

Meeting:	Health and wellbeing board
Meeting date:	Monday 1 October 2018
Title of report:	Director of Public Health Annual Report 2017
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

The purpose of this paper is to present the Director of Public Health Annual Report 2017 and to seek the support of the Health and Wellbeing Board in implementing the recommendations.

Directors of Public Health have a statutory requirement to write an independent annual report on the health of their population. The Director of Public Health Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. The report is informed by and sits alongside the Joint Strategic Needs Assessment, which was presented to the Board in April 2018.

The report identifies that whilst Herefordshire has been witnessing a gradual improvement in healthy life expectancy, there remains significantly lower than life expectancy at birth. The overall improvements in health and wellbeing can mask the inequalities in health between those living in the most and least deprived neighborhoods, and between different minority ethnic groups.

The recommendations set out in the report, identify key areas for action to embed health in all policies, to tackle overweight and obesity, improve children's mental health, to develop a strategic and coordinated approach to embedding community focused and strengths based approaches and to focus on how to build the resilience of our health and social systems.

The report recommends that the Health and Wellbeing Board provide leadership to the process of implementing the recommendations and seeks assurance from the Director of Public Health that progress is being made.

Recommendation(s)

That:

- (a) The Health and Wellbeing Board provides leadership to the process of implementing the recommendations of the Director of Public Health Annual Report by communicating the key messages of the report to their constituent members;**
- (b) The Health and Wellbeing Board receives quarterly reports from the Director of Public Health on the progress being made in leading the implementation of the recommendations and as part of this process considers how it will support the Director of Public Health in overcoming barriers that may arise.**

Alternative options

1. The Health and Wellbeing Board may receive the report but determine that they will put in place different arrangements to support the implementation of the recommendations following discussion at the meeting.

Key considerations

2. The Director of Public Health Annual report identifies that overall the county compares favourably with national average statistics when considering levels of employment, homelessness, alcohol-related hospital admissions, levels of physical activity and smoking and proportion of children achieving a good level of development.
3. By contrast the report identifies the need to reduce obesity and high-blood pressure, which are examples of modifiable risk factors associated with some of our others of concerns, stroke and coronary heart disease.
4. The report also highlights the ongoing concern that inequalities remain across the county, of note is the variation in the levels of smoking, school attainment, premature deaths and life expectancy and healthy life expectancy. Amongst children, we in particular concerned about dental health and obesity, priorities already identified by the Health and Wellbeing Board.
5. The report summaries the use of the public health ring-fenced grant allocated to the council and provides case studies of some of the services that been invested in to improve the health and wellbeing of the population.
6. In the final chapter, the annual report recommends that the Health and Wellbeing Board should lead and galvanise efforts to take forward the recommendations over the next two years. The Director of Public Health proposes that the board schedule update reports into their programme, in order that they can be assured of the progress. This process will also enable the Director of Public Health to work with the Board on specific issues, concerns and challenges as they arise. The recommendations include:

7. **Strengthening our approach to embedding health in all policies, strategies and commissioned services.** This will involve focussing initially on the Hereford City Plan and Neighbourhood Plans and identifying areas in which greater consideration can be given to improve health and wellbeing through environmental improvements. The process will also involve reviewing the evidence of best practice from other areas, developing a toolkit for action to support planning, licencing and policy makers in taking account of health impact. Further areas The Health and Wellbeing Board and constituent members are asked to consider the outcomes this work and how this can be applied to their respective organisations.
8. Strengthening how we embed **Making Every Contact Count (MECC)** across our organisations will form another strand of the work to embed health into all policies. We are currently having challenges in extending this at an industrial scale, due in part the lack of prioritisation of the training offer across our organisations. This needs to be prioritised at a strategic level. The Health and Wellbeing Board members should lead the prioritisation of MECC in their own organisations and promote this as part of their involvement in the **Healthy Living Network**. Individuals and organisations signing up to the Healthy Living Network will be able to access training and support in order that they can develop local programmes and campaigns to tackle local health issues.
9. Developing an **Oral Health Plan** and **Healthy Weight Plan** as mechanisms to tackle the longstanding issue of dental decay and obesity in children. These are already priorities of the Health and Wellbeing Board and have been the subject of a Children's Scrutiny Spotlight session. The Healthy Weight Plan will be developed through the Strategic Prevention Board. An Oral Health Partnership is being set up and this group will lead the work in producing a robust Oral Health Needs Assessment to inform the focus on the future work programme. The Oral Health Plan will identify specific actions for the Health and Wellbeing and partner organisations. It is recommended that Health and Wellbeing Board consider the recommendations of the both plans when they is produced in 2019.
10. **Building individual, family and community resilience** underpins our efforts to **improving childhood mental health** and enabling people to self-care. The Strengths based and community focussed working is being taken forward as an approach across the county. It is recommended that a future Health and Wellbeing Board development workshop be used to secure commitment to a shared strategic approach. The Strategic Prevention Board, will support the development of this work.
11. The **ageing well plan** will address the findings of the Ageing Well Needs Assessment, focussing on how we can effectively promote self- care to enable people to improve quality of life and maintain independence into older age. This area of work will part of the recommended approach to **building a sustainable health and social care system**. The Strategic Prevention Board members will work with colleagues across the organisation to develop the plan and bring proposals through ICAB and the council's governance arrangements before making recommendations for action by the Health and Wellbeing Board.

Community impact

Further information on the subject of this report is available from
Karen Wright, , email: Karen.Wright@herefordshire.gov.uk

12. The Director of Public Health Annual Report recommendations are all designed to have a positive impact on the community by delivering more robust and effective approaches to improve health and tackling inequalities.
13. The recommendations specifically identify priority areas which can have a positive impact on looked after children and/or care leavers. These include improving mental health and resilience of children, strengthening the community focussed and strengths based approaches, improving oral health and developing a healthy weight plan. The recommendation of strengthening how we embed health in all policies will provide a more rigorous approach to ensuring the impacts of policy, strategy and commissioning decisions on health are considered.
14. The report recommends that the council considers adding fluoride to the water mains water supplies as one of measures to improve oral health of children. This process is a longer term piece of work, which starts with an Oral Health Needs Assessment being produced, followed by a feasibility study, which would need to be commissioned. The Oral Health Partnership will be responsible for implementing this work

Equality duty

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This report identifies the need to more effectively tackle inequalities and to reach our most vulnerable communities. This will support public authorities in exercising their equality duties.

Resource implications

15. The resource implications of the report are in the main staff time to develop the new approaching to working. These areas of work are prioritised within the Public Health Team, but will need the support of partner organisations. The resource implications of specific programmes will be costed and businesses cases developed on an ongoing basis. The Local Authority currently receives the Public Health Ring-fenced Grant which will support the implementation of the recommendations.

Legal implications

16. The Health and Social Care Act 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on

the health of the people in the area of the council and the council is required to publish this report.

17. Under the NHS Act 2006 as amended by the Health and Social Care Act 2012, councils are required to take particular steps in exercising public health functions. The terms of reference of the Health and Wellbeing Board are set out in the council's Constitution.
18. The recommendations in the report are in accordance with the legislation.

Risk management

19. The risks and opportunities associated with the delivery of the recommendations of the Director of Public Health Annual Report are identified below:

Risk / opportunity	Mitigation
Insufficient resource and partner agency support to deliver the recommendations of the Director of Public Health Annual Report.	Partners reprioritise areas of work to create the capacity needed. Target work in areas of greatest priority
Lack of public support to the implement health improvement programmes	Implement evidenced based practice based on local insight from priority groups where possible.
Opportunity to develop more effective community focussed models of working focussed on areas of inequality.	Develop our approach based on evidence which consider all the elements of community focussed working, including building community capacity.
Risks of demand outstripping the supply of community support.	Involve voluntary sector partners in the development of the approach.
Lack of public and or political support for adding fluoride to the water.	Follow the PHE toolkit which sets out a clear process for working through each stage which required to be completed prior to a decision being formally made to add fluoride to the water supply.

Consultees

20. None.

Appendices

Appendix 1: The Director of Public Health Annual Report 2017

Background papers

None identified.