

**REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 8 January 2015

**Subject:** Annual Report of the Director of Public Health 2014

**Responsible Officer:** Dr Andrew Howe, Director of Public Health

**Public:** Yes

**Wards affected:** All

**Enclosures:** Annual Report of the Director of Public Health 2014: From The Beatles to Beyoncé

**Section 1 – Summary and Recommendations**

This report looks back over 50 years at a selection of topics which were public health issues fifty years ago and remain issues today. The report gives a timeline for each of the topics and some suggestions about what we need to do in the future to address them.

**Recommendations:**

The Board is requested to note the report.

## **Section 2 – Report**

Each year, the Director of Public Health must publish an independent report on health in the borough. The annual report is the Director of Public Health's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be publicly accessible.

The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.

Director of Public Health annual reports should:

- Contribute to improving the health and well-being of local populations
- Reduce health inequalities
- Promote action for better health, through measuring progress towards health targets
- Assist with the planning and monitoring of local programmes and services that impact on health over time

This year, to coincide with the Director of Public Health's 50th birthday, the report reflects on a number of topics which were and remain important public health issues over the past fifty years.

The topics covered in the report are

- Cardiovascular Disease
- Tuberculosis
- Sexually Transmitted Infections
- Tobacco control
- Vaccine Preventable Infections
- Healthy life expectancy

For each topic, the report includes changes that have happened over the past 50 years; an assessment of the current situation and any inequalities in health; and finally, consideration of the evidence based interventions needed in the coming years to continue to address these issues.

The report does not have specific recommendations but highlights some of the broad actions that are needed to continue to address the issues across the health and local government sectors. These actions will be addressed in the associated public health work streams and others are encouraged to take these into consideration in their commissioning plans.

## **Financial Implications/Comments**

Whilst this report does not have any specific recommendations with financial implications, it highlights areas of potential spend that may be necessary to address the health actions referred to in this report. Such expenditure is expected to be contained within the ring-fenced public health grant and reflected in future commissioning intentions as appropriate.

## **Legal Implications/Comments**

The responsibility for public health transferred to local authorities in April 2013 under the reforms set out in the Health and Social Care Act 2012. Health and Wellbeing Boards are given statutory effect by s194 of this Act.

## **Risk Management Implications**

None

## **Equalities implications**

Was an Equality Impact Assessment carried out? No

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

The report considers the health inequalities on the different topics for example: Many of the issues highlighted in the report affect vulnerable people e.g. children affected by vaccine preventable diseases; prevalence of cardiovascular disease and Tuberculosis is higher in certain BAME groups; Cardiovascular disease risk increases as we age but is affected by the choices we make early in our lives.

## **Council Priorities**

The Council's vision: **Working Together to Make a Difference for Harrow**

The Annual Public Health report will contribute to Harrow's vision in the following ways:

- **Making a difference for the vulnerable:** Many of the issues highlighted in the report affect vulnerable people e.g. children affected by vaccine preventable diseases
- **Making a difference for communities:** Many of the issues affect different communities within Harrow e.g. cardiovascular disease affects the South Asian community more than the average
- **Making a difference for families:** - Most illnesses affect not just the individual but also their family while others have risk factors that affect the whole family, e.g. Smoking causes illness in smokers and their families affected by second hand smoke.

### **Section 3 - Statutory Officer Clearance (Council and Joint Reports)**

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 25 November		
Name: Caroline Eccles	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 01 December		

<b>Ward Councillors notified:</b>	<b>NO</b>
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### **Section 4 - Contact Details and Background Papers**

**Contact:** Carole Furlong, Consultant in Public Health, ext 5508

**Background Papers:** None