

## Health & Wellbeing Board

8<sup>th</sup> July 2015

### Director of Public Health Annual Report 2015

#### Recommendation(s)

That the Health and Wellbeing Board:

1. **Note and support the Director of Public Health Annual Report 2015.**
2. **Agree to endorse the recommendations stated in the report.**

#### 1.0 Background

- 1.1 Directors of Public Health have a statutory requirement to write an annual report on the health of their population, and the local authority is required to publish it. With the responsibility for public health now firmly re-established in local government, this presents a real opportunity to tackle key health and wellbeing issues through a more collaborative and structured approach. We can build on the key functions of local government to better shape the place and environment in which we live.
- 1.2 The Director of Public Health (DPH) Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. It is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and objective interpretation.

#### 2.0 Purpose

- 2.1 The theme of this year's annual report is children and young people. It includes a focus on early years, education, mental health, healthy weight, risky behaviours and vulnerable groups. The main target audience are external partners, schools, councillors and internal staff.
- 2.2 The report emphasises the importance of adopting of a 'life course' approach to addressing health inequalities within the population, in-line with that advocated by Sir Michael Marmot in his report 'Fair Society Healthy Lives'<sup>1</sup>.

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<sup>1</sup> Institute of Health Equity (2009), 'Fair Society Healthy Lives' (The Marmot Review) (2009), Strategic Review of Health Inequalities in England Post-2010, <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

In particular, the report focuses on the first two key 'Marmot principles' of giving every child the best start in life, and enabling all children, young people and adults to maximise their capabilities and have control over their lives.

- 1.5 It should be recognised that the recommendations and desired outcomes outlined in the report are 'everybody's business' and require a concerted joint effort if they are to be achieved.
- 1.6 The report's recommendations and any consequent changes to service delivery that result can be delivered within the level of the approved budget.
- 1.7 It is of vital importance that the Health & Wellbeing Board provides leadership across all partners to ensure that our children and young people enjoy happy, healthy and fulfilled lives. In doing so, we will be helping to nurture the future society of Warwickshire.

### **3.0 Key Headlines**

#### **3.1 Early Years**

13.1% of pregnant women are still smoking at the time of delivery – this means approximately 800 babies are born having been effectively smoking for 9 months.

#### **3.2 Education**

40% of children in Warwickshire are not achieving a good level of development at the end of reception.

There are particular concerns about looked after children, children eligible for free school meals and regular absentees – persistent development and attainment gaps remain between these pupils and their peers.

#### **3.3 Healthy Weight**

Latest data highlights a continued, approximate doubling in obesity prevalence between the ages of 4/5 and 10/11, and a clear North-South geographic divide across Warwickshire.

#### **3.4 Mental Health and Wellbeing**

The importance of recognising that building good health behaviours in childhood and adolescence can help to prevent risky behaviours and creates healthier adults is highlighted. Relationships can help develop self-esteem and make children and young people emotionally resilient, but they can also make them vulnerable. Recognising and supporting healthy relationships are key to improving young people's physical and mental health and wellbeing.

#### **3.5 Risky Behaviours**

Local rates of teenage pregnancy have declined over the past few years, although notable variation persists with rates still highest in the two northern boroughs.

Latest figures show a repeated drop in the rate of hospital admissions due to alcohol among under 18s in Warwickshire, evidence of a continuing decline in young people's harmful drinking. However, nationally, whilst we have seen a decline in binge drinking, drinking at dangerous levels and those aged 11-15 saying they had tried alcohol, young adults still remain one of the most likely groups to have binged.

### 3.6 Vulnerable Groups

Exposure to adverse childhood experiences (ACEs) such as parental separation or divorce, physical/emotional neglect, household substance abuse and household mental illness have been shown to have a detrimental impact on both future health and social outcomes in adulthood. Exposure to higher counts of ACEs has also been shown to present a higher risk of exposing their own children to ACEs.

## 4.0 Next steps

### 4.1 Dissemination

A detailed multi-channel communications plan has been prepared to ensure that the report reaches its target audience amongst WCC and other partners.

The report will also be used to support ongoing work focused on the 0-5 age group as the County Council takes on the responsibility for the commissioning of services for this group in October 2015.

### 4.2 Audit

The report will be subjected to a full audit process and will be peer reviewed by external public health colleagues. Progress against the recommendations will also be monitored and reported. We welcome any feedback on the content of the report. Comments can be directed to [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk).

## Background papers

1. 'Director of Public Health Annual Report 2015 – Children and Young People: Investing in the Future'. Hard copy versions to be disseminated at the meeting.

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