

DECISION-MAKER:	HEALTH AND WELLBEING BOARD			
SUBJECT:	PUBLIC HEALTH ANNUAL REPORT 2013			
DATE OF DECISION:	26 MARCH 2014			
REPORT OF:	DIRECTOR OF HEALTH			
<u>CONTACT DETAILS</u>				
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STATEMENT OF CONFIDENTIALITY				

BRIEF SUMMARY

The Director of Public Health has a duty under the NHS Act 2006 to write an annual report on the health of the local population and the local authority has a duty to publish it. The content and structure of the report is to be decided locally.

RECOMMENDATIONS:

- (i) The Health and Wellbeing Board are welcomes the Public Health Annual Report and considers the implications for the future work of the Board.

REASONS FOR REPORT RECOMMENDATIONS

1. The purpose of the Director of Public Health's Annual Report is to make an assessment of the health of the local population and make recommendations on key actions that would lead to an improvement in the populations health

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. This is the first report since Public Health leadership and responsibilities transferred from the NHS back to Councils on 1st April 2013. It reports on the state of Southampton's health, underlying trends and future challenges, and make recommendation for how health can be improved.
4. Many health indicators in Southampton are moving in the right direction – life expectancy is improving, deaths from heath disease and stroke are falling and cancer survival rates are improving. However there has been limited progress in narrowing the health gap between the wealthy and those who are on low incomes, and many challenges remain or have increased in significance. The economic problems faced by the UK over the last five years have increased the likelihood that the least well off will continue to have poorer health.

5. Improving the public’s health and tackling these challenges require “the organised efforts of society”. Public health in the Council will work in partnership for a healthier city, a place which is safe and healthy and where people thrive. The report aims to make clear what these challenges are and point the way to how we can make further progress.
6. For the purpose of the annual report, we are presenting a highlight report which sets out the key health issues the City faces, whether the situation is improving or worsening and the key factors that need to be addressed to improve health.
7. There are four sets of outcomes that we need to focus on to make progress in improving health. As with last year’s report, we devote a chapter to each of these, and feature some examples of work that is going on to improve these outcomes
8. Shelter and security are basic needs and health suffers when these are not met. Chapter Two looks at how housing can affect health through overcrowding, insecure tenancies, poor insulation, lack of affordable or effective heating, damp and homelessness. There are many challenges to making more and better housing available in the city, but the opportunities that do exist need to be grasped.
9. Being safe and feeling safe in our homes and neighbourhoods is an essential part of wellbeing. Every year crime and disorder in the city is assessed and plans and actions agreed by a range of agencies to make the city a safer place to live in, work in or visit. Community safety has direct impacts on health and this is explored in the report.
10. Our health is affected by our behaviours and the way we choose to live our lives. Although fewer people are smoking, it is still the single biggest cause of early deaths. Further action to reduce the burden of disease it causes is discussed in Chapter 3. There has been much recent discussion about what causes happiness and enables people to be content. The links between wellbeing and mental health are explored and approaches that would improve mental wellbeing are outlined.
11. Chapter 4 focuses on threats to health that are related to infection. Much can be done to reduce risks linked to common infectious diseases. Sexual health is more than just the avoidance of infections, and this is also discussed in the chapter.
12. The final chapter focuses on two chronic illnesses that affect both the quality and length of life – diabetes and kidney disease. Much can be done to prevent these problems and to limit their impact if they are detected early and managed well.

RESOURCE IMPLICATIONS

Capital/Revenue

13. None

Property/Other

14. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. Section 73B(5) & (6) of the NHS Act 2006, inserted by section 31 of the Health and Social Care Act 2012.

Other Legal Implications:

16. None

POLICY FRAMEWORK IMPLICATIONS

17. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	
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SUPPORTING DOCUMENTATION

Appendices

1.	Public Health Annual Report
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Documents In Members' Rooms

1.	N/A
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/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)
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1.	N/A	
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