

**REPORT TO:** Health Policy and Performance Board

**DATE:** 4 June 2013

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health and Adults

**SUBJECT:** Public Health Annual Report 2012

**WARDS:** Borough wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide the Health Policy and Performance Board with an overview and presentation of the Halton and St Helens Public Health Annual Report 2012.

**RECOMMENDATION: That the Board note the contents of the report and presentation.**

## **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. The development of this report has included consultation with Halton and St Helens PCT, Halton Shadow Health and Wellbeing Board, Halton Clinical Commissioning Group and other stakeholders and partners.
- 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 2012 report will be the final report covering this footprint as the PCT will cease to exist from 31<sup>st</sup> March 2013, with new NHS and public health commissioning arrangements being fully established on a borough level for both areas from 1<sup>st</sup> April 2013.

3.6 **Report working title: “A Reflection on Health and Wellbeing in Halton and St Helens.”**

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 The report identifies the improvements, challenges and new structures to address the challenges. It also highlights the improvements in health, including:

- Cardio-vascular Disease and recommendations on future action
- Tobacco Control and recommendations on future action
- Dental Health and recommendations on future action

Key challenges include:

- Cancers and recommendations on future action
- Early Years development and recommendations on future action
- Alcohol and recommendations on future action

Finally, it provides an update on last year's recommendations and includes a compendium of data.

#### **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 and 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 and 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

Halton Borough Council may be at risk of not meeting national targets if recommendations outlined in the report are not met. There are no financial risks. The recommendations are not so significant they require a full risk assessment.

## 8.0 EQUALITY AND DIVERSITY ISSUES

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

Document	Place of Inspection	Contact Officer
Public Health Annual Report	Council Website	Sharon McAteer