

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	PUBLIC HEALTH ANNUAL REPORTS (PHAR) FROM 2014 AND 2015		
DATE OF DECISION:	23 MARCH 2016		
REPORT OF:	INTERIM DIRECTOR OF PUBLIC HEALTH (DPH)		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

Dr Mortimore completed his 2015 Public Health Annual Report in March 2016, just before his retirement. This gave him the opportunity to present the report in its initial draft format to the local Clinical Commissioning Group and the Council Management Team to test out his recommendations. This briefing presents an overview of progress on the previous years' report (2014) and presents the latest recommendations for consideration by the board. The topics challenge the Council, NHS, and partner agencies to make improvements in services and other interventions in the crucial first 1,000 days of life among city residents.

The theme of the latest report, based on the first 1,000 days of life, is a topic that fits closely with the Marmot framework for tackling health inequalities, the model used to shape our local Health and Wellbeing Plan. The report has been presented in a traditional way, and there is also a summary format designed to be quick and easy to access. This frames the content and recommendations in a brief, engaging, and accessible format that we hope will reach a wide audience.

RECOMMENDATIONS:

The Health and Wellbeing Board is asked to:

- (i) Note progress in delivering the recommendations from the Public Health Annual Report 2014 and to advise on areas where more action needs to be taken;
- (ii) Consider the recommendations in the Public Health Annual Report 2015 and advise on the most effective way to implement these in the coming year.

REASONS FOR REPORT RECOMMENDATIONS

1. The reports provide a rationale for each recommendation in the relevant chapter, and are designed to summarise evidence, local datasets, and examples of local good practice. We are engaging the Health and Wellbeing board to obtain advice on how to implement the recommendations to greatest effect.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

Public Health Annual Report 2014

3. The PHAR 2014 covered the following themes:
 - Fitness in young people
 - Building mental resilience in young people
 - Southampton child health profile
 - Air quality
 - Dementia in long term illness
 - High blood pressure
 - Tackling health inequalities
4. The PHAR 2014 included 25 recommendations, of which 18 are 'green' and have been completed or are on target and 7 are 'amber', which are off target. Progress against the recommendations are attached at Appendix 1.
5. The Health and Wellbeing Board are asked to note the progress delivering the recommendations from the PHAR 2014 and to advise on areas where more action needs to be taken.

Public Health Annual Report 2015

6. This is the third report since Public Health leadership and responsibilities transferred from the NHS back to local authorities on 1st April 2013. In it the DPH reports on the state of Southampton's health, underlying trends and some of the future challenges we face. The first 1,000 days of life include the lead up to conception, pregnancy and the first two years of life. This period is critical to future health and wellbeing and is the time when there are huge opportunities to influence outcomes for the better.
7. The University of Southampton has contributed significantly to our improved understanding of what influences future health and what we can do about it. In a specially commissioned introduction this year, Professor Hazel Inskip from the University's MRC Lifecourse Epidemiology Unit sets out the rationale for focusing on foetal and infant development. There are clear pointers driving us to improve nutrition and lifestyles of young women and their children because of their far reaching implications for future health.
8. The series of briefings in this report set out in more detail how these and other influences impact on health. Social factors, including poverty, housing and language development are associated with poorer health outcomes such as teenage pregnancy and childhood dental decay. Tackling the root causes of social disadvantage is essential, but much can be done to reduce the impact of these factors. Emotional and mental health play an important role throughout life and attachment is a key factor in early positive childhood development. The 0-5 year Healthy Child Programme aims to strengthen protective factors around the mother and her child, identifying issues at an early stage, mobilising social support and building self-confidence.
9. The PHAR 2015 includes 31 recommendations, with the full list attached at Appendix 2. These recommendations relate to eight key themes including:

- A. Social factors
- B. Emotional and mental health
- C. Diet and nutrition
- D. Smoking
- E. Substance misuse in pregnancy
- F. Infections
- G. Screening

The Public Health Annual Report 2015 summary and full report are included at Appendix 3 and 4 respectively.

10. The Health and Wellbeing Board are asked to consider the recommendations in the PHAR 2015 and advise on the most effective way to implement these in the coming year.

RESOURCE IMPLICATIONS

Capital/Revenue

11. Many recommendations in the PHAR 2015 refer to how existing services or pathways could be improved by re-design or a change in focus. Some recommendations could result in relatively minor revenue or capital investments, but most involve audit or changes to policies and protocols that should improve outcomes without generating large cost pressures. Some recommendations refer to use of the public health grant, or the recent transfer of funding for services catering for the under 5's. In several instances, the recommendations should be cost saving in the medium to longer term.

Property/Other

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. Most recommendations will not require statutory powers to implement the suggested actions. The outcome of a small number of recommendations will depend on the advice from the Board.

Other Legal Implications:

14. None apparent.

POLICY FRAMEWORK IMPLICATIONS

15. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Public Health Annual Report 2014: Summary of progress
2.	Public Health Annual Report 2015: List of recommendations
3.	Public Health Annual Report 2015: Summary
4.	Public Health Annual Report 2015: Full report

Documents In Members' Rooms

1.	

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)

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