

Report title	Public Health Annual Report	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Hazel Malcolm Public Health and Wellbeing	
Corporate Plan priority	People - Stronger Communities	
Key decision	No	
In forward plan	Yes	
Wards affected	All	
Accountable Director	Mark Taylor, People Directorate	
Originating service	Public Health	
Accountable employee	John Denley Tel Email	Director for Public Health 01902 550148 John.Denley@wolverhampton.gov.uk
Report to be/has been considered by	People Leadership Team	21 May 2018
	Strategic Executive Board	22 May 2018

Recommendation for decision:

The Cabinet is recommended to:

Approve the publication of the Public Health Annual Report.

1.0 Purpose

- 1.1 The Health and Social Care Act 2012 states that 'the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority...the local authority must publish the report'.¹
- 1.2 The purpose of this report is to present the Public Health Annual Report which summarises the priority indicators and associated indicators, by ward. This is as a result of the workstreams agreed following the reorganisation of Public Health.
- 1.3 The 4 priority areas are:
 - Starting and Developing well
 - Healthy Life Expectancy
 - Healthy Ageing
 - Systems Leadership.

2.0 Background

- 2.1 In 2002, an independent review of the long-term resource requirements for the National Health Service was undertaken by Derek Wanless. The review clearly illustrated the significant impact lifestyle changes such as smoking cessation, a healthier diet and increased activity can have on increasing life expectancy and reducing the level of resource needed for future health care.
- 2.2 The benefits of investing in health promotion and disease prevention was highlighted throughout the 'Wanless' review, with an emphasis on evidence based Public Health commissioned services.
- 2.3 *The NHS Five Year Forward View*² highlights the outcome of the failure to take prevention seriously as advocated by the Wanless Report. There are escalating health inequalities, increasing demands for services and unsustainable pressures on health and social care resources.
- 2.4 Although improving, life expectancy for men (77.4 years) and women (81.4 years) is lower than the England average (79.5 years and 83.1 years respectively, for 2013-2015). There are an increasing number of individuals living with long term conditions and the major conditions that contribute to the high rate of premature deaths before the age of 75 years are known.
- 2.5 A number of lifestyle risk factors are routinely recorded (smoking, obesity, physical activity, alcohol related indicators) and current performance against these indicators in Wolverhampton is poor, compared to the regional and national average.

¹ Health and Social Care Act 2012 (c7) Part 1 – The health service in England pg 60. The Stationery Office: London
http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf [accessed 29 May 2018]

² NHS England (2014) *The NHS Five Year Forward View*. NHS England: London

- 2.6 The *NHS Five Year Forward View* advocated a 'radical upgrade in prevention and public health' to halt the rapidly increasing burden of avoidable ill-health. The Public Health Annual Report sets out the goal to improve the health of the local population, through improving the contracted and mandatory services offered by Public Health.

3.0 Public Health Annual Report

- 3.1 The Director of Public Health Annual Report aims to provide a baseline of the scale of the problems faced by the population of the City of Wolverhampton, as well as at ward level. It also includes the planned improvements in the quality of contracted and mandatory services over the next 12 – 18 months.
- 3.2 The report uses Wolverhampton data, presented using infographics, to highlight key facts relating to the indicators chosen. A life course approach was adopted.
- 3.3 The focus of the report is on:
- The life expectancy and healthy life expectancy for males and females of the City of Wolverhampton
 - Setting the scene for the workstreams following the reorganisation of Public Health, including the priority areas and the associated indicators.
 - Ward profiles – which include a breakdown of the demographics (age and gender structure, deprivation level, and Black and Minority Ethnic population size), as well as key facts for each of the indicators identified.
 - The aim for improving performance to the top quartile for each of the contracted and mandatory services.

4.0 Evaluation of alternative options

- 4.1 Members could decide not to actively promote the annual public health report however it is a statutory responsibility of the local authority to publish the annual report. The publishing of the report provides an opportunity for the Council to identify the base line for health outcomes for the people of Wolverhampton. The report also highlights evidence on specific health outcomes for the area and consequently identifies the areas of preventive action which need to be focused on during the forthcoming year.

5.0 Reasons for decision

- 5.1 It is a statutory requirement that all top tier local authorities produce an independent report from their designated chief officer for public health on the health of the local population. The attached report fulfils this requirement.
- 5.2 The annual report highlights the indicators where improvements can be made to impact on the health and wellbeing outcomes of preventable conditions within the current population of the City of Wolverhampton. The rate of these conditions will escalate if nothing is done to halt poor inter-generational lifestyle choices and will continue to have a high impact on health and social care resources.

6.0 Financial implications

- 6.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The funding allocation for Public Health for 2018-2019 is £20.8 million
- 6.2 Any costs incurred for the delivery of Public Health related recommendations within the annual report will be contained within the Public Health ring-fenced grant.
[MI/29052018/Z]

7.0 Legal implications

- 7.1 There are no anticipated legal implications related to this report.
[RB/29052018/T]

8.0 Equalities implications

- 8.1 The services Public Health commission all aim to reduce inequalities, and as a result, for each service, the needs of the population at risk are taken into consideration.

9.0 Environmental implications

- 9.1 There are no anticipated environmental implications arising from the report.

10.0 Human resources implications

- 10.1 There are no anticipated human resource implications arising from this report.

11.0 Corporate landlord implications

- 11.1 There are no corporate landlord implications for the Council's property portfolio in relation to this report.