

Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People)

to

Cabinet

on

25th June 2019

Report prepared by: Krishna Ramkhelawon, Interim
Director of Public Health

**The 2018-19 Annual Report of the Director of Public Health
People Scrutiny Committee
Cabinet Member: Councillor Trevor Harp**

A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To present the 2018-19 Annual Report of the Director of Public Health.

2. Recommendation

2.1 That Cabinet considers and notes the content and recommendations of the 2018-19 Annual Report of the Director of Public Health.

3.0 Background

3.1 The Health and Social Care Act 2012 requires the Director of Public Health to prepare an annual report on the health of the local population. This is an independent report which the local authority is required to publish. The report is an opportunity to focus attention on particular issues that impact on the health and wellbeing of the local population, highlight any concerns and make recommendations for further action.

4.0 The 2018-19 Annual Report of the Director of Public Health

4.1 The Report this year provides an update on last year's report (2017 Annual Public Health Report) and covers the following themes:

- ✓ Description of the current health and wellbeing status in Southend-on-Sea;
- ✓ Healthy Lives – Focus on cardiovascular conditions and diabetes;
- ✓ Community Safety – Focus on disrupting drug-associated criminal behaviours and protecting our young residents, and re-focusing our efforts on reducing teenage conceptions;

- ✓ Infrastructure planning – Focus on developing a new Local Plan and maximising the health and wellbeing impact now and in supporting our Southend 2050 ambition.

- 4.2 In 2017-18, we highlighted that there are strong links between unemployment and poorer physical and mental health and mortality, with re-employment generally leading to improved health. It is recognised that poor quality, insecure, and low-paid work can be as harmful to health as unemployment, and both can lead to health inequalities. We have furthered our reach into the business community, through the Public Health Responsibility Deal, increased our engagement with the school community and agreed a renewed approach with the Department for Works and Pensions to signpost those claimants who can benefit from our programme.
- 4.3 The Southend 2050 Ambition and the NHS Long Term Plan collectively set out the key things we can expect to work as partners to turn the ambitions into improvements in services and build community resilience.
- 4.4 A number of key health and wellbeing measures for Southend compare favourably or are similar to the national average, namely obesity, some sexual health conditions, including new diagnosis and our educational achievements. However, many of the measures, including all our mental health and wellbeing indicators, are comparably worse and will require much more collective endeavours from local partnerships to yield better outcomes for Southenders.
- 4.5 Working with the NHS and other partners, we will refocus our collaboration to improve the local identification and management of cardiovascular conditions and diabetes as well as the uptake of the flu jab. These are also key priorities for the local STP and their Primary Care Networks. A new Wellbeing Service is being launched in June 2019, modelled with partners, to deliver a new approach and promote better resilience through the development of community-led initiatives.
- 4.6 Southend has a number of highly disadvantaged communities and 42% of children aged 5-15 years, rising to 1 in 2 for those aged 4 years and under, live in these communities. There is well-documented evidence of the poor health and wellbeing outcomes for young people in these communities. These are further compounded by the criminal psycho-social exploitation of children as a result of the County Line drug culture across the Southeast Essex-London corridor. We will build on the Greater Essex work already gaining momentum, to disrupt the drug market, provide new opportunities for our young residents and keep them safe. We will also undertake a deep-dive to further understand why we continue to experience higher teenage conception rates and plan our interventions working with the local communities and partners.
- 4.7 There is growing evidence of the links between good spatial planning, design principles and the health impacts. The development of a new Local Plan is a real opportunity for public health and planning to work together to shape the natural and built environment, reimagining our high streets and the town centre, which can all contribute to positive health outcomes. Wide engagement with our neighbouring councils will have a positive gain for infrastructure development, digital advancement, improved transportation (including more on active travel),

reduced air pollution and provide a wider spectrum of safe and affordable housing.

4.8 The nine key recommendations for the Cabinet to note are:

4.8.1 Reducing the impact of cardiovascular conditions and diabetes and improving related prevention work:

R1.1 Develop an agreed locality approach to improve earlier identification of Stroke and Diabetes, ensuring reduced variability in access to primary care services;

R1.2 Improve the management of patients at risk of stroke and those afflicted with diabetes, including the use of digital technology as appropriate, and delivery of the Diabetes Strategy;

R1.3 Increase referral to the new Wellbeing Service to reduce and/or better manage lifestyle risk factors and implement the Harm Reduction Strategy as a key enabler.

4.8.2 Improving community safety and building resilience, with a particular focus on our children and young people:

R2.1 Develop a programme of work that will provide for, and link into, a range diversionary activities and avenues for vocational development. This will include local apprenticeships to make young people safer, provide skill development and job opportunities and to have a healthier outlook on their lives;

R2.2 Build on the work already in progress across Greater Essex and regionally, to reinvigorate the local partnerships (Community Safety and Violence and Vulnerability groups) to disrupt the local drug market and to eliminate the criminal exploitation of young people and vulnerable adults in our communities;

R2.3 Undertake a deep-dive on local teenage conceptions to understand local determinants and triggers, including the link with child sexual exploitation, local opportunities for young people to promote a delaying approach to parenthood.

4.8.3 Ensuring that spatial planning incorporates health and wellbeing impacts, and delivers what residents will need to promote their health and wellbeing:

R3.1 Adopt new evidence on spatial planning, including the adoption of the PHE/Sports England's Active Design principles, making it a requirement on developers to undertake a Health Impact Assessment where most relevant and review the barriers inhibiting local access to our physical assets;

R3.2 Our housing renewal policy must take into consideration the need for more affordable housing which espouses a mix of social housing, adaptable homes which will ensure that the adverse health effects are mitigated, promote local ownership and more affordable rent, and support the drive to increase prosperity;

R3.3 Accelerate our local undertakings in improving local transportation to further reduce the risk of pollution and traffic congestion, and promote active travel.

5.0 Other Options

There are no other options presented as it is a statutory duty of the Director of Public Health to prepare an Annual Public Health Report.

6.0 Reason for Recommendations

6.1 The Health and Social Care Act 2012 requires Directors of Public Health to prepare an annual report on the health of the local population.

7.0 Corporate Implications

7.1 Contribution to Council's Southend 2050 Ambition and Priorities, including the STP shared priorities.

The Council has a statutory duty to protect the health of the local population. The 2018-19 Annual Public Health Report highlights the key issues for people in Southend, actions being taken to address them and key recommendations to be delivered by local partners.

7.2 Financial Implications

At this stage any financial implications arising from this report are unquantified and, as further work is undertaken, any resource implications will be identified and dealt with, primarily through the Public Health Grant, and other existing budgets as necessary.

7.3 Legal Implications

There are no legal implications arising directly from this report.

7.4 People Implications

There are Directorate performance indicators relating to the Public Health Responsibility Deal as well as national benchmarking information, showing how we compare against statistical neighbours, the region and nationally.

7.5 Property Implications

None.

7.6 Consultation

There will not be any formal consultation on the Annual Public Health Report, although it will go through the relevant governance route within the Council as well as to the Southend Health & Wellbeing Board.

7.7 Equalities and Diversity Implications

The Annual Public Health Report provides evidence that population health needs are assessed and considered.

7.8 Risk Assessment

A risk assessment will be undertaken of individual initiatives introduced to tackle the key issues highlighted in the report.

7.9 Value for Money

No implications.

7.10 Environmental Impact

None.

8.0 Background Documents

8.1 Background documents are referenced throughout the Annual Public Health Report, with direct web-links.

9.0 Appendices

9.1 The 2018-19 Annual Report of the Director of Public Health for Southend.