



# Health Scrutiny Panel

22 September 2022

<b>Report title</b>	Public Health Annual Report 2021-2022	
<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 of Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employee(s)</b>	Madeleine Freewood Email	Madeleine.freewood@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	Public Health Senior Leadership Team	18 May 2022
	Joint Children's, Education and Adults Leadership Team	16 June 2022
	Strategic Executive Board Health and Wellbeing	05 July 2022
	Together Board	13 July 2022
	Cabinet	27 July 2022

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## Recommendation(s) for action or decision:

1. Health Scrutiny Panel is recommended to comment on the Director of Public Health Annual Report for the period 2021-2022.

## **1.0 Purpose**

- 1.1 To present the draft Annual Report from the Director of Public Health for the period 2021 – 2022 for comment.

## **2.0 Background**

- 2.1 Production of an annual Public Health Report is a statutory requirement. It is the Director of Public Health's professional statement about the health and wellbeing of the city.
- 2.2 The Annual Report for 2021-2022 aims to inform professionals and members of the public about the current public health challenge faced by our residents and sets the strategic direction for creating a healthier city together in the wake of the pandemic.

## **3.0 Report contents**

- 3.1 The focus for the Annual Report for 2021-2022 is 'creating a healthier city together' linked to the Our City Our Plan ambition for Wulfrunians to live, longer, healthier lives. It recognises that Covid-19 is likely to have had a negative impact on a wide range of health indicators and in many cases further widened inequality.
- 3.2 It provides a summary of the partnership activity that took place to safeguard city residents in relation to Covid-19 since July 2021. It then presents a thematic summary of current and planned activity in relation to best start in life and growing well; access to primary care; targeted support via a health checks pilot; public mental health and wellbeing; physical inactivity and the wider determinants of health. It concludes by highlighting the opportunity to build on the strengthened partnership working that has developed in response to the pandemic.
- 3.3 The final section of the report includes a set of ward profiles including a series of health-related indicators. These have been designed to complement the ward data dashboards produced by the Insight and Performance team.

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

- 4.1 Significant changes are taking place within the health and care system with the advent of Integrated Care Systems (ICSs), established through the Health and Care Act 2022. Recently published guidance<sup>1</sup> sets out the expectations for how health overview and scrutiny committees should work with ICSs to ensure they are locally accountable to their communities. Given this context Scrutiny Panel membership is invited to consider the key role they can play in supporting place and system partners to collectively address the local priorities outlined in the Public Health Annual Report for Wolverhampton.

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<sup>1</sup> <https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>

## **5.0 Financial implications**

5.1 Funding for Public Health is provided to the Council by the Department of Health and Social Care in the form of a ring-fenced grant. The final Public Health grant allocation for the financial year 2021 - 2022 was £21.2million. In addition, local authorities have received a number of grants in relation to Covid-19. These have to be spent in line with conditions. [DA/29062022/M]

## **6.0 Legal implications**

6.1 There are no direct legal implications arising from this report. [SB/29062022/K]

## **7.0 Equalities implications**

7.1 Equality is promoted through the Public Health Vision 2030 and throughout local Public Health programmes, functions and services. This is to ensure that they advance equality and tackle inequalities relating to health outcomes and wider social determinants of health among groups that share protected characteristics.

7.2 Different groups within the population have been disproportionately affected by the pandemic. Addressing these inequalities is a key priority and we will use this information to inform our recovery.

## **8.1 Climate change and environmental implications**

8.1 There are no direct climate change and environmental implications, however climate change and the environment have an impact on health and wellbeing. This is acknowledged in the final section of report where the importance of access to green space during the pandemic is noted and also illustrated in the case study where reference is made to community tree-planting initiatives.

## **9.0 Health and Wellbeing Implications**

9.1 Production of an annual Public Health Report is a statutory requirement. It is the Director of Public Health's professional statement about the health and wellbeing of the city.

## **10.0 Human resources implications**

10.1 There are no direct Human Resource implications.

## **11.0 Corporate landlord implications**

11.1 There are no direct Corporate Landlord implications.

## **12.0 Covid Implications**

- 12.1 The report recognises that Covid-19 is likely to have had a negative impact on a wide range of health indicators and in many cases further widened inequality.