

7 December 2022		ITEM: 15
Cabinet		
Annual Public Health Report 2022		
Wards and communities affected: All	Key Decision: None	
Report of: Councillor Deborah Arnold, Deputy Leader and Cabinet Member for Adults and Health		
Accountable Assistant Director: N/A		
Accountable Director: Jo Broadbent, Director of Public Health		
This report is Public		

Executive Summary

This paper presents the following report: Reducing the Impact of Cardiovascular Disease in Thurrock, Annual Report of the Director of Public Health, 2022.

1. Recommendation(s)

1.1 That Cabinet note the contents of the Annual Public Health Report 2022 and approve its publication.

2. Introduction and Background

2.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to demonstrate the state of health within their communities. The Association of Directors of Public Health describes the core purpose of the Director of Public Health as independent advocate for the health of the population and system leadership for its improvement and protection. The DPH Annual Report is an important vehicle for providing advocacy and recommendations on population health to both professionals and public.

2.2 The APHR can focus on any topic of key relevance to improving the public's health, and in recent years, topics of focus have included Youth Violence & Vulnerability and Improving Older People's Health Through Housing. Previous reports can be found here <https://www.thurrock.gov.uk/public-health/other-public-health-reports> .

3. Overview

3.1 The attached APHR 2022 is a follow-up to the APHR 2016, which explored the sustainability of health and social care systems in Thurrock, with particular reference to Long Term Conditions (LTCs) amongst adult residents. The 2022 report demonstrates the progress that has been made in terms of LTC care as a result of the recommendations in that report. It also makes recommendations to the wider Thurrock health and care system to further improve LTC outcomes, looking through the lens of improving outcomes for cardiovascular disease (CVD).

3.2 CVD conditions covered in the report are -

- Hypertension (High blood pressure)
- Atrial fibrillation (a heart rhythm problem, characterised by a rapid, irregular heartbeat)
- Raised cholesterol (Coronary Heart Disease; CHD)
- Familial hypercholesterolaemia
- Stroke or TIA (transient ischaemic attack, also known as a mini-stroke)
- Diabetes – CVD related risk only (people with diabetes are at increased risk of CVD and other complications)

3.3 Improving CVD outcomes is important to the health of the population in Thurrock because –

- CVD is the main clinical cause of premature mortality, with 1 in 4 premature deaths (<75) in the UK being due to CVD
- CVD is the main clinical driver of health inequalities – premature mortality from CVD is higher in more deprived groups, and people living with Severe Mental Illness (SMI) and Learning Disability
- Focusing on CVD prevention provides the greatest potential to reduce health inequalities and reduce premature mortality in Thurrock
- Thurrock has the second highest premature (<75) CVD mortality rate in Mid & South Essex ICS
- For mortality attributable to socio-economic inequality, CVD is the greatest contributor in Thurrock, accounting for 35% of excess deaths
- For people living with Severe mental Illness, Thurrock has the second highest premature CVD mortality rate in England

3.4 The recommendations will be taken forward through the Better Care Together Thurrock (BCTT) working group on Population Health and Inequalities, chaired by the DPH. Actions fall into three categories covering workforce, service targeting to maximise impact on CVD outcomes and enhancing the LTC service model, and include:

- Continued quality improvement in primary care services for CVD
- Embedding a more holistic, co-produced approach to long term conditions care

- A focus on reducing inequalities in CVD outcomes, particularly for people from a minority ethnic background, people with serious mental illness and people with learning disabilities.

4. Reasons for Recommendation

- 4.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to report on the state of health within their communities.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This report is being presented to Health Overview & Scrutiny, the Health & Wellbeing Board and the Cabinet. It has also been shared for comment with Thurrock Integrated Care Alliance (TICA).

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 This report adds further detail and granularity to the aims of the Health & Wellbeing Strategy to Level the Playing Field and reduce inequalities in Thurrock, specifically the aims of Domain 1 – Staying Healthier for Longer. This includes a specific Goal to –

Continue to enhance identification and management of Long Term Conditions (LTCs) to improve physical and mental health

- 6.2 The report also sets out some specific actions to support the Better Care Together Thurrock adult health and care strategy, in particular Chapter 6 – Improved Health & Wellbeing through Population Health Management. This sets specific Goals as follows –

The Public Health Team will co-design with PCN, NELFT and EPUT clinical leaders, a more detailed case-finding strategy setting out revised protocols for hypertension, AF and depression, targets, training requirements and required resources

We will embed lifestyle modification services, social prescribing and ASC support within the multi-morbidity care models, ensuring that they are holistic, can respond to the individual context of residents including addressing wider determinants of health, self-care and in-depth motivational interviewing, creating a new blended coach role

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead – Corporate Finance

Expenditure relating to the provision of public health services is contained within the ring-fence of the public health grant.

The report will influence transformation of NHS and public health services and will be used as part of the basis for the allocation of the funding and will be contained within the overall allocation. This will be addressed as part of the medium term financially planning for the public health service.

7.2 Legal

Implications verified by: **Gina Clarke**
**Corporate Governance Lawyer & Deputy
Monitoring Officer**

This report fulfils the statutory obligation of the Director of Public Health to produce an Annual Public Health Report on the health of the population in the Council's area. The content and the structure of the report is a matter to be determined locally. However, the Council has a statutory duty to publish the Annual Public Health Report.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

The report makes a number of recommendations aimed at reducing health inequalities from LTCs, including inequalities in service access, condition diagnosis and quality of care, all of which contribute to inequalities in outcomes. Community groups identified as experiencing such inequalities include minority ethnic groups, people living in deprived areas, people living with serious mental illness or learning disability.

7.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

This report aims to influence activity in the local NHS, particularly primary care and will be used to support TICA in NHS service quality improvement.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- Appendix 1: Executive Summary
- Appendix 2: Reducing the impact of Cardiovascular Disease in Thurrock, Annual Report of the Director of Public Health 2022; Full Report

Report Author

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