

## DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

### PROGRESS ON PREVIOUS DIRECTOR OF PUBLIC HEALTH REPORT RECOMMENDATIONS

#### 1. PURPOSE

This report provides an update on the actions taken to address the recommendations in the annual Director of Public Health reports produced under Lincolnshire's current Director of Public Health (DPH).

#### 2. BACKGROUND AND CONTEXT

The DPH is required to prepare an annual report on the health of the people in the council's area. The report includes a series of recommendations on measures that the DPH, the council and wider partners from across the health and care system need to take to address the issues highlighted in the report.

Two reports have been produced under Lincolnshire's current DPH:

- [DPH Annual Report 2019 – Global Burden of Disease](#) (published January 2020)
- [DPH Annual Report 2020 – Impact of Covid-19 in Lincolnshire](#) (published January 2021)

As the 2020 DPH Annual Report focused on Lincolnshire's response to the Covid-19 pandemic it did not include any specific recommendations, other than reiterating the national message of 'Hands, Face, Space and Fresh Air' and encouraging people to get vaccinated. Therefore, the following sections focus solely on the 2019 DPH Annual Report.

#### 3. DPH ANNUAL REPORT 2019 – GLOBAL BURDEN OF DISEASE

The DPH Annual Report 2019 used the Global Burden of Disease (GBD) methodology. GBD is a study into how disease affects populations in terms of both morbidity and mortality. It also provides the ability to look at the major risk factors behind the causes of morbidity and mortality. It can be used to drive change to improve health and wellbeing and reduce health inequalities. Table 1 below outlines the main causes of disease burden in Lincolnshire and the contributing risk factors.

**Table 1 – Addressing the Cause of Disease Burden**

Burden of Disease	Contributing Risk Factors
<p><b>Cardiovascular Disease (CVD)</b> - strongly associated with health inequalities and people living in England’s most deprived areas are almost 4 times more likely to die prematurely from CVD than those living in the least deprived.</p>	<ul style="list-style-type: none"> <li>• High blood pressure (hypertension)</li> <li>• Smoking</li> <li>• High cholesterol</li> <li>• Obesity</li> <li>• Physical inactivity</li> <li>• Excessive alcohol consumption</li> <li>• Poor diet</li> </ul>
<p><b>Musculoskeletal Conditions (MSK)</b> – low back pain and neck pain, together cause the greatest disease burden in Lincolnshire.</p>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Being overweight or obese</li> <li>• Physical inactivity</li> <li>• Smoking</li> </ul>
<p><b>Chronic Obstructive Pulmonary Disease (COPD)</b> – this is a progressive disease, with symptoms including breathlessness and persistent coughs, and is a leading cause of disease burden in Lincolnshire.</p>	<ul style="list-style-type: none"> <li>• Smoking</li> <li>• Physical inactivity</li> <li>• Air quality</li> </ul>
<p><b>Alzheimer’s Disease</b> – this is the most common cause of dementia, affecting around six in every 10 people with dementia.</p>	<p>Some of the risk factors are the same as for CVD</p>
<p><b>Headaches</b> – a common symptom associated with many conditions. The majority of headaches are primary. Most people self-manage their headaches, but it is one of the most common reasons for primary care consultation.</p>	<ul style="list-style-type: none"> <li>• Primary headaches are not associated with an underlying condition, for example, tension type headaches or migraines</li> <li>• Secondary headaches occur as a result of trauma or infection</li> </ul>

Burden of Disease	Contributing Risk Factors
<b>Depression</b> – characterised by persistent low mood and/or loss of pleasure in most activities and a range of associated emotional, cognitive, physical and behavioural symptoms.	The cause of depression is unknown, but it is likely to result from complex interaction of biological, psychological, and social factors.

#### 4. ADDRESSING THE KEY RISK FACTORS

The risk factors linked to disease burden emphasise the importance of a broad approach to enable behavioural, metabolic and environmental risk to be addressed. Interventions for one risk factor will address multiple causes of disease burden. Therefore, there is a need for an approach that prevents the onset of risk factors/disease (primary prevention), whilst also diagnosing and managing risk factors/disease (secondary and tertiary prevention). Table 2 shows the DPH recommendations, and the actions taken to date to address the key risk factors.

**Table 2 – Addressing the Risk Factors**

Risk Factor	Director of Public Health’s recommendation	What has happened
<b>Smoking</b> - remains the single greatest contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities.	A range of interventions are needed to address the health consequences of smoking. These include prevention (particularly in young people and pregnant women); supporting people to quit; eliminating the variation in smoking rates (for example, the higher rate amongst people with a serious mental illness) and effective enforcement.	<ul style="list-style-type: none"> <li>• A Maternity Transformation Smoking Lead has been appointed.</li> <li>• An initial funding allocation of £60k is being focused on Smoking at the Time of Delivery, with a proposal for a specialist smoking cessation member of staff based in the United Lincolnshire Hospital Trust (ULHT).</li> <li>• Costed proposals for the 'gold standard' model of inpatient smoking cessation services are also being developed to be progressed through the Integrated Care System (ICS).</li> </ul>

Risk Factor	Director of Public Health's recommendation	What has happened
<p><b>Physical Inactivity</b> – contributes to many diseases and premature deaths including heart disease; strokes; diabetes and certain cancers.</p>	<p>The Blueprint for Creating a More Active Lincolnshire focuses on four main areas that will have the greatest potential to change activity levels across Lincolnshire.</p> <p>The four areas are:</p> <ul style="list-style-type: none"> <li>• Active Societies</li> <li>• Active Places</li> <li>• Active People</li> <li>• Active Systems</li> </ul>	<ul style="list-style-type: none"> <li>• An initial evidence review has been completed by Public Health on proposals for increasing physical activity for two key age ranges – Children and Young People (CYP) (0-19) and people aged 50 to 65 years old.</li> <li>• Proposals are being developed with the Centre for Ageing Better focusing on the 50 to 65-year-old cohort looking at physical activity as a prevention approach. This work will be integrated with the 'Know your Numbers' campaign (currently in development) and the ICS led Health Inequalities programme to target population cohorts who are less likely to take up proactive and preventable healthcare offers.</li> <li>• Least Active: Inequalities Projects – Active Lincolnshire has been awarded £160k from the Tackling Inequalities Fund to support over 40 community and voluntary sector organisations to ensure their clients/members stay active. The projects are focused on lower socio-economic groups, people with long term health conditions, people with disabilities and people from BAME communities.</li> <li>• Discussions are underway with the creators of the "Refresh Lincoln" initiative to explore expanding this work across Lincolnshire as a means of using the voices of CYP to engage them in physical activity.</li> <li>• Discussions are also underway with the Lincoln City Foundation about working with Lincoln City Football Club on a health-promotion campaign or intervention.</li> <li>• Physical activity support has been incorporated into the National Diabetes Prevention Programme locally.</li> <li>• Better Births Lincolnshire has received transformation funding to build competence across health and leisure staff to support pregnant women to remain active.</li> <li>• Active Lincolnshire are shortly launching their Club and Activity Finder which will provide a user-friendly search facility for people to find opportunities to be more active in their local area.</li> </ul>

Risk Factor	Director of Public Health's recommendation	What has happened
<p><b>High Blood Pressure</b> – is amongst the top risk factors for years of life lost in England and the second highest attributable risk factor causing overall burden of disease in Lincolnshire.</p>	<p>Interventions to reduce a person's risk of developing high blood pressure</p> <p>Primary prevention measures include:</p> <ul style="list-style-type: none"> <li>• Diet</li> <li>• Alcohol</li> <li>• Weight management</li> <li>• Physical activity</li> <li>• Smoking</li> </ul> <p>Secondary prevention measures:</p> <ul style="list-style-type: none"> <li>• Know your numbers campaign</li> <li>• Maximising the NHS Health Check Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health commissions One You Lincolnshire, an integrated Lifestyle Service the service offers people support to stop smoking, eat less, move more and drink less.</li> <li>• An additional £425k has been secured to expand the offer of support and enable an additional 2,000 individuals to achieve their goals. The funding will be used to support: <ul style="list-style-type: none"> <li>○ Digital interventions (via the 'Gloji' weight management app)</li> <li>○ Additional support for people with a diagnosed mental health condition</li> <li>○ Post pregnancy support</li> <li>○ Additional support for men who want to lose weight, including the expansion of the 'Man vs Fat' challenge.</li> </ul> </li> <li>• The NHS Health Check programme was put on hold during 2020 due to the Covid-19 pandemic. Now services are returning to normal, the NHS Health Check programme has restarted. A new IT system has been mobilised to support performance management of NHS health checks provided by GP practices.</li> <li>• Know your numbers campaign, in conjunction with ICS partners, will run from April to September 2022.</li> </ul>

## 5. Conclusion

Actions to address the recommendations have been delayed due to the Covid-19 response, but we remain committed to taking actions outlined in the DPH annual report 2019. In light of the global pandemic some are even more important. It is our intention to update on actions from previous reports each year as we publish the new DPH annual report.

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