

Cabinet Report

Health and Well-being Board Health, Social Care and Welfare Reform Scrutiny Board (5) Cabinet

Name of Cabinet Member: Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report: Director of Public Health

Ward(s) affected:

Title: Director of Public Health Annual Reports 2012 and 2013

Is this a key decision?

No – This is a review of health across the city and does not directly impact on current services, although the conclusions of the report will be used to inform how services are delivered in the future.

Executive Summary:

The Director of Public Health Annual Report is a statutory and independent report produced each year. This describes key health issues in the city and focuses on areas that are of particular importance in the city.

As this is the first year that the City Council has had legal responsibility for health and well-being, two reports are presented for consideration. The first of these reviews looks back to when public health was last in local government in 1974 and considers how health has changed since then. The second looks forward to the major challenges that need to be tackled to improve health in the 21st century.

The findings of the report are to be used by the City Council and other key partners in the NHS and voluntary sector to focus action on the particular health needs of Coventry and the groups in the city with the lowest life expectancy. It shows the need for continued effort to improve issues that affect people's health including education and employment which, in Coventry are being tackled through the city's status as a Marmot City. It also highlights the need to focus on lifestyle issues such as smoking, alcohol, poor diet and physical activity which are the biggest health challenges for the 21st century.

Information from these reports will be shared with local people through ward forums and will also be shared more widely with partner agencies and the voluntary sector.

21 October 2013 6 November 2013 19 November 2013

Recommendations:

- 1. The Health and Well-being Board is asked to:
 - (i) Endorse the findings of this report and review progress in implementing its findings across local partners.
- 2. Health, Social Care and Welfare Reform Scrutiny Board (5) is asked to:
 - (i) Consider comments from the Health and Well-being Board and advise Cabinet of their agreement of the proposals and recommendations.
- 3. Cabinet is asked to:
 - (i) Consider comments from the Health, Social Care and Welfare Reform Scrutiny Board (5)
 - (ii) Support the publication of the report.

List of Appendices included:

Director of Public Health Annual Report Executive Summary 2012 Director of Public Health Annual Report Executive Summary 2013

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes - Health, Social Care and Welfare Reform Scrutiny Board $(5) - 6^{th}$ November 2013. In addition, the Scrutiny Co-ordination Committee received a briefing note on the Annual Report at their meeting on 8^{th} October 2013

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Health and Well-being Board – 21st October 2013

Will this report go to Council?

No

Report title: Director of Public Health Annual Report Context (or background)

- 1.1 The NHS Act 2006 as amended by the Health and Social Care Act 2012 set out a legal duty on the Director of Public Health to produce a report each year on the health of their population and to publish the report. The content and structure of the report is determined locally and can cover any aspect of local health that is locally relevant or important.
- 1.2 The findings of the DPH Annual Report are used to
 - 1.2.1 Raise awareness and understanding of how healthy the population is and how this is changing, with local partners and the public
 - 1.2.2 Inform the provision of local services and actions plans that can affect the health of the population
 - 1.2.3 Inform the development of key priorities for the Health and Well-being Strategy, which the Health and Well-being Board has a duty to produce.

2. Options considered and recommended proposal

- 2.1 This year, it has been agreed to publish two reports for 2012 and 2013 at the same time. This is because the first report, which was produced during the period of transition before the enactment of the Health and Social Care Act, describes how health has changed in Coventry since 1974, when responsibilities for public health moved from local councils to the NHS. The second report describes what needs to be done to improve healthy lifestyles in the city, which are one of the biggest challenges to health in Coventry. Taken together, the two reports answer the questions "what has changed?" and "what do we need to do next?"
- 2.2 The DPH Annual Report draws on a range of data sources many of which are not easily available or accessible to partners and the public. This includes national and local health datasets and Coventry's Household Survey. The reports are produced in the format of an executive summary, which sets out the key messages and recommendations in an accessible format. Detailed reports and appendices which set out the technical data that underpins the key messages have also been produced and will be made available to the public once Cabinet have approved this report.
- 2.3 The Director of Public Health has independent statutory responsibilities of which the production of an Annual Report is one. It is considered that this gives the assurance that issues affecting the health of the population can be raised freely and objectively.

3. Results of consultation undertaken

- 3.1 The DPH Annual Report is intended to give an overview of the major health challenges in the city, based on national and local data-sources. The Joint Strategic Needs Assessment offers the opportunity to investigate specific issues identified in this report in more detail and to consult on these more broadly with key local stakeholders.
- 3.2 The report also highlights areas where consultation with local communities and stakeholder groups will be needed to understand what more can be done to better understand local needs and what more can be done across the city to drive improvements in lifestyles. This is outlined in the recommendations section of the DPH Annual Report for 2013.

4. Timetable for implementing this decision

4.1 Once approved, the Annual Report will be published on the Council's internet pages and shared with partners. The recommendations will be supported by a more detailed action plan, setting out which agency or organisation has responsibility for delivering each recommendation and the timescales for achieving this.

5. Comments from the Executive Director, Resources

5.1 Financial implications

There are no direct financial implications arising from the report. The cost of publishing the report will be met from within existing budgets.

- 5.2 Legal implications
- 5.3 The National Health Service Act 2006 as amended stipulates that the director of public health must prepare an annual report on the health of people in the area of the local authority. The local authority must publish the report.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

These Annual Reports set out key actions to improve the health of Coventry people. It contributes to the Council's Marmot City plan and to the Council's core aim of citizens living longer, healthier, independent lives and also to the priorities in the Council Plan to protect the city's most vulnerable residents.

6.2 How is risk being managed?

There are no specific risks identified in this report. However, risks associated with the delivery of relevant services are managed through the directorate and corporate risk registers, in conjunction with partners across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

An Equalities Impact Assessment is not appropriate for these reports although the reports themselves consider health status across a range of different population groups.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

The Annual Reports raise a number of issues for consideration by partner organisations. These will be discussed and overseen by the Health and Well-being Board which includes representation from these organisations, or commissions the services provided by these organisations.

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