2021/22	66.8	15/15	73.4	66.8	67.3	▬	●
	Successful completion of drug treatment: opiate users	P	18+ yrs	2021	4.9	11/15	9.7	3.3	5.0	▶	●
Enabling Healthy Places	Admission episodes for alcohol-related conditions (Narrow)	P	All ages	2021/22	432.5	6/15	363.0	669.7	494.0	▬	●
		F	All ages	2021/22	311.9	6/15	228.0	528.9	341.3	▬	●
		M	All ages	2021/22	565.2	6/15	512.2	826.5	663.5	▬	●
	Over 25s abortion rate / 1000	F	25+ yrs	2021	14.6	7/16	11.6	18.8	17.9	▲	●
	Percentage of adults aged 16 and over meeting the '5-a-day' recommendations	P	16+ yrs	2021/22	33.2	14/15	39.7	29.9	32.5	▬	●
	Percentage of adults who feel lonely often or always or some of the time	P	16+ yrs	2019/20	21.1	8/15	17.0	24.2	22.3	▬	●
	Population vaccination coverage: Shingles vaccination coverage (71 years)	P	71	2021/22	49.8	5/16	55.7	38.0	44.0	▬	●
	Smoking Prevalence in adults (18+) - current smokers (APS)	P	18+ yrs	2022	9.4	2/15	9.3	14.0	12.7	▬	●
		F	18+ yrs	2022	8.8	1/15	8.8	14.2	10.9	▬	●
		M	18+ yrs	2022	9.9	2/15	9.1	15.7	14.5	▬	●

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

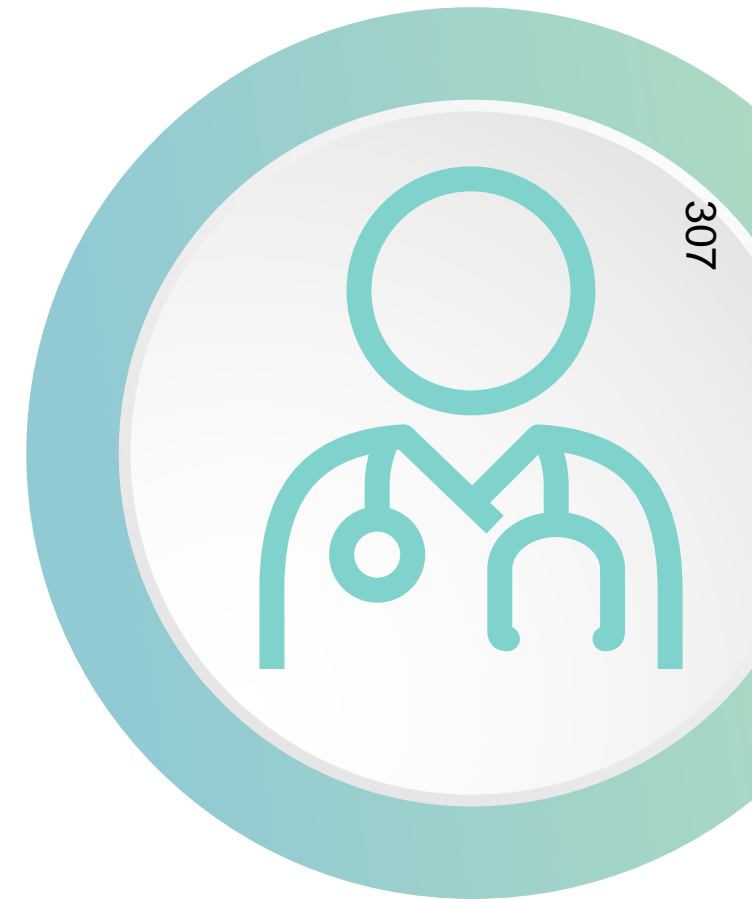
Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Living and Supported Well

Performance Summary

- Out of the nine comparable indicators presented for Living and Supported Well, three are significantly better than the national average or benchmark and six are similar.
- There are two indicators where, in comparison with our comparator authorities, our performance is in top three:
 - Emergency hospital admissions due to falls in people aged 65 and over – Persons and Males
- There are currently two indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):
 - Winter mortality index – Persons and Females





Leicestershire Joint Health and Wellbeing Strategy - Living and Supported Well

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
Up scaling prevention and self care	Emergency hospital admissions due to falls in people aged 65 and over	P	65+ yrs	2021/22	1,686.4	3/15	1,658.3	2,314.9	2,099.9		
		F	65+ yrs	2021/22	1,916.2	4/15	1,870.4	2,623.7	2,360.0		
		M	65+ yrs	2021/22	1,388.8	3/15	1,334.6	1,893.8	1,749.6		
	Hip fractures in people aged 65 and over	P	65+ yrs	2021/22	549.2	8/15	452.0	607.4	551.2		
		F	65+ yrs	2021/22	642.8	6/15	562.6	707.6	661.5		
		M	65+ yrs	2021/22	424.4	11/15	315.5	505.6	401.1		
	Winter mortality index	P	All ages	Aug 2020 - Jul 2021	38.7	13/15	20.6	61.1	36.2		
		F	All ages	Aug 2020 - Jul 2021	37.7	14/15	18.7	64.1	36.0		
		M	All ages	Aug 2020 - Jul 2021	39.6	12/15	17.3	58.2	36.5		

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- Decreasing
- Increasing
- Decreasing and getting better
- Increasing and getting better
- Decreasing and getting worse
- Increasing and getting worse
- No significant change
- Cannot be calculated

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Dying Well

Performance Summary

- Out of all the comparable indicators presented for Dying Well, one indicator is significantly higher, one indicator is similar, and one indicator is significantly lower when compared to the national average.
- Looking at 'trend over the last five time periods', where available, one indicator is significantly increasing, one indicator is significantly decreasing, and one indicator has no significant change.
- There is one indicator where our performance is in the top 3 compared with our 16 comparator authorities:
 - Percentage of deaths that occur in care homes
- There is currently one indicator where performance in Leicestershire is worse than the national average:
 - Percentage of deaths that occur at home
- There is currently one indicator where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):
 - Percentage of deaths that occur at home





Leicestershire Joint Health and Wellbeing Strategy - Dying Well

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
Normalising end of life care plan	Percentage of deaths that occur at home	P	All ages	2021	32.8	15/16	25.6	34.1	28.7		
	Percentage of deaths that occur in care homes	P	All ages	2021	20.7	3/16	18.8	28.5	20.2		
	Percentage of deaths that occur in hospital	P	All ages	2021	40.7	10/16	36.4	47.2	44.0		

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- Decreasing
- Increasing
- No significant change
- Decreasing and getting better
- Increasing and getting better
- Cannot be calculated
- Decreasing and getting worse
- Increasing and getting worse

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

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Mental Health

Performance Summary

- Out of all the comparable indicators presented for Mental Health, four are statistically similar and six are significantly better than the national average.
- Looking at ‘trend over the last five time periods’, where presented, one indicator is decreasing and getting worse, and one indicator has no significant trend.
- Leicestershire ranks 1st (best performing) when compared to its similar authorities for the following indicators:
 - Suicide rate – Persons and Males
 - Hospital admissions for mental health conditions – Persons, Females and Males
- Overall, there are eight indicators in the mental health theme where our performance puts Leicestershire in the top three compared to our comparator authorities:
 - Suicide rate – Persons and Males
 - Hospital admissions for mental health conditions – Persons, Males and Females
 - Estimated prevalence of common mental disorders: % of population aged 16 & over
 - Estimated prevalence of common mental disorders: % of population aged 65 & over
 - Percentage of looked after children whose emotional wellbeing is a cause for concern
- There are currently no indicators where Leicestershire’s performance is worse than the national average.
- There are currently no indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing).





Leicestershire Joint Health and Wellbeing Strategy - Cross Cutting Theme: Mental Health

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Estimated dementia diagnosis rate (aged 65 and older)	P	65+ yrs	2023	59.3	9/15	68.2	52.5	63.0		
Estimated number of children and young people with mental disorders – aged 5 to 17	P	5-17 yrs	2017/18	12,440.3	7/16	9,914.4	27,062.5	Null		
Estimated prevalence of common mental disorders: % of population aged 16 & over	P	16+ yrs	2017	13.7	2/16	13.5	16.2	16.9		
Estimated prevalence of common mental disorders: % of population aged 65 & over	P	65+ yrs	2017	8.6	3/16	8.5	10.2	10.2		
Self reported wellbeing: people with a high anxiety score	P	16+ yrs	2021/22	23.6	12/15	18.4	26.6	22.6		
Suicide rate	P	10+ yrs	2019 - 21	8.7	1/15	8.7	15.1	10.4		
	F	10+ yrs	2019 - 21	5.1	6/15	3.7	7.6	5.2		
	M	10+ yrs	2019 - 21	12.3	1/15	12.3	22.8	15.9		
Hospital admissions for mental health conditions	P	<18 yrs	2021/22	56.9	1/15	56.9	182.7	99.8		
	F	<18 yrs	2021/22	80.6	1/15	80.6	290.3	143.4		
	M	<18 yrs	2021/22	34.5	1/15	34.5	85.1	58.1		
Percentage of looked after children whose emotional wellbeing is a cause for concern	P	5-16 yrs	2021/22	36.0	3/15	26.0	64.0	37.0		

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- Decreasing
- Decreasing and getting better
- Decreasing and getting worse
- Increasing
- Increasing and getting better
- Increasing and getting worse
- No significant change
- Cannot be calculated

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023



Health Inequalities

Performance Summary

- Out of all the comparable indicators presented for Health Inequalities, two are statistically similar, and two are significantly better when compared to the national average.
- There are two indicators in the health inequalities theme where Leicestershire's performance is in the top three when compared to our comparator authorities:
 - Inequalities in life expectancy at birth – females and males





Leicestershire Joint Health and Wellbeing Strategy - Cross Cutting Theme: Health Inequalities

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Healthy life expectancy at birth	F	All ages	2018 - 20	63.6	12/15	69.4	60.0	63.9		
	M	All ages	2018 - 20	62.9	12/15	68.0	61.5	63.1		
Inequality in life expectancy at birth	F	All ages	2018 - 20	4.9	3/15	4.3	7.8	7.9		
	M	All ages	2018 - 20	6.0	2/15	5.7	9.3	9.7		
Life expectancy at birth	F	All ages	2018 - 20	84.1	8/15	84.9	82.6	83.1		
	M	All ages	2018 - 20	80.5	6/15	81.5	79.2	79.4		

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Not compared
- Higher
- Lower
- Similar

Direction of Travel:

- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

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Feedback on recommendations from 2019

The 2019 report highlighted the need for a whole systems approach to physical activity. Like everything else COVID put a spanner in our work but nonetheless, good progress has been made in pursuing the recommendation in that report. Having said that, that the current report continues to highlight physical activity as an area where we must do better is a concern.

The 2019 report said:

“Policy makers and public sector organisations should adopt the seven components set out here as the basis of thinking about their approach to improving physical activity levels. In doing so the ‘magnificent seven’ should be underpinned by strong systems leadership, active policy and partnerships and research. The seven components are:

- Active travel
- Active environment
- Active early years and schools
- Active people and families
- Active workplaces and workforces
- Active communities
- Physical activity as medicine

Although all seven needed to be considered together by policy makers and stakeholders, the report prioritised three in particular. They were and the progress against them are as follows.

- 1. We need to work towards a future where active design principles are embedded in planning policy and are central to planning decisions across Leicestershire. This would be facilitated by the development of healthy planning design guidance being adopted by all district local authorities. Further work is also needed to promote the use of our green assets for physical activity purposes.**

Progress: Leicestershire Public Health team and Active Together are working closely with all district local authorities to embed active and healthy design principles throughout their Local Plans. Support to create standalone health and wellbeing policies and associated policies focusing on health impact assessment is ongoing throughout the development of Local Plans. Health Impact Assessments will allow the opportunity to explore how Developers have considered active design, design and use of green and blue space and connectivity with existing green assets within relevant planning applications. A Healthy Placemaking website is now live which hosts a plethora of national best practice and guidance around healthy and active design, with health impact assessment expectations and processes embedded within this. Health Impact Assessments will accompany published Local Plans to summarise the health opportunities and risks within the scope of the plan

2. In future, we want to work more closely with local planning authorities to increase provision of active travel and high-quality walking and cycling infrastructure in new developments. Newly built areas should ideally prioritise cycling and walking as the preferred means of transport and the adoption of 20 mph limits/zones where appropriate.

Progress: The Leicestershire Public Health Team and local district Planners have been working closely to agree a common approach to Health Impact Assessment regarding new development within the county. This will allow early conversations with potential Developers masterplanning and design of new developments, where inclusion of cycling and walking infrastructure through design can be explored based on local need and best practice recommendations and guidance. Local Plan Health Impact Assessment thresholds based on size and local health data will then require these assessments to be submitted with relevant planning applications, providing a record of benefits and risks to health and wellbeing and recommendations around these.

3. We need to prioritise those programmes aimed at families. For example, Leicestershire County Council, working in partnership with the Home Start Charities, District Councils and Leicester-Shire and Rutland Sport (LRS) have been successful in securing funding from Sport England to help low income families become more active together. The programme works directly with families to assess their physical activity needs, and co-produce bespoke activity plans with achievable, time related goals.

Progress: Families receive weekly visits from volunteers who review their physical activity plans and help with difficulties they've faced, if necessary, attending activity sessions with families to boost their confidence and help them develop manageable routines. The programme ensures that there are free and low-cost family friendly physical activities in the community using outdoor gyms, parks and other green spaces. We need to learn from this programme to help identify and better target opportunities to promote affordable and flexible physical activity through culture and leisure services.



Appendix 1

Similar areas to Leicestershire

The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities. The 'nearest' (most alike) neighbours to Leicestershire are listed below:

- Worcestershire
- Staffordshire
- Nottinghamshire
- Warwickshire
- Derbyshire
- Somerset
- Hampshire
- Suffolk
- Gloucestershire
- Essex
- North Yorkshire
- Cambridgeshire
- Oxfordshire
- Northamptonshire
- West Sussex





PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP

