

<b>12<sup>th</sup> September 2013</b>	<b>ITEM: 8a</b>
<b>Thurrock Health and Well-Being Board</b>	
<b>THURROCK'S FIRST ANNUAL PUBLIC HEALTH REPORT</b>	
<b>Report of:</b> Dr Andrea Atherton – Director of Public Health / Debbie Maynard – Head of Public Health	
<b>Accountable Director:</b> Roger Harris -Director of Adults, Health and Commissioning	
<b>This report is</b> Public	
<b>Purpose of Report:</b> The purpose of this report is to provide the Health and Wellbeing Board with details around the new Annual Public Health Report (APHR) 2013.	

## **EXECUTIVE SUMMARY**

On the 1<sup>st</sup> April 2013, the Health and Social Care Act 2012 introduced the establishment of a new public health system in which Thurrock Council became responsible for the local public health functions, with a statutory duty to improve the health of the population.

Annual Public Health Reports (APHR) have played an important part in public health Practice since the early days of the Medical Officer for Health, when public health was originally based in local authorities. They remain an important vehicle for informing local people about the health of their community as well as providing the necessary information for decision makers in local authorities and local health services on health gaps and priorities that need to be addressed.

The first APHR for Thurrock has been produced to reflect the joined up working already happening since the transition of public health into the council on 1 April 2013.

Some of the things that determine our health and wellbeing are within our control while others happen to us. Thurrock is evolving into an exciting place to live with great people and richly diverse communities, with growing numbers of young people complementing the increasing numbers of older people

This report looks at some of the things that shape our communities both at the present and in the future.

### **1. RECOMMENDATIONS:**

- 1.1.1 For the Health and Well-Being Board to note the contents of the report and support the 12 identified twelve priorities that we feel that working together will

have the biggest impact to improving the health and wellbeing of our communities in Thurrock.

## **2. INTRODUCTION AND BACKGROUND:**

### 2.1 Introduction

This is our first APHR for Thurrock Council. We recognise that in the first year we have some challenges in engaging with the community and partners, we are working closely with our colleagues in social care, education, environment, housing, corporate and regeneration to engage wider with members and officers in Thurrock to ensure that public health becomes embedded in our day to day working as well as underpinning our strategies.

This report will inform local people about the health of their community as well as providing the necessary information for decision makers in local authorities and local health services on health gaps and priorities that need to be addressed, therefore reducing the demand for health and social care with the aim of bringing down costs.

The APHR has been produced using some of our key documents i.e. The Joint Strategic Needs Assessment, Longer Lives, Thurrock's Health Profile, Thurrock's Community Strategy, Health and Wellbeing Strategy and the Children's Plan and reflecting how together we can halt and reduce health inequalities. It reports on how we are tackling some of the health inequalities across Thurrock now and our plans going forward.

## **3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

### 3.1 Key Issues

We are feeling very positive about the future of public health being led by local government and this will be apparent in the next few years as we really start to improve the lives of our local population across Thurrock. Listed below are some of the challenges we face together in the first year.

- The shortfall of 12.7% in the public health grant awarded to Thurrock council has left us disadvantaged – we continue to challenge this decision at a national level.
- Although the term health and wellbeing is widely used, our understanding and experience of wellbeing is very different. As part of the work to develop a shared vision of public health we need to develop a shared understanding of the term.
- In recent years, the NHS and Local Authorities have been required to meet many “top down targets”. The Council and its partners now have greater choice on the outcomes and actions to achieve improved health and wellbeing for the people of Thurrock. In 2014. We will consult with the

community through Thurrock's new initiatives i.e. ABCD and regeneration programmes we will also link with our community through the new LACs

- The process of developing the Health and Wellbeing Strategy needs to ensure that engagement and decision making occur in a co-ordinated way. It is also important to recognise those actions which lie outside of local decision-making.
- At the highest level 'delivering more with less' means that we need to help more people to live healthier, illness-free lives for longer. Therefore, these people will need less input from health, social care and other services until later in life. To achieve this, action needs to be taken to meet the needs of the most disadvantaged individuals and groups at every stage of life. Meeting these needs early on can prevent higher costs and poorer outcomes later

3.2 By producing our first APHR for Thurrock we have identified twelve priorities that we feel by working together will have the biggest impact to improving the health and wellbeing of our communities

- Working with all Thurrock schools to commission evidence-based interventions to improve children and young people's health
- We will undertake a value for money exercise for tobacco and weight management public health programmes in 2013/14
- We will produce a new Joint Strategic Needs Assessments to include Assets of our communities
- We will review seasonal mortality rates in Thurrock and produce recommendations on reducing excess deaths.
- We will continue to work with all directorates within the council to embed public health principles.
- We will develop a Healthy Weight Strategy in 2014.
- We will produce a Tobacco Control Strategy in 2014.
- We will produce a public health responsibility deal for Thurrock Council and across local businesses.
- We will work with NHS England to promote the benefits of immunisation,
- We will offer health impact audits for the new regeneration projects in Thurrock.
- We will work with Public Health England to prepare for the smooth transition of the 0-5 service in 2014 into Local Authority

- We will support Thurrock Clinical Commissioning Group as public health specialists

#### **4. REASONS FOR RECOMMENDATION:**

- 4.1 That the HWBB supports the new Annual Public Health Report and the twelve priorities chosen

#### **5. CONSULTATION (including Overview and Scrutiny, if applicable)**

- 5.1 There has not been any consultation on this report. This is a statutory responsibility for Thurrock Council

#### **6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

- 6.1 The APHR should be used by the council and partners to influence new ways of working

#### **7. IMPLICATIONS**

##### **7.1 Financial**

Implications verified by: **Mike Jones**  
Telephone and email: **01375 652772**  
**Mxjones@thurrock.gov.uk**

There are no financial decisions that relate to this report. Decisions arising from recommendations by the director of public health that may have a future financial impact for the council would be subject to the full consideration of the cabinet before implementation.

##### **7.2 Legal**

Implications verified by: **Chris Pickering – Principal Solicitor**  
Telephone and email: **0208 227 3774;**  
**[chris.pickering@bdtlegal.org.uk](mailto:chris.pickering@bdtlegal.org.uk)**

This report sets out new obligations for the Council under the Health and Social Care Act 2012 and asks the Health & Wellbeing Board to note the contents of the first APHR for Thurrock Council following the transition of public health into the council on 1 April 2013. There are no legal implications to this report and the report's author asks simply for the contents to be noted, although the report notes the need for future consultation which is a legal requirement, as are Equality Impact assessments.

### 7.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**  
Telephone and email: **01375 652472**  
[SDeAlyn@thurrock.gov.uk](mailto:SDeAlyn@thurrock.gov.uk)

An equality impact assessment on the annual report of the director of public health has not been carried out. The report contains key data which should inform equality impact assessments of health and social care programme areas, strategies and policy. Each programme included in the annual report identifies relevant inequalities and variations

### 7.4 **Other implications (where significant)** – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

None

### **BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- Thurrock Joint Strategic Needs Assessment 2012

### **APPENDICES TO THIS REPORT:**

- Appendix 1: APHR

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