



READING HEALTH AND WELLBEING BOARD

Date of Meeting	07 October 2025
Title	Director of Public Health Annual Report
Purpose of the report	To note the report for information
Report author	Dr Matt Pearce
Job title	Director of Public Health
Organisation	Reading Borough Council
Recommendations	<ol style="list-style-type: none">1. To note the content of the Director of Public Health report in Appendix A, and for Health and Wellbeing Board members to share with respective organisations and networks to consider the recommendations contained within.

1. Purpose of the report

- 1.1. To share the Director of Public Health's (DPH) Annual Report 2025 with the Health and Wellbeing Board. The focus of the 2025 report is 'Setting the Foundations for Lifelong Health'

2. Executive Summary

- 2.1. The DPH annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.
- 2.2. The Director of Public Health's Annual Report for 2025 - 'Setting the Foundations for Lifelong Health', sets out the health of infants and parents in Reading and the challenges they face, alongside the work and achievements made in giving our children the best opportunities for good health, both now and in the future.
- 2.3. The report provides an overview of the health and wellbeing status of parents and children during infancy (0-5 years), highlighting areas where Reading benchmarks well, and areas that need attention. The report sets out several recommendations which the Health and Wellbeing Board and partner agencies may wish to consider going forward.

3. Background / Context

- 3.1. Since 1988 Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.
- 3.2. The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.
- 3.3. The annual report remains a key method by which the DPH is accountable to the population they serve.
- 3.4. The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:
 - a. Contribute to improving the health and well-being of local populations

- b. Reduce health inequalities.
- c. Promote action for better health through measuring progress towards health targets.
- d. Assist with the planning and monitoring of local programmes and services that impact on health over time.

3.5 The Public Health Annual Report is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been considered, the assessment and recommendations made in the report are those held by the DPH and may not necessarily reflect the position of the employing and partner organisations.

3.6 For the 2025 report, the topic of 'best start in life' was chosen and highlights the following:

- What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood
- Chronic stress in early childhood has a negative impact on a baby's development and can have long-lasting effects on health and wellbeing.
- Significant progress has been made over the last few years across a range of health indicators in Reading, including reducing tooth decay and smoking in pregnancy
- Whilst Reading tends to have better outcomes for young children compared with most national and regional averages, there are still areas for improvement including:
 - Reading has the highest rate of low birth weight in the South East of England, with 4.1% (76 babies) of all babies born with low birth weight
 - The number of children living in poverty has been steadily rising and now stands at 17.0% of children under the age of 16, which equates to 5,700 children
 - The under 18 conception rate is significantly higher than the England rate
 - Around a quarter of people in early pregnancy in Reading are categorised as obese
 - 5.9% of women smoked during pregnancy, which is equivalent to 78 pregnant women.
 - Reading has some of the lowest immunisation uptake rates in the South East for 0-5-year-olds
 - 35% of babies are not breastfed at 6-8 weeks
 - Approximately one in three eligible parents are not claiming Healthy Start vouchers which equates to approximately £166k of unclaimed food vouchers locally per year.
 - Childhood obesity at reception age remains high, with significant differences between the most and least deprived parts of Reading
 - Some areas (most notably antenatal visits and 6-8 week visits) within the Healthy Child Programme need to improve.
 - Whilst levels of tooth decay have decreased over the last few years (38.0% in 2007/8 to 32.9% 2021/22), one in three five-year-olds have tooth decay which is significantly higher than England (23.7%).
 - 7,890 homes in Reading are estimated to be non-decent, 11.5% of the total housing stock
 - Whilst child development at the end of Reception is similar to England in 2023/24. The proportion of children achieving at least the expected level in communication and language skills is significantly lower.

3.7 The report highlights good practice that local organisations are doing to support the outcomes of infants and parents across the Borough. These include Home-start, Get

Berkshire Active, Royal Berkshire NHS Foundation Trust, Dingley's Promise plus many others.

3.8 The recommendations included in the report outline how public health and the wider system can further improve the health and wellbeing of Reading infants and reduce health inequalities. The high-level recommendations are based on evidence of what works to reduce health inequalities;

- 1 Invest in parent support programmes
- 2 Increase uptake of healthy start vouchers
- 3 Ensure the successful implementation of family hubs
- 4 Improving oral health
- 5 Empowering families to plan for pregnancy
- 6 Improve vaccination uptake
- 7 Adopt a whole system approach to trauma informed practice
- 8 Become a 'child friendly' Borough
- 9 Develop a health promotion programme for early years settings
- 10 Better data and information sharing across agencies
- 11 Have a high performing Healthy Child Programme

3.9 These recommendations will need to be delivered through a whole system approach with a focus on joint working across organisations to enable the whole to become more than the sum of its parts.

3.10 Given the importance of the recommendations contained within the report, it may be prudent to review progress against actions that underpin these in 12-months' time, should the Council or partner organisations decide to adopt them.

3.11 Since work on this report had commenced, the Government have announced a series of policy measures through their [Giving Every Child the Best Start in Life Strategy](#), that will in part, support the implementation of the recommendations set out in the report. It is advised that these recommendations are viewed within this context.

4 Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The Health and Wellbeing Board has responsibility for delivery of the objectives set-out in the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#). This report directly supports priority 3 – help families and children in the early years.

4.2 The report also supports several priorities within the Council Plan including:

- Priority 1 - Promote more equal communities in Reading
- Priority 4 - Safeguard and support the health and wellbeing of Reading's adults and children.

5 Environmental and Climate Implications

5.1 There are no general implications for the environment arising from this report

6 Community Engagement

6.1 Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report.

7 Equality Implications

7.1 This report demonstrates the stark health inequalities and poorer outcomes that are systematically experienced by young children in the most deprived areas. The inequalities that develop in early years can become embedded throughout their lives. However,

providing high quality services for infants and parents can prevent ill health in later life, create healthier communities and reduce demand for services.

8 Other Relevant Considerations

8.1 Not applicable.

9 Legal Implications

9.1 In England, Directors of Public Health have a statutory duty to produce an annual report. This duty is outlined in Section 73B(5) of the 2006 NHS Act, as amended by Section 31 of the 2012 Health and Social Care Act.

9.2 The local authority also has a statutory duty to publish this report. This ensures that the Director of Public Health can make an independent judgment about the health of the local population and that the report is publicly available.

10 Financial Implications

10.1 There are no direct financial implications of this Annual Report, although implementation of the recommendations may incur costs for organisations should they be supported. However, many actions are already underway to support these recommendations through business as usual activity and recent national policy announcements.

Appendices

Appendix A – Director of Public Health Annual Report