

REPORT TO: The Health and Wellbeing Board for the Royal Borough of Windsor and Maidenhead

DATE: 8 March 2016

CONTACT OFFICER: Dr Lise Llewellyn DPH

PUBLIC HEALTH ANNUAL REPORT 2015/16

1. Purpose of Report

1.1 To inform the members of the Health and Wellbeing Board for The Royal Borough of Windsor and Maidenhead of the public health issues in the local residents and help stimulate a discussion and debate around the future priorities and work of the Board, including the Children Trust and wider partnerships.

2. Recommendation(s)/Proposed Action

2.1 That the Board notes and agrees to publish the draft document at Appendix A in principle subject to any comments or amendments that are raised at the meeting.

2.1 The Annual Report 2015/16 relates to aspects of the Joint Health and Wellbeing Strategy's (JHWS) *current* priorities and its cross-cutting themes¹ in so far as they relate to children and young people.

2.2 The annual report is written using information from the latest available needs data and evidence supplemented by other information sources from education and other services.

3. Other Implications

A) Financial - Work on Public Health has implications for all health care providers and commissioners. However this report has no direct financial implications

B) Risk Management –

C) Human Rights Act and Other Legal Implications - The Director of Public Health (DPH) has a statutory responsibility to produce an annual report for Public Health. The Health and Social Care Act 2012 states: "*The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report*". The DHP's final report will be published electronically on the Council website.

D) Equalities Impact Assessment (EIA) – n/a

¹ The JHWS is due to be refreshed in 2016.

4. **Supporting Information**

- 4.1 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 – where the DPH has a duty to write a report, while it is the local authority's duty to publish it (section 31 of the 2012 Act refers).
- 4.2 The draft report at Appendix A therefore pulls together a snapshot of some of the key challenges and inequalities that exist within one group of the population - our children and young people - and describes the impact of these inequalities in later life and on current service provision.
- 4.3 The evidence shows that children should be a key focus for attention if we are to address inequalities. If commissioners and partners are serious in addressing health inequalities in our communities then the early year's period presents a key intervention point.
- 4.4 RBWM population is similar in profile to the national picture with growing numbers of children. One question would be does the HWB board work demonstrate this young profile.
- 4.5 This report highlights some of the issues that are key in childhood. The report starts by describing that whilst our childhood mortality is improving nationally, we are doing so at a slower pace than our European colleagues and now have one of the highest European death rates. This lag in performance seems to be due to poor performance in deaths under 1 year (infant deaths) and deaths in children with long term conditions.
- 4.6 Services can be too focussed on clinical conditions and not recognise the huge impact that other issues contribute to outcomes. Education and health are intertwined. Whilst RBWM schools perform well with regard overall educational attainment in secondary schools, however success in children who are eligible for free school meals is low, there is significant gap in performance.
- 4.7 Whilst our children have lower levels of obesity than the England average, the numbers who are obese almost triples between reception and year 6.
- 4.8 The report shows the key issues that underpin and should be addressed to support good health in childhood that should be incorporated into plans to develop health visiting services as part of early years services integration approach. The key issues of smoking cessation, breast feeding and childhood obesity are important for both morbidity and mortality
- 4.9 Finally the report highlights that whilst we should be focussed on improving children's health as it has key long term benefits, if we focus improving our support in our more deprived wards then we can alter the pattern of health services use positively over the short term too and so improve effectiveness of spend.

5. **Conclusion**

- The role of the DPH is to be an independent advocate for the health of the residents in this authority.
- The annual report at appendix A provides an independent review of the health needs and challenges facing one area of our population - not the population as a whole (this information is reflected separately in the Joint Strategic Needs Assessment).
- It highlights some of the key challenges and inequalities at work within this group and is intended to help stimulate a debate about what local organisations, including the Health and Wellbeing Board, could do in response to these important health issues.
- The HWB board are asked to discuss how this report will influence the work o improve health inequalities

6. **Appendices Attached**

A – DPH’s Draft Annual Report 2015/16

B - DPH annual report 2014/15 – Update of achievements

- 6.1 Last year’s annual report raised and described the issue of Mental Health within our population and described (in both childhood and adulthood) the widespread impact and inequality that this major health issue was causing locally.
- 6.2 This publication of the report was coupled with a new sense of priority around mental health services in the national NHS guidance and positively this year (2015/6) has seen significant investments in this major area of health burden and inequality.
- 6.3 Moreover it has been a major area of work in the health and well being board arena and joint work between the NHS and local government. Developments that have occurred include improved capacity and access to services and improvement in mental health prevention and promotion services.
- 6.4 Whilst we are just seeing the impact on service experience for our residents this is the start of a long journey to achieve parity of esteem and understandably yet to be translated into improved outcomes for residents. We will review the indices around mental health as part of the JSNA annually and continue to review the trends on outcomes over the coming years.

7. **Background Papers**

None