READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO: Health & Wellbeing Board

DATE: 24th March 2017 **AGENDA ITEM: 14**

TITLE: ANNUAL REPORT FROM THE STRATEGIC DIRECTOR OF PUBLIC HEALTH

LEAD COUNCILLOR: Cllr Hoskin **PORTFOLIO:** Health

SERVICE: Wellbeing **WARDS:** All

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of the report is to inform Health & Wellbeing Board members on the Strategic Director of Public Health's Annual Report. The Annual Report is written using information from the latest available needs assessment and evidence supplemented from other sources such as education and other community services.

2. RECOMMENDED ACTION

2.1 HWB members note the Annual Report from the Director of Public Health.

2.2 For HWB members to consider how the report will influence the work to reduce health inequalities.

3. POLICY CONTEXT

3.1 There is a statutory requirement for the Director Public Health (DPH) to produce an annual report. Annual reports should:

- Contribute to improving the health and well-being of local populations, and tackling 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.

3.2 The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be publicly accessible.

4. THE PROPOSAL

4.1 The role of the DPH is to be an independent advocate for the health of our residents. Whilst the Annual Report is the independent report of the DPH and as such does not require public consultation, colleagues from Wellbeing and Reading Children's Services

have added valuable expertise and assistant in shaping its content.

4.2 **Update from last year's Annual Report**

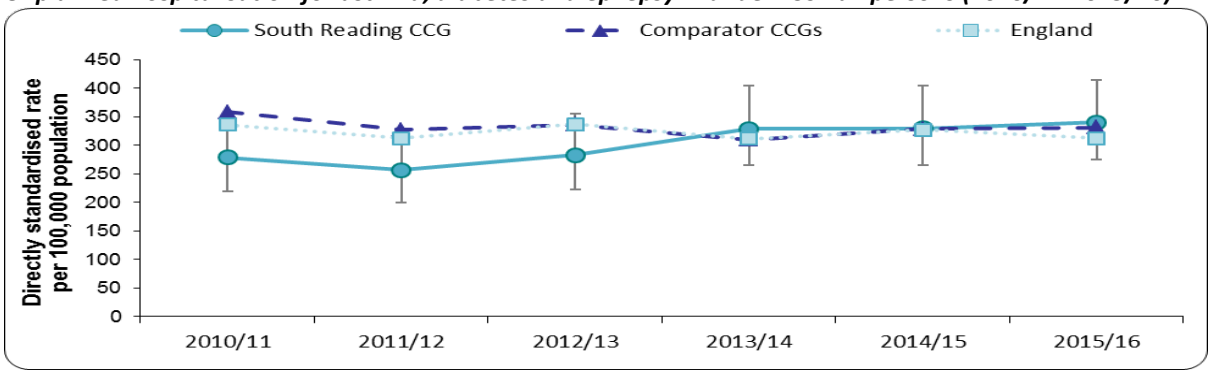
Last year's report focussed on children and the major causes of ill health but also how education and life chances had a complex but interlinked relationships with health. It stated that the transfer of health visiting services into local authority commissioning was an opportunity to link all Early Years' Services and maximise the support given to all families through the mandated services but also to pay close attention to those families with more vulnerability. The new specification for health visiting services makes those links.

With regard the wider determinants of health and its impact on children, last year we noted the key role education plays in promoting good health. This year we can see that the attainment of GCSEs a* - C grade (including Maths and English) has reduced from 59% in 2013/14 to 51.4 in 2104/15 , and the percentage of 16-18 year olds not in education or training has worsened as well (8.1 2014/5 v 6.3% 2013/4), though encouragingly the percentage of children entering reception with good stage of development has increased from 63.7% (2013/14) to 67.1% (2014/15) - this is now just above the England average.

In the previous year's report we noted that children are high users of services, sometimes for conditions that could be prevented. Reading continues to be an outlier in the number of 0-4 year olds who attend A&E services, indeed the trend is worsening: in 2013/14 763/1,000 0-4 year olds attended A&E; in 2014/15 that number was 848/1,000.

With regards hospital admissions, admission for lower respiratory tract infection still continue to rise in South Reading, overall admissions from epilepsy, asthma and diabetes have been static

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - all persons (2010/11-2015/16)



4.3 Aim of 2017/18 report

Tackling premature mortality, deaths that occur before 75 years (avoidable deaths) are a key driver for improving life expectancy and reducing health inequalities. These avoidable deaths are driven by two major causes: *amenable deaths* - those driven by problems / reduced access to health care and *preventable deaths* those that are driven by wider public health issues. The report briefly shows how the major improvements would be achieved through systematically and visibly addressing preventable causes of death.

Preventable deaths are more common in men and the clinical grouping where preventable deaths have their biggest impact is in cancer, though at a more detailed level, ischaemic heart disease is the single disease where prevention would have the biggest impact.

The report summarises in appendix 1 the key public health issues that impact on preventable deaths. It highlights the impact that lifestyle factors have on the health of our residents. Whilst there is general consensus and increasing visibility of the impact of obesity, physical

inactivity, tobacco, alcohol and high blood pressure on health, sometimes the conversation is couched in terms of the long term with scepticism about the impact on health and social care in the short / medium term. Prevention is seen as a "nice to do" but has made way in prioritisation debates to immediate pressures in services.

The STP in BOB has identified from national evidence those approaches that will make an impact on health outcomes and care over 5 years.

This report presents more fully the evidence behind these lifestyle factors, the impact that these factors have on the individual in terms of health risks and the impact these factors have in driving demand for care. It also presents some of the evidence for action. Hopefully the report will provide professionals with new information on lifestyle factors and a different perspective on drivers for increasing demand, which will change the nature of the conversation about prevention and self-care. If we are to make a difference to our health and our subsequent need for health care then we need to make a radical change in how we as individuals and communities take responsibility for our own health but also as professionals support individuals and communities in addressing quite entrenched habits and lifestyles.

4.4 Children and Avoidable deaths

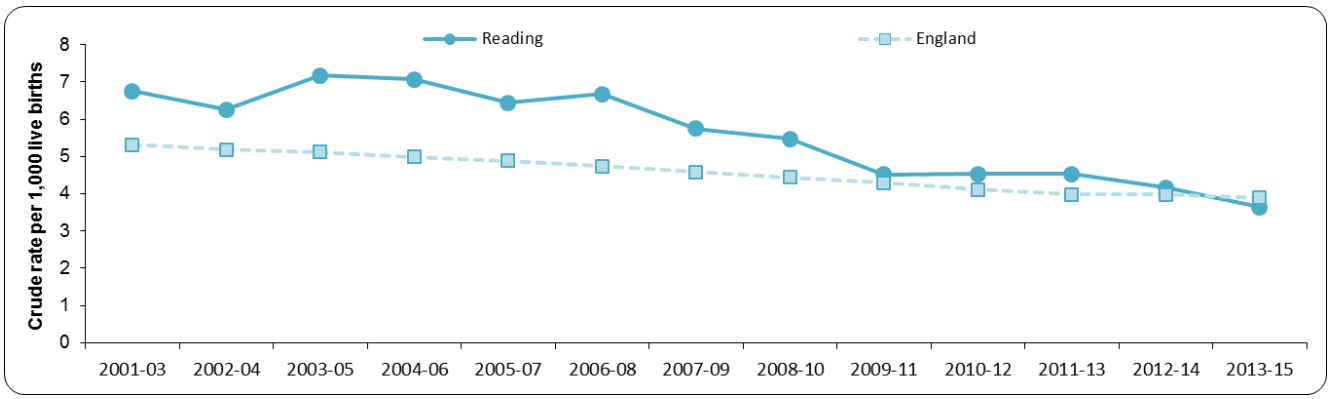
Whilst this report is focussed on adults, since this is where these lifestyle factors either occur or have their measurable impact, there are avoidable deaths in children.

In 2014, just under a third of deaths (32% or 1,443 out of 4,571) in children and young people aged 0 to 19 years in England and Wales were from causes considered avoidable through good quality healthcare (amenable) and wider public health interventions (preventable). Avoidable deaths in children and young people made up 1% of all avoidable deaths in 2014.
Similarly to adults males aged 0 to 19 years were more likely to die from avoidable causes than females. Male deaths accounted for around 63% (911 out 1,443) of avoidable deaths in children and young people.

The single cause with the highest number of avoidable deaths in children and young people was accidental injuries (195 deaths: 14% of all avoidable deaths in this age group). This is followed by complications during the perinatal period (childbirth), suicides and self-inflicted injuries, transport accidents and congenital malformations of the heart.

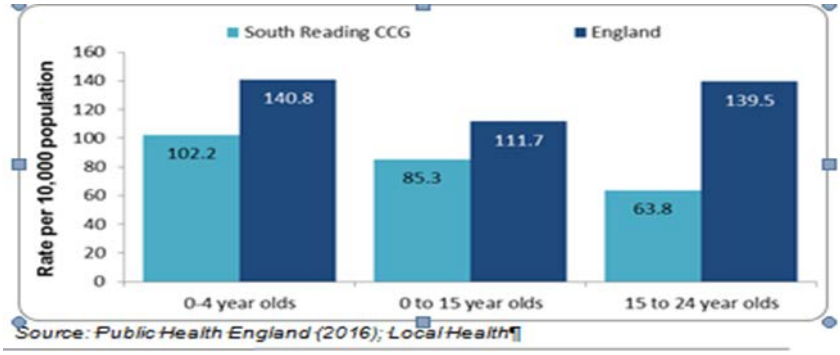
The Child Death Overview Panel continues its work to review each child's death within Berkshire and to identify and take action on any emerging underlying themes. The trend for reducing number of child deaths continued during 2015/16.

Rate of deaths in infants aged under 1 year in Reading and England (2001-03 to 2013-15



Injuries which as mentioned are the prime cause of avoidable deaths in children also cause a significant number of admission to the RBH , with admissions for children from South Reading being significantly more than the England average.

Hospital admissions for injury in children and young people by age group (2010/11 to 2014/15)



Source: Public Health England (2016); Local Health¶

4.5 Summary

Hopefully this years report allows for a debate on the role of organisations, communities and individuals in tackling the factors that drive ill health and the promotion of action currently underway or planned and the generation of a new momentum to tackle this.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Public Health interventions at a population level contribute to Corporate Priority 2: Providing the best life through education, early help and healthy living.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The report will be available for information.

7. EQUALITY IMPACT ASSESSMENT

7.1 An equality impact assessment is not relevant.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications.

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications.

10. BACKGROUND PAPERS

10.1 Appendix 1 – Annual Report