

REPORT OF THE CABINET

B. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016

Introduction

1. This report concerns the publication of the Director of Public Health Annual Report 2016. The report is a statement on the health of the population of Leicestershire and is a key resource for shaping commissioning decisions to improve the health status of the population.

Background

2. The Director of Public Health is appointed jointly by Leicestershire County Council and the NHS and leads on improving the health and wellbeing of the people of Leicestershire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of organisations.
3. One of the roles of the Director of Public Health is to be an independent advocate for the health of their population. The Annual Reports are the main way by which Directors of Public Health make their conclusions known to the public.

Focus of the report

4. This year's report looks at the health profiles of the population in Leicestershire across each district area and role that work plays in supporting people's health and wellbeing. The report is attached as Appendix 3.
5. Leicestershire is, comparatively speaking, a healthy county. However, people in Leicestershire are living ever longer lives, meaning that there are increasing numbers of older people living with long-term conditions and disabilities. It is therefore essential that the County Council redoubles its focus on preventing ill health, by focusing on those issues and areas where there are potential causes for concern.
6. The role that work plays in supporting health and wellbeing is important. Conversely, having a healthy population will aid the economic development of Leicestershire. The lead role public health has on 'the wider determinants of health' is not just good for health, it is also good for the economy.
7. The nationally produced Health Profiles are an important snapshot of the health of Leicestershire. Comparative analysis of the Leicestershire health profiles shows a number of topics public health will target, working with partners, in the next year. These include smoking prevalence, recorded diabetes, breastfeeding initiation, and levels of obesity in adults.

8. Key areas from the Report show that:
- Leicestershire is among the 20 per cent of least-deprived counties nationally;
 - Life expectancy is 6.2 years lower for men and 5.0 years lower for women in the most deprived areas of Leicestershire compared to the least deprived areas;
 - Obesity rates among children are below the national average;
 - Levels of smoking in pregnant women are below the national average;
 - Leicestershire is reporting figures better than the national average for smoking-related deaths and hospital stays for under-18s as a result of alcohol harm.
9. Good health should, among other things, improve an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages. Whilst 'good' work is recognised to be good for health, staff health and wellbeing also plays an important role in the overall health and productivity of an organisation.
10. Better health does not have to wait for an improved economy. Measures to reduce the burden of disease, to give children healthy childhoods, and to increase healthy life expectancy contribute to creating richer economies. Across partners, Public Health will work to advocate the use of the workplace wellbeing charter in improving staff health and continue work on the wider determinants of health to maximise the health benefits of economic development.

Consideration by Scrutiny, Health and Wellbeing Board and Cabinet

11. The Health Overview and Scrutiny Committee at its meeting on 11 November welcomed the report and made a number of comments which were drawn to the attention of the Cabinet and are set out below:-
- That the impact of smoking cessation initiatives should be undertaken every 6, rather than 12, months.
 - That further consideration should be given to the reasons for sickness absence from work and the way this was dealt with by managers.
 - A more detailed breakdown on the demographics as shown in Figure 4 of the Report ('Does Not Want A Job') would be helpful.
 - The importance of housing developers including initiatives to improve health in new-build housing schemes, noting that Hinckley and Bosworth Borough Council had made a funding bid to the Design Council in connection with this.

- Whilst air quality was not one of the indicators for the level of Public Health in Leicestershire its importance was recognised and the Public Health Consultant had designated it as a priority. (It was noted that District Councils could bid for funding to improve air quality in their areas).
12. The Director of Public Health undertook to report to the Committee in six months' time regarding the tobacco control, including smoking cessation initiatives.
 13. The Cabinet at its meeting on 23rd November, 2016 noted the report and supported the recommendations contained therein.
 14. The Health and Wellbeing Board gave its support to the Annual Report at its meeting on 17th November, 2016.

(Motion to be moved:-

That the Director of Public Health Annual Report 2016 be noted with support.)

23rd November 2016

**Mr N. J. Rushton CC
Chairman**

Background Papers

Director of Public Health Annual Report 2015

http://www.lsr-online.org/reports/director_of_public_health_annual_reports

Appendices

Appendix C - Annual Report of the Director of Public Health 2016.

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