

## **Health and Wellbeing Board**

**29th February 2016**

### **The Director of Public Health Annual Report 2014/15**

#### **1. Purpose**

The purpose of this report is to present the statutory Walsall Director of Public Health (DPH) Annual report for 2014/15 to the Health and Wellbeing Board.

#### **2. Recommendation(s)**

- 2.1 The Health and Wellbeing Board is asked to note the content of the Director of Public Health Annual report for 2014/15, documenting examples of the impact Walsall Public Health team has had in changing and modernising services.

#### **3. Report detail**

- 3.1 Since 1988, Directors of Public Health based have produced annual reports on the health of their population. Following the changes introduced as a result of the *2012 Health and Social Care Act*, DPHs in Local Authorities are tasked with preparing annual reports. With the national imperative to improve health and reduce inequalities, the need for an independent assessment of the health of local populations becomes ever more important.
- 3.2 The Annual report in 2013/14 was the last report to be produced by Dr Isabel Gillis who has since retired. The report reviewed the following areas: -
- The history of the Public Health function in Walsall
  - Where we are now – A review of the current Public Health system created by the 2012 Health & Social Care Act
  - The challenges ahead including doing more for less
  - Areas that could be developed in 2014/15
- 3.3 As the current Director of Public Health, this is my first Annual Report. The report develops the vision for Public Health Walsall based on the Public Health England national priorities. In turn, these are based around the Human Lifecycle of Starting Well, Living Well and Ageing Well.
- 3.4 The report sets out some recommendations and examples of how the Public Health team in Walsall Council have started to change and modernise services in the Borough in the last 2 years. The cornerstone of the change is through the Public Health Transformation Fund – an investment programme.

- 3.5 The report also provides three main case studies on public health programmes that have facilitated change.
- a) The Teens to Toddlers Project on page 21 in Chapter 1 (Starting Well),
  - b) The Healthy Workplace program on pages 25 and 26 in Chapter 2 (Living Well)
  - c) The Falls and Balance Program on page 30 in Chapter 3 (Ageing Well).
- 3.6 The report also highlights some recommendations that the Health & Wellbeing Board partners need to take into consideration when commissioning services in the future especially for high risk children and young people. Some of these recommendations are described in pages 19 and 20 of the report. Each commissioner will need to take account of these recommendations when procuring these services for children and young people in the future.
- 3.7 Finally, the report lists useful services that are available to the public in Walsall on page 31. These services have been split into the three elements of the Public Health Life Cycle as described before.

#### **4. Implications for Joint Working arrangements:**

- 4.1 Financial implications: The Public Health Transformation Fund finances a large number of change schemes within the council, a report on which was presented to the HWB on 27<sup>th</sup> October 2015. If the funding for this area is reduced then this could have financial implications on some of these projects.
- 4.2 Legal implications: none at this time.
- 4.3 Other Resource implications: Staffing and services in the council are likely to be affected if the Public Health grant is reduced.

#### **5. Health and Wellbeing Priorities:**

- 5.1 The Walsall Health and Walsall Strategy sets out the key priorities that all statutory and non-statutory partners must tackle in an ordered way through each stage of life; from birth; through childhood; the transition into adulthood and working life through to retirement. It recognises the strong correlation between poor health and social and economic conditions, in which people are born, live and work. The Marmot objectives are:
- Create and develop healthy and sustainable communities
  - Strengthen the role and impact of ill-health prevention
  - Give every child the best start in life
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill-health prevention.

**This Annual report discusses all of these objectives from a Public Health perspective and gives recommendations of actions to be considered by commissioners.**

5.2 Safeguarding implications: none at this time

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