

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

12TH FEBRUARY 2015

REPORT OF CORPORATE MANAGEMENT TEAM

CABINET / COUNCIL DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Jim Beall

DRAFT DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2013/14

1. Summary

This is the draft Annual Report of the Director of Public Health for Stockton Borough Council for 2013/14. The Report outlines the key health and wellbeing challenges and opportunities in Stockton Borough, particularly around health inequalities. Stockton Borough is now the Local Authority with the widest inequality in life expectancy nationally: 16yrs for men and 11.4yrs for women. As set out by Dr McGonigle (Chief Medical Officer 1924-1939), social and economic determinants impact on health and wellbeing. The Report outlines work over the past year to address these challenges, including service reviews, commissioning, population-wide programmes and work with partners. The Report fits with the priorities in the Joint Health and Wellbeing Strategy 2012-18 and the Council Plan.

Key areas of work and ongoing challenges are outlined in relation to:

- Addressing inequalities e.g. NHS Health Checks and Lung Checks, smoking, cancer screening uptake and fuel poverty
- Creating population impact
- Service reviews e.g. weight management and school nursing services
- Specialist Public Health support and advice to the NHS
- Protecting the health of the population e.g. management of outbreaks and immunisations

The Report also outlines progress on three key challenges from last year's Report and endorses their continued importance:

- No alcohol in pregnancy
- Fizzy drinks full of added sugars should only be a rare treat, especially for children
- Read to your child every day – a great way to bond with your child and help them develop

2. Recommendations

1. Cabinet is asked to note the Report
2. Cabinet is asked to recommend the Report to Council

3. Reasons for the Recommendations/Decision(s)

Under the Health and Social Care Act (2012), the Director of Public Health in the Local Authority has a statutory duty to publish an independent report on the health of the population in their area. The Local Authority has a duty to publish the Report. Cabinet is therefore asked to recommend the Report to Council.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

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DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2013/14

SUMMARY

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RECOMMENDATIONS

1. Cabinet is asked to note the Report
2. Cabinet is asked to recommend the Report to Council

DETAIL

The Report is attached in Appendix 1.

FINANCIAL IMPLICATIONS

There are no direct financial implications of the Report, though decisions may be made around service development and commissioning based on the work for the Public Health team which is summarised in the Report. There are also likely to be implications for joint commissioning with partners through this work.

LEGAL IMPLICATIONS

There are no specific legal implications of this Report.

RISK ASSESSMENT

There are no specific risks inherent in this Report, though the report emphasises the importance of ensuring health and social care services are high quality, meet population need, are value for money and particularly support the most vulnerable.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

The Report will support implementation of the Sustainable Community Strategy:-

Economic Regeneration and Transport
Safer Communities
Children and Young People
Healthier Communities and Adults
Environment and Housing

It will also address the Supporting Themes:-

Stronger Communities
Older Adults
Arts Leisure and Culture

The Report supports these themes through focussing on both improving health and reducing health inequalities. Evidence shows that more equal societies have better outcomes for health and wellbeing; and many aspects of health and wellbeing also tends to be poorer in areas of greater deprivation. Social capital and community development models have been shown to be important in building healthy communities and the Report outlines examples of this work. The two key priorities of the Joint Health and Wellbeing Strategy 2012-18 are 'Giving every child the best start in life' and 'Addressing ill health prevention'. These are reflected as key themes in the Report, focussing on children and young people and also on adults. Addressing the wider determinants of health such as environment, transport and employment opportunities are important for improving health and wellbeing and the Report sets out how Public Health works with other Council departments and with partner organisations to progress this. This includes the priority to ensure safe, strong communities. Public Health focuses on early intervention throughout life, including in the early years which evidence shows has a beneficial impact on educational attainment and other outcomes such as contact with the Criminal Justice system.

The Report will also support implementation of the Joint Health and Wellbeing Strategy 2012-18.

EQUALITIES IMPACT ASSESSMENT

This report is not subject to an Equality Impact Assessment because it is not seeking approval for a new policy, strategy or change in the delivery of a service

CORPORATE PARENTING

The Report outlines the Public Health outlines the importance of early intervention throughout life, including in the early years. Evidence shows that effective early intervention can have a positive impact on the need for social care support for children and families, with implications for the numbers of children entering the Looked After system.

CONSULTATION INCLUDING WARD/COUNCILLORS

The Report is based on the JSNA and Joint Health and Wellbeing Strategy 2012-18, plus additional evidence from other sources e.g. Public Health England and therefore has been developed through consultation with partners and communities. The implementation of plans from the Report will involve further consultation on specific issues. The draft Report has also been discussed by the Health and Wellbeing Board.

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Education related? Yes, in relation to the link between Public Health, education and life chances.

Background Papers **Please see references in Appendix 1 for relevant information.**

Ward(s) and Ward Councillors: **All**

Property

There are no direct implications of the Report in relation to the Council's property. Decisions may be made around service development and commissioning (including joint commissioning) based on the work for the Public Health team which is summarised in the Report.