

ANNUAL PUBLIC HEALTH REPORT 2018

To: **Health Committee**

Meeting Date: **17th January 2019**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To present the Annual Public Health Report for Cambridgeshire 2018 to the Health Committee, and to raise awareness of the national Chief Medical Officer (CMO) Report 2018.**

Recommendation: **The Committee is asked to discuss and comment on the findings of Cambridgeshire Annual Public Health Report and national CMO (England) Report**

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1. BACKGROUND

- 1.1 The Health and Social Care Act (2012) includes a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people.

Previous Annual Public Health Report for Cambridgeshire (2017)

- 1.2 The previous APHR (2017) focussed on the wider social and environmental factors affecting health and wellbeing in Cambridgeshire and how these are associated with local inequalities in health outcomes. The report also looked at key lifestyle behaviours which impact on longer term health and wellbeing, and at trends in life expectancy and preventable deaths in the county.

Four recommendations were made as follows:

- Where possible and statistically valid, we should be mapping more health and wellbeing indicators at the local neighbourhood level to help 'fine tune' the provision, targeting and monitoring of campaigns and services.
- That the disparity in educational outcomes between children receiving free school meals across the county and their peers should be a public health priority, given the impact of educational attainment on future health and wellbeing
- That the work taking place across the NHS and local authorities to improve early intervention and support for young people with mental health problems should lead to an improvement in current trends, and that the impact of this work needs careful monitoring.
- That a consistent and sustainable focus on the North Fenland and Wisbech area from a range of organisations is needed to address the determinants of health such as educational attainment and economic development, as well as a focus from health and care providers on delivering accessible prevention, treatment and support services to meet current needs.

National Chief Medical Officer (CMO) Reports

- 1.3 National professional leadership for local authority Directors of Public Health is provided by Chief Medical Officer (CMO) for England, who also produces an Annual Report. The CMO Report for 2018 was published on 21st December, and provides useful national context for local priorities.

2. MAIN ISSUES

Cambridgeshire Annual Public Health Report 2018

- 2.1 The APHR 2018 (Annex A) focusses on the following areas
- An introduction to publically available web-based sources of information, which can provide comprehensive and regularly updated information about the health of Cambridgeshire's population, including signposting to the relevant weblinks.
 - Achieving the 'Best start in life' for babies and young children in Cambridgeshire, and reviewing some key factors which affect health and development up to the age of five.
 - The international Global Burden of Disease study (GBD), which has been providing health statistics for national governments around the world for the past twenty years,

and which for the first time (funded by Public Health England) has provided an analysis of health and disease at English local authority level. The GBD emphasises the importance of smoking as an ongoing cause of premature deaths, and the importance of poor diet and high body mass index as a cause of both premature deaths and of disabling health conditions, with associated use of health and care services.

- A brief review of progress against recommendations from the APHR 2017.

2.2 The APHR 2018 proposes that recommendations from the previous APHR 2017 (see para 1.2) will take time to implement, and progress against them should continue to be monitored. In addition, there are two further recommendations:

- The recent Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough provided a range of recommendations to support outcomes for children in their early years and reduce inequalities in school readiness, and these recommendations should be taken forward.
- The Global Burden of Disease study emphasised the importance of smoking and tobacco as a cause of premature death in Cambridgeshire, but with the exception of Fenland, progress in reducing smoking rates across the county has slowed. A new multi-agency strategy and action plan to address smoking rates in Cambridgeshire should be developed.

The recommendation to develop a multi-agency strategy for smoking and tobacco reflects the success of the multi-agency Cambridgeshire Healthy Weight Strategy, and Suicide Prevention Strategy, both of which have led to significant action across local organisations.

National Chief Medical Officer (CMO) Report 2018

2.3 The national CMO Report 2018 'Health 2040 - Better Health Within Reach' was published in December 2018 and provides a wider context to the local picture of public health priorities and outcomes. The executive summary is attached as Annex B. The CMO Report 2018 looks ahead to health in England in 2040 – potential best case and worst case scenarios, and how actions that we take now can influence this. The CMO Report draws on knowledge and ideas of a wide range of authors, drawn from academic and policy experts, and includes a focus on:

- **Health as one of the primary assets of our nation, contributing to both the economy and happiness.** The CMO Report proposes a composite 'Health Index' which is tracked alongside the nation's GDP that is inclusive of health outcome measures, modifiable risk factors and the social determinants of health. This part of the Report also analyses the links between health and the economy, the local health environment, social health and how the maintenance and treatment of health could be experienced in 2040. It emphasises the changing needs of an ageing population, and the need to develop healthcare infrastructure appropriate to managing 'multi-morbidity' (when people experience several diseases) rather than just focussing on individual disease pathways. It emphasises the importance of both physical and mental health.
- **The potential health gains and reduction in health inequalities that could be possible with a 'prevention first' approach.** A chapter on 'Changing Behaviour for a Healthy Population' edited by Prof Theresa Marteau of Cambridge University, emphasises the importance of creating environments which make healthy behaviour the easiest option, rather than just relying on 'willpower' to deliver behaviour change. The

chapter reiterates the four key health behaviours of smoking, diet, physical activity and alcohol use – with a particular focus on the increasing impact of unhealthy weight on both health and social care costs and the wider economy. With a strong focus on creating healthy policy and environments, the Report outlines implications for policy-makers, health advocacy organisations, businesses, researchers and the public.

- **Emerging technologies and their potential impact on health promotion, protection and treatment.** This section reviews the potential of machine learning for individualised medicine, the potential impact of emerging technologies on both population health outcomes and delivery of health care, and concludes by discussing the ethics of big data, emerging technologies and the fundamental role of mutual trust between the public and health institutions.
- **Current and future uncertainties in health.** The Report highlights the potential of ‘futures thinking’ methods such as scenario planning and visualising a cone of uncertainty - to inform and to some extent future-proof health policy.

Combining national and local priorities

2.4 If we consider scenarios for health in 2040 for Cambridgeshire, the issues and priorities raised are essentially the same as those outlined nationally. But the levers for change held by local government and other local organisations are different. Key messages from a local public health perspective are:

- The role of local government in shaping local land use, housing and transport infrastructure – and the need to influence this to create healthy environments in the long term which promote active travel for all ages, allow access to green space, and help to prevent growing health problems caused by sedentary lifestyles and unhealthy weight.
- The strong links between educational attainment, employment and health – and the increase in the number of working households in poverty, often with children. This is an issue which needs to be addressed nationally, but local influences on economic development, housing availability, and support services for more vulnerable families and children, including children’s school readiness, can play a part.
- The role of the local authority in commissioning targeted public health programmes for individuals already at risk through smoking, obesity or alcohol/drug use – this is unlikely to solve issues at a population level but is effective at reducing individual risk.
- Building of local multi-agency coalitions and strategies, which involve key organisations and communities, and create a social environment which supports health.
- Readiness to adopt new technologies, including ways of using and combining health data - which may have been researched at a national level, but take time to introduce into existing organisational infrastructures, governance and culture.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The importance of links between health and the economy is referred to in para 2.3.

3.2 Helping people live healthy and independent lives

This is referred to throughout the paper.

3.3 Supporting and protecting vulnerable people

The importance of vulnerabilities associated with poor health, leading to premature death or disability is referred to in para 2.1

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

No significant implications

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

No significant implications

4.3 Statutory, Legal and Risk Implications

Under the Health and Social Care Act (2012) the Director of Public Health has a statutory duty to produce an annual report on the health of the population and the County Council has a duty to publish it.

4.4 Equality and Diversity Implications

No significant implications

4.5 Engagement and Communications Implications

No significant implications

4.6 Localism and Local Member Involvement

No significant implications

4.7 Public Health Implications

These are described throughout the Report

Source Documents	Location
Annual Public Health Report (2017)	http://cambridgeshireinsight.org.uk/health/aphr
Chief Medical Officer Annual Report (2018) Health 2040- Better Health Within Reach	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767549/Annual_report_of_the_Chief_Medical_Officer_2018_-_health_2040_-_better_health_within_reach.pdf