

1 December 2016**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015-16****Purpose of the Report**

1. To note the contents, and approve the publication, of the Annual Report of the Director of Public Health.

Background

2. The attached report is the independent Annual Report of the Director of Public Health (DPH). It relates to the year April 2015 to March 2016.
3. 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.

Information and Advice

4. The report is designed to be a critical assessment of the health and wellbeing needs of the local population, and to make recommendations for further action.
5. **Chapter 1** sets the scene by describing briefly the differences between life expectancy and healthy life expectancy in Nottinghamshire, and introducing the concept of health inequalities within the County, through a graphical presentation that illustrates how healthy life expectancy decreases from South to North, and from East to West of the County. Also included is the description of the social gradient in health contained in the 2010 Marmot review of health inequalities, which identifies how health expectations are affected by socio-economic factors.
6. **Chapter 2** looks at the importance of place on people's health and wellbeing, focusing on the Marmot recommendations relating to healthy and sustainable places and communities. The report describes how the Council and its partners can contribute to improving health through improving place, covering the topics of active travel, open and green space, food environment, energy efficiency in housing, systems integration, and support for locally developed and evidence-based community regeneration programmes including those to address social isolation.

7. The Chapter ends by recommending action in several areas, as follows:
 - a. Promoting active travel by engaging with planners, developers, employers, communities and schools.
 - b. Improving access to open and green spaces.
 - c. Promoting the adoption of government buying standards on food by partners and service providers
 - d. Increasing participation in the Nottinghamshire HOT merit scheme for fast food businesses
 - e. Using the planning system to encourage improvements related to physical activity, active travel, green space, proportion of fast food outlets, and the quality of development and house building
 - f. Seeking endorsement of local Spatial Planning documents and protocols
 - g. Supporting the voluntary and community sector, using social prescribing to reduce social isolation, and making development of community capacity a priority in the next Health and Wellbeing Strategy
8. **Chapter 3** focuses on how health is influenced by individual behaviour, and how this is linked again to the social gradient described in the Marmot report, in terms of obesity, use of alcohol, and smoking, all of which are significant to the development of chronic diseases. The report describes the impact in Nottinghamshire of each of these behaviours and identifies activities being undertaken by the Council and by partners to address them. It ends by recommending that resources to enable the ongoing delivery of related activities should be protected.
9. **Chapter 4** examines some of the ways of inducing behavioural change, using four examples:
 - a. Making Every Contact Count - an initiative which seeks to engage staff who have regular contact with the public in giving Public Health messages and signposting to relevant services. Seizing the opportunity presented by Making Every Contact Count will require a range of local stakeholders to build on past work and to take further action. The report recommends a planned programme to train staff in the skills to have meaningful healthy conversations as part of their day to day work.
 - b. The NHS Health Check - a mandatory Public Health function which is offered to the population age 40 – 74. The report recommends targeting those on the patient lists that are most likely to be at high risk of cardiovascular disease.
 - c. The National Diabetes Prevention Programme, a new lifestyle change and education programme for adults found to have high risk of developing type 2 diabetes.
 - d. The Annual health check for people with learning disabilities - offered by GPs to relevant individuals aged 14 or over. The report recommends that GPs systematically invite relevant patients for these annual checks.
10. **Chapter 5** looks at how preventable ill health drives demand for health and care services, using the example of diabetes. The Quality and Outcomes Framework (QOF) system for the performance management and payment of general practitioners (GPs) awards GP practices achievement points for managing some of the most common chronic diseases, e.g. asthma, diabetes; managing major public health concerns, e.g. smoking, obesity; and implementing preventative measures, e.g. regular blood pressure checks. The report considers the projected prevalence of diabetes in the Nottinghamshire population and recommends action to reduce variation in the identification and care of patients.

11. **Chapter 6** concludes the report, signposts readers to other sources of information, and collates all of the report's recommendations.

Other Options Considered

12. This report has been brought for information. No other options are required.

Reason for Recommendation

13. Publication of the independent DPH Annual report is a statutory requirement.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

15. There are no direct financial implications for this report.

RECOMMENDATION

Members are asked to:

- 1) note the contents of the report
- 2) approve the publication of the report

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Constitutional Comments (CEH 10/11/16)

16. The recommendation to approve the publication of the report falls within the remit of the Public Health Committee under its terms of reference. The Authority has a duty to publish an annual report on the health of the local population.

Financial Comments (DG 08/11/16)

17. The financial implications are contained within paragraph 15 of the 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.

Electoral Divisions and Members Affected

- All

