



## PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

### DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

Report by Chief Officer  
(Report No. G/23/155)

#### PURPOSE OF REPORT

The purpose of this report is to present the IJB with the [Director of Public Health \(DPH\) Annual Report 2023](#). The report provides an overview of key health and ill-health metrics and risk factors that can be influenced to determine the likelihood and course of disease. It has been designed as a reference tool for all agencies and organisations to be informed of current public health challenges and future anticipated trends.

#### 1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Note the contents of the Director of Public Health Annual Report 2023 as attached at Appendix 1 and considers its content to inform future strategic planning and work.

#### 2. SITUATION/BACKGROUND

Earlier this year the World Health Organisation declared the end of COVID-19 as a public health emergency. That was not to say that COVID-19 was 'over', rather it was to indicate that, worldwide, we had now transitioned to living with the infection, like many other infectious diseases which we manage and respond to on a daily basis, in primary and secondary care, and through the continued work of our health protection teams in Public Health.

However, whilst the emergency response has been stepped down, the considerable indirect impact of the pandemic endures and the resulting widening of health inequalities has been further magnified by current inflationary pressures and the cost of living crisis.

Health inequality in Tayside is starkly apparent when comparing the average life expectancy of a man living in an area of greatest deprivation (67 years) with his counterpart living in an area of least deprivation (82 years). Substance use (drugs and alcohol) and suicide are amongst the most

common causes of early loss of life for people living in greatest deprivation and are often termed 'deaths of despair'.

Furthermore, other considerable public health challenges continue. Whilst the number of people who smoke is continuing to decrease, we are still managing the health impact from exposure in previous years, and rising obesity levels are taking a significant toll on people's lives also. In addition, new risks to health are becoming increasingly urgent to address, most notably the widespread emergence of vaping and the existential threat of climate change.

We all have a vested interest in improving health in our communities, for friends, families, colleagues and businesses. This report summarises some of the targeted interventions being progressed by Public Health but it is vital that actions are prioritised across all settings to improve health and wellbeing, be it quality housing, workplace, leisure activities (where alcohol is not a focus), promotion of healthy eating and exercise.

We must continue to focus on creating the best possible environment for our communities currently and our future generations, where the protection and promotion of good health and wellbeing is the priority for all and cherished. All of us have that responsibility and, together, building on current work and seeking new opportunities, we can achieve it for the people of Tayside.

### **3. ASSESSMENT**

Key points outlined in the DPH Annual Report 2023 include:

- Life expectancy is no longer increasing across Tayside and is starting to show a slowly decreasing trend in Dundee.
- Life expectancy is strongly associated with deprivation and, currently, males born in the most deprived areas in Perth and Kinross are anticipated to live on average 8 years fewer than males born in the least deprived areas.
- In Angus and Perth and Kinross, and to a lesser extent in Dundee City, there is a high proportion of adults in the 55 to 59 year and adjacent age groups. Therefore, the number of people aged over 75 in Perth and Kinross is expected to increase by over 30% from 2018 to 2028.
- Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.
- The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. Approximately 90% of new cases of diabetes are due to type 2 diabetes and a result of increasing obesity levels in the population.
- Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males and in people living in more deprived areas.

- Whilst smoking attributable deaths continue to decrease, tobacco is still the single greatest cause of preventable death, disability and illness.
- Furthermore, the rising use of vapes is giving rise to significant public health concern for future health.

With the current cost of living crisis, health inequalities are anticipated to widen further, with people living in greatest deprivation experiencing yet further poorer health and wellbeing.

In order to achieve best health outcomes for all, reduce health inequalities and ensure a sustainable health and social care system into the future, action must be focused on promoting and maintaining good health and wellbeing and preventing ill health from developing. This primarily means creating an environment where good health thrives.

An environment where physical activity is made accessible and encouraged, harmful substances – e.g. drugs, alcohol, tobacco, vapes, high fat/sugar foods – are not promoted nor readily available, people are engaged in good employment, poverty is eradicated, and action is taken to mitigate change are imperative to ensuring best health for all of us, now and into the future.

## 5. CONCLUSION

The report is presented to the Integration Joint Board for awareness. Work that is being progressed by NHS Tayside’s Directorate of Public Health is summarised in the annual report and reported in detail to the NHS Tayside Health Board Public Health Committee as per the Committee’s workplan. However, the action required to enact change and ensure improvements delivered in response to the key public health challenges presented must be whole system to achieve greatest impact.

### Author(s)

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**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>YES</b>
Transformation Programme	<b>NO</b>
<b>Resource Implications</b>	
Financial	<b>NO</b>
Workforce	<b>NO</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>NO</b>
Risk	<b>NO</b>
Other assessments (enter here from para 3.3)	<b>NO</b>
<b>Consultation</b>	
External	<b>YES</b>
Internal	<b>NO</b>
<b>Legal &amp; Governance</b>	
Legal	<b>NO</b>
Clinical/Care/Professional Governance	<b>NO</b>
Corporate Governance	<b>N/A</b>
<b>Directions</b>	<b>NO</b>
<b>Communication</b>	
Communications Plan	<b>NO</b>

### 1. Strategic Implications

#### Strategic Commissioning Plan

1.1 n/a

### 2. Resource Implications

#### Financial

2.1 n/a

#### Workforce

2.2 n/a

### 3. Assessments

#### Equality Impact Assessment

3.1 Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA

However, the DPH Annual Report considers health inequalities throughout and highlights areas where these are particularly evident and their consequent impact.

#### Risk

3.2 n/a

#### Other assessments

3.3 Patient Experience - Targeting of resource to ensure maximum benefit for population health is critical to ensuring best quality patient care.

#### **4. Consultation – Patient/Service User first priority**

The production of the DPH Annual Report has been led by NHS Tayside's Health Intelligence Team, in consultation with the NHS Tayside Strategic Leadership Team in Public Health and informed by feedback from the previous year's annual report.

The DPH Annual Report has been considered and discussed at the Executive Leadership Team meeting and Tayside NHS Board's Public Health Committee.

#### **5. Legal and Governance**

n/a

#### **6. Directions**

There are no directions required for NHS Tayside and Perth & Kinross Council in relation to the contents of this paper.

#### **7. Communication**

n/a

#### **2. BACKGROUND PAPERS/REFERENCES**

n/a

#### **3. APPENDICES**

Appendix 1: [NHS Tayside Director of Public Health Annual Report 2023](#)