

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	PUBLIC HEALTH ANNUAL REPORT 2014		
<b>DATE OF DECISION:</b>	25 MARCH 2015		
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			

None.

### **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) That the Health and Wellbeing Board welcomes the Public Health Annual Report and considers the implications for the future work of the Board.
- (ii) That the Health and Wellbeing Board considers the persisting health inequalities that are described in the Report and agrees to develop a prioritised plan of evidence-based actions that will make the biggest contribution at local level to reducing these.

### **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 population's health.

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None.

### **DETAIL (Including consultation carried out)**

3. This is the second report since Public Health leadership and responsibilities transferred from the NHS back to local government on 1st April 2013. In it the Director of Public Health reports on the state of Southampton's health, underlying trends and some of the future challenges that the City faces, and makes recommendations for how health can be improved.
4. There is a wide range of information in our Joint Strategic Needs Assessment (JSNA) that helps us understand the health of people in Southampton. This resource is regularly updated and paints a picture of

what life is like in Southampton and what the health challenges are. The full JSNA is a web-based resource and can be found at [www.publichealth.southampton.gov.uk/jsna](http://www.publichealth.southampton.gov.uk/jsna). As well as data and analysis, there are mapping tools and summaries which enable a detailed picture to be built up on a wide range of topics.

5. The Public Health Annual Report highlights a number of key issues facing the City and aims to help set the agenda and accelerate progress in improving health. This year we are making the online version of the Report a more useful resource, and will be publishing a series of papers on the topics selected each year with links to the more detailed data in the JSNA and elsewhere, as well as summaries, presentations and other resources. We are aiming to engage more widely and ensure that everyone who can make a contribution to improving health is able to do so.
6. We are becoming less physically active as a society, and the risks of a sedentary lifestyle affect our young people as it is in childhood that behaviours begin to be established. Most young people are not as active as they need to be for good health, and we look at why this is and what can be done to improve fitness levels.
7. One in ten children have a mental health problem at some point, and half of all adult mental ill health starts before the age of 15. Children from the poorest households are three times more likely to have a mental health problem. There are many challenges that young people face by the time they get into their teens, and building mental resilience – the ability to ‘bounce back’ - helps to reduce the risks and increase life chances. The second chapter looks at how this can happen and the specific opportunities that the City has with its Big Lottery funded HeadStart programme.
8. Environmental factors have a major impact on health. Accidents cause injuries that can have a devastating impact on mobility and on physical and mental wellbeing. The third chapter looks at the wide range of accidents and injuries that can occur across the life-course, and what can be done to prevent many of them and reduce their impact.
9. We can easily take the air that we breathe for granted. Poor air quality can be the cause of significant health problems affecting people of all ages. Recent reports have highlighted that this is a problem in Southampton, where expected improvements in air quality have not yet been achieved. The fourth chapter of this year’s report explains the ways in which poor air quality causes disease and worsens health problems, particularly in those who are vulnerable, with long term exposure contributing to over 100 deaths in adults every year. Measures to reduce exposure to vehicle emissions lie at the heart of improving the situation – technology and innovation can only go so far, and we need fewer car journeys and to encourage more people to walking and cycle.
10. Dementia is less common in people with healthy lifestyles. The risk of dementia, however, increases with age, and it is estimated that only half of

those with the condition are currently diagnosed. Most people with dementia will have other long term conditions such as high blood pressure, heart disease, diabetes and depression. There is limited scope for effective treatment, so the main focus remains on early diagnosis, care and support.

11. Hypertension (high blood pressure) is a major public health challenge as it is a risk factor for disease, particularly heart disease and stroke, and contributes to 13% of all deaths. Just over 25,000 adults in Southampton are known to have hypertension, but almost as many are estimated to have high blood pressure that has not yet been diagnosed. The issue is explored in detail in a chapter that emphasises the importance of managing lifestyle factors and encourages opportunistic testing, increasing the uptake of NHS Health Checks and raising public awareness.
12. The final section of the Report looks again at the health inequalities that exist in Southampton. We reported on this topic in 2009, but despite a focus over the last decade on reducing these inequalities, the health gap between those who are well off and those who are the poorest has not significantly reduced. The chapter explores the reasons for this, and what more can be done to tackle the issue. A prioritised plan of evidence-based actions that will make the biggest contribution at local level is needed. The Health and Wellbeing Board has a key role to play in providing strategic leadership and coordination if we are to make real difference.

## **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

<b>WARDS/COMMUNITIES AFFECTED:</b>	
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Public Health Annual Report 2014
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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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