

REPORT TO: Shadow Health and Wellbeing Board
DATE: 10 October 2012
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Adults
SUBJECT: Public Health Annual Report
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on the development of the Halton & St Helens Public Health Annual Report for 2012-2013.

2.0 RECOMMENDATION: That the Board note the theme and development of the Public Health Annual Report.

3.0 SUPPORTING INFORMATION

- 3.1 Since 2000 Directors of Public Health (DPH) in PCTs are tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.
- 3.2 The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report remains a key means by which the DPH is accountable to the population they serve.
- 3.3 The Public Health Annual Report (PHAR) is the Director of Public Health's independent, expert assessment of the health of the local population, based on evidence. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.
- 3.4 Each year, typically, a theme is chosen for the PHAR. Therefore it does not encompass every issue of relevance but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice - health improvement, health protection or healthcare public health – supported by public health intelligence, an over-arching theme,

such as health inequalities, or a particular topic such as mental wellbeing, cancers, older people etc. As standard, each year the previous reports' recommendations are followed up and a compendium of key statistics included.

3.5 All of these issues have been covered in some form since 2006, the first report covering the Halton & St Helens PCT footprint. The 2011-12 report will be the final report covering this footprint as the PCT will cease to exist from 31st March 2013, with new NHS and public health commissioning arrangements being fully established on at a borough level for both areas from 1st April 2013.

3.6 Report working title: 'Much achieved...much still to do'

3.7 The dissolution of the PCT gives an opportunity to reflect on what has been achieved over the last few years, where improved health outcomes have been seen as well as looking forward, recognising some of the main health challenges that still face the boroughs.

3.8 Summary of Outline and Content

Chapter	SECTION & contents`
1.	Reflections from the DPHs: improvements, challenges, new structures to address the challenges
2.	Improvements in Health
	• Cardio-vascular Disease
	• Tobacco Control
	• Dental Health
3.	Challenges
	• Cancers
	• Early Years
	• Alcohol
4.	Update on last year's recommendations

- 3.9 Each section has a lead author who has been tasked with producing a 3-page (approximate) piece covering:
- National and local policy context
 - Some key facts and figures
 - Summary of national Evidence of effective practice
 - Local action
- 3.10 Due to transitional arrangements whereby responsibility for Public Health is moving from the NHS to the Local Authority, and the recent appointment of the Director of Public Health, the 2012/13 report is effectively a 16 month report.
- 3.11 The production schedule is for initial copy to be submitted to report editors by mid-October, followed by an editorial and refining process to be completed by early December. A design and printing process will follow this with the finished, printed report being delivered by the end of February 2013. The report will be formally presented to the final PCT Board meeting March 2013. It will then be presented to other relevant boards and committees, with wider distribution of print and electronic copies.

4.0 POLICY IMPLICATIONS

- 4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other services as appropriate.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and will continue to be addressed in public health annual reports, recognising progress within existing strategies and action plans together with recommendations for further action to improve health outcomes.

6.2 **Employment, Learning & Skills in Halton**

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health. There are also close links between partnerships on areas such as alcohol and domestic violence.

6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and will therefore need to be addressed in public health annual reports.

7.0 **RISK ANALYSIS**

7.1 Developing the Public Health Annual Report in itself does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None

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