Agenda Item 14

Leicestershire County Council

CABINET – 7th FEBRUARY 2025

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

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to present the Director of Public Health's Annual Report for 2024 "Leicestershire's Health – Inequalities in Health" which is appended to this paper.

Recommendations

2. It is recommended that:

   (a) The recommendations contained within the Director of Public Health Annual Report 2024 be supported;

   (b) It be noted that the Annual Report will be submitted to the County Council on 19 February 2025.

Reasons for Recommendation

3. The Director of Public Health's (DPH) Annual Report is a statutory independent report on the health of the population of Leicestershire.

4. To enable the County Council to consider the Report, which will help inform future commissioning decisions.

Timetable for Decisions (including Scrutiny)

5. The Annual Report was considered by the Health Overview and Scrutiny Committee on 15th January 2025. The Committee's comments are set out in Part B of this report.

6. The Annual Report was also considered by the Health and Wellbeing Board on 5 December 2024. The Board's comments are set out in Part B of this report.

7. It is intended that the Annual Report will be submitted to the Council at its meeting on 19 February 2025 for consideration.

Policy Framework and Previous Decisions

8. The report of 2023 gave an overview of the health of the population of Leicestershire identifying priorities for action. The 2024 Annual Report includes an update on progress against the recommendations previously agreed.

Resource Implications

9. There are no resource implications arising directly from this report. The recommendations set out in the report will inform commissioning decisions relating to the priorities for public health.

Circulation under the Local Issues Alert Procedure

10. The report has been circulated to the following members due to their divisions containing areas named in the report as being most at risk of having substantial populations that experience health inequalities:

Mr. J. Miah CC
Mr. Max Hunt CC
Mr. J. Morgan CC
Mr. T. Parton CC
Mr. T. Barkley CC
Mr. B. Champion CC
Mr. R. Hills CC
Mr. S. Bray CC
Mr. M. Frisby CC
Mr. K. Merrie CC
Mr. C. Smith CC
Mr. G. A. Boulter CC
Mrs. L. Broadley CC

Officer(s) to Contact

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PART B

Background

11. The Director of Public Health's Annual Report is a statutory independent report on the health of the population of Leicestershire. It aims to improve the health and wellbeing of the people of Leicestershire 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 bodies, such as the NHS organisations, district councils, and the community and voluntary sector.

12. 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 the main way by which Directors of Public Health make their conclusions known to the public.

Summary of the Annual Report

13. 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.

14. 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.

15. Health inequalities in England exist across a range of dimensions or characteristics, including the protected characteristics of the Equality Act 2010, 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.

16. 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.

17. 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.

18. 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**

19. 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.

20. 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, 15 neighbourhood have been identified, 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

21. 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.

<u>Comments of the Health and Wellbeing Board</u>

22. The Health and Wellbeing Board considered the Annual Report at its meeting on 5 December 2024.

23. The Director emphasised that whilst there were health inequalities in Leicester City and a lot of work was taking place to address those, there were also inequalities in the County of Leicestershire, particularly relating to poverty and deprivation, which needed tackling. It was suggested that the Director of Public Health's Annual Report should be taken to a meeting of the Integrated Care Board.

24. The Board noted the Annual Report and its recommendations.

Comments of the Health Overview and Scrutiny Committee

25. The Committee considered a report of the Director of Public Health which presented the Annual Report for 2024 which focused on health inequalities in Leicestershire.

26. The Committee welcomed the contents of the report, but raised the following points:

    (i) Health inequalities in Leicester City received a lot of attention but there were also significant inequalities in Leicestershire. It was hoped that the Director of Public Health's Annual Report could be used to draw attention to those inequalities and be used as a vehicle for tackling them by the Public Health department itself and bodies such as the Integrated Care Board.

    (ii) Healthwatch Leicestershire emphasised that they had the ability to engage with diverse groups of people that could be affected by health inequalities and offered the Director of Public Health assistance with obtaining feedback to help design services and implement the recommendations in the report. The Director of Public Health welcomed this.

    (iii) A member raised concerns that whilst it was good to engage with communities and understand their issues, there was a risk of raising their expectations that the problems could be solved. Some issues needed tackling on a national level. Concerns were also raised that vulnerable groups had been identified in previous years but the inequalities remained.

    (iv) In response to a question as to how quickly Public Health could react to significant national/regional events such as pandemics, flooding, or economic crises, it was explained that Public Health tended to rely on data that was collected annually which made a fast response difficult. However, real time monitoring did take place and there were bodies such as the Mental Health Sub Group or the Resilience Forum that would react to sudden trends.

(v) Some parts of Leicestershire had a high number of students residing there but as students did not normally record their university accommodation as their main place of residence they would be excluded from the data.

(vi) The more resilient communities were and able to join together to tackle local issues, the easier it would be for health professionals to plan interventions.

(vii) In response to a suggestion that the public did not always know where to go for help, reassurance was given that contact details had recently been published in the Leicestershire Matters magazine and they would be included again in further publications of the magazine.

Equality Implications

27. There are no equality implications arising from the recommendations in this report.

Human Rights Implications

28. There are no human rights implications arising from the recommendations in this report.

Partnership Working and associated issues

29. The recommendations within this report focus on actions across agencies that will improve the population's health. The basis of the report is improving population health in partnership with other key agencies.

Appendix

Annual Report of the Director of Public Health 2024.

Background Papers

Director of Public Health Annual Report 2023

http://www.lsr-online.org/reports/director_of_public_health_annual_reports

Report to the Health and Wellbeing Board - 5 December 2024 - https://democracy.leics.gov.uk/documents/g7409/Public%20reports%20pack%20Thursday%2005-Dec-2024%2014.00%20Health%20and%20Wellbeing%20Board.pdf?T=10

Report to the Health Overview and Scrutiny Committee – 15 January 2025 - https://democracy.leics.gov.uk/documents/s187559/DPH%20Ann%20rep%2024%20scrutiny.pdf