

**Health and Wellbeing Board
6 September 2017**

Director of Public Health Annual Report 2017

Recommendations

The Health and Wellbeing Board:

1. Notes and support the Director of Public Health Annual Report 2017
2. Agrees 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.
- 1.2 The Director of Public Health 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.

2.0 Purpose

- 2.1 This year's report includes: an overview of the health and wellbeing of the Warwickshire population, and provides a focus on the theme of this years report; vulnerability, together with information on progress with the 2016 recommendations.
- 2.2 The report will make a series of recommendations which require a concerted joint effort if they are to be achieved.

3.0 Key Headlines

3.1 Health and Wellbeing

- Rate of teenage conceptions continue to fall from 22.9% in 2014 to 19.5% in 2015.
- Physical inactivity in adults has reduced from 1 in 3 down to 1 in 4
- The estimated rate of adults smoking in Warwickshire increased from 12.1% in 2015 to 14.5% in 2016.

- Hospital admissions as a result of self-harm in 10-24 year olds in Warwickshire have generally risen since 2011/12 and are above the England average.

3.2 Vulnerability

- There is no single count or definition of vulnerable people across Warwickshire but a wide range of different population are at risk of potential harm. Examples include 639 homeless people, 795 Children Look After, 1 in 3 residents aged 50-59 who provide unpaid care.
- The health and wellbeing of the Warwickshire population in general has seen significant improvements over recent years, whilst the health and wellbeing of vulnerable groups continues to lag behind. For example nationally almost half of children in care have a diagnosable mental health disorder, young carers are more likely to have lower educational attainment and research shows loneliness can be as harmful for health as smoking 15 cigarettes a day.

3.3 Progress on 2016 recommendations

- Some great progress has been made in a relatively short period of time. For example the Health and Wellbeing Board (HWBB) focus on prevention has been ratified, the HWBB have endorsed a new placed based approach to delivery of the Joint Strategic Needs Assessment, community hubs are in development, and a refreshed Making Every Contact Count (MECC) training programme has been produced which is a key part of the 'Proactive and Preventative' workstream of the Better Health, Better Care, Better Value - Coventry and Warwickshire Sustainability and Transformation Partnership (STP).

4.0 Next Steps

4.1 Dissemination

- A detailed marketing and communications plan will be prepared to ensure the report is communicated widely within WCC, as well as across partners and the public. A survey will be created to obtain feedback about the report.

4.2 Audit

- The report will be subjected to an audit process and will be subject to peer review 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 addressed to the editorial team.

Background Papers

None

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