

## CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**13<sup>TH</sup> OCTOBER 2018**

**REPORT OF SENIOR  
MANAGEMENT TEAM**

### **COUNCIL DECISION**

**Deputy Leader of the Council and Adult and Social Care & Health – Councillor Jim Beall**

#### **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17**

1. Summary

The Director of Public Health Annual Report outlines some of the key health and wellbeing challenges and opportunities in Stockton Borough, including the data and evidence and details of current work and planned next steps. 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. The Report is based on the JSNA and Joint Health and Wellbeing Strategy 2012-18, plus additional evidence from other sources and therefore has been developed through consultation with partners and communities. The focus of this year's Report is using 'community-centred approaches' to improve health and wellbeing in Stockton-on-Tees.

2. Recommendations

1. Cabinet is asked to consider the Report.

3. Reasons for the Recommendation(s)/Decision(s)

Cabinet is asked to consider the Report, to support the dissemination and implementation of key messages to improve health and wellbeing in the Borough. Following consideration by Cabinet, the Report will be presented 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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**SUMMARY**

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**RECOMMENDATIONS**

1. Cabinet is asked to consider the Report.

**DETAIL**

1. The Director of Public Health Annual Report 2016/17 is attached as **Appendix 1**.

**COMMUNITY IMPACT IMPLICATIONS**

The Report supports the Joint Health and Wellbeing Strategy 2012-18 and is based on the JSNA, plus additional evidence from other sources such as consultation and engagement activity. All of these focus on identifying the needs of specific communities and working with communities and partners to tailor programmes and services to better meet that need. As such, the impact on communities in terms of improving health and wellbeing, reducing inequalities and protecting health, are inherent to the work outlined in the Report.

**FINANCIAL IMPLICATIONS**

There are no direct financial implications of the Report, through decisions may be made around service development and commissioning based on the work of 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. 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.

## **COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES**

The Report supports the Council's policy principles of:

- Protecting the vulnerable
- Promoting equality of opportunity
- Developing strong and healthy communities
- Creating economic prosperity across the Borough

The Report particularly supports the approach of the Council and partners to protect the vulnerable and develop strong and healthy communities, through describing how Public Health is working with partners to improve health and wellbeing and reduce inequalities. This is being progressed through a combination of universal and targeted activities, to meet the varying needs of different communities and in accordance with robust evidence base. These needs vary with such factors as deprivation, access to services and experiencing multiple diseases or risk factors for ill health.

## **CORPORATE PARENTING IMPLICATIONS**

The Report does not contain corporate parenting implications.

## **CONSULTATION INCLUDING WARD/COUNCILLORS**

The Report is based on the JSNA, plus additional evidence from other sources such as consultation and engagement activity undertaken through implementing Public Health programmes and services and therefore has been developed through a wide range of consultation and engagement activities with partners and communities. The implementation of next steps in the Report will also involve further consultation on specific issues e.g. in wards of greater deprivation or regarding services or programmes for specific communities.

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Education related? No

Background Papers: None not referenced in the Report.

Ward(s) and Ward Councillors: Relevant to all wards

Property

No specific implications.