

Culture and Communities Committee

10am, Thursday, 8 June 2023

NHS Lothian Director of Public Health Annual Report 2022

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 It is recommended that the Culture and Communities Committee:
- 1.1.1 Note that there is a public health responsibility to improve and protect the health of everyone in Lothian.
 - 1.1.2 Note the average figures for Lothian and Edinburgh show that while many people live long, largely healthy lives, there are many who live more difficult lives, have poor health and die younger than they should.
 - 1.1.3 Note that people's health is shaped from early life by factors wider than health and social care services. Good health requires a nurturing, safe, secure childhood; enough money; a decent home; a good education; a decent job and a sense of control and belonging. Socio-economic factors, rather than behavioural choices are the most influential determinants of health.
 - 1.1.4 Agree that City of Edinburgh Council (CEC) should continue to prioritise primary prevention initiatives that can help address the wider determinants of health, in line with the three priorities set out in the Community Planning Partnership's Local Outcomes Improvement Plan (LOIP), to ensure that people in Edinburgh have Enough money to live on; Access to work, learning and training opportunities; and A good place to live.

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NHS Lothian Director of Public Health Annual Report 2022

2. Executive Summary

- 2.1 The NHS Lothian Director of Public Health Annual Report 2022 explains who our population are, what affects their health and what the evidence tells us that we should do to improve health outcomes.
- 2.2 The report is intended to be a source of demographic information for public, voluntary and community sector partners in Lothian to shape local policy and service discussions.
- 2.3 This annual report focuses on inequalities and deprivation as they are the biggest influences on population health, including a focus on what we can do to reduce inequalities, both through immediate responses to the cost of living crisis, as well as longer-term poverty-prevention work and efforts to improve children's early years and reduce child poverty.

3. Background

- 3.1 Average life expectancy in Scotland has stalled since 2013, driven mostly by declining life expectancy in the most deprived communities. Trends in Lothian and Edinburgh are broadly similar to what has been happening across Scotland.
- 3.2 Although life expectancy in Lothian is typically slightly above the Scottish average, aggregate figures mask wide inequalities, particularly for males. In the City of Edinburgh, males living in the most deprived areas live an average of 12 fewer years than those living in the least deprived areas.
- 3.3 The causes of stalling life expectancy have been associated with a number of explanations, including the impacts of austerity. In particular, it is recognised that the early years are crucial to health later in life and it is now apparent that adverse childhood experience manifests as multiple negative adult health impacts.
- 3.4 The impacts of chronic stress, precipitated by poor quality employment or poverty for example, create many physical and mental health problems. We need to move away from perceptions that people's health circumstances are due to lifestyle choices: they are not and the people most affected have the least control over these circumstances. Tackling stigma associated with poverty and health circumstances is essential in order to ensure people get the help they need.

4. Main report

Situation

- 4.1 As of mid-2021, Lothian has a total population of 916,310, representing an increase of around 17.6% since mid-2001. The Edinburgh population in mid-2021 was 526,470. Compared with Scotland and Lothian, in Edinburgh a greater proportion of the population is made up of those age 25-44, reflecting migration to the area for study and work. Increases of at least 17% are projected in the proportion of the population aged 65 and over across Lothian. This means a shift in the ratio of economically active to economically inactive individuals, which will necessitate adaptation of health and social care services and a need for increased focus on the prevention and management of long-term illnesses.
- 4.2 Just over 100,000 people in Lothian (11% of the population), live in areas categorised as among the 20% most deprived in Scotland, with the majority of these (approximately 62,000 individuals) living within Edinburgh.
- 4.3 Over a third of deaths in Lothian were before age 75 (classified as 'premature mortality'). A number of those premature deaths are deaths associated with adverse life circumstances, including suicide, alcohol and drug-related mortality. In Lothian there were 197 drug-related deaths in 2021 (118 in Edinburgh), out of a total of 8595 deaths. This is a rate in Edinburgh of 18.3 deaths per age-standardised 100,000 population, however rates of alcohol-specific deaths were higher at 20.8 per age-standardised 100,000 population. It is also important to remember that smoking remains the single largest preventable cause of death with an age-standardised rate of 271.9 smoking-attributable deaths per 100,000 population in Edinburgh – a rate almost 15 times higher than drug-related deaths.
- 4.4 The leading causes of death (mortality) in Lothian mirror those in Scotland, which in 2021 were ischaemic heart disease, dementia, COVID-19, lung cancers and cerebrovascular disease (stroke). Rates in Lothian and Edinburgh are equivalent slightly lower, likely reflecting that Lothian's population as a whole is less deprived than the national average. However the diseases that cause the greatest burden of ill-health (morbidity) are low back and neck pain, headache, anxiety and osteoarthritis.
- 4.5 Mortality and morbidity and wider health and wellbeing are strongly patterned by deprivation, and the Annual Public Health Report highlights how this is the case for a range of outcomes.

Assessment

- 4.6 The impacts of austerity, the COVID-19 pandemic and the cost of living crisis have made life even more difficult for many people and has reinforced the need to challenge existing inequalities. The design and delivery of health, care and other public services should reflect levels of need in populations and should be focused on improving the health of the most disadvantaged groups as well as reducing the entire social gradient of health outcomes across the population.
- 4.7 Population health improvement and measures to reduce inequalities require coordination beyond the public health department and NHS, to include wider work

across the public and voluntary and community sectors, in order to address the fundamental causes of health inequalities such as the availability of jobs, good quality housing, education and learning opportunities, access to services and social status. Work with our community planning partners must focus on short-term mitigation of the cost of living and child poverty crises while also focusing on longer-term preventative policy solutions.

- 4.8 Welfare advice, debt advice, support for social security claims and income maximisation are all important forms of short-term support. More preventative anti-poverty work is also essential, as set out in the End Poverty Edinburgh Annual Report and Plan; and in the Community Planning Partnership's Local Outcomes Improvement Plan's three priorities of 'Enough money to live on'; Access to work, learning and training opportunities' and 'A good place to live'.
- 4.9 Anti-poverty work is also closely linked to work on child poverty and wider children and young people's work which is one of the 6 pillars of the Lothian Strategic Development Framework (LSDF), and is being taken forward locally through the Edinburgh Children's Partnership. It is important to remember that children and young people's health is shaped by the families and communities they grow up in, and today's children and young people will be the adults who require health and social care in the future. Public health, in our work with partners need to ensure we consider the impact that strategic decision making can have across the whole life course of the population.

5. Next Steps

- 5.1 In response to the issues highlighted within the Director of Public Health Annual Report 2022, the public health department will be leading on NHS Lothian Corporate Objectives for 2023-24, to:
- 5.1.1 Implement the 2023-24 of the LSDF Anchor Institutions Pillar Implementation Book, with a specific focus on meeting outcomes related to employability, procurement, land and assets and sustainability that demonstrate our role as an Anchor organisation in addressing inequalities.
 - 5.1.2 Develop collaborative strategies which address the social determinants of health, tackling poverty and inequality by taking a place and wellbeing approach and increasing our focus on prevention within the Lothian health and care system.
- 5.2 Public Health's Edinburgh Partnership and Place Team are currently working to delivery against both of these objectives, including through our collaboration with CEC colleagues, on Community Planning Partnership and other relevant workstreams.

6. Financial impact

6.1 Activity outlined in this report is being undertaken within existing agreed budgets.

7. Stakeholder/Community Impact

7.1 This paper is based on the existing NHS Lothian Director of Public Health Annual Report 2022, which makes use of routinely collected data.

8. Background reading/external references

8.1 [NHS Lothian Director of Public Health Annual Report 2022](#)