

**HEALTH AND WELLBEING BOARD and ICB SUB-COMMITTEE
(Committees in Common)**

16 January 2023

Title:	Draft Annual Report of the Director of Public Health 2022/23	
Open Report	For Decision	
Wards Affected: None	Key Decision: No	
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Sponsor: Matthew Cole, Director of Public Health		
Summary: Directors of Public Health have a statutory requirement to write an annual report on the health of their population. This cover paper gives an overview of the draft Director of Public Health’s Annual Report 2022/ 23 which informs 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. The DPH’s draft Annual Report 2022/ 23 is attached at Appendix A.		
Recommendation(s) The Health and Wellbeing Board and ICB Sub-Committee are recommended to: 1. Provide any comments on the contents of the draft report set out at Appendix A. 2. Note the Public Health Advice provided within. 3. Support a discussion on taking forward the advice once the report is published.		
Reason(s) 1. The report provides independent public health advice to the Place- based Partnership on the key priorities to deliver improved health and wellbeing in the borough, as identified in the Joint Local Health and Wellbeing Strategy, informed by the Joint Strategic Needs Assessment. 2. The report contributes to the Borough Manifesto vision: One Borough. One Community. No-one left behind. 3. The key messages within the report contribute to the delivery of all Corporate Plan priorities, particularly: <ul style="list-style-type: none"> • <i>Residents are safe, protected, supported at their most vulnerable.</i> • <i>Residents live healthier, happier, independent lives for longer.</i> And supports the following principles within it: <ul style="list-style-type: none"> • Work in partnership. • Engage and facilitate co-production. • Be evidence-led and data driven. • Focus on prevention and early intervention. 		

- Provide value for money.
 - Be strengths-based.
 - Adopt a “Health in all Policies” approach.
4. The report reflects the following priorities in the NHS NEL Joint Forward Plan- Long term conditions; mental health; maternity; babies children and young people and cancers.

1. Introduction and Background

- 1.1 To support a local government-led approach to better public health, every local authority with public health responsibilities must, jointly with the Secretary of State (SoS) for Health and Social Care, appoint a specialist Director of Public Health (DPH). The DPH is a statutory chief officer of their authority, accountable for the delivery of public health responsibilities, and the principal adviser on all health matters to elected members and officers, with a front-line leadership role spanning all 3 domains– health improvement, health protection and healthcare public health. The DPH also has a vital system leadership role, working closely with place-based organisations in efforts to secure better public health.
- 1.2 As part of this role of the Director of Public Health has a statutory requirement to publish an annual report which informs 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. Proposal and Issues

- 2.1 The first chapter reflects on the DPH’s professional advice given over the last 10 years following Public Health’s transfer from the NHS to local authorities in 2013. Themes have been repeated from the evidence base in our pursuit of finding better ways to tackle the deep seated and entrenched inequalities in Barking and Dagenham
- 2.2 Ensuring good health and wellbeing and preventing the need for expensive health and social care is crucial in this financial climate, with funding pressures for all our system partners. The report advises we must therefore prioritise; focusing on impacts over the next five years on those interventions which will improve healthy life expectancy and address health inequalities and address the immediate demands of expensive health and social care services, as well as contributing to meeting the wider priorities of the council for example improving opportunities for employment, training and education.
- 2.3 In response to this, chapter 2 looks at how we can use the opportunities of the integrated care system at place to improve the health of our residents. Particularly how to transition the shared outcomes in our Joint Local Health & Wellbeing Strategy (JLHWS) 2023-28 into drivers for commissioning a whole systems approach. The key message is that we should exploit the opportunities we have in the Place-based Partnership to improve healthy life expectancy by:
- Agreeing shared outcomes and priorities.
 - Aligning strategic plans, develop agreed delivery plans and outcomes of the locality model.

- Invest together on programmes to deliver our priorities and reprioritise our spending of the Public Health Grant.

2.4 Chapter 3 describes why we should focus on increasing healthy life expectancy and addressing those contributing factors which in the short term, impact on overall health, ability to live independently in later life, and on the increasing demand on our health and care system. It determines that is our approach is well structured, actions identified can provide results within the five years of the JLHWS.

To increase the number of years of our residents spend in good health, we should target our collective resources into:

- Enhancing our early diagnosis programmes, that target key groups of residents, supported by assessable and culturally appropriate chronic disease management programmes.
- Reducing high levels of smoking and obesity.
- Reducing mortality rates associated with cardiovascular disease and cancer.
- Addressing the variation in health and social care outcomes experienced within and between our communities in each of these areas.

2.5 Chapter 4 sets how and what we need to do to address the key contributing factors to health life expectancy i.e., addressing long term conditions, key behavioural risk factors and the wider determinants of health (developing the building block for good health).

To improve healthy life expectancy the evidence suggests:

- Taking a place-based approach to address early identification and early treatment for people with long term conditions:
 - to ensure all residents with a health condition are identified and are supported to manage their condition.
 - that addresses social, economic, and physical environment that causes our residents to make decisions that damage their health and lead to long term conditions, such as those driving obesity through unhealthy diets and lack of physical activity.
- Providing a targeted support programme to residents to address obesity and smoking.
- Addressing wider determinants of health for example to insulate and remove damp and mould in homes; support people with long term conditions or disabilities, including young people with special educational needs and disabilities to gain and stay in employment, and mitigate the health harms of the cost-of-living crisis.
- Improving mental health and wellbeing as an underpinning factor.

To address underpinning health inequalities, we need to:

- Develop a shared understanding of health inequalities, its drivers and local priorities (including across our population groups and geographic areas) to direct decision making and action.
- To align the NHS's mandated duty to address health inequalities with the overall place-based programme.

- Work with NHS North East London on their Healthy Equity Academy and their evolving Health Equity Fellowship (including extending beyond the NHS to create analogous community sector fellowships).
- Continue and expand cross-sector action on the ongoing health legacy of COVID-19 and impacts of the cost-of-living crisis that are increasing health inequalities for residents.
- Ensure a 'health in all policies approach' in which all systems partners are engaged to understand and address the role of health inequalities in driving community priorities (e.g., employment).

2.6 A large part of the report is focusing on actions which relate to adults and actions that can affect short term change, but action across the life course is important - today's children will be tomorrow's adults, and the things that happen to them in childhood can shape the trajectory of their health through to older age. Therefore, we need to maintain a focus for children to improve the health outcomes for our general population across the life course.

To do this chapter 5 provides data and evidence on the importance of strengthening our approach to giving children the best start in life, via universal support/prevention activities, early identification of emerging issues, and provision of timely help to support families, by maximising the opportunities of the 0-19 programme so it better links to the needs of the children and young people and the drivers of demands in Health and Social Care.

The Public Health advice is for the 0-19 programme to focus on the high impact areas of the Healthy Child Programme.

- Address the causes of Adverse Childhood Experiences including Domestic Abuse and parental mental ill-health.
- Support for our vulnerable children to thrive in their home and school environment - focusing on:
 - school readiness (0–5-year-olds)
 - a better offer for those with social, emotional, and mental health needs (5–19-year-olds);
 - opportunities to identify and address neglect.

2.7 Protecting residents from communicable diseases remains one of the DPH's core statutory responsibilities, with the public health system working together to manage and prevent serious notifiable diseases and outbreaks. The most important function is the containment of notifiable infectious diseases.

Chapter 6 describes how COVID-19 has changed the way health protection issues are addressed –for example we recognise the importance of all communities having access to vaccinations and we now seek to understand and address why people are hesitant to take up opportunities to protect their health. Furthermore, as was identified in the Public Health England report¹, people who have poorer health e.g. living with one or more long term condition, had less resilience and were more likely to become seriously unwell compared to others.

This chapter focuses on the importance of vaccination and immunisations including improving the uptake of the MMR vaccination due to the rise in measles cases in England.

To support this action the public health advice is for:

- Our Place Based Partnership to prioritise childhood immunisation to improve and reduce the differences of uptake within our communities.
- Enough investment to improve the uptake of vaccinations- specially MMR, reduce the inequity of uptake and to introduce the chickenpox vaccination if directed, following recommendations of the Joint Committee of Vaccinations and Immunisations.
- Communications strategies that are simple and hard-hitting, with continuous messaging on the importance and benefits of vaccination.

3 Consultation

Following initial discussion of the draft at the Committees in Common and prior to publication, this report will be presented to the Barking and Dagenham Executive Group and LBBB Executive Team.

Please note that references will be included within, once the report is considered final.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The report due on the needs identified in the JSNA (2022) and will inform the data provided within the JSNA (2024).

4.2 Health and Wellbeing Strategy

This report provides public health advice on how to take deliver the outcomes set out in the Health and Wellbeing Strategy.

Public Background Papers Used in the Preparation of the Report: - None

List of Appendices:

Appendix A - Draft LBBB ADPHR 2023

ⁱ [Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)