HEALTH AND WELLBEING BOARD: 5TH DECEMBER 2024

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH LEICESTERSHIRE'S HEALTH – INEQUALITIES IN HEALTH

Purpose of report

1. The purpose of this report is to present to the Health and Wellbeing Board (HWB) the Director of Public Health's Annual Report for 2024.

Link to the local Health and Care System

2. Production of the Director of Public Health's (DPH) Annual Report is a statutory duty for the Director of Public Health and is an independent report on the health and wellbeing of the local population.

Recommendation

3. It is recommended that the Health and Wellbeing Board:

   a) Notes the Director of Public Health's Annual Report for 2024 (attached as the appendix to the report);
   b) Notes the recommendations in the report;
   c) Considers its own priorities for the medium term in the light of the data in the report.

Policy Framework and Previous Decisions

4. The report is published annually and is presented to the HWB as part of the publication process for the report.

Background

5. The purpose of a Director of Public Health's Annual Report is to improve the health and wellbeing of the people of Leicestershire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of organisations.

6. One of the roles of the Director of Public Health is to be an independent advocate for the health of their population. The Annual Reports are a way by which Directors of Public Health make their conclusions known to the public.

Summary of the Annual Report

7. Health inequalities are avoidable, unfair, and systemic differences in health between different groups of people. Health inequalities are everywhere. People experience them because of their life experiences, the risks they're exposed to and the environments they live in as well as their access to services and to community, family, and friends.

8. Health inequalities have a huge impact on people's lives. In the worst examples, using national data, people are dying significantly earlier than the general population because of health inequalities. This includes people with a learning disability dying 20.7 years before the general population in England and people who are homeless dying around 30 years earlier than the general population.

9. Health inequalities in England exist across a range of dimensions or characteristics, including the protected characteristics of the Equality Act 2012, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group. People who share protected characteristics, as defined in the Equality Act 2010, may experience poorer health outcomes as a direct result of discrimination or due to different experiences of the factors described above

10. This report reviews the evidence base for health inequalities in different populations. It looks at the local evidence of inequalities using key measures such as life expectancy. It also examines the different measures of poverty and deprivation and who experiences these in Leicestershire.

11. Whilst the local evidence shows that living in an area of high deprivation can reduce life expectancy by up to nine years, national studies into health inequalities for other at-risk population groups almost always reference the impact that poverty has in compounding the inequality experienced by that group already. For this reason, it may be wise to consider poverty as a way of identifying those at higher risk within each of the population groups below.

12. The groups at risk of facing health inequalities in Leicestershire are:

- **Looked after children and care experienced adults;**
- **People living in poverty/deprivation;**
- People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
- People with a disability, including **people with a learning disability;**
- **People who are homeless;**
- Victims of modern slavery;
- Sex workers;
- Vulnerable migrants;
- Carers;
- **People with severe mental illness;**
- **Prisoners;**
- People who have experienced trauma;

- A complex picture was identified around race and ethnicity but evidence of health inequalities being most common for people who are Bangladeshi, Pakistani or **Gypsy or Irish Travellers**

Those groups with a particularly high risk (from evidence of years of life lost from their lives as a result) are identified in bold text in the above list.

13. When looking at health inequalities in Leicestershire, it is vital to examine differences that exist in neighbourhoods. On a whole County scale, Leicestershire is a relatively healthy place. However, this masks wide variation at a neighbourhood level with some communities experiencing the best health outcomes and others the worst. Through examining available data at a neighbourhood level we have identified 15 neighbourhoods, measured by analysis at middle super output area (MSOA) level, as high risk in terms of potential health inequalities. These are:

    - Charnwood: Loughborough Lemyngton & Hastings, Storer and Queens Park, University, Shelthorpe & Woodthorpe, Syston West and Shepshed East;
    - Harborough: Market Harborough Central;
    - Hinckley and Bosworth: Barwell, Hinckley Central and Hinckley Clarendon Park;
    - Melton: Melton Mowbray West;
    - North West Leicestershire: Agar Nook, Coalville;
    - Oadby and Wigston: Wigston Town, South Wigston.

14. Whilst these neighbourhoods have been selected due to at least one indicator of socioeconomic need, under 75 mortality or life expectancy performing significantly worse than England, it is important to note that these communities also hold a huge amount of resilience, support and determination and it is these characteristics alongside positive action from agencies working alongside them that can reduce the risks that they face.

Resource Implications

15. Full implementation of the recommendations of the report may need to be addressed through the commissioning and budget setting cycle of partner organisations. For public health, the council receives a grant, ring fenced to promote action on public health functions and priorities.

Timetable for Decisions

16. The Annual Report will be considered by the Health Overview and Scrutiny Committee on the 15th January 2025 and by the Cabinet on the 7th February 2025. It will be considered by the County Council at its meeting on 19th February 2025.

Officer to Contact

Mike Sandys
Director of Public Health
Email: mike.sandys@leics.gov.uk
Telephone: 0116 305 4239

List of Appendices

Annual Report of the Director of Public Health 2024.