

# Health Scrutiny Panel

6 June 2017

<b>Report title</b>	Public Health Performance Report 2018-2019	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Public Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	John Denley, Director for Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employee(s)</b>	Dr Ankush Mittal	Consultant in Public Health
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<b>Report to be/has been considered by</b>	Public Health Leadership Team	21 May 2019

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## Recommendation(s) for action or decision:

The Scrutiny Panel is recommended to:

1. Note the contents of the report.
2. Note the approach undertaken by Public Health to address challenges and successes achieved in support of the aims detailed in the "Vision for Public Health 2030 – Longer, Healthier Lives" document.

## **1.0 Purpose**

- 1.1 The purpose of the report is to provide the Panel with an overview of Public Health performance for the year 2018-2019.
- 1.2 The report details some key areas of work undertaken during 2018-2019, notes some of the challenges and successes throughout the year and seeks discussion and feedback from the Panel.

## **2.0 Background**

- 2.1 UK Public Health practice is a diverse and professional discipline which broadly aims to improve health and reduce health inequality in populations, partly through the delivery of public health services, but largely through joint efforts with the wider society. No one system can meet the public health needs of our people alone.
- 2.2 The profession is based around three fundamental pillars - Health Improvement, Health Protection and Healthcare Public Health.
- 2.3 Population based changes in health and behaviour are long term projects and this is reflected in the document previously presented to the Panel – “The Vision for Public Health 2030 – Longer, Healthier Lives”.
- 2.4 To achieve the ambitious targets detailed in the vision, Public Health has focussed on different approaches to issues where previous traditional approaches have failed to produce changes.
- 2.5 These approaches are multi-faceted including influencing and advising local health partners on local needs and intelligence, investing in evidence-based approaches to maximise and sustain the long-term health of the population, offer public health advice and support to internal and external partners, commission and monitor local public health services, use technology and novel approaches to reach new audiences, whilst continuing to deliver our statutory public health responsibilities.

## **3.0 Progress through 2018-2019**

- 3.1 To achieve significant population public health changes is a long-term process, however throughout 2018-2019 there were a number of successes against targets set in the Public Health Annual Report to note. A more detailed summary of these achievements is included attached to this report. A summary of these include, but are not limited to: -
  - NHS health checks: - are now solely provided through primary care (GPs) partners. Through closer, collaborative working with Wolverhampton Clinical Commissioning Group (CCG), Primary Care group managers and GP practice staff across the city and a

complete review of the system there has been un-precedented rise in the access and uptake of NHS Health Checks. (The aim of the health checks being to identify individuals who may be at a high risk of numerous undiagnosed conditions such as heart disease, stroke, cardiovascular disease, hypertension, type II diabetes etc.

- Engagement between health visiting services and families with young children is at the highest level since 2013.
- Working with regional partners to collate and revamp the system for child death scrutiny, to create the blueprints for better evidence on infant mortality and local risk factors.
- Significant reduction in the number of rough sleepers in the City, using a public health approach to homelessness.
- A joint programme of activities centred around the new 'Flu Fighters' campaign, resulting in the delivery of 28,000 flu fighters comics to young children across the City. This, along with a concerted social media campaign, resulted in the highest increase of flu vaccine uptake amongst school aged children in the West Midlands. City of Wolverhampton school children moving from the lowest to the highest uptake rates for the Black Country in one season.
- Helping to shape the development of the new ICS systems, including advances in the access to and interpretation of health intelligence, assisting in use of data to prioritise and evidence health interventions.
- Being a leading regional partner in community safety, building stronger links and strategy with WM Police, education and young people including reshaping the way in which licences for the sale of alcohol are planned for and permitted.

### 3.2 Challenges

Despite some early successes, challenges have been encountered some of which remain both internally and across the system, including

- Establishing clear roles and responsibilities following a significant restructure within the Public Health team,
- Continual reduction in the Public Health grant,
- the continued disadvantage faced by the poorest communities in austere and uncertain times,
- some of the highest ever rates of childhood obesity,
- poor access to cancer screening,
- an evolving and ever-changing health system

Public Health continue to work through these issues and via new approaches, opportunities arise to influence, improve systems and make a difference, which will lead to longer, happier and more equal lives for residents.

#### **4.0 Questions for Scrutiny to consider**

- 4.1 Given the long-term objectives and deliverables associated with Public Health, how often would the Panel require an update of achievements and challenges of the service?
- 4.2 Would the Panel welcome a discussion on the new approaches to achieve Public Health objectives?

#### **5.0 Financial implications**

- 5.1 There are no direct financial implications arising from this report.  
[AJ/24052019/Y]

#### **6.0 Legal implications**

- 6.1 There are no direct legal implications. Public Health continue to deliver their statutory responsibilities.

[JA/240519/C]

#### **7.0 Equalities implications**

- 7.1 No direct equalities implications from the report. The work of Public Health is population based. Within individual work streams there may be occasions where projects require an equalities analysis. This will be undertaken, and advice sought from the equalities team.

#### **8.0 Environmental implications**

- 8.1 Whilst the remit of Public Health can include areas such as air pollution, contaminated land etc there are no direct Environmental Implications with this report.

#### **9.0 Human resources implications**

- 9.1 There are no human resources implications

#### **10.0 Corporate landlord implications**

- 10.1 There are no corporate landlord implications

#### **11.0 Health and well-being implications**

- 11.1 The report details achievements and challenges over the past year for Public Health. It also recognises the challenges for forthcoming year. The focus of this work includes to

help people live longer, healthier and more active lives, reduce inequalities and ensure everyone is protected from harm, serious incidents and avoidable health threats, ultimately to improve the health and well-being of Wolverhampton residents.

- 11.2 The challenges detailed in section 3.2 have a potential to have an adverse effect on the ability for Public Health to deliver its objectives and therefore may have implications for the health and well-being of residents. These implications will be detailed in separate reports if or when these occur.

## **12.0 Schedule of background papers**

- 12.1 The Vision for Public Health 2030 – Longer, Healthier Lives
- 12.2 Detailed Public Health Performance Report (included with Health Scrutiny Panel agenda)