

- The development and updating of the Joint Health and Wellbeing Strategy.
- Collecting and analysing data to deliver the Public Health Outcomes Framework
- Producing the Director of Public Health's annual report
- Maintaining a focus on ensuring disadvantaged groups receive the attention they need, with the aim of reducing health inequalities.
- Providing public health advice to NHS commissioners
- Planning for emergencies that present a risk to public health
- Responsibility for the public health response to applications made under the Licensing Act 2003
- Providing Healthy Start vitamins at any maternity or child health clinic commissioned by the council
- Ensuring delivery of the National Child Measurement Programme
- Securing delivery of the NHS Health Check assessment
- Ensuring provision of sexual health services

In addition a number of other services are commissioned including weight management services, drug and alcohol treatment and smoking cessation. A range of activities are undertaken in support of national and local campaigns covering suicide reduction, tobacco control, mental health, increasing levels of physical activity, and air quality. Public Health has also co-ordinated the delivery of the Pharmaceutical Needs Assessment, a requirement of the Health and Social Care Act 2012.

4. A ring-fenced grant is currently provided by the Department of Health to secure the delivery of public health services. For 2013/14 the grant was £14.3million and £15.1m for 2014/15.
5. Public Health work closely with the Integrated Commissioning Unit and is in the midst of a 3 year programme of re-commissioning services. It is aiming to achieve an integrated approach to public health, incorporating the wider local authority responsibilities (e.g. planning and housing) as well as those of the Integrated Commissioning Unit.

Joint Strategic Needs Assessment

6. Joint Strategic Needs Assessments were established under the Local Government and Public Involvement in Health Act 2007. They are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, Clinical Commissioning Groups (CCGs), or the NHS. The current JSNA was formally reviewed in its entirety in 2012 and it informed the development of the Joint Health and Wellbeing Strategy (see below). The JSNA is a web-based resource of substantial use to those commissioning or deliver services. It can be accessed via the following link:
<http://www.publichealth.southampton.gov.uk/HealthIntelligence/JSNA/default.aspx>

7. The public health intelligence team is being transferred to a new Strategy Unit in the Chief Executive's Office from April 2015, where as part of a significant reconfiguration the data analysts will integrate the JSNA with other needs assessments, including the Safe City Assessment. These actions will assist in the development of a single and unified data hub, capable of bring more and better data to inform strategic planning and decision making. In addition information on the wider determinants of health (for example housing and air quality) can be captured, improving the opportunities to take a better informed broader view on health and wellbeing issues.

Joint Health and Wellbeing Strategy

8. Health and Wellbeing Boards were charged with the responsibility for producing a Joint Health and Wellbeing Strategy. The purpose of the JHWS is to set out a plan to address the key needs identified in the JSNA. The JHWS can be accessed via the link on the public health website::

<http://www.publichealth.southampton.gov.uk/>

Southampton's JHWS was developed around 3 key themes:

- Building resilience and using preventative measures to achieve better health and wellbeing
- Best start in life
- Living and ageing well

9. The JHWS is now nearing the end of its second year, and data to be made available over the coming months will measure outcomes achieved since the implementation of the strategy.

10. The Health and Wellbeing Board has discussed renewal of the JHWS and agreed to refresh it in 2016 once the key health policies of the new government are known. Regardless of the details of any national policies, the Board has identified the need for the strategy to include a focus on reducing key health inequalities, where evidence in the JSNA indicates that there has been limited movement in recent years. A Health Inequalities Reference Group is being established to undertake a more detailed examination on health inequalities and to make recommendations to the Health and Wellbeing Board. It will undertake its work in April and May 2015, and report to the first meeting of the Health and Wellbeing Board in the 2015/16 municipal year.

Public Health Annual Report 2014

11. As referenced in paragraph 3 the Director of Public Health has a duty to produce an annual report. Using data from the JSNA, which includes a number of indicators collected nationally for the Public Health Outcomes Framework, Directors of Public Health examine the evidence to determine the issues they wish to raise. The 2014 report is about to be published, and will be submitted to the next meeting of the Health Overview and Scrutiny Panel for detailed consideration. The report highlights a number of issues that will help to lay the foundations for better health for future generations, as well as examining health inequalities, and analyses the following issues in detail:

- Fitness in young people
- Building mental resilience in young people
- Accident prevention
- Air quality
- Dementia and long-term conditions
- High blood pressure
- Tackling health inequalities

A number of detailed recommendations are made under each of these headings.

RESOURCE IMPLICATIONS

Capital/Revenue

12. The delivery of the actions set out in this report are being met from the ring-fenced public health grant detailed in paragraph 4.

Property/Other

13. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

- 14.. The Health and Social Care Act 2012 made local authorities responsible for public health issues.

Other Legal Implications:

15. None.

POLICY FRAMEWORK IMPLICATIONS

16. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:

All

SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None.	
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