

10 January 2018**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017 AND UPDATE ON
PROGRESS ON RECOMMENDATIONS FROM 2016****Purpose of the Report**

1. To inform the Health and Wellbeing Board of the publication of the 2017 Director of Public Health (DPH) Annual Report and seek participation in implementing the recommendations from that report.
2. To update the Health and Wellbeing Board on progress relating to the recommendations in the Annual Report to 2016.

Information and Advice

3. The attached report at Annex A is the independent Annual Report of the Director of Public Health for the year 2017. This report was submitted to Nottinghamshire County Council's Policy Committee for approval to publish on 20 December 2017.
4. The DPH Annual Report is a statutory requirement. In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the Annual Report on the health of the local population. The DPH has a duty to write a report whereas the authority's duty is to publish it (section 73B (5) and (6) of the Health Act 2006 inserted by section 31 of the Health and Social Care Act 2012). The content and structure of the report is something to be decided locally.
5. The Association of Directors of Public Health together with the Faculty of Public Health has published guidance about the production of the independent Annual Report. In it, they state that the annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be useful for both professionals and the public. The annual report is also identified as an important vehicle by which DsPH can identify key issues, flag up problems, report progress and thereby serve their local populations. It will also be a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve. It will be a tool for advocacy as well as a statement of needs, current priorities and action and continuing progress. It can also be a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.

6. Last year's report by the Nottinghamshire DPH focused on two of the recommendations in the 2010 Marmot review of health inequalities, and this year's report has focused on another two of those recommendations, covering healthy childhood and economic wellbeing.
7. Chapter 1 sets the scene by outlining how health fits in with the Council's new Plan and also introducing the Local Government Association Manual "Health in All Policies", which is intended to help local authorities integrate health within decision-making. The report recommends adoption of this document by all local authorities in Nottinghamshire.
8. Chapter 2 looks at how the conditions in which people are born and grow as children can influence their health in later life. The report describes how the Council and its partners contribute to improved health in children, through the universal Healthy Child Programme, the County Council's Family and Parenting Strategy, and targeted initiatives such as the Family Nurse Partnership supporting teenage parents. It identifies areas for improvement related to smoking in pregnancy, breastfeeding rates, and improved school readiness, and recommends actions relating to these.
9. Chapter 3 describes recent research showing how adverse experiences in childhood link to poor health outcomes and how this is linked again to the social gradient described in the Marmot report. The report recommends training for healthcare, education and policing staff in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people, partnership work to address the consequences and break the cycle of adverse childhood experience, and support for work to improve resilience among young people.
10. Chapter 4 moves beyond childhood to look at employment and its influence on health. Marmot objectives are to improve access to work and reduce unemployment, make it easier for people disadvantaged in the labour market to obtain and keep work, and improve the quality of jobs. The chapter outlines some of the activities currently underway to address health in the workforce in Nottinghamshire, including programmes to address pathways to work for people with complex needs and how employee wellness programmes can contribute to addressing sickness absence. The report recommends development or extensions of related activities.
11. Chapter 5 returns to the concept of health inequalities and explores the inverse care law: how those who are most in need of medical care are least likely to receive it. The chapter uses the example of cancer incidence, diagnosis and outcomes, to illustrate this. The report recommends action by CCGs and commissioners of screening programmes to ensure that equity of access and outcomes is addressed. The Chapter also references the importance of public expenditure which is fairly distributed in national terms, in ensuring that the wider determinants of health can be equitably addressed, referring back to analysis undertaken by East Midlands Councils and previously reported to Policy Committee.
12. Chapter 6 concludes the report, signposts readers to other sources of information, and collates all of the report's recommendations.
13. The recommendations within the Annual Report are not just for the Council, but for other agencies, including those represented on the Health and Wellbeing Board. Alongside the Annual Report for 2017, an update has been prepared reporting on progress against the recommendations in the 2016 Annual Report. This report came to Health and Wellbeing Board for information in January 2016. The Update on progress document is attached at Annex B.

14. The update covers a period until November 2017. It was compiled with contributions from a number of organisations, including the County Council, District Councils, and NHS Clinical Commissioning Groups. Members of the Health and Wellbeing Board may be interested to read the update, as it shows what other organisations are doing in response to the recommendations.
15. A similar Update report will be prepared with regard to recommendations in the 2017 Annual Report and contributions will be requested from relevant partners in due course.

Other Options Considered

16. Preparation of the DPH Annual Report is a statutory duty. It is the responsibility of the County Council to publish it. Another option would be not to bring the report to the Health and Wellbeing Board, but that would miss the opportunity for the document to be formally shared with the Health and Wellbeing Board partners, or to update the Health and Wellbeing Board partners on progress made against recommendations.

Reason/s for Recommendation/s

17. Publication of the DPH Annual Report presents an opportunity to inform partners and the public of Public Health activities being undertaken, and to secure support from partners for contributions to this agenda. As one of the purposes of the report is to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve, it is appropriate for the report to be brought to the Health and Wellbeing Board in order to engage key stakeholders. Depending on the focus of the report, some Health and Wellbeing Board partners may also have a role to play in implementing recommendations.

Statutory and Policy Implications

18. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

19. Design and print costs and staff time involved in preparing the report form part of the Public Health divisional running costs, which are met from within the Council's allocation of Public Health grant.

Implications in relation to the NHS Constitution

20. In line with the values of the NHS Constitution, the DPH Annual Report highlights work undertaken across organisational boundaries to protect and improve the health and wellbeing of the County's population. The recommendations within the Annual Report are not just for the

Council, but for other agencies, including those represented on the Health and Wellbeing Board.

RECOMMENDATION/S

- 1) Health and Wellbeing Board Members receive and comment on the DPH Annual Report for 2017.
- 2) Health and Wellbeing Board Members agree to contribute towards implementing the recommendations contained within the 2017 report where applicable.
- 3) Health and Wellbeing Board Members note the update on progress on implementing the recommendations from the previous 2016 DPH Annual Report.

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Constitutional Comments (LMc 15.12.17)

21. The Health and Well Being Board is the appropriate body to consider the contents of the report

Financial Comments (DG 15.12.17)

22. The financial implications are contained within paragraph 20 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Nottinghamshire County Council, Report to Policy Committee, 20 December 2017, Director of Public Health Annual Report 2017
- Nottinghamshire County Council, Director of Public Health's Annual Report 2016: Healthy people, healthy communities

Electoral Division(s) and Member(s) Affected

- All